



HIV Services Program  
Ryan White Part B Program  
STANDARDS OF CARE

August 2022



## SERVICE CATEGORY DEFINITION

### Medical Case Management (MCM):

Medical case management (MCM) services, including treatment adherence, are a range of client-centered services designed to ensure timely and coordinated access to medically appropriate levels of health and support services, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including telehealth, face-to-face, phone contact, and other forms of communication and activities. The following is a partial list of those activities:

- ◆ Initial assessment of service needs (Assessment).
- ◆ Development of a comprehensive, strengths based, individualized service plan.
- ◆ Timely, coordination of services required to access medically appropriate levels of health & support to implement the plan.
- ◆ Continuous client monitoring to assess the efficacy of the plan and continuity of care.
- ◆ Identify areas of need through the completion and documentation of Acuity Scale.
- ◆ Treatment adherence counseling to ensure readiness for and adherence to HIV treatments
- ◆ Client-specific advocacy and/or review of utilization of services.
- ◆ Linkage to available medical and support services, including referrals with follow up.
- ◆ Risk/harm reduction counseling.

In addition to providing the medically oriented services above, medical case management may also provide referrals by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare, New Mexico Medical Insurance Pool, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplace/Exchanges). Medical case managers focus on medical and behavioral needs of clients (mental health, substance use, HIV risk reduction and self-management skills building) and access to needed supportive services to assist the client to successfully adhere to their HIV treatment program and increase health outcomes.

Medical case management services include provisions listed above to clients whose acuity level(s) may require medical case management to supervise medical care, schedule/monitor medical appointments, order lab work, address medication treatment adherence, other indicated services including dietician, mental health and substance abuse screenings/treatment and other supports. In addition, MCM should provide information to the client regarding agency information, description of key activities, purpose, and



goals of case management, U=U (Undetectable = Untransmittable) and as applicable, referrals to needed resources.

*Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18) Replaces Policy #10-02*

[https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

An initial assessment and service planning begin at admission to MCM services and completed within 30 days of eligibility determination. Nonmedical case managers (NMCM) should be included in this process when low intensity non-medical case management services are needed. Documentation in client file that client and MCM, collaboratively develop service plans, which include:

- List of consumer-identified strengths needs and barriers.
- Establishment of specific, action-oriented, and achievable goals with a specific timeframe for completion. Service plans should be updated at least one time a year based the client's current level of need. The higher level of need the more a service plan should be reviewed. Service plans must be signed and dated by the client and medical case manager.
- Service plan goals and objectives must be Specific, Measurable, Achievable, Relevant and have a time frame (SMART). The roles and activities of the client and the case manager should be identified as both are responsible for the completion of plan of care goals.

## CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to follow the client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination because of race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

Medical Case Managers focus on medical and behavioral needs of clients (mental health, substance use, HIV risk reduction and self-management skills building) and access to needed supportive services to



assist the client to successfully adhere to their HIV treatment program.

Medical Case Managers participate on a multidisciplinary team working in partnership with the other professionals to assess the needs of the client, the client's family, and support systems to develop an individualized client service plan. Medical Case Managers also arrange, coordinate, monitor, evaluate, and advocate for a comprehensive package of services to meet the specific client's complex needs.

The minimum education and/or experience requirements for Medical Case Managers are:

1. Master of Social Work (MSW), Bachelor of Social Work (BSW); or other related health or human service degree from an accredited college or university or,
2. Current New Mexico licensed registered nurse (RN) or,
3. A Bachelor's degree from an accredited college or university, with 2 years of experience working with HIV diagnosed populations, chronic illness populations, or underserved populations or,
4. Current New Mexico licensed registered nurse (RN) or.
5. Associates degree with two years of experience working with HIV diagnosed populations, chronic illness populations, or underserved populations or,
6. Licensed professionals most current New Mexico license must be kept in their personnel file.
7. All medical case managers must complete a minimum training regimen that includes:
  - a. HIV case management standards and ADAP, including attendance at the HIV Case Management Summit provided by NMDOH, and.
  - b. 20 hours of Program approved training(s) on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training) and,
  - c. All medical case managers will have a minimum of 2 hours of cultural competency training annually and,
  - d. Annual Insurance training and Marketplace Updates.

*\* Documentation of completion of required trainings must be kept in the personnel file.*

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of medical case management is to provide care planning and coordination services needed for people living with HIV, ensuring access to core and support services that will enable medical adherence and stability for each individual client.

Clinical Quality Improvement outcome goals for medical case management are:



- ◆ 100% of all client files include documentation of a completed assessment of needs, acuity score, and individualized care plan developed and/or updated 2 or more times a measurement year for acuity scores above 1.
- ◆ 90% of clients receiving medical case management services are actively engaged in medical care as documented by a medical visit in each six-month period of a 24-month measurement period.  
*\*Exception, documentation from medical provider stating client is seen once a year.*
- ◆ 90% of clients receiving medical case management services who did have a medical visit in the last 6 months.
- ◆ 90% of clients receiving medical case management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 90% of clients receiving medical case management services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Services are provided by trained professionals.	Documentation of minimum education and/or experience requirements for Medical Case Managers.	100%
2. Clients receive an initial assessment of service needs.	Documentation of assessment of service needs is completed within 30 days of enrollment and included in the file of all clients entering service in the measurement year.	100%
3. Clients have a completed individual service plan.	Documentation of a completed individual service plan is completed within 30 days of annual enrollment and included in the file of all clients receiving services in the measurement year.	100%
4. Clients will have an acuity scale completed and documented, reflecting their current acuity level.	Documentation of acuity scale is completed within 30 days of enrollment and included in the file of all clients in the measurement year.	100%



5.	Clients receive coordinated referrals and information for services required to implement the care plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	100%
6.	Clients have their individual service plans updated two or more times a year based on acuity.	Documentation that the individual care plan is updated at least two times a year reflecting acuity and level care needed	90%
7.	Clients are continuously monitored to assess the efficacy of their individual care plan.	Documentation of continuous monitoring to assess the efficacy of the care plan is evident in the client chart	90%
8.	Clients are linked to medical care.	Documentation that the client had at least one medical visit or viral load test within the measurement year as documented by the medical case manager.	90%
10.	Clients are prescribed Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.	90%
11.	A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	100%
12.	Clients lost to care have documented attempts of contact prior to discharge.	<p>If client is "lost-to-care" (cannot be located), the HSPs will:</p> <p>a. Makes and document a minimum of 3 follow-up attempts up to a 3-month period after first attempt.</p> <p>b. A home visit will be conducted if feasible and if unsuccessful, a certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within</p>	100%



	30 days from the date on the letter if the client does not make an appointment to re-screen. (Unless requested not to be contacted through mail.)	
	c. DOH is notified within 30 days of case closure.	
13. Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	90%
14. Supervisors chart review.	The supervisor will sign and date each client record reviewed annually.	90%

## CLIENTS RIGHTS AND RESPONSIBILITIES

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client record. Information on all clients receiving Ryan White Part B funded services must be entered in the NMDOH HIV Services Program e2NM Database.

## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective



review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

### CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client. Follow the NMDOH HIV Services Program Policy on Client Transfer Process.





## SERVICE CATEGORY DEFINITION

### **Outpatient Ambulatory Health Services (OAHS):**

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits. OAHS can only be used if the service(s) is HIV related. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventative care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related HIV diagnosis

## CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.



## PERSONNEL QUALIFICATIONS

Outpatient/Ambulatory Health Services must be provided by trained licensed and/or certified health care workers to include:

1. Individual clinicians (M.D., D.O., P.A., N.P., R.N., L.P.N.) shall have documented unconditional licensure/certification in his/her area of practice; and
2. HSPs shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV clinical practice. All staff without direct experience with HIV shall be supervised by one who has such experience; and
3. Subrecipients who are not able to employ clinical staff must refer clients to a clinician/program who meets the standard qualification for Health Care Professional. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.
4. All Health Care Professionals employed by the Subrecipient must complete a minimum training regimen that includes:
  - a. State approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (such as Fundamentals of HIV/HCV Counseling and Testing Training), and;
  - b. All staff will have at least two (2) hours of cultural competency training annually, and;

***\* Documentation of completion of required trainings must be kept in the personnel file.***

***\*\*The Ryan White HIV Services Program is payor of last resort; therefore, a client's insurance or other type of payment must be billed prior to submitting service reimbursement to the Program\*\****

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of Outpatient / Ambulatory Health Services is to provide effective diagnostic and therapeutic medical care services that will enable medical adherence and stability for each individual client.

