

South Carolina Ryan White Part B Program Service Standards

April 2016

I. Introduction

The Ryan White HIV/AIDS Program is the largest federal program focused primarily on HIV/AIDS care. The United States Congress enacted the Ryan White program in 1990. The program has been reauthorized in 1996, 2000, 2006, and 2009 with each reauthorization accommodating new and emerging needs. South Carolina Department of Health and Environmental Control (DHEC) is the agency in South Carolina responsible for administering the Ryan White Part B grant. The grant is managed by the STD/HIV Division within the Bureau of Disease Control. The overall goal is to improve the quality and accessibility of care and support services to those individuals infected with HIV.

HRSA's National Monitoring Standards (NMS) are used for compliance, oversight, and expectations. The Ryan White Part B Program Service Standards follow the programmatic requirements outlined in the National Monitoring Standards compiled by HRSA. The standards function to ensure that all Ryan White Part B service providers offer the same fundamental components of a given service category across the state and to establish the minimal level of service or care that a Ryan White funded provider may offer. The Service Standards are consistent with applicable clinical and/or professional guidelines, best practices, state and local regulations, and licensure requirements. The standards outline key components of each service category and establish performance benchmarks to monitor the degree to which services provided meet or exceed established professional standards and user expectations.

Adherence to the standards will be evaluated during the annual Ryan White programmatic site visit in order to ensure that providers are meeting the minimal expectations and consistently providing quality care to all clients. For additional information please see section titled '*Monitoring Standards*' per the following link: <http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/HIVandSTDs/RyanWhitePtB/>

II. Eligibility

In order to be eligible for South Carolina Ryan White Part B services, clients must meet the following criteria: confirmed diagnosis of HIV or AIDS, live in South Carolina and have limited income (at or below 550% of the Federal poverty level). Ryan White Part B funded providers must be open to all eligible clients. Ryan White Part B providers must see all clients regardless of past or current medical conditions.

Clients with one positive immunoassay may be linked to a Ryan White Part B provider for the purpose of confirmatory testing. Ryan White services should not be provided until the client has confirmed HIV disease, confirmed through one of the follow options: (1) positive HIV immunoassay and positive Western Blot or Multispot, (2) positive HIV immunoassay and detectable HIV RNA, or (3) two positive HIV immunoassays (should be different assays based on different antigens or different principles).

Veterans may not have access to comprehensive medical care even if eligible for VA medical benefits and are thus exempt from the "payer of last resort" requirement and eligible for Ryan White services. Similarly, those eligible for Indian Health Services are exempt from the "payer of last resort" requirement also deeming them eligible for Ryan White services.

Inmates within federal and state prisons are not eligible for Ryan White Part B services other than transitional services within 90 days of release where no other services exist. RW program funds can be used to support HIV/AIDS services in local jails (i.e., county or city) if these institutions are not legally responsible for and/or financially able to meet the HIV/AIDS care and treatment needs of all persons in their custody.

Persons who are on probation or parole are eligible for Ryan White Part B services since they are living in the community and are not in the care or custody of a jail or prison system.

While DHEC has allocated Part B funding by service areas, clients are eligible to be served outside their service area as long as the Part B funded organization has funds available and the client resides in South Carolina.

For additional information for Eligibility please see the following:

<http://www.scdhec.gov/Health/docs/stdhiv/2015%20Ryan%20White%20Part%20B%20Eligibility%20Guidelines.pdf>

III. Standard Sections

- a. Allowable Uses of Part B Service Funds
- b. Core Services
- c. Support Services
- d. Quality Management
- e. Other Requirements

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
Section A: Allowable Uses of Part B Service Funds			
<p>1. Use of Part B funds only to support:</p> <ul style="list-style-type: none"> • Core medical services • Support services that are needed by individuals with HIV/AIDS to achieve medical outcomes related to their HIV/AIDS-related clinical status (Note: All services provided through consortia are considered to be support services) • For list of eligible services with definitions see: http://www.scdhec.gov/health/docs/stdhiv/rwpartb_DearColleague%20Letr%20Serv%20Clarificat%20Attachmt%2008-14-09.pdf 	<p>RFGA, contract, and statements of work language describes and defines Part B services within the range of activities and uses of funds allowed under the legislation and defined in HRSA Policy Notices</p>	<p>Provide the services described in the contract that allows use of Part B funds only for the provision of services and activities allowed under the legislation and defined in referenced Policy Notices</p> <p>Invoice only for allowable services</p> <p>Maintain in files that only allowable activities are being billed to the Part B grant.</p> <p>All services provided, core and support, must be documented in Provide Enterprise</p> <p>Providers of Medicaid-reimbursable services must be participating and certified to receive Medicaid payments or able to document efforts under way to obtain such certification.</p>	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
		Providers must bill third parties for all reimbursable services.	
Section B: Core Services			
<p>1. Provision of Outpatient and Ambulatory Medical Care, defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with Public Health Service (PHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies</p> <p>Allowable services include:</p> <ul style="list-style-type: none"> • 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 of medication therapy • Education and counseling on health issues • Well-baby care • Continuing care and management of chronic conditions 	<p>Documentation of the following:</p> <ul style="list-style-type: none"> • Care is provided by health care professionals certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, or mobile van • Only allowable services are provided • Services are provided as part of the treatment of HIV infection • Specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications resulting in side effects • Services are consistent with HHS Guidelines • Service is not being provided in an emergency room, hospital or any other type of inpatient treatment center 	<p>Ensure that client medical records document services provided, the dates and frequency of services provided, that services are for the treatment of HIV infection</p> <p>Include clinician notes in patient records that are signed by the licensed provider of services</p> <p>Maintain professional certifications and licensure documents and make them available to the grantee on request</p> <p>Care must be consistent with HHS Guidelines</p> <p>Medical Care Services cannot be conditioned upon where medical case management services are provided</p>	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Subgrantee monthly invoices to medical care providers, if applicable • Implementation Plan • Implementation Plan Report • Electronic Medical Record(EMR)/Electronic Health Record (EHR)/Paper Client Chart • Provide Enterprise (PE) • Clinician License Number/DEA number • Chart Review • Referral for specialty services

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<ul style="list-style-type: none"> Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services) <p>Medical Care Services cannot be conditioned upon where medical case management services are provided</p>			
<p>2. As part of Outpatient and Ambulatory Medical Care, provision of laboratory tests integral to the treatment of HIV infection and related complications</p>	<p>Documentation that tests are:</p> <ul style="list-style-type: none"> Integral to the treatment of HIV and related complications, necessary based on established clinical practice, and ordered by a registered, certified, licensed provider Consistent with medical and laboratory standards Approved by the Food and Drug Administration (FDA) and/or Certified under the Clinical Laboratory Improvement Amendments (CLIA) Program 	<p>Document, include in client medical records, and make available to the grantee on request:</p> <ul style="list-style-type: none"> The name and number of laboratory tests performed The certification, licenses, or FDA approval of the laboratory from which tests were ordered The credentials of the individual ordering the tests (only licensed medical provider ordered labs) 	<ul style="list-style-type: none"> Subgrantee and contract and scope of work Subgrantee budget and budget justification Monthly invoices and backup documentation Subgrantee monthly invoices to lab vendor Implementation Plan Implementation Plan Report EMR/EHR/Paper Client Chart Lab vendor for those that interface Provide Enterprise (PE)
<p>3. Support for Oral Health Services including diagnostic, preventive, and therapeutic dental care that is in compliance with dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals</p>	<p>Documentation that:</p> <ul style="list-style-type: none"> Oral health services are provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines Oral health professionals providing the services have appropriate and valid licensure and certification, based on State and local laws 	<p>Maintain a dental file for each client that is signed by the licensed provider and includes a treatment plan, services provided, and any referrals made</p> <p>If referred for oral health services, include in client record, the referral, treatment plan, and follow-up for closure of referral</p> <p>Maintain and provide to grantee on request, copies of professional licensure and certification</p>	<ul style="list-style-type: none"> Subgrantee contract & scope of work Subgrantee budget and budget justification Monthly invoices with backup documentation Subgrantee monthly invoices to oral health provider Implementation Plan Implementation Plan Report MOA/Contract with dental providers Clinician License Number

