

RYAN WHITE TITLE I SERVICE STANDARDS



2005

Chicago Area HIV Services Planning Council

Chicago Department of Public Health
Division of STD/HIV/AIDS Public Policy and Programs

In collaboration with Midwest AIDS Training & Education Center

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Mission Statement

The mission of the Chicago Department of Public Health Division of STD/HIV/AIDS Public Policy and Programs is to work in partnership with the community to use the best public health practices for the prevention and treatment of HIV and other sexually transmitted diseases (STDS) and to promote the highest quality services for the health and well being of those living with and impacted by STDs, HIV and AIDS.

Introduction

This document contains the standards for 17 service categories funded in 2005 under Title I of the Ryan White CARE Act. In effort to help ensure the consistent delivery of quality services throughout the Chicago Eligible Metropolitan Area (EMA), these standards were developed and revised by consumers and providers of HIV/AIDS services as the minimum standards for the EMA.

For each standard there is at least one indicator. Indicators are actions that agencies or service providers must take to adhere with the standard. For an agency or provider to be in adherence with the standards for the service(s) it provides, all indicators must be met. The points under possible sources of evidence show ways the indicators may be met. Agencies and providers need only show verification of one point listed under possible sources of evidence in order to be in adherence of that particular indicator.

All service categories contain what are referred to as cross cutting standards. These standards apply to all service categories. Cross cutting standards are as follows:

- Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.
- Services are part of the coordinated continuum of HIV/AIDS services.
- Services are culturally sensitive.
- Services are provided according to accepted guidelines and best practices.
- Services utilize effective program management and quality improvement processes.
- Providers maintain client confidentiality and uphold client rights.
- Services are provided in a safe, secure environment.

The following indicators appear in each of the service categories. They reference:

- Documentation of referrals and linkages in client charts and other program documentation
- Client satisfaction surveys
- Documentation of responsibilities
- Description of agency's services
- Client grievance procedures
- Agreements upholding client rights and confidentiality
- Accessibility of services
- Cultural competency of the providers
- Staff training and continuing education
- Quality assurance and continuous quality improvement
- Safe and secure environments

In summary, the standards and indicators demonstrate what the Chicago EMA considers necessary for the provision of quality services. Quality issues range from the existence of a continuum of services to culturally competent programs and the protection of client rights.

History of the Service Standards

The service standards were established in 1996 and have been revised every other year by the HIV community in the Chicago eligible metropolitan area.

The Midwest AIDS Training and Education Center (MATEC) and the University of Illinois Survey Research Laboratory (SRL), under contract to the Chicago Department of Public Health, brought together over 100 HIV/AIDS providers and consumers to develop the initial standards for Ryan White Title I services in 1995 and 1996 (1st edition).

In 1998, community members met to review the standards and recommend revisions. These revisions appeared in the 2nd edition of the Ryan White Title I Service Standards.

In the Fall of 2001, the CDPH Division of STD/HIV/AIDS Public Policy and Programs and MATEC convened the HIV community to revise the 1999 Service Standards. In the 3rd edition, approximately 125 providers and consumers of services participated in the consensus groups for revisions.

In 2004, over 200 providers and consumers participated in the consensus revision process. Six additional service categories were included during this process. The new service categories are: case management, client advocacy, emergency financial assistance, psychosocial support, transportation and treatment adherence counseling services.

Presently, there are 17 service categories funded under Title I of the Ryan White CARE Act. All service categories, except home health care and hospice care were revised in 2004. The Standards in this document cover the following service categories:

- **Ambulatory/Outpatient Medical Care**
- **Case Management**
- **Child Care**
- **Client Advocacy**
- **Emergency Financial Assistance**
- **Food Bank/Home Delivered Meals**
- **Home Health Care**
- **Hospice Care**
- **Legal**
- **Mental Health**
- **Oral Health Care**
- **Psychosocial Support**
- **Psychosocial Support: Alternative Therapies**
- **Substance Abuse Outpatient**
- **Substance Abuse Residential**
- **Transportation**
- **Treatment Adherence Counseling**

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- And to many others that work faithfully and tirelessly in the fight against HIV and AIDS.

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2005 Service Standards

Ryan White Title

Ambulatory/Outpatient Medical Care Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency makes effort to inform the community and clients about the availability and accessibility of its HIV/AIDS services and upon enrollment in services, receipt of this information is documented in client's chart.

Evidence is required. Possible sources of evidence may include:

- Plan is in place to distribute service brochures/information, such as, at health fairs or through newsletters
- Clients are given information regarding services provided at time of enrollment
- Consumer access interview indicates compliance
- Review of client charts indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to Title I services is available regardless of ability to pay or source of payment.

Evidence is required. Possible sources of evidence may include:

- Agency's Policy and Procedures Manual discusses access to services that is made known to clients and staff
- Client satisfaction survey includes questions about access indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and system is in place to provide direction to/for services at other times.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance

Indicator 1.4: Procedures for access to services is understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Facility is accessible by public transportation (where appropriate)
- Public transit routes are available to clients (where appropriate)
- Access to transportation service provided by Title I is available through provider
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities or environmentally limited persons, including but not limited to persons who are hearing, mobility, visually, and cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Agency's Policy and Procedures Manual discuss access to services that is made known to clients and staff
- Facility tour indicates compliance
- Client satisfaction survey includes questions about access
- Consumer access interview indicates compliance

Indicator 1.8: Policies are in place to prevent discrimination against any client.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services, both medical and non-medical.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Current linkage agreements are in place
- Referrals and linkages outcomes are documented in client charts

Indicator 2.2: Based on need identified in ongoing assessment, clients are referred to needed care and prevention services. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Procedure for referrals is documented
- Appropriate linkage agreements with referral agencies are in place (may be formal or informal)
- Referrals lists of HIV/AIDS-related services exist and are provided to clients
- Referrals and linkages are documented in client charts

Indicator 2.3: Service information is disseminated and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Consumer access interview indicates compliance
- Plan is in place to distribute service brochure information, such as, at health fairs or through newsletters

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.5: Care includes assessment of broader medical care needs, which may include, but are not limited to:

- Cardiovascular health
- Diabetes
- Asthma
- Behavioral health issues
- Women's health issues
- Men's health issues
- Well-child care
- Immunizations
- Sexual and/or reproductive health

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Indicator 2.6: Care includes identification of and access to broader non-medical services, including but not limited to housing, childcare, mental health services, chemical dependency treatment, etc.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Results of client satisfaction survey indicate compliance
- Consumer access interview indicates compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure cultural competent services.

Evidence is required. Possible sources of evidence includes:

- Review of Policy and Procedures Manual indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Evidence of a plan to have culturally sensitive Board, staff and volunteers reflective of the communities served, including existence of an assessment of Board, staff and volunteers
- Advertisements for staff positions appear in local newspapers and other media
- Staff interviews format that indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency has a plan to accommodate differing language needs. Policy/protocol is in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Assessment of interpretation and translation needs for the communities served exists
- Policy and Procedures Manual describes how to locate and secure translators

Indicator 3.4: Training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training for paid and non-paid staff.

Evidence is required. Possible sources of evidence may include:

- A mechanism is in place for ongoing cultural sensitivity assessment of paid and non-paid staff
- Agenda for training programs include cultural competence
- Review of Policy and Procedures Manual indicates compliance
- Review of paid and non-paid staff orientation handbooks or checklists

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance

Quality Standard #4: **Services are provided according to accepted guidelines and best practices.**

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them. HIV management uses accepted national HIV/AIDS management guidelines (e.g., NIH/PHS, IAS, CDC, Hopkins). Deviations are explained.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Personnel records document licensing

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided. Clinical staff is updated as necessary based on significant changes in clinical management.

Evidence is required. Possible sources of evidence may include:

- Personnel records document training and continuing education
- Agenda documents from in-services
- Copies of information provided to staff indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of quality assurance procedures indicates compliance

Indicator 4.5: Prophylaxis for opportunistic infections is provided according to CDC standards.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Indicator 4.6: Documentation, based on lab tests with names and/or physician note, of HIV status is in charts.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Indicator 4.7: Within 12 weeks from entering ambulatory/outpatient medical care, basic medical history and physical examination are offered or charted and baseline labs are ordered.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Quality Standard #5: **Services utilize effective program management and quality improvement processes.**

Indicator 5.1: There is an at least quarterly continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance

Indicator 5.2: Agency institutes and utilizes ongoing system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction survey indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #6: **Providers maintain client confidentiality and uphold client rights.**

Indicator 6.1: Clients are informed of their rights and responsibilities, and the agency's grievance procedure (that includes mediation and conflict resolution) and this is appropriately documented. Agency assists clients in using grievance procedures if they have a complaint concerning services provided. A summary of the rights, responsibilities and agency's grievance procedure is posted with the most current contact information and is visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client written and electronic records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Review of agency/clinic policies and procedures indicates compliance
- Staff orientation materials include client confidentiality policies and procedures and how those policies are to be communicated to staff and clients
- Consumer access interview indicates compliance
- Records are kept/stored in locked room or cabinet, and personnel secure electronic files
- Staff responsible for records are physically present when records are opened or unlocked

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis. When release of confidential information is necessary, a release form containing written consent is on file.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff/volunteer training
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and its limits and this is appropriately documented. A summary of the confidentiality policy is posted and is visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance
- Written documentation of client education indicates compliance
- Facility tour indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and state and federal laws, and the training will address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Training agenda includes confidentiality
- Personnel records include signed statement by staff person agreeing to comply

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.10: Client has a right to see their chart.

Evidence is required. Possible sources of evidence may include:

- Policy appears in statement of client rights and responsibilities
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.11: A signed consent for treatment is included in client charts.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual describes infection control and universal precautions
- Staff training on infection control and universal precautions is verified by training records

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. A security plan is in place. Staff are provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual documents protocols for removing individuals who pose a danger to staff and/or clients
- Attendance logs and agendas from staff training

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance

Indicator 7.7: Needle stick prevention and post-exposure protocols are in place. Appropriate staff have received training.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 7.8: A system is in place for annual client and staff screening for TB that is done with appropriate follow-up and intervention.

Evidence is required. Possible sources of evidence may include:

- Agency has a program in place to provide TB screening
- Review of staff personnel records indicates compliance
- Review of client charts indicates compliance

Quality Standard #8: **Client and/or family (as defined by the client) participation in care decisions is maximized. Care decisions are made in partnership between clients and providers.**

Indicator 8.1: There is documentation that clients are involved in their care decisions and the agency's service delivery.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction survey demonstrates level of compliance and satisfaction
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance

Indicator 8.2 Client and/or family (as defined by client) participate in care decisions.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Client care plan with signature of client and caregiver
- Policy and procedures that involve family members (as defined by the client) allow for release of medical information with the family

Quality Standard #9: Services are individualized and tailored to client needs.

Indicator 9.1: Services include initial and ongoing (when possible with each visit) client-centered risk assessment and risk reduction counseling with primary care provider including, but not limited to, ways to prevent the transmission of HIV and other infections to others and ways to prevent re-infection.

Evidence is required. Possible sources of evidence may include:

- Review of client chart indicates that client-centered risk assessment and risk reduction counseling were performed

Indicator 9.2: The current individual care/treatment management plan reflects client's current medical and psychosocial status and reflects client involvement.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates collaboration with client by having client initialed client care plan
- Documentation/plan in progress notes

Indicator 9.3: Patient education is individualized and includes information on drugs, labs, adherence, prevention, and health management.

Evidence is required. Possible sources of evidence may include:

- Review of client chart documents client education

Ryan White Title I
Case Management Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of promotional materials indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Frequency of ongoing contact is based on client level of need for care
- Reassessments are done in a timely fashion and indicate any changes in client level of need for care
- Procedures are in place to ensure clients have access to information regarding services in case of emergencies 24 hours a day
- Consumer access interview indicates compliance

Indicator 1.4: Procedure for access to services is understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of promotional material indicates compliance
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction survey indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with any and all available travel resources.

Evidence is required. Possible sources of evidence may include:

- Services are accessible by all means of transportation
- Special transportation needs are assessed and made available to clients
- There is documentation that transportation resources are available to eligible clients to facilitate clients' receipt of case management services
- Alternate service sites or referral sources are maintained that are geographically sensitive to clients needs. Demonstration is made for necessary services through memorandum of agreement or linkage agreement
- Agency provides home visits as needed and clinically indicated and appropriate documentation is maintained
- Clients come regularly to service site
- Annual client survey indicates satisfaction with program site. Agency has demonstrated participation in client satisfaction survey
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities or environmentally limited persons, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Accessible entrances are marked with clear language
- There are accommodations for people with visual or hearing impairments and other disabilities
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 1.8: Initial contact should be attempted within 5 business days from date of referral. If this is not possible, the reason is documented.

Evidence is required. Possible sources of evidence may include:

- Response time for new referral is appropriate for the level of care indicated at time of referral

Quality Standard #2: Services provided are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.2: Clients are referred to needed care and prevention service. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.3: Information on services is disseminated and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of linkage agreements indicates compliance
- Promotional materials

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas of staff training

Indicator 2.5: Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.6: Services provided are part of the coordinated HIV Case Management Cooperative, including coordination with other care providers, especially medical providers

Evidence is required. Possible sources of evidence may include:

- Waivers are signed for release of information and reviewed at annual Ryan White Title I site visit
- Eligibility and referral standards are clearly documented

Quality Standard #3: Services available are sensitive and competent with regard to cultural and social diversity, including, but not limited to, language, spirituality, sexual orientation, age, gender, race, etc. and track to changes in client demographics.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure sensitive and competent services with regard to cultural and social diversity and changing client demographics.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance.

Indicator 3.2: There is documentation of efforts directed at recruiting and hiring staff, board, volunteers, and contractors representative of changing demographics within communities served.

Evidence is required. Possible sources of evidence may include:

- Resumes on file reflect previous experience with and education about diverse populations
- Case managers attend trainings that address diverse community issues

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency has a plan to accommodate differing language needs. Policy/protocol is in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance

Indicator 3.4: Staff training in competence regarding cultural and social diversity, including plan for translator services, is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Case managers attend trainings that address diverse community issues. On site documentation is available
- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.5: Agency documents client satisfaction with the competency of the providers with regards to cultural and social diversity and changing client demographics.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Attendance logs and agendas from staff training

Indicator 3.6: Outreach is targeted to specific communities of need in a manner that is consistent with community culture and changing client demographics.

