



GY 2025 Service Standards
New Haven/Fairfield Counties ELIGIBLE
METROPOLITAN AREA (EMA)

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Service Standards

In certain instances, service standards have been adjusted within the permissible parameters set by HRSA to more effectively meet the needs of individuals with HIV in the New Haven and Fairfield Counties Eligible Metropolitan Area (EMA) based on needs and resources.

Section I: Universal Standards

1.0 Eligibility, Intake and Recertification (HIV/AIDS Bureau PCN #21-02)

The Ryan White legislation requires that individuals receiving services through Ryan White must have a diagnosis of HIV, reside in the New Haven/Fairfield Counties ELIGIBLE METROPOLITAN AREA (EMA) and be low-income. Additionally, RWHAP funds may not be used for any item or service “for which payment has been made or can reasonably be expected to be made” by another payment source. The Recipient will monitor procedures to ensure that all funded sub- recipients verify and document client eligibility and insurance status per the New Haven/Fairfield Counties ELIGIBLE METROPOLITAN AREA (EMA) Eligibility Policy.

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) RWHAP funds utilized for clients ultimately determined to be ineligible, and instead charge an alternate payment source, or otherwise ensure that funds are returned to the HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) RWHAP program.

REQUIRED ELIGIBILITY DOCUMENTATION TABLE

Eligibility Requirement	Initial Eligibility Determination	Recertification Once a Year/12 Month Period
HIV Status	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Confirmatory lab results • Lab results (including VL/CD4) • HIV status form signed by provider 	No documentation required
Income	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Paystubs • SSI, SSDI and DSS income determination forms • Zero income affidavit • Bank Statement • Self-Employment Letter 	<ul style="list-style-type: none"> • Recipient may choose to require a full application and associated documentation OR • Self-attestation of no change • Self-attestation of change - Recipient must require documentation of change in eligibility status

Residency	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Driver's License/ID • Utility Bill • Medical Bill • Bank Statement • Landlord Letter-Notarized • Copy of Lease/Mortgage • Letter from Shelter • Official Correspondence 	<ul style="list-style-type: none"> • Recipient may choose to require a full application and associated documentation OR • Self-attestation of no change • Self-attestation of change - Recipient must require documentation of change in eligibility status
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All agencies are required to have a client intake and eligibility policy on file that adheres to the ELIGIBLE METROPOLITAN AREA (EMA)'s eligibility policy. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)/HAB regulations. Eligibility must be completed at least once every six months.

Eligible clients in the New Haven & Fairfield Counties ELIGIBLE METROPOLITAN AREA (EMA) must:

- Live in New Haven or Fairfield Counties in Connecticut.
- Have a documented diagnosis of HIV/AIDS.
- Have a household income that is at or below 300% of the federal poverty level.

Services will be provided to all clients without discrimination based on: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, prior medical history, or any other basis prohibited by law.

Guidance on Complying with the Payor of Last Resort Requirement:

- RWHAP Recipients and Subrecipients must ensure that reasonable efforts are made to use non RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite RWHAP funds.
- RWHAP Recipients and Subrecipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible.
- RWHAP Recipients and Subrecipients can continue providing services funded through RWHAP to a client who Minority AIDS Initiative (MAI)ns unenrolled in other health care coverage so long as there is rigorous documentation that such coverage was vigorously pursued.
- RWHAP Recipients and Subrecipients should conduct periodic checks to identify any potential changes to clients' healthcare coverage that may affect whether the RWHAP remains the payor of last resort and require clients to report any such changes.

Payor of Last Resort:

Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service to the extent that payment has been made, or can reasonably be expected to be made under:

1. Any State compensation program
2. An insurance policy, or under any Federal or State health benefits program

3. An entity that provides health services on a pre-paid basis

Each agency providing services will have a case closure protocol. The reason for case closure must be properly documented in each client's chart.

2.0 Discharge, Transition, Case Closure

Subrecipients are responsible for educating clients of their rights and responsibilities, confidentiality policies, and informing clients of the agency's grievance policy at the time of intake within all Ryan White funded services and annually thereafter. If a client is discharged or case closure occurs, the provider must reasonably attempt to contact the client to inform the client of their pending discharge/case closure.

3.0 Client Rights and Responsibilities

Services will be provided to all eligible RWHAP clients without discrimination based on: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

Subrecipient's providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities. *Privacy and Confidentiality (including securing records)*

The Ryan White Part A funded agency must maintain client confidentiality as well as Maintain files and data in a secure manner. These requirements include the documentation of engagements between the client and provider, policies pertaining to electronic and paper file security, quality assurance activities related to the maintenance of files and the archiving of files.