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
	<ul style="list-style-type: none"> An oral health treatment plan is developed to include costs of procedures, for each eligible client and signed by the oral health professional rendering the services; Treatment plan & costs will be approved by RW Part B provider prior to services provided. Provider will not pay for cosmetic or orthodontic services. <p>Copy of contract with dental providers to include negotiated rates, if applicable</p>		<ul style="list-style-type: none"> Treatment Plan EMR/EHR/Paper Client Chart Provide Enterprise (Payment Request Form, if applicable) Referral to Oral Health Provider, if applicable.
<p>4. Support of Early Intervention Services (EIS) that include identification of individuals at points of entry and access to services and provision of:</p> <ul style="list-style-type: none"> HIV Testing and Targeted counseling Referral services Linkage to care Health education and literacy training that enable clients to navigate the HIV system of care <p>Note: All four components must be present, but Part B funds to be used for HIV testing only as necessary to supplement, not supplant, existing funding</p>	<p>Documentation that:</p> <ul style="list-style-type: none"> Part B funds are used for HIV testing only where existing federal, state, and local funds are not adequate, and Ryan White funds will supplement and not supplant existing funds for testing Individuals who test positive are referred for and linked to health care and supportive services Health education and literacy training is provided that enables clients to navigate the HIV system EIS is provided at or in coordination with documented key points of entry EIS services are coordinated with HIV prevention efforts and programs 	<p>Establish memoranda of understanding (MOUs) with key points of entry into care to facilitate access to care for those who test positive</p> <p>Document provision of all four required EIS service components, with Part B or other funding</p> <p>Document and report on numbers of HIV tests and positives, as well as where and when Part B-funded HIV testing occurs</p> <p>Document that Part B funds are only used where existing federal, state, and local funds are not adequate.</p> <p>Document that HIV testing activities and methods meet CDC and state requirements, including staff credentials</p>	<ul style="list-style-type: none"> Subgrantee contract and scope of work Subgrantee budget and budget justification Monthly invoices and backup documentation Subgrantee invoices for EIS services, as applicable Implementation Plan Implementation Plan Report Agreement (eg.MOA, MOU) with key points of entry and/or HIV prevention programs Provide Enterprise

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>Note: Clients with two positive HIV immunoassays (rapid tests) are eligible for Ryan White Part B services</p>	<p>Part B providers may implement a rapid-rapid testing policy ensuring faster linkage to core and support services. (More information is available through DHEC’s HIV Prevention Program)</p>	<p>Document the number of referrals for health care and supportive services</p> <p>Document referrals from key points of entry to EIS programs</p> <p>Document training and education sessions designed to help individuals navigate and understand the HIV system of care</p> <p>Establish linkage agreements with testing sites where Part B is not funding testing but is funding referral and access to care, education, and system navigation services</p> <p>Obtain written approval from the grantee to provide EIS services in points of entry not included in original scope of work</p>	
<p>5. Provision of Health Insurance Premium and Cost-sharing Assistance that provides a cost - effective alternative to ADAP by:</p> <ul style="list-style-type: none"> • Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications • Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client • Providing funds to contribute to a client’s Medicare Part D true out-of-pocket (TrOOP) costs 	<ul style="list-style-type: none"> • Documentation of an annual cost-benefit analysis illustrating the greater benefit in purchasing public or private health insurance, pharmacy benefits, co-pays and or deductibles for eligible low income clients, compared to the costs of having the client in the ADAP program • Where funds are covering premiums, documentation that the insurance plan purchased provides comprehensive primary care and a full range of HIV medications • Where funds are used to cover co-pays for prescription eyewear, documentation including a physician’s written statement that the eye 	<p>Enroll clients into the ADAP Insurance Assistance Program (IAP) for premium payments and copay and deductible payments for medications on the ADAP formulary. Contact ADAP Program for more information regarding ADAP Insurance enrollment requirements.</p> <p>In cases where premiums are covered by Ryan White funds (not ADAP funds), conduct an annual aggregate cost benefit analysis illustrating the greater benefit in purchasing public or private health insurance, pharmacy benefits, co-pays and or deductibles for eligible low income clients, compared to the costs of having the client in the ADAP program using your contracted pharmacy drug pricing rates for comparison.</p> <p>Where premiums are covered by Ryan White funds (not ADAP funds), provide proof that</p>	<ul style="list-style-type: none"> • Subgrantee contract & scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • Provide Enterprise • EMR/EHR/Paper Client Chart • Annual cost analysis • Insurance plans and review documentation

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
	<p>condition is related to HIV infection</p> <ul style="list-style-type: none"> Assurance that any cost associated with the creation, capitalization, or administration of a liability risk pool is not being funded by Ryan White Assurance that Ryan White funds are not being used to cover costs associated with Social Security Documentation of clients' low income status as defined by the State Ryan White Program 	<p>the insurance policy provides comprehensive primary care and a formulary with a full range of HIV medications</p> <p>Maintain proof of low-income status</p> <p>Provide documentation that demonstrates that funds were not used to cover costs associated with the creation, capitalization or administration of a liability risk pools, or social security costs</p> <p>When funds are used to cover co-pays for prescription eyewear, provide a physician's written statement that the eye condition is related to HIV infection</p>	
<p>6. Support for Home Health Care services provided in the patient's home by licensed health care workers such as nurses; services to exclude personal care and to include:</p> <ul style="list-style-type: none"> The administration of intravenous and aerosolized treatment Parenteral feeding Diagnostic testing Other medical therapies 	<p>Assurance that:</p> <ul style="list-style-type: none"> Services are limited to medical therapies in the home and exclude personal care services Services are provided by home health care workers with appropriate licensure as required by State and local laws 	<p>Document the number and types of services in the client records, with the provider's signature included</p> <p>Maintain on file and provide to the grantee on request copies of the licenses of home health care workers</p>	<ul style="list-style-type: none"> Subgrantee contract and scope of work Subgrantee budget and budget justification Monthly invoices and backup documentation Subgrantee monthly invoices to home health provider Implementation Plan Implementation Plan Report EMR/EHR/Paper Client Chart Provide Enterprise Referral to Home Health Care Home Health Plan of Care/Treatment goals document Accreditation of Home Health Agency/Licensees of Home Health workers
<p>7. Provision of Home and Community-based Health Services, defined as skilled health services</p>	<p>Documentation that:</p> <ul style="list-style-type: none"> All services are provided based on a written care plan 	<p>Ensure that written care plans with appropriate content and signatures are</p>	<ul style="list-style-type: none"> Subgrantee contract & scope of work Subgrantee budget and budget

