

**HIV Health Services Planning Council
Sacramento TGA**

UNIVERSAL SERVICE STANDARDS

Date Approved: 06/26/18

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Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Council the following Universal Service Standards will apply to all Ryan White contracted subrecipients.

1.0 Intake and Eligibility		
Standard	Measure	Responsibility
1.1 Clients who qualify and meet eligibility requirements are actively enrolled in Ryan White funded services.	1.1 Documentation in client record or an active referral for service on file.	1.1 Subrecipient
<p>1.2 Agency will conduct a comprehensive intake and eligibility criteria must be verified and documented, including:</p> <ul style="list-style-type: none"> a. HIV-positive status* b. Resident of Sacramento TGA c. Income not greater than current service caps and limitations (PCN #13-02 person must be low-income to receive RW services) d. Insurance status** <p>*Once HIV status is verified, providers do not need to request HIV documentation during future recertifications.</p> <p>**Although insurance is not a program eligibility requirement, providers must screen all clients as Ryan White is payer of last resort. Providers should document</p>	<p>1.2 Documentation in client record or an active referral for service on file.</p> <p>1.2.a. HIV-positive Status: At the first certification, clients must provide proof of HIV-positive status. This must consist of at least one of the following:</p> <ul style="list-style-type: none"> o HIV positive lab results (antibody test, qualitative HIV detection test, or detectable viral load). Lab results with undetectable viral loads that do not indicate a positive HIV diagnosis will not be accepted during initial enrollment as proof of positive HIV diagnosis. <ul style="list-style-type: none"> • <i>Note: Rapid linkage to care after diagnosis is a top priority and this is not intended as a barrier; while agencies must have proof of HIV diagnosis and eligibility established before providing Ryan White-funded services, there is no legislative requirement for a “confirmed” HIV diagnosis prior to care (i.e.</i> 	1.2 Subrecipient

their efforts to enroll clients in comprehensive health care coverage.

initial HIV screening test results is sufficient, though confirmatory testing should be ordered on first visit. See [clarifying letter from HRSA on this issue](#).

- o Letter from the client’s physician or licensed health care provider. Acceptable letters of diagnosis must be on the physician’s or health care provider’s letterhead with the National Provider Identifier (NPI) number or California license number, and the physician’s or a licensed health care provider’s signature verifying the client’s HIV status.
 - Letters already in client charts that do not meet this standard are grandfathered in; this requirement for letters applies to new intakes conducted after April 1, 2018.
- o [Diagnosis Form \(CDPH 8440\)](#) completed and signed by the client’s physician or licensed health care provider. Any diagnosis form that contains pertinent information is also allowed.

1.2.b. **Residency:** Acceptable residency verification consists of the client’s name and address on one of the following:

- o California driver’s license or California Identity Card
- o Letter from a shelter, social service agency, or clinic verifying individuals’ identity, length of residency, and location designated as their residence. The letter must be on letterhead and signed by a staff person affiliated with the service agency or clinic
- o Dated within the last 30-days:

	<ul style="list-style-type: none"> • California rent or mortgage receipt • Current utility bill with the service address listed in California (a cell phone bill is not acceptable) • Employment paycheck stub <p>○ Dated within one year:</p> <ul style="list-style-type: none"> • Rental/lease agreement or annual lease renewal documentation • Voter registration card • Vehicle registration (not expired) • W-2 or 1099 (prior tax year documents will be accepted until February 15th. After February 15th, only current tax year documents will be accepted.) • Social Security/Disability Award Letter (SSI, SSDI) • California Employment Development Department (EDD) award letter • Filed State or Federal tax return • Public housing letter on official letterhead from Housing and Urban Development (HUD) or a county agency • Notice of Action from the Department of Health Care Services • Medi-Cal beneficiary letter • School records • Property tax receipt • Unemployment document <p>1.2.c. Income: Clients must provide documentation of all forms of income</p>	
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	<p>and meet the income requirements. Ryan White financial eligibility defines income eligibility as clients with modified adjusted gross income which does not exceed 500 percent of the federal poverty level per year based on family size and household income.</p> <p>Acceptable income verification includes one of the following:</p> <ul style="list-style-type: none">o Pay stubs documenting three current consecutive months of income<ul style="list-style-type: none">• Three consecutive months of current paystubs, or• If employed more than one year, one paystub showing Year-To-Date (YTD) earnings that includes at least three months of income, or• If employed less than one year, one paystub showing YTD earnings that includes at least three months of income and lists the employment start dateo Private disability award letter (dated within one year)o Supplemental Security Income (SSI) award letter (dated within one year)o Social Security Disability Income (SSDI) award letter (dated within one year)o Bank statement showing direct deposit of Unemployment Insurance, SSI/SSDI benefits. Statement must be dated within one month and clearly identify the deposit/income source (e.g., US Treasury, SSA)o State Disability Insurance (SDI) award letter (dated within one year)o Social Security Retirement Benefit award letter (dated within one year)	
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	<ul style="list-style-type: none"> o Retirement/Pension award letter (dated within one year) o Unemployment Insurance (UI) award letter (dated within one year) o Spousal support court documentation o Worker’s Compensation award letter (dated within one year) o Investment income documentation (e.g., statement or portfolio summary dated within one month) o Veteran’s Administration Benefits (VA) award letter (dated within one year) o Rental income documentation (e.g., a signed rental agreement dated within the last year or three current bank statements showing rental income deposits) o If self-employed, provide ADAP Self-Employment Affidavit form – CDPH 8726. o If no other methods of verification are possible, letter, form, or affidavit signed and dated by the client that indicates zero income, or attests to earned income not otherwise confirmed by the above. <p>1.2.d. Insurance: Clients seeking any services through Ryan White-funded programs must provide documentation of health insurance status. Acceptable verification includes one of the following:</p> <ul style="list-style-type: none"> o Copy of current insurance card, including Medi-Cal Beneficiary Identification Card (BIC) if applicable o Dated screenshots of client insurance status verification using an official insurance screening system o Denial letter from Medi-Cal o Statement signed and dated by the 	
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	client indicating they are not covered by insurance. If client is employed, the statement must include the reason the employer does not provide insurance	
1.3 Agency will notify clients, related agencies, and Recipient of current services, caps, and eligibility restrictions.	1.3 Procedure to ensure distribution of completed Service Matrix or equivalent to clients, related agencies and Recipient in place.	1.3 Subrecipient
1.4 Agency will ensure documentation of client demographic information including unique identifier, name, DOB, SSN, race, ethnicity, gender, mode of transmission, HIV status, current address, income, insurance sources, and evidence of care as defined by Recipient.	1.4 Documentation of client level data will be found in each client file.	1.4 Subrecipient
1.5 Agency will ensure client signs and receives copies of the Client's Rights and Responsibilities, ARIES Share Form, Release of Information, Grievance Procedure and other required program documentation.	1.5 Documentation in client file.	1.5 Subrecipient

2.0 Key Services Components and Activities

Standard	Measure	Responsibility
2.1 Agency has a Drug-Free Workplace policy.	2.1 Written drug-free workplace policy on file.	2.1 Subrecipient
2.2 Agency has a policy of non-discrimination in regards to hiring and service delivery.	2.2 Written non-discrimination policy on file.	2.2 Subrecipient
2.3 Agency has a process in place for the recapture of funds when other payer sources are identified or client eligibility has changed.	2.4 Written policy on file.	2.3 Subrecipient
2.4 Subrecipient has policy for regularly scheduled performance evaluations.	2.4 Documentation of evaluations on file.	2.4 Subrecipient

2.5 Agency will have a procedure to make linkages to other Ryan White services or other community services.	2.5 Description of process and examples of referrals made.	2.5 Subrecipient
2.6 Agency will notify clients of current services, caps, and eligibility restrictions.	2.6 Procedure to ensure distribution of completed Service Matrix or equivalent to clients.	2.6 Subrecipient
2.7 Agency will notify clients of any recipient approved changes to current program benefits prior to implementation.	2.7 Communicate changes sent to clients regarding program benefits will be on file.	2.7 Subrecipient
2.8 Agency will ensure appropriate staff receives initial training and ongoing education regarding the use of the SHARE database.	2.8 Proof of User IT Agreements; Client intake manual available at worksite.	2.8 Subrecipient
2.9 Appointments must be offered no later than 10 calendar days from the first client referral.	2.9 Written policy on file.	2.9 Subrecipient

3.0 Personnel Qualifications *(Including licensure)*

Standard	Measure	Responsibility
3.1 Staff has the minimum qualifications, including licenses, certifications, and/or training expected and other experience related to the position.	3.1 Resumes, licensures, certificates, or documentation of training and orientations will be in personnel file.	3.1 Subrecipient
3.2 All staff shall receive training and education to build knowledge of HIV/AIDS, including co-occurring conditions and the continuum of care for people living with HIV/AIDS.	3.2 Documentation of trainings completed and/or educational materials reviewed on an annual basis.	3.2 Subrecipient

4.0 Assessment and Service Plan

Standard	Measure	Responsibility
4.1 Within 30 days of initial client contact, clients will be assessed using an acuity scale.	4.1 Documentation in client file.	4.2 Subrecipient

