

LOS ANGELES COUNTY COMMISSION ON HIV

STANDARDS OF CARE

PEER SUPPORT

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SERVICE INTRODUCTION

HIV Peer support services improve access to and retention in primary health care and supportive services for hard-to-reach persons living with HIV through the utilization of specially trained peers. Peers bring valuable life experience to their work as support services staff. Organizations and programs sometimes struggle with fully integrating peers into their programs. Successful programs hire Peers for the perspectives and talents they have, and not just to meet funding requirements. Programs utilizing Peers as staff members are directed to the HIV/AIDS Bureau's *Organizations that Care: A Toolkit for Employing Consumers in Ryan White CARE Act Programs, 2004* to use as a guide to help support and develop their Peer staff members.

HIV Peer support services provided under contract with the Los Angeles County Office of AIDS Programs and Policy include:

- Individual-level peer-based orientation sessions
- Individual-level peer-based support sessions
- Interactive educational/informational group sessions
- Newsletters

All programs will utilize available standards of care to inform their services and will operate in accordance with legal and ethical standards. The importance of maintaining confidentiality is of critical importance and cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

The goals of HIV Peer support services for people living with HIV include:

- Greater sense of empowerment
- Greater self advocacy
- Greater medical self-management
- Enhanced overall health status
- Greater awareness of resources

Several themes reoccur throughout this Standard:

- Peer services will respect the dignity and self determination of clients
- Peer services promote community through social/emotional support networks
- In many cases Peer support services are the most effective way of engaging clients into treatment
- Peer services require specialized training
- Peer services staff require supervision by a mental health professional

The Los Angeles County Commission on HIV and Office of AIDS Program and Policy have developed this Standard of Care in order to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the county. A draft of this Standard has been reviewed by an expert panel, consisting of leading providers and administrators in the field, as well as actual consumers of the service. A final draft of this Standard will be presented to the Commission on HIV for adoption after a 3-week Public Comment period.

This draft represents a synthesis of a significant number of published Standards and research. The key source documents included:

- *HIV Peer Support Services Contract Exhibit*, Office of AIDS Programs and Policy
- *HIV Peer Support Training Services Contract Exhibit*, Office of AIDS Programs and Policy
- *California Peer Educator Project, Level 1 Participant Manual*, Shanti National Training Institute, 2003
- Standards of Care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this Standard were Atlanta, 2004; Orlando, 2002; Boston 2004; and Denver 2004

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All HIV Peer support services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

All HIV Peer support staff will successfully complete the OAPP-funded HIV Peer Support Training Program and participate in all required refresher activities and trainings. A Master's level or Doctoral candidate mental health professional in social work, counseling, nursing with specialized mental health training, psychology will provide clinical supervision for each HIV Peer support staff providing individual-level Peer-based orientation and support sessions. In addition, volunteers who have client contact will participate in group supervision facilitated by a master's level mental health professional on a quarterly basis (at minimum).

Any medical information contained in HIV Peer support newsletters will be reviewed and approved by a licensed medical provider prior to submission to the Office of AIDS Programs and Policy.

DEFINITIONS AND DESCRIPTIONS

Assessment for Peer support services evaluates a client's level of knowledge and understanding about HIV, health care and supportive service needs, awareness of resources and support system.

Client Intake is the process that determines a person's eligibility for HIV Peer support services.

Individual Level Peer Based Support includes orientation sessions for clients who are newly diagnosed and support sessions for clients who have difficulty managing and adhering to care and treatment regimes.

HIV Peer Support Services are services that improve access to and retention in primary health care and supportive services for hard-to-reach persons living with HIV through the utilization of specially trained peers.

Peer Based Interactive Group Sessions convey a peer perspective on subjects that relate to improving empowerment, self-advocacy, medical self-management and health in people living with HIV.

Outreach promotes the availability of and access to HIV Peer support activities to potential clients and service providers.

HOW SERVICE RELATES TO HIV

There are currently over 20,000 people known to be living with AIDS in Los Angeles County. It is estimated that over 54,000 are infected with HIV. Los Angeles County comprises 35% of the total AIDS cases in the state of California (Los Angeles Co, 2005).

Peer programs have developed from evidence that clients already receive a great deal of information from their peers, responding well to people of similar age, background, and interests. The cultural similarity of peers helps to ensure that the language and messages used in treatment are relevant and appropriate (Flanagan, Williams & Mahler, 1996; Fee & Youssef, 1993).

Recent studies have determined that very high levels of medication adherence are required to achieve maximum benefit from highly active antiretroviral therapy (HAART). The development of intervention strategies that target cognitive, behavioral, emotional and social aspects of adherence are critical to success (Tuldra & Wu, 2002).

Peer counseling and assistance has been utilized successfully in helping clients with medical adherence issues, especially in drug abusing populations (Broadhead, et al, 2002). Peer counselors have proven invaluable in promoting adherence in clinics and community agencies (Martin, et al., 2001).

