

HIV/AIDS,

Hepatitis, STD and TB Administration (HAHSTA)

Other Professional Services/Legal Services/ Permanency Planning

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

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Services include:

1. Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
 - ☐ Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - ☐ Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
 - ☐ Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
2. Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - ☐ Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - ☐ Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
3. Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

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 CD4 count and 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, facility or a letter from landlord that customer is a resident
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

Other professional services need to be directly necessitated by an individual's HIV/AIDS serostatus and/or related to accessing core or support services. These services may include:

Standard	Measure
Preparation of powers of attorney and/or living wills	Documentation of power of attorney and or living will on file
Interventions necessary to ensure access to eligible benefits, (discrimination or breach of confidentiality litigation as it related to services necessitated by the individual	Documentation of utilized interventions on file
Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS. Permanency planning includes the provision of social service counseling or legal counsel regarding: <ol style="list-style-type: none"> 1. Drafting of wills or delegating powers of attorney 2. Preparation of custody options for legal dependents including standby guardianships, joint custody or adoption 	Documentation of Permanency Planning on file: <ol style="list-style-type: none"> 1. Documentation of power of attorney and/or will on file 2. Documentation of custody options for legal dependents

Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits or when required as part of a legal allowable intervention	Documentation of income tax preparation service provided
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Funding for other professional services may not be used for any criminal defense or for class-action suits unrelated to access to services eligible for funding under the Ryan White Program.

TRANSITION & DISCHARGE	
Standard	Measure
<p>Customer discharged when Other Professional services are no longer needed, goals have been met, upon death or due to safety issues.</p> <p><u>Prior to discharge:</u> Reasons for discharge and options for other service provision should be discussed with customer. Whenever possible, discussion should be occurring face-to-face. If not possible, provider should attempt to talk with customer via phone. If verbal contact is not possible, a certified letter must be sent to customer's last known address. If customer is not present to sign for the letter, it must be returned to the provider.</p> <p><u>Transfer:</u> If customer transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If customer moves to another area, transferring agency will make referral for needed services in the new location.</p> <p><u>Unable to Locate:</u> If customer cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the customer's last known mailing address within five business days after the last attempt to notify the customer. The letter will state that the case will be closed within 30 days from the date on the letter if an appointment with the provider is not made.</p> <p><u>Withdrawal from Service:</u> If customer reports that services are no longer needed or decides to no longer participate in the Service Plan, customer may withdraw from services. Because customers may withdraw for a variety of reasons it may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the customer's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency customers should be referred to appropriate agencies.</p> <p><u>Administrative Discharge:</u> Customers who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a customer for this reason, the case must be</p>	<p>Documentation of discharge and summary in customer's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable.</p> <p><u>Documentation:</u> Customer's record must include:</p> <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

reviewed by the leadership according to that agency's policies. Customers who are discharged for administrative reasons must be provided written notification of and reason for the discharge and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the customer's last known mailing address within five business days after the date of discharge, and a copy must be filed in the customer's chart.	
CASE CLOSURE	
Standard	Measure
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 ● 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 ● Is deceased 	Documentation of case closure in customer's record with clear rationale for closure

IV. PERSONNEL QUALIFICATIONS

All legal counsel services must be performed by trained professional staff. Attorneys must have current licensure and hold certification through the Boards and Commissions and Bar Association in DC, Maryland, Virginia or West Virginia.

- Expected Practice: Personnel files/resumes/applications for employment reflect requisite experience and education.

Paralegal staff or other employees must be qualified to hold the position in which they are employed. Non-licensed staff must be supervised by a licensed attorney.

- Expected Practice: Personnel files/resumes/applications for employment reflect requisite experience and education. Supervisory records are kept on file.

Other professional must be certified to perform the service required. For tax preparation, the individual should be a licensed Certified Public Accountant, a Tax attorney or a Register tax return preparer with an IRS Tax Preparer certificate.

- Expected Practice: Professional contract or personnel file.

