

# Seattle TGA Ryan White Part A Program General Standards

*Approved by Planning Council on August 10, 2020*

All recipients of Part A Funding in the Seattle TGA are expected to meet the following General Standards. In certain instances, exceptions may be made to individual standards based on agency staff size, funding and/or the nature of the service provided. Any exception to compliance with one or more of the standards must be approved in writing by Public Health – Seattle & King County grantee within one month of contract execution.

## 1.0 Agency Licensure

	STANDARD	MEASURE
1.1	The agency has all appropriate licensure/accreditations.	Evidence of licensure and/or accreditation

## 2.0 Policies and Procedures

	STANDARD	MEASURE
2.1	<p>The agency has the following agency/client level policies, and follows the policies:</p> <ul style="list-style-type: none"> <li>▪ Physical safety of staff and clients</li> <li>▪ Confidentiality/limits of confidentiality*+</li> <li>▪ Eligibility*</li> <li>▪ ROI/informed consent*</li> <li>▪ HIPAA</li> <li>▪ Appropriate Professional Behavior &amp; boundaries to include sexual harassment</li> <li>▪ Complaints and Grievances*+</li> <li>▪ Scope of Services*</li> <li>▪ Supervisory policies</li> <li>▪ Case Closure Criteria*</li> <li>▪ Response time to client requests/contact</li> <li>▪ Client rights &amp; responsibilities, including behavioral expectations*+</li> </ul>	Written policies on file, evidence - through Recipient's use of their monitoring tool - that they are being followed.
2.2	The agency/program ensures that clients and staff are informed of policies that affect them.	For policies listed with a * in standard 2.1, documentation that it was discussed with clients For policies listed with a + in standard 2.1, posted at agency in a location accessible to clients and staff
2.3	Agency has policy that indicates that they will provide services regardless of an individual client's ability to pay for the service.	Written policies on file
2.4	Agency has a policy to provide services regardless of the current or past health condition of the individual to be served.	Written policies on file
2.5	<p>The agency/program has developed and implemented the following procedures:</p> <ul style="list-style-type: none"> <li>▪ Intake process</li> <li>▪ Assessment of need</li> <li>▪ Documentation of need</li> <li>▪ Supervisory Structure</li> <li>▪ Client feedback mechanism</li> <li>▪ Case closure</li> </ul>	<p>Procedures written and on file</p> <p>Review reflects staff (and client, as appropriate) understanding and adherence to agency procedures.</p> <p>Recipient will review all grievances and assure that the process was followed through to completion.</p>

	<ul style="list-style-type: none"> <li>▪ Client education about complaints and grievances and the difference between them.</li> <li>▪ Grievance, including communicating the final disposition of the grievance to the grieving party.</li> <li>▪ Program Evaluation</li> </ul>	
2.6	The agency has an infection control plan, when applicable.	Plan on file
2.7	The agency ensures that the facility is neat, clean, and free of clutter, hazardous substances, or other obstacles that could cause harm.	Physical observation
2.8	The service facility is accessible to all individuals with HIV (comply with ADA; ensure that the facility is accessible by public transportation or provided transportation assistance).	Physical observation

### 3.0 Client and Service Eligibility

	STANDARD	MEASURE
3.1	The agency utilizes Ryan White Part A funding for clients as funding of last resort.	<p>Documentation of attempts to locate and utilize non-Ryan White funding streams for clients.</p> <p>When similar services are available, documentation demonstrates appropriate use of Ryan White funds (e.g., when the service is not adequate/appropriate for PLWH, or a wait list presents a barrier to accessing services in a timely manner).</p>
3.2	<p>Clients must be:</p> <ul style="list-style-type: none"> <li>▪ HIV+ (EIS clients do not need to know their status)</li> <li>▪ Below 300% FPL for all services exception of:</li> <li>▪ Below 400% of FPL for Oral Health and NMCM Oral Health</li> </ul> <p>There is no income eligibility for EIS</p> <ul style="list-style-type: none"> <li>▪ Residents of King, Island, or Snohomish counties</li> <li>▪ Have no other third-party payer for services (insurance, Medicaid, etc.)</li> </ul>	<p>All providers must maintain documentation of client eligibility in client files.</p> <p>Support service categories may document client eligibility by obtaining signed verification with supporting documentation from the case manager verifying client's eligibility for Ryan White services.</p>
3.3	Ryan White program eligibility is reassessed every six months.	All providers must obtain semi-annual documentation of clients' income, residence and insurance documentation verifying client's eligibility for Ryan White services. HIV+ status must be verified at intake, but does not need to be re-verified every six months.
3.4	Agency has a policy that ensures veterans receiving VA health benefits are considered uninsured, thus exempting veterans from "payer of last resort" requirement.	Written policies on file

### 4.0 Service Triage/Prioritization

	STANDARD	MEASURE
4.1	<p>The agency/program has a policy regarding prioritization of services based on available funding to include:</p> <ul style="list-style-type: none"> <li>• Disparities in underserved populations <ul style="list-style-type: none"> <li>○ Examples include: race, gender identity, ethnicity, justice involvement, housing status, etc.</li> </ul> </li> <li>• Overall health acuity</li> <li>• Income</li> </ul> <p>Policy is reviewed and revised as needed. Policy should include a process for when and how the policy is implemented</p>	<p>The policy is reviewed and approved by the recipient at contract execution.</p> <p>Changes to the policy are reviewed and approved by the recipient.</p>