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a case management team that includes appropriate health care professionals</p> <p>Allowable services to include:</p> <ul style="list-style-type: none"> • Durable medical equipment • Home health aide and personal care services • Day treatment or other partial hospitalization services • Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy) • Routine diagnostic testing • Appropriate mental health, developmental, and rehabilitation services • Specialty care and vaccinations for hepatitis co-infection, provided by public and private entities 	<p>signed by a case manager and a clinical health care professional responsible for the individual's HIV care and indicating the need for these services</p> <ul style="list-style-type: none"> • The care plan specifies the types of services needed and the quantity and duration of services • All planned services are allowable within the service category <p>Documentation of services provided that:</p> <ul style="list-style-type: none"> • Specifies the types, dates, and location of services • Includes the signature of the professional who provided the service at each visit • Indicates that all services are allowable under this service category <p>Provides assurance that the services are provided in accordance with allowable modalities and locations under the definition of home and community based health services</p> <p>Documentation of appropriate licensure and certifications for individuals providing the services, as required by local and state laws</p>	<p>consistently prepared, included in client records, and updated as needed</p> <p>Establish and maintain a program and client recordkeeping system to document the types of home services provided, dates provided, the location of the service, and the signature of the professional who provided the service at each visit</p> <p>Make available to the grantee program files and client records as required for monitoring</p> <p>Provide assurance that the services are being provided only in an HIV-positive client's home</p> <p>Maintain, and make available to the grantee on request, copies of appropriate licenses and certifications for professionals providing services</p>	<p>justification</p> <ul style="list-style-type: none"> • Monthly invoices and backup documentation • Subgrantee monthly invoices to home and community based health agency • Implementation Plan • Implementation Plan Report • Provide Enterprise • EMR/EHR/Paper Client Chart • Referral to home and community-based health services • Written Plan of Care/Treatment goals; Recertification of services • License of DME staff • Referral to Home and Community-based health services agency
<p>8. Provision of Hospice Care provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or other residential setting,</p>	<p>Documentation including the following:</p> <ul style="list-style-type: none"> • Physician certification that the patient's illness is terminal as 	<p>Obtain and have available for inspection appropriate and valid licensure to provide hospice care</p>	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>including a non-acute care section of a hospital that has been designated and staffed to provide hospice care for terminal patients</p> <p>Allowable services:</p> <ul style="list-style-type: none"> • Room • Board • Nursing care • Mental health counseling • Physician services • Palliative therapeutics 	<p>defined under Medicaid hospice regulations (having a life expectancy of 6 months or less)</p> <ul style="list-style-type: none"> • Appropriate and valid licensure of provider as required by the State in which hospice care is delivered • Types of services provided, and assurance that they include only allowable services • Locations where hospice services are provided, and assurance that they are limited to a home or other residential setting or a non-acute care section of a hospital designated and staffed as a hospice setting <p>Assurance that services meet Medicaid or other applicable requirements, including the following:</p> <ul style="list-style-type: none"> • Counseling services that are consistent with the definition of mental health counseling, including treatment and counseling provided by mental health professionals (psychiatrists, psychologists, or licensed clinical social workers) who are licensed or authorized within the State where the service is provided 	<p>Maintain and provide the grantee access to program files and client records that include documentation of</p> <ul style="list-style-type: none"> • Physician certification of clients terminal status • Services provided that are allowable under Ryan White and in accordance with the provider contract and scope of work • Locations where hospice services are provided include only permitted settings • Services such as counseling and palliative therapies meet Medicaid or other applicable requirements as specified in the contract 	<ul style="list-style-type: none"> • Implementation Plan • Implementation Plan Report • Monthly invoices and backup documentation • Subgrantee monthly invoices hospice care agency • Provide Enterprise • EMR/EHR/Paper Client Chart • Licensure of Hospice Care workers • Referral to Hospice Care Agency
<p>9. Funding of Mental Health Services that include psychological and psychiatric treatment and counseling services offered to individuals with a</p>	<p>Documentation of appropriate and valid licensure and certification of mental health professionals as required by the State</p>	<p>Obtain and have on file and available for grantee review appropriate and valid licensure and certification of mental health professionals.</p>	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers</p>	<p>Documentation of the existence of a detailed treatment plan for each eligible client that includes:</p> <ul style="list-style-type: none"> • The diagnosed mental illness or condition • The treatment modality (group or individual) • Start date for mental health services • Recommended number of sessions • Date for reassessment • Projected treatment end date, • Any recommendations for follow up • The signature of the mental health professional rendering service <p>Documentation of service provided to ensure that:</p> <ul style="list-style-type: none"> • Services provided are allowable under Ryan White guidelines and contract requirements • Services provided are consistent with the treatment plan 	<p>Maintain client records that include:</p> <ul style="list-style-type: none"> • A detailed treatment plan for each eligible client that includes required components and signature • Documentation of services provided, dates, and consistency with Ryan White requirements and with individual client treatment plans <p>If referred for mental health services, include in client record, the referral, and follow-up for closure of referral</p>	<ul style="list-style-type: none"> • Implementation Plan • Implementation Plan Report • Monthly invoices and backup documentation • Provide Enterprise • EMR/EHR/Paper Client Chart • Treatment plan with signature of mental health professional • Licensure of mental health professional • MOA/Contract • Referral to mental health agency • Subgrantee monthly invoices to mental health agency
<p>10. Support for Medical Nutrition Therapy services including nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian</p>	<p>Documentation of:</p> <ul style="list-style-type: none"> • Licensure and registration of the dietitian as required by the State in which the service is provided • Where food is provided to a client under this service category, a client file is maintained that includes a 	<p>Maintain and make available to the grantee copies of the dietitian's license and registration</p> <p>Document services provided, number of clients served, and quantity of nutritional supplements and food provided to clients</p> <p>Document in each client file:</p>	<ul style="list-style-type: none"> • Subgrantee contract & scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • Copy of dietician license and

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
	<p>physician's recommendation and a nutritional plan</p> <p>Referral for medical nutrition therapy must include a written order, diagnosis and desired nutrition outcomes as indicated per client's condition.</p> <p>Required content of the nutritional plan, including:</p> <ul style="list-style-type: none"> • Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food • Date service is to be initiated • Planned number and frequency of sessions • The signature of the registered dietitian who developed the plan <p>Services provided, including:</p> <ul style="list-style-type: none"> • Nutritional supplements and food provided, quantity, and dates • The signature of each registered dietitian who rendered service, the date of service • Date of reassessment • Termination date of medical nutrition therapy • Any recommendations for follow up 	<ul style="list-style-type: none"> • Services provided and dates • Nutritional plan as required, including required information and signature • Physician's recommendation for the provision of food <p>Copy of Referral, for medical nutrition therapy, on file in client's medical record which includes written order, diagnosis and desired nutrition outcomes as indicated per client's condition.</p>	<p>registration</p> <ul style="list-style-type: none"> • Nutritional plan • Written order/Referral to MNT services • Provide Enterprise • EMR/EHR/Paper Client Chart

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>11. Support for Medical Case Management Services (including treatment adherence) to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication</p> <p>Activities that include at least the following:</p> <ul style="list-style-type: none"> • Initial assessment of service needs • Development of a comprehensive, individualized care plan • Coordination of services required to implement the plan • Continuous client monitoring to assess the efficacy of the plan • Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary <p>Service components that may include:</p> <ul style="list-style-type: none"> • A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers’ 	<p>Documentation that service providers are trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team</p> <p>Documentation that all the following activities are being carried out for all clients:</p> <ul style="list-style-type: none"> • Initial assessment of service needs • Development of a comprehensive, individualized care plan • Coordination of services required to implement the plan • Continuous client monitoring to assess the efficacy of the plan • Periodic re-evaluation and adaptation of the plan at least every 6 months, during the enrollment of the client <p>Documentation in program and client records of case management services and encounters, including:</p> <ul style="list-style-type: none"> • Types of services provided • Types of encounters/communication • Duration and frequency of the encounters <p>Documentation in client records of services provided, such as:</p> <ul style="list-style-type: none"> • Client-centered services that link clients with health care, psychosocial, and other 	<p>Provide written assurances and maintain documentation showing that medical case management services are provided by trained professionals who are either medically credentialed or trained health care staff and operate as part of the clinical care team. All Medical Case Managers and Medical Case Management Supervisors must meet the Qualifications of Medical Case Management Staffing as defined in the contract. All Medical Case Managers must complete the MCM Educational Training Series within the first year of employment.</p> <p>Maintain client records that include the required elements for compliance with contractual and Ryan White programmatic requirements, including required case management activities such as services and activities, the type of contact, and the duration and frequency of the encounter</p> <p>Ensure compliance with Part B MCM Standards developed by the MCM Workgroup, which can be found at: http://www.scdhec.gov/health/docs/stdhiv/rwpartb_RWMCMStandardsRevisedJune2010.pdf</p> <p>Medical Case Management services cannot be conditioned upon where medical care is provided. Clients may receive RW medical case management services from more than one provider</p>	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Implementation Plan • Implementation Plan Report • Monthly invoices and backup documentation • Qualifications/college education • Credentials to include completion of MCM Educational Training Series • Provide Enterprise • Action Plans • EMR/EHR/Paper Client Chart • Chart Review • Action Plan