Clinical Quality Improvement outcomes/goals for Outpatient Ambulatory Health Services are:

- ◆ 100% of all client files include documentation of a completed assessment of needs, acuity score, and individualized service plan;
- ◆ 90% of clients receiving medical case management services are actively engaged in medical care as



documented by a medical visit in each six-month period of a 24-month measurement period;  
*\*Exception, documentation from medical provider stating client is seen once a year.*

- ◆ 90% of clients receiving medical case management services are prescribed Antiretroviral Therapy (ART) in the measurement year;
- ◆ 90% of clients receiving medical case management services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Services are provided by trained, licensed, and/or certified health professional	Documentation of current New Mexico licensure.	100%
2. Staff providing services have been trained to work with HIV positive populations.	Documentation that staff have basic knowledge of HIV and/or infectious disease and can work with vulnerable subpopulations as documented through staff personnel records.	100%
3. Client had less than 200 copies/mL at last HIV Viral Load test during the current measurement year.	Documentation of viral load test outcomes evident in client chart.	90%
4. Client had viral load test performed at least every 6 months.	Documentation of viral load test outcomes evident in client chart.	100%
5. Clients 6 years of age and older are prescribed PCP prophylaxis when CD4 counts are < 200 cells/mL	Documentation of PCP prophylaxis prescription evident in client chart.	90%
6. Client was prescribed HIV Antiretroviral therapy during the measurement year.	Documentation of HIV Antiretroviral therapy evident in client chart.	100%



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 OUTPATIENT AMBULATOR HEALTH SERVICES (OAHS)  
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7.	Client had HIV resistance test performed prior to the initiation of ART if ART is initiated during the measurement year.	Documentation of resistance test evident in client chart.	90%
9.	Client had a fasting lipid panel completed if client was on ART during the measurement year.	Documentation of fasting lipid panel evident in client chart.	90%
10.	Client had a TB screening test at least once since HIV diagnosis.	Documentation of TB screening test evident in client chart.	90%
11.	Client received influenza vaccine or reported receipt through other provider between October 1st and March 31st of the measurement year or documentation of client refusal.	Documentation of influenza vaccine or refusal evident in client chart.	90%
12.	Client received pneumococcal vaccine since HIV diagnosis or documentation of client refusal.	Documentation of pneumococcal vaccine or refusal evident in client chart.	90%
13.	Client had Hep C screening at least once since HIV diagnosis.	Documentation of Hep C screening evident in client chart.	90%
14.	Client had Hep B screening at least once since HIV diagnosis.	Documentation of Hep B screening evident in client chart.	90%
15.	Client had Hep B vaccine series if not Hep B positive or documentation of client refusal.	Documentation of Hep B vaccine series or refusal evident in client chart.	90%
16.	Adult female client had pap screen in the last three years.	Documentation of pap screening in past three years evident in client chart.	90%
17.	Client had annual screening for syphilis.	Documentation of annual syphilis screening evident in client chart.	90%
18.	Client had annual screening for chlamydia if they were new to services, were sexually active, or had a previous STI.	Documentation of annual screening for chlamydia evident in client chart.	90%



19.	Client had annual screening for gonorrhea if they were new to services, were sexually active, or had a previous STI.	Documentation of annual screening for gonorrhea evident in client chart	90%
20.	Client received an oral exam by a dentist at least once during the measurement year based on client self report.	Documentation of reported annual oral exam evident in client chart.	75%
21.	Client received HIV risk counseling during the measurement year.	Documentation of HIV risk counseling evident in client chart.	90%
22.	Client received screening for clinical depression during the measurement year.	Documentation of clinical depression screening evident in client chart.	90%
23.	If clinical depression screen was positive, client received follow-up plan on the same date of encounter or documentation of refusal.	Documentation of follow-up plan or refusal evident in client chart.	90%
24.	Client received screening for tobacco use at least once in a 24-month period.	Documentation of screening for tobacco evident in client chart.	90%
25.	If tobacco screening was positive, client received tobacco cessation counseling intervention or referral.	Documentation of referral or tobacco cessation intervention evident in client chart.	90%
26.	Client received screening for substance use (alcohol & drugs) during the measurement year.	Documentation of substance use screening evident in client chart.	90%

## CLIENTS RIGHTS AND RESPONSIBILITIES

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## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored, NMDOH HIV Services Program managed, CAREWare Database.

## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client. Follow the NMDOH HIV Services Program Policy on Client Transfer Process.



## SERVICE CATEGORY DEFINITION

### **Behavioral Health Services:**

Behavioral Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed with the state of New Mexico to render behavioral health services. These professionals typically include psychiatrists, psychologists, and licensed clinical counselors and social workers.

\*The Ryan White HIV Services Program is payor of last resort therefore, a client's insurance or other type of payment must be billed prior to submitting service reimbursement to the Program. \*

Mental health services include:

- Behavioral Health Assessment
- Treatment Planning
- Treatment Provision
- Individual psychotherapy
- Conjoint psychotherapy
- Group psychotherapy
- Psychiatric medication assessment, prescription, and monitoring
- Psychotropic medication management
- Drop-In Psychotherapy Groups
- Emergency/Crisis Intervention

All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on federal, state and local laws and guidelines (i.e. neglect & abuse, self or harm to others). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI). Couples counseling and marriage and family counseling are not included in the Mental Health Standard and are not reimbursable by the Program. NM Stat § 43-1-19 (1996 through 1st Sess 50th Legis) 43-1-19.



Disclosure of Information, Section B (2) “when such disclosure is necessary to protect against a clear and substantial risk of imminent serious physical injury or death inflicted by the client on the client's self or another”. 32A-4-3 of the New Mexico Children’s Code mandates that anyone who has knowledge or a reasonable suspicion that a child is an abused or neglected child must report it immediately.

The Program is payor of last resort; therefore, alternative avenues of payment must be sought out, utilized and documented. These avenues include may include insurance, reduced or free services, Crisis and Violence agencies, community behavioral health providers, etc.

## CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations. Clients must be enrolled annually.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

Mental Health Services must be provided by New Mexico licensed behavioral health professionals.

Requirements include the following:

- Individual clinicians shall have documented licensure in his/her area of practice and may include Licensed Social Workers, Licensed Professional Counselors, Licensed Independent Substance Abuse Counselors, Licensed Substance Abuse Technicians, Licensed Associate Substance Abuse Counselors, Licensed Alcohol and Drug Abuse Counselor, and clinical psychologists.
- Sub-recipient clinical counseling staff must be knowledgeable and experienced in their area of clinical practice as well as in the area of HIV clinical practice. All staff without direct experience or licensure (e.g. residents, paraprofessionals, etc.) shall be supervised by staff that is qualified by the New Mexico Licensing and Practice Board to provide clinical supervision.
- Subrecipients who are not able to employ clinical counseling staff must refer clients to a clinician or program that meets the State of New Mexico Counseling and Therapy Practice Board requirements and the standard qualification for Substance Abuse Outpatient Services.





- Sub-recipient clinical counseling staff must complete a minimum training regimen that includes:
  - State approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training), and;
  - Proof of 40 hours of continuing education which must be acquired annually, July 1st – June 30th.
  - All licensees must obtain twelve (12) CEU hours of ethics.
  - All licensees who are providing supervision must obtain nine (9) CEU hours of supervision.

*\* Documentation of completion of required trainings must be kept in the personnel file.*

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall goal of Mental Health Services is to provide treatment and counseling services to address mental illness, eliminating barriers to treatment and increasing adherence to medical care so that clients may achieve viral load suppression.

Clinical Quality Improvement goals for Mental Health Services are:

- 90% of all client files include documentation of a completed comprehensive treatment plan.
- 90% of clients receiving Mental Health Services are actively engaged in medical care as documented by a medical visit in each 6-month period in a two-year measure and in the second half of a single year measure.  
*\*Exception in cases with documentation from clinician stating client is seen once a year.*
- 90% of clients receiving medical case management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- 90% of clients receiving Mental Health Services are virally suppressed as documented by a viral load of less than 200 copies / mL at last test.

## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
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 BEHAVIOURAL HEALTH SERVICES  
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1.	Services are provided by licensed behavioral health professionals.	Documentation of current New Mexico licensure for Mental Health Services staff.	100%
2.	The agency or facility holds licensure to operate as a behavioral health facility as required by state law.	Documentation of current New Mexico licensure to operate as a behavioral health facility.	100%
3.	Staff providing services have been trained to work with HIV positive populations.	Documentation that staff have basic knowledge of HIV and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records.	100%
4.	Clients have a detailed assessment that includes the diagnosis of mental health illness or condition.	Documentation of a detailed assessment that includes diagnosis of mental health illness or condition is evident in client file.	90%
5.	Clients have a detailed treatment plan that includes the treatment quantity, frequency, and modality (group or individual).	Documentation of a detailed treatment plan that includes treatment quantity, frequency, and modality recommendation is evident in client file.	90%
6.	Clients have a detailed treatment plan that includes the start date and end date (or estimated end date) for mental health services.	Documentation of a detailed treatment plan that includes start date and end date (or estimated end date) for mental health services is evident in client file.	90%
7.	Clients have a detailed treatment plan that includes the date for reassessment. Plans must be updated at least annually (if needed).	Documentation of a detailed treatment plan that includes the date for reassessment and annual updates is evident in client file.	90%
8.	Clients have a detailed treatment plan that includes any recommendations for follow-up (if needed).	Documentation of a detailed treatment plan that includes recommendations for follow-up is evident in client file.	90%



9.	Clients have a detailed treatment plan that includes the signature for the mental health professional rendering service.	Documentation of a detailed treatment plan that includes the signature of mental health professional providing service is evident in client file.	90%
11.	Clients have a detailed treatment plan that includes documentation of clients consent and participation in services (progress notes).	Documentation of a detailed treatment plan that includes the documentation of clients consent and participation in services (progress notes).	90%
12.	A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	100%
13.	Clients lost to care have documented attempts of contact prior to discharge.	<p>If client is "lost-to-care" (cannot be located), the HSPs will:</p> <ul style="list-style-type: none"> <li>a. make and document a minimum of 3 follow-up attempts up to a 3-month period after first attempt.</li> <li>b. A home visit will be conducted if feasible and if unsuccessful, a certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-screen. (unless requested not to be contacted through mail.)</li> <li>c. DOH is notified within 30 days of case closure.</li> </ul>	100%
14.	Clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year is evident in the client file.	90%
15.	Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented in the client file.	90%



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16. Clients receive coordinated referrals and information for services required to implement the treatment plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	90%
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## CLIENTS RIGHTS AND RESPONSIBILITIES

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## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must



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be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client. Follow the NMDOH HIV Services Program Policy on Client Transfer Process.