Evidence is required. Possible sources of evidence may include:

- Client input in service delivery through participation in advisory board (Case Management Governance) is documented
- Promotional information is easily understood and is oriented to target specific communities

Indicator 3.7: Services are conducted in a manner that is sensitive to the communities served and case managers are aware that may be affected by race, primary language, sexual orientation, communities identified with, family needs and customs.

Evidence is required. Possible sources of evidence may include:

- Intake formats provide opportunity for clients to discuss barriers to care specific to their culture and needs
- Case managers are trained in addressing and assessing needs for specific communities. On site documentation is available

Quality Standard #4: Services are professional, clinical (if applicable), and adhere to accepted standards, guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted standards, guidelines and best practices and changes in them, including, but not limited to, consideration of the guidelines set by the Northeastern Illinois HIV/AIDS Case Management Cooperative Governance Committee.

Evidence is required. Possible sources of evidence may include:

- Review of program documentation indicates compliance

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Diplomas, certificates, resumes, licenses, documented work or life experiences etc., are on file
- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- A description of quality and documentation review is maintained in clients' records to ensure adequate supervision
- Monthly reports are submitted that address quality assurance at case management agencies
- Quality assurance activities are reviewed at annual site visits by Program Associates

Indicator 4.5: Written criteria of qualifications and job descriptions for hiring case managers are in place, adhered to, and documented.

Evidence is required. Possible sources of evidence may include:

- Agencies submit case manager job description to Program Associates upon new hires.
- Qualifications of staff are clear and provided to Program Associates
- Personnel records include documentation for pre-employments
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.6: Case managers, at a minimum, are trained through the *Cooperative* orientation and receive certification upon completion.

Evidence is required. Possible sources of evidence may include:

- Certification is on file at the AIDS Foundation of Chicago and contracted sites/locations
- Review of personnel records indicates compliance

Indicator 4.7: Agency supports its staff, including case managers, in professional and personal development to maintain service abilities.

Evidence is required. Possible sources of evidence may include:

- Case managers are provided access to mental health care and supportive counseling as indicated through Cooperative policies and procedures
- Case managers have vacation, bereavement leave, and personal leave through agency policies
- Case managers have regular supervision with attention to burnout as indicated through policies and reviewed at annual site visits
- Case managers have annual in-services on self-care, physical and emotional health
- Agency assesses case managers needs for ongoing education, including skill development and informational needs to serve people with HIV (documented by attendance records)
- Training for case managers includes annual updates about basic HIV medical information, especially targeting specific populations at risk, i.e., women with children, elderly, etc.
- Documentation indicates that a case manager has attended a minimum amount of ongoing training to provide case management services through the Cooperative (staff's training records indicate compliance)

Indicator 4.8: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.9: Effective communication regarding services is occurring within agency and between agencies, through formal and informal working relationships.

Evidence is required. Possible sources of evidence may include:

- Information regarding proof of program eligibility (HIV status) is maintained in client record
- Case managers and medical providers confer on client service plans whenever possible
- Case managers seek consultation from supervisory staff when problems arise in cases and document this consultation in client charts and supervisory notes
- When multiple services are available on site and are offered to clients, case staffings will occur and be documented in a formal manner

Indicator 4.10: Plans are in place to ensure continuity of case management services in the event of changes in personnel, agency, or funding.

Evidence is required. Possible sources of evidence may include:

- Agencies assign all clients to a primary case manager and the AFC's central registry accurately reflects this case manager
- Charts document provider consistency or reasons for change within an agency or between agencies
- No interagency client transfer is made without consultation with the AIDS Foundation of Chicago or prior agreement between partner agencies

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes a comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain at least annual client feedback on service delivery and incorporate findings into service delivery. Findings are shared with program staff, senior managers, board members, and consumers.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e. g. suggestion box, client advisory board, focus groups) indicates compliance
- Documentation of presentation at staff meetings, in reports, etc.

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. Grievance and complaint resolution procedures are in place and posted in a visible area with the most current contact information.

Evidence is required. Possible sources of evidence may include:

- All clients are informed as to their rights and responsibilities, sign this document, and this is maintained in client charts
- Written grievance procedures that are clear and understandable are signed by clients and placed in case management charts
- Review of client charts indicates compliance with above
- Record reflects ongoing service complaints and any actions taken toward resolution
- The AIDS Foundation of Chicago maintains documentation regarding all clients' grievances that have gone through the agency complaint resolution process

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance.
- Updated documentation of eligibility
- Update of service plan includes eligibility and signature by client and case manager
- Consumer access interview

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Staff and clients review agency policy regarding methods of chart access, and a signed receipt of the policy is in client file
- Clients records are kept in locked file cabinets and computer information is appropriately secured
- Facility tour indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client/coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Signed release of information for every collateral or third-party contact is in client file
- Review of client charts indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Written policies regarding confidentiality are presented to and signed by all clients and maintained in clients' charts
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and such training also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- New case managers are trained on confidentiality and HIPAA measures and agencies are required and monitored to train all program staff and volunteers on confidentiality policies (evidence of training is to be kept in personnel files)

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.10: There is a forum for client input at the agency and it is appropriately documented (i.e. focus groups, client advisory board, client surveys, etc.).

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- On-site documentation is available

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Staff interview with appropriate documentation

Indicator 7.5: Procedures on crisis intervention with individuals who pose a danger to staff, volunteers, or clients are documented. Staff are provided mandatory training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.7: Services are provided at a location that is appropriate for the client.

Evidence is required. Possible sources of evidence may include:

- Alternate services sites or referral sources are maintained that are geographically sensitive to clients needs
- Agency provides home visits as needed and clinically indicated and appropriate documentation is maintained
- Annual client survey indicates satisfaction with program site

Quality Standard #8: Case managers offer comprehensive services, on site or by referral, which are individualized and tailored to address client and family needs.

Indicator 8.1: All clients are assessed for individual and family needs at intake and every six months thereafter and/or as needed.

Evidence is required. Possible sources of evidence may include:

- Intake procedures allow for screening protocols for individuals based on level of need, and appropriate intervention is done based on the determined level of need
- Review of client charts indicates compliance

Indicator 8.2: Client service plan is specific to client and family needs and is documented for each client and is signed by the client and case manager at six-month intervals and/or as needed.

Evidence is required. Possible sources of evidence may include:

- Service plans specific to client needs are documented for each client. Plan assesses the client for all needs and places responsibility for meeting goals on both case manager and client.
- Review of client charts indicates compliance

Indicator 8.3: Client chart documents referrals made within the current six-month assessment period. When resources do not exist to meet client needs, it is documented in the client chart.

Evidence is required. Possible sources of evidence may include:

- Referral procedures are implemented
- Referrals are made to meet the needs as identified in the service plan and agreed upon by the client.
- Review of client charts indicates compliance

Indicator 8.4: Agency must follow policy and procedures regarding the transfer and termination of case management services such as those promulgated by the Northeastern Illinois Case Management Cooperative Governance.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

**Ryan White Title I
Child Care Service Standards**

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs or provider makes referrals for services at other times.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 1.4: Procedure for access to services is understandable and responsive.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times for enrollment are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities, including but not limited to persons who are hearing, mobility, visually and cognitively impaired, or agency makes arrangements necessary to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.8: Transportation will be provided to and from the facility as needed and available with written guidelines, updated as necessary, addressing safety.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral and follow-up procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.2: Children in childcare are referred to needed care and prevention services. Outcomes of referrals and linkages are documented in chart.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas of staff training

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client input mechanism (suggestion box, client advisory board, focus groups) indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant a translator, agency works with client to accommodate differing language needs. Policy and protocol are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas of staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers and incorporates findings into service delivery system.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.6: Programming (e. g. menus, special events, equipment, curriculum) address issues of cultural diversity.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance.

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and current best practices and changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas of staff training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Childcare services are individualized and tailored to client needs.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 4.6: Nutritionally sound meals and snacks will be provided in compliance with federal, state, and local regulations.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance

Indicator 4.7: Appropriate staff meet regularly to coordinate services and it is documented.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas of staff meetings
- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.8: If individual, family, or group counseling, including support groups are indicated, a system is in place for referral for services.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance
- Review of linkage agreements indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized, documented continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A documented mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of other client input mechanism (e. g. suggestion box, client advisory board, focus groups) indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client's rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures, and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures with the most current contact information is posted, in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer service access interview indicates compliance
- Review of client charts indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.4: Agency confidentiality policy includes criteria for how information regarding clients is communicated with other providers and is consistent with the policy, and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.5: Service delivery includes procedures to ensure privacy for client consultation, and to ensure that telephone conversations with private information (including cell phones) shall not be audible to others. Photography (including camera phones) to record individual information shall not be utilized in service areas.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 6.6: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas of staff training

Indicator 6.7: Clients are informed of confidentiality and informed consent policy and procedures and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff, interns, and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address HIPAA privacy and security measures. The training is documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas of staff training

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.10: Clients are informed of agency services and this is documented in client file.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, properly ventilated, and free of clutter, hazardous substances, fire hazards or other obstacles that could cause harm. Documented fire drills are conducted.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas of training
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitations on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Staff logs and schedules indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.5: Procedures for removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff are provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.7: Agency policies address client, children, and staff's (including volunteers) safety during both on-site and agency sponsored off-site activities.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.8: Procedure exists for obtaining background checks, physical examinations (including TB and MMR—measles, mumps, rubella—tests) and other required documentation of all staff and volunteers.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Quality Standard #8: Child care program will provide, as appropriate, social, occupational/life skills, educational, and wellness activities to assure specific program objectives.

Indicator 8.1: Means of identifying client needs is incorporated into the program design and structure.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 8.2: Planning incorporates individual needs of client.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance.

Indicator 8.3: Written plans for activities are completed on a regular basis.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Indicator 8.4: As appropriate, services for identified needs are available on-site or by referral.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of linkage agreements indicates compliance.

Ryan White Title I
Client Advocacy Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs the community and clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of promotional materials indicates compliance
- Review of client satisfaction surveys indicates compliance
- Materials given to clients and families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to service is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are made available.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.4: Procedure for access to services is understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available and accessible to individuals with disabilities, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 1.8: Advocacy, information, and referrals are provided to client regardless of agency relationship.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials provided to clients and families (e.g. handbook)
- Consumer access interview indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms to receive and provide referrals).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.2: Participants are referred to needed non-medical care, prevention, and other services. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.3: Services are marketed and promoted and known through, materials, media, linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicate compliance
- Review of promotional materials indicates compliance

Indicator 2.4: Advocacy staff demonstrates they have adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 2.5: Advocacy staff provides assistance, information, and referral regarding available services and eligibility requirements (e.g. documentation, criteria).

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 2.6: Advocacy staff consults and advises on alternatives available to resolve service obstacles.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff meetings and trainings
- Staff interview with appropriate documentation indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all participants served (on-site or by referral) and documented. Where the base does not warrant translator, agency works to accommodate differing language needs. Policy and procedures are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff meetings and trainings
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.5: Agency documents participant satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Attendance logs and agendas from staff training

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and subsequent changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.2: Agency assures that all services are provided by qualified and competent staff in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Services are individualized and tailored to individual needs.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 4.6: Client advocacy shall complement, not replace the array of HIV services (e.g. not replace case management, legal, or mental health services).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of linkage agreements indicates compliance

Indicator 4.7: Advocacy staff provides education to other providers and the community about obtaining services.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agenda indicates compliance
- Review of linkage agreements indicates compliance
- Review of promotional materials indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing individual level data.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain participant feedback and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e. g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.4: Agency identifies and documents outcomes and incorporates changes into improved services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 5.5: Agency documents patterns of unmet need and convey findings to funders.

Evidence is required. Possible sources of evidence may include:

- Review of reports to funders indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Agency has a mechanism to inform participants (face-to-face) of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists in using the grievance procedures if individuals have a complaint concerning services provided. A summary of the agency's grievance procedures is posted with the most current contact information in an area visible to all.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance
- Review of client charts indicates compliance

Indicator 6.2: Participants are informed of agency and governmental confidentiality policies (e.g. Illinois AIDS Confidentiality Act, HIPAA) and procedures and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance

Indicator 6.3: Agency informs potential participants of the criteria for eligibility for client advocacy and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance

Indicator 6.4: Written policies and procedures are established for ensuring the confidentiality of active and inactive records. Records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 6.5: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names). This includes proper procedures for consent for release of information, ensuring privacy protection for information sent, as well as ensuring that information received maintains protection about individual identities. This shall apply to electronically shared information including fax. All information sharing shall be on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.6: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff, volunteer and intern training on HIPAA and other required privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.7: Service delivery includes procedures to ensure privacy for client consultation, and ensure that telephone conversations with private information (including cell phones) shall not be audible to others. Photography (including camera phones) to record individual information shall not be utilized in service areas.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address legal (including HIPAA) privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of individual confidentiality and uphold individual rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, and other obstacles, that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients, participants and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff is provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #8: Maximizes client empowerment and client self-sufficiency.

Indicator 8.1: Advocacy staff supports clients to become more independent and knowledgeable to access other services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Consumer access interview indicates compliance

Indicator 8.2: Advocacy staff communicates with individuals and providers to ensure best possible service access.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Materials given to clients and families (e.g. handbook)

Indicator 8.3: Advocacy staff consults and advises on alternatives available to resolve service obstacles.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff meetings
- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 8.4: Advocacy staff educates clients and other participants about service resources.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and families (e.g. handbook)
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Consumer access interview indicates compliance

Ryan White Title I

Emergency Financial Assistance Service Standards

Quality Standard #1: Services are accessible to all clients, delivered in a timely manner, and are offered in such a way as to overcome obstacles to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Information dissemination to clients is documented
- Consumer access interview indicates compliance
- Review of client charts indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client and clients are informed as such in writing. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 1.4: Procedure for access to services is consistent, understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and families (e. g. handbook)

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Review of promotional materials indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are accessible to individuals with disabilities, including but not limited, to persons who are hearing, mobility, visually and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.8: Telephone calls and applications are answered and/or returned quickly and are prioritized/triaged.

