

FY 2012
DALLAS EMA/HSDA
SHERMAN-DENISON HSDA
STANDARDS OF CARE



**Dallas County Health and Human Services
Grants Management Division**

Revised Standards of Care Effective: March 1, 2012.

- 3.2** shall develop the following instruments in both English and Spanish, distributing a copy to each client, and/or posting a copy in a conspicuous place within the facility, as indicated below (exception: Health Education/Risk Reduction, and Outreach service category):
- a.** a client "Bill of Rights" (distribute to each client) which takes into account state and federal laws protecting the rights of the client, and a written grievance procedure (distribute and post in a conspicuous place) including assurance that neither the agency nor any of its staff will retaliate against clients for filing a grievance;
 - b.** a written policy regarding clients' entitlement to confidentiality (distribute);
 - c.** an "authorization form to disclose client information". This form must be specific to the individual(s) and/or agency(ies) to whom the client authorizes the disclosure of information. The form must be specific as to what information will be disclosed, including an expiration date, and is signed by the client prior to disclosure of any information about the client. A copy of the signed authorization form shall be retained in each client's record; In the event an agency's standards allows for 'verbal approval' (in urgent situations only), verbal approval will be sufficient so long as the individual obtaining the verbal approval signs the authorization form along with a signature of a witness to attest to the client giving verbal approval. The form with the two signatures shall be retained in each client's record.
 - d.** written policies and procedures are in place to describe how the agency determines, documents and reports suspected instances of child abuse in accordance with Chapter 261 of the Texas Family Code;
 - e.** written policies and procedures are in place to require documented training of all staff regarding every aspect of suspected sexual child abuse screening and reporting;
 - f.** written emergency procedures (building evacuation map, and emergency procedures to be followed by staff and clients in the event of fire, bomb threat, severe weather, or loss of power must all be posted; written policy regarding chemical spills or a possible biological exposure (i.e., suspected anthrax or smallpox) event need not be posted, but must be in place);
 - g.** application and eligibility assessment process, including written, clearly defined eligibility criteria, ranking criteria for eligible applicants when waiting lists exist, and a written policy regarding transfer, discharge, or termination of services (distribute); and
- 3.3** shall maintain client files (written or electronic) in a locked and secured area

Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- a. shall, except where grant funds may be specifically restricted (e.g., Minority AIDS Initiative funds), provide its services to eligible persons regardless of age, gender, race, color, religion (or lack thereof), national origin, sexual orientation, disability, political affiliation, or inability to pay, to the extent resources allow;
- b. shall provide culturally sensitive services for clients, and shall address linguistic barriers, either directly (by employing bilingual staff, utilizing adaptive equipment for sensory-impaired individuals, etc.), or indirectly through referral; (exception: Health Education/Risk Reduction service category);
- c. shall provide access to its facility for handicapped persons;
- d. shall abide by SUBSTANCE ABUSE/DRUG SCREENING – GENERAL PRINCIPLES, as approved by the Ryan White Planning Council of the Dallas Area August 11, 1999 (see Attachment 1); and
- e. shall maintain a safe environment, within its facility(ies), for provision of services. This shall include, adopting a written policy to refuse services to anyone who is being verbally abusive of staff or others, is threatening physical abuse to staff or others, is in possession of illegal substances, drug paraphernalia, or weapons on agency property, or is otherwise acting in an unacceptable manner, **until, in the judgment of the agency, the individual ceases such behavior**. The agency shall also explore all available, alternative options for service provision to such individuals, including referral to a more appropriate agency. (See Attachment 2 - CLIENT DISRUPTIVE BEHAVIOR – GENERAL PRINCIPLES.)
- f. Shall provide access to it's system of care for persons with HIV/AIDS twenty-four (24) hours/day (i.e., at a minimum, clients who call during non-operating hours will receive guidance via pre-recorded message), and shall provide information regarding mechanisms to address urgent and/or emergency client needs.

4.2 Care - The agency:

- a. shall enroll each client, including an assessment relative to referred service category(ies) (exception: Health Education/Risk Reduction, Interpretation/Sign Language, and Outreach service categories);
- b. shall provide regular, ongoing oversight of providers and service delivery, by qualified, professional supervisors; and
- c. shall promote, support, and empower the involvement of clients in their own care process.

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4.3 Provider Continuity - The agency:

- a.** shall participate in a structured referral process, via case management or intake as appropriate, for delivery of other services in the HIV/AIDS continuum of care;
- b.** shall develop and maintain linkages with other support, access, and primary health care service providers, entering into Memoranda of Agreement or Memoranda of Understanding with agencies as appropriate, to improve service provision, avoid duplication, ensure that client services within the continuum of care are coordinated to meet the needs of individual clients, and to prevent client abuse of the care system.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

The agency:

- 5.1** shall measure and report client outcomes utilizing outcome measures approved by the Ryan White Planning Council of the Dallas Area every six (6) months;
- 5.2** shall develop and utilize a methodology to measure client satisfaction with services, which may include a written satisfaction survey, staff and volunteer observation of the client, and/or interaction with the client;
- 5.3** shall develop a written Quality Management Plan, which outlines the mechanism of annual evaluation used to identify program areas that are in need of improvement, updating, etc. This mechanism shall, at a minimum, routinely consider the changing needs of clients, client outcome measurements, and client satisfaction/dissatisfaction with services as discerned through client satisfaction surveys, staff observation(s), interaction(s), and/or any other evaluative tools which the agency may use in identifying areas of the agency's program that are in need of improvement;
- 5.4** shall implement improvements identified in the annual program evaluation in program areas and operations and the written Quality Management Plan;
- 5.5** shall continually monitor its service activities and materials for appropriateness, accountability, comprehensiveness and /or effectiveness;
- 5.6** shall encourage its staff to maintain high ethical and professional standards at all times; and
- 5.7** shall keep client records (written or electronic) on an ongoing basis, monitor client progress and care, document all referrals, follow up, and educational materials provided.

Standard of Care 6.0

Training Programs –

The agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- 6.1** initial in-service orientation and training for **new** staff and volunteers, including agency policies and Standard Precautions, and periodic development training for **all** staff and volunteers as required to ensure continued, safe delivery of high-quality services;
- 6.2** training on the laws and regulations regarding the privacy and confidentiality of client information;
- 6.3** the opportunity for licensed/credentialed staff to take relevant outside courses to both improve their skills, and if required, earn CEUs sufficient to maintain licensure and/or certification;
- 6.4** training in cultural sensitivity;
- 6.5** if the agency receives funds through grants provided by the Texas Department of State Health Services, written procedures on reporting requirements for suspected sexual child abuse reporting, as required by the State; and
- 6.6** training regarding the continuum of care for HIV+ persons, including the function of medical case management, and the process of referring a client for that service.

The administrative agency shall provide the following training program or opportunity, after which the agency shall document receipt in the individual staff/volunteer personnel file:

- 6.7** All agency staff requiring access to ARIES, must successfully complete a confidentiality and security training before being granted access to ARIES.

DALLAS EMA/HSDA

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SPECIFIC STANDARDS OF CARE
AIDS PHARMACEUTICAL ASSISTANCE

Definition:

AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are not funded with ADAP earmark funding.

Standard of Care 1.0

Licensure or Assurances - The agency:

- 1.5 shall ensure that medication costs will be based on section 340(b) drug pricing, or lower cost if available; and
- 1.6 shall develop a memorandum of understanding with one or more pharmacies to ensure continuing availability and best price of medications.

Standard of Care 2.0

Knowledge, Skills, and Experience

All staff who provide direct services shall possess:

- 2.4 knowledge of primary medications used to treat the effects of HIV, of other medications that are often prescribed for persons living with HIV/AIDS, and of the proper handling and storage procedures associated with these medications; and
- 2.5 the skills necessary to work with a variety of medical interdisciplinary personnel.

Standard of Care 3.0

**Client Rights and Confidentiality –
No “specific” standards. See “Universal Standards of Care”**

Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g. shall provide access to its system of drug reimbursement for patients with HIV/AIDS twenty-four (24) hours/day, and must provide mechanisms for urgent and/or emergency care.

