

Outreach Services Standards

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

The Outreach Services category has as its principal purpose identifying people with HIV (PWH) who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

- 1) Use data to target populations and places that have a high probability of reaching PWH who
 - a. have never been tested and are undiagnosed,
 - b. have been tested, diagnosed as HIV positive, but have not received their test results, or
 - c. have been tested, know their HIV positive status, but are not in medical care;
- 2) Be conducted at times and in places where there is a high probability that PWH will be identified; and
- 3) Be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV, or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, link eligible clients to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

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Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Virginia Ryan White Part B Service Unit Definition:

A 15-minute face-to-face outreach visit.

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 living with HIV, including the following:

1.0 Intake and Eligibility

As outlined in HRSA HAB Policy Clarification Notice 21-02 Clarifications 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) Documentation of referral by a Part B provider for Outreach Services prior to initiation of the service.	1.1) Documentation of referral for Outreach Services is present in the client’s record, signed and dated by provider.
Eligibility	
1.2) The client’s eligibility for Ryan White Part B services is determined. To be eligible for this service applicants must: <ul style="list-style-type: none"> a) Have an HIV diagnosis (one time only) b) Live in Virginia 	1.2) Documentation of the client’s eligibility is present in the client’s record that verifies: <ul style="list-style-type: none"> a) Client is diagnosed with HIV b) Client lives in Virginia c) Client meets income guidelines

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<p>c) Have an individual or family income at or below 500% of the Federal Poverty Level (FPL)</p> <p>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.</p> <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 the use of Part B services as the payer of last resort while vigorously pursuing other funding sources. 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 VDH PROVIDE data system.</p>	<p>d) Client Medicaid status verified (gap of services)</p> <ul style="list-style-type: none"> • 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.
Intake	
<p>1.3) Complete eligibility screening and intake within 15 days of initial contact with client.</p>	<p>1.3) Documentation of intake and eligibility screening in record signed and dated.</p>
<u>Client Access Reviews/Continuation of Eligibility</u>	
<p>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.</p>	<p>1.4) Documentation of CARS and continuation of eligibility is present in the client’s record.</p>

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2.0 Key Services Components and Activities

Standard	Measure
Documentation	
<p>2.1) Provision of all outreach services are:</p> <ul style="list-style-type: none"> a) Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort. b) Targeted to populations known to be at disproportionate risk for HIV c) Targeted to communities whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors. <p><i>Note:</i> Funds may not be used to:</p> <ul style="list-style-type: none"> • Pay for HIV counseling or testing; • Support broad-scope awareness activities that targets the general public rather than specific populations and/or communities with high rates of HIV infection; or • Duplicate HIV prevention outreach efforts. 	<p>2.1) Client files must have:</p> <ul style="list-style-type: none"> a) Documentation of planned outreach services and implemented to target specific populations in conjunction with local programs and are not used for disallowed services. b) Documentation of reasons for selecting targeted areas. <p><i>Note:</i> there is no duplication with HIV prevention efforts.</p>
<p>2.2) Document provisions of all outreach services by number of individuals reached, referred for testing, found to be positive, referred to care and entering care.</p>	<p>2.2) Documentation of outreach services provided and outcome from referral.</p>
Assessment/Service Plan/Provision of Services	
<p>2.3) Conduct outreach services to identify individuals who:</p> <ul style="list-style-type: none"> a) Do not know their HIV status and refer them for counseling and testing; or b) Identify individuals who know their status and are not in care and help them enter or re-enter HIV-related medical care. 	<p>2.3) Documentation of individuals reached, referred for testing, referred to care or re-entered care.</p>

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2.4) Conduct outreach services at times and in places where there is a high probability that people with HIV will be reached.	2.4) Documentation of individuals reached, referred for testing, referred to care or re-entered care.
2.5) Outreach materials are tailored to target populations such as language, literacy level, culture, gender, risk factors, etc.	2.5) Documentation of materials individualized to specific populations.
2.6) Refer contacts to early intervention programs or other designated intake sites.	2.6) Documentation of clients referred to early intervention programs or other designated intake sites.
2.7) Memorandums of Agreement/Understanding will be developed to facilitate collaboration with service providers to when outreach contacts may be referred. Outreach staff should be familiarized with available resources in the communities.	2.7) Memorandums of agreement/understanding on file. List of resources available for review.
<u>3.0 Client Rights and Responsibilities</u>	
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 services 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>	3.1) Written eligibility requirements and non-discrimination policy on file.

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<p>Each provider shall make available to clients a process for requesting interpretation services, including American Sign Language.</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. • 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; 	<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"> • 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. 	
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4.0 Grievance Process

Standard	Measure
<p>4.1) Grievance policy exists which requires each client to sign & date indicating they has 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>4.2) Current <i>Grievance Procedure</i> form signed and dated by client and located in</p>

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Clients may file a grievance if denied their request for services, if they have any complaint, or concern about the services received.	client's record. If client unable to sign, progress note should include documentation the client has received a copy of the grievance procedure.
4.3) Grievance process shall be fair and expeditious for resolution of client grievances.	4.3) Documentation of client grievances, status, and resolution.
4.4) Review of grievance policy yearly with client signature.	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 rights and responsibilities.

5.0 Personnel Qualifications (including licensure)

Standard	Measure
5.1) Outreach staff must have a high school diploma or GED or one year of experience working with patients infected with HIV or any additional health care training.	5.1) Documentation of qualifications in personnel file.
5.2) Newly employed outreach staff must complete the following training within 180 calendar days of hire: <ul style="list-style-type: none"> • HIV 101 • Outreach and procedures including safety of staff (sign out with supervisor, travel in pairs of 2; etc.,) • Infection control/blood borne pathogens • Confidentiality • Cultural competency • How to make a referral • Adherence 	5.2) Documentation of training completed in personnel file.
5.3) Outreach staff must complete 6 hours of continuing education on HIV/AIDS annually.	5.3) Documentation of training completed in personnel file.
5.4) Non-professional staff must be supervised by a degreed or licensed individual in the fields of health, social services, mental health or a professional with equivalent experience.	5.4) Documentation of supervision in staff according to agency policy.

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6.0 Cultural and Linguistic Competency

Standard	Measure
<p>6.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, 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>

7.0 Privacy and Confidentiality (including securing records)

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>
<p>7.3) Store each client's file in a secure location with electronic client records protected from unauthorized use.</p>	<p>7.3) Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are secure with password</p>

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	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.
<u>8.0 Quality Management</u>	
Standard	Measure
8.1) Measure and report client health outcomes using Outreach Services service measures approved by VDH.	<p>8.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of people living with HIV and receiving Outreach 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 living with HIV and receiving Outreach 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.

References

- HRSA HAB Policy Clarification Notice 16–02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.* (2018, October 22). HRSA Ryan White HIV/AIDS Program. Retrieved August 18, 2022, from https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
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- Monitoring Standards for Ryan White B Grantees: Fiscal – Part B.* (2013, April). HRSA Ryan White HIV/AIDS Program. Retrieved August 19, 2022, from <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/fiscal-monitoring-partb.pdf>
- National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B.* (2013, April). HRSA Ryan White HIV/AIDS Program. Retrieved August 19, 2022, from <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/universal-monitoring-partab.pdf>
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- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.* (n.d.). Think Cultural Health. Retrieved August 19, 2022, from <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

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