Evidence is required. Possible sources of evidence may include:

- Protocol with time frame for responses is in place.
- Phone protocol exists, with definitions of EFA services and call-screening process.
- Log is kept for a sample period each year, indicating when call came in and when it was responded to.
- Phone calls are monitored for appropriate responses.
- Client satisfaction surveys indicates compliance

Indicator 1.9: Emergency financial assistance services are tied to knowledgeable, competent, and responsive case management.

Evidence is required. Possible sources of evidence may include:

- Client file includes information on case manager, copy of referral from case manager, and release of information form.
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff training

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services and are fairly distributed to persons most in need and consistent across agencies and to clients.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.2: Clients are referred to needed care and prevention services. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance

Indicator 2.4: Staff receives adequate information about the continuum of emergency services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 2.5: Emergency financial assistance services' information is included in the TPA service directory.

Evidence is required. Possible sources of evidence may include:

- Service directory has information on definitions of EFA, eligibility requirements, and directive to ask case manager for more information.

Indicator 2.6: Consistent and clear eligibility standards, clear definitions of "emergency," and funding caps are consistent across agencies and to clients.

Evidence is required. Possible sources of evidence may include:

- Each agency complies with eligible metropolitan area -wide protocols, as indicated by staff protocols, training, and review of client files
- Consumer access interview indicates compliance

Indicator 2.7: Emergency financial assistance services application process includes sharing of information with other emergency assistance providers, with client consent, in order to assure emergency financial assistance funding remains payer of last resort.

Evidence is required. Possible sources of evidence may include:

- Protocol is in place to ascertain from either case manager or from EMA-wide database what other EFA the client has received.
- Client file indicates the information was sought for all applicants.
- Consumer access interview indicates compliance

Indicator 2.8: Agency assures, to the extent possible, given guidelines and principals noted above, that persons who are HIV positive and not AIDS diagnosed are eligible for emergency financial assistance.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance.

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client to accommodate differing language needs. Policy and protocol are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and best practices, including attention to crisis intervention and transitional planning in a timely manner.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.2: Agency assures that all services are provided by responsive professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.3: Staff is trained in use of guidelines for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Protocol for emergency financial assistance includes an individualized plan that addresses stabilizing the client beyond the crisis.

Evidence is required. Possible sources of evidence may include:

- Client file includes information from case manager on longer-term plan and budget
- Referrals to other resources indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes including, but not limited to, client satisfaction.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain comprehensive client feedback on service delivery, which is documented, and findings are incorporated into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures, and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures with the most current contact information is posted in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance
- Review of client charts indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff and volunteers training

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and procedures and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff and volunteer training

Indicator 6.9: When agency personnel, volunteers, and contractors resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff is provided training in these procedures and this is documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.6: When agency personnel, volunteers, and contractors resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Ryan White Title I

Food Bank and Home Delivered Meals Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of written client materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services is available and provided regardless of the ability to pay.

Evidence is required. Possible sources of evidence may include:

- Fee schedule indicates compliance
- Eligibility criteria indicate compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Posted service hours are included in intake packet
- Consumer access interview indicates compliance

Indicator 1.4: Procedure for access to services is understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Consumer access interview indicates compliance
- Client satisfaction surveys indicate compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicate compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Linkage with case management includes transportation services
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities or environmentally limited persons, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral and procedures and mechanisms). Agency maintains formal letters of agreement outlining specific areas of service collaboration.

Evidence is required. Possible sources of evidence may include:

- Letters of agreement are on file
- An outline of specific programmatic role/function in collaboration exists (may be with letters)
- A routine audit or check of contact sample as to nature of relationship occurs

Indicator 2.2: Clients are referred for case management services and to other needed care (and prevention services). Outcomes of referrals and linkages to case management are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts for documentation

Indicator 2.3: Services are marketed and known through linkages and direct outreach. Agency is active in educating HIV/AIDS service community about services and policies.

Evidence is required. Possible sources of evidence may include:

- Evidence of internal and external public relations, marketing, educational materials and communications are on file, as well as, a log of distribution that may include informational/training session outlines and staff communications

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 2.5: Agency documents source of referrals for food services.

Evidence is required. Possible sources of evidence may include:

- Client file or database is maintained that includes referral sources. Client file or database includes intake information.
- Review of client chart indicates compliance

Indicator 2.6: Agency is a member of applicable HIV/AIDS planning and services councils and actively participates in regional planning and coalitions.

Evidence is required. Possible sources of evidence may include:

- Documentation of memberships is on file
- Attendance logs of meetings are maintained

Indicator 2.7: Provider will solicit appropriate medical information (contraindications, medications, lab work, viral load, CD4 counts, allergies, etc.) from client every 6 months on a regular basis.

Evidence is required. Possible sources of evidence may include:

- Posting of appropriate promotional poster is visible in public area
- Review of client charts indicates compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicate compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors (including vendors) representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of board and personnel records indicates compliance
- Review of vendor location, personnel, and/or product indicates compliance
- Policy and Procedures Manual documents methods for volunteer recruitment and retention
- Comparison of volunteer zip codes with client zip codes indicates they come from similar communities

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, an agency works with client to accommodate differing language needs. Policy and protocol is in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Training logs and agendas of staff training are on file
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicate compliance
- Consumer focus group reports indicate compliance

Indicator 3.6: A documented plan for serving the community exists.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 3.7: A mechanism to obtain community input on service development is in place. Community members and clients are directly involved in service delivery.

Evidence is required. Possible sources of evidence may include:

- Community advisory mechanism exists (e.g. surveys, advisory boards)
- There are community members present on the board and among staff and volunteers

Indicator 3.8: Community/cultural preferences are reflected in food services provided.

Evidence is required. Possible sources of evidence may include:

- Review of menu catalog indicates compliance
- Policy and procedures demonstrate commitment to the community and culture of the clients
- Review of client satisfaction surveys indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them and staff is trained in the use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Review of staff's continuing education and training records indicate compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas of staff training

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Attendance logs and agendas fro staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Facilities and equipment have capacity for proper food storage and handling.

Evidence is required. Possible sources of evidence may include:

- Review of temperature logs indicates compliance
- Policy and Procedures Manual documents methods for proper food handling and storage
- Documentation of appropriate external compliance is on file
- Periodic audits indicate compliance

Indicator 4.6: Proper temperature is maintained at point of delivery and during storage, based on food service standards and applicable laws. (This indicator applies to all programs except food vouchers).

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual documents proper temperature
- Review of temperature log indicates compliance
- Site visits and periodic audits indicate compliance
- Documentation of appropriate external compliance is on file

Indicator 4.7: Food inventory is updated and rotated as appropriate on a first-in, first-out basis, and shelf-life standards and applicable laws are observed.

Evidence is required. Possible sources of evidence may include:

- Review of inventory records indicates compliance
- Site visits and periodic audits indicate compliance
- Policy and Procedures Manual documents how to maintain written inventory
- Facility tour indicates compliance

Indicator 4.8: A posted procedure for rejecting/discarding unsafe foods exists, and food handlers are knowledgeable and trained.

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual documents procedure for rejecting/discarding unsafe foods
- Training logs and agendas of staff are on file
- Periodic audits indicate compliance

Indicator 4.9: A documented menu is consistent with a balanced diet and reflects the needs of individual clients

Evidence is required. Possible sources of evidence may include:

- Documented menu for each food service type is maintained
- Documented, periodic review confirms that menu is consistent with HIV/AIDS nutritional goals of each client

Indicator 4.10: There is professional dietary supervision, at a minimum on a consulting basis, based on service type.

Evidence is required. Possible sources of evidence may include:

- Personnel records and/or consulting contracts are on file
- Documentation of dietary supervision for home-delivered meals and consultation visits is in client files
- Documentation of dietary supervision trainings for staff and volunteers of grocery programs is on file

Indicator 4.11: Menu offerings include at least special diets and appropriate supplements that are consistent with client nutritional needs and should strive to meet cultural needs and restrictions.

Evidence is required. Possible sources of evidence may include:

- Documentation specifies that special diets and supplements are available as need exists
- Documentation of delivery and/or distribution of supplements is on file
- Documentation of efforts to meet cultural needs and restrictions, if appropriate, is on file
- Consumer access interview indicates compliance

Indicator 4.12: Documented menu plan is changed periodically, based on factors such as client input, individual nutritional status, change in medical needs, and availability and variety of food.

Evidence is required. Possible sources of evidence may include:

- Menu plan reflects changes based on applicable factors over a given period of time
- Review of distribution logs indicates compliance
- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of nutritionist menu plans indicates compliance
- Consumer access interview indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes to maximize and measure client satisfaction and client outcomes.

Indicator 5.1: There is an organized Continuous Quality Improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data. For planning purposes, providers and vendors must have in place ways to describe utilization of services (including who they are serving, what they are providing, where clients are located, how much service is received by each client, and for what period of time).

Evidence is required. Possible sources of evidence may include:

- Procedures for describing utilization are documented in the Policies and Procedures Manual
- Review of statistics and relevant data indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Annual client satisfaction surveys indicate compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.4: If volunteers are used, a process/tool is in place for obtaining volunteer perspectives annually about observations of client satisfaction.

Evidence is required. Possible sources of evidence may include:

- Mechanism for gaining appropriate volunteer feedback is documented and implemented annually

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedure and this is appropriately documented and included in the client's file.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 6.2: Clients are provided a description of the agency's services and are informed of the agencies criteria for eligibility and this is appropriately documented and included in the client's file.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses, when applicable, staff, interns, and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff, intern, and volunteer training
- Review of personnel records indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Client receipt of confidentiality policy in client file indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are trained on confidentiality policies and procedures of agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff and volunteer training

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated or resign, all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality, and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.10: Agency assists clients in using the grievance procedure if they have a complaint concerning services provided.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 6.11: A summary of the grievance procedure, understandable to all, is posted at all provider locations with the most current contact information and is visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agenda of staff training
- Review of personnel records indicates compliance
- Infection controlled and universal precautions are posted in a place visible to all staff

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 7.4: The agency provides adequate staff when clients, patients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Staff interview and appropriate documentation
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff are provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Attendance logs and agendas of staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.6: Agency strives to improve community safety and surroundings.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Facility tour indicates compliance

Indicator 7.7: When agency personnel, volunteers, and contractors are terminated or resign, all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Quality Standard #8: Services are individualized and tailored to client needs. Different levels and types of nutritional services are available and based on economic need, living situation, functional ability, disease progression, and cultural identity.

Indicator 8.1: Providers assess client economic need.

Evidence is required. Possible sources of evidence may include:

- Relevant information is part of client file/database; client file/database includes intake and update information

Indicator 8.2: Providers demonstrate the delivery of nutrition and client education for each client.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of promotional materials indicates compliance
- Materials give to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 8.3: Providers assess functional ability

Evidence is required. Possible sources of evidence may include:

- Relevant information is part of client file or database. Client file or database includes intake and update information
- Consumer access interview indicates compliance

Indicator 8.4: Providers assess disease progression, other medical conditions (such as diabetes, hear disease), status of wasting syndrome, and general health status.

Evidence is required. Possible sources of evidence may include:

- Relevant information is part of client file or database; file or database includes intake and update information
- Physician documentation of on-going health status is on file

Indicator 8.5: Providers assess living situation of clients.

Evidence is required. Possible sources of evidence may include:

- Relevant information is part of client file or database; file or database includes intake and update information

Indicator 8.6: Intake process and records include assessment of cultural needs and restrictions, as well as, medical needs and restrictions.

Evidence is required. Possible sources of evidence may include:

- Relevant cultural and medical information is part of client file or database; client file or database includes intake and update information
- Consumer access interview indicates compliance

Ryan White Title I
Home Health Care Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and/or families (e. g. handbooks)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services are available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Promotional material is made available to client and/or family
- Consumer access interview indicates compliance

Indicator 1.3: Service hours are sensitive to the client population and respond to the range of client needs, and referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.4: Procedure for access to services is understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and families (e.g. handbook)
- Promotional material is available
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Agency assures that services are available to individuals with disabilities, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Promotional material is available
- Review of client satisfaction surveys indicates compliance

Indicator 1.7: A plan is in place that addresses the need for uninterrupted home care, including coordination between visits when appropriate, respite, and/or appropriate referral for hospice care, when needed.

Evidence is required. Possible sources of evidence may include:

- Review of client charts for periodic care plan updates
- Review of Policy and Procedures Manual indicates compliance

Indicator 1.8: A 24-hour contact person is available by telephone or provide for between-visit issues and emergency referrals.

Evidence is required. Possible sources of evidence may include:

- Review of client charts for emergency contact information
- Absence of grievance forms are in client charts
- Documentation of emergency referrals and between-visit telephone log is in client charts
- Policy and Procedures Manual documents emergency referrals

Indicator 1.9: Orientation is given to home health care providers, especially in the area of how to access other community services that client needs. Hospice education is provided to all home health care providers.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates
- Review of personnel records indicates compliance
- Review of program documentation

Indicator 1.10: All home health care providers are aware of the range of services that the client receives from the home health care agency and work actively to ensure cooperation with other service providers as needed to create an environment in which family, friends, and other supportive individuals are cooperating.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates a cooperative approach to service delivery

Indicator 1.11: Home health care providers participate in activities related to collaborative planning and service development, where appropriate.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates home health care providers participation
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.2: Clients needs are identified and they are referred to needed care and prevention services. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Client satisfaction surveys indicates compliance
- Review of linkage agreements indicates compliance.

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Promotional material is available

Indicator 2.4: Staff receives information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file

Indicator 2.5: Cultural issues are addressed in client's rights statement.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance
- Review of client handbook

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance
- Review of client satisfaction survey indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client, family and/or other agencies to accommodate differing language needs. Policy and procedures are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Training logs and agendas are on file
- Logs and agendas of staff meetings are on file
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and best practices. HIV/AIDS home health care providers deliver HIV/AIDS care according to current clinical standards of quality in a caring , appropriate, and timely manner.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas from staff training are on file

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file
- Review of personnel records indicates compliance

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Training logs and agendas of staff, interns, and volunteers trainings are on file
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Home health care provider will meet basic qualifications of education, literacy, work history, and dependability established by each individual agency according to the specific type of service provided (i.e. nursing services, home health aide services).

