CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) OFFICE OF AIDS (OA)
HIV CARE PROGRAM (HCP) STANDARDS OF CARE

Home and Community-Based Health Services

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1.0	*OA Workgroup*	*9/24/2018*	*Marjorie Katz*	*10/10/2018*	*First public working draft*

Table of Contents

Introduction

This document describes the "Home and Community-Based Health Services" service category of the California HIV Care Program (HCP), funded through the Ryan White HIV/AIDS Program (RWHAP) Part B. It serves as a supplement to the Common Standards of Care document also released by HCP.

This document highlights the requirements and standards that apply to Home and Community-Based Health Services, and must be followed by any provider receiving HCP (Ryan White Part B) funding for this service category.

How This Document is Organized

Within this document, the Standards of Care are described in terms of (1) Service Definition, and (2) Requirements.

Service Definition

HRSA Definition

Home and Community-Based Health Services are provided to a client living with HIV in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services. Services must be provided where the client resides such as own home, apartment or group home.

Key Activities

Key activities of Home and Community-Based Health Services include:

- Eligibility Screening/Intake;
- Comprehensive assessment and regular reassessment of the client's service needs;
- Development and ongoing revision of a comprehensive, individualized service plan;

- Service plan implementation, which may include:
    - Benefits and entitlements counseling and referral
    - Support service
    - Durable medical equipment
    - Home Health Aide and personal care services
    - Day treatment or other partial hospitalization services
    - Intravenous and aerosolized drug therapy
    - Diagnostic testing
    - Mental health, developmental, and rehabilitation services
- Re-evaluation of the service plan with the client at least every 6 months with revisions and adjustments as necessary; and
- Development of follow-up and discharge plans.

Objective

The objective of Home and Community-Based Health Services is to supply services in the home and prevent the need for hospitalization or entry into a skilled nursing facility while improving the quality of health for functionally impaired individuals with HIV.

Exclusions

Emergency room services, inpatient hospital services, nursing homes, and other long-term care facilities are not included as Home and Community-Based Health Services.

Units of Service

A Unit of Service (UOS) is a 15-minute contact between a client and a professional or para-professional service provider, or a single item of durable medical equipment.

Requirements

Provider Qualifications

Education / Experience / Supervision

Professional diagnostic, therapeutic, rehabilitation, and other treatment services under this service category must be provided by practitioners holding appropriate and valid California licensure or certification, including:

- Registered Nurse (RN)
- Licensed Vocational Nurse (LVN)
- Marriage and Family Therapist (MFT)

- Licensed Clinical Social Worker (LCSW)
- Physical Therapist (PT)
- Occupational Therapist (OT)

Monitoring

Provider qualifications – Compliance with minimum qualifications for all providers offering diagnostic and therapeutic services will be monitored by review of personnel files during site visits.

Paraprofessional staff may provide services appropriate for their level of training/education, as part of a care team under the supervision of a licensed or certified clinician. These include but are not limited to:

- Home Health Aides
- Attendants
- Homemakers

Paraprofessional staff should be experienced in providing the services required and have any certifications required by State regulations (e.g., Home Health Aide Certification issued by the State of California).

Individual supervision and guidance must be routinely provided to all staff.

Monitoring

Supervision and guidance by a clinician – Availability of supervision and guidance by a clinician for unlicensed providers will be monitored via discussion during site visits.

Staff Orientation and Training

Initial: All HCP-funded staff providing Home and Community-Based Health Services must complete an initial training session related to their job description and serving those with HIV. HIV training should be completed within 60 days of hire. Topics must include:

- General HIV knowledge such as transmission, care, and prevention.
- Privacy requirements and HIPAA regulations
- Navigation of the local system of HIV care including ADAP

Monitoring

Staff training – Knowledge and training related to HIV care for all staff will be verified through personnel file documentation of hire date, all trainings provided, and dates of trainings; these records must be available for review during site visits or upon request.

Ongoing: Staff must also receive ongoing annual training as appropriate for their position, including continuing education required by the State of California to maintain licensure. Training must be clearly documented and tracked for monitoring purposes.

Service Characteristics

Home and Community-Based Health Services must be offered in a way that addresses barriers to accessing needed care and uses resources to support clients remaining in their own homes as long as possible. All Home and Community-Based Health Services must include the Key Activities included in the Service Definition section of this document and be provided in an allowable integrated setting.

Orientation

Each new client enrolled in Home and Community-Based Health Services must receive an orientation to the services at the first visit; document this orientation in the client file.

Needs Assessment

The Home and Community-Based Health Services provider must conduct a comprehensive face-to-face needs assessment within 30 days of referral. The needs assessment may be conducted by a nurse, social worker, or other professional Home and Community-Based Health Services staff, and will describe the client's current status and inform the treatment plan. The needs assessment should include:

- Overall functional status
- Health status
- Medical care and providers
- Activities of daily living
- Mental health screening
- Substance use assessment/screening
- Income, benefits, and health insurance status

- Family/social support system
- Living situation/environment
- Partner services needs and options
- Other factors affecting ability of the client to access health and social services

Documentation: All client contacts, findings, procedures, diagnoses, education, and other information pertinent to client care must be recorded in the client chart.

Monitoring

Assessments – Performance of a timely initial assessment, along with complete documentation of assessment findings, and provision of applicable referrals/linkages, will be monitored via site visit chart review.

Comprehensive Service Plan

Frequency: A comprehensive service plan must be developed within 30 calendar days of the client's referral and re-evaluated at least every six months thereafter with adaptations as needed.

Requirements: Home and Community-Based Health Services providers developing an individualized treatment plan should ensure that the plan, at a minimum:

- Incorporates client input
- Identifies and prioritizes the client's home health care needs
- Incorporates the client's overall Care Plan, if available
- Is designed to address the client's medical, social, mental health, and environmental needs, including referral and linkage to other relevant providers (e.g., mental health providers, physicians, housing specialists)
- Specifies the types of services needed, and the quantity and duration of services
- Is signed and dated by the provider unless documented via the Care Plan in ARIES (in which case the responsible staff person should be indicated in the record)

The comprehensive service plan may include any combination of the following services:

Benefits and Entitlements Counseling and Referral: Clients should be provided with benefits and entitlements counseling and referral consistent with HRSA requirements. Counseling should include all federal, state, local, or manufacturer's assistance programs including ADAP, if eligible.

Supportive Services: Clients should be referred to case management and supportive services as appropriate.

Durable Medical Equipment: Services may include any durable medical equipment determined to be of therapeutic benefit to the client and prescribed by a medical provider.

Home Health Aide and Personal Care Services: Home Health Aides, Attendants, and Homemakers may monitor vital signs, support activities of daily living, and provide services such as meal preparation, grocery shopping, house cleaning, running errands, and accompanying clients to scheduled medical or related appointments.

Day Treatment or Other Partial Hospitalization Services: When appropriate, clients may utilize day treatment or other partial hospitalization services.

Intravenous and Aerosolized Drug Therapy: Services include provision of therapy as well as the prescription drugs administered as part of such therapy.

Diagnostic Testing: Services include performance of routine diagnostic testing performed by qualified staff.

Mental Health, Developmental, and Rehabilitation Services provided by qualified and licensed staff.

Monitoring

Service plan development – Development of comprehensive, individualized service plans will be monitored via review of client charts during in-person site visits, including whether paper plans are signed and dated by both client and provider. Service plans may be entered or uploaded to ARIES; however, this is not required.