Metropolitan Washington Regional RYAN WHITE PLANNING COUNCIL

SERVICE STANDARDS
FOR
HEALTH INSURANCE PREMIUM AND COST-SHARING ASSISTANCE (HIPCA)

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HRSA Ryan White & Global HIV/AIDS Programs

The Ryan White HIV/AIDS Program (RWHAP) is funded by the Ryan White HIV/AIDS Treatment Extension Act of 2009 and is administered by the U.S. Department of Health and Human Services (HHS) in the Health Resources and Services Administration (HRSA) within the HIV/AIDS Bureau (HAB).

I. PURPOSE OF SERVICE STANDARDS

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC EMA such that clients of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all clients and will be used as contract requirements, in program monitoring, and in quality management.

II. GOAL

The goal of Health Insurance Premium and Cost-Sharing Assistance (HIPCA) is to ensure people living with HIV maintain a continuity of health insurance.

III. SERVICE DESCRIPTION

Health Insurance Premium and Cost Sharing Assistance (HIPCA) provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), a RWHAP recipient must implement a methodology that incorporates the following requirements:

- RWHAP recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.
- RWHAP recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to HIPCA only when determined to be cost effective.

To use RWHAP funds for standalone dental insurance premium assistance, a RWHAP recipient must implement a methodology that incorporates the following requirement:

- RWHAP recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to HIPCA on when determined to be cost effective.

IV. HRSA NATIONAL MONITORING STANDARDS AND PERFORMANCE MEASURE/METHOD

The National Monitoring Standards are designed to ensure that Ryan White service providers meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. Ryan White service providers will work with the recipient/administrative agent in their respective jurisdiction to further discuss the implementation of the National Monitoring Standards and the required performance measures. For this service category, the following performance measures are required:

Documentation that:

- an annual cost-benefit analysis was conducted 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 Ryan White Services 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 condition is related to HIV infection
- Assurance that any cost associated with liability risk pools is not being funded by Ryan White
- Assurance that Ryan White funds are not being used to cover costs associated with Social Security

V. PROVIDER AGENCY POLICIES & PROCEDURES

A. Agency must be licensed and/or accredited by the appropriate city/county/state/federal agency, **if required.**
B. Staff must meet minimum qualifications detailed in the job description and service standards.
C. Services will be provided through the facility or through a written affiliation agreement.
D. **Records Retention** – Policies must exist for the production, maintenance and retention of client clinical records. The agency will keep inactive client records in a confidential locked location. Client records will be kept for seven (7) years.
E. **Confidentiality Policy -** All providers must assure the client that information provided by the client or information obtained on behalf of the client is confidential. All written and verbal communications regarding the client will be maintained with strict confidentiality according to the policy of the agency and in accordance to HIPAA (Health Insurance Portability and Accountability Act) requirements.
F. There will be a private confidential office space for seeing clients.
G. **Cultural and Linguistic Appropriateness** – The agency will adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Further information on the National CLAS Standards are located at www.thinkculturalhealth.hhs.gov . Agencies are to ensure that culturally sensitive and linguistically appropriate services are available in the client's preferred language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
H. **Americans with Disabilities Act Compliance** – The agency must demonstrate that the needs of disabled clients are met.
I. **Client Consent** – Signed consent must be obtained from client prior to initiating services.
J. **Release of Information** - Written consent must be obtained to release/exchange client information. 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.
K. **Grievance Policy**- All providers must review the policy with the client and provide a copy in a language and format the client can understand.
L. The Agency must have a written **Emergency Continuity of Operation Plan (COOP)** that includes procedures for service provision during a wide range of emergencies, including localized acts of nature, fire, bomb threat,

evacuation, accidents, technological or attack-related emergencies and natural disasters.

M. Service providers must receive training/education annually in relationship to HIV, substance abuse, mental health, co-occurring disorders, health and related subjects such as "Prevention with Positives".
N. A **Quality Management Plan** shall be developed for HIV-specific patient care. This plan must be updated annually.
O. Agencies must maintain linkages via detailed Memoranda of Understanding/Agreement (MOUs/MOAs) among other agencies to enhance the coordination of service provision.
P. The agency must demonstrate input from clients via a client satisfaction survey or similar method at least annually.
Q. **Continuity of Care -** Agencies must ensure that service provision occurs regardless of staffing changes, shortages and closures. Clients must also be made fully aware of business operating hours and any changes, as needed.

