

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

# Outreach Services

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 Eligible Metropolitan Area (EMA) such that customers 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 customers and will be used as contract requirements, in program monitoring, and in quality management.

## I. SERVICE CATEGORY DEFINITION

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status or who know their status but are not currently in care. As such, Outreach Services provide the following activities:

- 1) identification of people who do not know their HIV status and/or
- 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including the provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible customers should be linked to HRSA RWHAP services.

Outreach Services must:

- 1) use data to target populations and places that have a high probability of reaching PLWH who have
  - a. never been tested and are undiagnosed,
  - b. been tested, diagnosed as HIV positive, but have not received their test results, or
  - c. been tested, know their HIV positive status, but are not in medical care
- 2) be conducted at times and in places where there is a high probability that PLWH will be identified and
- 3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV, or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive

Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

## II. INTAKE AND ELIGIBILITY

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White customers to maintain proof of eligibility annually. Supporting documentation is required to demonstrate customer eligibility for Ryan White Services.

### A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting results of viral load test. Laboratory results should be within 12 months of the date of certification.
2. **Residency:** The following are acceptable methods of meeting the burden for residency:
  - Current lease or mortgage statement
  - Deed settlement agreement
  - Current driver's license
  - 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 the name and address of the customer (past 30 days)
  - Letter from another government agency addressed to customer
  - Active (unexpired) homeowner's or renter's insurance policy
  - DC Healthcare Alliance Proof of DC Residency form
  - If homeless, a written statement from case manager, facility or a letter from landlord that customer is a resident
3. **Income:** Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the customer and any household members for whom customers have legal responsibility. For each income source, the customer must indicate the gross amount, how often the income is received, and whether it is the customer's income or a household member's from each source.

The following are acceptable forms of proof of income:

- Pay stubs for the past 30 days. The pay stub must show the year-to-date earnings, hours worked, all deductions, and the dates covered by the paystub
- A letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return
- Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A statement from the customer projecting current annual income must be included
- Copy of the tenant's lease showing customer as the landlord and a copy of their most recent income tax return
- SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days
- Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the customer

## B. INTAKE

To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake
3. Customer name, address, and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (customer 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. MAINTENANCE OF ELIGIBILITY

To maintain eligibility for Ryan White services, providers must conduct annual eligibility confirmations to assess if the customer's income and/or residency status has changed. RWHAP providers are permitted to accept a customer's self-attestation of "no change" when confirming eligibility, however, self-attestation could be used every other annual confirmation and not be used in two consecutive years.

## III. KEY SERVICE COMPONENTS & ACTIVITIES

<b>ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES</b>	
<b>Standard</b>	<b>Measure</b>
<p>Outreach Services are provided to:</p> <ul style="list-style-type: none"> <li>• Identify individuals who do not know their HIV status and refer them for counseling and testing</li> <li>• Identify individuals who know their status and are not in care and help them enter or re-enter HIV-related medical care</li> <li>• Educate customers at high-risk for acquisition of HIV on individual or group format on PrEP</li> <li>• Refer and link customers to organizations for PrEP Services</li> </ul>	<p>Documentation of:</p> <ul style="list-style-type: none"> <li>• Intake and assessment (in the customer's record)</li> <li>• HIV testing efforts</li> <li>• Linkage services for individual with known HIV status</li> <li>• Attendance by PLWH at first medical care appointment</li> <li>• Education provided (in the customer's record), indicating:               <ol style="list-style-type: none"> <li>a. Date of session</li> <li>b. Duration of session</li> <li>c. Name and title of the group, if applicable</li> <li>d. Topics discussed</li> <li>e. Summary of activities conducted</li> <li>f. Goals and objectives selected and achieved during the session(s)</li> </ol> </li> <li>• Referrals and linkages for PrEP (for HIV-negative customers)</li> <li>• Referrals and linkages for HIV risk reduction</li> </ul>
<p>Outreach activities must be:</p> <ul style="list-style-type: none"> <li>• Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplicate efforts</li> </ul>	<p>Documentation of:</p> <ul style="list-style-type: none"> <li>• The definition(s) of the focus population(s) and the data used to substantiate targeting them</li> </ul>

<ul style="list-style-type: none"> <li>• Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection</li> <li>• Targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior</li> <li>• Conducted at times and in places where there is a high probability that PLWH will be reached</li> <li>• Tailored to meet the specific need(s) of the focus population(s), (e.g., language, literacy level, culture, gender, risk factors, etc.) and use innovative technology, branding, and/or marketing strategies to increase the focus population’s awareness of the program</li> </ul> <p><b>Note: Outreach Services must not include outreach activities that exclusively promote HIV prevention education.</b></p> <p>Outreach Services may be provided in an individual or in small-group settings but cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.</p>	<ul style="list-style-type: none"> <li>• Outreach encounters that includes customer contact information, demographics, risk factors, HIV/STI/viral hepatitis testing status &amp; history, engagement in care, referrals &amp; linkages provided, and relevant notes</li> <li>• Group-level interventions: sign-in sheet, agenda, and curriculum/a</li> <li>• Individual-level interventions: intake form, including customer contact information, checklist of topics discussed, and session notes</li> <li>• A calendar of planned outreach events</li> <li>• Outreach services being planned and delivered in coordination with local HIV prevention outreach program to avoid duplicate efforts</li> <li>• Evidence demonstrating the effectiveness or promise of tailored approach with the chosen focus population(s)</li> <li>• Outreach materials targeted to various high-risk populations and the outreach method(s) used (posters, flyers, billboards, social media, TV, or radio announcements)</li> </ul>
<p>Outreach Services funds may be used for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.</p>	<p>Documentation of:</p> <ul style="list-style-type: none"> <li>• Targeted HIV testing</li> <li>• Documentation of RW funds used to purchase HIV tests</li> </ul>
<p>Outreach programs must be designed to:</p> <ul style="list-style-type: none"> <li>• Operate under a structured referral process, ensuring that customers are referred to early intervention programs or other designated intake sites</li> <li>• Conduct quantified program reporting of activities and results</li> <li>• Provide education and information to customers about health care coverage options</li> </ul>	<p>Documentation of:</p> <ul style="list-style-type: none"> <li>• Referral and linkages policies and procedures</li> <li>• Data collection and reporting policies and procedures</li> <li>• Healthcare coverage obtained for customer or organization referred for such activity</li> </ul>

#### IV. 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.

At minimum, Outreach staff will be able to provide linguistically and culturally appropriate care for people living with HIV and complete documentation as required by their positions. Outreach staff will complete an agency-based orientation before providing services. Outreach staff will also be trained and oriented regarding customer confidentiality, stigma, and Health Insurance and Accountability Act (HIPAA) regulations.

Front-line outreach must have a high school diploma or general educational diploma (GED) and at least one year of experience working with PLWH or at high risk of HIV acquisition. Supervisory staff must be degreed or licensed in the fields of health, social services, or mental health or possess equivalent experience.

Newly hired outreach staff must complete the following training within 180 calendar days of hire:

- HIV 101

- Outreach policies and procedures
- Infection control/bloodborne pathogens
- Patient confidentiality & HIPAA
- Cultural and linguistic competency
- Referral and linkage processes

All outreach staff must also complete 6 hours of continuing education on HIV/AIDS annually.

## V. CLINICAL QUALITY MANAGEMENT

A continuous Clinical Quality Management Program for HIV patient care. Please refer to Policy Clarification Notice (PCN) #15-02 (updated 09/01/2020).

## VI. APPROVAL & SIGNATURES

This service standard has been reviewed and approved on October 18, 2021. The next annual review is October 18, 2022.



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