4.2 Care - The agency:

- d. shall ensure the provision of medication to patients, as prescribed by the patient’s medical care provider;
- e. shall maintain appropriate, locked storage of medications and supplies when needed (including refrigeration);
- g. shall provide and maintain accurate program record keeping, including medication inventory control; and
- h. shall ensure medications are dispensed in a timely manner.

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Standard of Care 5.0

Continuous Quality Improvement/Assurance

- 5.7** The agency shall keep abreast of current treatment methodologies as outlined in the most recent version of the Public Health Service guidelines for persons living with HIV/AIDS.

Standard of Care 6.0

Training Programs

No “specific” standards. See “Universal Standards of Care.”

DALLAS EMA/HSDA

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SPECIFIC STANDARDS OF CARE
CASE MANAGEMENT (NON-MEDICAL)/ HOUSING BASED CASE MANAGEMENT

Definition:

Case Management (non-Medical) is responsive to the *immediate needs* of a person living with HIV and includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Standard of Care 1.0

Licensure or Assurance

The agency shall ensure:

- 1.5** that each agency staff person who provides case management services to clients shall have, at a minimum, a bachelor's degree in social science or behavioral science, nursing, or a related field from an accredited domestic or international college or university. As an alternative, a minimum of two (2) years of employment experience performing medical case management, case management or client advocacy may substitute for each year of college education;

- 1.6** that each case management supervisor shall, at a minimum, be a registered nurse licensed by the State of Texas, or a professional with a Master's degree in social or behavioral science or a related field from an accredited domestic or international college or University.

(* Note: Standards 1.5 and 1.6 above are not applicable to agency staff or volunteers who worked at the agency employed as client advocates or case managers on or before March 1, 2005. This "grandfather clause" will not apply to new hires after March 1, 2005).

- 1.7** that its case management staff who provide direct services to clients have continuing access to the most up-to-date information available about effective medical care of those with HIV/AIDS; and

- 1.8** that case management supervisors and case managers shall each hold a valid driver's license in accordance with Texas law, if needed to carry out work responsibilities.

Standard of Care 2.0

Knowledge, Skills, and Experience

As evidenced by documented initial orientation, on-going training, CEUs, or the like, all staff and volunteers who provide direct-care services to clients shall possess:

- 2.4** knowledge of entitlement programs and benefits which may be available to clients;

- 2.5** knowledge of community resources available to clients, so that appropriate, effective referrals for prevention, clinical, psychosocial, and other support services can be made;

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- 2.6 knowledge of cost containment strategies, and experience in assisting clients to access high-quality care while limiting out-of-pocket expenditures;
- 2.7 knowledge of appropriate, available housing in the area; and
- 2.8 the skills and experience necessary to work with a variety of HIV/AIDS service providers, including other client advocates, case managers, and interdisciplinary personnel.

Standard of Care 3.0

Client Rights and Confidentiality

- 3.4 the agency shall develop, maintain and enforce a Security Policy regarding how electronic client data are accessed, edited and deleted insuring maximum client confidentiality.

Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g. shall provide access for staff and clients to resource information that is current and relevant to the population of the EMA/HSDA;
- h. shall aggressively address clients' barriers to accessing health and psychosocial services, including follow up with those clients who continue to have difficulties with the referral process; and
- i. shall provide access to its system of care for persons with HIV/AIDS twenty-four (24) hours/day (i.e., at a minimum, clients who call during non-operating hours will receive guidance via pre-recorded message), and shall provide information regarding mechanisms to address urgent and/or emergency client needs.

4.2 Care - The agency:

- d. shall conduct a timely intake and evaluation of each client, including a complete assessment of current needs, completing the Common Intake Form (CIF) as part of this procedure, unless it is able to obtain a completed CIF from another agency where the client received services;
- e. shall mutually develop and establish a care plan with each client that identifies client needs, goals, and planned course of action to meet identified needs, monitor and document the changing needs of the client through personal contact and by reviewing the care plan with each contact or at least every six months, revise it as necessary, and maintain a copy, signed by the client, or documentation that it was reviewed by the client, in the client record;

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- f. shall review the nature and purpose of each referral with client;
- g. shall develop and implement a policy detailing the procedure for assigning cases based on each client's varying level of need and for the oversight of caseload management by a qualified, professional supervisor(s) [See Section 1.3 for example of supervisor qualifications];
- h. shall complete or have on file a Client Needs Assessment for each client, to evaluate the client's level of need;
- i. shall ensure that cases are reviewed at least every six months to assess continuity of care and or transfer of care when necessary; and
- j. shall ensure that written policies and procedures are in place to describe how and under what circumstances the agency can discharge, terminate, or close a client's record in accordance with Chapter 19 of the DSHS HIV Case Management Standards.
- k. shall ensure that case management notes, referrals, care plans, adherence counseling, mental health and substance abuse screening; and risk behavior evaluation be entered into ARIES with in 5 business days of the activity in accordance with DSHS policy HIV/STD 240.000*. **this policy is applicable only for those agencies receiving Part B or State Services funding.*

4.3 Provider Continuity - The agency:

- c. shall provide a structured referral process to facilitate delivery of all needed medical and psychosocial services in the HIV/AIDS continuum of care to the client; and
- d. shall facilitate communication and coordination between the entire care team, including family and other support systems.

Standard of Care 5.0

Continuous Quality Improvement/Assurance - The agency:

- 5.8 shall routinely consider client outcomes in determining need for revisions to individual client care plans.

Standard of Care 6.0

Training Programs

Revised Standards of Care Effective: March 1, 2012.

The agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- 6.8** ongoing orientation and information about advances in medical care and treatment of those with HIV/AIDS;
- 6.9** each agency is responsible for providing new case management staff members and supervisors with agency related training that commences within 15 working days of hire and is completed no later than 90 days following hire;
- 6.10** all agencies receiving case management funding through Ryan White Part B funds must comply with the training requirements in accordance with Chapter 19 of the DSHS HIV Case Management Standards (*revised 6-1-2011*); and
- 6.11** all case managers (medical and non-medical) must complete a minimum of 12 hours of continuing education annually in accordance with Chapter 19 of the DSHS HIV Case Management Standards (*revised 6-1-2011*)

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
CHILD CARE SERVICES, DAY/RESPIRE CARE FOR CHILDREN AND YOUTH

Definition(s):

Child Care Services (Part A & Part B):

Child care services are the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training. NOTE: This does not include child care while a client is at work.

Child Care Services (State Services):

The provision of care for the children of clients who are HIV-positive while the clients are attending medical or psychosocial appointments or to find or keep employment.

Day Respite Care:

Respite care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

Standard of Care 1.0 Licensure or Assurances

The agency shall:

- 1.5** ensure that its child care facility is licensed by either the Texas Department of State Health Services as a Special Care Facility, or the Texas Department of Family and Protective Services as a Day Care Facility, and that its license(s) are current and available;
- 1.6** ensure that staff and volunteers who require licensure and/or certification are properly licensed/certified, consistent with their professional categories;
- 1.7** ensure that services continue to be appropriately utilized by eligible persons, by reevaluating and documenting each client's eligibility at least annually, and the appropriateness of continuing to provide services at least every six months;
- 1.8** ensure that its child/adolescent care facility meets health, fire, and safety standards, including adequate ventilation, clean water, heating and cooling units, as evidenced by passing the most recent inspections by appropriate regulatory bodies;
- 1.9** obtain an initial test for tuberculosis for prospective staff and volunteers, and a repeat test at least annually in order to protect clients; and
- 1.10** ensure the availability of age-appropriate services.

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Standard of Care 2.0**Knowledge, Skills, and Experience**

The agency shall ensure that its staff and volunteers who are responsible for providing day/respite care:

- 2.4** possess knowledge of the HIV/AIDS disease process, the effects of HIV/AIDS-related illnesses and co-morbidities on clients, and the psychosocial effects on children and adolescents who are either infected or affected by HIV/AIDS, and their families;
- 2.5** possess other knowledge, skills, and experience necessary to carry out required responsibilities, as described in the written job description;
- 2.6** have the ability to work with a variety of HIV/AIDS care professionals, medical case managers, and interdisciplinary personnel.

Standard of Care 3.0**Client Rights and Confidentiality**

No “specific” standards. See “Universal Standards of Care.”

