

Description from the Health Resources and Services Administration (HRSA) Policy Clarification Notice 16-02:

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities.

Such services may include:

- 1) **Legal services** provided to and/or on behalf of the HRSA RWHAP-eligible PWH and involving legal matters related to or arising from their HIV disease, including:
 - a. Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - b. Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP.
 - c. Preparation of:
 - i. Healthcare power of attorney
 - ii. Durable powers of attorney
 - iii. Living wills
- 2) **Permanency planning to help clients/families** make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - a. Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - b. Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.
- 3) **Income tax preparation services** to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

Virginia Ryan White Part B Service Unit Definition:

One dental provider visit (virtual or in-person) per day per dental practice for an uninsured client.

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Commonwealth of Virginia Department of Health (VDH) Service Standards for people with HIV, including the following:

Legal and Other Professional Services

VDH Standards of Services Revised: August 2022

1.0 Intake and Eligibility

As outlined in HRSA HAB Policy Clarification Notice 21-02 Clarifications (PCN) on Ryan White Program Client Eligibility Determinations and Recertification Requirements, people are eligible to receive RWHAP services when they meet each of the following factors:

1. **HIV Status:** A documented diagnosis of HIV. 2 (Note: People who do not have an HIV diagnosis are eligible to receive certain services as outlined in HRSA HAB PCN 16-02)
2. **Low- Income:** The RWHAP recipient defines low-income. Low-income may be determined based on percent of Federal Poverty Level (FPL), which can be measured in several ways (e.g., Modified Adjusted Gross Income, Adjusted Gross Income, Individual Annual Gross Income, and Household Annual Gross Income).
3. **Residency:** The RWHAP recipient defines its residency criteria, within its service area. Note: Immigration status is irrelevant for the purposes of eligibility for RWHAP services. RWHAP recipients or subrecipients should not share immigration status with immigration enforcement agencies.

Standard	Measure
Referral	
1.1) Self-referral or referral by a Part B provider for Other Professional Services is documented prior to initiation of the service.	1.1) Appointment documented to attend Other Professional Services is present in the client's record.
Eligibility	
1.2) The client's eligibility for Ryan White Part B services is determined. To be eligible for this service applicants must: a) Be diagnosed with HIV (one time only) b) Live in Virginia c) Have an individual or family income at or below 500% of the Federal Poverty Level (FPL) d) Be ineligible for other payer sources covered by Federal or State programs such as Medicare, Medicaid, all other forms of insurance or third-party payers such as private and commercial insurance plans, and other payers that provide the service they are seeking.	1.2) Documentation of the client's eligibility is present in the client's record that verifies: a) Client is diagnosed with HIV b) Client lives in Virginia c) Client meets income guidelines d) Client Medicaid status verified (gap of services) • Ongoing CARS and complete Continuation Eligibility Determination every 24 months • Client agrees to participate in insurance option that best meets their medical needs and for which the client is eligible.

<ul style="list-style-type: none"> • Client Access Reviews (CARs) - refer to periodic checks of enrolled RWHAP B clients to identify any potential changes that may affect eligibility. • Provide continuation of eligibility every 24 months with proof of income, changes in insurance coverage, or any changes in residency • Client eligibility ensures Part B services are used as the payer of last resort and other funding sources must be vigorously pursued. Client must agree to participate in the insurance option that the client is eligible for and that best meets the client’s medical needs regardless of preference. <p>Submission of eligibility assessments should be through the Provide Enterprise® data system.</p>	
Intake	
1.3) Complete eligibility screening and intake within 15 days of initial contact with client.	1.3) Documentation of intake and eligibility screening in record signed and dated.
<u>Client Access Reviews/Continuation of Eligibility</u>	
1.4) Client Access Reviews (CARs) refer to periodic checks of enrolled RWHAP B clients to identify any potential changes that may affect eligibility and continuation of eligibility conducted every 24 months to continue to receive Ryan White services. There is no grace period.	1.4) Documentation of CARs and continuation of eligibility is present in the client’s record.
<u>2.0 Key Services Components and Activities</u>	
Standard	Measure
Documentation	
2.1) Funding for Legal Services provided for an HIV-infected person to address legal	2.1) Documentation that funds are used only for allowable legal services.