## 5.0 Service Documentation

	STANDARD	MEASURE
5.1	Client records are kept in a locked/secure location.	Physical observation
5.2	Services are documented in a manner in which another provider could provide continuity of care in an emergent situation.	Review of chart documentation
5.3	Clients are informed of all agency services and eligibility criteria, including behavioral expectations.	Signed copy of client rights in client records
5.4	For ongoing release of client information, agencies must verify that the entity to which information is being released is included on the signed ROI in the client's file. In instances where the client is unable to sign the ROI, verbal consent by the client is documented by the staff on the ROI. Client refusal to sign the ROI must also be documented on that form.	Chart review
5.5	Each ROI is consistent with current WAC legislation.	Chart review
5.6	In instances where consent is provided for a one-time sharing of information, this will be documented in the client record with details about why the consent was needed.	Chart review

## 6.0 Personnel

	STANDARD	MEASURE
6.1	The agency has policies in place regarding minimum qualifications of staff and volunteers and adheres to these policies in their hiring/volunteer placement practices. Minimum qualifications should be drafted in ways which eliminate any unnecessary barriers to meeting the job qualifications.	Job descriptions are consistent with agency policies and exist for all staff and volunteer positions.
6.2	All staff and volunteer positions have job descriptions.	All staff and volunteers have signed job descriptions in their personnel/volunteer files.
6.3	Program personnel have licensure/certification/registration as required for their position.	Review of personnel credentials against those recognized by WA state as valid for their profession/position.

6.4	Program staff licenses/certifications/registrations are current.	Copy of current license/certification/registration in personnel file
6.5	The agency ensures that staff who have client contact have an annual TB test.	Documentation of staff TB test or referral for TB test
6.6	The agency conducts a criminal background check of staff & volunteers, as per WAC guidelines and hiring decisions should not exceed WAC requirements.	Copy of criminal background check in personnel file
6.7	When searchable databases exist, the agency screens applicants for actions taken by state/local licensing bodies (WA DOH Health Professions Quality Assurance website).	Documentation of database search in personnel file
6.8	All personnel receive an annual performance evaluation.	Performance evaluations in personnel file

## 7.0 Staff Training

	STANDARD	MEASURE
7.1	<p>Within 30 days staff and volunteers (as appropriate to level and type of client contact) will be trained in the following areas:</p> <ul style="list-style-type: none"> <li>• HIV/AIDS basics to include universal precautions</li> <li>• Job responsibilities</li> <li>• Legal reporting &amp; disclosure</li> <li>• HIPAA (must be completed within 30 days of hire and then on an annual basis)</li> <li>• Documentation &amp; record keeping</li> <li>• Professional boundaries*</li> <li>• Agency Policies*</li> <li>• Physical Safety policies*</li> <li>• Provided with copy of agency org chart, which includes the new employee</li> </ul>	<p>Documentation in personnel/volunteer file.</p> <p>* = Agency should be able to justify when the training was not needed for the position.</p>
7.2	<p>Within 3 months staff and volunteers (as appropriate to level and type of client contact) will be trained in the following areas:</p> <ul style="list-style-type: none"> <li>• Functional knowledge of HIV issues, to include epi trends, comorbidities, basics of treatment, basic psychosocial issues (to include mental health, substance abuse, housing issues, etc.)</li> <li>• TB and other infectious diseases</li> <li>• Crisis intervention</li> <li>• Infection control when applicable</li> <li>• Continuum of Care</li> </ul>	<p>Documentation in personnel/volunteer file.</p> <p>* = Agency should be able to justify when the training was not needed for the position.</p>
7.3	<p>Within 6 months, and on an ongoing basis staff and volunteers will be trained in the following areas:</p> <ul style="list-style-type: none"> <li>• Mental health first aid</li> <li>• Equity and social justice</li> <li>• Trauma informed care</li> </ul>	<p>Documentation in personnel/volunteer file.</p> <p>* = Agency should be able to justify when the training was not needed for the position.</p>
7.4	The agency has a policy outlining core competencies specific to their services.	Policy on file
7.5	The agency provides access to continuing education needed to maintain skills/knowledge essential to job function.	Documentation of continuing education appropriate to staff position descriptions in personnel files

7.6	Agency personnel obtain the continuing education necessary to maintain licensure.	Staff licensure is current
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### 8.0 Continuous Quality Improvement (CQI)