Standard of Care 4.0**Access, Care, and Provider Continuity****4.1 Access - The agency:**

- g.** shall, except where grant funds may be specifically restricted (e.g., Minority AIDS Initiative funds), provide its services to eligible children and/or adolescents (birth through age 18) living with or affected by HIV/AIDS, regardless of gender, race, color, religion (or lack thereof), national origin, disability, or inability to pay, to the extent resources allow.

4.2 Care - The agency:

- d.** shall provide daily, structured program activities in each client’s care, and shall promote the importance of cognitive learning and social skills development; and
- e.** shall provide required non-medical support services to all children/adolescents as needed.

Standard of Care 5.0**Continuous Quality Improvement/Assurance**

No “specific” standards. See “Universal Standards of Care.”

Standard of Care 6.0**Training Programs**

The agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- 6.8** training in child development.

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
CONGREGATE HOUSING

Definition:

Congregate Housing is *supervised housing in a congregate, or group, setting.*

Standard of Care 1.0

Licensure or Assurances

The agency shall:

- 1.5** ensure that each of its housing facilities is licensed by Texas Department of Aging and Disability Services (DADS) as an Assisted Living Facility, or by Texas Department of State Health Services (DSHS) as a Special Care Facility, as appropriate;
- 1.6** keep its license current and available;
- 1.7** ensure that its program complies with the Housing and Urban Development (HUD) HOPWA directive, 24 CFR Part 574, including adherence to the following standards: Number 574.310 (General Standards for Eligible Housing Activities), and 574.340 (Additional Standards for Community Residences);
- 1.8** ensure that housing facilities meet health, fire, and safety standards, including adequate ventilation, clean water, heating and cooling units, as evidenced by passing the most recent inspections by appropriate regulatory bodies; and
- 1.9** comply with applicable local government zoning and occupancy codes in its housing facility(ies).

Standard of Care 2.0

Knowledge, Skills, and Experience

Agency staff and volunteers shall possess the knowledge, skills, and experience necessary to deliver quality, housing-related services in a safe, secure and decent facility, and:

- 2.4** when entering into a tenant/landlord relationship with a client, the agency and client shall execute a lease, or a written, short-term, rental or general earnest agreement, if more appropriate;
- 2.5** the agency shall ensure that housing-related services it provides are competently performed, and that a high standard of health, social and/or other supportive services is maintained; and
- 2.6** knowledge of Federal HUD/HOPWA regulatory requirements, and “fair housing” Non-Discrimination regulations at 28 CFR Parts 35 and 36.

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Standard of Care 3.0

Client Rights and Confidentiality

No “specific” standards. See “Universal Standards of Care.”

Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g.** shall, except where grant funds may be specifically restricted (e.g., Minority AIDS Initiative funds), provide its services to eligible persons living with HIV/AIDS regardless of age (except for those receiving care in a child/adolescent care facility, where age eligibility is limited to birth through age 18), gender, race, color, religion (or lack thereof), national origin, sexual orientation, disability, political affiliation, or inability to pay, to the extent resources allow.

4.2 Care - The agency:

- d.** shall provide assistance in locating and obtaining suitable ongoing transitional shelter and residential housing services;
- e.** shall assess client care needs and determine that the housing is safe, before placement;
- f.** shall provide physically impaired residents assistance with bathing, clothing, exercising and eating when necessary; and
- g.** shall provide required, non-medical support services to transition clients across the continuum of housing needs.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

No “specific” standards. See “Universal Standards of Care.”

Standard of Care 6.0

Training Programs

The agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- 6.8** specific training as necessary to ensure that staff and volunteers are familiar with Housing program policies, and "fair housing" requirements.

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
EARLY INTERVENTION SERVICES

Definition:

Early Intervention Services (EIS) *include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.*

Standard of Care 1.0 Licensure or Assurances

- 1.5** the agency's facility(ies) shall be appropriately licensed or certified as required by Dallas County, for the provision of HIV early intervention services, including phlebotomy services.

- 1.6** all agency staff who provide care and/or counseling services to clients, shall be specifically trained to provide those services for recently diagnosed HIV-positive clients, and shall be competently supervised by, at a minimum, a licensed mid-level medical provider.

Standard of Care 2.0 Knowledge, Skills, and Experience

All staff who provide direct-care services shall possess:

- 2.4** Texas Department of State Health Services certification as an HIV Prevention Counselor, or advanced training/experience (e.g. Protocol Based Counseling, etc) in the area of HIV/infectious disease specialty;

- 2.5** HIV early intervention skills and abilities as evidenced by training, certification, and/or licensure; and

- 2.6** the skills necessary to work with a variety of health care professionals, medical case managers, and interdisciplinary personnel.

Standard of Care 3.0 Client Rights and Confidentiality

- 3.4** the agency shall develop a “consent to treatment” form, have each client sign a copy at initial enrollment, and maintain the signed copy in each client’s record.

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Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g.** shall provide access to its system of early intervention services for persons with HIV/AIDS with availability 24 hours via pre-recorded message for guidance during non-operating hours, and shall provide information regarding mechanisms to address urgent and/or emergency client needs.

4.2 Care - The agency:

- d.** shall provide physical examination and assessment to identify urgent health issues/need;
- e.** shall provide client education concerning the HIV disease process, risk reduction, and maintenance of the immune system; and
- f.** shall develop a care plan in direct cooperation and agreement with the client that identifies client needs, resources, goals, and planned course of action to meet identified needs, and revise the plan as necessary.

4.3 Provider Continuity - The agency:

- c.** shall either have the capacity onsite to perform appropriate laboratory testing (HIV, CD4 lymphocyte count, CBC with differential, chemical profile, RPR, gonorrhea, chlamydia, and Hepatitis B and C) or have formal arrangements in place with a laboratory to conduct the tests as requested by the agency.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

- 5.7.1** the agency shall keep abreast of current HIV/AIDS counseling techniques and strategies, interpretation of lab results, and treatment methodologies as outlined in the most recent version of the Public Health Service guidelines for the prevention of HIV/AIDS and persons living with HIV/AIDS.

Standard of Care 6.0

Training Programs

The agency shall provide to its staff and volunteers the following training opportunity, receipt of which shall be documented in individual staff/volunteer files:

- 6.8** training regarding current HIV/AIDS treatment methodologies, counseling techniques and strategies.

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
FOOD BANK

Definition:

Food Bank/Home-Delivered Meals include the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item as well as vouchers to purchase food.

Standard of Care 1.0 Licensure or Assurances

The agency shall:

- 1.5** ensure that its food pantry program meets all requirements of the local health department for food handling and storage;
- 1.6** maintain and show evidence that all required inspections are current, and resulted in acceptable findings;
- 1.7** provide adequate space and equipment to store food in a sanitary manner;
- 1.8** ensure that services continue to be appropriately utilized by eligible persons, by reevaluating and documenting each client’s eligibility at least annually, and the appropriateness of continuing to provide services at least every six months;
- 1.9** if bulk foods are repackaged, all handlers should be licensed food handlers; and
- 1.10** have in place a Food Product Establishment Permit, if required by the local municipality.

Standard of Care 2.0 Knowledge, Skills, and Experience
No “specific” standards. See “Universal Standards of Care.”

Standard of Care 3.0 Client Rights and Confidentiality
No “specific” standards. See “Universal Standards of Care.”

Standard of Care 4.0 Access, Care, and Provider Continuity

4.1 Access - The agency:

- g.** shall provide for emergency food pantry services when deemed necessary by the agency.

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4.2 Care - The agency:

- d.** shall have in place a written schedule for food distribution, and ensure that clients are notified at least three (3) days ahead of time of any anticipated changes to the schedule, except in the case of an unforeseen emergency;
- e.** shall ensure that available foods are selected taking into account factors such as special nutritional needs (incorporating generally accepted nutritional standards), religious requirements, and ethnic food preferences, as appropriate; and
- f.** shall provide nutritional supplements to clients, with a written referral from a physician, or registered and/or licensed dietitian, to the extent resources allow.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

The agency:

- 5.8** shall ensure that access to the food storage area is limited, and that it is locked when no food handling or distribution is taking place;
- 5.9** shall receive consultation from a registered and/or licensed dietitian regarding the nutrition, caloric needs, and other dietary issues of HIV+ persons, and has incorporated that guidance into its food pantry program; and
- 5.10** shall ensure that perishable foods are disposed of in accordance with Texas Department of State Health Services guidelines. Nonperishable foods should be disposed of if there is evidence of spoilage, damage, or package tampering.