## SERVICE CATEGORY DEFINITION

### Medical Nutritional Therapy Services (MNT):

Medical Nutritional Therapy (MNT) is nutritional diagnostic therapy, and counseling services for the purpose of disease management; services are furnished by a registered dietitian or nutrition professional. MNT consists of an initial assessment of nutritional status followed by additional, planned visits for dietary interventions to prevent or treat medical illness. The client is referred to a registered dietitian or nutrition professional for MNT by a treating physician such as a medical doctor, licensed physician, advanced practitioner registered nurse or physician assistant when operating within the scope of his/her license. Dietitian/Nutritionist is responsible for providing nutrition assessment, making the nutrition diagnosis, implement a nutrition care plan, monitor, and evaluate the consumer's progress, and provide nutrition education face-to-face or in a group session

Support for Medical Nutrition Therapy services including nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian. MNT must be directly related to HIV and/or a HIV related medical issue.

MNT is provided by registered dietitians or nutritional professionals. MNT:

- Is an intensive, focused, and comprehensive nutrition therapy service.
- Involves in-depth individualized nutrition assessment.
- Relies heavily on follow-up to provide repeated reinforcement to aid with behavior change.
- Establishes goals, a plan of care, and interventions.
- Plans for follow-up over multiple visits to assist with behavioral and lifestyle changes relative to an individual's nutrition problems and medical condition or disease(s).

The nutrition assessment includes the evaluation of current information, changes in status, and goals of therapy. Clients at highest nutritional risk will be prioritized per clinician's discretion. The completed assessment will be kept in the customer's file. The customer's and/or legal guardian's signature and date verifying the information collected in the assessment.

## CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every 12 months.



Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

Licensed/Registered Dietitian/ Nutritionist

1. A nursing degree from an accredited university or college and/or a registered dietitian with course work accredited or approved by a nutritional board or council such as the Accreditation Council for Education in Nutrition and Dietetics (ACEND) or the Academy of Nutrition and Dietetics or similar.
2. HSPs shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV clinical practice. All staff without direct experience with HIV shall be supervised by one who has such experience for a period of 6 months; and
3. Subrecipients who are not able to employ clinical staff must refer clients to a clinician/program who meets the standard qualification for a Professional Medical Nutrition Therapy. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.
4. Experience working with persons with or at high risk of HIV infection,
5. Agency will provide new hires with training regarding confidentiality, consumer rights and the agency's grievance procedure. New hires must receive training required by agency.
  - a. 20 hours of Program approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training)
  - b. All in-house MNTs will have at least 2 hours of cultural competency training annually.
  - c. CTRS & Harm Reduction Certification 1 time during first year of hire
6. Two hours of training/education in HIV/AIDS is required annually. Documentation of completion of required trainings must be kept in the Dietitian /Nutritionist's personnel file.

***\* Documentation of completion of required trainings must be kept in the personnel file. Volunteer work can count as work experience. Lived experience does not qualify as work related experience.***



## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall goal of non-medical case management is to provide coordination of services for eligibility in HSP core and support services, facilitate access and retention in medical care, benefits coordination, and other needed community services.

Clinical Quality Improvement outcome goals for non-medical case management are:

- ◆ 100% of all client files will include a referral to MNT and the prescription for any nutritional supplements.
- ◆ 100% of all client files include documentation of a completed initial eligibility intake, assessment of needs, and acuity score.
- ◆ 90% of clients receiving MNT services are actively engaged in medical care as documented by a medical visit in each six-month period of a 24-month measurement period.  
*\*Exception, documentation from medical provider stating client is seen once a year.*
- ◆ 90% of clients receiving MNT services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 90% of clients receiving MNT services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

## SERVICE STANDARDS, MEASURES, AND GOALS

	Standard	Measure	Goal
1.	Services are provided by trained professionals.	Documentation of minimum education and/or experience requirements for Medical Nutritional Therapist	100%
2.	Clients have a completed individual service plan.	Documentation of a completed individual service plan is completed within 30 days of annual enrollment and included in the file of all clients receiving services in the measurement year.	100%
3.	Clients receive an initial assessment of service needs.	Documentation of initial assessment of service needs is completed within 30 days of annual enrollment and included in the file of all clients at least once in the measurement year.	100%





Ryan White Part B Program  
 MEDICAL NUTRITIONAL THERAPY (NMT)  
 SERVICE STANDARD

4.	Clients will have an acuity scale completed and documented, reflecting their current acuity level.	Documentation of acuity scale is completed within 30 days of annual enrollment and included in the file of all clients in the measurement year.	100%
5.	Clients receive coordinated referrals and information for services required to implement the care plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	100%
6.	Clients have their individual service plans updated at least once a measurement year.	Documentation that the individual care plan is updated at least once a measurement year.	90%
7.	Clients are continuously monitored to assess the efficacy of their individual care plan.	Documentation of continuous monitoring to assess the efficacy of the care plan is evident in the client chart	90%
8.	Clients are linked to medical care.	Documentation that the client had at least one medical visit or viral load test within the measurement year as documented by the medical case manager.	90%
9.	Clients are retained in medical care	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits as documented by the medical case manager.	90%
10.	Clients are prescribed Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.	90%
11.	Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	90%



12. A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	100%
13. Clients lost to care have documented attempts of contact prior to discharge.	<p>If client is "lost-to-care" (cannot be located), the HSPs will:</p> <p>a. makes and document a minimum of 3 follow-up attempts up to a 3-month period after first attempt.</p> <p>b. A home visit will be conducted if feasible and if unsuccessful, a certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-screen (unless requested not to be contacted through mail).</p> <p>c. DOH is notified within 30 days of case closure.</p>	
14. Supervisors chart review.	The supervisor will sign and date each non-medical case management file opened.	90%

## CLIENTS RIGHTS AND RESPONSIBILITIES

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients



Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored, NMDOH HIV Services Program managed, e2NM Database.

### CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

### CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

### CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client. Follow the NMDOH HIV Services Program Policy on Client Transfer Process.



## SERVICE CATEGORY DEFINITION

### Substance Abuse Outpatient Services:

Substance Abuse Outpatient Services is the provision of outpatient services for the treatment of drug or alcohol abuse.

Services may include:

- Screening
- Assessment
- Diagnosis
- Treatment of substance use disorder, including:
  - Substance Use Assessment
  - Treatment Planning
  - Pretreatment/recovery readiness programs
  - Harm reduction
  - Behavioral health counseling associated with substance use disorder
  - Outpatient treatment and counseling
  - Medication assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention
  - Emergency/Crisis Intervention

***\*Program Guidance: Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented treatment plan.***

All mental health interventions must be based on proven clinical methods and in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated unless otherwise indicated based on federal, state and local laws and guidelines (i.e. neglect & abuse, self or harm to others). All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for privacy practices of protected health information (PHI). Couples counseling and marriage and family counseling are not included in the Mental Health Standard



and are not reimbursable by the Program. NM Stat § 43-1-19 (1996 through 1st Sess 50th Legis) 43-1-19. Disclosure of Information, Section B (2) “when such disclosure is necessary to protect against a clear and substantial risk of imminent serious physical injury or death inflicted by the client on the client's self or another”. 32A-4-3 of the New Mexico Children’s Code mandates that anyone who has knowledge or a reasonable suspicion that a child is an abused or neglected child must report it immediately.

The Program is payor of last resort; therefore, alternative avenues of payment must be sought out, utilized and documented. These avenues include may include insurance, reduced or free services, Crisis and Violence agencies, community behavioral health providers, etc.

### CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations. Clients must be enrolled annually.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

### PERSONNEL QUALIFICATIONS

Substance Abuse Outpatient Services must be provided by trained, licensed, and/or certified Substance Use professionals.

Requirements include the following:

- Individual clinicians shall have documented licensure in his/her area of practice and may include Licensed Social Workers, Licensed Professional Counselors, Licensed Independent Substance Abuse Counselors, Licensed Substance Abuse Technicians, Licensed Associate Substance Abuse Counselors, Licensed Alcohol and Drug Abuse Counselor, and clinical psychologists.
- Sub-recipient clinical counseling staff must be knowledgeable and experienced in their area of clinical practice as well as in the area of HIV clinical practice. All staff without direct experience or licensure (e.g. residents, paraprofessionals, etc.) shall be supervised by staff that is qualified by the New Mexico Licensing and Practice Board to provide clinical supervision.
- Subrecipients who are not able to employ clinical counseling staff must refer clients to a clinician



or program that meets the State of New Mexico Counseling and Therapy Practice Board requirements and the standard qualification for Substance Abuse Outpatient Services.

- Sub-recipient clinical counseling staff must complete a minimum training regimen that includes:
  - State approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training), and;
  - Proof of 40 hours of continuing education which must be acquired annually, July 1st – June 30th.
  - All licensees must obtain twelve (12) CEU hours of ethics.
  - All licensees who are providing supervision must obtain nine (9) CEU hours of supervision.

***\* Documentation of completion of required trainings must be kept in the personnel file.***

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall goal of Substance Abuse Outpatient Services is to provide treatment and counseling services to address substance use problems, eliminating barriers to treatment and increasing adherence to medical care for eligible individuals living with HIV.