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual documents minimal qualifications for education and work history for home health care provider
- Review of personnel records for resume and qualifications

Indicator 4.6: Where applicable, agency is accredited to deliver services.

Evidence is required. Possible sources of evidence may include:

- Documentation of accreditation is on file

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are provided written material informing them of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures is posted with the most current contact information in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of client charts indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records. Client records are kept in locked files, locked chart racks in service delivery areas, protected-access electronic database (including data on laptop computers), and written policy is file access.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client/patient coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas of staff, interns, and volunteers trainings are on file.
- Review of personnel records indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and procedures and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff and volunteer training are on file

Indicator 6.9: When agency personnel, volunteers, and contractors resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance

Indicator 6.10: Agency provides field supervision and quality assurance to ensure provider competence to resolve problems.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance (absence of grievance forms)
- Review of program documentation indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file
- Review of personnel records indicates compliance

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Staff interview with appropriate documentation indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff is provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file

Indicator 7.6: When agency personnel, volunteers, and contractors, resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance

Indicator 7.7: Procedures are in place for staff to address perceived risky situations.

Evidence is required. Possible sources of evidence may include:

- Training agendas include staff and client safety issues
- Policy and Procedures Manual addresses staff safety
- Documentation of incidents exists
- Review of client charts indicates compliance
- Documentation of client referrals to another agency, as needed, exists

Indicator 7.8: Staff receives adequate information about expected services and training on required treatment procedures.

Evidence is required. Possible sources of evidence may include:

- Orientation materials include treatment procedures and universal precautions
- Training agendas include treatment procedures and universal precautions
- Policy and Procedures Manual addresses infection control and universal precautions

Quality Standard # 8: Services are individualized and tailored to client need.

Indicator 8.1: Home health care plan is based on an assessment including client background, medical and psychosocial status and needs, including substance use history.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.2: Home health care plan emphasizes client's functional abilities in order to optimize independence and adherence to the treatment plan and to minimize the effect of illness and disability in daily life.

Evidence is required. Possible sources of evidence may include:

- Periodic evaluation of home health care plan by client appears in client charts
- Plan references activities of daily living and medication adherence

Indicator 8.3: Services will be provided according to care plan, in which final decisions lie with the client.

Evidence is required. Possible sources of evidence may include:

- Review of client charts for care plan indicates compliance
- Time sheet of home health care provider is completed by clients, only when services are provided according to care plan.
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.4: Family members, as defined by client, are included in care decisions where appropriate.

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual describes policy that family members of client's choice, including nontraditional family members, are included in care decisions.
- Review of client charts indicates compliance

**Ryan White Title I
Hospice Care Service Standards**

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and/or families (e. g. handbooks)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services are available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Promotional material is made available to client and/or family
- Consumer access interview indicates compliance

Indicator 1.3: Service hours are sensitive to the client population and respond to the range of client needs, and referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.4: Procedure for access to services is understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and families (e.g. handbook)
- Promotional material is available
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Agency assures that services are available to individuals with disabilities, including but not limited to, persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Promotional material is available
- Review of client satisfaction surveys indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Linkage agreements are on file

Indicator 2.2: Clients needs are identified and they are referred to needed care and prevention services. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Client satisfaction surveys indicates compliance
- Review of linkage agreements indicates compliance.

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Linkage agreements are on file
- Review of Policy and Procedures Manual indicates compliance
- Promotional material is available

Indicator 2.4: Staff receives information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file

Indicator 2.5: Program participates interagency and interdisciplinary consortia and networks.

Evidence is required. Possible sources of evidence may include:

- Hospice is a member of AIDS Foundation of Chicago Service Provider Council
- Linkage agreements are on file
- Membership is maintained in other local networks and consortia, if available
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance
- Review of client satisfaction survey indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client, family and/or other agencies to accommodate differing language needs. Policy and procedures are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Training logs and agendas are on file
- Logs and agendas of staff meetings are on file
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas from staff training are on file

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file
- Review of personnel records indicates compliance

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Training logs and agendas of staff, interns, and volunteers are on file
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Professional and paraprofessional staff have current and appropriate licensing/certification.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are provided written material informing them of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures is posted with the most current contact information in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of client charts indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records. Client records are kept in locked files, locked chart racks in service delivery areas, protected-access electronic database (including data on laptop computers), and written policy is file access.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client/patient coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas of staff, interns, and volunteers are on file.
- Review of personnel records indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and procedures and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff and volunteer training are on file

Indicator 6.9: When agency personnel, volunteers, and contractors resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance

Indicator 6.10: Program addresses ethical dimensions of service delivery in terms of confidentiality, consent for treatment, and assurance that admission decisions are based on client need rather than agency utilization needs.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.11: Clients are informed of advance directives and informed consent.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance (receipt is documented)

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file
- Review of personnel records indicates compliance

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Staff interview with appropriate documentation indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff is provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file

Indicator 7.6: When agency personnel, volunteers, and contractors, resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance

Indicator 7.7: Procedures are in place for staff to address perceived risky situations.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Documentation exists, as needed, of client discharge to another agency

Indicator 7.8: Procedure is in place for staff to assess with the client the safety issues in the client's home environment

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance

Indicator 7.9: The Policy and Procedures Manual documents how to monitor the administration of medication in the home;

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance

Quality Standard # 8: Services are individualized and tailored to client needs. Each client has individualized plan of care.

Indicator 8.1: Interdisciplinary and inter-provider case conferences are scheduled regularly to develop and revise plan of care, with measurable outcomes.

Evidence is required. Possible sources of evidence may include:

- Documented schedule of case conferences and/or interdisciplinary team meetings and staff attendance provided
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.2: Care plan shows appropriate revision and progress towards outcome goals.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Indicator 8.3: Client and family participation in care plan is on going, and maximizes client choices.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Documentation of patient and family participation in creating and adjusting the plan of care

Quality Standard # 9: Providers offers a comprehensive set of services on-site or by referral that address client and family needs.

Indicator 9.1: Full range of services is available, including bereavement, psychosocial, spiritual, and volunteer services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 9.2: Management of pain and symptoms is provided.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual for symptom protocol for HIV/AIDS and pain control in physical, psychosocial, and spiritual realms
- Pain and symptom management is documented by all service providers

**Ryan White Title I
Legal Service Standards**

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of Evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of Evidence may include:

- Copy of retainer agreement with client, including cost of service, is in client chart
- Documentation that eligibility standards are met is in client chart
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available

Evidence is requires. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 1.4: Procedure for access to services is consistent, understandable and timely.

Evidence is requires. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and families (e.g. handbook)

Indicator 1.5: Waiting times for service delivery are reasonable based on existing resources and client need.

Evidence is required. Possible sources of Evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are accessible via public transportation and/or when necessary client is provided alternatives to office visits, such as home visits, phone counseling, or conducting business by mail.

Evidence is required. Possible sources of Evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities, or environmentally limited persons, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 1.8: Intake and service delivery are flexible and responsive, providing appropriate and reasonable accommodation of individual needs and circumstances.

Evidence is required. Possible sources of Evidence may include:

- Staff are present to answer incoming calls during agency's operating hours.
- Consumer access interview indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of Evidence may include:

- Documentation of referrals received exists
- Documentation of referrals out exists
- Staff reports indicate compliance

Indicator 2.2: Clients are referred to needed care and prevention services. Outcomes of referrals are documented in clients' charts.

Evidence is required. Possible sources of Evidence may include:

- Documentation of referrals out exists
- Staff reports indicate compliance

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of Evidence may include:

- Agency has a written annual outreach plan
- Zip code data show provider is reaching clients throughout service area
- Agency log demonstrates broad-based outreach

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 2.5: Agency provides consultation and training to case managers and other service providers.

Evidence is required. Possible sources of Evidence may include:

- Training logs indicate compliance
- Staff reports indicate compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 3.2: Efforts directed at hiring staff and volunteers representative of communities served are documented.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client to appropriately accommodate differing language needs.

Evidence is required. Possible sources of Evidence may include:

- Agency has procedures for obtaining translation services
- Client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.4: New staff is trained in cultural competence and there is on-going information dissemination on issues relevant to diverse populations.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff training

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance

Indicator 3.6: Statistics on clients served shows diverse demographic information appropriate for the service area.

Evidence is required. Possible sources of Evidence may include:

- Review of client demographic data indicates compliance

Indicator 3.7: There is a mechanism in place to obtain client input into program priorities and services.

Evidence is required. Possible sources of Evidence may include:

- Review of Consumer Advisory Board activities indicates compliance
- Client satisfaction surveys indicates compliance

Quality Standard #4: Services are professional and effective and provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.2: Agency assures that all services are provided by responsive professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of Personnel records indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.3: Staff is trained in use of guidelines for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.4: A quality assurance system is in place to document that services employ accepted, professional, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Services are individualized and tailored to client needs.

Evidence is required. Possible sources of Evidence may include:

- Client's physical and mental disabilities are accommodated
- Review of client charts indicates compliance

Indicator 4.6: Client and/or family participation is maximized. Clients are kept informed and work together with staff to determine the objective of the representation, to make decisions regarding the case, and to achieve the goals in a timely fashion.

Evidence is required. Possible sources of Evidence may include:

- Copy of retainer agreement between client and agency is in client chart
- Data from client survey show client is kept informed and is involved in making decisions about the case and that goals are completed in a timely fashion

Indicator 4.7: Staff has appropriate training and resources needed to provide services.

Evidence is required. Possible sources of Evidence may include:

- Agency has orientation plan for new hires
- Staff has access to law library
- Staff has access to manuals and regulations
- Staff has attended and has continued access to training activities
- Agency uses standardized forms and checklists which are available to staff

Indicator 4.8: Paraprofessional staff is supervised by attorneys.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 4.9: Attorneys are licensed to practice law.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Quality Standard #5: Services utilize effective program management to evaluate and improve services.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes a comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of Evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: Program obtains client feedback on service delivery and incorporates findings into service delivery as appropriate.

Evidence is required. Possible sources of Evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of other consumer input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance

Indicator 5.4: Program uses effective management practices to ensure that services are delivered effectively and are timely.

Evidence is required. Possible sources of Evidence may include:

- Legal service providers hold regular case acceptance and case review meetings
- Regular staff evaluations are conducted

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A reference to the agency's grievance procedures is posted with the most current contact information in an area visible to all clients.

Evidence is required. Possible sources of Evidence may include:

- Legal service clients receive copy of grievance procedures and sign receipt for it
- There is documentation regarding complaints and grievances
- Review of client charts indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of Evidence may include:

- Agency has written client eligibility standards
- Clients are given written notice of the availability of the standards
- Consumer access interview indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of Evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of Evidence may include:

- Review of client charts (client authorizations are required for communication with any third party regarding the case.)
- Review of client charts (written retainer agreement includes confidentiality assurances).

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of Evidence may include:

- Private offices are available and used for client consultation
- Client satisfaction surveys indicates compliance
- Facility tour indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and this is appropriately documented.

Evidence is required. Possible sources of Evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies of agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of Evidence may include:

- Attendance logs and agendas from staff and volunteer training
- Review of personnel records indicates compliance

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of Evidence may include:

- Review of personnel records indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of Evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 7.3: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff are provided training in these procedures.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 7.5: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of Evidence may include:

- Review of personnel records indicates compliance

Quality Standard #8: Providers are knowledgeable, accepting, and respectful of the needs of individuals with HIV/AIDS.

Indicator 8.1: Services are provided in a sensitive, compassionate, nonjudgmental, and comprehensible manner so that trust can be established.

Evidence is required. Possible sources of Evidence may include:

- Client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance

Indicator 8.2: Staff are trained and remain knowledgeable of relevant legal and non-legal HIV/AIDS issues.

Evidence is required. Possible sources of Evidence may include:

- Attendance logs and agendas from staff training
- Staff have access to updated HIV/AIDS information
- Agency maintains system for internal information dissemination

Quality Standard #9: Services will comply with Federal, State and County laws re: confidentiality, non-discrimination and ethical conduct.

Indicator 9.1: Agency complies with the non-discrimination provisions of the Illinois Human Rights Act.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Attendance logs and agendas from staff training

Indicator 9.2: Agency complies with the Illinois AIDS Confidentiality Act.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Attendance logs and agendas from staff training

Indicator 9.3: Staff complies with the Code of Professional Conduct of Attorneys.

Evidence is required. Possible sources of Evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Attendance logs and agendas from staff training

**Ryan White Title I
Mental Health Service Standards**

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and families (e.g. handbook)
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Plan to address crises is in place
- Review of Policy and Procedures Manual indicates compliance
- Documentation in client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 1.4: Procedure for access to services is understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Materials given to clients and families (e.g. handbook)
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Review of promotional materials indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities or environmentally limited persons, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Americans with Disabilities Act is complied with wherever possible. Important examples include but are not limited to: accessible entrances are publicized or have clear signage and specific accommodations for people with visual and hearing limitations are present and promoted.
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance
- Facility tour indicates compliance

Indicator 1.8: Services are provided at a location where people can and do go.

Evidence is required. Possible sources of evidence may include:

- Services are accessible by public transportation (within 45 minutes travel time)
- Alternate service sites are maintained (with field workers, etc.) or a referral resource list of services by geographic area is maintained.
- Clients regularly come to program site, as documented by service utilization
- Annual satisfaction survey of clients indicates satisfaction with program location(s).
- Consumer access interview indicates compliance

Indicator 1.9: Supportive accommodations, such as childcare, are addressed on site or by referral.

Evidence is required. Possible sources of evidence may include:

- There are positive responses on annual survey of clients regarding how special needs or barriers are resolved.
- There is documentation that tokens or carfare are made available as necessary to meet client needs as reflected in procedures and utilization data.
- That agency provides home visits as needed and is documented in client charts.
- Information about special transportation programs (e.g., public transportation) is available to clients.
- Fact sheets about programs are visible and provided at agency
- Referrals are documented in client chart

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services, including continuity of care with medical services.