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>Patient Assistance Programs, and other State or local health care and supportive services)</p> <ul style="list-style-type: none"> • Coordination and follow up of medical treatments • Ongoing assessment of the client’s and other key family members’ needs and personal support systems • Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments • Client-specific advocacy and/or review of utilization of services <p>Medical Case Management services cannot be conditioned upon where medical care is provided. Clients may receive RW medical case management services from more than one provider</p>	<p>services and assist them to access other public and private programs for which they may be eligible</p> <ul style="list-style-type: none"> • Coordination and follow up of medical treatments • Ongoing assessment of client’s and other key family members’ needs and personal support systems • Treatment adherence counseling • Client-specific advocacy 		
<p>12. Support for Substance Abuse Treatment Services-Outpatient, provided by or under the supervision of a physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available</p> <p>Services limited to the following:</p> <ul style="list-style-type: none"> • Pre-treatment/recovery readiness programs • Harm reduction • Mental health counseling to reduce depression, anxiety and 	<p>Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided</p> <p>Documentation through program files and client records that:</p> <ul style="list-style-type: none"> • Services provided meet the service category definition • All services provided with Part B funds are allowable under Ryan White 	<p>Maintain and provide to grantee on request documentation of:</p> <ul style="list-style-type: none"> • Provider licensure or certifications as required by the State in which service is provided; <p>Provide assurance that all services are provided on an outpatient basis</p> <p>Maintain program files and client records that include treatment plans with all required elements and document:</p> <ul style="list-style-type: none"> • That all services provided are allowable under Ryan White • The quantity, frequency and modality of treatment services 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • Provide Enterprise • Copy of provider license • Treatment Plan • EMR/EHR/Paper Client Chart • Monthly invoices to outpatient SA treatment facility • Referral

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>other disorders associated with substance abuse</p> <ul style="list-style-type: none"> • Outpatient drug-free treatment and counseling • Opiate Assisted Therapy • Neuro-psychiatric pharmaceuticals • Relapse prevention • Services provided must include a treatment plan that calls only for allowable activities and includes: <ul style="list-style-type: none"> • The quantity, frequency, and modality of treatment provided • The date treatment begins and ends • Regular monitoring and assessment of client progress • The signature of the individual providing the service and or the supervisor as applicable 	<p>Assurance that services are provided only in an outpatient setting</p> <p>Assurance that Ryan White funds are used to expand HIV-specific capacity of programs only if timely access would not otherwise be available to treatment and counseling</p> <p>Assurance that services provided include a treatment plan that calls for only allowable activities and includes:</p> <ul style="list-style-type: none"> • The quantity, frequency, and modality of treatment provided • The date treatment begins and ends • Regular monitoring and assessment of client progress • The signature of the individual providing the service and or the supervisor as applicable 	<ul style="list-style-type: none"> • The date treatment begins, and ends • Regular monitoring and assessment of client progress • The signature of the individual providing the service or the supervisor as applicable 	
Section C: Support Services			
<p>1. Use of Part B funds only for Support Services approved by the Secretary of Health and Human Services</p>	<p>Documentation that all funded support services are on the current list of HHS-approved support services</p>	<p>Provide assurance to the grantee that Part B funds are being used only for support services approved by HHS</p>	<ul style="list-style-type: none"> • Subgrantee contract & scope of work • Subgrantee budget and budget justification • Implementation Plan • Implementation Plan Report • EMR/EHR/Paper Client Chart • Provide Enterprise

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>2. Support for Case Management (Non-medical) services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services</p> <p>May include:</p> <ul style="list-style-type: none"> • Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible • All types of case management encounters and communications (face-to-face, telephone contact, other) • Transitional case management for incarcerated persons as they prepare to exit the correctional system <p>Note: Does not involve coordination and follow up of medical treatments</p>	<p>Documentation that:</p> <ul style="list-style-type: none"> • Scope of activity includes advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services • Where benefits/ entitlement counseling and referral services are provided, they assist clients in obtaining access to both public and private programs, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers’ Patient Assistance Programs, and other State or local health care and supportive services • Services cover all types of encounters and communications (e.g., face-to-face, telephone contact, other) <p>Where transitional case management for incarcerated persons is provided, assurance that such services are provided either as part of discharge planning or for individuals who are in the correctional system for a brief period</p>	<p>Maintain client records that include the required elements, including:</p> <ul style="list-style-type: none"> • Date of encounter • Type of encounter • Duration of encounter • Key activities, including benefits/ entitlement counseling and referral services <p>Provide assurances that any transitional case management for incarcerated persons is provided as part of discharge planning.</p>	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • EMR/EHR/Paper Client Chart • Provide Enterprise
<p>3. Funding for Child Care Services for the children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions</p>	<p>Documentation of:</p> <ul style="list-style-type: none"> • The parent’s eligibility as defined by the grantee, including proof of HIV status • The medical or other appointments or Ryan White 	<p>Maintain documentation of:</p> <ul style="list-style-type: none"> • Date and duration of each unit of child care service provided • Determination of client eligibility • Reason why child care was needed – e.g., client medical or other appointment or 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Implementation Plan • Implementation Plan Report

