

Referral for Health Care/Supportive Services Standards of Care

Definition:

Direct a client to a service in person or through telephone, written, or other types of communication, including management of such services where they are not provided as part of Ambulatory Outpatient Medical Care or Case Management Services.

Limitations:

Funds cannot be used to duplicate referral services provided through other service categories.

Services:

Referral for health care/supportive services is the act of directing a patient to a service in person or in writing, by telephone, or through another type of communication. These services are provided outside of an outpatient/ ambulatory medical care, medical case management, or non-medical case managed service visit.

Referral for Health Care includes benefits/entitlement counseling and referral to health care services to assist eligible clients to obtain access to other public and private programs for which they may be eligible.

Benefits Counseling: Services should facilitate a client's access to public/private health and disability benefits and programs. This service category works to maximize public funding by assisting clients in identify all available health and disability benefits supported by funding streams other than Ryan White/State Services funds. Clients should be educated about public and private benefits and entitlement programs and to provide assistance in accessing and securing these benefits.

Health Care Services: Services should assist clients through the health care system and HIV Continuum of Care. Services focus on assisting client's entry into and movement through the care service delivery network.

Agency/Personnel /Staff Training

Staff Qualification	Expected Practice
<p>Agency Policies and Procedures</p>	<p>The agency shall have policies/procedures for each of the following:</p> <ul style="list-style-type: none"> -Client rights and responsibilities, including confidentiality guidelines -Client grievance policies and procedures -Data collection procedures and forms, including data reporting -Guidelines for language accessibility -Collection of client satisfaction and methods to address <p>Program will establish Memorandums of Agreement/Understanding to facilitate collaboration with service providers to whom clients may be referred.</p>
<p>Staff Qualifications Staff should be knowledgeable and experienced regarding referral services and the HIV continuum of care (i.e. care and clinical resources).</p>	<p>Staff and volunteers who provide referral services shall possess the following:</p> <ul style="list-style-type: none"> -Knowledge about and experience working with underserved populations -Knowledge of and ability to effectively utilize interviewing, assessment and presentation skills and techniques in working with a wide variety of people -Knowledge of community resources available to eligible persons so that appropriate effective referrals can be made -Skills and experience necessary to work with a variety of HIV/AIDS service providers, including other referral staff, case managers and interdisciplinary personnel and consumers who are culturally and linguistically diverse <p>Knowledge and skills will be documented in the staff personnel file.</p>
<p>Staff Education</p>	<p>Within the first (3) months of hire, training for new staff and volunteers shall include but not limited to:</p> <ul style="list-style-type: none"> -Specific HIV-related issues <ul style="list-style-type: none"> • Substance abuse and treatment • Mental health issues • Domestic violence • Sexually transmitted diseases

	<ul style="list-style-type: none"> • Partner notification • Housing Services • Adolescent health issues • Commercial sex workers • Incarcerated/recently released • Gay/lesbian/bisexual/transgender concerns <p>-Continuum of care for HIV+ persons including the process of referring a client to a medical intake site</p> <p>-Safety protocols for staff and volunteers governing the manner in which referral services will be provided</p> <p>-Staff has knowledge of local resources</p> <p>Ongoing training for staff must be provided to appropriate staff to maintain current knowledge about outreach, including information about advances in medical care and treatment of PLWHA.</p> <p>Personnel records will reflect completion of training.</p>
<p>Supervision</p>	<p>All non-professional staff must be supervised by a degreed or licensed individual in the fields of health, social services, mental health or possess equivalent experience.</p> <p>Supervisors must review a 10 percent sample of each staff member’s client records each month for completeness, compliance with these standards, and quality and timeliness of service delivery.</p> <p>Each supervisor must maintain a file on each staff member supervised and hold supervisory sessions at least monthly. The file on the staff member must include, at a minimum:</p> <ul style="list-style-type: none"> -Date, time, and content of the supervisory sessions -Results of the supervisory review addressing, at a minimum of completeness and accuracy of records, compliance with standards and effectiveness of service