Peer intervention in case management functions has demonstrated improvement in outreach efforts, monitoring and outcomes in hard-to-reach populations (Albrecht & Peters, 1997).

SERVICE COMPONENTS

HIV Peer support services will respect the inherent dignity of each person living with HIV they serve. Services will be client -driven, aiming to increase a client's sense of empowerment, self-advocacy and medical self-management, and enhance the overall health status of people living with HIV. Additionally, HIV Peer support can serve to reduce social isolation and promote community by facilitating the development of social and emotional support networks by and for people living with HIV.

Services will be provided by hired staff, with trained volunteers being used to expand program capacity. Services will be offered to medically indigent (uninsured or unable to get insurance) persons living in Los Angeles County. Services are intended for populations that are typically 'hard to reach' and who may respond better to peers than to other modes of intervention. These services will focus on clients who are newly diagnosed, newly identified as HIV positive or who require additional support to engage in and maintain HIV medical care and supportive services. All HIV Peer services will be culturally and linguistically appropriate to the target population (see PROGRAM REQUIRMENTS AND GUIDELINES). HIV Peer support services shall follow peer counseling principles set forth in published guidelines such as the California Peer Educator Project (2003).

HIV Peer support services in Los Angeles County are comprised of one or more of the following components:

- Individual-level Peer-based orientation
- Individual-level Peer-based support sessions
- Interactive educational/informational group session
- Newsletters designed by people living with HIV

STANDARD	MEASURE
HIV Peer support services will respect inherent dignity of clients and will be client -driven, aiming to increase empowerment, self-advocacy and medical self-management	Program review to confirm
Programs will follow counseling principles set forth in published guidelines	Program review to confirm

OUTREACH

Programs providing HIV Peer support activities will conduct outreach activities to potential clients and HIV service providers to promote the availability of and access to HIV Peer support activities. Programs will work in collaboration with HIV primary health care and support services providers, as well as HIV testing sites. The purpose of outreach activities will be to identify appropriate clients from difficult to reach populations for HIV Peer support services who may respond better to peers than other modes of intervention.

STANDARD	MEASURE
Peer support programs will outreach to potential clients and providers	Outreach plan on file at provider agency
Programs will collaborate with primary health care and supportive service providers	Memoranda of Understanding on file at the provider agency

CLIENT ASSESSMENT

Client assessment is required for all patients who request or are referred to HIV Peer support service. The intake portion of the assessment determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. (See Exhibit 1 in LINKAGES AND TOOLS for a sample Intake form.)

In the assessment process and throughout HIV Peer support service delivery, **client confidentiality** will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, **Release of Information** forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information. (Specification should indicate the type of information that can be released).

Required Forms: Programs must develop the following forms in accordance with state and local guidelines. Completed forms are required for each client:

- Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information. (Specification should be made about what type of information can be released.)
- Limits of Confidentiality

- Consent to Receive Services (See Exhibit 2 in LINKAGES AND TOOLS for a sample Consent form.)
- Client Rights and Responsibilities
- Client Grievance Procedures

In addition to eligibility screening, the assessment for HIV peer support services will include (at minimum) an evaluation of the client's:

- Level of knowledge and understanding about HIV
- Primary health care and supportive service needs (including access, maintenance and adherence issues)
- Awareness of available resources and services to include (at minimum):
 - medical, mental health and substance treatments and coverage
 - financial coverage and resources
 - housing
 - eligibility requirements for any programs discussed
 - legal/immigration resources
- Current psychosocial support system
- HIV prevention and risk reduction issues
- Issues and concerns regarding coping with HIV
- Ability to access alternate HIV peer support services
- Substance use/abuse and history
- Mental health history

Assessments for HIV Peer services will be updated as necessary, but at a minimum of once a year.

STANDARD	MEASURE
Intake process is begun during first contact with client	Intake tool is completed and in client file
Eligibility for services is determined	Client's file includes: <ul style="list-style-type: none"> • Proof of HIV diagnosis • Proof of income • Proof of Los Angeles County residence
Confidentiality policy and Release of Information is discussed and completed	Release of Information signed and dated by client on file and updated annually
Consent for Services completed	Signed and dated Consent in client file
Client is informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file
Peer programs will evaluate (at minimum) the client's: <ul style="list-style-type: none"> • Level of knowledge and 	Assessment maintained in client file and signed and dated by peer support staff completing assessment.

<p>understanding about HIV</p> <ul style="list-style-type: none"> • Primary health care and supportive service needs • Awareness of available resources and services • Current psychosocial support system • HIV prevention and risk reduction issues • Issues and concerns regarding coping with HIV • Ability to access alternate HIV peer support services • Substance use/abuse and history • Mental health history <p>Assessments will be updated as necessary, but at a minimum of once per year.</p>	
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CLIENT ACTION PLAN

A client action plan will be developed for all clients who receive individual peer-based orientation and support sessions. Client action plans will include goals to be reached as a result of receiving HIV peer support services. Action plans will be developed in conjunction with the client and will be updated in three months. After that time, action plans will be updated based on client need, but at a minimum of once every six months. Peer support services staff will address and document existing and newly identified action plan goals. These activities will be documented in the client chart. (See Exhibit 3 in LINKAGES AND TOOLS for a sample Client Action Plan.)

