

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

**HOME HEALTH CARE
SERVICE STANDARDS
FOR RYAN WHITE CARE AND TREATMENT**



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Home Health Care

Service Category Definition

Home health care services are medical treatments that are provided in the clients' homes by licensed health care workers such as nurses.

Purpose and Goals

The goal of home health care services are to provide home health services through o people living with the HIV disease who have no other means of paying for such services (i.e. Medi-Cal, Medicare, private insurance, etc.).

Intake

The provision of home health care is limited to clients with HIV diagnosis who are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities. Personal care services are excluded. To receive home health care services clients must have received a written referral from a medical provider.

Key Service Components and Activities

Home health care is the provision of services in the home that are appropriate to a client's needs. Services are performed by entities licensed or certified by the State of California to provide home health. Services must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Services may also include skilled nursing care; physical, occupational therapy, and speech/language therapy; medical social work intervention; durable medical supplies and infusion therapy, including chemo therapies, and attendant services.

| Standard | Measure |
|---|---|
| Staff ensures clients' eligibility and needs | Documentation of interviews and assessments all potential clients utilizing a standard client eligibility screening tool |
| Staff maintains records of eligibility, intake and assessments | Documentation of eligibility, intake, comprehensive assessments, individual care plans, and progress of clients on a standard home health care form |
| | Maintain a single record for each client |
| Staff ensures clients are connected to the appropriate services when needed | Documentation of all services provided/offered to clients |
| | Completion of the Client Transition Plan for deemed ineligible for home health care or deemed ready to be transitioned out of these services |

Personnel Qualifications

All home health care services are provided by certified health care workers such as nurses (registered and licensed vocational) who possess the appropriate certification for the State of California (<http://www.cdph.ca.gov/certlic/occupations/Pages/AidesAndTechs.aspx>) in accordance with Health and Safety Code Section 1725-1742 (https://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1725.&lawCode=HSC). All home health staff will practice in accordance with applicable local, state and federal regulations.

| Standard | Measure |
|---|--|
| Staff will meet minimum qualifications | Documentation of appropriate certification |
| Staff will have clear understanding of job responsibilities | Documentation of current job descriptions on file that are signed by staff and appropriate supervisors |
| Staff are competent | Documentation of a training plan that includes specific topics, identification of the trainer, and a timeline for all newly employed staff |

Assessment and Service Plan

Primary care physician will determine the need for home health care services.

| Standard | Measure |
|--|---|
| A physician will certify that the client's need for home health care services | Documentation of a physician certification that the client's condition requires home health care in lieu of hospitalization |
| Staff will record all services provided for each client | Documentation of the: <ul style="list-style-type: none"> Types of services provided Number of the services provided Duration of the services Dates and locations of the service |
| Staff will ensure that all services provided are appropriate to meet each client's needs and are provided in accordance with federal, state and local guidelines | Documentation of all services provided showing that: <ul style="list-style-type: none"> Services are limited to medical therapies in the home and exclude personal care services Services are provided by home health care workers with appropriate licensure as required by State and local laws |

Case Closure

Case closure is a systematic process for discharging clients from home health care. The process includes formal client notification regarding pending case closure and the completion of a case closure summary to be maintained in the client chart. Clients are considered active providing they receive services at least once within each sixty-day period. Case closure may occur for the following reasons:

- Successful attainment of home health care goals
- Client relocation outside San Diego County
- Continued client non-adherence to treatment plan
- An inability to contact a client for 120 days

- Client-initiated termination of service
- Unacceptable client behavior or client’s health needs cannot be adequately addressed by the service

A Case Closure Summary will be completed for each client who has terminated treatment. The summary includes the following documentation:

- Course of treatment
- Discharge diagnosis
- Referrals
- Reason for termination
- Documentation of attempts to contact client, including written correspondence and results of these attempts (For those clients who drop out of treatment without notice)

| Standard | Measure |
|--|--------------------------------|
| Client's case is terminated when medical care is stabilized and client no longer needs services or is determined to be non-compliant | Completed Case Closure Summary |

Case Closure and Discharge

Services will cease when:

- The individual’s case has been resolved
- The Client has died
- The Client requests that his or her case be closed
- The Client cannot be located within 120 days after repeated efforts including written, oral and personal contact.
- Client relocates outside of San Diego County
- Client demonstrates repeated non-compliance or inappropriate behavior in violation of specific written policies of the provider especially with regard to violation of confidentiality of other client information.
- The Client’s needs cannot be adequately addressed by the service

| Standard | Measure |
|--|---|
| Staff will document reasons for disenrollment in the client record | Documentation of reason for disenrollment |
| Staff will determine client eligibility for other programs and re-instatement in Ryan White home health care | Documentation of “inactive status” and maintenance of records and contact information to facilitate rapid re-enrollment, as appropriate |

Complaint Process

All providers will have written policies and procedures for an internal complaint process. The policy will identify staff responsible, an appeal process, tracking system, follow-up procedures, and a timeline.

The complaint process will be posted in a prominent location. In addition to the internal complaint process, information on how clients may contact the County of San Diego's HIV, STD and Hepatitis Branch (HSHB) will be provided.

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

Client Rights and Responsibilities

Clients will be informed of their rights and responsibilities.

| Standard | Measure |
|--|---|
| Clients will be informed of their rights and responsibilities. | Documentation of Client's rights and responsibilities during intake |

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, men who have sex with men (MSM), men or women at risk for HIV, bisexual men and women, transsexuals, transgender individuals, gender non-binary individuals, persons who use substances, 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 intake. Provider's intake 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 to transcend language barriers and avoid misunderstanding and omission of vital information. Staff 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 other languages. 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 receive annual training on cultural competency | Documentation of all staff trainings on cultural competency |

| Standard | Measure |
|---|---|
| | 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 materials in the appropriate languages for the communities being served that are available to clients | Materials will be available. |

Privacy and Confidentiality

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

- All physical case files and electronic files are secured at all times.
- All activities that relate to client data will have appropriate safeguards and controls in place to ensure information security.
- 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.

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, signed by clients, 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.
- Policies regarding confidentiality are presented to and signed by clients and maintained in case files

Make available a private, confidential environment for clients to discuss their cases.

| 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 |
| 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) |