VI. ACCESSIBILITY IN SERVICE DELIVERY

A. There will be no barriers due to client disability. The Agency must comply with ADA requirements for the provision of reasonable accommodations to address clients with special needs.
B. The agency must demonstrate a commitment to provide services that are culturally sensitive and linguistically appropriate in accordance to the National Standards for Culturally and Linguistically Appropriate Services (CLAS).
C. There will be no barriers due to language differences between the provider and clients. Agencies must have the ability to provide native language speakers for services when twenty percent (20%) or more of their clients prefer another language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.
D. Eighty percent (80%) of all persons initially seeking services will be established into the care system of the provider within five (5) working days of initial contact. If this is not possible, the reason must be documented in the client's file.

VII. RIGHTS AND RESPONSIBILITIES

AGENCY/PROVIDER

A. Agencies funded for Ryan White services shall have the ability to provide service in non-English languages when twenty percent (20%) or more of the clients speak a specifically identified language and must provide information for clients in that language or arrange for a certified interpreter.
B. All written materials must be printed in a language that is understandable to the client and must be written at no higher than a 5th grade reading level.
C. The agency will have a Clients Rights Statement posted and available to the client upon request.
D. The agency will have a Consent for Services Form, which is dated and signed by the client or person legally able to give consent. This form will be signed by the client upon initial intake, and at least annually thereafter.
E. The agency will have a Release of Information Form that is specific to the type of information released/exchanged, the agency to which the information will be shared, and the length of time during which the consent is valid. This form is used as needed and is signed by the client or person legally able to give consent.
F. The agency will have a written policy related to Client Grievance Procedures which is reviewed with the client in a language and format the client can understand as stated in A.
G. The agency will have a written Client Confidentiality Policy in conformance with State and Federal Laws.
H. Agencies must provide clients with complete and accurate information about services provided.

CLIENT

I. Clients have the right to be treated with dignity and respect. Clients have the responsibility to treat other clients and agency staff/volunteers with dignity and respect.
J. Clients have the right to refuse services and receive a full explanation of the consequences of refusing services.
K. Clients must be an active participant in the development, implementation, coordination and monitoring of their individual service plans. Clients must be provided with complete and accurate information about services received.
L. Clients are responsible for providing complete and accurate insurance, medical, financial and other eligibility information.
M. Clients are responsible for respecting the confidentiality of other clients receiving services.

N. Clients have the right to file a grievance if they feel their rights are being violated. Clients are responsible for following the proper procedures as outlined for grievances against any services, organization, or employee of organization.
O. Clients have the responsibility to keep illegal drugs, alcohol and weapons off agency property.

SERVICES MAY BE DISCONTINUED OR DENIED WHEN:

P. The client refuses to sign a Consent for Services and Release of Information Form.
Q. The client violates the rights of other clients or staff/volunteers
R. The client is involved in illegal activities on agency property
S. The client does not provide accurate insurance, medical, financial or benefits information
T. The client is receiving duplicate services from multiple providers.
U. The client is no longer eligible for Ryan White Services.

VIII. SERVICE DELIVERY COMPONENTS AND ACTIVITIES

A. INITIAL ELIGIBILITY DETERMINATION & ANNUAL RECERTIFICATION REQUIREMENTS

1. Proof of HIV diagnosis (Confirmatory HIV test [multi-spot, P4antigen, western blot], Viral load within 6 months, or written statement from treating physician).
2. Proof of residence (Current lease mortgage statement or deed settlement agreement, current driver's license/government identification, current voter registration card, current notice of Decision from Medicaid, Fuel/utility bill (past 90 days), property tax bill or statement (past 60 days), rent receipt (past 90 days), pay stubs or bank statement with your name and address (past 30 days), letter from another government agency with your name and address, active (unexpired) homeowners or renters insurance policy, DC Healthcare Alliance Proof of DC Residency Form, if homeless; letter from service provider on agency letterhead or homeless verification form.
3. Verification of income/gross annual income (must be less than or equal to 500% of the Federal Poverty Level [FPL]) as required by the Recipient.
4. Insurance verification as proof of un-insured or under-insured status.
5. Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare. Providers are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and/or private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services.
6. For under-insured, proof this service is not covered by other third party insurance programs including Medicaid and Medicare.
7. Proof of compliance with eligibility determination as defined by the jurisdiction.
8. Living arrangements/Household size
9. Ensure military veterans with Department of Veterans Affairs (VA) benefits are deemed eligible for Ryan White services

B. INTAKE

To collect demographic information and establish a care relationship. Intake may be done by an Intake specialist or non-medical case manager. The client intake must include the following:

1. Date of intake
2. Name and signature of person completing intake
3. Client name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (client self-report)
7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program.