Indicator 2.1: Referral and linkage system is in place (includes referral procedures, mechanisms, and follow-up).

Evidence is required. Possible sources of evidence may include:

- Eligibility and referral standards, including HIV/AIDS status, are clearly documented
- Linkage agreements with hospitals, medical services, risk and harm reduction programs and testing centers in the community are implemented.
- Policy and Procedures Manual documents all of agency's programs and services and how to make appropriate in-house referrals.

Indicator 2.2: Clients are referred to needed care and prevention services. Referrals and outcomes are documented in client charts.

Evidence is required. Possible sources of evidence may include:

- Referrals offered to clients may include peer support, alternative therapies, access to psychotropic drugs, (to be reflected in client chart and client satisfaction surveys).
- Family support services are available on-site or by referral, for those both affected and infected, and incorporate client decisions about who comprises family (allowing for families of choice; reflected in client chart and client satisfaction survey).
- Documentation of referrals and outcomes to be reflected in client chart
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.3 Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 2.5: Information is shared with clients regarding other community services and agencies.

Evidence is required. Possible sources of evidence may include:

- Agency maintains and distributes information about services available on-site or by referral including residential, community, hospital, and institutional services.
- Information offered to clients is documented in client charts.
- Family support services are available on-site or by referral, for those both affected and infected, and incorporate client decisions about who comprises family (allowing for families of choice; reflected in client charts and client satisfaction survey).
- Gender- and sexual orientation-specific services are available as needed, as reflected in client_survey and service description
- Consumer access interview indicates compliance

Indicator 2.6: Effective communication is occurring within agency and between agencies including an ongoing review of shared information.

Evidence is required. Possible sources of evidence may include:

- Mental health provider and medical service provider communication about client plans, including any changes in treatment, takes place at least every 90 days and is documented.
- Case conferences within agencies are held at least every 90 days and are documented.
- Records are worded so that all providers and clients can understand content, and if technical language is needed, it is explained verbally at time of referral
- Waivers are signed for release of information
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #3: Services are culturally sensitive and competent with regard to language, spirituality, sexual orientation, age, gender, disability status, race, socio-economic status, etc.

Indicator 3.1: A planning process is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Resumes on file reflect previous experience with and education about diverse populations.
- Demographic profile of staff matches that of the community served
- Advertisements for staff positions appear in local newspapers and other media.
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.3: Interpretation, literacy, and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client to accommodate differing language and literacy needs. Policy and protocol are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicate compliance
- Review of client satisfaction surveys indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Annual client satisfaction survey results document client satisfaction with cultural competency of providers
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.6: Agency has a stated policy of non-discrimination towards staff and clients with regard to primary language, spirituality needs, disability status, age, sexual orientation, sexual practices, gender identity, communities with which one identifies, family needs, customs, socio-economic status, homelessness, and substance use (clients only).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 3.7: Outreach is targeted to specific communities of need in a manner consistent with community culture.

Evidence is required. Possible sources of evidence may include:

- Client input in program decision making through participation in advisory boards, planning, committees, is documented
- Promotional information (e.g., brochures and posters) is visible throughout the community, is easily understood by all people, and is aimed at specific targeted populations (e.g., individuals with alternative lifestyles, particularly gay men of color, substance abusers, and/or women).

Indicator 3.8: Services are conducted in a manner that is sensitive to the communities served and provide opportunities for clients to assist in identifying issues related to culture, such as primary language, spirituality needs, disability status, age, sexual orientation, sexual practices, gender, communities with which one identifies, family needs, customs, socio-economic status, homelessness, and substance use.

Evidence is required. Possible sources of evidence may include:

- Written materials for clients are in the primary language of the community served.
- Intake formats provide the opportunity for clients to discuss issues specific to their culture and needs.
- Current community resource service directories are available to staff as well as clients for needs that exceed agency services, as documented in staff reports and client satisfaction surveys.
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and established and recognized best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and monitors changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.2: Agency assures that all services are provided or supervised by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records for documentation of staff certification for appropriate level of service indicates compliance
- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Services are individualized and client centered.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 4.6: Written criteria of qualifications for hiring staff, consultants, volunteers, and students are in place and adhered to, with efforts made to attract and train developing professionals representing the community served.

Evidence is required. Possible sources of evidence may include:

- Qualifications are designated in agency's job descriptions and personnel policies
- Personnel records include documentation of pre-employment references, including comments on professional skills and personal integrity.
- Qualifications of existing staff match designated qualifications
- Volunteer job descriptions include written qualifications

Indicator 4.7: All staff are supported in development and maintenance of service abilities.

Evidence is required. Possible sources of evidence may include:

- Staff are provided access to mental health care and supportive counseling as indicated in Policy and Procedures Manual.
- Staff have adequate vacation, bereavement, and personal leave as indicated in Policy and Procedures Manual.
- Staff have regular supervision with attention to burnout and stress as indicated in Policy and Procedures Manual.
- Staff have annual in-services on a self-care topic, indicated by records

Indicator 4.8: A system of supervision emphasizing accountability, ethical behavior and skills building is in place for all levels of staff, volunteers, and peer workers.

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual contains documentation of supervisory policies and procedures.
- Personnel records contain documentation of supervision

Indicator 4.9: Providers have basic and current level of medical knowledge about HIV/AIDS, both in general and about specific populations at risk (e.g., women, children, youth, minorities, men who sex with men, substance abusers, people with disabilities and the elderly) appropriate to their activities.

Evidence is required. Possible sources of evidence may include:

- Training, including annual updates about basic medical symptoms and treatment of specific HIV/AIDS manifestations, needs of women and children, and specific HIV/AIDS-related mental health and illness (including HIV/AIDS-related dementia), is documented.
- Mechanism exists for making available current information on HIV/AIDS and its treatment to staff.

Indicator 4.10: Providers have ready access to health education and risk reduction knowledge and materials and disseminate them as deemed appropriate.

Evidence is required. Possible sources of evidence may include:

- Staff interviews indicate compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.11: Continuing education is required for all providers, volunteers, and peers that is appropriate to their activities, including risk and harm reduction.

Evidence is required. Possible sources of evidence may include:

- Agency conducts a regular program of continuing education, including skills development and further education on HIV/AIDS (documented by schedule and attendance records).
- Job descriptions indicate the type of continuing education needed to maintain staff member knowledge and skills, based on job functions.
- Documentation indicates that continuing education occurs on-site or through participation in outside educational programs and that this adheres to job description criteria.

Indicator 4.12: Agency policies encourage that provider consistency is maintained over time.

Evidence is required. Possible sources of evidence may include:

- Agency Policy and Procedures Manual mandates that clients receiving ongoing services be assigned to individual providers.
- Client charts document provider consistency or reasons for changes in primary providers.

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Quality review occurs at least quarterly
- Documentation of quality review outcomes is current
- Non-clinical support groups are reviewed

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of consumer satisfaction surveys indicates compliance
- Other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures with the most current contact information is posted in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis. Client consent is obtained as appropriate.

Evidence is required. Possible sources of evidence may include:

- Client charts includes written consent to treatment policy
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.5: Written policies regarding confidentiality are part of a Policies and Procedures Manual, are distributed to clients, and are posted in a visible location in program setting. The Manual shall also address staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Discussion about confidentiality is included in new staff orientation and new client orientation for peer programs, and is documented in personnel records and client charts.
- Policies about confidentiality are reviewed by staff with client, signed by both parties, and filed.
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Staff and clients review agreements upholding client confidentiality, including methods of client chart access and/or release of information (updated on a yearly basis with current clients), and this is all documented in client charts.

Evidence is required. Possible sources of evidence may include:

- Consumer access interview indicates compliance
- Client receipt of confidentiality agreement is documented in client chart
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff and volunteer training
- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to themselves, to staff, volunteers, or clients are documented. Staff are provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual references client and staff safety.
- Policy regarding violence or carrying of weapons on agency premises is posted.
- Policies or procedures (such as home visits or security escorts) are implemented to make reasonable accommodations to clients who are fearful about the neighborhood.

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.7: Illicit drugs and weapons are not allowed on the agency's premises.

Evidence is required. Possible sources of evidence may include:

- Agency's Policy and Procedures Manual indicates compliance

Quality Standard #8: Providers offer a comprehensive set of client centered and planned services on-site, and/or by referral, that addresses client and family needs, regardless of the severity of mental illness.

Indicator 8.1: People with an inclusive range of mental health and mental illness needs are accommodated through services, including holistic, prevention or early intervention mental health services available to all persons living with HIV/AIDS, regardless of mental health symptoms, and ensuring that none are excluded due to extreme level of need.

Evidence is required. Possible sources of evidence may include:

- Statement(s) in Policy and Procedures Manual ensure provision of mental health services to all persons living with HIV/AIDS at those levels of service designated in agency programs.
- Policy and Procedures Manual contains written procedures for referral and follow-up for clients for whom agency service level is inappropriate.
- Referral listing is easily available to staff, including listings for mental health services for clients whose needs staff are unable to provide for themselves.

Indicator 8.2: Policies and procedures address assessment, diagnosis, treatment planning, referral and mental health and risk behavior issues.

Evidence is required. Possible sources of evidence may include:

- Intake protocols allow for screening of individuals to distinguish level of need: (a) primarily mental illness prevention and supportive services; (b) continuing crisis and conflict management; or (c) intervention relating to severe mental illness.
- Procedure for referral is implemented
- Protocol for crisis intervention and referral to appropriate level of service is in place and used either directly or through case manager.
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.3: Service plan specific to client needs is documented for each client. Plan may include ongoing therapy, psychotropic medication, prevention, or early intervention services or alternative approaches.

Evidence is required. Possible sources of evidence may include:

- Service plan is signed by provider and client, is in client chart, and is updated in accordance with agency policy
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.4: Mental health services need to be client driven through client and/or family participation in the needs assessment, focus groups, client satisfaction surveys, or other forms of community participation.

Evidence is required. Possible sources of evidence may include:

- Documentation and observation that clients are given clear information about treatment options indicate compliance.
- There is documentation in client charts that clients participate in decision making to the best of their ability as indicated by notation of client choices or preferences or the provider effort to elicit these.
- Client satisfaction survey results indicate clients feel that they have an opportunity to make choices in planning their care and service plans.
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Ryan White Title I
Oral Health Care Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services. Clients are provided a description of the agency's services at the first non-emergency visit; and this is appropriately documented in client charts and posted in a public area visible to clients.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client using a sliding fee schedule that has a no fee category for those who are medically indigent. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Documentation shows that sliding fee schedule exists and is used or all services are free of charge
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicate compliance
- Posting and recording of emergency numbers and hours
- Consumer access interview indicates compliance

Indicator 1.4: Procedure for access to services is understandable and timely and the wait for the first non-emergency appointment is reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Client satisfaction surveys indicates compliance
- Suggestion or complaint box indicates compliance
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources and any delays are explained to the patients who are waiting.

Evidence is required. Possible sources of evidence may include:

- Client chart includes documentation of waiting time
- Review of client satisfaction surveys indicates compliance
- Policy and Procedures Manual describes appointment system which indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding. Travel time to service site is reasonable for target population.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction survey indicates compliance
- Transportation documentation (e.g., log) indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities or environmentally limited persons, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Consumer access interview indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Review of referral log or other referral documentation indicates compliance at parent organization and/or oral health site
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.2: Clients are referred to needed care and prevention services. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicate compliance
- Review of client charts indicates compliance
- Review of referral log indicates compliance
- Reports from referral sources indicate compliance

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Interview with provider indicates plan for marketing, including plan for prevention of over-utilization
- Client satisfaction survey indicates compliance
- Client zip code distribution indicates compliance

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Listing of resources is available to all staff
- Staff interviews indicates compliance
- Online resources are book-marked

Indicator 2.5: Referral list for other HIV/AIDS services is given to clients as appropriate, and this is documented in client charts.

Evidence is required. Possible sources of evidence may include:

- Review of client chart indicates compliance
- Consumer access interview indicates compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and is documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Documentation of mechanism exists
- Staff interviews indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Specific documents indicating efforts made
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client to accommodate differing language needs. Policy and protocol is in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Client satisfaction survey indicates compliance
- Contracts with transportation services are on file
- Review of Policy and Procedures Manual indicates compliance
- Posting of availability indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training. All staff with any direct client contact are trained to provide non-judgmental services.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction survey indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas of staff training

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction survey indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.6: Both direct providers of care and the parent organization have official policies of nondiscrimination.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law. All licenses are available for review by clients upon request. Dental Assistant staff is appropriately trained.

Evidence is required. Possible sources of evidence may include:

- Certification is documented
- Review of personnel records for licenses indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided. Direct providers are required to get routine continuing education, including education on drugs, treatments, disease progression, psychosocial issues, HIV/AIDS transmission, HIV/AIDS risk assessment, and prevention counseling.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of quality assurance log indicates compliance

Indicator 4.5: Facility has documentation of Occupational Safety and Health Administration staff education and compliance plan.

Evidence is required. Possible sources of evidence may include:

- Review of OSHA education and compliance plan indicates compliance

Indicator 4.6: There is 24-hour emergency coverage, which includes access to pharmacy and treatment plans that reduce pain and risk of infection. An emergency clinic visit is immediately available, if emergency occurs during regular clinic hours.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Paging/coverage system is in place and indicates compliance
- Recorded phone message indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service. Specific staff are assigned to the process.

Evidence is required. Possible sources of evidence may include:

- Review of minutes of CQI protocols indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data, and specific staff are assigned this task.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of data analysis protocols indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction survey indicates compliance
- Review of other client input mechanism (suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights, and clients know their rights and responsibilities.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedure and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the rights, responsibilities and agency's grievance procedures with the most current contact information is posted in a public area visible to clients.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of readability of documents.
- Staff interviews indicate compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of readability of documents
- Staff interviews indicate compliance
- Consumer access interview indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas of staff training
- Review of personnel records indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation (at both the direct provider and the parent organization offices).

