

# Chicago Eligible Metropolitan Area Ryan White Part A Standards of Care

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Developed for the Chicago EMA by the Chicago Department of Public Health and the Public Health Institute of Metropolitan Chicago in collaboration with the Chicago Area HIV Integrated Services Council.

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# Introduction

The Chicago Eligible Metropolitan Area (EMA) Standards of Care provide Ryan White Part A sub-recipients with guidelines and expectations for care and service provision. Throughout 2018-19, Chicago Department of Public Health (CDPH) in collaboration with Public Health Institute of Metropolitan Chicago (PHIMC) and Chicago Area HIV Integrated Services Council (CAHISC) revised the Standards of Care utilizing a multi-stakeholder process that included clinical best practices, insight from similarly large EMAs, and provider and client input. These Standards of Care were developed thanks to the hard work of service providers and people living with HIV throughout the Chicago EMA. Their efforts have helped to ensure that people living with HIV receive the highest quality of care possible.

The Standards of Care represent Health Resources & Services Administration's (HRSA's) HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal- Part A and B; HIV/AIDS Bureau, Division of Metropolitan HIV Programs National Monitoring Standards for Ryan White Part A Grantees: Program- Part A; regulations established by the City of Chicago or State of Illinois; and industry norms.

## **Document Overview:**

This document consists of universal standards that apply to all service categories and standards that are specific to individual service categories. Each set of standards includes three components: program description, reference materials, and a table that contains numbered standards and corresponding methods of evaluation and documentation.

- The program description section includes an overview of the service category, general purpose, key activities, and service components
- The reference materials section highlights the original HRSA source
- The table presents each standard and the method of evaluation and documentation and is organized into the following sections: personnel, service delivery, policy and procedure, and facility. Please note that service categories may not have standards related to all four sections. The standard is a clear statement of the sub-recipient's responsibility, while the corresponding method of evaluation and documentation provides guidance on how the sub-recipient is expected to document compliance with the standard.

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: *"Required by HRSA April 2013"* or *"Aligns with HRSA April 2013."* An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA.

## **Use & Maintenance:**

CDPH utilizes the Standards of Care in conjunction with contracts and fiscal monitoring standards to guide the quality of service delivery and program monitoring. Sub-recipient agencies are expected to adhere to all universal and service category standards and, upon request, provide CDPH with verification of compliance.

CDPH is primarily responsible for maintaining the Standards of Care. Dates on each set of standards indicate when standards were last reviewed. As standards are reviewed and revised, dates should be updated accordingly. An approval date indicates when the Standards of Care were initially approved for use within the Chicago EMA. Review dates indicate the last time the standards were reviewed. A revision date indicates when revisions were made and approved for use within the Chicago EMA. It is imperative that sub-recipient agencies notify CDPH of changes to industry norms that may impact the relevance and efficacy of this document, and that these standards regularly be reviewed by the community planning council, CAHISC.

# Universal Standards

Approved June 2019

**Program Description:**

The universal standards apply to all service categories.

**Reference Materials:**

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “Required by HRSA April 2013” or “Aligns with HRSA April 2013.” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing HRSA April 2013, the standard and method of evaluation and documentation are requirements in the Chicago EMA.

Refer to the following links to access the reference materials.

- HRSA/HAB Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal- Part A and B, April 2013 <https://hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf>
- HRSA/HAB Division of Metropolitan HIV Programs National Monitoring Standards for Ryan White Part A Grantees: Program Monitoring Standards- Part A, April 2013 <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Access</b>	
<p>1.1 Agency conducts outreach to inform the following about availability of HIV related services and how to access them:*</p> <ul style="list-style-type: none"> <li>• Key points of entry*</li> <li>• Underserved populations</li> <li>• Economically disadvantaged populations*</li> <li>• Geographically isolated populations</li> <li>• Disabled populations</li> </ul> <p><i>*Required by HRSA Universal Monitoring Standards April 2013, section A5 and HRSA Part A Program Monitoring Standards April 2013, sections F2 and H2f.</i></p>	<p>Written documentation of activities that promote information related to the availability and access of HIV services.</p> <p>Examples may include the following:</p> <ul style="list-style-type: none"> <li>• Copies of HIV program materials that promote services and explain eligibility requirements</li> <li>• Documentation of written referral relationships and linkage agreements with key points of entry</li> </ul> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section A5 and HRSA Part A Program Monitoring Standards April 2013, sections F2 and H2f.</i></p>

<p>1.2 Agency provides services to clients regardless of the individual’s ability to pay.</p> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section A2.</i></p>	<p>Written documentation confirms that existing billing, collection, co-pay, schedule of charges, and limitation of charges policies do not act as barriers to providing services, regardless of the client’s ability to pay.</p> <p>Written documentation for clients who were refused services includes the following:</p> <ul style="list-style-type: none"> <li>• Reason for refusal</li> <li>• Any complaints from the client, with documentation of complaint review and decisions reached</li> </ul> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section A2.</i></p>
<p>1.3 Services are available regardless of the current or past health condition of the client.</p> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section A3.</i></p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Policies and procedures ensure provision of services to all persons living with HIV/AIDS</li> <li>• Policies and procedures outlining mechanisms for client referral and follow-up when agency services are not appropriate</li> <li>• Referral listing of community resources that is readily available to staff</li> <li>• Files of individuals who were refused services*</li> </ul> <p><i>*Required by HRSA Universal Monitoring Standards April 2013, section A3.</i></p>
<p>1.4 Agency accommodates clients with disabilities as specified by Americans with Disabilities Act (ADA) guidelines.</p>	<p>Agency facility and practices are compliant with ADA guidelines: <a href="http://www.ada.gov">www.ada.gov</a>.*</p> <p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Policy and procedure outlining alignment with guidelines</li> <li>• Client requests for modifications and actions taken to accommodate such requests</li> </ul> <p><i>*Required by HRSA Universal Monitoring Standards April 2013, section A4.</i></p>

<p>1.5 Services are available in a setting that is accessible to low income individuals.</p> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section A4.</i></p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Accessibility by public transportation</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Policies and procedures for providing transportation assistance</li> </ul> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section A4.</i></p>
<p>1.6 Service hours respond to a range of client needs and/or referrals for services.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Posted agency hours that indicate times service is available</li> <li>• Policy and procedures for accessing afterhours care, e.g., phone, email, website</li> </ul>
<p>1.7 Agency assures waiting times for initial appointment and during service delivery are reasonable based on existing resources.</p>	<p>Written documentation of appointment systems, client satisfaction surveys, or other methods of verification.</p>
<p>1.8 Services are client-centered through client and/or family participation.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Clients and family members, designated by the client, receive clear information about treatment options</li> <li>• Clients and family members, designated by the client, participate in decision making to the best of their ability</li> </ul>
<p>1.9 Agency has structured and ongoing efforts to obtain input from clients in the design and delivery of services.</p> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section A1.</i></p>	<p>Written documentation of client input in quality improvement activities.</p> <p>Written documentation of two or more of the following:</p> <ul style="list-style-type: none"> <li>• Client Advisory Board (CAB) including membership, meetings, and meeting minutes*</li> <li>• Existence and appropriateness of a suggestion box or other client input mechanism with analysis and use of results documented*</li> <li>• Collection of confidential client satisfaction surveys or focus groups conducted at minimum annually, with analysis and use of results*</li> </ul> <p><i>*Required by HRSA Universal Monitoring Standards April 2013, section A1.</i></p>

<b>2.0 Service Coordination</b>	
<p>2.1 Agency has referral and linkage system in place including referral procedures and system to track completed referrals.</p> <p><i>Aligns with HRSA April, 2013 Part A Program Monitoring Standards April 2013, section H2b.</i></p>	<p>Written documentation of linkage procedures, linkage agreements, or documentation of referrals and linkage outcomes.</p>
<p>2.2 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Written policy or procedure for documenting contact and attempted contact.</p>
<b>3.0 Cultural Competency/Responsiveness</b>	
<p>3.1 Services are conducted in an affirming environment that utilizes methods sensitive to the communities served.</p>	<p>Agency demonstrates inclusive practices and provides opportunities for clients to assist in identifying needs related to culture.</p> <p>Examples may include the following:</p> <ul style="list-style-type: none"> <li>• Language that is accessible to the client</li> <li>• Use of client’s self-identified name and pronouns</li> <li>• All-gender restrooms/choice of restroom</li> </ul>
<p>3.2 Interpretation, literacy, and translation services are in place for all clients, either on-site or by referral, and are documented.</p>	<p>Written documentation of policies and procedures regarding language and literacy accommodations.</p>
<p>3.3 Agency has a non-discrimination policy that applies to both service delivery and hiring practices.</p>	<p>Written non-discrimination policy in accordance with Ryan White Part A contract and Illinois Human Rights Act:</p> <p><a href="http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2266&amp;ChapAct=775%26nbsp%3b%3bILCS%26nbsp%3b5/&amp;ChapterID=64&amp;ChapterName=HUMAN+RIGHTS&amp;ActName=Illinois+Human+Rights+Act">http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2266&amp;ChapAct=775%26nbsp%3b%3bILCS%26nbsp%3b5/&amp;ChapterID=64&amp;ChapterName=HUMAN+RIGHTS&amp;ActName=Illinois+Human+Rights+Act</a></p>
<p>3.4 Agency is actively engaged in Getting to Zero Illinois (GTZ-IL) initiative.</p>	<p>Agency demonstrates at least one of the following:</p> <ul style="list-style-type: none"> <li>• Participation in GTZ-IL work group</li> <li>• Utilization of GTZ and/or Undetectable = Untransmittable (U=U) messaging in promotional materials</li> <li>• Provision of training and resources to educate staff</li> </ul>



<p>3.5 Agency is actively engaged in deconstructing racist systems and transforming or dismantling institutional policies and practices that compromise the well-being of communities of color.</p>	<p>Agency demonstrates the following:</p> <ul style="list-style-type: none"> <li>• Communities of color are involved in organizational leadership and decision making</li> <li>• When permitted, agency allows employment of persons with criminal records (banning the box)</li> <li>• Hiring policies with flexible advance degree requirements and room for upward mobility</li> </ul>
<p>3.6 Agency actively practices prevention of trauma and trauma-informed care.</p>	<p>Agency demonstrates the following:</p> <ul style="list-style-type: none"> <li>• Promotion of healing and resilience for clients</li> <li>• Promotion of healing and resilience for its workforce</li> <li>• Prioritization of transparency in organizational decision making</li> <li>• Building and maintaining trust across levels of the organizational structure</li> <li>• Recognition of historical trauma among clients and workforce</li> </ul>
<p>3.7 Agency uses internal data to identify inequities in health outcomes among clients served and changes policies and/or practices to address inequities.</p>	<p>Agency demonstrates the following:</p> <ul style="list-style-type: none"> <li>• How data is used to measure equity of services provided</li> <li>• Change in policies and procedures as a result of internal data</li> </ul>