Clinical Quality Improvement goals for Substance Abuse Outpatient Services are:

- 90% of all client files include documentation of a completed comprehensive assessment and treatment plan.
- 90% of clients receiving Substance Abuse Services are actively engaged in medical care as documented by a medical visit in each 6-month period in a two-year measure and in the second half of a single year measure.  
***\*Exception in cases with documentation from clinician stating client is seen once a year.***
- 90% of clients receiving Substance Abuse services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- 90% of clients receiving Substance Abuse Services are virally suppressed as documented by a viral load of less than 200 copies / mL at last test.



## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Services are provided by licensed mental health/substance abuse professionals.	Documentation of current New Mexico licensure for Substance Abuse Outpatient Services staff	100%
2. The agency or facility holds licensure to operate as a substance abuse facility as required by state law.	Documentation of current New Mexico licensure to operate as a substance abuse facility.	100%
3. Staff providing services have been trained to work with HIV positive populations.	Documentation that staff have basic knowledge of HIV and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records	100%
4. Clients have a detailed treatment plan that includes the quantity, frequency, and modality of treatment.	Documentation of a detailed treatment plan that includes quantity, frequency, and modality (group or individual) in the client file.	90%
5. Clients have a detailed treatment plan that includes treatment begin date and projected end date.	Documentation of a detailed treatment plan that includes begin date and end date, or projected end date, is evident in the client file	90%
6. Clients have a detailed treatment plan that includes regular monitoring and assessment of client progress	Documentation of a detailed treatment plan that includes regular monitoring and assessment of client progress is evident in the client file	90%
7. Clients have a detailed treatment plan that includes the signature of the substance abuse professional and/or the supervisor as applicable	Documentation of a detailed treatment plan that includes the signature of the substance abuse professional and/or the supervisor as applicable is evident in the client file.	90%



8.	Clients have a detailed treatment plan that includes the signature of the client receiving services.	Documentation of a detailed treatment plan that includes the signature of the client receiving services is evident in the client file.	90%
9.	Clients have a detailed treatment plan that includes the date for reassessment. Plans should be updated at least annually (if necessary).	Documentation of a detailed treatment plan that includes the date for reassessment and annual updates is evident in the client file.	90%
10.	A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	90%
11.	Clients receive coordinated referrals and information for services required to implement the treatment plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	100%
12.	Clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year is evident in the client file.	90%
13.	Clients are virally suppressed.	Documentation of a viral load less than 200 copies/mL at last test is evident in the client file.	90%

## CLIENTS RIGHTS AND RESPONSIBILITIES

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.





## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored, NMDOH HIV Services Program managed, CAREWare Database.

## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client. Follow the NMDOH HIV Services Program Policy on Client Transfer Process.



## SERVICE CATEGORY DEFINITION

Health Insurance Premium and Cost-Sharing Assistance is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. In which the client agrees to participate in that best meets her/his medical needs for which the client is eligible. This includes premium payments, co-insurance, co-payments, and deductible amounts. Examples of allowable services billed to Health Insurance Premium & Cost-Sharing Assistance. This does not include copayments for medications not covered by the ADAP Enhanced formulary ( <https://www.nmhealth.org/publication/view/general/4529/> ), behavioral health co-payments, etc.

In accordance with PCN 16-02 and PCN 18-01, Provider ensures that consumers obtain healthcare coverage that includes at least 1 US FDA approved medicine in each drug class of core antiretroviral medicines as well as appropriate HIV outpatient / ambulatory health services; and the cost of paying for the health care coverage (including all other sources of premium & cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services.

For additional general program guidance, along with guidance for specific types of health care coverage, please consult Policy Clarification Notice (PCN) 18-01: <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/18-01-use-of-rwhap-funds-for-premium-and-cost-sharing-assistance.pdf>

## Sub-Recipient Provision of Services & Responsibilities

The provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes out-of-pocket costs, such as premium payments, co-payments, coinsurance, and deductibles.

Sub-recipients are required to:

- Where premiums are covered by Ryan White funds, provide proof that the insurance policy provides comprehensive primary care and a formulary with a full range of HIV medications.
- Maintain proof of income at or below 400% FPL, and residency.
- Provide documentation that demonstrates that funds were not used to cover costs of liability risk pools, or social security
- Ensuring payor of last resort



- Expenditure monitoring
- Records management
- Provision of Services

## CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations. Clients must be enrolled annually.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of: race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

Medical Case Managers focus on medical and behavioral needs of clients (mental health, substance use, HIV risk reduction and self-management skills building) and access to needed supportive services to assist the client to successfully adhere to their HIV treatment program.

Medical Case Managers participate on a multidisciplinary team working in partnership with the other professionals to assess the needs of the client, the client's family, and support systems to develop an individualized client service plan. Medical Case Managers also arrange, coordinate, monitor, evaluate, and advocate for a comprehensive package of services to meet the specific client's complex needs.

The minimum education and/or experience requirements for Medical Case Managers are:

1. Master of Social Work (MSW), Bachelor of Social Work (BSW); or other related health or human service degree from an accredited college or university, or;
2. Current New Mexico licensed registered nurse (RN) or;
3. A Bachelor's degree from an accredited college or university, with two years of experience working with HIV diagnosed populations, chronic illness populations, or underserved populations, or;
4. Current New Mexico licensed registered nurse (RN) or;



5. Associates degree with two years of experience working with HIV diagnosed populations, chronic illness populations, or underserved populations, or;
6. Licensed professionals most current New Mexico license must be kept in their personnel file.
7. All medical case managers must complete a minimum training regimen that includes:
  - a. HIV case management standards and ADAP, including attendance at the HIV Case Management Summit provided by NMDOH, and;
  - b. 8 hours of Program approved training(s) on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training), and;
  - c. All medical case managers will have a minimum of two (2) hours of cultural competency training annually, and;
  - d. Annual Insurance training and Marketplace Updates, and;

*\* Documentation of completion of required trainings must be kept in the personnel file.*

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall goal of HIP is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program..

Clinical Quality Improvement outcome goals for non-medical case management are:

- ◆ 100% of all client files include documentation of a completed initial eligibility intake, assessment of needs, and acuity score.
- ◆ 90% of clients receiving non-medical case management services are actively engaged in medical care as documented by a medical visit in each six-month period of a 24-month measurement period.  
*\*Exception, documentation from medical provider stating client is seen once a year.*
- ◆ 90% of clients receiving non-medical case management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 90% of clients receiving non-medical case management services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
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Ryan White Part B Program  
HEALTH INSURANCE PREMIUM & COST SHARING (HIP)  
SERVICE STANDARD

1.	Services are provided by trained professionals.	Documentation of minimum education and/or experience requirements for Non-medical case managers.	100%
2.	Clients have a completed individual service plan.	Documentation of a completed individual service plan is completed within 30 days of annual enrollment and included in the file of all clients receiving services in the measurement year.	100%
3.	Clients receive an initial assessment of service needs.	Documentation of initial assessment of service needs is completed within 30 days of annual enrollment and included in the file of all clients at least once in the measurement year.	100%
4.	Clients will have an acuity scale completed and documented, reflecting their current acuity level.	Documentation of acuity scale is completed within 30 days of annual enrollment and included in the file of all clients in the measurement year.	100%
5.	Clients receive coordinated referrals and information for services required to implement the care plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	100%
6.	Clients have their individual service plans updated at least once a measurement year.	Documentation that the individual care plan is updated at least once a measurement year.	90%
7.	Clients are continuously monitored to assess the efficacy of their individual care plan.	Documentation of continuous monitoring to assess the efficacy of the care plan is evident in the client chart	90%
8.	Clients are linked to medical care.	Documentation that the client had at least one medical visit or viral load test within the measurement year as documented by the medical case manager.	90%



Ryan White Part B Program  
HEALTH INSURANCE PREMIUM & COST SHARING (HIP)  
SERVICE STANDARD

9.	Clients are retained in medical care	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits as documented by the medical case manager.	90%
10.	Clients are prescribed Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.	90%
11.	Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	90%
12.	A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	100%
13.	Clients lost to care have documented attempts of contact prior to discharge.	<p>If client is "lost-to-care" (cannot be located), the HSPs will:</p> <ul style="list-style-type: none"> <li>a. makes and document a minimum of 3 follow-up attempts up to a 3-month period after first attempt.</li> <li>b. A home visit will be conducted if feasible and if unsuccessful, a certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-screen. (unless requested not to be contacted through mail.)</li> <li>c. DOH is notified within 30 days of case closure.</li> </ul>	



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14. Supervisors chart review.	The supervisor will sign and date each non-medical case management file opened.	90%
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## CLIENTS RIGHTS AND RESPONSIBILITIES

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored, NMDOH HIV Services Program managed, CAREWare Database.

## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client. Follow the NMDOH HIV Services Program Policy on Client Transfer Process.



## SERVICE CATEGORY DEFINITION

### Early Intervention Services (EIS):

Includes identification of individuals at points of entry and access to services and provision of: HIV Testing and Targeted counseling; Referral services; Linkage to care; Health education and literacy training that enable clients to navigate the HIV system of care.

Early Intervention Services includes counseling individuals with respect to HIV; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV; periodic medical evaluations for individuals with HIV; and providing therapeutic measures.

New Mexico Department of Health (NMDOH) HIV Services Program Ryan White Part B EIS services should include the following components:

- Targeted HIV testing to help the unaware learn their HIV status and receive referrals to HIV care and treatment services if found to be HIV infected. HIV Service Providers (HSPs) must coordinate with testing services and other HIV prevention and testing programs to avoid duplication of efforts;
- Referral services to improve HIV testing, care, and treatment services at key points of entry;
- Access and linkage to HIV care and treatment services such as HIV Outpatient Ambulatory Health Services, Medical Case Management, Non-medical Case Management Services; Housing; Substance Use Services, and Mental Health Services.

## CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of: race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.





## PERSONNEL QUALIFICATIONS

Early Intervention Services staff are required to have:

1. A Bachelor's degree from an accredited college or university (Preferred), or;
2. An Associate degree from an accredited college or university, or;
3. A high school (HS) diploma or General Education Diploma (GED) and 3 years of experience working with Non-Medical Case Management.
4. If licensed, a copy of the most current New Mexico license must be kept in the Non-Medical Case Manager's personnel file.
5. All Non-Medical Case Managers must complete a minimum training regimen that includes:
  - a. HIV case management standards and ADAP, including attendance at the HIV Case Management Summit provided by NMDOH
  - b. Training in state approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training)
  - c. All Non-Medical Case Management staff will have at least two (2) hours of cultural competency training annually.
  - d. Insurance training and Marketplace Updates annually.
  - e. Harm Reduction Certification once since hire

*\* Documentation of completion of required trainings must be kept in the personnel file.*

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of Early Intervention Services is to identify individuals who are HIV infected and unaware of their status; gain entry and access to services and provision of: HIV testing and targeted counseling; referral services; linkage to HIV care; health education/risk reduction, and literacy training that enable clients to navigate the HIV system of care.

Clinical Quality Improvement outcome goals for EIS include:

- ◆ 100% of all HIV-infected EIS client files include documentation of referral to health care and supportive services;
- ◆ 100% of all case files have a confirmatory HIV test; and
- ◆ 90% of HIV-infected EIS clients are linked to care as documented by at least one medical visit or viral load test within 60 days of enrollment into EIS services.



## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Services are provided by trained professionals (Bachelors, Associates, High School Diploma or GED and two years of working with HIV and minimum training requirements.)	Documentation of Training in state approved HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics, introductory training, annual 2 hours of cultural competency training, and harm reduction once since hire.	100%
2. HSPs providing EIS document and track all referrals for HIV-infected clients.	Documentation of referrals for all HIV-infected clients.	100%
3. HSPs should meet with client face-to-face once in a measurement year.	Documentation of face-to-face meeting in client file.	100%
4. HIV-infected EIS clients are linked to appropriate case management services and other core and support services.	Documentation that the client has been referred to appropriate case management services and other core and support services.	100%
5. HIV-infected EIS clients are linked to medical care.	Documentation that the client had at least one medical visit or viral load, test within 60 days of first EIS service.	90%
6. Supervisors chart review.	The supervisor will sign and date each client record reviewed.	90%



## CLIENTS RIGHTS AND RESPONSIBILITIES

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored, NMDOH HIV Services Program managed, CAREWare Database.

## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client. Follow the NMDOH HIV Services Program Policy on Client Transfer Process.



## SERVICE CATEGORY DEFINITION

### **Non-Medical Case Management Services (NMCM):**

Non-Medical Case Management services provide guidance and assistance in accessing social, community, legal, financial, and other needed services. Non-medical case managers meet with potential clients to determine clients' eligibility for services and, if deemed eligible, assists the client to complete the appropriate paperwork; also assist clients to access benefits programs such as AIDS Drug Assistance Program (ADAP), Medicaid, Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), Medicare, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Affordable Care Act (ACA), Housing Opportunities for People Living With HIV and AIDS (HOPWA), Emergency Financial Assistance (EFA), New Mexico Medical Insurance Pool, and other services.

Non-medical case management does not involve coordination and follow-up of medical treatments. The Non-Medical Case Manager should coordinate services with the client and Medical Case Manager to document continuity of services and care. Services may focus on:

- Determining client eligibility for various core, support, and community services.
- Obtain proper HIV status documentation, income, and residency information.
- Conduct client intake interviews and complete intake application and all required forms.
- Schedule/coordinate MCM Assessment appointment.
- Arrange for internal services such as: Medical Transportation, Food Bank, Housing, etc.
- Coordinate with Prevention, Linkage to Care, and Care Coordination staff to facilitate access to care or referral for out-of-care clients.
- Coordinate eligibility and intake services with community agencies, hospitals, and physician practices to assist clients to access services; and
- Maintain current information on all frequently used community resources, as needed.
- Assist clients with obtaining personal documentation such as birth certificates, ID's, name change process, living wills, etc.
- Provide housing services such as: housing navigation, utility assistance, background checks & deposit support, HOPWA application assistance and other
- Assist with requesting Emergency Financial Assistance
- Provide skills building and activities of daily living



## CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations. Clients must be enrolled annually.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

Non-medical case managers are required to have:

1. A Bachelor's degree from an accredited college or university (Preferred), or.
2. An Associate degree from an accredited college or university, or.
3. Certified Community Health Worker (CHW) with work-related experience.
4. A high school (HS) diploma or General Education Diploma (GED) and 2 years of work-related experience.
5. If licensed, a copy of the most current New Mexico license must be kept in the Non-Medical Case Manager's personnel file.
6. All Non-Medical Case Managers must complete a minimum training regimen that includes:
  - a. HIV case management standards and ADAP, including attendance at the HIV Case Management Summit provided by NMDOH
  - b. 20 hours of Program approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training)
  - c. All Non-Medical Case Management staff will have at least 2 hours of cultural competency training annually.
  - d. Annual Insurance training and Marketplace Updates.
  - e. CTRS & Harm Reduction Certification 1 time during first year of hire.

*\* Documentation of completion of required trainings must be kept in the personnel file. Volunteer work can count as work experience. Lived experience does not qualify as work related experience.*



## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall goal of non-medical case management is to provide coordination of services for eligibility in HSP core and support services, facilitate access and retention in medical care, benefits coordination, and other needed community services.

Clinical Quality Improvement outcome goals for non-medical case management are:

- ◆ 100% of all client files include documentation of a completed initial eligibility intake, assessment of needs, and acuity score.
- ◆ 90% of clients receiving medical case management services are actively engaged in medical care as documented by a medical visit in each six-month period of a 24-month measurement period.  
*\*Exception, documentation from medical provider stating client is seen once a year.*
- ◆ 90% of clients receiving medical case management services who did have a medical visit in the last 6 months.
- ◆ 90% of clients receiving medical case management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 90% of clients receiving medical case management services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

## SERVICE STANDARDS, MEASURES, AND GOALS

	Standard	Measure	Goal
1.	Services are provided by trained professionals.	Documentation of minimum education and/or experience requirements for non-medical case managers.	100%
2.	Clients have a completed individual service plan.	Documentation of a completed individual service plan is completed within 30 days of annual enrollment and included in the file of all clients receiving services in the measurement year.	100%



Ryan White Part B Program  
 NON-MEDICAL CASE MANAGEMENT SERVICES (NMCM)  
 SERVICE STANDARD

3.	Clients receive an initial assessment of service needs.	Documentation of initial assessment of service needs is completed within 30 days of annual enrollment and included in the file of all clients at least once in the measurement year.	100%
4.	Clients will have an acuity scale completed and documented, reflecting their current acuity level.	Documentation of acuity scale is completed within 30 days of annual enrollment and included in the file of all clients in the measurement year.	100%
5.	Clients receive coordinated referrals and information for services required to implement the care plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	100%
6.	Clients have their individual service plans updated at least once a measurement year.	Documentation that the individual care plan is updated at least once a measurement year.	90%
7.	Clients are continuously monitored to assess the efficacy of their individual care plan.	Documentation of continuous monitoring to assess the efficacy of the care plan is evident in the client chart	90%
8.	Clients are linked to medical care.	Documentation that the client had at least one medical visit or viral load test within the measurement year as documented by the medical case manager.	90%
9.	Clients are retained in medical care	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits as documented by the medical case manager.	90%
10.	Clients are prescribed Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.	90%



11. Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	90%
12. A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	100%
13. Clients lost to care have documented attempts of contact prior to discharge.	<p>If client is "lost-to-care" (cannot be located), the HSPs will:</p> <p>a. makes and document a minimum of 3 follow-up attempts up to a 3-month period after first attempt.</p> <p>b. A home visit will be conducted if feasible and if unsuccessful, a certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-screen. (unless requested not to be contacted through mail.)</p> <p>c. DOH is notified within 30 days of case closure.</p>	
14. Supervisors chart review.	The supervisor will sign and date each non-medical case management file opened.	90%

## CLIENTS RIGHTS AND RESPONSIBILITIES

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.





## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored, NMDOH HIV Services Program managed, CAREWare Database.

## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client. Follow the NMDOH HIV Services Program Policy on Client Transfer Process.



## SERVICE CATEGORY DEFINITION

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### **Emergency Financial Assistance:**

Emergency Financial Assistance provides limited one-time or short-term payments to assist eligible New Mexico Department of Health (NMDOH) HIV Services Program clients with an emergent need for paying utility assistance, emergency housing assistance, and essential HIV-related medications and/or medical supplies.

HSPs providing medication assistance under Emergency Financial Assistance must be a current NMDOH HSP and should have an MOU/MOA with a 340B pharmacy.

It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of NMDOH funds for these purposes will be the payer of last resort, and for limited amounts (\$2,000 cap/year) of use and periods of time.

### **Limitations:**

1. Direct cash payments to clients are not permitted
2. Clients must be actively enrolled in the HSP program prior to accessing EFA funds.
3. No funds may be used for any expenses associated with the ownership or maintenance of a privately-owned motor vehicle, home repairs and household items/cleaners, purchase of durable goods & furniture, etc.
4. EFA cannot pay for late fees, penalties and/or fines.
5. EFA cannot pay Homeowners Association (HOA) fees. Utilities that are paid by the HOA must be separated from the HOA fees.
6. EFA cannot pay for cable bills. Internet/Data rates must be separated from the total bill.

