Universal Administrative Standards

Description from the Health Resources and Services Administration (HRSA) Policy Clarification Notice 16-02:
Universal Standards are the minimum requirements that providers are expected to meet when providing HIV care and supportive services funded by Ryan White Part B.

Objectives:
To ensure that providers are complying with contract provisions and state and federal requirements for Part B funded services. The objectives help achieve the goals of each service type by ensuring that programs:

- Have policies and procedures in place to ensure quality of care;
- Provide patients with access to the highest quality of services through experienced, trained and, when appropriate, licensed staff;
- Guarantee patient confidentiality and ensure a fair process of grievance review;
- Comprehensively inform patients of services and establish patient eligibility;
- Address patient needs effectively through coordination of care with appropriate providers and referrals to needed services; and
- Are accessible to all people with HIV in Virginia.

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
Eligibility	
1.1) The client's eligibility for Ryan White Part B services is determined.	1.1) Documentation of the client's eligibility is present in the client's record.
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. • 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.	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.

Submission of eligibility assessments should be through the Provide Enterprise® data system.	
Client Access Reviews/Continuation of Eligibility	
1.3) 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.	1.3) Documentation of CARS and continuation of eligibility is present in the client's record.
Access to Care	
1.4) Ensure of people with HIV participate in quality committees and contribute to public meetings minutes.	1.4) Documentation of people with HIV participating in committees and contributing to public meetings minutes.
1.5) Provide content, use, and confidentiality of client satisfaction surveys or focus groups conducted at least annually.	1.5) Documentation of content, use, and confidentiality of client satisfaction surveys or focus groups conducted at least annually.
2.0 Key Services Components and Activities	
Standard	**Measure**
Documentation	
2.1) Documentation in client record of all HIV Care Services provided.	2.1) Documentation of provided service is in client's record signed and dated.
2.2) When a third-party payer provides service, the sub-recipient must maintain a client record. At a minimum, the payer's record and the dental agencies record must contain: • Referral; • Initial assessment; • Individualized treatment plan, including treatment modality and frequency and quantity of treatments; • Documentation of all contacts & dates of service; • Reassessment of treatment plan to include monitoring and assessment of client progress; • Referrals and follow-ups; and	2.2) Documentation of provided services, signed, and dated records, including referral in record.

• Discharge plan. Must sign and date all reports.	
Transition and Discharge	
2.3) Client discharged when outpatient ambulatory health services are no longer needed, goals have been met, upon death or due to safety issues. <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. Must return letter to provider if the client is not present to sign. **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.* <u>Documentation:</u> 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. <u>Transfer:</u> 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.	2.3) 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.* Discharge summary and other records send with the patient

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* that notes the reason for discharge and includes alternative resources	Document attempts made

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. **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.*	
Recipient Accountability	
2.4) VDH reviews documentation at the subrecipient level to determine methods used for obtaining client input into the delivery of services.	2.4) Review documentation at the subrecipient level to determine methods used for obtaining client input into the delivery of services.
2.5) VDH will not deny services for non-payment, require full payment prior to service, and/or require any other procedure that denies services for non-payment.	2.5) Policy and procedures on file.
2.6) Review limitations on charges policies and procedures to ensure that they do not result in denial of services.	2.6) Documented review of limitations on charges policies and procedures.
2.7) Investigate any complaints against the subrecipient for denial of services.	2.7) Documentation of investigation results.
2.8) Review subrecipient billing, collections, copays, and schedule of charges. Review file of refused clients and client complaints.	2.8) Documentation of review on file.
Subrecipient Responsibility	
2.9) Maintain a file of materials documenting the consumer committee's membership and meeting attendance, including minutes.	2.9) Documentation of the consumer committee's membership and meeting attendance, including minutes.
2.10) Regularly implement client satisfaction survey tools, focus groups, and/or public meetings, with analysis and use of results documented.	2.10) Documentation of client satisfaction survey tools, focus groups, and/or public meetings, with analysis and use of results provided.
2.11) Ensure that billing, collections, copays, and schedule of charges and limitation of charges policies do not act as a barrier to receiving services, regardless of the client's ability to pay.	2.11) Policy and procedures on file.

2.12) Services are accessible to eligible individuals.	2.12) Site visit that includes, but not limited to, review of hours of operation, location, access to transportation and other accessibility factors. Patient satisfaction surveys and patient interviews that address accessibility. Agency eligibility policy on file.
3.0 Client Rights and Responsibilities	
Standard	**Measure**
3.1) Services are available and accessible to any individual who meets program eligibility requirements. Each provider shall assist clients with conducting Ryan White Part B eligibility, regardless of whether they receive other Part B services at your agency. 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 the 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. Each provider shall make available to clients a process for requesting interpretation services, including American Sign Language.	3.1) Written eligibility requirements and non-discrimination policy on file.
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: a) explanation of the policy, and b) copy of *'Client's Rights and Responsibilities* and to communicate client's understanding of the policy.	3.2) Written policy on file.