<p>matters directly necessitated by the individual's HIV status.</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Criminal defense • Class-action suits unrelated to services eligible for funding under the Ryan White HIV/AIDS Program 	<p>Assurance that program activities do not include any criminal defense or class action suits unrelated to access to services eligible for funding under the Ryan White HIV/AIDS Program</p>
<p>2.2) Services offered to the client/client's family are individualized.</p>	<p>2.2) Documentation of services offered is present in the client's chart. Copy of a retainer agreement with client is present in the client's record, signed and dated.</p>
<p>2.3) All information provided by the client is confidential. It will not be released to anyone without client permission except as permitted or required by law.</p>	<p>2.3) Written retainer includes confidentiality assurances and is present in the client's record, signed and dated.</p>
<p>2.4) Collaboration occurs between the client and staff to decide strategies of representation, to make decisions relevant to the case and to establish goals that are achieved in a timely manner.</p>	<p>2.4) Documentations of the collaboration, involvement in the decision-making, and that goals are achieved in a timely manner are present in the client's record, signed and dated. Progress notes should include documentation that a copy of the service plan was provided to the client.</p>
<p>2.5) Legal services utilize management practices that are generally accepted within the legal profession.</p>	<p>2.5) Documentation of plan and rationale is present in the client's chart signed and dated.</p>
<p>2.6) Legal services will be supervised to ensure that services are delivered appropriately and are timely.</p>	<p>2.6) Documentation of the regular case review meetings including date, people in attendance, and agenda of the meeting will be made available for review.</p>
<p>2.7) Legal service providers make appropriate referrals when necessary.</p>	<p>2.7) Documentation of referral and follow-up/outcome is present in client's record, signed and dated.</p>
<p>Provision of Services</p>	

<p>2.8) Services are provided in accordance with National Monitoring Standards to conduct appropriate action on behalf of clients to meet their legal needs.</p> <p>Service Agreements will be developed and signed by both the attorney and the client. Clients will be kept informed and work together with staff to determine the objective(s) of the representation.</p> <p>Agency may provide but not limited to the following types of legal representation, assistance, and education:</p> <ul style="list-style-type: none"> • HIV discrimination in insurance, housing, employment, etc. • Assistance to immigrants with accessing and maintaining primary health care and other support services • Access to and maintenance of public benefits and entitlements • Preparation of powers of attorney • Preparation of Do Not Resuscitate (DNR) Orders • Representing clients in court and administrative proceedings where appropriate • Eviction prevention • Employment rights counseling • Assistance with bankruptcy proceedings • Social Security benefits • Health insurance coverage • Other relevant legal advice and counseling • Referrals to other providers/programs • Referrals to pro bono attorneys • Provision of social service counseling or legal counsel regarding preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption. 	<p>2.8) Attorneys will document the following in the client's record:</p> <ul style="list-style-type: none"> • A description of how the legal service is necessitated by the individual's HIV status • Types of services provided • Hours spent in the provision of such services.
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Transition and Discharge

2.9) Client discharged when Other Professional Services are no longer needed, goals have been met, upon death or due to safety issues. (see 2.10)

Prior to discharge: Conduct discussion with client over reasons for discharge and options for other service provisions. Whenever possible, discussion should occur face-to-face. If not possible, provider should attempt to talk with client via phone. If verbal contact is not possible, a certified letter* must be sent to client's last known address. If client is not present to sign for the letter, return to the provider.

**Exception: If the client has noted during the intake or at any other time to subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, VDH will document this in progress notes and discharge summary.*

Documentation: Client's record must include:

- a) Date services start
- b) Special client needs
- c) Services needed/actions taken, if applicable
- d) Date of discharge
- e) Reason(s) for discharge
- f) Referrals made at time of discharge, if applicable.

Transfer: If client transfers to another location, agency, or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If client moves to another area, transferring agency will make referral for needed services in the new location.

Unable to Locate: If client cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-

2.9) Documentation of discharge plan and summary in client's record with clear rationale for discharge within 30 days of discharge, including certified letter*, if applicable.

**Exception: If the client has noted during the intake or at any other time to the subrecipient staff, that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.*

month period after first attempt. The three attempts should start no later than three months prior to the due date. A certified letter* must be mailed to the client's last known mailing address within five business days after the last attempt to notify the client. The letter will state case closure within 30 days from the date on the letter if no appointment is schedule with the provider.

**Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.*

Withdrawal from Service: If client reports no longer needing services or decides to no longer participate in the Service Plan, client may withdraw from services. Because clients may withdraw for a variety of reasons it may be helpful to conduct an exit interview to ensure understanding reasons for withdrawal, or if client still needs services identify factors interfering with the client's ability to fully participate. If other issues are identified that cannot be managed by the agency clients should be referred to appropriate agencies.