STANDARD	MEASURE
Peer support staff will complete a client action plan in conjunction with the client.	Client action plan including description of client goals, steps and timeframe to accomplish goals, and disposition of each goal on file in client chart, signed and dated by Peer support staff
Action plans will be developed in conjunction with the client and will be updated in three months. After that time, action plans will be updated based on client need, but at a minimum of once every six months.	Signed, dated updated action plans on file in client chart

INDIVIDUAL LEVEL PEER BASED SUPPORT

Staff and volunteers will practice basic peer counseling techniques when providing individual level peer based support services, to include:

- Active listening
- Using open-ended questions
- Using non-verbal communication
- Using furthering responses, repetition and validation
- Mirroring and affirming clients' feelings

Individual level peer based support is divided into two distinct services, requiring different support focus:

Orientation sessions for clients who are newly diagnosed or newly identified – This service will assist clients in learning about and navigating the HIV care services system.

Support sessions for clients who have difficulty managing and adhering to care and treatment regimes -- This service will assist clients in identifying and addressing challenges and barriers to consistent adherence with HIV primary health care and supportive services.

All individual level Peer based support activities will be documented in client files.

STANDARD	MEASURE
Peer support staff and volunteers will follow peer counseling principles in their work with clients	Clinical supervision to confirm and document
Peer support staff and volunteers will provide orientation sessions for newly diagnosed and/or newly identified clients	Orientation sessions will be documented in client file with the following (at minimum): <ul style="list-style-type: none"> • Date, time spent • What occurred during the contact • Date, signature and title of person providing the service
Peer support staff and volunteers will provide support sessions for clients who have difficulty managing and adhering to care and treatment regimes	Support sessions will be documented in client file with the following (at minimum): <ul style="list-style-type: none"> • Date, time spent • What occurred during the contact • Date, signature and title of person providing the service

MAINTAINING ONGOING CLIENT CONTACT

Peer support services staff and/or volunteers will attempt ongoing face-to-face or voice-to-voice contact with all clients receiving individual orientation and support services as dictated by the client action plan, but at a minimum of every once every month in order to:

- Implement client action plans
- Provide referrals and interventions – Programs will use the Office of AIDS Programs and Policy’s service utilization data management system to facilitate, connect, access, track and document referrals to and from organizations
- Monitor client action plan progress and follow-up activities
- Assist clients to resolve challenges and barriers to accessing, maintaining and adhering to primary health care, supportive services and referrals

When appropriate, Peer support services staff and/or volunteers will monitor and confirm clients’ completion of referrals, service acquisition and adherence to services with HIV primary health care and supportive service providers. Documentation of ongoing client contact activities will be maintained in the client file.

Peer support services staff will also provide referrals and support to clients for abstaining from or reducing harm related to engaging in risk behaviors associated with HIV disease progression and/or HIV transmission.

It is especially important that Peer support services staff ensure that clients are linked to HIV primary health care services. Every effort will be made to assist clients in accessing, maintaining and adhering to primary health care and other supportive services. Documentation of health care information and services will be updated on an ongoing basis whenever there is a change in primary health care provider.

STANDARD	MEASURE
<p>Peer support services staff and/or volunteers will attempt contact with all clients receiving individual services at a minimum of every once every month in order to:</p> <ul style="list-style-type: none"> • Implement client action plans • Provide referrals and interventions • Monitor client action plan progress and follow-up activities • Assist clients in accessing, maintaining and adhering to primary health care, supportive services and referrals 	<p>All client contacts will be detailed in signed, dated progress notes to be maintained in the client file. Notes will include (at minimum):</p> <ul style="list-style-type: none"> • Date and time spent • What occurred during the contact • Signature and title of person providing the contact
<p>Referrals will be made and monitored with HIV primary health care, harm reduction and supportive service providers.</p>	<p>All referrals and interventions made on behalf of the client, along with the results of these referrals and interventions will be detailed in signed, dated progress notes in the client file</p>
<p>Peer support staff and/or volunteers will track their clients' progress toward goals set forth in client action plans, along with barriers and what has been done to resolve these barriers</p>	<p>Progress notes to detail barriers to and progress toward action plan goals. Steps taken to resolve barriers will also be maintained in progress notes in client file</p>
<p>Peer support staff and/or volunteers will assist clients in accessing, maintaining and adhering to primary health care and other supportive services.</p>	<p>Signed and dated progress notes in client chart will document health care information and services, and will be updated on an ongoing basis whenever there is a change in primary health care provider.</p>

PEER BASED INTERACTIVE GROUP SESSIONS

Interactive educational and informational group sessions will convey a Peer perspective on subjects that relate to improving empowerment, self-advocacy, medical self-management and health in people living with HIV, including (but not limited to):

- Coping with HIV
- Making healthy lifestyle choices
- Accessing and maintaining consistent care
- Treatment adherence

Peer group sessions will be facilitated or co-facilitated by HIV Peer support staff. Groups will be at least one hour long.