### **Services:**

NMDOH HIV Emergency Financial Assistance funds may be used to provide services in the following categories:

Essential utilities are an allowable cost with an annual maximum of \$2,000. This amount is negotiable when the cost of the medication is greater than \$2,000. In these instances, patient assistance must be applied for, if eligible.



Under EFA, assistance is provided only for the following essential services/subcategories:

1. Essential utilities are limited to:
  - a. Electricity.
  - b. Natural gas.
  - c. Propane (cost cannot exceed the \$2,000 cap)
  - d. Firewood (cost cannot exceed the \$2,000 cap)
  - e. Water, sewer, and trash fees.
  - f. Basic phone service (cell phone or home phone, not both). Cell phones with data plan are allowed
  - g. Basic internet service (This does not include entertainment services)
2. Emergency HIV-related medications and medical supplies are limited to:
  - a. An annual maximum of 30-day supply and/or one-time use
3. Emergency Housing Assistance is limited to:
  - a. A maximum of 5-day stay per use (If greater than 5-days use transitional housing under Housing Standard).
    - i. Out of town medical/dental appointments
    - ii. Behavioral health/SU services
    - iii. Disaster relief/Acts of God (Case manager must speak with Liaison prior request)

***\* Requests for exceptions must be submitted to the New Mexico Department of Health HIV Services Program Liaison.***

The HSP must set priorities, delineate, and monitor what part of the overall allocation for EFA is obligated for each subcategory (e.g., essential utilities, Emergency Housing Assistance, and emergency HIV-related medications). Careful monitoring of expenditures within a subcategory of “emergency financial assistance” is necessary to assure that planned amount for specific services are being implemented, and to determine when reallocations may be necessary.



## CLIENT INTAKE AND ELIGIBILITY

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All HIV Service Providers (HSPs) are required to follow the client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

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Emergency Financial Assistance staff are required to have:

1. A Bachelor's degree from an accredited college or university (Preferred), or.
2. An Associate degree from an accredited college or university, or.
3. Certified Community Health Worker (CHW) with work-related experience.
4. A high school (HS) diploma or General Education Diploma (GED) and 2 years of work-related experience.
5. If licensed, a copy of the most current New Mexico license must be kept in the Non-Medical Case Manager's personnel file.
6. All Non-Medical Case Managers must complete a minimum training regimen that includes:
  - a. HIV case management standards and ADAP, including attendance at the HIV Case Management Summit provided by NMDOH
  - b. 20 hours of Program approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training)
  - c. All Non-Medical Case Management staff will have at least 2 hours of cultural competency training annually.
  - d. Annual Insurance training and Marketplace Updates.
  - e. CTRS & Harm Reduction Certification 1 time during first year of hire.

***\* Documentation of completion of required trainings must be kept in the personnel file. Volunteer work can count as work experience. Lived experience does not qualify as work related experience.***



## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of the Emergency Financial Assistance (EFA) program is to provide Utility Assistance, HIV-Related medications, and Emergency Housing Assistance on a temporary basis to eligible HSP Clients for improved and or sustained health.

Clinical Quality Improvement outcome goals for EFA include:

- ◆ 100% of all files include an assessment of presenting need and qualification for EFA service.
- ◆ 90% of clients receiving EFA are actively engaged in medical care as documented by a medical visit in each six-month period of a 24-month measurement period.  
*\*Exception, documentation from medical provider stating client is seen once a year.*
- ◆ 90% of clients receiving EFA who did have a medical visit in the last 6 months.
- ◆ 90% of clients receiving EFA are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 90% of clients receiving EFA are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Agency staff will conduct an assessment of the presenting problems/needs of the client with emergency financial issue. Client file includes an assessment of presenting problem / need requiring EFA services.	Documentation of determination of EFA need noted in client's primary record.	90%
2. A service plan goal will be developed documenting client's emergent need resulting in their inability to pay bills/prescriptions without assistance, and other resources pursued noted prior to using EFA funding for assistance.	Documentation in service plan for EFA in the client's primary record that indicates emergent need, other resources pursued, and outcome of EFA provided.	90%



3.	Client will be assessed for ongoing status and outcome of the emergency assistance. Referrals for services, as applicable, will be documented in the client file. Resolution of the emergency status will be documented in the client record.	Documentation of resolution of the emergency status and referrals made (as applicable) with outcome results in client's primary record.	90%
	All completed requests for assistance shall be processed within five (5) business days.	Documented evidence of payments made by agency for resolution of emergency status.	90%
5.	Payment for assistance made to service providers will protect client confidentiality. Use of checks and envelopes that de-identify agency as an HIV/AIDS provider to protect client confidentiality.	Copies of checks/vouchers in agency file.	90%
6.	Clients are linked to care.	Documentation that the client had at least one medical visit or viral load test within the measurement year as documented by the medical case manager.	90%
7.	Clients are retained in medical care	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits as documented by the medical case manager.	90%
10.	Clients are prescribed Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.	90%



## CLIENTS RIGHTS AND RESPONSIBILITIES

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HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully his or her rights and responsibilities.

## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

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HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving NMDOH services must be entered in the HRSA sponsored, New Mexico Department of Health Services managed, E2NM Database.

## CULTURAL AND LINGUISTIC COMPETENCY

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Subrecipient's providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

## CLIENT GRIEVANCE PROCESS

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Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.



## CASE CLOSURE PROTOCOL

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Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client.





## SERVICE CATEGORY DEFINITION

### **Food Bank Services (NMCM):**

Food Bank services include the provision of food and essential personal items, either directly or via a voucher program allowing clients to make their own purchases. Essential personal items are non-food items that are limited to the following:

- Personal hygiene products
- Basic household cleaning supplies (which includes consumable supplies only, with durable goods not allowable)
- Specialized Care Kits

Clients must be enrolled in the Ryan White Part B program to participate in Food Bank services.

Food is at the core of this service, so clients receiving non-food items must be offered food items as part of the service, even if declined. Food Bank is reimbursed at a unit cost rate (currently \$50 per service such as a food box or voucher) and should contain a reasonable amount of items that justify the reimbursement rate. The expectation is that a service which includes food only should provide enough food to cover a single person for 6 to 8 meals. The food box must contain healthy food options and foods that fall into the recognized categories for good nutrition identified in the Food and Drug Administration (FDA) or American Dietetic Association (ADA). It is strongly preferred that food boxes contain some fresh and frozen food items, rather than solely packaged and processed foods. Hygiene products and cleaning supplies can be in travel or consumer sized packaging. Food vouchers should be combined with transportation support such as a bus pass, if needed.

A hybrid to the food box is also allowed. This can be a combination of food box items and a voucher/gift card(s) to purchase additional groceries and fresh products. This type of food distribution will be invoiced as a single unit. There is no requirement on the percentage split between the voucher/gift card and food box only that it equal the price per unit.

Specialized care kits for clients experiencing unstable housing or homelessness are an allowable cost. Care kits should consist of food items that are mostly nonperishable, easily prepared, and portable. Kits can contain hygiene items, and food items including bottled water, granola bars or similar foods, trail mix, etc. (this does not include candy or high sugar drinks). Multipurpose tote bags can also be included in the cost.



Care kits may also contain a food item for a pet. Care kits must be equal in value to the Food Bank reimbursement rate.

## CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of: race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

Housing services staff are required to have:

1. A Bachelor's degree from an accredited college or university (Preferred), or.
2. An Associate degree from an accredited college or university, or.
3. Certified Community Health Worker (CHW) with work-related experience.
4. A high school (HS) diploma or General Education Diploma (GED) and 2 years of work-related experience.
5. If licensed, a copy of the most current New Mexico license must be kept in the case manager's personnel file.
6. All Non-Medical Case Managers must complete a minimum training regimen that includes:
  - a. HIV case management standards and ADAP, including attendance at the HIV Case Management Summit provided by NMDOH
  - b. 20 hours of Program approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training)
  - c. All Non-Medical Case Management staff will have at least 2 hours of cultural competency training annually.
  - d. Annual Insurance training and Marketplace Updates.
  - e. CTRS & Harm Reduction Certification 1 time during first year of hire.



*\* Documentation of completion of required trainings must be kept in the personnel file.*

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall goal of non-medical case management is to provide coordination of services for eligibility in HSP core and support services, facilitate access and retention in medical care, benefits coordination, and other needed community services.