C. ASSESSMENT

Health Insurance Premium and Cost-Sharing Assistance Eligibility: In order for individuals to be eligible to receive HIPCA services, they must meet the following requirements:

- Clients must be enrolled in a health insurance plan that includes at least one drug in each class of core antiretroviral therapeutics from the Health and Human Services Guidelines and provides appropriate medical care services.
- In order to receive cost-sharing deductions for persons enrolled in an ACA Marketplace/Exchange plan from their jurisdiction, an individual must receive premium tax credit and enroll in a silver level plan, at a minimum.

An assessment is completed to gather pertinent information to assist with determining the financial need of client. The assessment will include:

- Client income
- Review of all other potential payment resources
- Review of Current Insurance Plan (If client is not enrolled in an insurance plan, provider will link the client with a Certified Application Counselor (CAC) to help educate client on plans and inform client of consequences for not enrolling in plan.)
- Review of cost of co-pays
- Review of cost of deductibles
- Review of cost associated to co-insurance

D. SERVICE PLAN

The provision of HIPCA services can be added to an existing service plan.

E. RE-CERTIFICATION (six months) REQUIREMENTS

To maintain eligibility for Ryan White services, the client (while active), must complete the sixth-month recertification process to verify the following information:

- Proof of residence
- Low income documentation
- Un-insured or under-insured status (Insurance verification as proof)
- Determination of eligibility and enrollment in other third party insurance programs including Medicaid and Medicare

Note: *At six month recertification one of the following is acceptable: full application and documentation, self-attestation of no change or self- attestation of change with documentation.*

F. PROCEDURE FOR MISSED APPOINTMENTS

- The client must be contacted within 2 days of missed appointment to determine if there was a reason why the appointment was not kept.
- The provider must attempt to reach the client no less than 2 times during a one-week period using the client-identified preferred contact method.
- Documentation of attempts to contact client must be noted in case file.

G. TRANSITION & DISCHARGE/CASE CLOSURE

Case Closure/Discharge

1. Reasonable efforts must be made to retain the client in services by phone, letter and/or any communication method agreed upon by the client. These efforts must be documented in the client's record.
2. The provider will make appropriate referrals and provide contacts for follow-up.
3. The provider must document date and reasons for closure of case including but not limited to: service provided as planned, no contact, client request, client moves out of service area, client died, client ineligible for services, etc.
4. A summary of the services received by the client must be prepared for the client's record.

Case Transfer

1. If the client is being transitioned, the provider must facilitate the transfer of client records/information, when necessary.
2. The client must sign a consent to release of information form to transfer records which is specific and dated.

H. DOCUMENTATION

Documentation must be kept for each client, which includes:

1. Client's name and demographic information
2. Name and contact info of client's Medical Case Manager and Primary Care Provider, if they have one
3. Name and contact info of client's Certified Application Counselor (CAC), if they have one
4. Proof of HIV+ status.
5. Initial intake and assessment forms.
6. Signed, initial and updated individualized service plan.
7. Evidence of consent for services.
8. Progress notes detailing each contact with or on behalf of the client. These notes must include date of contact and names of person providing the service.
9. Documentation that the client received rights and responsibilities information.
10. Signed "Consent to release information" form. This form must be specific and time limited.
11. Discharge and/or case closure information including person completing discharge and/or case closure, date and reason for discharge and/or case closure.

IX. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

The agency shall ensure:

- that its insurance assistance staff who provide direct services to clients shall have had at least two years of college, and shall have had a minimum of six months experience providing services in this, or a related field. A total of three years of relevant experience in this or a related field can substitute for the education requirement;
- that its insurance assistance staff who provide direct services to clients have continuing access to the most up-to-date information available about effective medical care of those with HIV/AIDS, and about applicable insurance programs and options;
- a working knowledge of the COBRA and OBRA insurance programs, and various private insurance programs, including eligibility requirements, benefits, applicable deductibles and co-pays; and
- the skills and experience necessary to work effectively with HIV/AIDS service providers in a variety of disciplines and at all levels, and with a variety of clients.
- Ongoing orientation and information about advances in medical care and treatment of those with HIV/AIDS, and about changing insurance programs and options.