3.3) Explanation of *Client's Rights and Responsibilities* is provided to each client. Client rights include: • 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; Have information released only when: • 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. Client responsibilities include: • Treat other clients and staff with respect and courtesy; • Protect the confidentiality of other clients; • Participate in creating in a plan of service; • Let the agency know any concerns or changes in needs; • Make and keep appointments, or when possible to phone to cancel or change an appointment time;	3.3) Current *Client's Rights and Responsibilities* 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.

• Stay in contact with the agency by informing the agency of change in address and phone number, as well as responding to phone calls and mail and • Not subjecting the agency's staff to physical, sexual, verbal and/or emotional abuse or threats.	
4.0 Grievance Process	
Standard	**Measure**
4.1) Grievance policy requires each client to sign & date indicating they have been offered: a) explanation of the policy, b) copy of *Grievance Procedure* and c) communication of client's understanding of the policy. Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines. Policy shall be available in languages and formats (e.g., for persons with disabilities) appropriate to populations served.	4.1) Written grievance procedure on file, available in languages and formats appropriate to populations served.
4.2) Provide explanation of *Grievance Procedure* to each client. Clients may file a grievance if denied their request for services, if they have any complaint, or concern about the services received.	4.2) Current *Grievance Procedure* 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.
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 *Grievance Procedure* 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.

5.0 Personnel Qualifications (including licensure)	
Standard	**Measure**
5.1) Staff members have the minimum qualifications expected for the job position, which must include: a) education; b) experience; and c) licensure or certification requirements.	5.1) Resume in personnel file meeting the minimum requirements outlined in job description. Current job descriptions on file.
5.2) Staff members are licensed as necessary to provide services.	5.2) Copy of license or other documentation in personnel file, which covers the current or retroactive period services were provided.
5.3) Staff receives at least one hour of clinical supervision per month.	5.3) Signed documentation on file indicating date of supervision, persons in attendance and agenda.
5.4) All staff members receive on-going training and education in accordance with the service standards.	5.4) Copy of continuing education and training requirements maintained in personnel file.
6.0 Cultural and Linguistic Competency	
Standard	**Measure**
6.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, provider's documentation should include: 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.	6.1) Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report.
6.2) Easy-to-understand print and multimedia materials and signage in the languages	6.2) Culturally and linguistically appropriate materials and signage accessible.

commonly used by the populations in the service area shall be available.	
7.0 Privacy and Confidentiality (including securing records)	
Standard	**Measure**
7.1) Client confidentiality policy exists which include: a) Release of information requirements, and b) Health Insurance Portability and Accountability Act compliance were applicable.	7.1) Written Client confidentiality policy on file at provider agency.
7.2) Client's consent for release of information is determined.	7.2) Current *Release of Information Form* 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.
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 protected and access limited to appropriate personnel.
7.4) Annual submission of *Verification of Receipt of Assurance of Key Requirements* document by all staff that handle client identifying information.	7.4) Documentation of signed *Verification of Receipt of Assurance of Key Requirement* forms.
8.0 Quality Management	
Standard	**Measure**
8.1) Clinical Quality Management Program (CQM) that include: a) agency-specific quality statement; b) defined Quality Management (QM) infrastructure; c) annual quality goals, and work plan;	8.1) Written CQM plan on file at provider agency.

d) performance measures and data collection plan; e) process for evaluating QM program; and f) communication strategy for informing key stakeholders.	
8.2) Quality Improvement projects (QIPs) Develop annual projects and submit quarterly reports to VDH.	8.2) Written QIP plans and quarterly reports on file at provider agency.
8.3) Measure and report patient outcomes using measures approved by Virginia Department of Health.	8.3) Collection and reporting of data to VDH for use in measuring performance.
8.4) Develop and utilize a methodology to measure patient satisfaction with services, which may include a written satisfaction survey, staff, and volunteer observation of the patient, and/or interaction with the patient.	8.4) Documentation of patient satisfaction survey results and/or summary of observations/interactions with patients.
8.5) Implement improvements identified in the CQM.	8.5) Documentation of change ideas implemented.
8.6) Participate in periodic peer review to assess the quality and appropriateness of health and support services supported by Part B.	8.6) Documentation of the participation in peer review process.

References

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