Clinical Quality Improvement outcome goals for non-medical case management are:

- ◆ 100% of all client files include documentation of a completed initial eligibility intake, assessment of needs, and acuity score.
- ◆ 90% of clients receiving Food Bank services are actively engaged in medical care as documented by a medical visit in each six-month period of a 24-month measurement period.  
*\*Exception, documentation from medical provider stating client is seen once a year.*
- ◆ 90% of clients receiving Food Bank services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 90% of clients receiving Food Bank services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Services are provided by trained professionals.	Documentation of minimum education and/or experience requirements for Non-medical case managers.	100%
2. Clients have a completed individual service plan.	Documentation of a completed individual service plan is completed within 30 days of annual enrollment and included in the file of all clients receiving services in the measurement year.	100%



**Ryan White Part B Program**  
**NON-MEDICAL CASE MANAGEMENT SERVICES (NMCM)**  
**SERVICE STANDARD**

3.	<p>Clients receive an initial assessment of service needs.</p>	<p>Documentation of initial assessment of service needs is completed within 30 days of annual enrollment and included in the file of all clients at least once in the measurement year.</p>	100%
4.	<p>Clients will have an acuity scale completed and documented, reflecting their current acuity level.</p>	<p>Documentation of acuity scale is completed within 30 days of annual enrollment and included in the file of all clients in the measurement year.</p>	100%
5.	<p>Clients receive coordinated referrals and information for services required to implement the care plan.</p>	<p>Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.</p>	100%
6.	<p>Clients have their individual service plans updated at least once a measurement year.</p>	<p>Documentation that the individual care plan is updated at least once a measurement year.</p>	90%
7.	<p>Clients are continuously monitored to assess the efficacy of their individual care plan.</p>	<p>Documentation of continuous monitoring to assess the efficacy of the care plan is evident in the client chart</p>	90%
8.	<p>Clients are linked to medical care.</p>	<p>Documentation that the client had at least one medical visit or viral load test within the measurement year as documented by the medical case manager.</p>	90%
9.	<p>Clients are retained in medical care</p>	<p>Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits as documented by the medical case manager.</p>	90%
10.	<p>Clients are prescribed Antiretroviral Therapy (ART).</p>	<p>Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.</p>	90%



11. Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	90%
12. A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	100%
13. Clients lost to care have documented attempts of contact prior to discharge.	<p>If client is "lost-to-care" (cannot be located), the HSPs will:</p> <p>a. makes and document a minimum of 3 follow-up attempts up to a 3-month period after first attempt.</p> <p>b. A home visit will be conducted if feasible and if unsuccessful, a certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-screen. (unless requested not to be contacted through mail.)</p> <p>c. DOH is notified within 30 days of case closure.</p>	
14. Supervisors chart review.	The supervisor will sign and date each non-medical case management file opened.	90%

## CLIENTS RIGHTS AND RESPONSIBILITIES

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.



## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored, NMDOH HIV Services Program managed, CAREWare Database.

## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).

## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the HSP must honor the request from the client. Follow the NMDOH HIV Services Program Policy on Client Transfer Process.



## SERVICE CATEGORY DEFINITION

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### **Housing Services:**

Housing services assists eligible New Mexico Department of Health (NMDOH) HIV Services Program clients by providing transitional, interim, or emergency housing assistance to enable a client or family to gain or maintain housing. Housing services include housing referral services and transitional, interim (greater than 5 days), or emergency housing assistance.

Transitional, interim, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must always include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with housing placement.

### **Limitations:**

1. HSP clients receiving assistance under RWHAP funds will be capped at \$2,000 per grant year;
2. Housing services cannot be in the form of direct cash payments to clients.
3. Late fees are not allowable costs
4. Housing cannot pay for Home Owners Association Fees (HOA)

### **Services:**

Ryan White HIV/AIDS Program (RWHAP) subrecipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP subrecipients must assess every client's housing needs at least annually to determine the need for new or additional services. In addition, RWHAP subrecipients must develop an individualized housing plan for each client receiving housing services and update it annually

Funds allocated under this category may be used for the following housing related expenditures:

- Housing referral services provided by a medical/non-medical case manager to include assessment, search, placement, and advocacy services, who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed.
- Transitional housing is defined as temporary support for a person to facilitate movement to independent living. Transitional housing also provides temporary



assistance necessary to *prevent homelessness* and/or to gain or maintain access to medical care. Funds may be used for rent and/or application fees.

- Funds may also be used for transitional residential housing that provides some type of core medical or support services such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services. Transitional housing assistance is based on need and available resources and is limited to no more than 3 continuous months of funding within a contract year.
- Interim assistance defined as support for a person currently in housing but needing financial support for rent to gain or maintain medical care.
- Client seeking housing assistance must be enrolled in the Ryan White Part B program that includes being a NM resident and submitting documentation of income and meeting income requirements or letter of attestation for zero income.
- Housing assistance must be payor of last resort with documentation.
- Supplanting Housing assistance for other funding sources is strictly prohibited
- Prioritization of clients by experiencing homelessness, acuity and need.
- No stipulations/limitations on housing for client's treatment participation or acuity score. (Housing First Model)
- \$2,000 cap for each leasee requesting funds per fiscal year (July 1- June 30).
- A lease or rental documentation must be present to pay rental assistance.
- Rent for roommates, who are both enrolled in Ryan White Part B, requires letter of attestation from leasee with monthly rental amount for each roommate per fiscal year.
- Housing plan must be in place after 2 consecutive requests. Plan submitted with 3<sup>rd</sup> request. SMART goals required. Plan submitted by third month.
- Acuity score must be reflected in housing plan to address permanent supportive housing (PSH).
- Housing assistance dollars cannot go to client directly.
- Assistance will pay for: Rent, deposit, application fees (including background and credit check fee), pet deposit, parking fees, or any other housing deemed medically necessary.
- Assistance will not pay for: Utilities (See EFA), unit damages, money owed for evictions (voluntary or involuntary) including back rent for former residence, utility fees owed after voluntary/involuntary termination of service.
- Rental assistance for clients admitted to treatment (behavioral, substance, medical necessity, or legal for up to 90 days) is allowed.





- Up to two (2) mortgage payments for entire household. Housing Plan (SMART) must be in place for all mortgage payment request(s). Request(s) cannot exceed \$2,000 per year. Persons applying for mortgage assistance must meet with Santa Fe Community Housing Trust for review of current mortgage (HOPWA Home Ownership Funds) .
- Client must apply for Section 8 housing (rentals only) – *Can do online.*
- If homeless refer to Coordinated Assessment provider

## CLIENT INTAKE AND ELIGIBILITY

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All HIV Service Providers (HSPs) are required to follow the client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations.

Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

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Housing services staff are required to have:

1. A Bachelor's degree from an accredited college or university (Preferred), or.
2. An Associate degree from an accredited college or university, or.
3. Certified Community Health Worker (CHW) with work-related experience.
4. A high school (HS) diploma or General Education Diploma (GED) and 2 years of work-related experience.
5. If licensed, a copy of the most current New Mexico license must be kept in the case manager's personnel file.



6. All Non-Medical Case Managers must complete a minimum training regimen that includes:
  - a. HIV case management standards and ADAP, including attendance at the HIV Case Management Summit provided by NMDOH
  - b. 20 hours of Program approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training)
  - c. All Non-Medical Case Management staff will have at least 2 hours of cultural competency training annually.
  - d. Annual Insurance training and Marketplace Updates.
  - e. CTRS & Harm Reduction Certification 1 time during first year of hire.
7. Housing services staff must possess knowledge of HUD programs, rules and guidelines, including Housing Opportunities for Persons with AIDs (HOPWA). City and County housing and assistance programs and NM renters' rights.

*\* Documentation of completion of required trainings must be kept in the personnel file. Volunteer work can count as work experience. Lived experience does not qualify as work related experience.*

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall goal of Housing Services is to provide transitional or interim housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment.

Clinical Quality Improvement outcome goals for non-medical case management are:

- ◆ 100% of all client files include documentation of a completed initial eligibility intake, assessment of needs, and acuity score.
- ◆ 90% of clients receiving housing assistance services are actively engaged in medical care as documented by a medical visit in each six-month period of a 24-month measurement period.  
*\*Exception, documentation from medical provider stating client is seen once a year.*
- ◆ 90% of clients receiving housing assistance services who did have a medical visit in the last 6 months.
- ◆ 90% of clients receiving housing assistance services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 90% of clients receiving housing assistance services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.



## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Agency staff will assess housing assistance needs to determine housing services needs (e.g. transition housing, or interim housing).	Documentation that housing needs are assessed and documented in client file.	100%
2. Agency staff will assess clients for other available resources (e.g. HOPWA) prior to utilizing RWHAP funds.	Documentation that other resources were reviewed and determined not available to assist client in housing and documented in client file.	90%
3. Medical Case Manager will complete a housing plan for client accessing housing services.	Documentation in the client's files of a housing plan developed and documented in client file.	90%
4. Medical Case Manager will monitor outcomes from receiving housing services and update housing plan.	Documentation of follow-up to housing need with resolution documented in client file.	90%
5. All completed requests for assistance shall be processed within five (5) business days.	Documented evidence of payments made by agency for resolution of housing need.	90%



6. Payments for assistance made to service providers will protect client confidentiality. Use of checks and envelopes that de-identify agency as an HIV/AIDS provider to protect client confidentiality.	Copies of checks/vouchers in agency file.	90%
7. Clients are linked to medical care.	Documentation that the client had at least one medical visit or viral load test within the measurement year as documented by the medical case manager.	90%
8. Clients are retained in medical care	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits as documented by the medical case manager.	90%

## CLIENTS RIGHTS AND RESPONSIBILITIES

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully his or her rights and responsibilities.

## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving NMDOH services must be entered in the HRSA sponsored, New Mexico Department of Health Services managed, e2NM Database.



## CULTURAL AND LINGUISTIC COMPETENCY

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Subrecipient's providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

## CLIENT GRIEVANCE PROCESS

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Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CASE CLOSURE PROTOCOL

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Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider the HSP must honor the request from the client.



## SERVICE CATEGORY DEFINITION

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### **Medical Transportation Services:**

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:

- Contracts with providers for transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not, in any case, exceed the established rates for federal programs (Federal Joint Travel Regulations provide further guidance on this subject)
- A voucher or token system including bus passes

## CLIENT INTAKE AND ELIGIBILITY

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All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the Providers to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program — Ryan White Part B Eligibility Policy in accordance with HRSA/HAB regulations.

Services will be provided to all Ryan White Part B qualified clients without discrimination on the basis of race, creed, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.