Standard of Care 6.0

Training Programs

The agency shall provide to staff and volunteers involved in the handling of food:

- 6.8** periodic training in food sanitation, handling, and storage, as necessary; and
- 6.9** training regarding the nutritional needs of HIV+ persons.

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
HEALTH INSURANCE PREMIUM & COST SHARING

Definition:

Health Insurance Premium & Cost Sharing Assistance *is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.*

Standard of Care 1.0 Licensure or Assurance

The agency shall ensure:

- 1.5** that its insurance assistance staff who provide direct services to clients shall have had at least two years of college, and shall have had a minimum of six months experience providing services in this, or a related field. A total of three years of relevant experience in this or a related field can substitute for the education requirement;
- 1.6** that its insurance assistance staff who provide direct services to clients have continuing access to the most up-to-date information available about effective medical care of those with HIV/AIDS, and about applicable insurance programs and options;
- 1.7** that it maintains detailed records in legible form, documenting client eligibility, along with premiums, deductibles, and co-pays that are paid on behalf of the clients; and
- 1.8** that client eligibility is re-examined at least quarterly.

Standard of Care 2.0 Knowledge, Skills, and Experience

All staff and volunteers who provide direct services to clients shall possess:

- 2.4** a working knowledge of the COBRA and OBRA insurance programs, and various private insurance programs, including eligibility requirements, benefits, applicable deductibles and co-pays; and
- 2.5** the skills and experience necessary to work effectively with HIV/AIDS service providers in a variety of disciplines and at all levels, and with a variety of clients.

Standard of Care 3.0 Client Rights and Confidentiality
No “specific” standards. See “Universal Standards of Care.”

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Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g.** shall provide an efficient and expedient process to respond to client requests, including completion of intakes **by appointment**, on or off-site, such that in most cases, the client will be able to access insurance coverage immediately upon completion of the intake procedure;
- h.** shall continue to communicate with the client on an ongoing basis to assure continued access of insurance assistance to eligible clients, for as long as it is required; and
- i.** shall provide mechanisms to address urgent and/or emergency client needs, and shall make modifications if necessary to adjust for premium changes or other factors.

4.2 Care - The agency:

- d.** shall be available to clients via telephone, on a walk-in basis, or through written correspondence should they require additional information, referrals, or support.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

- 5.7** the agency shall strive to keep eligible clients on private insurance programs, thereby allowing them access to the private health care system, and conserving public health care and medication program resources for those unable to obtain private insurance.

Standard of Care 6.0

Training Programs

The agency shall provide to its staff and volunteers the following training opportunity, receipt of which shall be documented in individual staff/volunteer files:

- 6.8** ongoing orientation and information about advances in medical care and treatment of those with HIV/AIDS, and about changing insurance programs and options.

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
HOME HEALTH CARE/HOME & COMMUNITY BASED HEALTH CARE

Definition:

Home Health Care includes *the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parental feeding, diagnostic testing, and other medical therapies.*

Standard of Care 1.0

Licensure or Assurances

- 1.5 the agency shall be licensed and certified by the State of Texas to provide home health services.
- 1.6 all agency staff, contractors, and consultants who provide direct-care services, and who require licensure, shall be properly licensed by the State of Texas.

Standard of Care 2.0

Knowledge, Skills, and Experience

All staff who provide direct-care services shall possess:

- 2.4 knowledge and skills required to provide home health services, as evidenced by appropriate licensure in the State of Texas where the job category requires it, and by appropriate training and/or experience for home health aides;
- 2.5 the skills necessary to work with a variety of medical care professionals, medical case managers, and interdisciplinary personnel.

Standard of Care 3.0

Client Rights and Confidentiality

- 3.4 The agency shall have each patient sign a “consent to treatment” form at least annually, and maintain the signed copy in the patient’s record.

Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g. shall provide access to its system of care for HIV/AIDS patients twenty-four (24) hours/day, and must provide mechanisms for urgent and/or emergency care.

Revised Standards of Care Effective: March 1, 2012.

4.2 Care - The agency:

- d.** shall conduct an intake, examination, and evaluation of each patient, completing the Common Intake Form (CIF) as part of this procedure, unless it is able to obtain a completed CIF from another agency where the patient received services;
- e.** provide home health services in accordance with the patient's physician-prescribed care plan; and
- f.** shall ensure that phone contact is made with each patient within twenty-four (24) hours of the referral, and services are initiated at the time specified by the physician, or within forty-eight (48) hours, whichever is earlier.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

- 5.8** the agency shall keep abreast of current treatment methodologies as outlined in the most recent version of the Public Health Service guidelines for persons living with HIV/AIDS.

Standard of Care 6.0

Training Programs

No "specific" standards. See "Universal Standards of Care."

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
HOME DELIVERED MEALS

Definition:

Home-Delivered Meals include *the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item as well as vouchers to purchase food.*

Standard of Care 1.0

Licensure or Assurances

The agency shall:

- 1.5** ensure that its program meets all requirements of the local health department for food handling and storage;
- 1.6** maintain and show evidence that all required inspections are current, and resulted in acceptable findings;
- 1.7** provide adequate space and equipment to store, prepare, and serve food/deliver meals in a sanitary and expedient manner;
- 1.8** ensure that services continue to be appropriately utilized by eligible persons, by reevaluating and documenting each client's eligibility at least annually, and the appropriateness of continuing to provide services at least every six months;
- 1.9** have in place a Food Product Establishment Permit, if required by the local municipality; and

If the agency operates within the City of Dallas, it shall:

- 1.8** ensure that at least one person on staff with direct responsibility for the provision of food is certified by the City of Dallas as a Food Service Manager, or is certified by Texas Department of State Health Services Retail Foods Division as having satisfactorily completed a state-accredited food protection management program.

Standard of Care 2.0

Knowledge, Skills, and Experience

The agency shall ensure that:

- 2.4** food service staff and volunteers possess knowledge of the nutritional needs of HIV+ persons; and
- 2.5** cooks have experience working in a food service, which included purchasing and preparation of foods for large numbers of people.

Revised Standards of Care Effective: March 1, 2012.

Standard of Care 3.0

Client Rights and Confidentiality

No “specific” standards. See “Universal Standards of Care.”

Standard of Care 4.0

Access, Care, and Provider Continuity

4.2 Care - The agency:

- d. shall ensure that meals are prepared taking into account factors such as special nutritional needs (incorporating generally accepted nutritional standards), religious practices, and ethnic food preferences, as appropriate; and
- e. shall provide nutritional supplements to clients, as appropriate.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

The agency:

- 5.8 shall ensure that meals are prepared in accordance with American Dietetic Association guidelines, and meet USDA daily nutritional requirements;
- 5.9 shall receive consultation from a registered and/or licensed dietitian regarding the nutrition, caloric needs, and other dietary issues of HIV+ persons, and incorporate the guidance into its meals program; and
- 5.10 shall ensure that access to the food storage area is limited, and that it is locked when no food handling or preparation is taking place.
- 5.11 shall ensure that perishable foods are disposed of in accordance with Texas Department of State Health Services guidelines. Nonperishable foods should be disposed of if there is evidence of spoilage, damage, or package tampering.

Standard of Care 6.0

Training Programs

The agency shall provide to cooks and others involved in the handling of food:

- 6.8 specific training in preparing food to meet generally accepted nutritional standards, and American Dietetic Association guidelines;
- 6.9 training regarding the nutritional needs of HIV+ persons; and
- 6.10 periodic training in food sanitation, handling, and storage, as necessary.

Revised Standards of Care Effective: March 1, 2012.

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
LEGAL SERVICES

Definition:

Legal Services are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and 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 Ryan White Program. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

Standard of Care 1.0

Licensure or Assurances

The agency shall ensure that:

- 1.5** all attorneys, both staff and volunteer, meet the requirements for licensure, and are in good standing with the State Bar of Texas;
- 1.6** all staff and volunteer paraprofessionals and notaries possess and maintain proper licenses and/or certification as required in the State of Texas;
- 1.7** services continue to be appropriately utilized by eligible persons, by reevaluating and documenting each client's eligibility at least annually, and the appropriateness of continuing to provide services at least every six months; and
- 1.8** legal services provided, are related to clients' HIV+ status.