<b>4.0 Clinical Quality Management</b>	
<p>4.1 Agency has a clinical quality management (CQM) program.</p> <p><i>Aligns with HRSA Part A Program Monitoring Standards April 2013, section D1.</i></p>	<p>Agency demonstrates the following:</p> <ul style="list-style-type: none"> <li>• CQM infrastructure including leadership, committee, dedicated staffing, dedicated resources, quality management plan, client involvement, stakeholder involvement, evaluation</li> <li>• Performance measurement including process for collecting, analyzing, and reporting data regarding client care, health outcomes on an individual or population level, and patient satisfaction</li> <li>• Quality improvement including development and implementation of activities to make changes in response to results of performance data analysis</li> <li>• Quality assurance including activities aimed at ensuring compliance with Chicago EMA Standards of Care</li> <li>• Capacity building including engagement in CDPH sponsored training opportunities and collaboratives</li> </ul>
<p>4.2 Agency has a clinical quality management plan.</p> <p><i>Aligns with HRSA Part A Program Monitoring Standards April 2013, section D1.</i></p>	<p>Written quality management plan includes the following components:</p> <ul style="list-style-type: none"> <li>• Quality infrastructure</li> <li>• Priorities</li> <li>• Quality improvement activities</li> <li>• Action plan with a timeline and responsible parties</li> <li>• Evaluation of the CQM program</li> </ul>
<p>4.3 Agency institutes and utilizes ongoing systems for data collection, analysis, and reporting.</p> <p><i>Aligns with HRSA Universal Monitoring Standards April 2013, section E1 and HRSA Part A Program Monitoring Standards April 2013, section D1, I1, J1.</i></p>	<p>Written documentation demonstrates the following methodologies:</p> <ul style="list-style-type: none"> <li>• Collecting and analyzing data</li> <li>• Communicating data to providers and key internal/external stakeholders</li> <li>• Submitting reports electronically using a standardized format</li> </ul>

<b>5.0 Staff Qualifications and Training/Capacity Building</b>	
<p>5.1 Agency has written qualifications for hiring staff, consultants, volunteers, and students.</p>	<p>Written documentation of job descriptions that indicate the type of training or credentials necessary to do the job, e.g., degrees, licensure, or experience.</p> <p>Written documentation of the following as appropriate and in accordance with the job description's minimum qualifications:</p> <ul style="list-style-type: none"> <li>• Resume</li> <li>• Diploma or verification of degree</li> <li>• Background checks</li> <li>• Licensing or certification</li> </ul>
<p>5.2 Staff receive training and education to build knowledge, respectfulness, and acceptance of HIV/AIDS and the continuum of care for those living with HIV/AIDS.</p>	<p>Written policy and procedure outlining initial and ongoing staff training.</p> <p>Written documentation of completion of the following required trainings:</p> <ul style="list-style-type: none"> <li>• Best practices</li> <li>• Cultural competency</li> <li>• Community resources</li> <li>• HIPAA and Illinois AIDS Confidentiality Act</li> <li>• Mandated reporting</li> <li>• Trauma-informed care</li> <li>• Deconstructing racist systems. Training requires approval by CDPH</li> </ul>
<p>5.3 Agency conducts regular staff evaluations to monitor the following:</p> <ul style="list-style-type: none"> <li>• Support in personal and professional development</li> <li>• Accountability</li> <li>• Ethical practice and behavior</li> <li>• Skill building</li> <li>• Burn out and stress</li> </ul>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Policies and procedures regarding staff evaluations and performance improvement plans</li> <li>• Completed staff evaluations, including progress toward staff goals</li> </ul>
<b>6.0 Client Rights and Confidentiality</b>	
<p>6.1 Agency maintains and disseminates to clients written client rights and responsibilities, confidentiality procedures, and grievance policies.</p>	<p>Clients are informed of rights and responsibilities, confidentiality procedures, and grievance policy through the following:</p> <ul style="list-style-type: none"> <li>• Signature of client confirming review and receipt</li> <li>• Posting in a visible location</li> <li>• Documentation of signed release of information prior to release</li> </ul>

<p>6.2 Agency maintains policies and procedures to protect client confidentiality.</p>	<p>Written policies and procedures address the following:</p> <ul style="list-style-type: none"> <li>• Compliance with HIPAA and Illinois AIDS Confidentiality Act</li> <li>• Staff signed confidentiality statements</li> <li>• Storage of client records, including double lock with access limited to appropriate personnel</li> <li>• Protection of electronic client records through the use of encryption, passwords, screen savers/privacy covers, or other mechanisms</li> <li>• Availability of private, confidential meeting space</li> <li>• Measures to address suspected breaches of confidentiality</li> </ul>
<p><b>7.0 Safe, Secure Environment</b></p>	
<p>7.1 Agency complies with all applicable state and federal workplace safety and health laws and regulations.</p>	<p>Written policies and procedures that include compliance with Occupation and Safety Health Administration and universal precautions/infection control.</p> <p>Service and care areas are properly equipped with sharps containers and hazardous/biohazardous waste containers that are separate from sharps containers.</p>
<p>7.2 Agency addresses the physical safety and well-being of staff and clients while on premises.</p>	<p>Written documentation of plans that address the following situations:</p> <ul style="list-style-type: none"> <li>• Active shooter</li> <li>• Evacuation procedures</li> <li>• Disruptive or threatening behavior</li> <li>• Medical and psychiatric emergencies</li> <li>• Natural disasters</li> <li>• Sexual abuse/assault/harassment</li> <li>• Terrorism</li> </ul> <p>Written policy and procedure outlining incident reporting that includes follow-up and resolution.</p> <p>Written documentation of staff training on agency emergency and crisis management plans.</p>

<p>7.3 Agency prohibits weapons, alcohol, and illegal drugs on premises.</p>	<p>Written policies and procedures regarding prohibited items.</p>
<p>7.4 Agency addresses safety of staff when providing services offsite.</p>	<p>Written policies and procedures include the following:</p> <ul style="list-style-type: none"> <li>• Protocols to ensure program supervisor is aware of the following: <ul style="list-style-type: none"> <li>○ Location of staff</li> <li>○ Estimated times of arrival and departure</li> <li>○ Mode of transportation and, if driving, license plate and make and model of vehicle</li> </ul> </li> <li>• Protocols to report threatening or dangerous situations and incidents or circumstances of concern including an incident reporting form</li> </ul> <p>Written documentation of training completion by applicable staff.</p>
<p><b>8.0 Eligibility</b></p>	
<p>8.1 Agency determines initial eligibility and reassesses clients for eligibility as specified by the Chicago EMA or AIDS Drug Assistance Program.</p> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section B1.</i></p>	<p>For clients who are new to services within the fiscal year or existing clients who are due for annual recertification, agency documents the following:</p> <ul style="list-style-type: none"> <li>• Verification of HIV Status, at initial determination only</li> <li>• Proof of residence within the Chicago EMA</li> <li>• Income verification</li> <li>• Uninsured or underinsured status</li> <li>• Determination of eligibility in other third party insurance programs including Medicaid and Medicare</li> <li>• For uninsured clients, proof that service is not covered by other third party insurance programs</li> </ul> <p>For existing clients, six month recertification includes the following:</p> <ul style="list-style-type: none"> <li>• Proof of residence within the Chicago EMA</li> <li>• Income verification</li> <li>• Determination of eligibility in other third party insurance programs including Medicaid</li> </ul> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section B1.</i></p>

<p>8.2 Agency ensures military veterans with Department of Veteran Affairs (VA) benefits are deemed eligible for Ryan White services.</p> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section B2.</i></p>	<p>Written policy and procedure regarding veteran eligibility classifies those receiving VA health benefits as uninsured, thus exempt from the “payer of last resort” requirement.</p> <p><i>Required by HRSA Universal Monitoring Standards April 2013, section B2.</i></p>
<p>8.3 Agency ensures Ryan White funds are considered payer of last resort.</p>	<p>Written documentation of client or agency records that demonstrate use of other funding sources, alternative funding applications, etc.</p>

# Core Services

# Early Intervention Services

Approved June 2019

## Program Description:

Early Intervention Services (EIS) should be provided by Outpatient Ambulatory Health Services (OAHS) providers and should include the identification of individuals at points of entry and access to services.

EIS includes the provision of the following components:

- HIV testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures) and targeted counseling of individuals with respect to HIV/AIDS (in cases where testing cannot be charged to third-party billers or covered through grant-funded program)
- Referral services
- Linkage to, and re-engagement in care
- Health education and literacy training that enables clients to navigate the HIV system of care

EIS is co-located in OAHS settings and assists Medical Case Management with early linkage to and retention in care services by providing medical appointment accompaniment/navigation, peer support, and locating clients identified by the provider's clinical records and/or surveillance data as being lost to care. The provision of EIS services for a patient will cease after the second ambulatory visit has been completed; however, there should be some allowance for extensions. Handoff from EIS to Medical Case Management services occurs at the point of disengagement from EIS.

Providing health education and literacy to newly positive HIV individuals is required with respect to HIV treatment and prevention, testing, and referrals to care and supportive services. In addition, linking clients who have tested positive to a HIV clinical provider for their first medical visit should occur within 90 days of HIV testing date.