## PERSONNEL QUALIFICATIONS

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The overall treatment goal of medical transportation is to provide transportation services needed for people living with HIV to ensure access to core and support services that will enable medical adherence and stability for each individual client.

Emergency Financial Assistance staff are required to have:

1. A Bachelor's degree from an accredited college or university (Preferred), or.
2. An Associate degree from an accredited college or university, or.
3. Certified Community Health Worker (CHW) with work-related experience.
4. A high school (HS) diploma or General Education Diploma (GED) and 2 years of work-related experience.
5. If licensed, a copy of the most current New Mexico license must be kept in the Non-Medical Case Manager's personnel file.
6. All Non-Medical Case Managers must complete a minimum training regimen that includes:
  - a. HIV case management standards and ADAP, including attendance at the HIV Case Management Summit provided by NMDOH
  - b. 20 hours of Program approved training on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training)
  - c. All Non-Medical Case Management staff will have at least 2 hours of cultural competency training annually.
  - d. Annual Insurance training and Marketplace Updates.
  - e. CTRS & Harm Reduction Certification 1 time during first year of hire.

***\* Documentation of completion of required trainings must be kept in the personnel file. Volunteer work can count as work experience. Lived experience does not qualify as work related experience.***

In addition to educational/experience qualifications, drivers must also.

- Receive training in universal precautions and infection control appropriate to their duties.
- Have a valid New Mexico driver's license for the type of vehicle driven as well as levels of liability insurance required by State law and funding sources,



- Drivers must have verified driving records, and criminal background check.
- A signed statement from the driver acknowledging safe driving policies on file. This statement is to include the consequences of violating the agreement.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

Clinical Quality Improvement outcome goals for medical transportation are:

- ◆ 100% of all client files include documentation of a completed initial eligibility intake, assessment of needs, and acuity score.
- ◆ 90% of clients receiving Housing Assistance are actively engaged in medical care as documented by a medical visit in each six-month period of a 24-month measurement period.  
*\*Exception, documentation from medical provider stating client is seen once a year.*
- ◆ 90% of clients receiving Housing Assistance who did have a medical visit in the last 6 months.
- ◆ 90% of clients receiving Housing Assistance are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 90% of clients receiving Housing Assistance are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Medical transportation services are provided by trained and licensed professionals.	Documentation of personnel qualifications on file.	100%
2. Medical transportation client file includes the reason for each trip and its relation to accessing health and support services as documented in service plan.	Documentation of allowable activities evident in client chart.	90%
3. If providing gas cards or voucher assistance, the medical transportation client file includes the trip origin and destination.	Documentation of trip origin and destination evident in client chart	90%





Ryan White Part B Program  
 MEDICAL TRANSPORTATION  
 SERVICE STANDARD

4.	If providing gas cards, the mileage reimbursement does not exceed the federal reimbursement rate.	Documentation of federal reimbursement rate calculations evident in client chart.	90%
5.	Medical Transportation client is linked to medical care.	Documentation that the client had at least one medical visit or viral load within the measurement year evident in the client chart.	90%
6.	Client had less than 200 copies/mL at last HIV Viral Load test during the current measurement year.	Documentation of viral load test outcomes evident through e2NM Performance Measure.	90%
7.	Clients are continuously monitored to assess the efficacy of their individual care plan.	Documentation of continuous monitoring to assess the efficacy of the care plan is evident in the client chart	90%
8.	Clients are linked to medical care.	Documentation that the client had at least one medical visit or viral load test within the measurement year as documented by the medical case manager.	90%
9.	Clients are retained in medical care	Documentation that the client had at least one medical visit in each six-month period of a 24-month measurement period with a minimum of 60 days between visits as documented by the medical case manager.	90%
10.	Clients are prescribed Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.	90%
11.	Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	90%

12. A discharge summary (for all reasons) must be placed in each client's file within 30 days of discharge date.	Discharge Summary in client file within 30 days of discharge date.	100%
13. Clients lost to care have documented attempts of contact prior to discharge.	<p>If client is "lost-to-care" (cannot be located), the HSPs will:</p> <p>a. makes and document a minimum of 3 follow-up attempts up to a 3-month period after first attempt.</p> <p>b. A home visit will be conducted if feasible and if unsuccessful, a certified letter must be mailed to the client's last known mailing address within five business days after the last phone attempt notifying the client of pending inactivation within 30 days from the date on the letter if the client does not make an appointment to re-screen. (Unless requested not to be contacted through mail.)</p> <p>c. DOH is notified within 30 days of case closure.</p>	
14. Supervisors chart review.	The supervisor will sign and date each non-medical case management file opened.	90%

**CLIENTS RIGHTS AND RESPONSIBILITIES**

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to the client. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.



## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored, New Mexico Department of Health (NMDOH) HIV Services Program managed, e2NM Database.

## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Standards.

## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

## CASE CLOSURE PROTOCOL

Each HSP providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client. Follow the DOH HIV Services Policy on Client Transfer Process.



## SERVICE CATEGORY DEFINITION

### **Psychosocial Support Services:**

Psychosocial Support Services provides group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

These services may include:

- Bereavement counseling\*\*
- Child abuse and neglect counseling\*\*
- HIV support groups\*
- Nutrition counseling provided by a non-registered dietitian\*\*
- Pastoral care/counseling services\*\*
- Couples and Relationship Counseling\*\*
- Peer-led Support Groups\*
- Experiential Counseling\*\*
- Life Skills and Long-Term Planning\*\*
- Spiritual Counseling and Traditional Healing Practices\*\*

Program Guidance: Funds under this service category may not be used to provide food or refreshments. Ryan White-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities, activities that require dues or memberships.

\* Staff are not required to be involved or participate in Peer-led groups. However, staff must monitor the group for safety concerns.

\*\* It is at the discretion of the HSP to determine the qualifications and appropriateness of the individual(s) providing these services.

The HIV Services Program encourages all HSP's to provide Psychosocial Support groups to clients.

## CLIENT INTAKE AND ELIGIBILITY

All HIV Service Providers (HSPs) are required to have a client intake and eligibility policy on file. It is the responsibility of the HSPs to determine and document client eligibility status, as outlined in the New Mexico Department of Health (NMDOH) HIV Services Program Policy Manual in accordance with HRSA/HAB regulations.



Services will be provided to all New Mexico Department of Health (NMDOH) HIV Services Program enrolled clients without discrimination on the basis of: race/ethnicity, age, sex, gender identity or expression, marital status, sexual orientation, religion, physical or mental disability, immigration status, or any other basis prohibited by law.

## PERSONNEL QUALIFICATIONS

1. Master of Social Work (MSW), Bachelor of Social Work (BSW); or other related health or human service degree from an accredited college or university or,
2. Current New Mexico licensed registered nurse (RN) or,
3. A Bachelor's degree from an accredited college or university, with 2 years of experience working with HIV diagnosed populations, chronic illness populations, or underserved populations or,
4. Current New Mexico licensed registered nurse (RN) or.
5. Associates degree with two years of experience working with HIV diagnosed populations, chronic illness populations, or underserved populations or,
6. Licensed professionals most current New Mexico license must be kept in their personnel file.
7. All medical case managers must complete a minimum training regimen that includes:
  - a. HIV case management standards and ADAP, including attendance at the HIV Case Management Summit provided by NMDOH, and.
  - b. 20 hours of Program approved training(s) on HIV disease processes, treatment, testing, legal ramifications to include confidentiality, counseling/referral and prevention, and ethics (Such as Fundamentals of HIV/HCV Counseling and Testing Training) and,
  - c. All medical case managers will have a minimum of 2 hours of cultural competency training annually and,
  - d. Annual Insurance training and Marketplace Updates.

Psychosocial Support Services staff, volunteers, and peer advocates must have a basic knowledge of HIV and/or infectious disease and be able to work with vulnerable populations as documented through personnel and training records.

*\* Documentation of completion of required trainings must be kept in the personnel file.*

## CARE AND QUALITY IMPROVEMENT OUTCOME GOALS



The overall goal of Psychosocial Support Services is to provide group support and counseling that will enable engagement in medical care and adherence to treatment so that clients can become virally suppressed.

Clinical Quality Improvement goals for Psychosocial Support Services are:

- ◆ 90% of clients receiving Psychosocial Support services are actively engaged in medical care as documented by a medical visit in each six-month period of a 24-month measurement period.  
*\*Exception, documentation from medical provider stating client is seen once a year.*
- ◆ 90% of clients receiving Psychosocial Support services who did have a medical visit in the last 6 months.
- ◆ 90% of clients receiving Psychosocial Support services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- ◆ 90% of clients receiving Psychosocial Support services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.

## SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Psychosocial Support Services are provided by qualified individuals.	Documentation that staff /peers have basic knowledge of HIV and/or infectious disease and are able to work with vulnerable populations is evident in the personnel and training records.	100%
2. Records of support group discussion topics and sign in sheets are maintained.	HSP has documentation of group agendas and sign in sheets.	100%
3. Clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year is evident in the client file	90%
4. Clients receive coordinated referrals and information for services required to implement the care plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	100%



5. Clients are prescribed Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12-month measurement year as documented by the medical case manager.	90%
6. Clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	90%

## CLIENTS RIGHTS AND RESPONSIBILITIES

HSPs providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each HSP will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

## CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

HSPs providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Personal Health Information (PHI). HSPs must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client record. Information on all clients receiving Ryan White Part B funded services must be entered in the HRSA sponsored, NMDOH HIV Services Program managed, e2NM Database.

## CULTURAL AND LINGUISTIC COMPETENCY

HSPs providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS).



## CLIENT GRIEVANCE PROCESS

Each HSP must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

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