4.2 Within 30 days of initial client contact, a Care Plan, Individual Service Plan, or other “planning” document, signed by the client, will be completed identifying goals, objectives and a timeline, to address the client’s needs.	4.2 Documentation of Care Plan or Individual Service Plan in client file.	4.2 Subrecipient
4.3 Six-month reassessment of the client’s level of care needs using an acuity scale.	4.3 Documentation in Client File.	4.4 Subrecipient
4.4 Clear documentation of client outcomes in the Client Plan of Care, Individual Service Plan, or other “planning” document with revisions, a <i>minimum</i> of every six months, reflective of changing client needs.	4.4 Documentation in Client File.	4.5 Subrecipient

5.0 Case Closure and Transfer or Discharge Protocol

Standard	Measure	Responsibility
5.1 Sub-recipient has a procedure in place to guide transfer of client or case closure.	5.1 Documentation in case file of reason for discharge, notification of client and appeals process.	5.1 Subrecipient

6.0 Client Rights and Responsibilities

Standard	Measure	Responsibility
6.1 Agency has written policies outlining Client Rights and Responsibilities.	6.1 Documentation of Clients Rights & Responsibilities Policy signed by client.	6.1 Subrecipient

6.2 Agency will accommodate special needs clients as specified by the Americans with Disabilities Act guidelines. www.ada.gov .	6.2 Agency will provide documentation of any requests made and how request was accommodated.	6.2 Subrecipient
7.0 Grievance Process		
Standard	Measure	Responsibility
7.1 Sub-recipient Policy and Procedure for grievances.	7.1 Agency Written Policy and Procedure.	7.1 Subrecipient
7.2 Grievance Procedure visibly posted in client areas.	7.2 Posted Grievance Procedure.	7.2 Subrecipient
7.3 Client Signs Acknowledgment of Grievance Process.	7.3 Documentation in client file signed by client.	7.3 Subrecipient
8.0 Cultural and Linguistic Competency		
Standard	Measure	Responsibility
8.1 Staff providing direct services to clients shall receive training and education to build cultural competence.	8.1 Documentation of trainings completed and/or educational materials reviewed on an annual basis.	8.1 Subrecipient
8.2 Clients with language barriers will have access to language appropriate resources and services.	8.2 Staff will have resources available in the primary language used by their clients or will have a contact list for obtaining linguistically appropriate resources and services for their clients.	8.2 Subrecipient

9.0 Privacy and Confidentiality (including securing records)		
Standard	Measure	Responsibility
<p>9.1.a. Agency will develop, implement, maintain and use, at its own expense, such appropriate administrative, technical and physical safeguards as may be required to protect client confidentiality.</p> <ol style="list-style-type: none"> 1. Confidentiality policy exists. 2. Data privacy practices such as encryption, passwords, screen savers, shared network drives or other mechanisms will be used. 3. Client records will be stored in a secure and confidential location. 	<p>9.1.a.</p> <ol style="list-style-type: none"> 1. Written policy on file. 2. Written policy on file. 3. All records will be double lock protected with access limited to appropriate personnel. 	<p>9.1. Subrecipient</p>
<p>9.1.b. Maintain compliance with HIPAA and or HIV Confidentiality Laws, preserve integrity and confidentiality, and prevent disclosure of personal health information. A release of information will be signed by the client prior to exchange information with other providers.</p>	<p>9.1.b. Written HIPAA policy and standardized release form(s) on file.</p>	<p>9.1.b. Subrecipient</p>
<p>9.2 Agency will provide a confidential meeting space.</p>	<p>9.2 Review of confidential space.</p>	<p>9.2 Recipient/ Subrecipient</p>
<p>9.3 Agency will ensure client there is a valid Release of Information on file for each client.</p>	<p>9.3 Documentation in client file signed by client.</p>	<p>9.3 Subrecipient</p>

10.0 Recertification Requirements

Standard	Measure	Responsibility
<p>10.1</p> <p>Eligibility must be determined at initial enrollment and certified at the client's birthdate and every year thereafter to align recertification with the AIDS Drug Assistance Program.</p>	<p>10.1 Documentation in client file.</p>	<p>10.1 Subrecipient</p>
<p>This change may require two eligibility determinations within the client's first year of service as indicated below:</p>		
<p>Client Birthdate</p>	<p>Initial Enrollment Date</p>	<p>First Recertification Occurs</p>
<p>January 15</p>	<p>April 15, 2022</p>	<p>January 15, 2023</p>
<p>April 15</p>		<p>April 15, 2023</p>
<p>July 15</p>		<p>July 15, 2023</p>
<p>October 15</p>		<p>October 15, 2023</p>
<p>Subsequent recertification would occur every 12 months thereafter on the client's birthdate.</p>		
<p>10.2 Subrecipients should adopt practices to periodically check for changes in client's income and residency throughout the year.</p>	<p>10.2 Documentation in client file.</p>	<p>10.2 Subrecipient</p>