STANDARD	MEASURE
<p>Programs will provide group sessions facilitated by HIV Peer support staff to convey peer perspective on selected topics. Groups will be at least one hour long</p>	<p>Programs will maintain group records which contain the following documentation (at minimum):</p> <ul style="list-style-type: none"> ● Dated sign-in sheets ● Number of participants attended ● Name and title of group facilitator ● Location of group ● Copies of materials or handouts ● Summary of the topics discussed and activities conducted ● Goals and objectives achieved during group sessions

NEWSLETTERS

Newsletters designed by and for people living with HIV may be distributed to clients, primary health care and supportive service providers and HIV testing sites.

Newsletters topics will stress the importance of:

- Making healthy lifestyle choices
- Accessing and maintaining primary health care and supportive services
- Treatment adherence
- Empowerment, self-advocacy and self management

Any medical information included in newsletters must be reviewed and approved by a licensed medical provider.

STANDARD	MEASURE
Peer support programs may develop newsletters by people with HIV for people living with HIV that include topics applicable to the target population and focus on empowerment, self-advocacy and medical self-management. Medical information included in newsletters must be reviewed and approved by a licensed medical provider	Programs will maintain the following required documentation for newsletters: <ul style="list-style-type: none"> • Copies of newsletters produced and distributed • Verification of licensed medical provider approval (where applicable) • OAPP approval letters • Distribution list

CLIENT RETENTION

Programs shall strive to retain patients in peer support services. A broken appointment policy and procedure to ensure continuity of service and retention of patients is required. Follow-up can include telephone calls, written correspondence and/or direct contact, and strives to maintain a patient's participation in care. Such efforts shall be documented in the progress notes within the patient record.

STANDARD	MEASURE
Programs shall develop a broken appointment policy to ensure continuity of service and retention of patients.	Written policy on file at provider agency
Programs shall provide regular follow-up procedures to encourage and help maintain a patient in peer support services	Documentation of attempts to contact in signed, dated progress notes. Follow up may include: <ul style="list-style-type: none"> • Telephone calls • Written correspondence • Direct contact

TRIAGE/REFERRAL/COORDINATION

Programs providing HIV Peer support services will demonstrate active collaboration other agencies to provide referral to the full spectrum of HIV-related services.

Because resource referral and coordination is such a vital component of Peer support services, programs must maintain a comprehensive list of target providers (both internal and external), including, but not limited to HIV LA, for the full spectrum of HIV-related services. Referrals to services including medical care, mental health treatment, case management, treatment advocacy, Peer

support, and dental treatment will also be made as indicated. Formal relationships with mental health and substance abuse providers are especially important for assistance in crisis management or psychiatric emergencies.

STANDARD	MEASURE
Peer support programs will maintain a comprehensive list of providers for full spectrum HIV-related service referrals	Referral list on file at provider agency
Peer support programs will collaborate with other agencies and providers to provide effective, appropriate referrals	Memoranda of Understanding detailing collaborations on file at provider agency, especially with mental health and substance abuse providers for crisis management or psychiatric emergencies

CASE CLOSURE

Peer support programs will develop criteria and procedures for case closure. All attempts to contact the client and notifications about case closure will be documented in the client file, along with the reason for case closure. Cases may also be closed when the client:

- is engaged in and maintaining HIV medical care
- has achieved the goals listed on the client action plan
- has had no direct program contact in the past six months
- has become ineligible for the service
- has been deceased
- no longer needs the service
- decides to discontinue the service
- is improperly utilizing the service or has not complied with the client services agreement

STANDARD	MEASURE
Peer support programs will develop case closure criteria and procedures	Case closure criteria and procedures on file at provider agency. Cases may be closed when the client: <ul style="list-style-type: none"> • is engaged in and maintaining primary health care • has achieved the goals listed on the client action plan • has become ineligible for the service • has had no direct program contact for over six months

	<ul style="list-style-type: none"> • has been deceased • no longer needs the service • decides to discontinue the service • is improperly utilizing the service or has not complied with the client services agreement
Programs will attempt to notify clients about case closure	Client chart will include attempts at notification and reason for case closure

**OUTCOMES AND MEASURABLE INDICATORS
FY 2006**

Outcome A: Improvement in Patient Knowledge Regarding HIV and Treatment Resources

Measurable Performance Indicator:

1. Percent of clients will demonstrate improvement in their ability to manage their care and in their knowledge of HIV care resources within 3 months of entering the service.
Baseline Benchmark: 85% of clients

Outcome B: Linkage to Other Health Services

Measurable Performance Indicator:

1. Percent of clients receiving individual level services will attend at least one primary care or other health services visit within 3 months of beginning Peer Support services.
Baseline Benchmark: at least 50% of clients

Outcome C: Progress Toward Self-Defined Health Goals

Measurable Performance Indicator:

1. Percent of clients will make progress toward at least 50% of action plan goals within 3 months of entering beginning peer services.
Baseline Benchmark: at least 85% of clients

STAFFING REQUIREMENTS AND QUALIFICATIONS

Peer support staff members are non-licensed, para-professional persons living with HIV who are (or have been former) consumers of HIV healthcare services. At minimum, all Peer support staff will possess the ability to provide linguistically and culturally age-appropriate care to people living with HIV and complete documentation as required by their positions.

