

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

**HOSPICE SERVICES
SERVICE STANDARDS
FOR RYAN WHITE CARE AND TREATMENT**



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Hospice Services

Service Category Definition

Hospice care is provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal clients.

Purpose and Goals

The goal of hospice care is to provide outpatient end-of-life care through existing non-profit agencies to 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

To receive hospice services, a client must be certified as terminally ill by a physician and has a defined life expectancy of six months or less. Counseling services provided in the context of hospice care are consistent with the definition of mental health counseling. Palliative therapies are consistent with those covered under respective state Medicaid programs.

Key Service Components and Activities

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

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 hospice services 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 hospice services or deemed ready to be transitioned out of these services

Personnel Qualifications

All providers will possess the appropriate and valid licensure as required by the State of California pursuant to the California Health and Safety code Sections:

- 1745:https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=8.5.&article=1,
- 1748:https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1748.&lawCode=HSC and
- 1749:https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1749.&lawCode=HSC

Standard	Measure
Staff will meet minimum qualifications and possess the appropriate licensure	Documentation of the appropriate and valid licensure of provider as required by the State of California
Staff will have clear understanding of job responsibilities	Documentation of current job descriptions on file that are signed by staff and appropriate supervisors

Assessment and Service Plan

To meet the need for hospice services, a physician will certify that a client is terminally ill and has a defined life expectancy as established by the recipient.

Standard	Measure
A physician will certify that the client’s illness is terminal	Documentation of a physician certification that the client’s illness is terminal as defined under Medicaid hospice regulations (having a life expectancy of six months or less)
Staff will provide the appropriate services to clients and meet state and federal guidelines	Documentation of the types of services provided, and assurance that they include only allowable services Documentation that assures that all services meet Medi-Cal and other applicable state and federal requirements including: <ul style="list-style-type: none"> • Counseling services that are consistent with the definition of mental health counseling, including treatment and counseling provided by mental health professionals (psychiatrists, psychologists, or licensed clinical social workers) who are licensed or authorized within the State where the service is provided • Palliative therapies that are consistent with those covered under the respective State’s Medi-Cal program
All services will be provided in the appropriate settings	Documentation of the locations where hospice services are provided, and assurance that they are limited to a home or other residential setting or a non-acute care section of a hospital designated and staffed as a hospice setting

Case Closure

Case closure is a systematic process for discharging clients from hospice services. 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 hospice services 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 hospice services	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 can 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
	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)