Standard of Care 2.0

Knowledge, Skills, and Experience

The agency shall ensure that staff and volunteer attorneys, and paraprofessionals:

- 2.4** possess the knowledge, skills, and experience in areas of law which are appropriate to the needs of HIV+ clients; i.e., regarding entitlement benefits, those required to competently represent clients before an Administrative Law Judge, District Court, etc.; and
- 2.5** have the ability to interact with a variety of HIV/AIDS care professionals, medical case managers, and interdisciplinary personnel, so as to maximize benefits of the service.

Standard of Care 3.0

Client Rights and Confidentiality

The agency:

- 3.4** shall provide legal education, advice, representation, and advocacy to clients, so as to allow them to take maximum advantage of available rights, services and benefits; and
- 3.5** shall provide priority to urgent need, bed-bound clients.

Revised Standards of Care Effective: March 1, 2012.

Standard of Care 4.0

Access, Care, and Provider Continuity

4.2 Care - The agency:

- d. shall ensure that, during the enrollment process and consultation, the legal needs of clients are explored, and addressed to the extent possible; and
- e. shall provide oversight of paraprofessional services by an attorney(s).

4.3 Provider Continuity - The agency:

- c. shall encourage staff and volunteers to provide notice, at their earliest convenience, in the event of cancellation of a scheduled appointment to provide service to a client.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

The agency:

- 5.8 shall periodically assess the types of legal services it provides, and make revisions as necessary to adapt to the changing needs of those with HIV/AIDS; and
- 5.9 shall conduct regular, legal case conferences.

Standard of Care 6.0

Training Programs

No “specific” standards. See “Universal Standards of Care.”

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
LINGUISTIC SERVICES

Definition:

Linguistics Services include the provision of interpretation and translation services. Interpretation, sign language, or translation services provided to a client or care giver who requires such assistance while receiving any HIV-related medical or support service. Translation services provided to service providers to facilitate the delivery of services for clients or care givers.

Standard of Care 1.0 Licensure or Assurance

The agency shall ensure:

- 1.5** that its interpretation/translation/sign language program staff who provide direct services to clients shall have had at least two years of college, and shall have had a minimum of six months experience providing services in this, or a related field. Three years of stable and relevant employment in the areas of outreach work, community service, supportive work with families and individuals, supportive work with youth, corrections, public relations, or customer service can substitute for the education requirement;
- 1.6** that, if its contract with Dallas County Health and Human Services provides for services for the visually impaired, it makes written materials available in large print;
- 1.7** that staff and volunteers who provide sign language services hold at least Level I, American Sign Language (ASL) certification from the Texas Office for Deaf and Hard of Hearing Services (DHHS);
- 1.8** that it does not utilize Ryan White Part A or Part B funds to provide interpretation/translation services for ineligible individuals or agencies; and
- 1.9** that it maintains detailed records in legible form, documenting all clients, number of interpretation/translation/sign language units, phone contacts with clients, contacts with service providers on behalf of clients, and contacts with service providers requesting interpretation/translation/sign language services.

Standard of Care 2.0 Knowledge, Skills, and Experience

All staff and volunteers who provide direct services to clients shall possess:

- 2.4** written and oral fluency in both English and a second language; and
- 2.5** the skills and experience necessary to work effectively with HIV/AIDS service providers in a variety of disciplines and at all levels, and with a variety of clients.

Revised Standards of Care Effective: March 1, 2012.

Standard of Care 3.0

Client Rights and Confidentiality

- 3.4** the agency shall ensure that clients' dignity, individuality, and confidentiality are respected.

Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g.** shall provide access to its interpretation/translation services within forty-eight (48) hours of receipt of a request.

4.2 Care - The agency shall:

- d.** ensure that its interpretation/translation/sign language staff persons, speaking in a neutral language and tone, present an objective interpretation of information to be provided, in the language most easily understood by the client, capturing the content and spirit intended by the provider;
- e.** instruct its interpretation/translation/sign language staff to provide no advise or personal opinion, and to avoid direct conversation with the agency provider while rendering services;
- f.** provide interpretation/translation/sign language services utilizing teams, where the anticipated length of the presentation or other factors dictate; and
- g.** ensure that its interpretation/translation/sign language staff, in rendering services, takes into account client age, any history of impaired comprehension, substance abuse, mental health problems, literacy difficulties, and medical condition.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

No "specific" standards. See "Universal Standards of Care."

Standard of Care 6.0

Training Programs

No "specific" standards. See "Universal Standards of Care."

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
MEDICAL CASE MANAGEMENT

Definition:

*Medical Case Management Services (including treatment adherence) is a proactive case management model intended to serve persons living with HIV with **multiple complex psychosocial and/or health-related needs** that focuses on maintaining HIV infected persons in systems of primary medical care to improve HIV-related health outcomes. MCM includes a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical Case Management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.*

Standard of Care 1.0

Licensure or Assurance

- 1.5** each agency staff person who provides medical case management services to patients shall have, at a minimum, a bachelor's degree in social science or behavioral science, nursing, or a related field from an accredited domestic or international college or university. As an alternative, a minimum of two (2) years of employment experience performing medical case management, case management or client advocacy may substitute for each year of college education.
- 1.6** that each case management supervisor shall, at a minimum, be a registered nurse licensed by the State of Texas, or a professional with a Master's degree in social science or behavioral science or a related field from an accredited domestic or international college or university.

(Note: Standards 1.1 and 1.2 above are not applicable to agency staff or volunteers who client advocacy on or before March 1, 2005. This "grandfather clause" will not apply to new hires after March 1, 2005).*

Standard of Care 2.0

Knowledge, Skills, and Experience

All staff who provide direct-care services shall possess:

- 2.4** medical case management skills, as evidenced by training; and
Revised Standards of Care Effective: March 1, 2012.

- 2.5 the skills necessary to work with a variety of medical care professionals, including other medical case managers, and interdisciplinary personnel.

Standard of Care 3.0 Client Rights and Confidentiality

- 3.4 the agency shall have each client sign a “consent to treatment” form at least annually, and maintain the signed copy in the patient’s record.

Standard of Care 4.0 Access, Care, and Provider Continuity

4.2 Care - The agency:

- d. shall conduct a timely intake and evaluation of each patient, completing the Common Intake Form (CIF) as part of this procedure, unless it is able to obtain a completed CIF from another agency where the patient received services;
- e. shall mutually develop and establish a care plan with each patient that: identifies patient needs, goals, and planned course of action, promotes readiness for and adherence to complex HIV/AIDS treatments (i.e. counseling, special programs), and meets identified needs; monitors and documents the changing needs of the patient through personal contact and by reviewing the care plan at least every six months, revising it as necessary, and maintaining an original copy, signed by the patient (or including documentation that it was reviewed by the patient), in the patient record; and
- f. shall ensure that written policies and procedures are in place to describe how and under what circumstances the agency can discharge, terminate, or close a client’s record in accordance with Chapter 19 of the DSHS HIV Case Management Standards.
- g. shall ensure that case management notes, referrals, care plans, adherence counseling, mental health and substance abuse screening; and risk behavior evaluation be entered into ARIES within 5 business days of the activity in accordance with DSHS policy HIV/STD 240.000*. **this policy is applicable only for those agencies receiving Part B or State Services funding.*

Standard of Care 5.0 Continuous Quality Improvement/Assurance

- 5.8 the agency shall keep abreast of current treatment methodologies as outlined in the most recent version of the Public Health Service guidelines for persons living with HIV/AIDS.

Revised Standards of Care Effective: March 1, 2012.

Standard of Care 6.0 Training Programs

The agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- 6.8** ongoing orientation and information about advances in medical care and treatment of those with HIV/AIDS; and
- 6.9** each agency is responsible for providing new case management staff members and supervisors with agency related training that commences within 15 working days of hire and is completed no later than 90 days following hire;
- 6.10** all agencies receiving case management funding through Ryan White Part B funds must comply with the training requirements in accordance with Chapter 19 of the DSHS HIV Case Management Standards (*revised 6-1-2011*); and
- 6.11** all case managers (medical and non-medical) must complete a minimum of 12 hours of continuing education annually in accordance with Chapter 19 of the DSHS HIV Case Management Standards (*revised 6-1-2011*).