EIS includes:

1. An intervention for the client (such as ARTAS) and confirmation of linkage to care as per HRSA guidelines and/or Ryan White Chicago EMA Standards (i.e. verified medical visit)
2. Confirmation of retention in care per HRSA guidelines and/or Ryan White Chicago EMA Standards (i.e. CD4 and/or VL)

Please note that some services are partially covered under the ACA (Medicaid, Medicare, or marketplace insurance). Testing and medical evaluations can be covered, but other services provided under this category that are not covered would be allowable under Ryan White Part A funds.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: *"Required by HRSA April 2013"* or *"Aligns with HRSA April 2013."* An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 10).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>



Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Staff providing early intervention services receive training upon hire and annually thereafter.	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• For new hires, completion of four hours of training related to HIV testing, referral services, linkage to and re-engagement in care, and health education and literacy within six months of employment</li> <li>• For existing staff, completion of four hours of training in EIS and/or HIV related content annually</li> </ul>
<b>2.0 Service Delivery</b>	
2.1 Agency conducts intake assessment for HIV positive clients to determine needs and eligibility.	Written documentation of assessment or attempts to complete assessment.
2.2 Agency maintains documentation of services provided.	<p>Written documentation, as applicable, includes the following:</p> <ul style="list-style-type: none"> <li>• For individuals who test negative, documentation of attempted or completed referral and linkage to Pre-Exposure Prophylaxis (PrEP) services within 30 days</li> <li>• For individuals who test positive, documentation of attempted or completed referral and linkage to healthcare and supportive services* within 30 days</li> <li>• Health education and literacy training* provided</li> <li>• Provision of all four required EIS service components with Part A or other funding, including HIV testing and targeted counseling, referral services, linkage to care, health education and literacy training to enable clients to navigate the HIV system of care*</li> </ul> <p><i>*Required by HRSA April 2013.</i></p>

<p>2.3 For HIV positive clients, agency maintains progress notes that document all contacts or attempted contacts with or on behalf of clients.</p>	<p>Standardized progress note format includes the following:</p> <ul style="list-style-type: none"> <li>• Date of encounter</li> <li>• Type of encounter, e.g., in person, phone, written correspondence</li> <li>• Services provided, e.g., identified needs, description of what transpired</li> </ul> <p>Written documentation of progress notes on file for client.</p>
<p>2.4 Agency completes a discharge summary for all HIV positive clients discharged from services.</p>	<p>Written documentation of discharge occurs after one of the following:</p> <ul style="list-style-type: none"> <li>• Client engagement in care, defined as attending two medical visits that are three months apart</li> <li>• Services terminated by agency for other reasons, e.g., transferred care, declined care, incarcerated</li> </ul> <p>Written documentation of discharge summary includes date of discharge and reason for discharge.</p>
<p>2.5 Agency maintains documentation of and submits reports on EIS activities.</p>	<p>Written documentation of data reports submitted to CDPH that includes the following:</p> <ul style="list-style-type: none"> <li>• Number of HIV tests and positives, as well as where and when testing occurred*</li> <li>• Referrals to EIS programs from key points of entry*</li> <li>• Number of referrals for healthcare, supportive services,* and PrEP</li> <li>• Health literacy training and education sessions designed to help individuals navigate and understand the HIV system of care*</li> </ul> <p><i>*Required by HRSA April 2013.</i></p>

<b>3.0 Policy and Procedure</b>	
<p>3.1 Agency maintains memoranda of understanding (MOUs) to facilitate access to care.</p>	<p>Written documentation of MOUs with the following:</p> <ul style="list-style-type: none"> <li>• Key points of entry, e.g., emergency rooms, public health departments, federally qualified health centers, HIV counseling and testing sites</li> <li>• Testing sites in areas where Part A does not fund testing, but funds referral and access to care, education, and system navigation services</li> <li>• Other HIV prevention efforts and programs</li> </ul> <p><i>Required by HRSA April 2013.</i></p>
<p>3.2 Agency documents compliance with HIV testing activities and methods as set by Centers for Disease Control and Prevention (CDC) and Chicago Department of Public Health (CDPH).</p> <p><i>Aligns with HRSA April 2013.</i></p>	<p>Testing services are in accordance with the current CDC and CDPH guidelines.</p> <ul style="list-style-type: none"> <li>• CDC testing guidelines: <a href="https://www.cdc.gov/hiv/guidelines/testing.html">https://www.cdc.gov/hiv/guidelines/testing.html</a></li> <li>• For CDPH guidelines, reference most recent Part A contract</li> </ul>

# Medical Case Management

Approved June 2019

## **Program Description:**

Medical Case Management (MCM) services (including treatment adherence) are a range of client-centered services that link clients with healthcare, psychosocial, and other services provided by trained professionals, including both medically credentialed and other healthcare staff. The coordination and follow-up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of the needs and personal support systems of the client and other key family members. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments.

Key activities must include the following:

- Initial assessment of service needs
- Development of a comprehensive, individualized service/care plan
- Coordination of services required to implement the service/care plan
- Continuous client monitoring to assess the efficacy of the service/care plan
- Periodic re-evaluation and adaptation of the service/care plan, at least every six months, as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face meetings, telephone calls, and any other forms of communication
- Coordinate services with EIS to ensure linkage, retention, and re-engagement in care

Service components may include the following:

- A range of client-centered services that link clients with healthcare, psychosocial, and other services, including benefits/ entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local healthcare and supportive services)
- Coordination and follow up of medical treatments
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatment therapies
- Client-specific advocacy and/or review of utilization of services

Medical Case Management services are co-located at Ryan White-funded Ambulatory/Outpatient Medical Care service sites.

## **Reference Materials:**

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: *"Required by HRSA April 2013"* or *"Aligns with HRSA April 2013."* An asterisk is used to denote select components that are

required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 21).  
<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
<p>1.1 Medical case managers have one of the following minimum credentials:</p> <ul style="list-style-type: none"> <li>• Bachelor’s or master’s degree in a human services field</li> <li>• Registered nurse licensed in the State of Illinois</li> <li>• Bachelor’s degree or master’s degree in a non-human services field and two years of case management experience</li> <li>• Associate’s degree in a human services field and four years of case management experience</li> <li>• High school diploma or equivalent and two years of lived experience. This requires approval from the CDPH funded sub-recipient agency</li> </ul>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Degree/diploma or verification of degree/diploma or equivalent</li> <li>• Active licensure/certification, as necessary</li> <li>• Resume</li> </ul>
<p>1.2 Medical case managers are trained professionals, either medical credentialed persons or other healthcare professionals.</p> <p><i>Required by HRSA April 2013.</i></p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• For new hires, completion of case manager competency certification training with a passing grade within 90 days of employment. Training to be approved by the CDPH funded sub-recipient agency</li> <li>• For existing certified staff, recertification every five years. Recertification training to be approved by the CDPH funded sub-recipient agency</li> <li>• Completion of 12 hours of HIV related competency training annually</li> </ul>

<p>1.3 Medical case management (MCM) supervisors have two years of supervisory experience and one of the following minimum credentials:</p> <ul style="list-style-type: none"> <li>• Bachelor’s or master’s degree in a human services field</li> <li>• Registered nurse licensed in the State of Illinois</li> <li>• Bachelor’s or master’s degree in a non-human services field and two years of case management experience</li> <li>• Associate’s degree in a human services field and four years of case management experience</li> <li>• High school diploma or equivalent and two years of lived experience. This requires approval from the CDPH funded sub-recipient agency</li> </ul>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Degree/diploma or verification of degree/diploma or equivalent</li> <li>• Active licensure/certification as necessary</li> <li>• Resume</li> </ul>
<p>1.4 MCM supervisors receive initial and ongoing training.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• For new hires, completion of case manager competency certification training with a passing grade within 90 days of employment. Training to be approved by the CDPH funded sub-recipient agency</li> <li>• For existing certified staff, recertification every five years. Recertification training to be approved by the CDPH funded sub-recipient agency</li> <li>• Completion of 12 hours of HIV related competency training annually</li> <li>• Completion of ten hours of leadership training annually</li> </ul>
<p>1.5 Case managers are supervised on a monthly basis.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Policy and procedure outlining frequency and record keeping of supervision</li> <li>• Verification of supervision, e.g., supervision notes, meeting agendas, case conferencing notes, calendar invitations</li> </ul>

<b>2.0 Service Delivery</b>	
<p>2.1 When a centralized intake system is utilized to streamline access to MCM services, the agency providing centralized intake services documents the following:</p> <ul style="list-style-type: none"> <li>• Screening for MCM agency placement</li> <li>• Completion of the referral to the MCM agency within two business days of screening</li> </ul>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Screening conducted to determine placement</li> <li>• Completion of the referral to the MCM agency within two business days of screening</li> </ul>
<p>2.2 Agencies receiving referrals for MCM services initiate contact with the client within three business days of receipt of referral.</p>	<p>Written documentation of the first attempt to contact the client is dated within three business days of receipt of referral.</p>
<p>2.3 For new or returning clients seeking MCM services, agency documents intake assessment* to determine current service needs.</p> <p><i>*Required by HRSA April 2013.</i></p>	<p>Written documentation of assessment or attempts to complete the assessment within 30 business days.</p> <p>Written documentation of assessment of needs on file for client includes the following:</p> <ul style="list-style-type: none"> <li>• Finances/access to benefits</li> <li>• Linkage and retention to HIV medical care</li> <li>• Medication adherence</li> <li>• Health literacy</li> <li>• Mental health</li> <li>• Substance use</li> <li>• Transportation</li> <li>• Access to food</li> <li>• Housing status</li> <li>• Psychosocial needs</li> <li>• Legal assistance</li> </ul>
<p>2.4 Agency develops care plan that addresses needs identified in the client’s intake assessment.</p> <p><i>Aligns with HRSA April 2013.</i></p>	<p>Written documentation of care plan or attempts to complete care plan.</p> <p>Review of completed care plan confirms alignment with needs identified in the assessment.</p>

<p>2.5 For clients accessing MCM services, agency documents completion of an eligibility assessment and care plan at minimum every six months.*</p> <p><i>*Required by HRSA April 2013.</i></p>	<p>Written documentation of eligibility assessment or documentation of attempts to complete eligibility assessment every six months on file for client.</p> <p>Written documentation of completed care plan includes the following:</p> <ul style="list-style-type: none"> <li>• Dates of care plan indicating completion of a plan at six month intervals</li> <li>• Client signature or e-signature indicating consent to the established care plan</li> </ul> <p>or</p> <p>Written documentation of attempts to complete care plan.</p>
<p>2.6 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress note format includes the following:</p> <ul style="list-style-type: none"> <li>• Types of services provided</li> <li>• Types of encounters/communication</li> <li>• Duration and frequency of the encounters</li> </ul> <p>Written documentation of progress notes on file for client.</p> <p><i>Required by HRSA April 2013.</i></p>
<p>2.7 Agency maintains regular contact with client to monitor progress toward goals.</p> <p><i>Aligns with HRSA April 2013.</i></p>	<p>Progress notes demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Monthly updates on care plan compliance</li> <li>• Discussion or attempts to discuss viral load suppression two times per year, which can coincide with reassessment</li> <li>• Face to face contact between medical case manager and client or documentation of attempts to complete face to face contact every three months</li> </ul>
<p>2.8 Medical case managers operate as part of the client’s clinical care team.</p> <p><i>Required by HRSA April 2013.</i></p>	<p>Review of progress notes, sign-in sheets, or meeting agendas indicates the following:</p> <ul style="list-style-type: none"> <li>• Annual case conference with licensed medical providers</li> <li>• Case conference with other providers as needed or as completed</li> </ul>



