



United Way of Greater Union County
 33 West Grand Street Elizabeth, NJ 07202
 Phone Number: 908-353-7171 Fax: 908-353-6310
 E-mail: tania.guaman@uwguc.org



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UNIVERSAL SERVICE STANDARDS

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The purpose of these standards is to define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Newark Eligible Metropolitan Area (NEMA).

I. INTAKE AND ELIGIBILITY

- Proof of HIV+ status
- Income must be less than or equal to 500% of FPL
- Documentation of residency
- Documentation of insurance status

II. 6-MONTH and ANNUAL RECERTIFICATION REQUIREMENTS

To maintain eligibility, clients must be recertified at least every six months to ensure that an individual's residency, FPL and insurance status continues to meet the recipient's eligibility requirements and to verify that Part A funds are the payor of last resort.

- Assess changes to client's residency, income and insurance status
- Collect supporting documentation for any changes to certification data
- Documentation of client's self-attestation for no changes to 6-month data

ANNUAL RECERTIFICATION

- Assess and collect documentation for client's residency, income and insurance status

III. INTAKE/ASSESSMENT- The following must be documented in client file and CHAMP

- Proof of HIV+ status to determine eligibility for Ryan White Part A funding
- Date of intake
- Sex assigned at birth or Gender Identity
- Date of birth/race/ethnicity
- Proof of residency
- Proof of income
- Employment status
- Insurance status
- Proof of active participation in primary medical care at least within the last 12 months or documentation of linkage to or engagement in care (e.g. referral or medical appointment date)

“To plan for the development, implementation and continual improvement of the health care and treatment services for People Living With and Affected by HIV & AIDS who reside in the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren.”

- Preferred language of communication
- Name and contact information of the person authorized to sign for client if necessary

IV. IMPOSITION OF CLIENT CHARGES

Ryan White legislation allows for the imposition of client charges up to a certain maximum amount during a calendar year. The legislation explicitly defines “cumulative charges” as any charge incurred for HIV-related services, even those performed by other providers. The legislation explicitly refers to enrollment fees, premiums, deductibles, cost sharing, co-payment, coinsurance, or similar charges. Providers who wish to charge fees for Ryan White funded services will need to demonstrate the following:

(Please note - limitation of client charges are based on client’s income only)

- The existence of a publicly posted Schedule of Charges (sliding fee scale) based on current Federal Poverty Level (FPL) including cap on client charges
- Client eligibility determination procedures for imposition of charges based on the schedule
- Accounting system used to track patient charges and payments for accessing Ryan White services across all programs. When the client has reached the limit for out-of-pocket expenses, charges must cease.

Incomes at or below 100% FPL

No charges imposed on clients with incomes at or below 100% of the Federal Poverty Level (FPL).

Incomes greater than 100% FPL

Cap on total annual charges for Ryan White services based on percent of patient’s annual income, as follows:

- 5% for patients with incomes between 101% and 200% of FPL
- 7% for patients with incomes between 201% and 300% of FPL
- 10% for patients with incomes greater than 301% of FPL

V. CULTURAL AND LINGUISTIC COMPETENCY

- Cultural Competence - Agency will ensure that culturally and linguistically appropriate services are available to all clients and be able to provide services that are culturally sensitive and, in the client’s preferred language or arrange for a competent interpreter. There will be no barriers due to language differences between the agency and clients. Agencies must have the ability to provide native language speakers for services when 20% or more of their clients prefer another language or arrange for a competent interpreter
- There will be no barriers due to client disability. The agency must be must demonstrate that the needs of disabled clients are ADA compliant for the provision of reasonable accommodations to address clients with special needs.