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
MEDICAL NUTRITION THERAPY

HRSA Definition:

***Medical Nutrition Therapy** is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.*

Standard of Care 1.0 Licensure or Assurances

- 1.5** the agency's facility(ies) shall be appropriately licensed as required by the State of Texas, for the provision of medical care services.

- 1.6** all agency staff, contractors, and consultants who provide direct-care services, and who require licensure, shall be properly licensed by the State of Texas, or documented to be pursuing Texas licensure while performing tasks that are legal within the provisions of the Texas Medical Practice Act (or in the case of a nurse, the Nursing Practice Act), including satisfactory arrangements for malpractice insurance.

Standard of Care 2.0 Knowledge , Skills, and Experience

All staff who provide direct-care services shall possess:

- 2.4** knowledge and skills required to provide nutrition care services, as evidenced by licensure; and

- 2.5** the skills necessary to work with a variety of medical care professionals, medical case managers, and interdisciplinary personnel.

Standard of Care 3.0 Client Rights and Confidentiality

*Revised Standards of Care **Effective: March 1, 2012.***

- 3.4 the agency shall have each patient sign a “consent to treatment” form at least annually, and maintain the signed copy in the patient’s record.

Standard of Care 4.0 Access, Care, and Provider Continuity

4.1 Access - The agency:

- g. shall provide access to its system of nutrition care for those with HIV/AIDS twenty-four (24) hours/day, and must provide mechanisms for urgent and/or emergency care.

4.2 Care - The agency:

- d. shall ensure that all nutrition care it provides to PLWH/A is in accordance with the most recent version of the U.S. Public Health Service guidelines for treatment of HIV/AIDS and opportunistic infections;
- e. shall conduct an intake, examination, and evaluation of each patient, and complete the Common Intake Form (CIF) as part of this procedure, unless it is able to obtain a completed CIF from another agency where the client received services; and
- f. shall develop a plan of care at each visit which, at a minimum, documents the diagnosis and proposed treatment, chief complaint, vital signs, assessment, medical plan, current medications, referrals and recommendations, and is signed by the licensed registered dietitian developing the plan. This information shall be maintained within the patient’s file.

Standard of Care 5.0 Continuous Quality Improvement/Assurance
No “specific” standards. See “Universal Standards of Care.”

Standard of Care 6.0 Training Programs

The agency shall provide to its staff and volunteers the following training opportunity, receipt of which shall be documented in individual staff/volunteer files:

- 6.8 training regarding current HIV/AIDS treatment methodologies.

DALLAS EMA/HSDA
***SPECIFIC* STANDARDS OF CARE**
MEDICAL TRANSPORTATION/TRANSPORTATION - STATE SERVICES

Definition:

Medical Transportation Services *include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services. Conveyance services provided for a client in order to accommodate access to primary medical care, or other HIV-related psychosocial services.*

Standard of Care 1.0

Licensure or Assurance

The agency shall ensure:

- 1.5** through contractual arrangement, lease agreement, or ownership, that its vehicle service fleet is operated, maintained, and insured exclusively by the service provider;
- 1.6** that it maintains vehicle liability insurance coverage on each vehicle, or as a fleet, with a minimum acceptable limit of \$300,000 combined single limit coverage per vehicle, and that each vehicle used by the provider maintains a current Texas State Inspection, registration, and license plates;
- 1.7** that each driver maintains a current, valid Texas Driver's License, and it shall keep a copy on file;
- 1.8** that it maintains detailed records in legible form of mileage driven, name of individuals provided with transportation, and origin and destination for all trips;
- 1.9** that it has in place a means to communicate with the transportation vehicle (a radio, cell phone, or other device, preferably hands-free);
- 1.10** that it does not utilize Ryan White Part A or Part B funds to transport clients to off-premise social or recreational activities; and

Revised Standards of Care Effective: March 1, 2012.

- 1.11 that it has in place a written policy defining an "acceptable driving record", and that each of its drivers meet the requirements of the policy.

Standard of Care 2.0

Knowledge, Skills, and Experience

All staff and volunteers who provide direct services to clients shall possess:

- 2.4 the physical ability to assist people in and out of the van;
- 2.5 knowledge of agency transportation program policies regarding safety and service delivery;
- 2.6 ability to meet schedules and provide timely service;
- 2.7 for those involved in transportation of medication, knowledge of primary medications used to treat the effects of HIV, of other medications that are often prescribed for persons living with HIV/AIDS, and of the proper handling and storage procedures associated with these medications;
- 2.8 the ability to work with a variety of medical care professionals, medical case managers, and interdisciplinary personnel, and.
- 2.9 prior work experience in the same, or a similar field.

Standard of Care 3.0

Client Rights and Confidentiality

The agency:

- 3.4 shall develop written transportation program policies, including emergency procedures and procedures for safe and proper conduct in the vehicle (distribute and maintain a signed copy for each client);
- 3.5 shall ensure a non-smoking policy in each of its transportation vehicles; and
- 3.6 shall respond to requests for transportation services by the following work day.

Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g. shall provide a method of toll-free communication for clients to contact the agency to request transportation service; and
- h. shall provide access to its system of care for persons with HIV/AIDS twenty-four (24) hours/day, and shall directly provide transportation to address urgent client needs, excluding medical emergencies that require paramedic and/or ambulance assistance.

Revised Standards of Care Effective: March 1, 2012.

4.2 Care

Agencies that provide transportation of people:

- d. shall ensure that its operation hours accommodate transportation needs of clients to and from all appointments scheduled at primary medical facilities and agencies providing other services;
- e. shall allow non-HIV infected significant others to accompany HIV-infected persons, as necessary;
- f. shall ensure that client transportation is conducted based on scheduled appointments, and that clients are aware of the maximum amount of time that the driver will wait; and
- g. shall ensure that, if the transportation vehicle will not be available for an appointment, the client will be provided as much notice as possible.

Agencies that provide transportation of medicine:

- h. shall make timely pick-up and delivery of patient medications and supplies;
- i. shall maintain appropriate locked storage of medications and supplies when needed (including refrigeration);
- j. shall secure the appropriate signatures when medications or supplies are being transferred to patients; and
- k. shall provide and maintain thorough, detailed, and accurate daily, weekly, and monthly program record keeping.

4.3 Provider Continuity - The agency:

- c. shall ensure that clients requesting transportation for outpatient medical, dental, or vision care, mental health counseling, or outpatient substance abuse treatment will be given first priority.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

- 5.7 the agency shall ensure that vehicle maintenance and repairs are performed as required.

Standard of Care 6.0

Training Programs

No “specific” standards. See “Universal Standards of Care.”

Revised Standards of Care Effective: March 1, 2012.

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
MENTAL HEALTH SERVICES

Definition:

Mental Health Services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

Activities must include:

- Level I psychiatric services include individual psychiatric and medication treatment and monitoring of psychiatric disorders provided by a board certified or board eligible psychiatrist (D.O. or M.D.). Services must be provided in an outpatient clinic setting; OR,
- Level II counseling services include intensive mental health therapy and counseling (individual, family, and/or group) provided solely by a state-licensed mental health professional. Direct service providers must possess postgraduate degrees in psychology, psychiatry, or counseling (Ph.D., Ed.D., DSW, D.O., M.D., M.S., M.A., MSW, M.Ed., or equivalent), and must be licensed by the State of Texas to provide such services; OR,
- Level III counseling services include general mental health therapy and counseling (individual, family, and/or group). Direct service providers must possess a postgraduate degree in the appropriate related field, be in the process of obtaining Level II licensure with the State of Texas and be appropriately supervised by a licensed clinical supervisor approved by the state licensing board.

Standard of Care 1.0

Licensure or Assurances

No “specific” standards. See “Universal Standards of Care.”

Standard of Care 2.0

Knowledge, Skills, and Experience

Revised Standards of Care Effective: March 1, 2012.

All staff who provide direct-care services shall possess:

- 2.4 mental health care skills, as evidenced by licensure
- 2.5 the skills necessary to work with medical care professionals and interdisciplinary personnel.