<p>2.9 Agency completes a discharge summary for all clients who are discharged from services.</p>	<p>Written documentation of discharge summary includes the following:</p> <ul style="list-style-type: none"><li>• Date of discharge</li><li>• Reason for discharge</li><li>• Client's progress towards meeting care plan goals</li><li>• Transition plan, including agency's next steps for assisting the client in continued engagement/re-engagement in care or reason why next steps are unnecessary</li></ul>
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# Mental Health Services

Approved June 2019

## Program Description:

Mental Health services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. Services are conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “Required by HRSA April 2013” or “Aligns with HRSA April 2013.” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing HRSA April 2013, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 17).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
<p>1.1 Staff providing therapy services are licensed by Illinois Department of Financial and Professional Regulation (IDFPR) or at minimum have a bachelor’s degree and are supervised by staff who are licensed by IDFPR.</p> <p><i>Aligns with HRSA April 2013.</i></p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Active licensure/certification, e.g., licensed professional counselor (LPC), licensed clinical professional counselor (LCPC), licensed social worker (LSW), licensed clinical social worker (LCSW), psychiatrist, psychologist</li> <li>• Resume</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Diploma or verification of degree completion</li> <li>• Resume</li> <li>• Verification of supervision by staff licensed by IDFPR</li> </ul>

<p>1.2 Supervisory staff are licensed by IDFPR.</p> <p><i>Aligns with HRSA April 2013.</i></p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Active licensure/certification, e.g., licensed professional counselor (LPC), licensed clinical professional counselor (LCPC), licensed social worker (LSW), licensed clinical social worker (LCSW), psychiatrist, psychologist</li> <li>• Resume</li> </ul>
<p><b>2.0 Service Delivery</b></p>	
<p>2.1 Agency conducts assessment to determine client needs.</p>	<p>Written documentation of assessment on file for client.</p>
<p>2.2 Agency identifies and utilizes a standardized treatment plan.</p>	<p>Standardized treatment plan document includes the following:</p> <ul style="list-style-type: none"> <li>• Diagnosed mental illness or condition*</li> <li>• Treatment modality, group or individual*</li> <li>• Start date for mental health services*</li> <li>• Goals, objectives, and outcomes</li> <li>• Recommended number of sessions*</li> <li>• Date for reassessment*</li> <li>• Projected treatment end date*</li> <li>• Any recommendations for follow-up*</li> <li>• Signature or e-signature of the mental health professional rendering service* and date</li> </ul> <p>Written documentation of treatment plan on file for client.*</p> <p><i>*Required by HRSA April 2013.</i></p>
<p>2.3 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress note format includes the following:</p> <ul style="list-style-type: none"> <li>• Dates of service*</li> <li>• Types of encounters/communications</li> <li>• Services provided and consistency with treatment plan*</li> </ul> <p>Written documentation of progress notes on file for client.</p> <p><i>*Required by HRSA April 2013.</i></p>
<p>2.4 Agency completes a discharge summary for all clients who are discharged from services.</p>	<p>Written documentation of discharge summary includes the following:</p> <ul style="list-style-type: none"> <li>• Date of discharge</li> <li>• Reason for discharge</li> </ul>

### **3.0 Policy and Procedure**

3.1 Agency has mechanism for providers to initiate or participate in multi-disciplinary case conferencing when needed.

Policy or procedure on file.

# Oral Health Services

Approved June 2019

**Program Description:**

Oral Health Care includes diagnostic, preventive, and therapeutic dental services that are in compliance with the State of Illinois dental practice laws. It includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by a dental professional licensed and certified to provide healthcare in the State of Illinois. Such professionals include general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained dental assistants.

**Reference Materials:**

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “Required by HRSA April 2013” or “Aligns with HRSA April 2013.” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing HRSA April 2013, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 8).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Oral health services are provided by general dental practitioners, dental specialists, dental hygienists, and auxiliaries who are licensed by Illinois Department of Financial and Professional Regulation.  <i>Aligns with HRSA April 2013.</i>	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Active licensure/certification</li> <li>• Resume</li> </ul>
1.2 New staff members providing direct services to clients receive HIV 101 training.	Written documentation of training completion.

<b>2.0 Service Delivery</b>	
2.1 Agency conducts a comprehensive oral health examination.	<p>Written documentation of oral health examination includes the following:</p> <ul style="list-style-type: none"> <li>• Diagnostic x-rays as determined by oral healthcare provider</li> <li>• Dental caries examination and risk assessment</li> <li>• Soft tissue examination including palpation of all soft tissue</li> <li>• Periodontal exam and risk assessment</li> <li>• Oral cancer screening</li> <li>• Occlusion screening</li> <li>• Status of mucosa, buccal, labial, lingual palatal</li> <li>• Patency of saliva ducts, adequacy of saliva</li> <li>• Extra-oral: temporomandibular joint dysfunction (TMJ)</li> <li>• Neuromuscular evaluation</li> </ul>
2.2 Agency develops an oral health treatment plan for each client.	<p>Written documentation of oral health treatment plan* includes the following:</p> <ul style="list-style-type: none"> <li>• Recommended and optional (elective) procedures</li> <li>• Alternate treatment plans</li> <li>• Recommended sequence of treatment procedures</li> <li>• Provider signature or e-signature*</li> </ul> <p><i>*Required by HRSA April 2013.</i></p>
2.3 Agency provides oral health education to every client.	<p>Written documentation of oral health education includes the following:</p> <ul style="list-style-type: none"> <li>• Oral hygiene instruction</li> <li>• Caries prevention</li> <li>• Prevention of periodontal disease including dietary considerations</li> <li>• Oral habits, e.g., tongue chewing, tobacco use</li> </ul>
2.4 Agency completes progress notes at every dental visit.	<p>Written documentation of progress notes includes the following:</p> <ul style="list-style-type: none"> <li>• Date of appointment</li> <li>• Presenting problems</li> <li>• Treatment provided*</li> <li>• Outcome</li> <li>• Referrals made*</li> <li>• Provider signature or e-signature*</li> </ul> <p><i>*Required by HRSA April 2013.</i></p>

# Outpatient/Ambulatory Health Services

Approved June 2019

## Program Description:

Outpatient/Ambulatory Health Services is the provision of professional diagnostic and therapeutic services rendered by a physician, physician assistant, clinical nurse specialist, nurse practitioner, or other healthcare professional certified in the Chicago EMA jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings.

Allowable components within the defined service types include: diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions; prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, referral to and provision of specialty care – which includes all medical subspecialties, provision of laboratory tests integral to the treatment of HIV infection and related complications, and primary medical care for the treatment of HIV infection that includes the provision of care that is consistent with U.S. Department of Health and Human Services (HHS) guidelines. Such care must include access to combination antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections as well as other comorbidities and health conditions.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “*Required by HRSA April 2013*” or “*Aligns with HRSA April 2013.*” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 2).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Medical care providers are licensed by Illinois Department of Financial and Professional Regulation to prescribe medications in an outpatient setting.  <i>Aligns with HRSA April 2013.</i>	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Active licensure/certification, e.g., medical doctor (MD), doctor of osteopathy (DO), nurse practitioner (NP), physician assistant (PA)</li> <li>• Resume</li> </ul>

<p>1.2 All staff positions providing direct services to clients receive annual training.</p>	<p>Written documentation of four hours of HIV related training annually or eight hours every two years.</p>
<p><b>2.0 Service Delivery</b></p>	
<p>2.1 Agency ensures that services are provided as part of the treatment of HIV infection.</p> <p><i>Required by HRSA April 2013.</i></p>	<p>Written documentation of services provided, including an initial assessment.</p> <ul style="list-style-type: none"> <li>• Baseline evaluation information for pediatric clients:  <a href="https://aidsinfo.nih.gov/guidelines/brief-html/2/pediatric-arv/59/clinical-and-laboratory-monitoring-of-pediatric-hiv-infection">https://aidsinfo.nih.gov/guidelines/brief-html/2/pediatric-arv/59/clinical-and-laboratory-monitoring-of-pediatric-hiv-infection</a>  <a href="https://aidsinfo.nih.gov/guidelines/html/2/pediatric-arv/83/adherence-to-antiretroviral-therapy-in-children-and-adolescents-living-with-hiv">https://aidsinfo.nih.gov/guidelines/html/2/pediatric-arv/83/adherence-to-antiretroviral-therapy-in-children-and-adolescents-living-with-hiv</a></li> <li>• Baseline evaluation information for adult and adolescent clients:  <a href="https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/36/baseline-evaluation">https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/36/baseline-evaluation</a></li> </ul>
<p>2.2 Agency documents efforts to monitor HIV infection and prevent HIV related opportunistic infections in accordance with HHS guidelines.*</p> <p><i>*Required by HRSA April 2013.</i></p>	<p>Written documentation of services provided or recommended are in accordance with HHS guidelines.</p> <ul style="list-style-type: none"> <li>• HHS guidelines for pediatric clients:  <a href="https://aidsinfo.nih.gov/guidelines/brief-html/5/pediatric-opportunistic-infection/0">https://aidsinfo.nih.gov/guidelines/brief-html/5/pediatric-opportunistic-infection/0</a></li> <li>• HHS guidelines for adult and adolescent clients:  <a href="https://aidsinfo.nih.gov/guidelines/brief-html/4/adult-and-adolescent-opportunistic-infection/0">https://aidsinfo.nih.gov/guidelines/brief-html/4/adult-and-adolescent-opportunistic-infection/0</a></li> </ul>
<p>2.3 Agency ensures specialty medical care relates to HIV infection and/or conditions arising from the use of HIV medications.</p> <p><i>Required by HRSA April 2013.</i></p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Assessment of adverse reactions</li> <li>• Assessment of treatment adherence</li> <li>• Assessment of treatment regimen</li> <li>• Reconciliation of all medication profiles</li> </ul>
<p>2.4 Agency documents services provided, dates of and frequency of services provided, and that services are for the treatment of HIV infection.</p> <p><i>Required by HRSA April 2013.</i></p>	<p>Written documentation of services provided and service dates.</p>