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>May include use of funds to support:</p> <ul style="list-style-type: none"> • A licensed or registered child care provider to deliver intermittent care • Informal child care provided by a neighbor, family member, or other person (with the understanding that existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services) <p>Such allocations to be limited and carefully monitored to assure:</p> <ul style="list-style-type: none"> • Compliance with the prohibition on direct payments to eligible individuals • Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program <p>May include Recreational and Social Activities for the child, if provided in a licensed or certified provider setting including drop-in centers in primary care or satellite facilities</p> <ul style="list-style-type: none"> • Excludes use of funds for off-premise social/recreational activities 	<p>HIV/AIDS Program-related meetings, groups, or training sessions attended by the parent that made child care services necessary</p> <ul style="list-style-type: none"> • Appropriate and valid licensure and registration of child care providers under applicable State and local laws in cases where the services are provided in a day care or child care setting <p>Assurance that</p> <ul style="list-style-type: none"> • Where child care is provided by a neighbor, family member, or other person, payments do not include cash payments to clients or primary caregivers for these services • Liability issues for the funding source are addressed through use of liability release forms designed to protect the client, provider, and the Ryan White Program • Any recreational and social activities are provided only in a licensed or certified provider setting 	<p>participation in a Ryan White-related meeting, group, or training session</p> <ul style="list-style-type: none"> • Any recreational and social activities, including documentation that they were provided only within a certified or licensed provider setting <p>Where provider is a child care center or program, make available for inspection appropriate and valid licensure or registration as required under applicable State and local laws</p> <p>Where the provider manages informal child care arrangements, maintain and have available for grantee review:</p> <ul style="list-style-type: none"> • Documentation of compliance with grantee-required mechanism for handling payments for informal child care arrangements • Appropriate liability release forms obtained that protect the client, provider, and the Ryan White program • Documentation that no cash payments are being made to clients or primary care givers • Documentation that payment is for actual costs of service 	<ul style="list-style-type: none"> • Monthly invoices and backup documentation • EMR/EHR/Paper Client Chart • Provide Enterprise • Licensure or provider setting • Liability release form • Monthly Invoices for child care services
<p>4. Support for Emergency Financial Assistance (EFA) for essential services including utilities, housing, food (including groceries, food</p>	<p>Documentation of services and payments to verify that:</p> <ul style="list-style-type: none"> • EFA to individual clients is provided with limited 	<p>Maintain client records that document for each client:</p> <ul style="list-style-type: none"> • Client eligibility and need for EFA • Types of EFA provided 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>vouchers, and food stamps), or medications, provided to clients with limited frequency and for limited periods of time, through either:</p> <ul style="list-style-type: none"> • Short-term payments to agencies • Establishment of voucher programs <p>Note: Direct cash payments to clients are not permitted</p>	<p>frequency and for limited periods of time, with frequency and duration of assistance specified by the grantee</p> <ul style="list-style-type: none"> • Assistance is provided only for the following essential services: utilities, housing, food (including groceries, food vouchers, and Food Stamps), or medications • Payments are made either through a voucher program or short-term payments to the service entity, with no direct payments to clients • Emergency funds are allocated, tracked, and reported by type of assistance • Ryan White is the payer of last resort 	<ul style="list-style-type: none"> • Date(s) EFA was provided • Method of providing EFA <p>Maintain and make available to the grantee program documentation of assistance provided, including:</p> <ul style="list-style-type: none"> • Number of clients and amount expended for each type of EFA • Summary of number of EFA services received by client • Methods used to provide EFA (e.g., payments to agencies, vouchers) <p>Provide assurance to the grantee that all EFA:</p> <ul style="list-style-type: none"> • Was for allowable types of assistance • Was used only in cases where Ryan White was the payer of last resort • Met grantee specified limitations on amount and frequency of assistance to an individual client • Was provided through allowable payment methods 	<ul style="list-style-type: none"> • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • Subgrantee budget and budget justification • EMR/EHR/Paper Client Chart • Provide Enterprise • Financial Records • Monthly Invoices for EFA services
<p>5. Funding for Food Bank/Home-delivered Meals that may include:</p> <ul style="list-style-type: none"> • The provision of actual food items • Provision of hot meals • A voucher program to purchase food <p>May also include the provision of non-food items that are limited to:</p> <ul style="list-style-type: none"> • Personal hygiene products • Household cleaning supplies • Water filtration/ purification systems in communities where issues with water purity exist <p>Appropriate licensure/ certification for food banks and home delivered</p>	<p>Documentation that:</p> <ul style="list-style-type: none"> • Services supported are limited to food bank, home-delivered meals, and/or food voucher program • Types of non-food items provided are allowable • If water filtration/ purification systems are provided, community has water purity issues <p>Assurance of:</p> <ul style="list-style-type: none"> • Compliance with federal, state and local regulations including any required licensure or certification for the provision 	<p>Maintain and make available to grantee documentation of:</p> <ul style="list-style-type: none"> • Services provided by type of service, number of clients served, and levels of service • Amount and use of funds for purchase of non-food items, including use of funds only for allowable non-food items • Compliance with all federal, state, and local laws regarding the provision of food bank, home-delivered meals and food voucher programs, including any required licensure and/or certifications <p>Provide assurance that Ryan White funds were used only for allowable purposes and Ryan White was the payer of last resort</p>	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • EMR/EHR/Paper Client Chart • Provide Enterprise • Financial records • Monthly Invoices

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>meals where required under State or local regulations</p> <p>No funds used for:</p> <ul style="list-style-type: none"> Permanent water filtration systems for water entering the house Household appliances Pet foods <p>Other non-essential products</p>	<p>of food banks and/or home-delivered meals</p> <ul style="list-style-type: none"> Use of funds only for allowable essential non-food items <p>Monitoring of providers to document actual services provided, client eligibility, number of clients served, and level of services to these clients</p>		
<p>6. Support for Health Education/Risk Reduction services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission</p> <p>Includes:</p> <ul style="list-style-type: none"> Provision of information about available medical and psychosocial support services Education on HIV transmission and how to reduce the risk of transmission Counseling on how to improve their health status and reduce the risk of HIV transmission to others 	<p>Documentation that clients served under this category:</p> <ul style="list-style-type: none"> Are educated about HIV transmission and how to reduce the risk of HIV transmission to others Receive information about available medical and psychosocial support services Receive education on methods of HIV transmission and how to reduce the risk of transmission Receive counseling on how to improve their health status and reduce the risk of transmission to others 	<p>Maintain, and make available to the grantee on request, records of services provided</p> <p>Document in client records:</p> <ul style="list-style-type: none"> Client eligibility Information provided on available medical and psychosocial support services Education about HIV transmission Counseling on how to improve their health status and reduce the risk of HIV transmission 	<ul style="list-style-type: none"> Subgrantee contract and scope of work Subgrantee budget and budget justification Monthly invoices and backup documentation Implementation Plan Implementation Plan Report EMR/EHR/Paper Client Chart Provide Enterprise
<p>7. Support for Housing Services that involve the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Funds received under the Ryan White HIV/AIDS Program may be used for the following housing expenditures:</p>	<p>Documentation that funds are used only for allowable purposes:</p> <ul style="list-style-type: none"> The provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. <p>Housing-related referral services</p>	<p>Document:</p> <ul style="list-style-type: none"> Services provided including number of clients served, duration of housing services, types of housing provided, and housing referral services Ensure staff providing housing services are case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access those programs. 	<ul style="list-style-type: none"> Subgrantee contract and scope of work Subgrantee budget and budget justification Monthly invoices and backup documentation Implementation Plan Implementation Plan Report EMR/EHR/Paper Client Chart Provide Enterprise

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<ul style="list-style-type: none"> Housing referral services defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed; or Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either: <ul style="list-style-type: none"> Housing services that include some type of medical or supportive service: including, but not limited to, residential substance treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or Housing services that do not provide direct medical or supportive services, but are essential for an individual or family to gain or maintain <p>Access and compliance with HIV-related medical care and treatment; necessity of housing services for purposes of medical care must be certified or documented.</p> <ul style="list-style-type: none"> Grantees must develop mechanisms to allow newly identified clients access to housing services. 	<p>including housing assessment, search, placement, advocacy, and the fees associated with them.</p> <p>Housing related referrals are provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs</p> <p>For all housing, regardless of whether or not the service includes some type of medical or supportive services.</p> <ul style="list-style-type: none"> Each client receives assistance designed to help him/her obtain stable long-term housing, through a strategy to identify, re-locate, and/or ensure the individual or family is moved to or capable of maintaining a stable long-term living situation Housing services are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment. Mechanisms are in place to allow newly identified clients access to housing services Policies and procedures to provide individualized written housing plan, consistent with this Housing Policy, covering each client receiving short term, transitional and emergency housing services. 	<p>Maintain client records that document:</p> <ul style="list-style-type: none"> Client eligibility Housing services, including referral services provided Mechanisms are in place to allow newly identified clients access to housing services. Individualized written housing plans are available, consistent with this Housing Policy, covering each client receiving short term, transitional and emergency housing services. Assistance provided to clients to help them obtain stable long-term housing Provide documentation and assurance that no Ryan White funds are used to provide direct payments to clients for rent or mortgages 	<ul style="list-style-type: none"> Client Action Plan including a Housing element

