

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
HIV PLANNING GROUP**

**REFERRAL FOR HEALTH CARE
AND SUPPORT SERVICES
SERVICE STANDARDS
FOR RYAN WHITE CARE AND TREATMENT**

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Referral for Health Care and Support Services

Service Category Definition

Referral for health care and support services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication.

Purpose and Goals

The goal of referrals for health care and support services is to provide culturally and linguistically appropriate referrals throughout San Diego County to direct and link persons living with HIV to medical or support services.

Intake

Referral services are for clients who are currently receiving case management, non-case management, mental health, substance abuse or outreach services.

Key Service Components and Activities

This service may include referrals to assist eligible clients to obtain access to other public and private programs for clients may be eligible such as:

- Medicaid
- Medicare Part D
- State Pharmacy Assistance Program
- Pharmaceutical Manufacturer’s Patient Assistance Programs
- Other state or local health care and supportive services, or health insurance Marketplace plans

Standard	Measure
<p>Staff will assess client needs and eligibility for services and programs and provide appropriate referrals and follow-up</p>	<p>Documentation that clients were:</p> <ul style="list-style-type: none"> • Directed to a service in person or through other types of communication • Provided benefits/entitlements counseling and referral consistent with federal requirements • Directed to services that are not part of outpatient ambulatory health services or case management <hr/> <p>Documentation of :</p> <ul style="list-style-type: none"> • All methods of client contact, the frequency and when contact occurred • All methods of providing referrals (including within the non-medical case management system, informally or as part of an outreach program) • All referrals and follow-up provided

Assessment and Service Plan

Staff will determine each client's needs and eligibility for services and programs and direct the client to the appropriate service or resources. Staff will also follow-up with the client and assess their progress in addressing their needs. Staff will also provide referrals to any additional services needed as determined during the follow-up sessions.

Standard	Measure
Staff will direct individuals to the appropriate services and resources	Documentation that all individuals were directed to the appropriate services based on the HIV status and need

Client Rights and Responsibilities

All providers will have written policies and procedures for a complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline. Referral for health care and support services providers will use relevant Federal, State and County regulations for investigating and resolving complaints. A copy of the complaint policy will be conspicuously displayed. Complaints and investigation results will be forwarded to the County within 24 hours of both the receipt and resolution of the complaint.

Standard	Measure
Providers have policies regarding the rights and responsibilities of referral for health care and support services clients	Documentation of policies and procedures for a complaint process

Grievance Process

All referral for health care and support services providers will maintain written grievance policies. The grievance policy will be posted in a prominent location with information on how clients may also contact the County of San Diego's HIV, STD and Hepatitis Branch (HSHB) as an alternative to completing the form. Forms inadvertently collected by providers will immediately be forwarded to the address on the form.

Referral for health care and support services providers will also post a copy of the HSHB Client Service Evaluation form ("goldenrod") in a prominent place. Copies of the form will be available for clients upon request with a mechanism for the clients to mail the form to HSHB for review.

Standard	Measure
Clients' rights are protected and clients have access to a grievance/complaint resolution process and are made aware	Documentation of a grievance policy
Clients have the ability to file a grievance or complaint	Verification of visible goldenrod (English and Spanish) placement in client sites

Cultural and Linguistic Competency

Cultural competency as defined by the HIV Planning Group is: "Recognizing the differences in physical and emotional life challenges, including disabilities of all kinds, culture and ethnicity, religion and spirituality, and in histories, traditions and languages. More specifically, all providers must have the ability to provide appropriate and acceptable services to all potential and current clients, including people of color, gay men, lesbians, transsexuals, transgender individuals, former and active substance abusers, persons with mental health concerns, persons of differing abilities, and others. Providers who serve any of these groups will make reasonable accommodations in service provisions."

All providers must include a requirement in their policies that all staff, board members and volunteers possess knowledge of the Ryan White Part A program and the Americans with Disabilities Act. Program policies and procedures regarding cultural competency will address cultural sensitivity, diversity, and inclusiveness. Policies on cultural competency are given to clients at admission and posted in a prominent place. Provider’s admission procedures will assess client access issues, including cultural needs, physical accessibility, and service location.

Providers must assess and ensure the training and competency of individuals who deliver language services to assure accurate and effective communication between clients, staff and volunteers transcend language barriers and avoid misunderstanding and omission of vital information. Staff and volunteers working directly with clients must receive a minimum of four hours of cultural sensitivity training each year.

Providers will also identify staff and volunteers who can provide bilingual/bicultural services to individuals who need or prefer to communicate in Spanish. If there are no staff members or volunteers who can perform this function, the provider will develop alternate methods to ensure language appropriate services are available. Providers will employ proactive strategies such as partnering with other local organizations to develop a diverse workforce.

Standard	Measure
Agency policies will address cultural and linguistic competency	Documentation on policies on cultural competency
Staff will comply with American Disabilities Act (ADA)	Completed form/certification on file
Staff and volunteers will receive annual training on cultural competency	Documentation of all staff/volunteer trainings on cultural competency
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)
Staff and volunteers are bilingual and can address the language needs of the populations they serve. If there are no appropriate bilingual people on staff, a plan is in place to ensure language needs are met	Copy of written plan to address
Provider will have written and posted materials in the appropriate languages for the communities being served are available and visible to clients	Posted documentation inspected and noted during routine site visits

Privacy and Confidentiality

All providers must develop written policies and procedures that address security, confidentiality, access and operations. In addition providers must ensure that:

- All physical case files are stored in a locked cabinet or room and electronic files are secured.
- All activities that relate to client data will have appropriate safeguards and controls in place to ensure information security.
- Case files not left unattended.
- Case files and records are not removed from the service site without the case management supervisor’s written agreement.
- Case files and records are locked at night and not left on desks or in unlocked desk drawers.
- When a case file is removed from the central filing area, it will be booked out via a clear administrative procedure that can be traced to its temporary location.

In addition, providers will also ensure that:

- All employees and volunteers working under this agreement have signed a confidentiality agreement.
- All staff orientation materials include client confidentiality policies and procedures and indicate how they are communicated to staff and volunteers.
- All training logs and personnel files demonstrate that staff and volunteers have received adequate training on privacy and confidentiality, upon initial hire and annually thereafter. Training will address HIPAA, security measures and other topics related to client confidentiality.

All providers must ensure that written policies regarding confidentiality are presented to and signed by clients and maintained in clients' case files. A release of Information form will also be signed by clients as needed. Prior to releasing any client information, providers must obtain written consent which includes:

- The name of the program or person permitted to make the disclosure;
- The name of the client;
- The purpose and content (kind of information to be disclosed) of the disclosure;
- Client's signature or legal representative's signature.

All providers will make available a private, confidential environment for clients to discuss their cases, especially when addressing fear and concern about their diagnosis and disclosure of their HIV status. Providers will inform clients that they will maintain confidentiality of other persons with HIV infection.

Standard	Measure
Staff will develop written policies and procedures that address security, confidentiality, access and operations	Copies of policies and procedures
All files are secured	Inspected and noted during routine site visits
All staff and volunteers have undergone a thorough background check	Documentation of background checks
Staff and volunteers will receive training on privacy and confidentiality	Documentation of all staff/volunteer trainings on privacy and confidentiality
	Copies of the curriculum and handouts etc. kept on file (If training is provided by the provider)