<p>2.5 Agency completes progress notes at every medical visit.</p>	<p>Progress notes* demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Notes are legible for reader</li> <li>• Review of medications, allergies, and vitals</li> <li>• History of present illness</li> <li>• Problem list/complaints</li> <li>• Problem addressed in plan</li> <li>• Management goals</li> <li>• Signature or e-signature and credentials of the licensed service provider*</li> </ul> <p><i>*Required by HRSA April 2013.</i></p>
<p>2.6 Agency documents care status summary for clients no longer engaged in services, which includes the following:</p> <ul style="list-style-type: none"> <li>• Clients who have not attended an appointment within the last 13 months</li> <li>• Clients who have informed the agency of decision to leave services</li> <li>• Clients who are deceased</li> </ul>	<p>Written care status summary includes the following for clients who have not attended an appointment within the last 13 months:</p> <ul style="list-style-type: none"> <li>• Date of last appointment</li> <li>• Follow up attempts to re-engage client in care, which may include referral to early intervention services or outreach services</li> </ul> <p>Written care status summary for clients leaving care or for clients who are deceased includes the reason client is no longer engaged in services.</p>
<p>2.7 Agency documents multi-disciplinary case conferencing when conducted.</p>	<p>Written documentation of multi-disciplinary case conferencing includes the following:</p> <ul style="list-style-type: none"> <li>• Identified problems</li> <li>• Action plan</li> </ul>
<p><b>3.0 Policy and Procedure</b></p>	
<p>3.1 Agency has mechanism for providers to initiate or participate in multi-disciplinary case conferencing on a quarterly basis.</p>	<p>Policy or procedure on file.</p>

# Substance Abuse Treatment- Outpatient

Approved June 2019

## **Program Description:**

Substance Abuse Services - Outpatient are medical or other treatment and/or counseling to address substance use problems (e.g., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician, under the supervision of a physician, or by other qualified/licensed personnel.

Services are limited to the following:

- Pre-treatment/recovery readiness programs
- Harm reduction
- Mental health counseling to reduce depression, anxiety, and other disorders associated with substance use
- Outpatient drug-free treatment and counseling
- Opiate Assisted Therapy
- Neuropsychiatric pharmaceuticals
- Relapse prevention
- Limited acupuncture services with a written referral from the client's primary healthcare provider, provided by certified or licensed practitioners wherever State certification or licensure exists
- Services provided must include a treatment plan that calls only for allowable activities and includes:
  - The quantity, frequency, and modality of treatment provided
  - The date treatment begins and ends
  - Regular monitoring and assessment of client progress
  - The signature of the individual providing the service and/or the supervisor as applicable

## **Reference Materials:**

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: "*Required by HRSA April 2013*" or "*Aligns with HRSA April 2013.*" An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 23).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
<p>1.1 Agency maintains staffing structure demonstrating supervision by a physician or other qualified personnel.</p> <p><i>Required by HRSA April 2013.</i></p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Organizational chart</li> <li>• Active licensure/certification of supervising physician or other qualified personnel</li> </ul>
<p>1.2 Agency maintains documentation of provider licensure or certification as required by the State of Illinois, including licensure and certification for provider of acupuncture services.</p> <p><i>Required by HRSA April 2013.</i></p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Active licensure/certifications</li> <li>• Resume</li> </ul>
<b>2.0 Service Delivery</b>	
<p>2.1 Agency screens clients to determine appropriateness of outpatient substance use services.</p>	<p>Written documentation of screening on file for client.</p>
<p>2.2 Agency assesses client to determine need.</p>	<p>Written documentation of assessment on file for client.</p>
<p>2.3 Agency identifies and utilizes a standardized treatment plan.</p>	<p>Standardized treatment plan document includes the following:</p> <ul style="list-style-type: none"> <li>• Quantity, frequency, and modality of treatment provided*</li> <li>• Dates treatment begins and ends*</li> <li>• Regular monitoring and assessment of client progress*</li> <li>• Goals and measurable objectives</li> <li>• Signature or e-signature of the individual providing the service and/or the supervisor, as applicable*</li> <li>• Signature or e-signature of the client</li> </ul> <p>Written documentation of treatment plan on file for client.*</p> <p><i>*Required by HRSA April 2013.</i></p>
<p>2.4 Agency maintains documentation of acupuncture services, if provided.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Referral from primary healthcare provider</li> <li>• Quantity of acupuncture services provided and the allowed cap</li> </ul> <p><i>Required by HRSA April 2013.</i></p>

<p>2.5 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress note format includes the following:</p> <ul style="list-style-type: none"> <li>• Type and service delivered</li> <li>• Location of service delivery</li> <li>• Time and duration of each service delivered</li> <li>• Presenting issue, intervention, and client’s response</li> <li>• Name and credentials of clinician who provided the service, or co-signed by qualified supervisor, and signed or e-signed and dated by individual making the entry</li> </ul> <p>Written documentation of progress notes on file for client.</p>
<p>2.6 Agency documents discharge summary for all clients discharged from services.</p>	<p>Written documentation of discharge summary includes the following:</p> <ul style="list-style-type: none"> <li>• Reason for discharge</li> <li>• Summary of care</li> <li>• Client progress</li> <li>• Referrals or recommendations if offered</li> </ul>

# Supportive Services

# Emergency Financial Assistance

Approved June 2019

## **Program Description:**

Emergency Financial Assistance is the provision of one-time or short-term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food, which includes groceries, food vouchers, and food stamps, transportation, and medication. Part A programs must allocate, track, and report these funds under specific service categories, as described under 2.6 in Division of Service Systems Program Policy Guidance No. 2 (formerly Policy No. 97-02).

It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White HIV/AIDS Program funds for these purposes will be the payer of last resort, and for limited amounts, use, and periods of time. Continuous provision of an allowable service to a client should be reported in the applicable service category.

## **Reference Materials:**

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: *“Required by HRSA April 2013”* or *“Aligns with HRSA April 2013.”* An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 29).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Service Delivery</b>	
<p>1.1 Agency administering emergency financial assistance identifies and utilizes a standardized screening tool.</p>	<p>Standardized screening tool includes the following:</p> <ul style="list-style-type: none"> <li>• Verification of HIV status</li> <li>• Description of living situation prior to assistance, applicable to housing and utility only</li> <li>• Income sources and amounts</li> <li>• Household expenses and amounts</li> <li>• Number of household members</li> <li>• Description of temporary economic crisis with supporting documentation*</li> <li>• Purpose of the assistance requested</li> </ul> <p>Written documentation of screening on file for client.</p> <p><i>*Aligns with HRSA April 2013.</i></p>
<p>1.2 Agency administering assistance initiates contact with client within four business days of receipt of referral.</p>	<p>Written documentation of the first attempt to contact the client is dated within four business days of receipt of referral.</p>
<p>1.3 Agency administering assistance documents service delivery.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Contacts with client</li> <li>• Status updates to referring provider</li> <li>• Services rendered <ul style="list-style-type: none"> <li>○ Types of assistance provided*</li> <li>○ Dates of assistance provided*</li> <li>○ Method of assistance,* e.g., distribution of checks or vouchers</li> </ul> </li> <li>• Follow-up contact six months after assistance provided or attempts to conduct follow-up contact</li> </ul> <p><i>*Required by HRSA April 2013.</i></p>

# Food Bank/Home-Delivered Meals

Approved June 2019

## Program Description:

Food Bank/Home-delivered Meals includes the provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, should also be included in this item. The provision of food or nutritional supplements by someone other than a registered dietician should be included in this item as well. Food vouchers provided as an ongoing service to a client should be reported in this service category. Food vouchers provided on a one-time or intermittent basis should be reported in the emergency financial assistance category.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “*Required by HRSA April 2013*” or “*Aligns with HRSA April 2013.*” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 30).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Supervisory staff have a food safety certification and one of the following minimum credentials: <ul style="list-style-type: none"> <li>• Bachelor’s degree</li> <li>• Four years of experience in food service</li> </ul>	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Food safety certification, e.g., food protection manager, food handler card</li> <li>• Diploma or verification of degree</li> </ul> or <ul style="list-style-type: none"> <li>• Food safety certification, e.g., food protection manager, food handler card</li> <li>• Resume demonstrating four years of experience in food service</li> </ul>
1.2 All direct service and supervisory staff receive annual training.	Written documentation of four hours of HIV or position related training completed annually.



<b>2.0 Service Delivery</b>	
2.1 Agency assesses clients for need.	<p>Written documentation of assessment includes the following:</p> <ul style="list-style-type: none"> <li>• Food insecurity</li> <li>• Accessibility of food bank</li> <li>• Functional ability</li> <li>• Food allergies</li> <li>• Cultural and religious dietary restrictions</li> <li>• Disease progression and other medical conditions, e.g., heart disease, diabetes</li> </ul> <p>Written documentation of assessment on file for client.</p>
2.2 Agency documents service delivery.	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Services provided by type of service</li> <li>• Number of clients served</li> <li>• Levels of service</li> </ul> <p><i>Required by HRSA April 2013.</i></p>
<b>3.0 Policy and Procedure</b>	
3.1 Agency meets Hazard Analysis and Critical Control Point (HACCP) guidelines for food handling and preparation.	Written documentation of policy and procedure for following HACCP guidelines.
3.2 Agency rotates food inventory as appropriate on a first-in, first-out basis and observes shelf-life standards and applicable laws.	Written documentation of policy and procedure for rotating food.
3.3 Agency has a procedure for discarding unsafe food.	Written documentation of policy and procedure for discarding unsafe food.
<b>4.0 Facility</b>	
4.1 Where applicable, agency obtains and maintains licensure by appropriate entity.  <i>Required by HRSA April 2013.</i>	Written documentation of licensure or verification of why licensure is not required.