Peer support volunteers who have client contact are people living with HIV who are (or have been former) consumers of HIV healthcare services. At minimum, all Peer support staff will possess the ability to provide linguistically and culturally age-appropriate care to people living with HIV and complete documentation as required by their function.

Peer support staff and volunteers who have client contact will complete an agency-based orientation before providing services. In addition, all Peer support staff and volunteers who have client contact will successfully complete the OAPP-approved HIV Peer Support Training Program within 6 months of being hired. Training will include (but not be limited to):

- Basic HIV/AIDS education
- Client confidentiality and HIPAA regulations
- Benefits of Peer support
- Peer modeling approaches
- Basic counseling techniques
- Personal boundaries (physical, emotional, spiritual and financial)
- Crisis intervention procedures
- Cultural competency
- Local HIV-related resources
- Navigation of the HIV care system
- Access, maintenance and adherence to primary health care and other supportive services
- Special populations (e.g., recognizing the needs of people with mental health and/or substance abuse diagnoses)
- Management of challenging client situations
- Prevention and risk reduction activities
- Outreach to and assisting hard-to-reach populations
- Performance and documentation of services

Refresher activities and other trainings will be completed as required by OAPP. At minimum, all Peer support staff and volunteers who have client contact will participate in at least eight hours of job related education or training annually. Documentation of participation in all trainings and refresher activities will be kept within each staff or volunteer record.

Volunteers may be used in Peer support programs to expand program capacity. All volunteers will be supervised by Peer support staff, ensuring that services provided are appropriate and consistent with this standard of care. In addition, volunteers who have client contact will participate in group supervision facilitated by a master's level mental health professional on a quarterly basis (at minimum).

Clinical supervision will be provided for all HIV Peer support staff members who provide individual peer based orientation and support sessions at a minimum of two hours per month. Supervision will be provided by a Master's level mental health professional (social work, counseling, nursing with specialized mental health training, psychology, or doctoral candidate in any of these fields).

Clinical supervision will address clients' psychosocial issues and concerns, provide general clinical guidance and follow up plans for HIV Peer support staff. Documentation of clinical supervision on individual cases will be kept in those client files. Clinical supervision will also include monitoring of documentation of assessments, client contacts, referrals and follow-up activities within the client files.

STANDARD	MEASURE
Peer support programs will hire staff and locate volunteers who possess the ability to provide age and culturally appropriate care to clients infected with and affected by HIV. Peer support staff and volunteers who have client contact will be people living with HIV who are (or have been former) consumers of HIV healthcare services	Resume on file at provider agency to confirm
All staff and volunteers who have client contact will be given orientation prior to providing services	Orientation curriculum on file at provider agency which includes (but is not limited to): <ul style="list-style-type: none"> • Basic HIV/AIDS education • Client confidentiality and HIPAA regulations • Agency policy and goals • Facility operations • Cultural sensitivity • Resources and referrals • Appropriate client/staff boundaries
Peer support staff and volunteers who have client contact will undergo OAPP-approved specialized Peer Support training that includes (but is not limited	Documentation of OAPP-approved specialized Peer Support training maintained in employee or volunteer file

<p>to):</p> <ul style="list-style-type: none"> • Basic HIV/AIDS education • Client confidentiality and HIPAA regulations • Benefits of peer support • Peer modeling approaches • Basic counseling techniques • Personal boundaries Crisis intervention procedures • Cultural competency • Local HIV-related resources • Navigation of the HIV care system • Access, maintenance and adherence to primary health care and other supportive services • Clients with special needs • Management of challenging client situations • Prevention and risk reduction activities • Outreach to and assisting hard-to-reach populations • Performance and documentation of services 	
<p>Staff and volunteers who have client contact will participate in refresher trainings as required by OAPP and in at least 8-hours of continuing education annually</p>	<p>Documentation of training maintained in employee or volunteer files</p>
<p>Volunteers may be used to expand peer program capacity. They will be supervised by peer support staff</p>	<p>Programs will maintain volunteer files which contain (at minimum):</p> <ul style="list-style-type: none"> • Volunteer applications • Signed and dated time records • Written confirmations of receiving agency/program policies • Documentation of tuberculosis screenings
<p>Volunteers who have client contact will attend group supervision facilitated by a master's level mental health professional at least on a quarterly</p>	<p>Volunteer group clinical supervision will be documented as follows (at minimum):</p> <ul style="list-style-type: none"> • Date of supervision