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<ul style="list-style-type: none"> • Upon request, Ryan White HIV/AIDS Program Grantees must provide HAB with an individualized written housing plan, consistent with this Housing Policy, covering each client receiving short term, transitional and emergency housing services. • Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Thus, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation. • Housing funds cannot be in the form of direct cash payments to recipients or services and cannot be used for mortgage payments. <p>Note: Ryan White HIV/AIDS Program Grantees and local decision making planning bodies, i.e. Part A and Part B, are strongly encouraged to institute duration limits to provide transitional and emergency housing services. HUD defines transitional housing as 24 months and HRSA/HAB recommends that grantees consider using HUD's definition as their standard.</p> <p>SC Ryan White Part B Standard: Providers can provide short term or</p>	<p>No funds are used for direct payments to recipients of services for rent or mortgages</p>		

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>emergency housing assistance to clients for 21 weeks, and transitional housing assistance for 24 months.</p>			
<p>8. Funding for Legal Services provided for an HIV-infected person to address legal matters directly necessitated by the individual's HIV status</p> <p>May include such services as (but not limited to):</p> <ul style="list-style-type: none"> • Preparation of Powers of Attorney and Living Wills • Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White <p>Permanency planning and for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of social service counseling or legal counsel regarding (1) the drafting of wills or delegating powers of attorney, (2) preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption,</p> <p>Excludes:</p> <ul style="list-style-type: none"> • Criminal defense • Class-action suits unless related to services eligible for funding under the Ryan White HIV/AIDS Program 	<p>Documentation that funds are used only for allowable legal services, which involve legal matters directly necessitated by an individual's HIV status, such as:</p> <ul style="list-style-type: none"> • Preparation of Powers of Attorney and Living Wills • Services designed to ensure access to eligible benefits <p>Assurance that program activities do not include any criminal defense or class action suits unrelated to access to services eligible for funding under the Ryan White HIV/AIDS Program</p>	<p>Document, and make available to the grantee upon request, services provided, including specific types of legal services provided</p> <p>Provide assurance that:</p> <ul style="list-style-type: none"> • Funds are being used only for legal services directly necessitated by an individual's HIV status • Ryan White serves as the payer of last resort <p>Document in each client file:</p> <ul style="list-style-type: none"> • Client eligibility • A description of how the legal service is necessitated by the individual's HIV status • Types of services provided • Hours spent in the provision of such services 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Monthly invoices for Legal Services • Implementation Plan • Implementation Plan Report • EMR/EHR/Paper Client Chart • Referral for legal services • Provide Enterprise • Copy of document if completed by agency

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>9. Support for Linguistic Services including interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services</p> <p>Interpreters, bilingual staff and volunteers must demonstrate bilingual proficiency and be trained in the skills and ethics of interpreting.</p> <p>Note: Client’s family members and friends will not be considered as ongoing interpreters because of confidentiality and medical terminology limitations.</p>	<p>Documentation that:</p> <ul style="list-style-type: none"> Linguistic services are being provided as a component of HIV service delivery between the provider and the client, to facilitate communication between the client and provider and the delivery of Ryan White-eligible services in both group and individual settings Services are provided by appropriately trained and qualified individuals holding appropriate State or local certification 	<p>Document the provision of linguistic services, including:</p> <ul style="list-style-type: none"> Number and types of providers requesting and receiving services Number of assignments Languages involved Types of services provided – oral interpretation or written translation, and whether interpretation is for an individual client or a group <p>Maintain documentation showing that interpreters and translators employed with Ryan White funds have appropriate training and hold relevant State and/or local certification</p>	<ul style="list-style-type: none"> Subgrantee contract and scope of work Subgrantee budget and budget justification Monthly invoices and backup documentation Implementation Plan Implementation Plan Report Employee Personnel File (resume) Ongoing training certifications Hotline: Check credentials Monthly invoices for external linguistic services
<p>10. Funding for Medical Transportation Services that enable an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens</p> <p>May be provided through:</p> <ul style="list-style-type: none"> Contracts with providers of transportation services Voucher or token systems Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed) 	<p>Documentation that: medical transportation services are used only to enable an eligible individual to access HIV-related health and support services</p> <p>Documentation that services are provided through one of the following methods:</p> <ul style="list-style-type: none"> A contract or some other local procurement mechanism with a provider of transportation services A voucher or token system that allows for tracking the distribution of the vouchers or tokens A system of mileage 	<p>Maintain program files that document:</p> <ul style="list-style-type: none"> The level of services/number of trips provided The reason for each trip and its relation to accessing health and support services Trip origin and destination Client eligibility The cost per trip The method used to meet the transportation need <p>Maintain documentation showing that the provider is meeting stated contract requirements with regard to methods of providing transportation:</p> <ul style="list-style-type: none"> Reimbursement methods do not involve cash payments to service recipients 	<ul style="list-style-type: none"> Subgrantee contract and scope of work Subgrantee budget and budget justification Monthly invoice and backup documentation Implementation Plan Implementation Plan Report Provide Enterprise Transportation Log, if applicable Contract with transportation provider Monthly invoices for transportation services

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
	<p>reimbursement that does not exceed the state per-mile reimbursement rates</p> <ul style="list-style-type: none"> • A system of volunteer drivers, where insurance and other liability issues are addressed • Agency vehicles 	<ul style="list-style-type: none"> • Mileage reimbursement does not exceed state reimbursement rate • Use of volunteer drivers appropriately addresses insurance and other liability issues <p>Collection and maintenance of data documenting that funds are used only for transportation designed to help eligible individuals remain in medical care by enabling them to access medical support services.</p>	
<p>11. Support for Outreach Services designed to identify individuals who do not know their HIV status and/or individuals who know their status and are not in care and help them to learn their status and enter care</p> <p>Outreach programs must be:</p> <ul style="list-style-type: none"> • Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort • Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection • Targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior • Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached • Designed to provide quantified program reporting of activities 	<p>Documentation that outreach services are designed to identify:</p> <ul style="list-style-type: none"> • Individuals who do not know their HIV status and refer them for counseling and testing • Individuals who know their status and are not in care and help them enter or re-enter HIV-related medical care <p>Documentation that outreach services:</p> <ul style="list-style-type: none"> • Are planned and delivered in coordination with local HIV prevention outreach programs and avoid duplication of effort • Target populations known to be at disproportionate risk for HIV infection • Target communities whose residents have disproportionate risk or establishments frequented by individuals exhibiting high-risk behaviors • Are designed so that activities 	<p>Document and be prepared to share with the grantee:</p> <ul style="list-style-type: none"> • The design, implementation, target areas and populations, and outcomes of outreach activities, including the number of individuals reached, referred for testing, found to be positive, referred to care, and entering care <p>Provide financial and program data demonstrating that no outreach funds are being used:</p> <ul style="list-style-type: none"> • To pay for HIV counseling and testing • To support broad scope awareness activities • To duplicate HIV prevention outreach efforts 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • Provide Enterprise • EMR/EHR/Paper Client Chart • Referral to Outreach