# Health Education/Risk Reduction

Approved June 2019

**Program Description:**

Support for Health Education/Risk Reduction services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission includes:

- Provision of information about available medical and psychosocial support services
- Education on HIV transmission and how to reduce the risk of transmission
- Counseling on how to improve their health status and reduce the risk of HIV transmission to others

**Reference Materials:**

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “*Required by HRSA April 2013*” or “*Aligns with HRSA April 2013.*” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 32).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Staff providing direct services have at minimum a high school diploma or equivalent.	Written documentation of diploma or verification of diploma or equivalent.
1.2 Supervisory staff have at minimum an associate’s degree and two years of relevant experience.	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Degree or verification of degree completion</li> <li>• Resume</li> </ul>
1.3 Direct service and supervisory staff receive annual training.	Written documentation of four hours of HIV or position related training completed annually.
<b>2.0 Service Delivery</b>	
2.1 Agency obtains consent for services.	Signed consent form or documentation of verbal consent on file.

<p>2.2 Agency identifies and utilizes standardized assessment tools to determine need.</p>	<p>Written documentation of assessment tools on file.</p> <p>For clients initiating services, there is written documentation of initial assessment or attempts to complete initial assessment.</p> <p>For existing clients, there is written documentation of re-assessment or attempts to complete re-assessment on an annual basis, at minimum.</p>
<p>2.3 Agency documents health education and risk reduction services provided.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Information provided about available medical and psychosocial support services</li> <li>• Education on methods of HIV transmission and how to reduce the risk of transmission</li> <li>• Counseling on how to improve client’s health status and reduce the risk of transmission to others</li> </ul> <p><i>Required by HRSA April 2013.</i></p>
<p>2.4 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress note format includes the following:</p> <ul style="list-style-type: none"> <li>• Date of encounter</li> <li>• Type of encounter, e.g., in person, phone, written correspondence</li> <li>• Services provided, e.g., identified needs, description of what transpired</li> </ul> <p>Written documentation of progress notes on file for client.</p>
<p>2.5 Agency documents discharge after 12 months of service inactivity or no response from client.</p>	<p>Written documentation includes date of discharge and reason for discharge.</p> <p>If client is discharged due to inactivity, agency documents at minimum one attempt to notify/re-engage client prior to closure.</p>

# Housing Services

Approved June 2019

**Program Description:**

Housing Services are the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that provides some type of medical or supportive services, such as residential substance abuse or mental health services, residential foster care, or assisted living residential services, and housing that does not provide direct medical or supportive services but is essential for an individual or family to gain or maintain access to and compliance with HIV related medical care and treatment.

Housing funds cannot be in the form of direct cash payments to recipients of services and cannot be used for mortgage payments. Short-term or emergency assistance is understood as transitional in nature and for the purposes of moving or maintaining an individual or family in a long-term, stable living situation. Therefore, such assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintaining, a long-term, stable living situation. For more information, see the policy “The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-Term or Emergency Housing Needs” at <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>

**Reference Materials:**

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “Required by HRSA April 2013” or “Aligns with HRSA April 2013.” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing HRSA April 2013, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 33).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Housing provider direct service staff and supervisors receive housing navigation training. Training to be approved by the CDPH funded sub-recipient agency.  <i>Aligns with HRSA April 2013.</i>	Written documentation of training completion on file.

<b>2.0 Service Delivery</b>	
<p>2.1 Housing services provider identifies and utilizes standardized assessment tool to determine client need for housing services.</p>	<p>Standardized assessment tool includes the following:</p> <ul style="list-style-type: none"> <li>• Determination of living situation prior to assistance</li> <li>• Income sources and amounts</li> <li>• Household expenses and amounts</li> <li>• Number of household members</li> <li>• Type of assistance needed</li> </ul> <p>Written documentation of assessment on file for client.</p>
<p>2.2 Housing services provider documents service delivery.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Eligibility determination</li> <li>• Medical necessity of housing assistance for client or family to access or maintain HIV related care and treatment</li> <li>• Types of housing services provided including referrals</li> <li>• Duration of housing services</li> <li>• Individualized housing plan for clients receiving short-term, transitional, or emergency housing services</li> <li>• Assistance designed to help client obtain stable long-term housing through strategy to identify, relocate, and/or ensure client is capable of maintaining a stable long-term living situation</li> </ul> <p><i>Required by HRSA April 2013.</i></p>
<p>2.3 Housing services provider maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress notes format includes:</p> <ul style="list-style-type: none"> <li>• Date of encounter</li> <li>• Type of encounter, e.g., in person, phone, written correspondence</li> <li>• Services provided, e.g., identified needs, description of what transpired</li> </ul> <p>Written documentation of progress notes on file for client.</p>
<p>2.4 Housing services provider completes a discharge summary for all clients who are discharged from services.</p>	<p>Written documentation of discharge summary includes the following:</p> <ul style="list-style-type: none"> <li>• Date of discharge</li> <li>• Reason for discharge</li> <li>• Client progress in attaining housing stability</li> </ul>

### 3.0 Policy and Procedure

3.1 Housing services provider ensures that no funds are used for direct payments of rent or mortgage assistance to clients.

*Required by HRSA April 2013.*

Written policy or procedure that prohibits direct payment to housing services clients.

# Medical Transportation

Approved June 2019

## Program Description:

Medical Transportation Services are conveyance services provided, directly or through a voucher, to a client to enable them to access healthcare services.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “Required by HRSA April 2013” or “Aligns with HRSA April 2013.” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 38).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
<p>1.1 When securing non-public transportation services, agency only utilizes transportation platforms such as rideshare, cab company, or transportation company with appropriate qualifications.</p>	<p>Annual documentation of transportation platform’s qualifications through online statements, permits, or written verification that includes the following:</p> <ul style="list-style-type: none"> <li>• Valid licensure of transportation company as required by the state, county, or city</li> <li>• Transportation platform conducts Department of Motor Vehicles (DMV) check or obtains copy of valid license for drivers/operators</li> <li>• Transportation platform conducts background checks for all drivers</li> <li>• Transportation platform has vehicle standards and safety requirements</li> <li>• Transportation platform has insurance policies</li> </ul>
<p>1.2 When utilizing volunteer drivers/operators, agency ensures appropriate qualifications.</p>	<p>Annual documentation of volunteer’s qualifications includes the following:</p> <ul style="list-style-type: none"> <li>• DMV check or copy of valid license</li> <li>• Background check</li> <li>• Insurance policy</li> </ul>

<b>2.0 Service Delivery</b>	
2.1 Agency documents client’s need for accessing transportation services.	<p>Written documentation of need includes the following:</p> <ul style="list-style-type: none"> <li>• Date, time, and location of medical appointment</li> <li>• Considerations of type of transportation needed, e.g., distance, insurance, physical limitations of client, traveling companions, safety concerns, accessibility of public transportation</li> </ul>
2.2 Agency documents service delivery.	<p>Written documentation of transportation services provided includes the following:</p> <ul style="list-style-type: none"> <li>• Dates of assistance</li> <li>• Reason for trip and relation to accessing health and support services*</li> <li>• Trip origin and destination*</li> <li>• Method of providing assistance,* e.g., passes to public transportation, ride share, cab ride, gas card/voucher</li> <li>• Cost per trip*</li> </ul> <p><i>*Required by HRSA April 2013.</i></p>



# Non-Medical Case Management

Approved June 2019

## Program Description:

Non-Medical Case Management provides advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management assists with linkage to HIV primary care as needed and does not involve coordination and follow-up of medical treatments.

Services may include:

- Benefits/entitlement counseling and referral activities to assist eligible clients with obtaining access to public and private programs for which they may qualify
- All types of case management encounters and communications (e.g., face-to-face, telephone contact)
- Transitional case management for incarcerated persons as they prepare to exit the correctional system

Case management services are co-located at community-based organizations to assist with re-engagement to care and other support services. Case management services providers work collaboratively with outreach services, as well as with HIV prevention services to assist with linkage to care. The case management provider ensures clients are only receiving support from one case manager across the Ryan White system in order to leverage available funding and to prevent duplication of efforts.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: *“Required by HRSA April 2013”* or *“Aligns with HRSA April 2013.”* An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A April 2013 (page 25).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Case managers have at minimum a high school diploma or equivalent.	Written documentation of diploma or verification of diploma or equivalent.
1.2 Case managers receive annual training.	Written documentation of completion of ten hours of HIV competency training annually, which includes self-care.

<p>1.3 Case management supervisors have at minimum a high school diploma or equivalent and two years of experience in HIV case management.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Diploma or verification of diploma or equivalent</li> <li>• Resume</li> </ul>
<p>1.4 Case management supervisors receive annual training.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Completion of ten hours of HIV competency training annually</li> <li>• Completion of eight hours of leadership training annually</li> </ul>
<p>1.5 Case managers are supervised on a monthly basis.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Policy and procedure outlining frequency and record keeping of supervision</li> <li>• Verification of supervision, e.g., supervision notes, meeting agendas, case conferencing notes, calendar invitations</li> </ul>
<p><b>2.0 Service Delivery</b></p>	
<p>2.1 Agency conducts initial assessment to determine client needs.</p>	<p>Written documentation of assessment or attempts to complete the assessment within 14 business days of the initial request for services.</p> <p>Written documentation of assessment on file for client includes the following:</p> <ul style="list-style-type: none"> <li>• Demographics</li> <li>• Proof of income</li> <li>• Proof of residence</li> <li>• Proof of HIV status</li> <li>• Viral load</li> <li>• Client’s medical care needs</li> <li>• Medication adherence</li> <li>• Appointment adherence</li> <li>• Mental health assessment</li> <li>• Substance use assessment</li> <li>• Housing status</li> <li>• Assessment for supportive services and referral needs</li> </ul>
<p>2.2 Agency re-assesses client at minimum every six months.</p>	<p>Written documentation of assessment or attempts to complete the assessment every six months.</p> <p>Written documentation of re-assessment on file for client includes the following:</p> <ul style="list-style-type: none"> <li>• Proof of income</li> <li>• Proof of residency</li> <li>• Review of insurance</li> <li>• Housing status</li> </ul>

<p>2.3 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress note format includes the following:</p> <ul style="list-style-type: none"> <li>• Date of encounter*</li> <li>• Type of encounter*</li> <li>• Duration of encounter*</li> <li>• Key activities,* e.g., service needs/requests, interventions, resolutions</li> </ul> <p>Written documentation of progress notes on file for client.</p> <p><i>*Required by HRSA April 2013.</i></p>
<p>2.4 Agency maintains regular contact with client to monitor progress toward goals.</p>	<p>Progress notes demonstrate contact or attempts to contact the client at minimum every six months.</p>
<p>2.5 Agency completes a discharge summary for all clients discharged from services.</p>	<p>Written documentation of discharge summary includes the following:</p> <ul style="list-style-type: none"> <li>• Date of discharge</li> <li>• Reason for discharge</li> </ul> <p>If client is discharged due to lack of contact, the progress notes indicate the case manager made at least two attempts to contact the client prior to closure.</p>

# Other Professional Services - Legal

Approved June 2019

## Program Description:

Legal Services are services to individuals with respect to powers of attorney, do not resuscitate orders, and 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 Ryan White HIV/AIDS Program. Legal services to arrange for guardianship or adoption of children after the death of their primary caregiver should be reported as a permanency planning service.