basis	<ul style="list-style-type: none"> • Name and title of participants • Issues and concerns discussed • Description of clinical guidance provided and follow up plan • Clinical supervisor's name, professional title and signature
Peer support staff will receive a minimum of one hour of clinical supervision every two weeks from a master's level mental health professional	<p>All clinical supervision will be documented as follows (at minimum):</p> <ul style="list-style-type: none"> • Date of supervision • Name and title of participants • Issues and concerns discussed • Description of clinical guidance provided and follow up plan • Clinical supervisor's name, professional title and signature
Clinical supervision will provide general clinical guidance and follow up plans for HIV Peer support staff, as well as monitoring assessments, client contacts, referrals and follow-up activities within the client files.	Documentation of clinical supervision for individual clients will be maintained in the client's individual file

SERVICE UNITS

Unit of Service: Units of service defined as reimbursement for peer support services are based on services provided to eligible clients.

Individual Peer Support Units – Calculated in number of hours provided.

Educational Peer Group Units – Calculated in number of hours provided.

Number of Clients: Client numbers are documented using the figures for unduplicated clients within a given contract period.

QUALITY MANAGEMENT

All programs will implement a Quality Management (QM) program that assesses the extent to which care and services provided are consistent with federal (e.g. Public Health Service and CDC Guidelines), State and local standards of HIV/AIDS care and services. The QM program will (at minimum):

- Identify the leadership and accountability of the medical director or executive director of the program
- Use measurable outcomes and data collected to determine progress toward established benchmarks and goals
- Focus on linkages to care and support services
- Track client perception of their health and effectiveness of services
- Serve as a continuous quality improvement (CQI) process reported annually to senior leadership

QUALITY MANAGEMENT PLAN

Programs will develop **one** agency-wide QM plan that encompasses all HIV/AIDS care and prevention services if possible. This plan will be reviewed and updated as needed by the agency's QM committee and signed by the medical director or executive director. The written QM plan shall include the following components (at minimum):

Objectives: The QM plan should delineate specific goals and objectives that reflect the program's mission, vision and values

Quality Management Committee: The QM plan will describe the purpose of the Quality Management Committee, its composition, meeting frequency (quarterly, at minimum) and required documentation (e.g., minutes, agenda, sign-in sheets, etc.). Programs that already have an established advisory committee need not create a separate Quality Management Committee, so long as the already existing advisory committee's composition and activities conform to QM program objectives.

Selection of the QM Approach: The QM plan will detail an elected QM approach, such as Plan-Do-Study-Act (PDSA), Chronic Care Model, or Joint Commission on Accreditation of Healthcare Organization (JCAHO) 10-Step model, etc.

Quality Management Program Content: The QM plan will detail program content to include (at minimum):

- **Measurement of Outcome Indicators** – collection and analysis of data measured from specific OAPP selected indicators (at minimum). In addition, agency can measure other aspects of care and services as needed
- **Development of Data Collection Method** -- to include sampling strategy (e.g., frequency, percentage of sample sized), collection method (e.g., chart abstraction, interviews, surveys, etc.) and creation of a data collection tool.
- **Collection and Analysis of Data** – results will be reviewed and discussed by the QM committee. The findings of the data analysis will be communicated with all involved program staff.
- **Identification of Improvement Strategies** – QM committee will be responsible for identifying improvement strategies, tracking progress and sustaining achieved improvement.

Client Feedback Process: The QM plan will describe the mechanism for obtaining ongoing feedback from clients regarding the accessibility and appropriateness of service and care. Feedback will also include the degree to which the service meets client need and satisfaction. Client input will be discussed in the agency’s QM committee on a regular basis for the enhancement of service delivery. Aggregate data is to be reported to the QM committee annually for continuous program improvement.

Client Grievance Process: The QM plan will detail the program’s policy and procedure for addressing and resolving client’s grievance at the level closest to the source within agency. Grievance data will be tracked, trended and reported to the QM committee for improvements in care and services. (See also PROGRAM REQUIREMENTS AND GUIDELINES).

Random Internal Chart Audits: The QM plan will detail a plan for random chart audits for Medical outpatient, Medical Nutrition Therapy, Case Management, Mental Health, Psychiatry and Oral Health services. Sampling criteria will be based on important aspects of care and will be, at minimum, 10% or 30 charts, whichever is less. Results of the chart audits will be reported and discussed quarterly in the QM committee.