Administrative Discharge: Discharge clients who engage in behavior that abuses the safety or violates the confidentiality of others. Prior to discharging a client for this reason, agency leadership according to that agency's policies must review the case. Provide clients discharged for administrative reasons written notification of and reason for the discharge and notify of possible alternative resources. A certified letter* that notes the reason for discharge and includes alternative resources must be mailed to the client's last known mailing address within five business days after the date of discharge, and a copy must be filed in the client's chart.

<p><i>*Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.</i></p>	
<p>Case Closure</p>	
<p>2.10) Case will be closed if client:</p> <ul style="list-style-type: none"> a) Has met the service goals; b) Decides to transfer to another agency; c) Needs are more appropriately addressed in other programs; d) Moves out of state; e) Fails to provide updated documentation of eligibility status thus, no longer eligible for services; f) Fails to maintain contact with the medical transportation staff for a period of three months despite three (3) documented attempts to contact client; g) Can no longer be located; h) Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan; i) Exhibits pattern of abuse as defined by agency's policy. j) Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program; or k) Is deceased. 	<p>2.10) Documentation of case closure in client's record with clear rationale for closure.</p>
<p><u>3.0 Client Rights and Responsibilities</u></p>	

Standard	Measure
<p>3.1) Services are available and accessible to any individual who meets program eligibility requirements.</p> <p>Each provider shall assist clients with conducting Ryan White Part B eligibility, regardless of whether they receive other Part B services at your agency.</p> <p>All providers shall comply with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the Americans with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting the refusal of rendering any service based on fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or HIV/AIDS diagnosis.</p> <p>Each provider shall make available to clients a process for requesting interpretation services, including American Sign Language.</p>	<p>3.1) Written eligibility requirements and non-discrimination policy on file.</p>
<p>3.2) Each agency should have a Client's Rights and Responsibilities policy, which requires each client to sign & date a form indicating they have been offered:</p> <p>a) explanation of the policy, and b) copy of '<i>Client's Rights and Responsibilities</i> and to communicate client's understanding of the policy.</p>	<p>3.2) Written policy on file.</p>
<p>3.3) Provide explanation of <i>Client's Rights and Responsibilities</i> to each client.</p> <p>Client rights include:</p> <ul style="list-style-type: none"> • Be treated with respect, dignity, consideration, and compassion; • Receive services free of discrimination; • Be informed about services and options available. 	<p>3.3) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record. If client unable to sign, progress note should include documentation the client has received a copy of the rights and responsibilities.</p>

<ul style="list-style-type: none"> • Participate in creating a plan of services; • Reach an agreement about the frequency of contact the client will have either in person or over the phone. • File a grievance about services received or denied; • Not be subjected to physical, sexual, verbal and/or emotional abuse or threats; • Voluntary withdraw from the program; • Have all records be treated confidentially; <p>Have information released only when:</p> <ul style="list-style-type: none"> • A written release of information is signed; • A medical emergency exists; • There is an immediate danger to the client or others; • There is possible child or elder abuse; or • Ordered by a court of law. <p>Client responsibilities include:</p> <ul style="list-style-type: none"> • Treat other clients and staff with respect and courtesy; • Protect the confidentiality of other clients; • Participate in creating a plan of service; • Let the agency know any concerns or changes in needs; • Make and keep appointments, or when possible, phone to cancel or change an appointment time; • Stay in contact with the agency by informing the agency of change in address and phone number; respond to phone calls and mail and • Avoid subjecting the agency's staff to physical, sexual, verbal and/or emotional abuse or threats. 	
<p><u>4.0 Grievance Process</u></p>	

Standard	Measure
<p>4.1) Grievance policy requires each client to sign & date indicating they have been offered:</p> <ul style="list-style-type: none"> a) explanation of the policy, b) copy of <i>Grievance Procedure</i> and c) communication of client's understanding of the policy. <p>Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.</p> <p>Policy shall be available in languages and formats (e.g., for persons with disabilities) appropriate to populations served.</p>	<p>4.1) Written grievance procedure on file, available in languages and formats appropriate to populations served.</p>
<p>4.2) Provide explanation of <i>Grievance Procedure</i> to each client.</p> <p>Clients may file a grievance if denied their request for services, if they have any complaint, or concern about the services received.</p>	<p>4.2) Current <i>Grievance Procedure</i> form signed and dated by client and located in client's record. If client unable to sign, progress note should include documentation the client has received a copy of the grievance procedure.</p>
<p>4.3) Grievance process shall be fair and expeditious for resolution of client grievances.</p>	<p>4.3) Documentation of client grievances, status, and resolution.</p>
<p>4.4) Review of grievance policy yearly with client signature.</p>	<p>4.4) Current <i>Grievance Procedure</i> form signed and dated by client and located in client's record. If client unable to sign, progress note should include documentation the client has received a copy of the client's grievance procedure.</p>
<u>5.0 Personnel Qualifications (including licensure)</u>	
Standard	Measure
<p>5.1) All attorneys (both staff and volunteer) meet the requirements for licensure in the Commonwealth of Virginia and are in good standing with the State Bar of Virginia.</p>	<p>5.1) A copy of the attorney's current license is available for review.</p>