Permanency planning includes services 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. It includes the provision of social service counseling or legal counsel regarding drafting of wills or delegating powers of attorney and preparation for custody options for legal dependents, including standby guardianship, joint custody, or adoption.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “*Required by HRSA April 2013*” or “*Aligns with HRSA April 2013.*” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 36).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Attorneys are licensed to practice law in the State of Illinois.	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Active licensure</li> <li>• Resume</li> </ul>
1.2 Supervisors of attorneys have at minimum three years of experience practicing as a licensed attorney.	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Active licensure</li> <li>• Resume</li> </ul>
1.3 Paraprofessional staff are supervised by attorneys.	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Policy and procedure outlining frequency and record keeping of supervision</li> <li>• Verification of supervision, e.g., supervision notes, meeting agendas, case conferencing notes, calendar invitations</li> </ul>

<p>1.4 Providers are trained to be knowledgeable, accepting, and respectful of the needs and relevant legal issues of individuals living with HIV/AIDS.</p>	<p>Written documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Trainings attended by staff</li> <li>• Staff have access to updated HIV/AIDS information</li> <li>• Agency maintains system for internal information dissemination</li> </ul>
<p><b>2.0 Service Delivery</b></p>	
<p>2.1 Agency documents legal services provided.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Description of how the legal service is necessitated by the individual's HIV status</li> <li>• Types of services provided</li> <li>• Hours spent in the provision of such services</li> </ul> <p><i>Required by HRSA April 2013.</i></p>
<p>2.2 Legal advisors maintain ongoing notation of case specific to client.</p>	<p>Policy or procedure on file.</p> <p>Written documentation available for review. Documentation is excluded from detailed review of content as it is preserved by attorney-client privilege.</p>
<p>2.3 Client and/or family participation is maximized.</p>	<p>Written documentation of any of the following:</p> <ul style="list-style-type: none"> <li>• Copy of retainer agreement between client and agency is in client file</li> <li>• Data from client survey shows the following: <ul style="list-style-type: none"> <li>○ Clients are kept informed</li> <li>○ Clients are involved in making decisions about the case</li> <li>○ Goals are completed in a timely fashion</li> </ul> </li> </ul>
<p><b>3.0 Policy and Procedure</b></p>	
<p>3.1 Legal service providers hold regular case acceptance and case review meetings to ensure services are delivered effectively and are timely.</p>	<p>Written policy and procedure outlining frequency and record keeping of case acceptance and case review meetings.</p>

# Outreach Services

Approved June 2019

## **Program Description:**

Outreach Services have as their principal purpose identification of people who know their status (i.e., case finding) so that they may be enrolled in care and support services. These services should target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs and CDPH to avoid duplication of effort, identify those out of care as identified through surveillance data provided by CDPH, and conducted at times and in places where there is a high probability of reaching individuals with HIV infection, and designed with quantified program reporting that will accommodate local effectiveness evaluation. RWHAP-funded Outreach services cannot be delivered anonymously. Client-level data must be reported for every individual that receives this service.

Outreach services are designed to identify persons at high risk for HIV and provide an array of early intervention and prevention services. Outreach services include services to both HIV-infected persons who know their status and are not in care and HIV-infected persons who are unaware of their status and are not in care. The goal of outreach services continues to be to link individuals into care that would ultimately result in ongoing primary care and increased adherence to medication regimens.

Outreach activities supported with Ryan White HIV/AIDS Program funds must be:

1. Planned and delivered in coordination with State and local HIV prevention outreach activities and CDPH to avoid duplication of effort and to address a specific service need category identified through State and local needs assessment processes;
2. Directed to populations known, through local surveillance data, to be out of care;
3. Conducted in such a manner, (i.e., time of day, month, events, sites, method, culturally/linguistically appropriate) among those known to have delayed seeking care relative to other populations, etc., and continually reviewed and evaluated in order to maximize the probability of reaching individuals infected with HIV who are unaware of their serostatus or know their status but are not actively in care;
4. Designed to:
  - a. Establish and maintain collaborations with CDPH, medical case management and/or other agencies that have effective contact with persons found to be disproportionately impacted by HIV or disproportionately differ in local access to care, e.g., prisons, homeless shelters, substance abuse treatment centers, etc.;
  - b. Direct individuals to early intervention services (EIS) or primary care;
  - c. Include appropriately trained and experienced workers to deliver the access to care message when applicable;
  - d. Provide quantifiable outcome measures (tracking and data collection) such as the number of individuals reached who are not in care and the number subsequently re-engaged in care;

## Prohibited Use of Funds

Outreach activities should supplement, and not supplant, such activities that are carried out with amounts appropriated under Section 317 of the Public Health Service Act, "Project Grants for Preventive Health Services" administered by the CDC or with other Federal, State, or local funds.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “*Required by HRSA April 2013*” or “*Aligns with HRSA April 2013.*” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 40).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Direct service staff and supervisors receive annual training.	Written documentation of four hours of HIV or position related training completed annually.
1.2 Supervisors have at minimum a high school diploma or equivalent and two years of experience in outreach.	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Diploma or verification of diploma or equivalent</li> <li>• Resume</li> </ul>
<b>2.0 Service Delivery</b>	
2.1 Agency maintains documentation of outreach program activities.	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Design and implementation of outreach activities</li> <li>• Target areas and populations</li> <li>• Outcomes of outreach activities including the number reached, referred for testing, found to be positive, referred to care, and entering care</li> </ul> <p><i>Required by HRSA April 2013.</i></p>
2.2 Agency screens clients to identify needs.	Written documentation of screening includes identification of the following: <ul style="list-style-type: none"> <li>• Immediate needs</li> <li>• Preference of where to receive care</li> <li>• Barriers to retention</li> </ul>

<p>2.3 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress note format includes the following:</p> <ul style="list-style-type: none"> <li>• Date of encounter</li> <li>• Type of encounter, e.g., in person, phone</li> <li>• Services provided, e.g., identified needs, description of what transpired</li> <li>• Case specific knowledge, e.g., time out of care, missed appointments, missed calls</li> </ul> <p>Written documentation of progress notes on file for client.</p>
<p>2.4 Agency completes a discharge summary for all clients who are discharged from services.</p>	<p>Written documentation of discharge summary includes the following:</p> <ul style="list-style-type: none"> <li>• Date of discharge</li> <li>• Reason for discharge</li> <li>• Discussion with CDPH for possible referral for clients who cannot be located or those who refuse services</li> </ul> <p>If the client is discharged due to an inability to locate, which includes both those never successfully contacted and those lost to care, progress notes indicates five phone calls, one letter, and three unsuccessful visits or barriers to completion, e.g., disconnected phone number, inaccurate contact information, death.</p>



# Psychosocial Support Services

Approved June 2019

## Program Description:

Psychosocial Support Services are support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Nutrition counseling services provided by a non-registered dietitian are reported in this service category.

Nutritional services and nutritional supplements provided by a licensed, registered dietician are considered a core medical service and should be reported as Medical nutrition therapy. The provision of food and/or nutritional supplements by someone other than a registered dietician should be reported in the Food bank/home-delivered meals service category.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “*Required by HRSA April 2013*” or “*Aligns with HRSA April 2013.*” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing *HRSA April 2013*, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 42).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Pastoral care/counseling services are provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available.  <i>Required by HRSA April 2013.</i>	Written documentation of licensure/certification on file, if applicable.
1.2 Staff hired for peer positions have one of the following minimum credentials: <ul style="list-style-type: none"> <li>• One year of lived experience</li> <li>• One year of experience providing direct services</li> <li>• Participation in four HIV related trainings within the last year</li> </ul>	Written documentation of resume on file.
1.3 Supervisors have experience providing direct services.	Written documentation of resume on file.

<p>1.4 Staff, peers, and student interns providing psychosocial support receive training.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• For new staff, peers, and student interns, completion of four hours of HIV or position related training within six months of start date</li> <li>• For existing staff, peers, and student interns, completion of four hours of HIV or position related training annually</li> </ul>
<p><b>2.0 Service Delivery</b></p>	
<p>2.1 Agency identifies and utilizes standardized screening tools to determine need for psychosocial support services.</p>	<p>Written documentation of standardized screening tools, as appropriate to the psychosocial services provided are as follows:</p> <ul style="list-style-type: none"> <li>• Support and counseling activities</li> <li>• Child abuse and neglect counseling</li> <li>• HIV support groups</li> <li>• Pastoral care</li> <li>• Caregiver support</li> <li>• Bereavement counseling</li> <li>• Nutrition counseling</li> </ul> <p>For client receiving psychosocial services, written documentation of completed screening confirms need in one of the areas for psychosocial care.</p> <p><i>Aligns with HRSA April 2013.</i></p>
<p>2.2 Agencies providing pastoral care offer assurances that pastoral counseling is interfaith and available to all eligible clients, regardless of their religious affiliation.</p> <p><i>Required by HRSA April 2013.</i></p>	<p>Review of screening tool verifies questions are inclusive of all religions, faiths, and spiritual beliefs.</p>

<p>2.3 Agency identifies and utilizes standardized assessment tools that are consistent with industry standards.</p>	<p>Standardized assessment is consistent with the type of psychosocial services provided by agency and corresponding industry standards.</p> <p>For clients initiating services, there is written documentation of initial assessment or attempts to complete initial assessment.</p> <p>For existing clients, there is written documentation of re-assessment or attempts to complete re-assessment on an annual basis at minimum.</p> <p>For clients whose assessment indicates that their needs are greater than what psychosocial services can accommodate, there is written documentation of referral to appropriate resources.</p>
<p>2.4 Agency develops care plans on a case-by-case basis as indicated by client needs.</p>	<p>Written documentation includes one of the following:</p> <ul style="list-style-type: none"> <li>• Completed care plan on file</li> <li>• Reasons why care plan is not needed</li> </ul>
<p>2.5 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress note format includes the following:</p> <ul style="list-style-type: none"> <li>• Date of encounter</li> <li>• Type of encounter, e.g., in person, phone</li> <li>• Services provided, e.g., identified needs, description of what transpired</li> </ul> <p>Written documentation of progress notes on file for client.</p>
<p>2.6 When providing group services, agency maintains progress notes in group program file as well as individual client file.</p>	<p>For group services, progress notes in group file and individual client file include:</p> <ul style="list-style-type: none"> <li>• Date of group and description of activity, e.g., flyers, meeting agendas, calendar</li> <li>• Summary of group session</li> <li>• Next steps as applicable</li> </ul>

# Referral for Healthcare Services

Approved June 2019

**Program Description:**

Referral for Healthcare/Supportive Services provides for the directing of clients to a service in person or through telephone, written, or other types of communication, including the management of such services where they are not provided as part of Ambulatory/ Outpatient Medical Care or Case Management services. This may include benefits/entitlement counseling and referrals to assist eligible clients in obtaining access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers’ Patient Assistance Programs, and other State or local healthcare and supportive services.