11.0 Fiscal Responsibility		
Standard	Measure	Responsibility
11.1 Providers must make reasonable efforts to secure non-Ryan White HIV/AIDS Program funds whenever possible for services to eligible clients (i.e., Ryan White must be the “payer of last resort”).	11.1 Documentation in client file.	11.1 Subrecipient
11.2 Ryan White funds are intended to support only the HIV-related needs of eligible individuals. An explicit connection must be made between any service supported with Ryan White funds and the intended client’s HIV status.	11.2 Documentation in client file.	11.2 Subrecipient
11.3 Ryan White funds may not be used to make cash payments to intended clients of Ryan White-funded services. This prohibition includes cash incentives and cash intended as payment for Ryan White core medical and support services. Other unallowable costs include: <ul style="list-style-type: none"> • Clothing • Employment and Employment-Readiness Services, • Funeral and Burial Expenses • Property Taxes • Pre-Exposure Prophylaxis (PrEP) • Non-occupational Post-Exposure Prophylaxis (nPEP) • Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual • International travel • Travel outside of California • The purchase or improvement of land • The purchase, construction, or permanent improvement of any 	11.3 Documentation in client file.	11.3 Subrecipient

building or other facility		
<p>11.4 Documentation of Need. Documentation of need is required in order for providers to pay for services covered or partially covered by Medi-Cal, Denti-Cal, private insurance, or other eligible benefits and retain Ryan White as the payer of last resort.</p>	<p>11.4 Documentation in client file.</p> <p>Client charts must include the following:</p> <ul style="list-style-type: none"> o A description of the need for additional medically necessary services, beyond what the client’s health care coverage or other benefits provide o Documentation indicating that such services are only partially covered or unavailable in a timely fashion through the client’s health care coverage or other benefits <p>Note: <i>Contractors and providers should be aware that Ryan White funds cannot be used to pay for services provided by a provider not in the client’s health care provider network, unless the medically necessary service cannot be obtained through an in-network provider.</i></p> <p>Reminder: All Ryan White-funded providers who provide services that overlap with Medi-Cal or Denti-Cal must be certified to receive Medi-Cal or Denti-Cal payments or are able to document efforts under way to obtain such certifications.</p>	<p>11.4 Subrecipient</p>
<p>11.5 Payer of Last Resort: Federal legislation states that Ryan White funds are the payer of last resort. This means that no Ryan White funds can be used for services that could reasonably be paid for or provided by another funding source. Providers are required to screen all clients for eligibility for other programs such as Medi-Cal, Denti-Cal, private insurance (including Covered</p>	<p>11.5 Documentation in client file.</p>	<p>11.5 Subrecipient</p>

California plans), Cal-Fresh (SNAP), etc. While there are limitations on when clients can sign up for Covered California as defined by open enrollment dates, providers should be aware that there are special enrollment periods for certain circumstances (e.g., divorce and loss employment). There are no restrictions when a person can sign up for Medi-Cal or Cal-Fresh as these programs have on-going enrollment. Providing benefits counseling to clients must involve working with eligibility workers from other programs to assist Ryan White clients with the process of signing up for those programs.

Ryan White legislation also states that other funding sources must be utilized prior to Ryan White funds being used. However, there are times that Ryan White funds can pay for services covered by other funding. To pay for services covered by Medi-Cal, Denti-Cal, private insurance or other programs, service providers must provide documentation of the need for additional services beyond what the client's health care coverage or other benefits provide or if an exception was made due to no currently available appointment with a provider. Funds cannot be used to pay for services from a provider not in the client's health care provider network, unless the medically necessary service cannot be obtained through an in-network provider.


Ryan White funds cannot pay for appointments missed by a client.

All providers of Ryan White services who are providing any the following services must be Medi-Cal / Denti-Cal providers (with exceptions outlined under Oral Health service standard section): Outpatient Ambulatory Health Services, Oral Health, Mental Health, Substance Abuse Outpatient Services, Substance Abuse Services (Residential).

The Department of Veterans Affairs (VA)

Ryan White-funded service providers may not deny services, including prescription drugs, to a veteran who is otherwise eligible to receive Ryan White-funded services. Providers may not cite the “payer of last resort” language to compel a veteran living with HIV to obtain services from the VA health care system or refuse to provide services. The VA system differs from other payers because of its unique structure as an integrated care system under which the VA may serve as both payer and provider. The VA is not an insurance or entitlement program. Providers should work with the local VA to ensure clients receive all needed core and support services. Ryan White funds can pay for services that are unavailable from the VA. For more information see [HRSA Policy Notice 16-01](#).

Indian Health Services (IHS) programs are exempt from the payer of last resort mandate. For more information see [HRSA Policy Notice 07-01](#).

Adopted: 
Richard Benavidez, Chair

Date: 05/25/22