Standard of Care 3.0 Client Rights and Confidentiality

- 3.4 The agency shall have each client sign a “consent to treatment” form prior to each period of continuous treatment, and maintain the signed copy in the client’s record.

Standard of Care 4.0 Access, Care, and Provider Continuity

4.1 Access - The agency:

- g. shall provide access to its system of mental health care for those with HIV/AIDS twenty-four (24) hours/day, and must provide mechanisms for urgent and/or emergency care when needed, such as in the case of a suicidal client.

4.2 Care - The agency:

- d. shall document the client’s mental illness diagnosis utilizing the most current DSM criteria (Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association); and
- e. shall work with the client to develop a care plan, signed by the client, that identifies the client’s needs, resources, goals, and planned course of action to meet identified needs, review the plan at least every six months, and revise as necessary.

Standard of Care 5.0 Continuous Quality Improvement/Assurance

- 5.7 the agency shall keep abreast of current treatment methodologies as outlined in the most recent version of the Public Health Service guidelines for persons living with HIV/AIDS.

Standard of Care 6.0 Training Programs

The agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- 6.8 supervision consistent with state licensure requirements.

Revised Standards of Care Effective: March 1, 2012.

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
ORAL HEALTH CARE

Definition:

Oral Health Care *includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.*

Standard of Care 1.0

Licensure or Assurances

- 1.5** all agency staff, contractors, and consultants who provide direct-care services and require licensure, shall be properly licensed by the Texas State Board of Dental Examiners.
- 1.6** dental students and dental hygiene students who provide direct-care services may only do so under the direction and supervision of a licensed dentist.

Standard of Care 2.0

Knowledge, Skills, and Experience

All staff and volunteers who provide direct-care services shall possess:

- 2.4** knowledge and skills necessary in the provision of dental care services, as evidenced by licensure; and
- 2.5** the skills necessary to work with medical care professionals, medical case managers, and interdisciplinary personnel.

Standard of Care 3.0

Client Rights and Confidentiality

- 3.4** the agency shall have each patient sign a “consent to treatment” form at least annually, and maintain the signed copy in the patient’s record.

Revised Standards of Care Effective: March 1, 2012.

Standard of Care 4.0**Access, Care, and Provider Continuity****4.1 Access - The agency:**

- g.** shall provide access to its system of dental care for those with HIV/AIDS twenty-four (24) hours/day, and must provide mechanisms for urgent and/or emergency care.

4.2 Care - The agency:

- d.** shall develop a care plan in direct cooperation and agreement with the patient that identifies patient needs, resources, goals, and planned course of action to meet identified needs, review the plan at least every six months, and revise as necessary.

Standard of Care 5.0**Continuous Quality Improvement/Assurance**

- 5.7** the agency shall keep abreast of current treatment methodologies as outlined in the most recent version of the Public Health Service guidelines for persons living with HIV/AIDS.
- 5.8** the agency shall maintain and update annually, a written exposure control plan that addresses exposures to blood and other potentially infectious material (OSHA 1910.1030)
- 5.9** the agency shall maintain, and implement, an immunization policy that includes up-to-date state, federal, and United States Public Health Service regulations, and recommendations from professional organizations

Standard of Care 6.0**Training Programs**

- 6.8** the agency shall ensure that all staff are trained annually on blood borne pathogen transmission (29 CFR 1910.1030)

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
OUTPATIENT/AMBULATORY MEDICAL CARE

Definition:

Outpatient/Ambulatory Medical Care (*health services*) is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Standard of Care 1.0

Licensure or Assurances

- 1.5** the agency's facility(ies) shall be appropriately licensed as required by the State of Texas, for the provision of medical care services.
- 1.6** all agency staff, contractors, and consultants who provide direct-care services, and who require licensure, shall be properly licensed by the State of Texas, or documented to be pursuing Texas licensure while performing tasks that are legal within the provisions of the Texas Medical Practice Act (or in the case of a nurse, the Nursing Practice Act), including satisfactory arrangements for malpractice insurance.

Standard of Care 2.0

Knowledge , Skills, and Experience

Revised Standards of Care Effective: March 1, 2012.

All staff who provide direct-care services shall possess:

- 2.4** knowledge and skills required to provide medical care services, as evidenced by licensure; and
- 2.5** the skills necessary to work with a variety of medical care professionals, medical case managers, and interdisciplinary personnel.

Standard of Care 3.0

Client Rights and Confidentiality

- 3.4** the agency shall have each patient sign a “consent to treatment” form at least annually, and maintain the signed copy in the patient’s record.

Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g.** shall provide access to its system of medical care for those with HIV/AIDS twenty-four (24) hours/day, and must provide mechanisms for urgent and/or emergency care.

4.2 Care - The agency:

- d.** shall ensure that all medical care it provides to PLWH/A is in accordance with the most recent version of the U.S. Public Health Service guidelines for treatment of HIV/AIDS and opportunistic infections;
- e.** shall conduct an examination and evaluation of each patient, and obtain a current (completed within 12 months) Common Intake Form (CIF) from another agency where the client has received services; and
- f.** shall develop a plan of care at each visit which, at a minimum, documents the diagnosis and proposed treatment, chief complaint, vital signs, assessment, medical plan, current medications, referrals and recommendations, and is signed by the licensed medical provider developing the plan. This information shall be maintained within the patient’s file.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

No “specific” standards. See “Universal Standards of Care.”

Standard of Care 6.0

Training Programs

The agency shall provide to its staff and volunteers the following training opportunity, receipt of which shall be documented in individual staff/volunteer files:

- 6.8** training regarding current HIV/AIDS treatment methodologies.

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DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
OUTREACH SERVICES (LOST TO CARE)

Definition:

Outreach Services (Lost-to-Care) are programs that have as their principal purpose the identification of individuals with HIV disease that are not receiving medical treatment (i.e., case finding) and thus making them aware of available medical and support services and referring them back into treatment, not HIV counseling and testing nor HIV prevention education. Lost to Care clients are individuals with a positive HIV diagnosis who: 1) have never entered primary medical treatment; 2) have been out of primary medical treatment for period of 6 months or longer, or 3) are not following a doctor's medical care plan. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

Standard of Care 1.0

Licensure or Assurance

The agency shall ensure:

- 1.5** that its outreach workers have knowledge about, and experience working with, underserved populations;
- 1.6** that its supervisor(s) of outreach workers has, at a minimum, at least two year's experience conducting HIV-related outreach activities with potential clients. In the absence of a supervisor, such as may be the case in a small agency, the agency shall have in place a collaborative agreement with another agency to provide access/outreach training and supervision;

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- 1.7 that each outreach supervisor and worker holds a valid driver's license in accordance with Texas law, if needed to carry out work responsibilities; and
- 1.8 that it has ongoing access to names and last-known locating information for individuals known to be HIV+, and to have become lost to follow-up.

Standard of Care 2.0 Knowledge, Skills, and Experience

All staff and volunteers who provide direct-care services to clients shall possess:

- 2.4 knowledge of and ability to effectively utilize interviewing, assessment, and presentation skills and techniques in working with a wide variety of people;
- 2.5 knowledge of community resources available to eligible persons, so that appropriate, effective referrals can be made; and
- 2.6 the skills and experience necessary to work with a variety of HIV/AIDS service providers, including other outreach workers, case managers, and interdisciplinary personnel.

Standard of Care 3.0 Client Rights and Confidentiality

- 3.4 the agency shall provide information to potential clients regarding how to access services that may be available to them, and their rights and obligations should they become agency clients.

Standard of Care 4.0 Access, Care, and Provider Continuity

4.1 Access - The agency:

- g. shall provide access for staff, outreach contacts, and clients to resource information that is current and relevant to the population of the EMA/HSDA;
- h. shall address an outreach contact's specific barriers to accessing services, so as to be able to make appropriate referrals; and
- i. shall establish and maintain an association with prisons, homeless shelters, substance abuse treatment centers, and other entities that have ongoing contact with persons who are known to be disproportionately impacted by HIV and subject to access barriers.

4.2 Care - The agency:

- d. shall operate its outreach program under a structured referral process, ensuring that contacts are referred to medical care providers, or to other designated intake sites;

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- e. shall be flexible regarding the hours during which outreach activities are conducted, to ensure that appropriate and effective contacts are most likely to be made; and
- f. shall review the nature and purpose of each referral with the person contacted.

