

Standards of Care 2.0

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Key Stakeholders

- Part A
 - Chief Elected Official (CEO) selects Admin Agency (AA)
 - Planning Council (PC) sets service priorities & allocations, and **determines** “how to best meet the need” of PLWH
- Part B and State Services/State Rebate
 - DSHS Care Services Group selects AA
 - The local PC (RW/A) or a similar community input process organized by the AA **recommends** priorities & allocations
- Part A and Part B/SS
 - AA selects service providers, monitors providers to ensure compliance, performs data collection and reporting, implements a Quality Management program
 - Planning body and AA collaborate to determine Standards of Care, AA monitors service providers to ensure SOC are met

RW/A Roles/Tasks	CEO/ Grantee	Planning Council
Planning Council Formation/Membership	✓ (CEO)	
Needs Assessment	✓	✓
Comprehensive Planning	✓	✓
Priority Setting		✓
Directives- How to Best Meet the Need		✓
Resource Allocation		✓
Coordination of Services	✓	✓
Procurement	✓	
Contract Monitoring	✓	
Clinical Quality Management	✓	✓
Cost- Effectiveness and Outcomes Evaluation	✓	✓(option)
Assessment of the Administrative Mechanism		✓

PC Mandated Roles

- Assessment of local community needs
- Develop a Comprehensive Plan for services
- Allocate services funds per PC priorities
- Participate with other RW partners in SCSN
- Coordinate with other Federal, State & Local programs providing HIV-related services
- Assess the efficiency of the Administrative Mechanism

SOC Shared Roles

- For RW/A, developing Service Standards is a shared responsibility of the AA and PC
 - Ensure input from providers, consumers and experts when developing standards
 - Must meet/be consistent with all HAB requirements
 - The roles of AA and PC in the development process for SOC varies for each RW/A jurisdiction
- For RW/B, developing Service Standards is the responsibility of DSHS with input from AAs, local planning bodies, consumers and others

SOC 2.0

- Moving compliance related standards to other formats based on:
 - HRSA/HAB National Monitoring Standards (NMS)
 - DSHS policies and State rules (e.g. Eligibility/MAGI, PoLR)
 - Contractual requirements
- Incorporate finding from initial SOC baseline monitoring efforts
- Streamline SOC by consolidating care standards common to all services into a universal care standards section
- Ensure SOC are not overly prescriptive to encourage local programs to develop best practices suited to their areas
- Synchronize SOC revision process with RW/A PC calendars
 - Planning Councils agree to conduct their SOC review process during the same timeframe annually (e.g. October – December)

Next Steps

- DSHS requests the five RW/A jurisdictions:
 - Discuss locally and agree on a common timeline for review of RW/A and DSHS Standards of Care
 - Finalize timeline at the next RW Part A & B quarterly meeting in Dallas on November 18th
- DSHS will synchronize the review and comment period for the revised standards (SOC 2.0) with the timeline agreed to by the Part A Recipients
 - DSHS will offer local areas up to 90 days to review and adopt the revised Standards of Care 2.0

Questions/Discussion