

HIV/AIDS, Hepatitis, STD and TB Administration

LINGUISTICS 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

Linguistic Services Description: Linguistic Services include interpretation and translation activities, both oral and written, to eligible customers. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the customer. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services. Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Key Activities

- Eligibility determination
- Providing linguistically appropriate services
- Assessment of interpretation and/or translation needs
- Coordinating use of volunteers

II. INTAKE, ELIGIBILITY & ANNUAL RECERTIFICATION REQUIREMENTS

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 client eligibility for Ryan White Services.

A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting viral load.

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 applicant (past 30 days)
- Letter from another government agency addressed to applicant
- 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 or facility

3. **Income:** Client income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the applicant and any household members for whom applicants have legal responsibility. For each income source the applicant must indicate the gross amount, how often the income is received, and whether it is your 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 applicant projecting current annual income must be included
- Copy of the tenant's lease showing client 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 applicant

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

ASSESSMENT/PROVISION OF SERVICES	
Standard	Measure
Providers must assure the competence of language assistance provided to customers limited in English proficiency by interpreters and bilingual staff. Family and friends should not be used to provide translation services (except on request by the customer).	Providers document access to services for customers with limited English skills through the following: - For bilingual staff, résumés on file demonstrating bilingual proficiency and documentation on file of training on the skills and ethics of interpreting - Copy of certifications on file for contract or volunteer interpreters - Listing/directories on file for telephone services - Family/friend interpretation consent form signed by the client and maintained in client's file.
Providers ensure access to services for customers with limited English skills in one of the following ways: - Bilingual staff who can communicate directly with customers in preferred language	Documentation of services

<ul style="list-style-type: none"> ○ - Face-to-face interpretation provided by qualified staff, contract interpreters, or volunteer interpreters ○ Telephone interpreter services. If a customer chooses to have a family member or friend as their interpreter, the provider must obtain a written and signed consent. The family member or friend must be able to communicate fluently in both English and the native language of the client. 	
Working collaboratively with the customer and/or customer's support person, the provider conducts an assessment of customers interpretation and/or translation needs	The Provider will document assessment in the customer's file and progress notes.
The provider conducts an assessment of customer's interpretation and/or translation needs or when there is an access barrier.	<p>Linguistic Services Records include:</p> <ul style="list-style-type: none"> - Date client received assistance - Type of provider requesting and receiving service - Type of service provided - Documentation that client meets Eligibility criteria <p>Documentation on progress notes that customer received services</p>
Working collaboratively with the customer and/or customer's support person, the provider assesses the appropriate method to access interpretation services.	Chosen method is documented in the customer's file and progress notes.
The Provider and customer identify appropriate method to access services (i.e., telephone interpretation, bilingual staff member, etc.).	Chosen method is documented in the customer's file and progress notes.
Volunteers will receive appropriate orientation, training, and supervision.	<p>Orientation curriculum on file at provider agency. Orientation curriculum reviewed by IDPH prior to implementation. Evidence of:</p> <ul style="list-style-type: none"> - Volunteer Application - Training - Supervision Signed and dated form on file that outlines responsibilities, obligations, and liabilities of each volunteer
All volunteers will be given orientation prior to providing services.	Documentation on of orientation on file
All volunteers will be supervised by qualified program staff	Providers will maintain a release of information signed by the customer
Provider must obtain a written and signed release of information.	Signed release of information is present in the customer's file.
<p>Linguistic Services records will reflect compliance with the standards outlined above. Records should be complete, accurate, confidential, and secure</p> <p>Provider should have information to the jurisdiction's language access line</p>	<p>Signed release of information is present in the customer's file.</p> <p>Linguistic Services Records include:</p> <ul style="list-style-type: none"> - Date customer received assistance - Type of provider requesting and receiving service

	- Type of service provided - Documentation that customer meets Eligibility criteria Documentation on progress notes that customer received services
Provider will ensure that customer is accompanied to Specialty Care visit if needed for interpretation/translation purposes	Documentation on progress report of services provided
Case Closure	
Case will be closed if customer: <ul style="list-style-type: none"> • Has met the service goals • Decides to transfer to another agency • Needs are more appropriately addressed in other programs • Moves out of the EMA • Fails to provide updated documentation of eligibility status thus, no longer eligible for services • Fails to maintain contact with the insurance assistance staff for a period of three months despite three documented attempts to contact customer • Can no longer be located • Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan • Exhibits pattern of abuse as defined by agency's policy • Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program 	Documentation of case closure in customer's record with clear rationale for closure Documentation of discharge plan and summary in customer's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable. <u>Documentation:</u> Customer's record must include: <ul style="list-style-type: none"> • Date services began • Special customer needs • Services needed/actions taken, if applicable • Date of discharge • Reason(s) for discharge • Referrals made at time of discharge, if applicable

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. Agencies are also responsible for maintaining documentation of the appropriate education, qualifications, training, and experience in personnel files.

Interpreters, Translators and Volunteers: Résumés on file demonstrating bilingual proficiency and documentation on file of training on the skills and ethics of interpreting. Copy of certifications on file for contract or volunteer interpreters

Family/friend interpreters/translators: Family/friend interpretation consent form signed by the customer and maintained in customer's file

Sixteen hours of training/education in HIV/AIDS is required annually. Ongoing training on changes to benefit program and their eligibility, such as Medicare, Medicaid, SSI, SSDI, Ryan White etc. is also required annually. Documentation of

completion of required trainings must be kept in the Health Educators/Risk Reduction Counselors, Community Health Workers, Eligibility/Intake Specialist's personnel file.

IX. CLINICAL QUALITY MANAGEMENT

Include at least one performance measure in the clinical quality management program for the service. Please refer to Policy Clarification Notice (PCN) #15-02 (updated 11/30/2018).

X. APPROVAL & SIGNATURES

This service standard has been reviewed and approved on January 2, 2024. The next annual review is July 31, 2025.



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