Referrals may be made:

- Within the non-medical case management system by professional case managers
- Informally through community health workers or support staff
- As part of an outreach program

**Reference Materials:**

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “Required by HRSA April 2013” or “Aligns with HRSA April 2013.” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing HRSA April 2013, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 43).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Direct service staff have at minimum two years of experience in the social services field.	Written documentation of resume on file.
1.2 Direct service staff receive annual training.	Written documentation of six hours of HIV or position related training completed annually.
1.3 Supervisory staff have at minimum five years of experience in the social services field and two years of experience providing direct services.	Written documentation of resume on file.
1.4 Supervisory staff receive annual training.	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Completion of six hours of HIV or position related training annually</li> <li>• Completion of two hours of leadership training annually</li> </ul>

<p>1.5 Staff receive supervision at minimum on a monthly basis.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Policy and procedure outlining frequency and record keeping of supervision</li> <li>• Verification of supervision, e.g., supervision notes, meeting agendas, case conferencing notes, calendar invitations</li> </ul>
<p><b>2.0 Service Delivery</b></p>	
<p>2.1 Agency screens clients to determine service needs.</p>	<p>Written documentation of screening or attempts to complete screening within 14 business days of the initial request for services.</p> <p>Screening includes the following:</p> <ul style="list-style-type: none"> <li>• Eligibility for Ryan White Part A services</li> <li>• Emergency support</li> <li>• Substance use</li> <li>• Housing</li> <li>• PrEP</li> <li>• Mental health</li> <li>• Primary care/medications</li> <li>• Ability to pay for healthcare</li> <li>• Other support services</li> </ul>
<p>2.2 Agency documents referral for healthcare services program activities.</p>	<p>Agency has comprehensive system to collect and track service activity.</p> <p>Written documentation of activities includes the following:</p> <ul style="list-style-type: none"> <li>• Number and types of referrals provided</li> <li>• Benefits counseling and referral activities</li> <li>• Number of clients served, including demographics</li> <li>• Follow-up provided</li> </ul> <p><i>Required by HRSA April 2013.</i></p>
<p>2.3 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress note format includes the following:</p> <ul style="list-style-type: none"> <li>• Date of service*</li> <li>• Type of communication*</li> <li>• Goals based on results of screening</li> <li>• Types of referrals*</li> <li>• Benefits counseling/referral provided*</li> <li>• Follow-up provided*</li> </ul> <p>Written documentation of progress notes on file for client.</p> <p><i>*Required by HRSA April 2013.</i></p>

2.4 Agency maintains regular contact with client.	Progress notes demonstrate contact or attempts to contact client every seven days.
2.5 Agency discharges clients upon completion of goals or after 90 days, whichever occurs first.	Written documentation of discharge includes the following: <ul style="list-style-type: none"><li>• Date of discharge</li><li>• Reason for discharge</li></ul> Discharge date and reason for discharge demonstrate adherence to closure guidelines.

# Substance Abuse Treatment- Residential

Approved June 2019

## Program Description:

Substance Abuse Services- Residential includes treatment to address substance use problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term care). They include limited support of acupuncture services to HIV-positive clients, provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever state certification or licensure exists.

## Reference Materials:

Some standards or methods of evaluation and documentation are derived from HRSA requirements. Standards and methods of evaluation and documentation required in entirety from HRSA or aligned with HRSA are indicated with one of following statements included in the table: “Required by HRSA April 2013” or “Aligns with HRSA April 2013.” An asterisk is used to denote select components that are required by HRSA. If there is no asterisk present or statement within the table referencing HRSA April 2013, the standard and method of evaluation and documentation are requirements in the Chicago EMA. Refer to the following link to access the HRSA/HAB Division of Metropolitan HIV Programs. Program Monitoring Standards- Part A, April 2013 (page 47).

<https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

Standard	Method of Evaluation and Documentation
<b>1.0 Personnel</b>	
1.1 Agency maintains staffing structure demonstrating supervision by a physician or other qualified personnel.  <i>Required by HRSA April 2013.</i>	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Organizational chart</li> <li>• Active licensure/certification of supervising physician or other qualified personnel</li> </ul>
1.2 Agency maintains documentation of provider licensure or certification as required by the State of Illinois, including licensure and certification for provider of acupuncture services.  <i>Required by HRSA April 2013.</i>	Written documentation includes the following: <ul style="list-style-type: none"> <li>• Active licensure/certification</li> <li>• Resume</li> </ul>

<p>1.3 Staff providing counseling services are at minimum Certified Alcohol Drug Counselors (CADC) or are supervised by a CADC while working toward certification.</p>	<p>Written documentation includes one of the following:</p> <ul style="list-style-type: none"> <li>• CADC or higher certification/licensure</li> <li>• Resume</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Verification of work toward certification</li> <li>• Resume</li> <li>• Verification of supervision by a CADC or higher certification/licensure</li> </ul>
<p>1.4 Staff providing assessment services are Certified Assessment and Referral Specialists (CARS).</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• CARS or higher certification/licensure</li> <li>• Resume</li> </ul>
<p>1.5 Supervisors are at minimum CADC.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• CADC or higher certification/licensure</li> <li>• Resume</li> </ul>
<p><b>2.0 Service Delivery</b></p>	
<p>2.1 Agency assesses clients for medical status.</p>	<p>Written documentation of medical assessment that is consistent with Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (SUPR) guidelines:  <a href="http://www.ilga.gov/commission/jcar/admincode/077/077020600D04130R.html">http://www.ilga.gov/commission/jcar/admincode/077/077020600D04130R.html</a></p> <p>Written documentation of medical assessment on file for client.</p>
<p>2.2 Agency identifies and utilizes a standardized, evidence-based assessment tool.</p>	<p>Written documentation of standardized assessment tool consist with SUPR guidelines:  <a href="http://www.ilga.gov/commission/jcar/admincode/077/077020600D04190R.html">http://www.ilga.gov/commission/jcar/admincode/077/077020600D04190R.html</a></p> <p>Written documentation of assessment on file for client.</p>
<p>2.3 Agency reassess clients for progress in treatment.</p>	<p>Written documentation of reassessment adheres to SUPR guidelines:  <a href="http://www.ilga.gov/commission/jcar/admincode/077/077020600D04230R.html">http://www.ilga.gov/commission/jcar/admincode/077/077020600D04230R.html</a></p> <p>Written documentation of reassessment on file for client that adheres to SUPR timeframes.</p>



<p>2.4 Agency identifies and utilizes a standardized treatment plan.</p>	<p>Standardized treatment plan document includes the following:</p> <ul style="list-style-type: none"> <li>• Quantity, frequency, and modality of treatment provided*</li> <li>• Dates treatment begins and ends*</li> <li>• Regular monitoring and assessment of client progress*</li> <li>• Goals and measurable objectives</li> <li>• Signature or e-signature of the individual providing the service and/or the supervisor, as applicable</li> <li>• Signature or e-signature of the client</li> </ul> <p>Written documentation of completed treatment plan on file for client.*</p> <p>Treatment plan adheres to SUPR timeframes:  <a href="http://www.ilga.gov/commission/jcar/admincode/077/077020600D04210R.html">http://www.ilga.gov/commission/jcar/admincode/077/077020600D04210R.html</a></p> <p><i>*Required by HRSA April 2013.</i></p>
<p>2.5 Agency maintains documentation of acupuncture services, if provided.</p>	<p>Written documentation includes the following:</p> <ul style="list-style-type: none"> <li>• Referral from primary healthcare provider</li> <li>• Quantity of acupuncture services provided and the cap</li> </ul> <p><i>Required by HRSA April 2013.</i></p>
<p>2.6 Agency maintains progress notes that document all contacts or attempted contacts with or on behalf of the client.</p>	<p>Standardized progress format includes the following:</p> <ul style="list-style-type: none"> <li>• Type and service delivered</li> <li>• Location of service delivery</li> <li>• Time and duration of each service delivered</li> <li>• Presenting issue, intervention, and client’s response</li> <li>• Name and credentials of clinician who provided the service, or qualified supervisor, and dated signature or e-signature of individual making the entry</li> </ul> <p>Written documentation of progress notes on file for client.</p> <p>Progress notes adhere to SUPR timeframes:  <a href="http://www.ilga.gov/commission/jcar/admincode/077/077020600D04250R.html">http://www.ilga.gov/commission/jcar/admincode/077/077020600D04250R.html</a></p>

<p>2.7 Agency documents discharge summary for all clients discharged to services.</p>	<p>Written documentation of discharge summary includes the following:</p> <ul style="list-style-type: none"> <li>• Reason for discharge</li> <li>• Summary of care</li> <li>• Client progress</li> <li>• Referrals or recommendations if offered</li> </ul>
<p><b>3.0 Facility</b></p>	
<p>3.1 Agency maintains documentation of facility licensure or certification as required by the State of Illinois.</p>	<p>Written documentation of SUPR licensure or equivalent.</p>
<p>3.2 Agency provides detoxification services in a separate licensed residential setting. This includes a separately licensed detoxification facility within the walls of a hospital.</p> <p><i>Required by HRSA April 2013.</i></p>	<p>Written documentation of separate licensures for each detox unit.</p>