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>and results to accommodate local evaluation of effectiveness</p> <p>Note: Funds may not be used to pay for HIV counseling or testing</p>	<p>and results can be quantified for program reporting and evaluation of effectiveness</p> <p>Documentation and assurance that outreach funds are not being used:</p> <ul style="list-style-type: none"> • For HIV counseling and testing • To support broad-scope awareness activities that target the general public rather than specific populations and/or communities with high rates of HIV infection • To duplicate HIV prevention outreach efforts 		
<p>12. Support for Psychosocial Support Services that may include:</p> <ul style="list-style-type: none"> • Support and counseling activities • Child abuse and neglect counseling • HIV support groups • Pastoral care/counseling • Caregiver support • Bereavement counseling • Nutrition counseling provided by a nonregistered dietitian • Peer Services <p>Note: Funds under this service category may not be used to provide nutritional supplements</p> <p>Pastoral care/counseling supported under this service category to be:</p> <ul style="list-style-type: none"> • Provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated 	<p>Documentation that psychosocial services funds are used only to support eligible activities, including:</p> <ul style="list-style-type: none"> • Support and counseling activities • Child abuse and neglect counseling • HIV support groups • Pastoral care/counseling • Caregiver support • Bereavement counseling • Nutrition counseling provided by a nonregistered dietitian <p>Documentation that pastoral care/counseling services meet all stated requirements:</p> <ul style="list-style-type: none"> • Provided by an institutional pastoral care program • Provided by a licensed or accredited provider wherever such licensure or accreditation 	<p>Document the provision of psychosocial support services, including:</p> <ul style="list-style-type: none"> • Types and level of activities provided • Client eligibility <p>Maintain documentation demonstrating that:</p> <ul style="list-style-type: none"> • Funds are used only for allowable services • No funds are used for provision of nutritional supplements • Any pastoral care/counseling services meet all stated requirements 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • Provide Enterprise • EMR/EHR/Paper Client Chart

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<p>pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider)</p> <ul style="list-style-type: none"> • Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available • Available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation 	<p>is either required or available</p> <ul style="list-style-type: none"> • Available to all individuals eligible to receive Ryan White services, regardless of their religious denominational affiliation • Assurance that no funds under this service category are used for the provision of nutritional supplements 		
<p>13. Support for Referral for Health Care/Supportive Services that direct a client to a service in person or through telephone, written, or other types of communication, including the management of such services where they are not provided as part of Ambulatory/Outpatient Medical Care or Case Management services</p> <p>May include benefits/ entitlement counseling and referral to refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services</p> <p>Referrals may be made:</p> <ul style="list-style-type: none"> • Within the Non-medical Case Management system by professional case managers 	<p>Documentation that funds are used only:</p> <ul style="list-style-type: none"> • To direct a client to a service in person or through other types of communication • To provide benefits/entitlements counseling and referral consistent with HRSA requirements • To manage such activities Where these services are not provided as a part of Ambulatory/ Outpatient Medical Care or Case Management services <p>Documentation of:</p> <ul style="list-style-type: none"> • Method of client contact/communication • Method of providing referrals (within the Nonmedical Case Management system, informally, or as part of an outreach program) • Referrals and follow up 	<p>Maintain program files that document:</p> <ul style="list-style-type: none"> • Number and types of referrals provided • Benefits counseling and referral activities • Number of clients served • Follow up provided <p>Maintain client records, including documentation in Provide Enterprise to include the required following elements:</p> <ul style="list-style-type: none"> • Date of service • Type of communication. • Type of referral • Benefits counseling/referral provided • Follow up provided 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoice and backup documentation • Implementation Plan • Implementation Plan Report • Referral • Provide Enterprise • EMR/EHR/Paper Client Chart • Documentation of follow-up on the referral

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<ul style="list-style-type: none"> • Informally through community health workers or support staff • As part of an outreach program 	provided		
<p>14. Funding for Rehabilitation Services: Services intended to improve or maintain a client’s quality of life and optimal capacity for self-care, provided by a licensed or authorized professional in an outpatient setting in accordance with an individualized plan of care</p> <p>May include:</p> <ul style="list-style-type: none"> • Physical and occupational therapy • Speech pathology services • Low-vision training 	<p>Documentation that services:</p> <ul style="list-style-type: none"> • Are intended to improve or maintain a client’s quality of life and optimal capacity for self-care • Are limited to allowable activities, including physical and occupational therapy, speech pathology services, and low-vision training • Are provided by a licensed or authorized professional • Are provided in accordance with an individualized plan of care that includes components specified by the grantee 	<p>Maintain, and share with the grantee upon request, program and financial records that document:</p> <ul style="list-style-type: none"> • Types of services provided • Type of facility • Provider licensing • Use of funds only for allowable services by appropriately licensed and authorized professionals <p>Maintain client records that include the required elements as detailed by the grantee, including:</p> <ul style="list-style-type: none"> • An individualized plan of care • Types of rehabilitation services provided (physical and occupational therapy, speech pathology, low-vision training) • Dates, duration, and location of services 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • Provide Enterprise • EMR/EHR/Paper Client Chart • Referral to Rehab services • License of therapist • Treatment plan • Subgrantee invoices for rehab services
<p>15. Support for Respite Care that includes nonmedical assistance for an HIV-infected client, provided in community or home-based settings and designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV/AIDS</p> <p>Note: Funds may be used to support informal respite care provided issues of liability are addressed, payment made is reimbursement for actual costs, and no cash payments are made to clients or primary caregivers</p>	<p>Documentation that funds are used only:</p> <ul style="list-style-type: none"> • To provide non-medical assistance for an HIV-infected client to relieve the primary caregiver responsible for the day-to-day care of that adult or minor • In a community or home-based setting <p>If grantee permits use of informal respite care arrangements, documentation that:</p> <ul style="list-style-type: none"> • Liability issues have been addressed • A mechanism for payments 	<p>Maintain, and make available to the grantee on request, program files including:</p> <ul style="list-style-type: none"> • Number of clients served • Settings/methods of providing care <p>Maintain in each client file documentation of:</p> <ul style="list-style-type: none"> • Client and primary caretaker eligibility • Services provided including dates and duration • Setting/method of services <p>Provide program and financial records and assurances that if informal respite care arrangements are used:</p> <ul style="list-style-type: none"> • Liability issues have been addressed, with appropriate releases obtained that protect 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • Provide Enterprise • EMR/EHR/Paper Client Chart • Referral to Respite services • Subgrantee invoices for respite care services

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
	<p>has been developed that does not involve direct cash payment to clients or primary caregivers</p> <ul style="list-style-type: none"> • Payments provide reimbursement for actual costs without over payment, especially if using vouchers or gift cards 	<p>the client, provider, and Ryan White program</p> <ul style="list-style-type: none"> • No cash payments are being made to clients or primary caregivers • Payment is reimbursement for actual costs 	
<p>16. Funding for Substance Abuse Treatment – Residential to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting</p> <p>Requirements:</p> <ul style="list-style-type: none"> • Services to be provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided • Services to be provided in accordance with a treatment plan • Detoxification to be provided in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital) 	<p>Documentation that:</p> <ul style="list-style-type: none"> • Services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided • Services provided meet the service category definition • Services are provided in accordance with a written treatment plan <p>Assurance that services are provided only in a short-term residential setting</p>	<p>Maintain, and provide to grantee on request, documentation of:</p> <ul style="list-style-type: none"> • Provider licensure or certifications as required by the State in which service is provided; <p>Provide assurance that all services are provided in a short-term residential setting</p> <p>Maintain program files that document:</p> <ul style="list-style-type: none"> • That all services provided are allowable under this service category • The quantity, frequency, and modality of treatment services <p>Maintain client records that document:</p> <ul style="list-style-type: none"> • The date treatment begins and ends • Individual treatment plan • Evidence of regular monitoring and assessment of client progress 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly invoices and backup documentation • Implementation Plan • Implementation Plan Report • Referral to Substance Abuse Treatment - Residential • Provide Enterprise • EMR/EHR/Paper Client Chart
<p>17. Support for Treatment Adherence Counseling, which is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments, provided by nonmedical</p>	<p>Documentation that services provided under this category are:</p> <ul style="list-style-type: none"> • Designed to ensure readiness for, and adherence to, complex HIV/AIDS treatments • Provided by non-medical personnel 	<p>Provide assurances and maintain documentation that:</p> <ul style="list-style-type: none"> • Services provided are limited to those permitted by the contract • Services are provided by nonmedical personnel • Services are provided outside the Medical 	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Subgrantee budget and budget justification • Monthly Invoices and backup documentation • Implementation Plan