VI. CONSUMER INPUT

- Agency must regularly implement client satisfaction survey tool, focus groups, and/or public meetings, with analysis and use of results documented
- Agency must maintain visible suggestion box or other client input mechanism, with analysis and use of results documented

- Agencies with a Consumer Advisory Board (CAB) must maintain a file of materials documenting membership, meeting schedule and minutes

VII. EXPERIENCE AND TRAINING COMPLIANCE

- Agencies are expected to comply with State and federal regulations as required by law.
- Agencies are expected to comply with “agency specific” training as outline in their executed contract.
- Agencies are expected to comply with any additional special training requirements

VIII. PRIVACY AND CONFIDENTIALITY (including securing records)

- Agency must have written policies and procedures in place that address confidentiality (HIPAA), grievance procedures, client’s rights and the agency’s rights and responsibilities
- Agency must have a private, confidential office space for seeing clients
- Records Retention - Agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years
- Confidentiality Policy - All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance with local, state and federal laws
- Client consent-The agency must obtain written consent for services and a consent for the release/exchange of information from the client. The consent must be specific as to type of information, agency to which the information will be shared, and length of time during which the consent is valid

IX. AGENCY/CLIENT RIGHTS AND RESPONSIBILITIES

- The client must be notified of his/her rights, of the agency’s rights and responsibilities and the agency’s grievance policy/procedure

X. ENGAGEMENT AND RETENTION OF CLIENTS

The best way to retain clients in care and be aware of barriers that are preventing a client accessing care is to maintain an ongoing relationship.

Procedure to be followed for missed appointments

1. Contact the client within 3 business days to determine if there was a reason why the client did not keep appointment and to facilitate rescheduling of appointment
2. Will attempt to reach the client no less than 2 times during a one-week period
3. If unable to reach the client, a letter (certified), e-mail, or other designated method of communication will be used to contact the client stating that an appointment has been missed and requesting that the client contact the agency to set up another appointment
4. Contact other agencies which are providing services to the client, if known, to verify client status. This information may be available in the CHAMP system (Client Lookup)
5. Provider may make a home visit if not prohibited by agency policy
6. If appropriate and with prior approval of the client, contact the emergency contact

XI. TRANSITION AND DISCHARGE

A. Case Transfer

1. The Case Manager should facilitate the transfer/discharge of client records/information, when necessary.
2. The client must sign a consent form to transfer records which is specific and dated.

B. Case Closure/Discharge

1. The Case Manager must document date and reasons for closure of case including but not limited to: no contact, client request, client moves out of service area, client died, discontinuation of services and client ineligible for services.
2. Reasonable efforts must be made to retain the client. These efforts must be documented in the client's record.
3. The Case Manager will make appropriate referrals and provide contacts for follow-up.
4. A summary of the services received by the client must be prepared for the client's record.

XII. CASE CLOSURE PROTOCOL

Case closure/transfer

- Agency must document date and reasons for closure of case including but not limited to; no contact, client request, client moves out of service area, client died, client ineligible for services or inappropriate use of Service.
- Reasonable efforts must be made to retain the client by phone, letter and/or any communication method agreed upon by client. These efforts must be documented in the client's record.
- The agency will make appropriate referrals and provide contacts for follow-up
- A summary of the services received by the client must be prepared for the client's record and accompany transfer. **(where applicable)**
- The agency will have client sign a release of information prior to the transfer

XIII. GRIEVANCE PROCESS

- Grievance Policy-The agency must review the policy with the client and provide a copy in a language and reading level the client can understand

XIV. FUNDING RESTRICTIONS AND SALRY LIMITATIONS

The agency must perform Ryan White Part A services in accordance with funding restrictions and limitations as outlined in annual request for proposal manual and executed contract.

XV. ADDITIONAL PROGRAM GUIDANCE: [HIV/AIDS BUREAU]

Below is HRSA's monitoring standard guidance for Ryan White HIV/AIDS Program Parts A and B recipients.

- **Fiscal Monitoring Standards:** Part A (PDF - 658 KB) and Part B (PDF - 778 KB)
- **Program Monitoring Standards:** Part A (PDF - 508 KB) and Part B (PDF - 594 KB)
- **Universal Monitoring Standards:** Parts A and B (PDF - 434 KB)
- **Frequently Asked Questions** (FAQs) (PDF - 200 KB)