Evidence is required. Possible sources of evidence may include:

- Staff interviews indicate compliance
- Facility tour indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of readability of documents
- Staff interviews indicate compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas of staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.10: Client has a right to review their chart in a supervised setting to allow an appropriate understanding of the documents. Client signs and dates when the review is done.

Evidence is required. Possible sources of evidence may include:

- Review of client chart indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 7.5: Policies and procedures exist for management of disruptive persons, including removal of the person whose behavior presents a danger to other patients and/or staff.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance

Indicator 7.7: Client rights and responsibilities include standards for client behavior.

Evidence is required. Possible sources of evidence may include:

- Review of clients' rights and responsibilities indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.8: Staff are trained in procedure for management of disruptive patients.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas of staff training
- Review of personnel records indicates compliance

Indicator 7.9: Procedures exist to permit access to services by patients that have been removed due to disruptive behavior.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Quality Standard #8: Services are individualized and tailored to client needs. Each client is required to have a complete treatment plan, which is appropriately monitored.

Indicator 8.1: A client's initial non-emergency visit includes thorough exam with radiographs and treatment plan. This information is kept at the offices of or available to the direct provider of care. Documentation of initial visit includes:

- A signed consent form for treatment,
- Complete health history from the patient,
- Diagnostic x-rays as determined by oral health care provider,
- Comprehensive head and neck exam,
- Complete intra oral exam, including evaluation for HIV/AIDS-associated lesions,
- Full medical status information from medical provider, including documentation of HIV/AIDS status, medications, stage of illness, and psychosocial assessment, as needed; and,
- Caries risk assessment and prevention strategy, including home care and oral self-exam instruction.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Indicator 8.2: Provider presents and details ideal and alternative treatment plans that are monitored and periodically updated. Dialogue is documented and client agrees in writing. Client is provided information on expected fees, if any.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction survey indicates compliance
- Review of client charts (including consent form, notice of expected fees, and release of information form) indicates compliance

Indicator 8.3: Client is informed of limits to treatment based on health status and available resources.

Evidence is required. Possible sources of evidence may include:

- Review of client chart indicates compliance
- Client satisfaction survey indicates compliance
- Consumer access interview indicates compliance

Indicator 8.4: Treatment plan includes appropriate recall and follow-up schedule.

Evidence is required. Possible sources of evidence may include:

- System is in place for getting clients back for recall appointments (e.g., computerized system, tickler file, etc.)
- Review of client charts indicates compliance

Indicator 8.5: Any phase of treatment plan that cannot be accomplished by a general provider is referred to a specialist as appropriate.

Evidence is required. Possible sources of evidence may include:

- Review of referral log or other referral documentation indicates compliance
- List of referral specialists used exists which indicates compliance
- Review of client charts indicates compliance

**Ryan White Title I
Psychosocial Support Service Standards**

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services in an understandable and timely manner.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and families (e.g. handbook)
- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of promotional materials indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Plan to address crises is in place
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 1.4: Procedures to access services is understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of promotional materials indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Review of promotional materials indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities or environmentally limited persons, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Americans with Disabilities Act is complied with wherever possible. Important examples include but are not limited to: accessible entrances are publicized or have clear signage and specific accommodations for people with visual and hearing limitations are present and promoted
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance
- Facility tour indicates compliance

Indicator 1.8: Services are provided at an accessible location.

Evidence is required. Possible sources of evidence may include:

- Services are accessible by public transportation
- Alternate service sites are maintained (with field workers, etc.) or a referral resource list of services by geographic area is maintained.
- Clients regularly come to program site, as documented by service utilization.
- Annual satisfaction survey of clients indicates satisfaction with program location(s).
- Consumer access interview indicates compliance

Indicator 1.9: Supportive accommodations, such as childcare, are addressed on site or by referral.

Evidence is required. Possible sources of evidence may include:

- There are positive responses on annual survey of clients regarding how special needs or barriers are resolved.
- There is documentation that tokens or carfare are made available as necessary to meet client needs as reflected in procedures and utilization data.
- That agency provides home visits as needed and is documented in client charts.
- Information about special transportation programs (e.g., public transportation) is available to clients.
- Fact sheets about programs are visible and provided at agency.
- Referrals are documented in client charts.

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services, including continuity of care with medical services.

Indicator 2.1: Referral and linkage system is in place (including referral procedures and follow-up mechanisms).

Evidence is required. Possible sources of evidence may include:

- Eligibility and referral standards, including HIV/AIDS status, are clearly documented.
- Linkage agreements with hospitals, medical services, risk and harm reduction programs and testing centers in the community are implemented.
- Policies and Procedures Manual documents all of agency's programs and services and how to make appropriate in-house referrals.
- Waivers are signed for release of information.

Indicator 2.2: Clients are referred to needed care and prevention services. Referrals and outcomes are documented in client charts. Information is shared with clients regarding other community services and agencies.

Evidence is required. Possible sources of evidence may include:

- Agency maintains and distributes information about services available on-site or by referral including residential, community, hospital, and institutional services.
- Information offered to clients may include peer support, alternative therapies, and access to psychotropic drugs. This information is reflected in client charts and client satisfaction surveys.
- Family support services are available on-site or by referral, for those both affected and infected, and incorporate client decisions about who comprises family (allowing for families of choice). This information is reflected in client charts and client satisfaction surveys.
- Gender- and sexual orientation-specific services are available as needed, as reflected in service description.
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.3: Agency services are promoted and documented through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance

Indicator 2.4: Staff receives current and adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 2.5: Effective communication is occurring within agency and between agencies including an ongoing review of shared information.

Evidence is required. Possible sources of evidence may include:

- Mental health provider and medical service provider communication about client plans, including any changes in treatment, takes place at least every 90 days and is documented.
- Case conferences within agencies are held at least every 90 days and are documented.
- Records are worded so that all providers and clients can understand content, and if technical language is needed, it is explained verbally at time of referral.
- Waivers are signed for release of information.

Quality Standard #3: Services are culturally sensitive and competent with regard to language, literacy, spirituality, sexual orientation, age, gender, disability status, race, socio-economic status, etc.

Indicator 3.1: A planning process is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Resumes on file reflect previous experience with and education about diverse populations.
- Demographic profile of staff matches that of the community served.
- Advertisements for staff positions appear in local newspapers and other media.
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.3: Interpretation, literacy, and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client to accommodate differing language and literacy needs. Policy and protocol are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 3.4: Staff receives training in cultural competence that is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers and incorporates these findings into the CQI plan and ongoing service delivery.

Evidence is required. Possible sources of evidence may include:

- Annual client satisfaction survey results document client satisfaction with cultural competency of providers.

Indicator 3.6: Agency has a stated policy of non-discrimination towards staff and clients with regard to primary language, spirituality needs, disability status, age, sexual orientation, sexual practices, gender identity, communities with which one identifies, family needs, customs, socio-economic status, homelessness, and substance use (clients only).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 3.7: Outreach is targeted to meet specific needs of communities in a manner consistent with community culture.

Evidence is required. Possible sources of evidence may include:

- Client input in program decision-making through participation in advisory boards, planning, committees, etc., is documented.
- Promotional information (e.g., brochures and posters) is visible throughout the community, is easily understood by all people, and is aimed at specific targeted populations (e.g., individuals with alternative lifestyles, particularly gay men of color, substance abusers, and/or women)

Indicator 3.8: Services are conducted in a manner that is sensitive to the communities served and provide opportunities for clients to assist in identifying issues related to culture, such as primary language, spirituality needs, disability status, age, sexual orientation, sexual practices, gender, communities with which one identifies, family needs, customs, socio-economic status, homelessness, and substance use.

Evidence is required. Possible sources of evidence may include:

- Written materials for clients are in the primary language of the community served.
- Intake formats provide the opportunity for clients to discuss issues specific to their culture and needs.
- Current community resource service directories are available to staff as well as clients for needs that exceed agency services, as documented in staff reports and client satisfaction surveys.
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system in place to identify accepted guidelines and best practices and monitors changes in them.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.2: Agency assures that all services are provided or supervised by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records for documentation of staff certification for appropriate level of service indicates compliance.
- Attendance logs and agendas from staff training
- Review of personnel records for appropriate supervision of non licensed staff
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.3: Staff receives on-going training in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Services are individualized and client centered.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 4.6: In the case of pastoral care, the agency has identified best practices, ethics and standards related to the care of clients from professional organizations such as: Association of Clinical Pastoral Education, American Association of Pastoral Counselors and National College of Chaplains.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records for staff certification

Indicator 4.7: Written criteria of qualifications for hiring staff, consultants, volunteers, and students are in place and adhered to, with efforts made to attract and train developing professionals representing the communities served.

Evidence is required. Possible sources of evidence may include:

- Qualifications are designated in agency's job descriptions and personnel policies.
- Qualifications of existing staff match designated qualifications.
- Personnel records include documentation of pre-employment references, including comments on professional skills and personal integrity.
- Volunteer job descriptions include written qualifications.

Indicator 4.8: Agency supports its staff in personal and professional development to assure quality service deliver.

Evidence is required. Possible sources of evidence may include:

- Staff are provided access to mental health care and supportive counseling as indicated in Policy and Procedures Manual.
- Staff have adequate vacation, bereavement, and personal leave as indicated in Policies and Procedures Manual.
- Staff have regular supervision with attention to burnout and stress as indicated in Policies and Procedures Manual.
- Staff have annual in-services on a self-care topic, indicated by records.

Indicator 4.9: The agency will provide documented supervision appropriate to meet service delivery and staff needs emphasizing accountability, ethical practice and behavior and skills building opportunities for all levels of service providers, and this will be documented.

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual contains documentation of supervisory policies and procedures.
- Personnel files contain documentation of supervision.

Indicator 4.10: Providers have basic and current level of medical knowledge about HIV/AIDS, both in general and about specific populations at risk (e.g., women, children, youth, minorities, men who have sex with men, substance abusers, people with disabilities and the elderly) appropriate to their activities.

Evidence is required. Possible sources of evidence may include:

- Training, including annual updates about basic medical symptoms and treatment of specific HIV/AIDS manifestations, needs of women and children, and specific HIV/AIDS-related mental health and illness (including HIV/AIDS-related dementia), is documented.
- Mechanism exists for making available current information on HIV/AIDS and its treatment to staff.

Indicator 4.11: Providers have ready access to health education and risk reduction knowledge and materials and disseminate them as deemed appropriate.

Evidence is required. Possible sources of evidence may include:

- Staff interviews indicate compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.12: Agency provides continuing education for all providers, volunteers, and peers that is appropriate to their activities, including risk and harm reduction.

Evidence is required. Possible sources of evidence may include:

- Agency conducts a regular program of continuing education, including skills development and further education on HIV/AIDS (documented by schedule and attendance records).
- Job descriptions indicate the type of continuing education needed to maintain staff member knowledge and skills, based on job functions.
- Documentation indicates that continuing education occurs on-site or through participation in outside educational programs and that this adheres to job description criteria.

Indicator 4.13: Agency policies encourage that provider consistency is maintained over time.

Evidence is required. Possible sources of evidence may include:

- Agency Policy and Procedures Manual mandates that clients receiving ongoing services be assigned to individual providers.
- Client charts document provider consistency or reasons for changes in primary providers.

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Quality review occurs at least quarterly.
- Documentation of quality review outcomes is current.
- Non-clinical support groups are reviewed.

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented including copies made available to clients. Agency assists clients in using the grievance procedures, if they have a complaint concerning services provided. A summary of the agency's grievance procedures with the most current contact information is posted in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of client chart indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis. Client consent is obtained as appropriate.

Evidence is required. Possible sources of evidence may include:

- Client charts includes written consent to treatment policy
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.5: Written policies regarding confidentiality are part of a Policies and Procedures Manual, are distributed to clients, and are posted in a visible location in program setting. The Manual shall also address staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Discussion about confidentiality is included in new staff orientation and new client orientation for peer programs and is documented in personnel records and client charts.
- Policies about confidentiality are reviewed by staff with client, signed by both parties, and filed.
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Staff and clients review agreements upholding client confidentiality, including methods of client chart access and/or release of information (updated on a yearly basis with current clients), and this is all documented in client charts.

Evidence is required. Possible sources of evidence may include:

- Consumer service access interview indicates compliance
- Client receipt of confidentiality agreement is documented in client chart.
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff and volunteer training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 6.9: When agency personnel, volunteers, and contractors resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedure Manual indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Staff interview with appropriate documentation
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to themselves, to staff, volunteers, or clients are documented. Staff are provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Policy and Procedures Manual references client and staff safety
- Policy regarding violence or carrying of weapons on agency premises is posted
- Policies or procedures (such as home visits or security escorts) are implemented to make reasonable accommodations to clients who are fearful about the neighborhood.

Indicator 7.6: When agency personnel, volunteers, and contractors resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.7: Illicit drugs, alcohol and weapons are prohibited on the agency's premises.

Evidence is required. Possible sources of evidence may include:

- Agency's Policy and Procedures Manual indicates compliance

Quality Standard #8: Providers offer a comprehensive set of client centered and planned services on-site, and/or by referral, that addresses client and family needs, regardless of the severity of mental illness.

Indicator 8.1: People with an inclusive range of mental health and mental illness needs are accommodated through services, including holistic, prevention or early intervention mental health services available to all persons living with HIV/AIDS, regardless of mental health symptoms, and ensuring that none are excluded due to level of need.

Evidence is required. Possible sources of evidence may include:

- Statement(s) in Policy and Procedures Manual ensure provision of mental health services to all persons living with HIV/AIDS at those levels of service designated in agency programs.
- Policy and Procedures Manual contains written procedures for referral and follow-up for clients for whom agency service level is inappropriate.
- Referral listing is easily available to staff, including listings for mental health services for clients whose needs staff are unable to provide for themselves.

Indicator 8.2: Policies and procedures address prevention, assessment, diagnosis, treatment planning, referral and mental health and risk behavior issues.

Evidence is required. Possible sources of evidence may include:

- Intake protocols allow for screening of individuals to distinguish level of need: (a) primarily mental illness prevention and supportive services; (b) continuing crisis and conflict management; or (c) intervention relating to severe mental illness.
- Procedure for referral is implemented.
- Protocol for crisis intervention and referral to appropriate level of service is in place and used either directly or through case manager.
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.3: Appropriate service plan specific to client needs is documented for each client. Plan may include ongoing therapy, psychotropic medication, prevention, or early intervention services or alternative approaches.