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
personnel outside of the Medical Case Management and clinical setting	<ul style="list-style-type: none"> • Provided outside of the Medical Case Management and clinical setting 	<p>Care Management and clinical setting</p> <p>Maintain client records that include the required elements as detailed by the grantee</p>	<ul style="list-style-type: none"> • Implementation Plan Report • Provide Enterprise • EMR/EHR/Paper Client Chart
Section D: Quality Management			
<p>1. Implementation of a Clinical Quality Management (CQM) Program to:</p> <ul style="list-style-type: none"> • Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent HHS guidelines for the treatment of HIV/AIDS and related opportunistic infections • Develop strategies for ensuring that services are consistent with the guidelines for improvement in the access to and quality of HIV health services <p>CQM program to include:</p> <ul style="list-style-type: none"> • A Quality Management Plan • Quality expectations for providers and services • A method to report and track expected outcomes • Monitoring of provider compliance with HHS treatment guidelines and the Part B Program’s approved Service Standards <p><i>The State will provide periodic independent peer review to assess the quality and appropriateness of health and support services provided by entities that receive funds from the State under the Part</i></p>	<p>Documentation that the grantee has a Clinical Quality Management Program in place that includes, at a minimum:</p> <ul style="list-style-type: none"> • A Quality Management Plan • Quality expectations for providers and services • Measurement of Outcome Indicators • Collection and Analysis of Data • Identification of improvement strategies • A method to report and track expected outcomes • Monitoring of provider compliance with HHS treatment guidelines and the Part B Program’s approved service category definition for each funded service <p>Review of CQM program to ensure that both the grantee and providers are carrying out necessary CQM activities and reporting CQM performance data</p> <p>Participation in QM Steering Committee meetings and activities for RW Part B funded providers</p>	<p>Participate in quality management activities as contractually required, at a minimum:</p> <ul style="list-style-type: none"> • Compliance with relevant service category definitions • Participation in QM Steering Committee meetings and activities for RW Part B funded providers • Annually updating and submitting to DHEC the Quality Management Plan • Annually submitting to DHEC the Clinical Report Card, which includes the established statewide Quality Management Performance Measures • Routinely monitoring agency performance utilizing Performance Management data and established targets • Implementing continuous quality improvement strategies to improve core and support services provided • Periodically updating DHEC as requested on implementation of improvement strategies <p>Develop and monitor own Service Standards</p>	<ul style="list-style-type: none"> • Subgrantee contract and scope of work • Implementation Plan Report • Ryan White Statewide QM Plan • Provider QM Plan • Clinical Report Card • Quality Management Plan • QM Site Visit Report • Minutes from QM Steering Committee Meetings • Ryan White Services Report • Implementation Plan Report • Clinical Report Card • Chart review/audit Service Standards

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<i>B Program's approved Service Standards</i>	Develop and monitor own Service Standards		
Section E: Other Programmatic Requirements			
1. Documentation for all services provided must be entered into Provide Enterprise (PE) accurately and timely.	All services provided must be documented in PE. Professional disciplines will provide services and complete documentation of care/service provided according to professional standards and guidelines.	All core and supportive services provided will be documented in <i>Provide Enterprise (PE)</i> . Providers to have protocol for ensuring accuracy and timeliness of documentation into PE for services provided. See SC RW Part B Standards MCM Guidance 4.0: Documentation	<ul style="list-style-type: none"> • Protocol for documentation • Provide Enterprise • Ryan White Services Report • Implementation Plan Report
2. Comply with state and federal regulations, including CDC Data Security and Confidentiality Guidelines for the following: <ul style="list-style-type: none"> • Eligibility • HIPAA • Confidentiality • Client Consent • Bill of Rights (or Rights and Responsibilities) • Data Security and Confidentiality 	Assure compliance with state and federal regulations, including CDC Data Security and Confidentiality Guidelines.	Develop and implement the following: Ryan White Part B Eligibility Policy, HIPAA Privacy Policy, Confidentiality Policy, Data Security and Confidentiality Policy, Obtaining Client Consent and Client Bill of Rights (and/or Rights and Responsibilities), Prior to staff access to confidential information, staff will complete training for: <ul style="list-style-type: none"> • HIPAA and Confidentiality • Data Security and Confidentiality 	<ul style="list-style-type: none"> • Ryan White Part B Eligibility Policy • HIPAA Privacy Policy • Confidentiality Policy • Data Security Policy • Client Consent • Client Bill of Rights (or Rights and Responsibilities) • Staff Training Records • EMR/EHR/Paper Client Chart
3. Grievance Policy and Procedures are required. They must be shared with clients. All staff must be aware of and adhere to the client grievance policy and procedures.	Assure written grievance policy is shared with Ryan White Part B clients at the point of initial eligibility screening and annually thereafter. All attempts will be made to resolve the grievance at the agency level. However, in accordance with the contract, the policy must state that any grievance related to a denial	Develop and implement a client grievance policy and procedures. Ensure all staff are aware of and adhere to the client grievance policy and procedure. Ensure clients know the procedures.	<ul style="list-style-type: none"> • Client Grievance Policy and Procedures

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
	<p>of services or a complaint about services received which is unresolved at the subrecipient level may be reported by the client to DHEC's STD/HIV Division by calling the Division at 800-856-9954 between the hours of 8:30AM-5:00PM Monday-Friday, excluding holidays. Further, the policy must state that grievances filed with DHEC will remain confidential, unless the client specifically requests that DHEC follow-up with the subrecipient, and, there shall be no reprisal towards the client when grievances are made.</p>		
<p>4. Productivity of all staff time charged to Ryan White must be for carrying out specific activities approved in the competitive Request for Grant Application, contract, and Implementation Plan. Staff time can only be charged to Ryan White for serving Ryan White eligible clients.</p> <p>Time and effort of staff working on Ryan White must be documented. The documentation must:</p> <ul style="list-style-type: none"> • Be supported with documented payrolls • Reflect the distribution of activity of each employee when funded by multiple funding sources 	<p>Review of documentation of employee time and effort, through:</p> <ul style="list-style-type: none"> • Review of payroll records • Documentation of allocation of payroll between funding sources if applicable • Review of time sheets or other documentation of hours worked each day • Documentation in EMR/EHR (if applicable), Provide Enterprise <p><i>For example:</i> Direct Service staff (excluding clinical staff) should strive to document in Provide Enterprise at least 75% of their Ryan White funded time. This equates to 7,200 minutes for a full time MCM</p>	<p>The provider must:</p> <ul style="list-style-type: none"> • Maintain payroll record • Establish and consistently use an allocation methodology for employee expenditures where employees are engaged in activities supported by several funding sources • Make payroll records and allocation methodology available to grantee upon request • Establish time sheets or other documentation method to document all Ryan White funded staff hours worked each day • Strive for all Ryan White funded direct service staff (excluding clinical staff) document in PE at least 75% of Ryan White funded time. • Document in EMR/EHR, if applicable 	<ul style="list-style-type: none"> • Productivity Reports • Payroll Records • Allocation Methodology • Time Sheets • EMR/EHR, if applicable

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	DATA SOURCE
<ul style="list-style-type: none"> • Be supported by records indicating the total number of hours worked each day • Be supported by activity documented in EMR/EHR/Provide Enterprise 	employee working 40 hours per week.		