4.0 Personnel

All staff and supervisors will have a written job description with specific minimum requirements for their positions. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance. Clinical staff must be licensed or registered as required. Staff and program supervisors will receive consistent administrative supervision. Administrative supervision addresses issues related to staffing, policy, client documentation, reimbursement, scheduling, training, quality enhancement activities, and the overall operation of the program and/or agency. Clinical staff will receive clinical supervision. All supervision addresses any issue directly related to client care and job-related stress (e.g., boundaries, crisis, and burnout). Please review specific personnel qualifications within each service standard.

5.0 Program Safety

Services are provided in settings that meet local, state, and federal regulations that guarantee the well-being of clients and staff on site, off site, or during operations pertaining to the services (i.e., transportation).

- Facilities are clean, comfortable, and free from hazards; and
- Facilities are accessible to clients, including children (when appropriate) and/or people with disabilities.

Section II: Core Medical Services

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) Definition: Essential, direct, health care services for HIV care. Recipient/sub-recipient expenditures are limited to core medical services, support services, and administrative expenses.

Health Insurance Premium and Cost Sharing Assistance

SERVICE CATEGORY DEFINITION

Health Insurance Premium and Cost-sharing Assistance provides financial assistance for co-payments (including co-payments for prescription eyewear for conditions related to HIV/AIDS), and deductibles. These monitored short-term payments are limited in amounts and periods of time.

Medical Case Management

SERVICE CATEGORY DEFINITION

Medical Case management services, including treatment adherence are a range of client centered services that link clients with health care. MCM's ensure timely and coordinated access to medically appropriate levels of health and support services with continuity of care, provided by trained professionals who are part of the clinical care team. Key activities of Medical Case Management are as follows: initial assessment of service needs, development of a comprehensive individualized service plan, and coordination of services required to implement the plan, client monitoring to assess the efficacy of said plan and periodic reevaluation and adaptation of the plan as necessary over the life of the client. This includes utilization of services. Varying levels of case management such as face-to-face, phone contact and any other forms of communication.

Included in this is the Intensive Medical Case Management component: Intensive Medical Case Management utilizes all MINORITY AIDS INITIATIVE (MAI) funding and focuses on the ELIGIBLE METROPOLITAN AREA (EMA)s priority populations; women of color, transgender people of color and men of color who have sex with men. The goal of which is to help clients re-enter or maintain medical care and other supportive services and to ultimately achieve viral suppression. Key activities of Intensive Medical Case Management are as follows: initial assessment of service needs, development of a comprehensive individualized service plan, and coordination of services required to implement the plan, client monitoring to assess the efficacy of said plan and periodic reevaluation and adaptation of the plan as necessary over the life of the client. It is designed for clients who are newly diagnosed, returned to care or not virally suppressed and who are identified as needing intensive support (higher acuity) for a shorter and time-delineated period.

Personnel Qualifications for Medical Case Management and Intensive Medical Case Management

Provide written assurances and maintain documentation showing the medical case management services are provided by trained professionals with the following qualifications:

1. The appropriate combination of education and/or experience to perform the duties required.
2. Lived experience a plus.
3. Medical Case Managers are required to undergo a minimum of 10 hours of HIV specific training annually.

Mental Health

SERVICE CATEGORY DEFINITION

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by or under the supervision of a mental health professional or other qualified/licensed personnel.

Personnel Qualifications (including licensure)

Mental Health Services must be provided by trained, licensed, or certified mental health professionals:

1. Ongoing staff training in Mental Health specific topics. At least 10 hours of Mental Health specific training per year for unlicensed/uncertified staff members serving Ryan White clients.
2. Staff licensure and accreditation: As per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified and/or supervised by a licensed behavioral health professional.
3. Mental Health service providers will have a crisis intervention policy to assist a client in life threatening situations.

Oral Health Care Services

SERVICE CATEGORY DEFINITION

Support for Oral Health Services including diagnostic, preventive, and therapeutic dental care that is in compliance with state dental practice laws, 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 services, and is provided by licensed and certified dental professionals.

Personnel Qualifications (including licensure)

Provide written assurances and maintain documentation showing the Oral Health services are provided by general dental practitioners, dental specialists, dental hygienists, and auxiliaries and meet current dental care guidelines and professionals providing the services have appropriate and valid licensure and certification based on Connecticut state laws.