Evidence is required. Possible sources of evidence may include:

- Service plan is signed by provider and client, is in client chart, and is updated in accordance with agency policy
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.4: Health services need to be client driven through client and/or family participation in the needs assessment, focus groups, client surveys, or other forms of community participation.

Evidence is required. Possible sources of evidence may include:

- Documentation and observation that clients are given clear information about treatment options indicate compliance
- There is documentation in client charts that clients participate in decision making to the best of their ability as indicated by notation of client choices or preferences or the provider effort to elicit these
- Client satisfaction survey results indicate clients feel that they have an opportunity to make choices in planning their care and service plans
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Ryan White Title I

Psychosocial Support-Alternative Therapies Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at no cost to the client. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional material indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.4: Procedure for access to services is understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of Client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities or environmentally limited persons, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanisms (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Consumer access interview indicates compliance

Indicator 1.8: Clients will be provided with timely notice of changes in services hours, practitioner accessibility, and in changes in services offered.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Documentation of agency activities with other service providers indicates compliance.

Indicator 2.2: Clients are referred to needed care and prevention services. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff trainings

Indicator 2.5: The Client's medical provider is available to other practitioners, and vice versa, for consultation or referral if needed. All communications are documented.

Evidence is required. Possible sources of evidence may include:

- The physician's background includes HIV/AIDS experience and familiarity with alternative therapies
- Licensed physician has formalized relationship with alternative therapies provider agency
- Review of client charts indicates compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: A documented plan is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance.

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant, translator, agency works with client to accommodate differing language needs. Policy and protocol are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Documentation of cultural sensitivity training is on file

Indicator 3.5: Agency documents client satisfaction with cultural competency of the provider.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance

Indicator 3.6: Culturally appropriate education and information about the benefits of alternative therapies should be offered as an integral part of the service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Materials given to clients and/or families (e.g. handbook)

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Program has a system to identify accepted guidelines and updated best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff trainings

Indicator 4.2: Agency assures that all services are provided by qualified professionals, or students/interns are supervised by qualified professionals, who are competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Current documentation of licensure/certification is on file with agency
- Background of coordinator indicates experience in alternative therapies and/or HIV/AIDS care
- Review of personnel records indicates compliance

Indicator 4.3: Staff is trained and updated in the use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Personnel records indicate compliance
- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction survey indicates compliance
- Review of other client input mechanism (e. g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.4: Observed or reported negative client outcomes and the actions taken to prevent future incidents are documented.

Evidence is required. Possible sources of evidence may include:

- Documentation of negative outcomes and actions taken is on file

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures, and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures with the most current contact information is posted in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Facility tour indicates compliance
- Review of agency documentation indicates compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of agency documentation indicates compliance
- Consumer access interview indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 6.4: Agency confidentiality policy includes criteria for how information regarding clients is communicated with other providers, (including, the use of client coding) and is consistent with the policy of sharing information on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.5: Agency's written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff trainings indicates compliance
- Review of personnel records indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and this appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of agency documentation
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are required to attend a training session on the confidentiality policies and procedures of the agency and HIPAA privacy and security measures. All training is documented.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff and volunteer training
- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and systemic changes are made to assure the integrity of client confidentiality and client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #7: Services are provided in a safe and secure environment.

Indicator 7.1: Facility is clean, adequately heated, and free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed. Evidence of universal precautions training is on file for all providers.

Evidence is required. Possible sources of evidence may include:

- Coordination staff periodically observe and record practices related to these issues
- Infection control and universal precautions are posted in a place visible to all practitioners
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 7.4: The agency provides adequate staff when clients, patients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of staff schedules indicates compliance
- Facility tour indicates compliance

Indicator 7.5: Procedures for removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff are provided training on these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff trainings

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance

Indicator 7.7: Disposable needles are used for all acupuncture treatments.

Evidence is required. Possible sources of evidence may include:

- Coordination staff periodically observe and record practices related to these issues
- Protocol requires use of disposable needles
- Facility tour indicates compliance

Indicator 7.8: Facility or agency contracts with a licensed bio-hazardous waste disposal service.

Evidence is required. Possible sources of evidence may include:

- Contract with bio-hazardous waste disposal service is on file

Quality Standard #8: Services are individualized and tailored to client needs.

Indicator 8.1: Symptoms, needs, and health history are assessed at first visit through a personal meeting with practitioner or other qualified person. This meeting includes sharing information that is needed to help client gain access to therapies and to assist care providers in the safe delivery of chosen services.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction survey indicates compliance
- Review of client chart indicates compliance

Indicator 8.2: Education is provided about all applicable options early and throughout the relationship with the provider.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction survey indicates compliance
- Review of client chart indicates compliance and schedule of group information sessions indicates availability

Indicator 8.3: There is an attempt to provide appointments that accommodate client schedules.

Evidence is required. Possible sources of evidence may include:

- Review client of satisfaction survey indicates compliance
- Review of schedules indicates various times and days available for appointments

Indicator 8.4: There is a demonstrated need for service.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction survey indicates compliance
- Client use is consistent and repeated, indicating satisfaction

Quality Standard #9: Services have a positive affect on the maintenance or improvement of client health and quality of life.

Indicator 9.1: Negative symptoms are reduced or relieved and quality of life is enhanced as measured by client and practitioner.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction survey indicates positive changes or maintenance
- Practitioner reports corroborate positive changes
- Review of client charts indicates compliance

Quality Standard #10: Service providers will systematically record data that are complete and assist the agency in providing continuity and quality of care.

Indicator 10.1: Legible written updated records must be kept for each client.

Evidence is required. Possible sources of evidence may include:

- Review of client chart indicates compliance

Indicator 10.2: There is a client record system that includes consistent and standardized ways of collecting and evaluating information about treatment provided, client response, and other pertinent information and assures confidentiality within parameters of the law.

Evidence is required. Possible sources of evidence may include:

- Review of client chart indicates record system is in place and is being used

Ryan White Title I
Substance Abuse Outpatient Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Services hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.4: Procedures for access to services are understandable and timely. Waiting list priorities are clearly established and maintained as appropriate.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of promotional materials indicates compliance
- Agency established waiting list as appropriate
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities or environmentally limited persons, including but not limited to, persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.2: Clients are referred to needed care (e.g. medical, residential substance abuse treatment, case management, and housing services). Prevention services and outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client to accommodate differing language needs. Policy and protocol is in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Agency has procedures for obtaining translation services
- Review of client satisfaction survey indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training. This includes specific training on stigma reduction related to substance abuse and co-occurring conditions.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Resumes of staff indicate appropriate qualifications for job responsibilities performed
- Documentation of appropriate licensing and certification of staff persons is in personnel records
- Documentation of continuing education of staff persons is in personnel records
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction survey indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures with the most current contact information, is posted in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Client receipt of rights and responsibilities statement, and grievance procedure is in client chart
- Consumer access interview indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Client receipt of eligibility criteria is documented in client file
- Consumer access interview indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Consumer access interview indicates compliance
- Documentation of receipt by client of confidentiality agreement is in client charts
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies of agency, including but not limited to, how they specifically relates to HIV/AIDS, medical records, and substance abuse. Training also addresses HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Staff records indicate attendance at confidentiality, privacy and security trainings
- Staff orientation manual includes discussion of client confidentiality issues relating to HIV/AIDS, medical records, and substance abuse

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated or resign, all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.10: Agency confidentiality policy includes (a) criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names), (b) consequences for breaches of client confidentiality, (c) procedures for notifying client of request for information prior to release of such information, and (d) the sharing of information among providers on a need-to-know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff are provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #8: Services are individualized and tailored to client needs.

Indicator 8.1: After assessment is completed, a treatment or service plan is developed to determine service goals.

Evidence is required. Possible sources of evidence may include:

- Treatment or service plan is signed documented in client charts
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.2: Open client file includes service plan, medical and clinical evaluations, and treatment or service plan is updated regularly.

Evidence is required. Possible sources of evidence may include:

- Original and updated treatment or service plan is documented in client charts
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.3: Information regarding HIV/AIDS, risk and harm reduction counseling, and referral for psychological evaluation are provided when needed.

Evidence is required. Possible sources of evidence may include:

- On-site services are documented in client chart
- Referrals are documented in client charts

Indicator 8.4: Drug treatment and/or risk and harm reduction services are provided, and are evidence-based.

Evidence is required. Possible sources of evidence may include:

- Documentation of drug treatment and other services is in client
- Program plan includes evidence-based risk and harm reduction strategies

Indicator 8.5: Providers have ready access to health education and risk reduction materials and disseminate them as deemed appropriate to address client needs.

Evidence is required. Possible sources of evidence may include:

- Review of educational materials indicates compliance

Quality Standard #9: All clients will have an appropriate intake, assessment, and screening for infectious diseases.

Indicator 9.1: All clients are screened and assessed, including a diagnostic impression, upon admission to the particular substance abuse program.

Evidence is required. Possible sources of evidence may include:

- Completed assessment and diagnostic impression are in client charts

Indicator 9.2: Prior to admission into the program, clients receive screening and assessment of medical status, including appropriate diagnosis, TB testing, and documentation of HIV/AIDS status.

Evidence is required. Possible sources of evidence may include:

- Documentation of all HIV/AIDS screening, appropriate TB testing, and diagnosis is in client file

Ryan White Title I

Substance Abuse Residential Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client. Access to services is available and provided to all clients regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.4: Procedures for access to services are understandable and timely. Waiting list priorities are clearly established and maintained as appropriate.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and families (e.g. handbook)
- Review of waiting list procedures indicates compliance
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities or environmentally limited persons, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 1.8: Group and individual meetings with staff are scheduled to meet with clients' schedules.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction survey indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented, includes referral procedures and mechanisms, and specifically includes linkages to outpatient substance abuse treatment.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.2: Clients are referred to needed care and prevention services and outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Referrals are documented in client chart
- Review of client satisfaction surveys indicates compliance

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of promotional materials indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.4: Staff receives adequate information about the continuum of HIV services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 2.5: When a waiting list exists, staff assists applicants in connecting with other residential treatment openings.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client to accommodate differing language needs. Policy and protocol are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Agency has procedures for obtaining translation services
- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training. This includes specific training on stigma reduction related to substance abuse and co-occurring conditions.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff meetings and training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.5: Agency documents client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Attendance logs and agendas from staff training

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.3: Staff is trained in use of guidelines and best practices for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain client feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures with the most current contact information is posted in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Client receipt of rights and responsibilities statement, and grievance procedure is in client chart
- Consumer access interview indicates compliance
- Facility tour indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Client receipt of eligibility criteria is documented in client chart
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records, e.g. records are kept in locked files, locked chart racks in service delivery areas, and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Consumer access interview indicates compliance
- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.4: Agency confidentiality policy includes (a) criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names), (b) consequences for breaches of client confidentiality, (c) procedures for notifying client of request for information prior to release of such information, and (d) the sharing of information among providers on a need-to-know basis.

Evidence is required. Possible sources of evidence may include:

- Consumer access interview indicates compliance
- Documentation of receipt by client of confidentiality agreement is in client chart
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses staff and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff and volunteer training
- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Staff interviews indicate compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Consumer access interview indicates compliance
- Documentation of receipt by client of confidentiality agreement is in client chart
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies of agency, including but not limited to, how they specifically relates to HIV/AIDS, medical records, and substance abuse. Training also addresses HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of staff and volunteer training records indicate attendance of confidentiality, privacy and security trainings
- Staff orientation manual includes discussion of client confidentiality issues relating to HIV/AIDS, medical records, and substance abuse
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.9: When agency personnel, volunteers, and contractors resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures indicates compliance
- Facility tour indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff are provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 7.7: Agency develops and implements house rules that are appropriate to residents and address safety issues.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance
- Review of house rules indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Quality Standard #8: Services are individualized and tailored to client needs.

Indicator 8.1: After an assessment is completed, a treatment or service plan is developed and signed by client and staff to determine service goals.

Evidence is required. Possible sources of evidence may include:

- Treatment or service plan is signed and documented in client chart
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.2: Open client chart includes service plan, medical and clinical evaluations, and treatment or service plan that is signed by client and staff and is updated regularly.

Evidence is required. Possible sources of evidence may include:

- Original and updated treatment or service plan is documented and signed in client chart
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.3: Information regarding HIV/AIDS, risk and harm reduction counseling, and referral for psychological evaluation are provided when needed.

Evidence is required. Possible sources of evidence may include:

- On-site services are documented in client charts
- Referrals are documented in client charts
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.4: Drug treatment and/or risk and harm reduction services are provided, and are evidence-based.

Evidence is required. Possible sources of evidence may include:

- Documentation of drug treatment and other services is in client chart
- Program plan includes evidence-based risk and harm reduction strategies

Indicator 8.5: Providers have ready access to health education and risk reduction materials and disseminate them as deemed appropriate to address client needs.

Evidence is required. Possible sources of evidence may include:

- Staff interviews indicate compliance
- Consumer access interview indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #9: All clients will have an appropriate intake, assessment, and screening for infectious diseases.

Indicator 9.1: All clients are screened and assessed, including a diagnostic impression, upon admission to the particular substance abuse program.

Evidence is required. Possible sources of evidence may include:

- Completed assessment and diagnostic impression is in client charts
- Review of Policy and Procedures Manual indicates compliance

Indicator 9.2: Clients receive screening and assessment of medical status, including appropriate diagnosis, TB testing, and documentation of HIV/AIDS status.

Evidence is required. Possible sources of evidence may include:

- Documentation of all HIV/AIDS screening, appropriate TB testing, and diagnosis is in client chart
- Review of Policy and Procedures Manual indicates compliance

Indicator 9.3: When appropriate, prior to intake, each client receives central intake physical exam, laboratory work, and appropriate diagnostic impression or diagnosis. (Physical exams may be performed off site, but must be performed no more than 30 days prior to intake.)

