



RYAN WHITE PART A (RWPA) HIV/AIDS PROGRAM  
LAS VEGAS TRANSITIONAL GRANT AREA (TGA)

**UNIVERSAL SERVICE STANDARDS**

<b>Drafted by Part A Recipient Office</b>	<b>Approved by Part A Planning Council</b>
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**IMPORTANT:** All Las Vegas Transitional Grant Area (TGA) service providers must adhere to the Universal Service Standards found herein, regardless of the Part A-funded service category.

In reviewing the items within this document, it is important to keep the following in mind:

- In addition to complying with these Universal Service Standards, subrecipients must adhere to the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), [National Monitoring Standards for Ryan White Part A Grantees: Program – Part A](#) and [National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B](#).
- HRSA/HAB standards take precedence over the Las Vegas TGA Service Standards.
- Items in these Universal Service Standards apply to all Part A-funded service categories.
- Additional program requirements are provided within each Service Standard by individual Service Category. These items are subject to change based on award and contract requirements.
- The Universal and all other Part A Service Standards are living documents and may change based on HRSA/HAB requirements, the needs of persons living with HIV (PLWH) in the Las Vegas TGA, and the services offered by community providers.

See Policy Clarification Notice (PCN) [#16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds](#)

**Overview/Purpose**

The federal Ryan White Program is funded through the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) and works with cities, states, and local community-based organizations to provide HIV-related services to more than half a million people annually. The Ryan White program is for those who do not have sufficient health care coverage or financial resources for accessing HIV care and treatment services. The Ryan White Program fills gaps in care not covered by other funding sources.

The Ryan White Part A program provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) most severely impacted by the HIV/AIDS epidemic. The Las Vegas Transitional Grant Area (TGA) is committed to ensuring that appropriate and adequate services funded under Ryan White Part A meet the needs of eligible persons living with HIV, that access is available to care and Part A services, and that all funded programs provide a standardized system of service delivery to all eligible and enrolled clients. These service standards align with current Public Health Service (PHS) Guidelines and the HRSA service standards & performance measure portfolio to ensure the highest quality of services.

The Universal Service Standards apply to all programs regardless of the Service Category type provided. These are the basic standards that all clients should expect when applying for and receiving a Ryan White Part A funded service in the TGA. Additional service standards do apply based on specific service category requirements and are in addition to these Universal Service Standards.

**Key Definitions**

The Las Vegas TGA has designated the following definitions in an effort to standardize language across all programs for both the communities being served and the agencies providing services. As used herein, the term:

Recipient refers to the Ryan White Part A HIV/AIDS Program-Las Vegas Transitional Grant Area-Clark County Social Service.

Client includes the terms “patient” and “consumer.”

Provider includes the terms “service provider,” “agency,” “organization,” and “subrecipient.”

**Minimum Requirements**

STANDARD	MEASURE
<b>1. Eligibility</b>	
<p>The following eligibility criteria is to be used for determining if a client is eligible for Part A services. This documentation must be verified during each eligibility assessment and re-assessment period. Every potential Part A client must have an initial eligibility assessment to ensure that they are eligible to receive a Part A service and will undergo an eligibility re-assessment every six months to ensure that the client’s status has not changed. All Part A clients must meet the following criteria, regardless of their service needs, to be eligible for Part A services:</p> <ol style="list-style-type: none"> <li>1. Proof of HIV Infection</li> <li>2. Proof of Residency</li> <li>3. Proof of Identification</li> <li>4. Proof of Household</li> </ol>	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Documentation in consumer record of all specified eligibility criteria</li> <li>• Documentation in consumer record of elements specified within each service category</li> </ul>

<ul style="list-style-type: none"> <li>5. Proof of Income Level</li> <li>6. Labs</li> <li>7. Insurance Eligibility or Exemption</li> <li>8. Existing Insurance Coverage</li> <li>9. Miscellaneous Provisions</li> </ul> <p>Although a client may be eligible for Part A services based on these general eligibility criteria, the specific service need that the client may be seeking may require additional eligibility criteria to be reviewed for service eligibility and availability of funds.</p>	
<b>2. Client Rights and Confidentiality</b>	
<p>All providers must complete the following items to ensure client rights and confidentiality for each Part A funded client receiving services. In addition, this documentation must be available upon request for program monitoring compliance by the Recipient designated staff:</p> <ul style="list-style-type: none"> <li>• The provider staff will attend HIPAA training, as well as State or County confidentiality trainings offered.</li> <li>• The provider will provide assurances for protection of client rights in the process of service provision.</li> <li>• The provider will provide assurances for protection of client confidentiality (in accordance with Nevada State law, as well as HIPAA) with regard to medical information transmission, maintenance, and security.</li> <li>• Providers who distribute checks on the client’s behalf will ensure that the agency name on the check does not indicate the words “HIV” and/or “AIDS”.</li> <li>• Providers will ensure that all correspondence to clients, including mail or faxes will not include the words “HIV” and/or “AIDS.”</li> <li>• The provider will provide assurances regarding the provision of culturally appropriate care to its clients. Specifically, provider staff must have appropriate training, supervision and/or experience with providing services to communities most affected by the epidemic. These trainings may be provided within the provider’s organization, as well as other Recipient recommended trainings.</li> <li>• Providers must assure respect, confidentiality, and equal access to all Part A clients.</li> </ul>	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Documentation in consumer record of client rights and confidentiality agreements, consents, and releases</li> </ul>
<b>3. Grievance Procedures</b>	
All providers must ensure that:	<ul style="list-style-type: none"> <li>• Documentation in</li> </ul>

