

Treatment Adherence Services Standards

(As part of Medical Case Management or Outpatient/Ambulatory Health Services)

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

Treatment Adherence Services is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments.

Program Guidance:

- Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.
- Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

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:

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. (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
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Referral	
1.1) Referral for Treatment Adherence Services by a Part B provider is documented prior to initiation of the service.	1.1) Documentation of the referral for Treatment Adherence Services is present in the client's record, signed and dated.
Eligibility	
1.2) The client's eligibility for Ryan White Part B services is determined.	1.2) Documentation of the client's eligibility is present in the client's record.
<p>1.3) The client's eligibility for Ryan White Part B services is determined. To be eligible for this service applicants must:</p> <ul style="list-style-type: none"> 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. <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>1.3) Documentation of the client's eligibility is present in the client's record that verifies:</p> <ul style="list-style-type: none"> a) Client is diagnosed with HIV b) Client lives in Virginia c) Client meets income guidelines d) Client Medicaid status verified (gap of services) <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.

Submission of eligibility assessments should be through the Provide Enterprise® data system.	
Intake	
1.4) Complete eligibility screening and intake within 15 days of initial contact with client.	1.4) Documentation of intake and eligibility screening in record signed and dated.
Client Access Reviews/Continuation of Eligibility	
1.5) 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.	1.5) 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) Provision of all treatment adherence services is documented by type of encounter, duration, and frequency of activities.	2.1) Documentation of treatment adherence services conducted.
2.2) When a third-party payer provides service, the sub-recipient must maintain a client record. At a minimum, the payer's record must contain: <ul style="list-style-type: none"> • Referral; • Initial assessment; • Individualized treatment plan; • Documentation of all contacts & dates of service; • Reassessment of treatment plan; • Referrals and follow-ups; and • Discharge plan. All reports must be signed and dated.	2.2) Signed, dated reports located in the client's record.
Assessment/Service Plan/Provision of Services	
2.3) As part of Medical Case Management or Outpatient/Ambulatory Care, an initial	2.3) Documentation of assessment in client's record signed and dated.

<p>assessment of client’s needs to be completed prior to the initiation of the service plan.</p>	
<p>2.4) Within fifteen (15) business days after the initial assessment a service plan will be developed and agreed upon by the client and provider outlining service goals, objectives, and interventions including:</p> <ul style="list-style-type: none"> a) Defined treatment goals with action steps delineating individual responsibilities; b) Education plan to include information about medications, drug interactions, management of side effects, drug holidays, gaps in knowledge, etc.; c) Treatment modality (individual or group); d) Timeframe for treatment adherence services, including quantity and frequency; e) Date for reassessment; and f) Recommendations for follow-up. 	<p>2.4) Documentation of service plan in client’s record signed and dated.</p>
<p>2.5 Service plan will be reviewed and revised as appropriate every 90 days.</p>	<p>2.5) Documentation of review and update of service plan every 90 days in client’s record signed and dated.</p>
<p>2.6) Treatment Adherence Services provided must be relevant to the client’s current situation and be consistent with the service plan. Services may be provided individually or in groups and may focus on:</p> <ul style="list-style-type: none"> • Ensuring readiness for clients beginning complex antiretroviral medication treatments • Assisting clients with adherence to treatment regimen 	<p>2.6) Documentation of services provided in client’s record signed and dated.</p> <p><i>Note:</i> Treatment Adherence Services should be reported in either the Medical Case Management or Outpatient/Ambulatory Health Services category, depending on when the services are provided.</p>

2.7 Clients missing a scheduled appointment will be contacted by phone to reschedule another appointment within 5 days of the missed appointment.	2.7 Documentation of missed appointment and staff attempts to contact client and reschedule in client's record.
2.8) Refer client to other services as appropriate.	2.8) Documentation of referrals made and status of outcome in client's record.
Transition and Discharge	
<p>2.9) Client discharged when treatment adherence services are no longer needed, goals have been met, upon death or due to safety issues. (<i>see below</i>)</p> <p><u>Prior to discharge:</u> 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.</p> <p><i>*Exception: If the client has noted during the intake or at any other time to the VA MAP 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.</i></p> <p><u>Documentation:</u> Client's record must include:</p> <ul style="list-style-type: none"> 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. <p><u>Transfer:</u> If client transfers to another location (state), 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,</p>	<p>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.</p> <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>

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-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*

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<p>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> <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>	
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Case Closure	
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<p>2.10) Case will be closed if client:</p> <ul style="list-style-type: none"> a) Obtains other resources for medication treatment; b) No longer meets eligibility criteria; c) Decides to transfer to another agency; d) Needs are more appropriately addressed in other programs; e) Moves out of state; f) Fails to provide updated documentation of eligibility status thus, no longer eligible for services; g) Fails to maintain contact with the ADAP staff for a period of three months despite three (3) documented attempts to contact client; h) Can no longer be located; i) Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan; j) Exhibits pattern of abuse as defined by agency’s policy. k) 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 l) Is deceased. 	<p>2.10) Documentation of case closure in patient’s record with clear rationale for closure.</p>
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3.0 Client Rights and Responsibilities

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 on the basis of 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; 	<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"> • 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; • 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
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<p>4.1) Grievance policy requires each client to sign & date indicating they have been offered:</p> <p style="padding-left: 40px;">a) explanation of the policy, b) copy of <i>Grievance Procedure</i> and c) communication of client's understanding of the policy.</p> <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>

5.0 Personnel Qualifications (including licensure)

Standard	Measure
<p>5.1) All treatment adherence counselors will have appropriate and valid licensure if required by the Commonwealth of Virginia.</p>	<p>5.1) Copy of current licensure in personnel file, if required.</p>
<p>5.2) All staff who deliver non-professional treatment adherence services or group facilitation must have a high school diploma or General Equivalency Diploma (GED) and one</p>	<p>5.2) Documentation of qualifications in personnel file.</p>

<p>year of experience working with people with HIV, providing counseling services or additional health care training.</p>	
<p>5.3) Newly employed treatment adherence counselors/providers, must complete orientation within two (2) weeks of hire and the following training within 180 days of hire:</p> <ul style="list-style-type: none"> • HIV 101 • HIV testing • Cultural competency • Legal ramifications, including confidentiality • Counseling & referral • Prevention. 	<p>5.3) Documentation of training completed in personnel file.</p>
<p>5.4) All staff and volunteers providing treatment adherence services will be trained in the following core competencies:</p> <ul style="list-style-type: none"> • Active listening and other one-on-one support skills, Motivational Interviewing is preferred • Group facilitation (if applicable) • Conflict de-escalation/resolution • Roles and responsibilities of peer emotional support and the difference between this service and other services • Client assessment skills • HIV co-morbidities, symptoms, medications, interactions and side effects. 	<p>5.4) Documentation of training completed in personnel file.</p>
<p>5.5) All staff providing treatment adherence services must complete six (6) hours of continuing education in counseling or HIV/AIDS annually.</p>	<p>5.5) Documentation of continuing education credits in personnel file.</p>
<p>5.6) All non-professional staff delivering treatment adherence services must be supervised by a licensed professional.</p>	<p>5.6) Documentation of supervision according to agency policy.</p>
<p>6.0 Cultural and Linguistic Competency</p>	

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>		
<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>		

	protection and access is 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 Treatment Adherence Services measures approved by VDH.	<p>8.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of persons with HIV and receiving Treatment Adherence 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 Treatment Adherence 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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