Outpatient Ambulatory Health Services

SERVICE CATEGORY DEFINITION

Outpatient Ambulatory Health Services is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, APRN, RN or LPN in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency department services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, physical 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, treatment adherence, and referral to and provision of specialty care (includes all medical subspecialties including audiology and ophthalmology). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Personnel Qualifications (including licensure)

1. Outpatient Ambulatory Health Services will be provided by a trained, licensed, or certified practitioner as required by Federal, State, and Local regulations and with credentials appropriate for treating people having HIV. Services are provided by trained professionals, and staff providing services have been trained to work within the population.
2. Agencies shall employ medical staff who are knowledgeable and experienced regarding their area of medical practice as well as in HIV medical practice. All staff without direct experience with people having HIV shall be supervised by one who has such experience or must do 10 CMEs (Continuing Medical Education) in the first year.

Substance Abuse Outpatient Care

SERVICE CATEGORY DEFINITION

Support for Substance Abuse Outpatient Care Services, provided by or under the supervision of physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available. Services can include the following: intakes, assessments, diagnosis, individual, group and family therapies, crisis intervention, medication assisted treatment in an outpatient setting.

Personnel Qualifications (including licensure)

Substance Abuse Services Outpatient must be provided by trained, licensed, or certified substance use professionals:

1. Ongoing staff training in Substance Use specific topics. At least 10 hours of Substance Use specific training per year for unlicensed/uncertified staff members serving Ryan White clients.
2. Staff licensure and accreditation: As per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified and/or supervised by a licensed behavioral health professional.
3. Substance Use service providers will have a crisis intervention policy to assist a client in life threatening situations.

Section III: Support Services

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) Definition: Services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV. Recipient/sub-recipient expenditures are limited to core medical services, support services, and administrative expenses.

Emergency Financial Assistance

SERVICE CATEGORY DEFINITION

Emergency Financial Assistance is the provision of short-term payments to assist eligible clients with emergency expenses related to essential utilities, such as heat, electricity, water/sewer, internet access, and telephone service. These short-term payments must be carefully monitored to confirm eligibility, ensure that Ryan White is the payer of last resort, and to assure limited amounts, limited use, and for limited periods of time. Note: Direct cash payments to clients are not permitted. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Foodbank/Home Delivered Meals

SERVICE CATEGORY DEFINITION

Food Bank/Home Delivered refers to the provision of actual food items, hot meals, home delivered meals based on medical necessity and/or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to personal hygiene products and household cleaning supplies.

Personnel Qualifications (including licensure)

Compliance with all federal, state, and local laws regarding the provision of food bank home-delivered meals and food voucher programs, including any required licensure and/or certifications.

Housing Services

SERVICE CATEGORY DEFINITION

Housing Assistance and Related Services provides short-term or emergency housing assistance to enable an individual or family to gain or maintain outpatient/ambulatory health services and treatment. Funds can be used for emergency rental assistance including 1st month's rent and any rent arrearage.

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Short term emergency housing assistance for limited time and limited use (other than 1st month and back rent) requires prior authorization from the Ryan White Office (Recipient). Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or security deposits. Activities within the Housing category must also include the development of an individualized housing plan, updated annually to guide the client's linkage to permanent housing.

Medical Transportation

SERVICE CATEGORY DEFINITION

Medical Transportation is the provision of non-emergency transportation that enables an eligible client to access or be retained in core medical and support services. Medical transportation may be provided through:

1. Contracts with providers of transportation services
2. Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
3. Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle.
4. Organization and use of volunteer drivers (through programs with insurance, proof of valid driver's license, and other liability issues specifically addressed)
5. Voucher or token systems

Substance Abuse Services Residential

SERVICE CATEGORY DEFINITION

Funding for Substance Abuse Treatment – Inpatient to address substance use disorders (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting requirement:

- Services to be provided by or under the supervision of physician or other qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided.
- Services to be provided in accordance with a treatment plan.
- Detoxification to be provided in a separate licensed residential setting (including a separately- licensed detoxification facility within the walls of a hospital)

Personnel Qualifications (including licensure)

Substance Use Services Inpatient must be provided by trained, licensed, or certified substance use professionals:

1. Ongoing staff training in Substance Use specific topics. At least 10 hours of Substance Use specific training per year for unlicensed/uncertified staff members serving Ryan White clients.
2. Staff licensure and accreditation: As per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified and/or supervised by a licensed behavioral health professional.
3. Substance Use service providers will have a crisis intervention policy to assist a client in life threatening situations.