Evidence is required. Possible sources of evidence may include:

- Client has undergone screening and testing at central intake or has chosen to seek out his/her own physician for such testing (review of client charts)
- Program physician receives and reviews results of intake examinations and documents them in the progress notes in client chart
- Review of Policy and Procedures Manual indicates compliance

**Ryan White Title I
Transportation Service Standards**

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services. Information dissemination to clients is documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client and clients are informed in a language that is understandable to them. Access to services is available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.3: Service hours respond to the range of client needs, and/or referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client satisfaction surveys indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.4: Procedure for access to services is consistent, understandable and timely.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Material given to clients and/or families (e.g. handbook)
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 1.5: Waiting times during service delivery are reasonable based on existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are geographically available throughout the EMA.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance

Indicator 1.7: Agency assures that services are accessible to individuals with disabilities, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services and are fairly distributed and consistent across agencies.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures and mechanisms).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of linkage agreements indicates compliance

Indicator 2.2: Clients are referred to needed care and prevention services. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 2.3: Services are marketed and known through linkages and direct outreach.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance
- Review of promotional materials indicates compliance

Indicator 2.4: Staff receives adequate information about the continuum of emergency services in the community to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 2.5: Service eligibility guidelines are clear and explained, and provided in writing to the client.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of promotional materials indicates compliance
- Consumer access interview indicates compliance

Indicator 2.6: Written eligibility guidelines are available at all case management and/or other appropriate agencies.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of linkage agreements indicates compliance

Quality Standard #3: Services are culturally sensitive.

Indicator 3.1: Mechanism is in place and documented to assess what is necessary within the agency to assure culturally competent services.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client input mechanism (e. g. suggestion box, client advisory board, focus groups) indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are in place for all clients (on-site or by referral) and documented. Where client base does not warrant translator, agency works with client to accommodate differing language needs. Policy/protocol is in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 3.5: Agency documents client satisfaction, at least annually, with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency has a system to identify accepted guidelines and best practices and changes in them.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training

Indicator 4.2: Agency assures that all services are provided by responsive professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance

Indicator 4.3: Staff is trained in use of guidelines for specific services provided.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ accepted professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance.

Indicator 4.5: Services are individualized and tailored to client needs including, but not limited to, assessment for appropriateness of service and cost effectiveness.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 4.6: Transportation providers show respect for clients and are sensitive to individual needs.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: There is an organized continuous quality improvement (CQI) program, with quality review procedures appropriate to the funded service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: A mechanism is in place to obtain client and case manager feedback on service delivery and incorporate findings into service delivery.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of other client input mechanism (e.g. suggestion box, client advisory board, focus groups) indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are informed of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures is posted with the most current contact information in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of active and inactive records. Records shall be kept in locked files, locked chart racks in service delivery areas and protected-access electronic database (including data on laptop computers).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated with other providers (including, when appropriate, the use of client coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.5: Agency's overall written policy on client confidentiality is included in a Policy and Procedures Manual that also addresses, when applicable, staff, interns, and volunteer training on HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas of staff, intern, and volunteer training
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation, and to ensure that telephone conversations with private information (including cell phones) shall not be audible to others. Photography (including camera phones) to record individual information shall not be utilized in service areas.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and procedures and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff, interns, and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff, intern, and volunteer training
- Review of personnel records indicates compliance

Indicator 6.9: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.10: Agency makes effort to communicate confidentiality policy with all contracted service providers.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of linkage agreements indicates compliance

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards, or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Agency assures infection control procedures, including universal precautions, are in place and followed.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients, and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance.

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff is provided training in these procedures and this is documented.

Evidence is required. Possible sources of evidence may include:

- Attendance logs and agendas from staff training
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.6: When agency personnel, volunteers, and contractors are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.7: Contracted transportation services address issues of client safety including, but not limited to, and as appropriate: condition of vehicles, qualifications of drivers, seat belts and safety equipment, and emergency procedures.

Evidence is required. Possible sources of evidence may include:

- Review of linkage agreements indicates compliance

Ryan White Title I

Treatment Adherence Counseling Service Standards

Quality Standard #1: Services are accessible to clients and offered in such a way as to overcome barriers to access and utilization.

Indicator 1.1: Agency informs clients about the availability and accessibility of its HIV/AIDS services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Consumer access interview indicates compliance

Indicator 1.2: Services are provided at low or no cost to the client to address needs of under- and un-insured clients. Access to services are available and provided regardless of ability to pay.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Promotional materials is made available
- Consumer access interview indicates compliance

Indicator 1.3: Service hours are sensitive to the patient population and respond to the range of client needs, and referrals for services at other times are available.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Client satisfaction surveys indicates compliance
- Review of client chart indicates compliance

Indicator 1.4: Procedure for access to services is understandable. Time between intake and first appointment is reasonable.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Materials given to clients and families (e.g. handbook)
- Promotional material is available
- Consumer access interview indicates compliance

Indicator 1.5: Service delivery waiting times are reasonable based upon existing resources.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of client charts indicates compliance

Indicator 1.6: Services are accessible via public transportation or through arrangement with travel providers with Ryan White CARE Act funding.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Promotional material is available
- Consumer access interview indicates compliance

Indicator 1.7: Agency assures that services are available to individuals with disabilities, including but not limited to persons who are hearing, mobility, visually, and/or cognitively impaired, or agency provides arrangements to serve these clients.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Promotional materials is available

Indicator 1.8: An initial adherence assessment addresses barriers specific to client and leads to a care plan to address them, including education and referral to appropriate services.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance
- Linkage agreements are on file

Quality Standard #2: Services are part of the coordinated continuum of HIV/AIDS services.

Indicator 2.1: Referral and linkage system is in place and documented (includes referral procedures, mechanisms, and plans for emergencies).

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Linkage agreements are on file

Indicator 2.2: Client's needs are identified and they are referred to needed care and prevention services. Outcomes of referrals and linkages are documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Consumer satisfaction surveys indicates compliance
- Linkage agreements are on file

Indicator 2.3: Services are marketed and known throughout the community through materials, linkages, peer information sharing and/or direct outreach.

Evidence is required. Possible sources of evidence may include:

- Linkage agreements are on file
- Review of Policy and Procedures Manual indicates compliance
- Promotional material is available

Indicator 2.4: Documentation exists that staff receives ongoing training about the continuum of HIV care and information about existing services in the community in order to facilitate appropriate referrals.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agenda from staff training are on file

Indicator 2.5: Coordination includes all services that may affect the client's care, including the medical team, psychosocial, mental health, substance use/abuse, case management and alternative therapy.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Linkage agreements are on file

Indicator 2.6: Client referrals should be based upon client self-determination and choice.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Client satisfaction surveys indicates compliance
- Consumer access interview indicates compliance
- Other consumer feedback indicates compliance

Quality Standard #3: Services are culturally sensitive and linguistically appropriate to the primary population served.

Indicator 3.1: Mechanism is in place and documented to assure that culturally and linguistically competent services are available for diverse communities, for example deaf community, varying literacy, transgender community, varying ethnicities, etc.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Client satisfaction surveys indicates compliance

Indicator 3.2: Efforts directed at hiring staff, board, volunteers, and contractors representative of communities served are documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.3: Interpretation and translation services are available for clients as needed (on-site or by referral) and documented. Where client base does not warrant a translator, agency works with client, family and/or other agencies to accommodate differing language needs. Policy and procedures are in place regarding qualifications, standards, and availability of translators (or translator services).

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Client satisfaction surveys indicates compliance

Indicator 3.4: Staff training in cultural competence is documented as part of new staff training and as part of on-going (at least annual) in-service training.

Evidence is required. Possible sources of evidence may include:

- Training logs and agenda of staff are on file
- Logs and agendas of staff meetings are on file
- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance

Indicator 3.5: Agency documents ongoing client satisfaction with cultural competency of the providers.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #4: Services are provided according to accepted guidelines and best practices.

Indicator 4.1: Agency periodically assesses accepted guidelines and best practices and changes in both and incorporates them into their program to obtain the best possible service quality.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs of staff are on file

Indicator 4.2: Agency assures that all services are provided by professionals qualified and competent in the applicable discipline and currently licensed, as required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures indicates compliance
- Training logs and agendas are on file
- Review of personnel records indicates compliance

Indicator 4.3: Staff including peer providers, volunteers and interns are trained in how to implement current guidelines and best practices for specific services and this is documented.

Evidence is required. Possible sources of evidence may include:

- Training logs and agendas of staff, interns, peer providers, and volunteers are on file
- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 4.4: A quality assurance system is in place to document that services employ professional, clinical, and programmatic guidelines for best practices.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 4.5: Agency documents that all staff are qualified and competent in the applicable discipline and currently licensed, as required by law.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file
- Review of personnel records indicates compliance

Indicator 4.6: Agency documents that professionals, peer providers, interns and volunteers providing services are appropriately trained, supervised and have the required experience to provide the service.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Training logs and agendas of staff, interns, peer providers, and volunteers are on file

Quality Standard #5: Services utilize effective program management and quality improvement processes.

Indicator 5.1: Agency has a quality assurance system in place that facilitates periodic programmatic updates with appropriate quality review procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 5.2: Agency institutes and utilizes comprehensive system for collecting and analyzing client level data.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.3: An ongoing mechanism is in place to obtain client feedback on service delivery and incorporate findings in an effort to improve service delivery.

Evidence is required. Possible sources of evidence may include:

- Client satisfaction surveys indicates compliance
- Other consumer feedback indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 5.4: Agency documents adherence outcomes and seeks to improve services based on these results. Such outcomes may include lab results to determine if treatment is working and appointment and transportation records to determine if client makes appointments.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance

Quality Standard #6: Providers maintain client confidentiality and uphold client rights.

Indicator 6.1: Clients are provided written material informing them of their rights and responsibilities and the agency's grievance procedures and this is appropriately documented. Agency assists clients in using the grievance procedures if they have a complaint concerning services provided. A summary of the agency's grievance procedures is posted with the most current contact information in an area visible to all clients.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Client satisfaction surveys indicates compliance
- Consumer service access interview indicates compliance
- Other consumer feedback indicates compliance
- Materials given to clients and/or families (e.g. handbook)
- Review of client charts indicates compliance

Indicator 6.2: Clients are informed of the agency's criteria for eligibility and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Client satisfaction surveys indicates compliance
- Materials given to clients and/or families
- Consumer access interview indicates compliance

Indicator 6.3: Written policies and procedures are established for ensuring the confidentiality of client records. Client records are kept in locked files, locked chart racks in service delivery areas, protected-access electronic database (including data on laptop computers) and there is a written policy on file access. No camera phones are allowed in the service area.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance

Indicator 6.4: Agency has written confidentiality policy that includes criteria for how information regarding clients is communicated to the clients and with other providers (including, when appropriate, the use of client/patient coding instead of names) and is consistent with the protection of client information and sharing information only on a need to know basis.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Consumer access interview indicates compliance

Indicator 6.5: Agency's overall written policy and procedures indicate that staff, volunteers and interns are trained on the confidentiality policies and procedures of the agency and such training also addresses HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas of staff, interns, and volunteers are on file
- Review of personnel records indicates compliance

Indicator 6.6: Service delivery includes procedures to ensure privacy for client consultation.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Consumer access interview indicates compliance

Indicator 6.7: Clients are informed of confidentiality policy and procedures and this is appropriately documented.

Evidence is required. Possible sources of evidence may include:

- Review of client satisfaction surveys indicates compliance
- Review of Policy and Procedures Manual indicates compliance
- Review of client charts indicates compliance
- Consumer access interview indicates compliance

Indicator 6.8: Staff and volunteers are trained on the confidentiality policies and procedures of the agency and such training will also address HIPAA privacy and security measures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Review of personnel records indicates compliance
- Attendance logs and agendas from staff and volunteer training are on file

Indicator 6.9: When agency personnel, volunteers, and contractors resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the integrity of client confidentiality, safety or comfort and uphold client rights.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 6.10: Agency has policies and procedures to protect clients from disclosure of their HIV status by staff and other clients and the limits of confidentiality are included.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file

Quality Standard #7: Services are provided in a safe, secure environment.

Indicator 7.1: Facility is clean, free of clutter, hazardous substances, fire hazards or other obstacles that could cause harm.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.2: Infection control procedures, including universal precautions, are in place, followed and documented.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file
- Review personnel records indicates compliance

Indicator 7.3: The agency's physical plant is well secured, including, but not limited to, staff identification, required access devices (keys, access cards, access codes, etc.), and appropriate limitation on access to restricted areas of the agency.

Evidence is required. Possible sources of evidence may include:

- Facility tour indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 7.4: The agency provides adequate staff when clients, patients and visitors are on the premises of the agency.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Facility tour indicates compliance
- Staff interview with appropriate documentation indicates compliance

Indicator 7.5: Procedures on removing individuals who pose a danger to staff, volunteers, or clients are documented. Staff is provided training in these procedures.

Evidence is required. Possible sources of evidence may include:

- Review of Policy and Procedures Manual indicates compliance
- Training logs and agendas are on file

Indicator 7.6: When agency personnel, volunteers, and contractors resign or are terminated all means of agency access (access cards, access codes, keys, official identification badges, etc.) are confiscated and/or systemic changes are made to assure the safety and security of clients served and agency personnel.

Evidence is required. Possible sources of evidence may include:

- Review of personnel records indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Quality Standard #8: Services are individualized and tailored to client needs.

Indicator 8.1: Providers assess each client for readiness for adherence programs to ensure they are able to adhere to their medications and care needs. Such assessment should include beliefs about taking medications, perceived benefits about treatment, substance and alcohol use, storage and dosing, pill burden, co-morbidities, etc.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.2: Providers will develop an individualized adherence intervention and education plan that addresses specific barriers and support networks (peers, families, etc.) as identified by the client.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Client satisfaction surveys indicates compliance
- Other consumer feedback indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.3: The adherence intervention plan will address prevention issues including co-infection and transmission to others, substance use/abuse, etc.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance

Indicator 8.4: Providers should develop and administer periodic re-assessments and update care plans as needed at least every six months for ongoing clients.

Evidence is required. Possible sources of evidence may include:

- Review of client charts indicates compliance
- Review of Policy and Procedures Manual indicates compliance



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