	STANDARD	MEASURE
8.1	The program engages in a CQI process.	Documentation of an agency/program committee engaged in ongoing QI projects
8.2	The program participates in Ryan White program Quality Management activities.	Program participates in Ryan White program QI trainings, activities, and QM reviews.
8.3	The program tracks their outcomes in helping clients access and stay in medical care and/or adhere to medications.	Reviewed on Quarterly QM progress reports
8.4	Agency has a mechanism in place for obtaining client feedback and documentation of its regular use.	Review of annual client feedback and agency response
8.5	Agency has structured and ongoing efforts to obtain input from clients in the design and delivery of services.	Reviewed on Quarterly QM Progress Reports
8.6	Agency has a mechanism for conducting program evaluations and uses the information from the evaluation process to improve service delivery.	Review of assessment and improvement efforts.
8.7	Agency has a mechanism for identifying and addressing health disparities, Implicit Bias, barriers to access, including but not limited to physical barriers, knowledge barriers, transportation barriers, and psychological barriers and uses the information to improve service delivery.	Year-end QM progress report The year-end QM Progress Report shall include a report of the results of agency's client feedback mechanism (client survey, focus group, CAB, etc.). The client feedback mechanism must include questions related to barriers to access. A narrative on how this data was used to improve service delivery must also be included.

### 9.0 Coordination of Care

	STANDARD	MEASURE
9.1	Participate in continuum wide processes throughout the TGA.	Participation in needs assessments, provider work groups, and other committees that support the coordination of care.
9.2	Agency collaborates with other providers in the coordination of care.	Postings for other agencies' services in client waiting areas Documented referrals to/from other providers in charts
9.3	Program has a process in place for locating current community resources for clients.	Site Visit
9.4	Agency has a process in place for promoting their HIV services to eligible individuals, especially those who are historically underserved	Accessible forms of communication are observed at site visit

### 10.0 CLAS Mandates

*The Culturally and Linguistically Appropriate Services (CLAS) standards were issued by the U.S. Department of Health and Human Services' (HHS) Office of Minority Health (OMH) in 2001 to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services. OMH developed these standards to ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner. The CLAS standards include mandates (requirements for all recipients of federal funds), guidelines (activities*

recommended by OMH for adoption by Federal, State and national agencies), and recommendations (suggestions for voluntary adoption by health care organizations). The Seattle TGA HIV Planning Council has developed the following standards to help agencies meet the required four CLAS mandates.

OMH uses the term “health care organizations” to identify the types of organizations for which CLAS standards were developed. “Health care organizations” are defined for this document as “all organizations that contract with Public Health – Seattle & King County to receive federal funding to provide care and services to people with HIV.”

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

	STANDARD	MEASURE
10.1	<p>Each agency must have a language access plan.</p> <p><i>A language access plan can help ensure that an organization provides high quality and appropriate language services. A language access plan can also help ensure that an organization's staff members are aware of what to do when an individual with limited English proficiency needs assistance.</i></p>	<p>Written plan in agency policies.</p>
10.2	<p>Agencies must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.</p>	<p>Agencies prominently display notification informing patients of their right to receive language assistance services at no cost to them</p> <p>Client intakes include information about the client's preferred language.</p>
10.3	<p>Preferred language is reassessed every six months.</p>	<p>Documented in client chart</p>
10.4	<p>Agencies must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/ consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.</p> <p><i>Language services include, as a first preference, the availability of bilingual staff who can communicate directly with patients/consumers in their preferred language. When such staff members are not available, face-to-face interpretation provided by trained staff, or contract or volunteer interpreters, is the next preference. Telephone interpreter services should be used as a supplemental system when an interpreter is needed instantly, or when services are needed in an infrequently- encountered language.</i></p>	<p>All requests for interpretation services are documented in client charts, including language requested, date of request, nature of the service for which the language assistance is requested and the outcome of the request.</p> <p>If agencies are unable to provide and/or locate interpretation services for patients/consumers as requested, agencies document in client charts the means undertaken to refer patients/consumers to other agencies/providers who may be able to offer the service in the language preferred by the client.</p> <p>Agencies document active attempts to recruit staff and volunteers who are bilingual in English and commonly encountered languages of the service population through job postings and outreach efforts.</p>

10.5	<p>Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals as interpreters should be avoided.</p> <p><i>Under no circumstances shall minor children be used as interpreters, nor shall they be allowed to interpret for their parents when they are the patients/consumers.</i></p>	<p>Documentation that bilingual staff passed a written test, were interviewed in each language, or were otherwise evaluated to be competent to provide bilingual services.</p> <p>Documentation that interpretation was provided by certified interpreters/certified medical interpreters (for clinical visits)</p> <p>If a patient/consumer declines bilingual staff and/or outside interpretation, and instead chooses to use adult family members or friends to provide language assistance services, this declination is documented in the patient/consumers' chart and the consumer and the family/friend signed a release of information with the program staff.</p>
10.6	<p>Agencies must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.</p>	<p>Agencies post signage in their waiting rooms and/or at the reception areas in English and other languages commonly spoken by their service population to identify or label the location of specific services and amenities.</p> <p>Agencies make available patient-related materials (applications, consent forms, rights and responsibilities, and other written materials routinely provided to clients) in both English and other languages commonly spoken by their service population or as requested by the client.</p>
NEW 10.7	<p>Agencies will create a culturally inclusive environment.</p> <ul style="list-style-type: none"> <li>• Lobby / reception area (décor, posters, images, literature, brochures, etc.) welcoming to and reflective of population(s) served.</li> </ul>	<p>Physical observation and client feedback.</p>

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2/24/2020