<p>5.2) All staff and volunteer paraprofessionals and notaries possess and maintain licenses, and/or certifications as required by the Commonwealth of Virginia.</p>	<p>5.2) Copies of staff and volunteer paraprofessionals and notaries licenses and/or certifications are available for review.</p>
<p>5.3) Staff members are trained in, and knowledgeable of, current law and have awareness of HIV/AIDS related issues and concerns.</p>	<p>5.3) Documentation that staff has access to updated HIV/AIDS information is available for review.</p>
<p>5.4) All professional and paraprofessional staff must complete 2 hours of continuing education in HIV/AIDS annually.</p>	<p>5.4) Documentation of completion of the continuing education must be kept in the personnel files and is available for review.</p>
<p>5.5) Staff and volunteer attorneys will be licensed in the Commonwealth of Virginia.</p>	<p>5.5) All licensed agency professional staff, contractors, and consultants who provide legal services shall be currently licensed by the Commonwealth of Virginia.</p> <p>A qualified licensed attorney will supervise Law students, law school graduates and other legal professionals.</p>
<p>5.6) Staff members are trained, knowledgeable and remain current in legal issues in accordance with the rules of the Commonwealth of Virginia.</p> <p>Staff will attend and has continued access to training activities:</p> <ul style="list-style-type: none"> • Agency paid legal staff and contractors must complete two (2) hours of HIV-specific training annually • New agency paid legal staff and contractors must complete two (2) hours of HIV-specific training within 90 days of start date • Volunteer legal staffs are encouraged to complete HIV-specific legal training. <p>Staff providing services funded by Ryan White/State Services shall maintain knowledge</p>	<p>5.6) Documentation of training on current applicable laws related to HIV infection located in personnel file.</p> <ul style="list-style-type: none"> • Agency maintains system for dissemination of HIV/AIDS information relevant to the legal assistance needs of PWH to staff and volunteers • Agency will document provision of in-service education to staff regarding current treatment methodologies and promising practices.

of legal issues that may affect the legal assistance needs of persons with HIV/AIDS.	
<u>6.0 Cultural and Linguistic Competency</u>	
Standard	Measure
<p>6.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, provider’s documentation should include:</p> <ul style="list-style-type: none"> a) Experience with providing services to the diverse ethnic, linguistic, sexual, or cultural populations targeted; b) Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; c) List of cultural competency trainings completed by staff. 	<p>6.1) Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report.</p>
<p>6.2) Easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area shall be available.</p>	<p>6.2) Culturally and linguistically appropriate materials and signage accessible.</p>
<u>7.0 Privacy and Confidentiality (including securing records)</u>	
Standard	Measure
<p>7.1) Client confidentiality policy exists which include:</p> <ul style="list-style-type: none"> a) Release of information requirements, and b) Health Insurance Portability and Accountability Act. 	<p>7.1) Written client confidentiality policy on file at provider agency.</p>
<p>7.2) Client’s consent for release of information is determined.</p>	<p>7.2) Current <i>Release of Information Form</i> signed and dated by client and provider representative and located in client’s record. Each release form indicates who may receive the client’s information and has an expiration of not more than 12 months from date of signature.</p>

7.3) Store each client’s file in a secure location with electronic client records protected from unauthorized use.	7.3) Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are secure with password protection and access limited to appropriate personnel.
7.4) Annual submission of <i>Verification of Receipt of Assurance of Key Requirements</i> document by all staff that handle client identifying information.	7.4) Documentation of signed <i>Verification of Receipt of Assurance of Key Requirement</i> forms.

8.0 Quality Management

Standard	Measure
8.1) Measure and report client health outcomes using Other Professional Services measures approved by VDH.	<p>8.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of people with HIV and receiving Other Professional Services, regardless of age, who will have at least two care markers in a 12-month period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). • Percentage of people enrolled in RW Part B-funded Program with HIV and receiving Transportation Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

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