V. CUSTOMER RIGHTS & RESPONSIBILITIES

CUSTOMER RIGHTS & RESPONSIBILITIES	
Standard	Measure

<p>Services are available and accessible to any individual who meets program eligibility requirements.</p> <p>All providers shall be in compliance with all applicable federal, state, and local antidiscrimination laws and regulations, including but not limited to the American's with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting on the basis of the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or HIV.</p> <p>Each provider shall make available to customers the process for requesting interpretation services, including American Sign Language.</p>	<p>Written eligibility requirements and nondiscrimination policy on file</p>
<p>Customer Rights and Responsibilities policy exists which requires each customer to sign & date form indicating acknowledgment of being offered: a) explanation of the policy and b) copy of Customer Rights and Responsibilities and to communicate customer's understanding of the policy</p>	<p>Written policy on file</p>
<p>Explanation of Customer's Rights and Responsibilities is provided to each customer. Customer rights include:</p> <ul style="list-style-type: none"> • Be treated with respect, dignity, consideration, and compassion • Receive services free of discrimination • Refuse services and receive a full explanation of the consequences of refusing services • Be informed about services and options available • Actively participate in developing, implementing, coordinating, and monitoring of their individual service plans • Reach an agreement about the frequency of contact the customer will have either in person or over the phone • File a grievance about services received/denied or rights violations • Not be subjected to physical, sexual, verbal and/or emotional abuse or threats • Voluntary withdrawal from the program • Have all records be treated confidentially • Receive complete and accurate information about services received • Have information released only when: 1) A written release of information is signed; 2) A medical emergency exists; 3) There is an immediate danger to the customer or others; 4) There is possible child or elder abuse; or 5) Ordered by a court of law <p>Customer responsibilities include:</p> <ul style="list-style-type: none"> • Treat other customers and staff with respect and courtesy • Protect the confidentiality of other customers 	<p>Current Customer's Rights and Responsibilities form signed and dated by customer and located in customer's record</p>

<ul style="list-style-type: none"> ● Actively participate in developing, implementing, coordinating, and monitoring of their individual service plan ● Notify the agency of any concerns or changes in needs ● Provide complete and accurate insurance, medical, financial, and other eligibility information ● Make and keep appointments, or when possible to phone to cancel or change an appointment time ● Stay in contact with the agency by informing the agency of change in address and phone number, as well as responding to phone calls and mail ● Not subject the agency's staff to physical, sexual, verbal and/or emotional abuse or threats ● Keep illegal drugs, alcohol and weapons off agency property ● Follow the procedures as outlined for grievances against any services, agency, or agency employee 	
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VI. GRIEVANCE PROCESS

The agency will have a written customer grievance policy, which is reviewed with the customer and provided in hard copy in a language and format the customer can understand.

GRIEVANCE PROCESS	
Standard	Measure
<p>Grievance policy, which requires each customer to sign & date, indicating their acknowledgement of being offered: a) an explanation of the policy, and b) copy of the policy and to communicate customer's understanding of it.</p> <p>Policy shall describe the process for resolving customer grievances, including identification of whom to contact and applicable timelines.</p> <p>Policy shall be available in languages and formats (e.g., for persons with disabilities) appropriate to populations served.</p>	<p>Written grievance policy on file, available in languages and formats appropriate to populations served</p>
<p>Explanation of Grievance Procedure is provided to each customer. Customers may file a grievance if their request for services is denied or if they have any complaint or concern about the services received.</p>	<p>Current grievance policy form signed and dated by customer and located in customer's record</p>
<p>Grievance process shall be fair and expeditious for resolution of customer grievances.</p>	<p>Documentation of customer grievances, status, and resolution</p>

VII. CULTURAL & LINGUISTIC COMPETENCY

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 customer's preferred language or arrange for a certified interpreter. When providing medical services, the agency will arrange for a certified medical interpreter.

CULTURAL & LINGUISTIC COMPETENCY	
Standard	Measure
<p>Health services are culturally and linguistically competent, customer-guided and community based. At a minimum, provider's documentation should include:</p> <ul style="list-style-type: none"> • Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted • Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services • List of cultural competency trainings completed by staff 	<p>Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report</p>

VIII. PRIVACY & CONFIDENTIALITY

All providers must assure the customer that information provided by the customer or information obtained on behalf of the customer is confidential. All written and verbal communications regarding the customer will be maintained with strict confidentiality according to the policy of the agency and in accordance to the Health Insurance Portability and Accountability Act (HIPAA) requirements. There will be a private confidential office space for seeing customers.

PRIVACY & CONFIDENTIALITY (INCLUDING SECURING RECORDS)	
Standard	Measure
Customer confidentiality policy exists which include: 1) release of information requirements, and b) Health Insurance Portability and Accountability Act compliance were applicable.	Written customer confidentiality policy on file at provider agency
Customer's consent for release of information is determined.	Current <i>Release of Information</i> form signed and dated by customer and provider representative and located in customer's record. Each release form indicates who may receive the customer's information and has an expiration of not more than 12 months.
Each customer file is stored in a secure location. Electronic customer records are protected from unauthorized use.	Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are password protected with access limited to appropriate personnel.

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 09/01/2020).

X. APPROVAL & SIGNATURES

This service standard has been reviewed and approved on January 2, 2024. The next annual review is May 20, 2025.



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