STANDARD	MEASURE
Programs will develop a Quality Management Plan	Quality Management Plan on file at provider agency which details (at minimum):

	<ul style="list-style-type: none"> • Objectives • Quality Management Committee • Quality Management Approach • Quality Management Program • Quality Management Program Content including (at minimum) <ul style="list-style-type: none"> ○ Measurement of outcome indicators ○ Development of data collection method ○ Collection and analysis of data ○ Identification of improvement strategies • Client Feedback Process • Client Grievance Process • Random Internal Chart Audits (when appropriate)
<p>Quality management plan will be reviewed and updated as needed by the agency's QM committee and signed by the medical director or executive director</p>	<p>Record of review on file at provider agency. Updated QM plans on file at provider agency</p>

PROGRAM REQUIREMENTS AND GUIDLELINES

Agencies providing Peer support services must have written policies that address confidentiality, release of information, client rights and responsibilities, universal precautions, eligibility and client grievances.

Confidentiality protects information about a clients HIV status, risk factors and use of services. A **Release of Information Form** describes the situations under which a client's information can be released and includes the name of the agency with whom information will be shared, the specific information to be shared, duration of the release consent, and the client's signature. A release of information can be rescinded verbally or in writing at any time. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), the Release of Information must be a HIPAA-compliant disclosure authorization.

Funded providers are expected to post and provide to each consumer the **Patient's Bill of Rights** developed by the Los Angeles Commission on HIV which outlines a client's/patient's right to:

- respectful treatment
- competent, high quality care
- be part of the decision making process
- confidentiality and privacy
- billing information and assistance.

In addition, the Patient's Bill of Rights outlines the client/patient responsibilities as a service consumer. Programs are welcome to develop their own Bill of Rights as long as the Commission's Bill is used as a minimum standard. A copy of the Commission on HIV Patient's Bill of Rights is found as Exhibit 4 in LINKAGES AND TOOLS.

A **grievance procedure** details a procedure for clients to voice their concerns about unfair treatment or the quality of services they are receiving. Grievance procedures should detail the steps a client can follow to file a grievance and how the grievance will be handled within the agency. Included in the procedure should be steps for client appeal.

STANDARD	MEASURE
Programs will develop and enforce client confidentiality policy	Written policy on file
Programs will develop and enforce client grievance policy	Written policy on file and posted in a visible location
Programs shall post and provide each client with a Patient's Bill of Rights	Copy of Commission on HIV Patient's Bill of Rights (or program's specific Bill) on file and posted in a visible location.

	Each client file to note that Bill of Rights has been provided.
Agency develops and enforces written eligibility requirements for services	Written policy on file
Agency develops and enforces policy for obtaining client consent	Client consent form on file
Client records are stored in secure and confidential location	Records stored in locked file, cabinet, or room with limited access
Agency has written policies which address the following: <ul style="list-style-type: none"> • Physical plant safety • Medical/health care • Infection control and transmission risk management • Crisis management • Personnel • Risk assessment and response • Service planning • Documentation • Client/Guardian rights and responsibilities • Client discharge and transition 	Written policies on file

LINKAGES

In certain cases, clients will require additional services a given agency is unable to provide. It is incumbent upon provider agencies to develop mechanisms and referral sources to make available the full range of additional services to meet the needs of their clients. Also vital is the coordination of client care with primary care medical clinics. Developing mechanisms that ensure contact with a client's primary care clinic will ensure integration of services and better client care.

STANDARD	MEASURE
Provider agencies develop and provide referrals for full range of services	Memoranda of Understanding with additional providers on file
Special effort will be made to develop feedback mechanisms with primary care medical clinics to ensure integration of service and better client care	Memoranda of Understanding with primary medical clinics on file

PROGRAM SAFETY

Services must be provided in settings that meet federal, state and local requirements. Such requirements ensure the well-being and safety of clients and staff. Facilities should be easily accessible by all, clean, comfortable and free of hazards.

STANDARD	MEASURE
Program promotes and practices Universal Precautions	Written policy on file
Program is Americans with Disabilities Act (ADA) compliant for physical accessibility	Signed confirmation on file
Program has developed and enforces policy for health and safety related incidents.	Written policy, reviewed by all staff, on file
Agency complies with all required federal, state and local safety regulations (includes OSHA)	Signed confirmation, as needed, on file

CULTURAL AND LINGUISTIC COMPETENCE

All providers must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all people living with HIV. Culturally and linguistically appropriate services:

- Respect, relate and respond to a client's culture in a non-judgmental, respectful manner
- Match the needs and reflect the culture and language of the clients being served
- Recognize the significant power differential between provider and client, member of the dominant culture vs. minority, and work toward developing a more collaborative interaction
- Consider each client as an individual, not making assumptions based on perceived membership in any group or class

Important in the development of cultural and linguistic competence is the ability to acknowledge one's personal limits in cultural and linguistic competence, and the willingness to treat one's client as the expert on their culture and relation to it.