<ul style="list-style-type: none"> <li>• Each client receives a copy of a Ryan White grievance procedure upon eligibility and enrollment as a Part A client. The grievance procedure will clearly indicate the process of filing a grievance regarding a Part A service(s), with final appeal reviewed by the Part A Recipient office.</li> <li>• Grievance procedures will be signed by each client with a signed copy included in the client Part A file.</li> <li>• The grievance procedure will be reviewed with each client no less than two times per year.</li> </ul>	<p>consumer record of signed acknowledgement of grievance procedure</p> <ul style="list-style-type: none"> <li>• Record of consumer grievances</li> </ul>
<b>4. Access, Care Coordination, and Provider Continuity</b>	
<p>Providers will document the following regarding access to and continuity of care:</p> <ul style="list-style-type: none"> <li>• Care plans with timeframes for delivery of services</li> <li>• Procedures for making, receiving and tracking incoming and outgoing referrals</li> <li>• Procedures for providing feedback to referring providers when a client is referred from another provider.</li> <li>• All providers must verify that a client is currently in HIV primary medical care. Clients not currently in HIV primary medical care should be linked to or re-engaged to outpatient/ambulatory health services.</li> </ul> <p>All providers, regardless of service category, will ensure that care coordination among other Part A providers occurs to best meet the client’s needs and measure progress in the client’s care.</p> <p>All providers that provide financial assistance on behalf of eligible clients and services (i.e., utilities, rent, medications, health insurance assistance, etc.) must have procedures in place that ensure that no financial assistance, under any circumstances, will be made directly to a client. In the event that the original or part of the financial assistance payment is directly reimbursed by a third party to the client, a process to recover these funds must be enacted immediately.</p>	<ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Documentation in consumer records of care plans, services received, and resources given</li> <li>• Referral tracking system</li> <li>• Referrals to HIV primary medical care</li> <li>• Record of any third party payments to clients and attempts to recover funds</li> </ul>
<b>5. Fees</b>	
<p>All providers must adhere to the negotiated fees, as stated in the contract between the provider and the Part A Recipient. Any changes to fees, specifically for an increase, must receive prior approval by the Recipient in order to assure that the award can substantiate the increase</p>	<ul style="list-style-type: none"> <li>• Provider documentation of any changes in fees communicated to Part A Recipient</li> <li>• Record of fee change</li> </ul>

<p>in costs, as well as maintain access for eligible clients. Decreases in fees must also be reported so that expansion to serve more clients can be reviewed and implemented if applicable.</p>	<p>approval by Part A Recipient</p>
<p><b>6. Staffing</b></p>	
<p>All staff providing Ryan White Part A funded services will have the appropriate licensing, certification, and/or experience in the HIV field, as prescribed by each Part A-funded service category.</p>	<ul style="list-style-type: none"> <li>• Position descriptions</li> <li>• Documentation of appropriate medical degree, license, or certification</li> <li>• Training or in-service certificates/sign-in sheets</li> </ul>
<p><b>7. Program Data and Reporting</b></p>	
<p>Program data for each Ryan White Part A funded program must be collected and reported through CAREWare, the Ryan White client level data system. This data will be used to monitor program progress, as well as clinical outcomes. Data should also be reflected in the agency consumer record. Required data elements specific to each program are shown within each Service Standard.</p>	<ul style="list-style-type: none"> <li>• Documentation in Las Vegas TGA CAREWare</li> </ul>
<p><b>8. Provider Quality Management Plan</b></p>	
<p>All providers must have a written quality management plan, including quality improvement activities, methodology to identify quality improvement areas, and action steps to strategically improve the following:</p> <ul style="list-style-type: none"> <li>• Health outcome(s)</li> <li>• Patient care</li> <li>• Client satisfaction.</li> </ul> <p>Agencies should complete a consumer satisfaction survey at least every three years.</p>	<ul style="list-style-type: none"> <li>• Agency Quality Management Plan reviewed and approved by RWPA Quality Manager or designated staff</li> <li>• Agency consumer satisfaction survey results and implementation of feedback</li> </ul>

**Summary**

The Universal Service Standards listed in this document represent the foundation of service quality for the Ryan White Part A HIV/AIDS Program for the Las Vegas Transitional Grant Area. They outline the expectations to be followed by every funded Ryan White Part A program, provider, and service offered. Specific details and definitions are subject to change by HRSA or the Part A Recipient office. Care at the local level may be impacted by changes in legislation, funding, and available community resources. Coordination of care should occur at both the provider and Recipient levels, as well as other Ryan White Parts to ensure access to care, availability of service, and that the Part A HIV/AIDS Program is the payer of last resort.