Standards of Care

Standard	Measure
<p>Referral for Health Care services According to HRSA National Monitoring Standards develop and implement services to direct clients to needed services.</p>	<p>Regional Administer funding Referral for Health Care services will:</p> <ul style="list-style-type: none"> -Clearly specify allowable activities and method of communication -Specify services such as benefits/entitlement counseling and referral -Provide a definition and description of each of the services -Define the circumstances under which activities may take place to avoid duplication with referrals provided through other service categories -Outline required documentation of referrals and follow up <p>Referral services will:</p> <ul style="list-style-type: none"> -Direct a client to a service in person or through other types of communication <ul style="list-style-type: none"> • Possible modes of communication include telephone, phone, email, and/or text messages • Client must specify which mode(s) of communication is acceptable • Staff must maintain client confidentially in all communications -Provide benefits/entitlements counseling and referral
<p>Intake and Service Eligibility According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.</p>	<p>Agency will receive referrals from a broad range of HIV/AIDS service providers or by self-referral.</p> <p>Eligibility information will be obtained from the referral source and will include:</p> <ul style="list-style-type: none"> - Contact and identifying information (name, address, phone, birth date, etc.) -Language(s) spoken -Literacy level (client self-report) -Demographics -Emergency contact -Household members -Pertinent releases of information -Documentation of insurance status -Documentation of income (including a “zero income” statement) -Documentation of state residency -Documentation of proof of HIV positivity -Photo ID or two other forms of identification

	<p>-Acknowledgement of client’s rights</p> <p>Agencies should attempt to get all relevant eligibility information from the referral source or the client before providing services to client.</p> <p>Staff will conduct an intake within five (5) business days of initial contact with the client to determine eligibility for and need of health care or supportive service referral services.</p>
<p>Services -Benefits Counseling</p>	<p>Activities should be client-centered facilitating access to and maintenance of health and disability benefits and services.</p> <p>-It is the primary responsibility of staff to ensure clients are receiving all the benefits/resources for which they are eligible</p> <p>-Staff will educate clients about available benefit programs, assess eligibility, assist with applications, provide advocacy with appeals and denials, assist with re-certifications and provide advocacy in other areas relevant to maintaining benefits/resources</p> <p>-Staff will explored the following as possible options for clients:</p> <ul style="list-style-type: none"> • AIDS Drug Assistance Program (ADAP) • Health Insurance Premium Payment (CARE/HIPP) • Food stamps • Insurance Continuation (COBRA, OBRA, HIPAA) • Medicaid • Medicare • Pharmaceutical Patient Assistance Programs (PAPS) • Private Insurance • Health Insurance through Affordable Care Act (ACA) • Social Security Programs • Social Security Disability Insurance (SSDI) • Supplemental Security Income (SSI) • Social Security Retirement State Disability Insurance (SDI) • Temporary Aid to Needy Families (TANF) • Unemployment Insurance (UI)

	<ul style="list-style-type: none"> • Veteran's Administration Benefits (VA) • Women, Infants and Children (WIC) • Worker's Compensation • Other public/private benefits programs <p>-Assist clients who are HIV positive with completion of benefits application as appropriate within fourteen (14) business days of referral intake</p> <p>- Determine if referred patients completed the application process within 30 business days of referral</p> <p>-Conduct a follow-up within 90 days of completed application to determine if additional and/or ongoing needs are present</p>
-Health Care Services	<p>Staff will assist clients in accessing available resources for health care entry into and movement through care service systems:</p> <p>-Refer persons who are HIV positive to medical care within five (5) business days of referral intake</p> <p>-Determine if referred patients have engaged in medical care within 30 business days of referral</p> <p>-Refer persons who are HIV positive to appropriate supportive services within fourteen (14) business days of referral intake</p> <p>-Determine if referred patients completed the referral within 30 business days of referral</p>
-Referral	<p>Staff will follow-up on referrals to determine whether the client accessed medical care and/or other services to ensure that they continue receiving said services and to avoid duplication and to prevent client abuse of the care system.</p>
Discharge	<p>Client may be discharged when referral services are no longer needed, upon death or due to safety issues.</p>
Client Documentation	<p>Client documentation will include:</p> <ul style="list-style-type: none"> -Date of service -Type of communication -Type of referral -Follow-up status from referral
Agency Documentation	<p>Maintain written documentation:</p> <ul style="list-style-type: none"> -Number and type of referral provided -List of benefits counseling and referral activities -Number of clients served

	-Type of follow up provided
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References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A
April 2013. p. 43-44.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B
April, 2013. p. 42-43.

Virginia Department of Health, Division of Disease Prevention, HIV Care Services Referral for Health
Care/Supportive Services located at:
<https://www.vdh.virginia.gov/epidemiology/DiseasePrevention/HCS/documents/2015/pdf/Referral%20for%20Health%20Care-Supportive%20Services%20Standards.pdf>