4.3 Provider Continuity - The agency:

- c. shall maintain written documentation of all outreach contacts and referrals that are made, and any follow up with outreach contacts that is conducted;
- d. shall regularly follow up and collaborate with agencies to whom outreach contacts were referred, to determine whether the contacts accessed medical care, to ensure that they continue receiving it, to avoid duplication, and to prevent client abuse of the care system;
- e. shall maintain written documentation of each follow up, and the results thereof; and
- f. shall plan and deliver outreach services in coordination with State and local HIV prevention outreach activities.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

No “specific” standards. See “Universal Standards of Care.”

Standard of Care 6.0

Training Programs

The agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- 6.8** training regarding the process of referring a client to a medical intake site;
- 6.9** ongoing in-service and information about advances in medical care and treatment of those with HIV/AIDS; and
- 6.10** safety protocols for staff and volunteers governing the manner in which outreach services will be provided.

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
RESPIRE CARE FOR ADULTS

Definition:

Respite Care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.

Standard of Care 1.0

Licensure or Assurances

- 1.5 the agency shall ensure that center-based facilities meet health, fire, and safety standards; and
- 1.6 ensure that services continue to be appropriately utilized by eligible persons, by reevaluating and documenting each client's eligibility at least annually, and the appropriateness of continuing to provide services at least every six months.

Standard of Care 2.0

Knowledge, Skills, and Experience

The agency shall ensure that it's adult day care staff and volunteers:

- 2.4 possess knowledge, skills, and experience necessary to carry out required responsibilities, as described in the written job description; and
- 2.5 have the ability to work with a variety of HIV/AIDS care professionals, medical case managers, and interdisciplinary personnel.

Standard of Care 3.0

Client Rights and Confidentiality

No "specific" standards. See "Universal Standards of Care."

Standard of Care 4.0

Access, Care, and Provider Continuity

4.2 Care - The agency:

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- d. shall make available daily, structured program activities in each client's care, for clients, and shall promote the importance of client socialization; and
- e. shall provide required, non-medical support services to all clients as needed.

Standard of Care 5.0 **Continuous Quality Improvement/Assurance**
No "specific" standards. See "Universal Standards of Care."

Standard of Care 6.0 **Training Programs**
No "specific" standards. See "Universal Standards of Care."

DALLAS EMA/HSDA
SPECIFIC STANDARDS OF CARE
HOUSING: SHORT-TERM RENTAL ASSISTANCE; AND
TENANT-BASED RENTAL ASSISTANCE

Definition:

Provision of rental, mortgage, and utility payments.

Standard of Care 1.0 **Licensure or Assurance**

The agency shall ensure:

- 1.5** that its Housing program staff who provide direct services to clients shall have had at least two years of college, and shall have had a minimum of six months experience providing services in this, or a related field. A total of three years of relevant experience in this or a related field can substitute for the education requirement;
- 1.6** that its program complies with the Housing and Urban Development (HUD) HOPWA directive, 24 CFR Part 574, including adherence to the following standards: Number 574.310 (General Standards for Eligible Housing Activities), 574.320 (Additional Standards for Rental Assistance), 574.330 (Additional Standards for Short-Term Supported Housing), and 574.340 (Additional Standards for Community Residences);
- 1.7** that it maintains detailed records in legible form, documenting the eligibility of each client, the mortgage, rental, or utility payments that are made on behalf of each client, and race/ethnicity of each client. Such records shall be maintained for at least four years;
- 1.8** that eligibility for short-term clients is reevaluated monthly, since personal circumstances change;
- 1.9** that eligibility for tenant-based clients is reevaluated at least annually; and

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- 1.10 that, in addition to HOPWA assistance, clients are made aware of the availability of other services in the continuum of care.

Standard of Care 2.0 Knowledge, Skills, and Experience

All staff and volunteers who provide direct services to clients shall possess:

- 2.4 knowledge regarding available housing in the area, and the process of obtaining housing; and
- 2.5 knowledge of Federal HUD/HOPWA regulatory requirements, and “fair housing” Non-Discrimination regulations at 28 CFR Parts 35 and 36.

Standard of Care 3.0 Client Rights and Confidentiality
No “specific” standards. See “Universal Standards of Care.”

Standard of Care 4.0 Access, Care, and Provider Continuity

4.1 Access - The agency:

- g. shall provide an efficient and expedient process to respond to client requests, including completion of assessments **by appointment**, either on or off-site;
- h. shall continue to communicate with clients on an ongoing basis to assure their continued access to Housing program assistance as long as they remain eligible and a need exists; and
- i. shall provide mechanisms to address urgent and/or emergency client needs.
- j. shall create a written housing plan with the client receiving short term, transitional or emergency housing services and update it annually in accordance with the HRSA/HAB Policy Notice (99-02).

4.2 Care - The agency:

- d. shall conduct a timely assessment of each client, focusing on the need for rental/mortgage/utilities payment assistance. For clients who do not allow sharing of their information, the agency shall also complete Part A of the Common Intake Form (CIF); and
- e. shall be available to clients via telephone, on a walk-in basis, or through written correspondence should they require additional information, referrals, or support.

Standard of Care 5.0 Continuous Quality Improvement/Assurance
No “specific” standards. See “Universal Standards of Care.”

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Standard of Care 6.0

Training Programs

The agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- 6.8** specific training as necessary to ensure that staff and volunteers are familiar with Housing program policies, and "fair housing" requirements; and
- 6.9** training regarding the continuum of care for HIV+ persons, including the function of medical case management, and the process of referring a client for that service.

DALLAS EMA/HSDA **SPECIFIC STANDARDS OF CARE** **SUBSTANCE ABUSE SERVICES**

Definition:

(Outpatient) Substance Abuse Services *is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.*

Standard of Care 1.0

Licensure or Assurances

- 1.2** As reflected in the definition, the agency shall be appropriately licensed by DSHS Substance Abuse Services.
- 1.3** The agency shall satisfy all requirements, as set forth in DSHS Substance Abuse Services Licensure Rules, Counselor Licensure Rules. All agency staff and contractors who deliver direct client care shall be properly licensed/credentialed, as indicated in the "Definition" section above.

Standard of Care 2.0

Knowledge, Skills, and Experience

All staff who provide direct-care services shall possess:

- 2.4** substance abuse treatment and counseling skills, as evidenced by licensure; and
- 2.5** the skills necessary to work with medical professionals, medical case managers, and other interdisciplinary personnel.

Standard of Care 3.0

Client Rights and Confidentiality

- 3.4** The agency shall have each client sign a "consent to treatment" form at least annually, and maintain the signed copy in the client's record.

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Standard of Care 4.0

Access, Care, and Provider Continuity

4.1 Access - The agency:

- g.** shall provide access to its system of substance abuse treatment for those with HIV/AIDS twenty-four (24) hours/day, and must provide mechanisms for urgent and/or emergency care; and
- h.** shall provide a means for clients who have discontinued service due to discharge, discontinuation, relapse, etc., to return to services with the agency, or be referred to a more appropriate agency.

4.2 Care - The agency:

- d.** shall work with the client to develop and implement goals, objectives and strategies within an individualized, written treatment plan, which shall be signed by the client. The plan shall identify services and support needed to address problems and needs identified during a comprehensive psychosocial assessment, conducted consistent with DSHS Substance Abuse Services rules and regulations. The agency shall review the plan at least every six months, and revise as necessary; and
- e.** shall identify discharge criteria and include initial plan for discharge. The discharge plan shall address continuity of services and ongoing needs of the client. Agency shall document follow-up no sooner than 60 days and no later than 90 days after discharge.

Standard of Care 5.0

Continuous Quality Improvement/Assurance

- 5.7** The agency shall keep abreast of current treatment methodologies as outlined in the most recent version of the Public Health Service guidelines for persons living with HIV/AIDS.

Standard of Care 6.0

Training Programs

The agency shall provide to its staff and volunteers the following training programs or opportunities, receipt of which shall be documented in individual staff/volunteer files:

- 6.7** supervision consistent with state licensure requirements; and
- 6.8** training regarding the continuum of care for HIV+ persons, including the function of medical case management, and the process of referring a client for that service.

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