STANDARD	MEASURE
Programs will recruit a diverse staff that reflects the cultural and linguistic	Programs have a written strategy on file

diversity of the community served	
All staff (including administrative staff) will receive ongoing training to build cultural and linguistic competence	All staff required to attend one training per year, verified in personnel file
Programs will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
All programs will ensure access to services for clients with limited English	Programs will ensure through: <ul style="list-style-type: none"> • Bilingual staff • Face to face interpretation provided by qualified staff or volunteers • Telephone interpretation services for emergency needs • Referral to bilingual/bicultural programs
Clients' family and friends will not be considered as ongoing interpreters because of confidentiality and medical terminology limitations. If a client chooses to use family or friend as their interpreter, the provider must obtain consent. It is preferred that children under 18 not serve as interpreters.	If used, family/friend interpretation consent form signed by client will be kept on file.
Interpreters, bilingual staff and volunteers must demonstrate bilingual proficiency and be trained in the skills and ethics of interpreting. Training on terms relevant to HIV services must be provided. It is preferred that children under 18 not serve as interpreters.	Resume and documentation of training; certification (when applicable) on file
Clients shall have access to linguistically appropriate educational materials and signage	Programs must provide educational materials and required documentation (consents, grievance procedures, etc.) in the native language of the populations served
Programs will conduct ongoing assessments of cultural and linguistic competence of staff and program	Cultural competence measures developed and maintained into program and staff assessments and evaluations

GENDER AND SEXUAL IDENTITY COMPETENCE

All providers should be involved in a process of training and education that ensures their ability to deliver appropriate services regarding diverse gender and

sexual identity issues relevant to people living with HIV, including Lesbian, Gay, Transgender, Bisexual, Intersexed or Queer-identified individuals. Competency in gender and sexual identity issues should include:

- Respect for and the ability to relate and respond to a client's sexual identity, sexual orientation, and gender identity in an informed and non-judgmental manner.
- Understanding the specific needs of underserved sexual and gender minority groups.
- Understanding the specific needs of women.
- Recognizing and being sensitive to the dominant culture's historic oppression of sexual and gender minorities, and working toward developing a collaborative interaction.
- Considering each client as an individual, not making assumptions based on perceived membership in any gender or sexual identity group.
- Deferring to the client's self-identification and not imposing normative culture values onto client.

STANDARD	MEASURE
Programs will recruit a diverse staff that reflects the gender and sexual diversity of the community served	Programs have a written strategy on file
All staff (including administrative staff) will receive ongoing training to build gender and sexual diversity competence	All staff required to attend one training per year, verified in personnel file
Programs will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Program documents and materials will utilize inclusive language	Documents on file for verification

ACCESSIBILITY OF SERVICES

Providers must demonstrate the capacity to ensure that services are accessible and relevant to all people living with HIV, including linguistic and cultural minorities and people with disabilities.

STANDARD	MEASURE
Agency complies with ADA criteria	Completed form/certification on file
Services are accessible to target population	Site visit to review hours of operation, location, accessibility with public transportation
Services are offered to any person meeting eligibility requirements within	Written eligibility requirements and grievance procedures on file

funding capacity	
Programs incorporate consumer input in design, delivery and evaluation of services	Documentation of consumer advisory board meetings, focus groups and other consumer input mechanisms on file.

OTHER RESOURCES

Being Alive (local information and support by and for HIV positive peers)
<http://www.beingalivela.org/>

National Association of People with AIDS
<http://www.napwa.org/>

Shanti (national training for peer educators and counselors)
<http://www.shanti.org/>

The AIDS Channel (information of all kinds for people living with HIV)
<http://www.theaidschannel.com/>

The Body (HIV resources and information)
<http://www.thebody.com/index.shtml>

The Peer Helping Annotated and Indexed Bibliography
<http://www.mentors.ca/Biblio10.html>

Women Alive (local information by and for HIV positive women)
<http://www.women-alive.org/>

Youth HIV (information for peer educators/counselors)
<http://www.advocatesforyouth.org/youth/index.htm>

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STAFF/COMMITTEE REPORT

STAFF/CONSULTANT DISCUSSION:

Purpose of these Notes: Each expert panel session requires a complex discussion of both the detail and the larger issues included in the Standard under discussion. These notes attempt to capture the complexity of the discussion in the Peer Support Panel, convened on May 18, 2005, as well as the areas where the panel was split and struggled to an incomplete consensus. These are areas ripe for review when the Standards are revisited for revision.

Issues emerging from the discussion:

- 1. Who are the targeted clients of the peer support service?** The panel identified early that the draft Standards appeared to apply primarily to sicker, newer, or lower functioning clients. Peer support counselors who were on the panel noted the critical importance for all or most HIV positive people of connecting with peers in order both to learn about available resources and also, perhaps more importantly, to reduce the sense of isolation and stigma that often accompanies the diagnosis. OAPP staff noted that the service was seen in contract context as being a limited term connection, focusing on those who were newly diagnosed, new entering care in the area, or struggling with staying connected to care. Many on the panel noted that the boundaries between peer support and case management were not always clear. Although some panel members noted that they are seeing hundreds of clients at many stages of adjustment to HIV diagnosis, the panel did not challenge the OAPP understanding of the target population.
- 2. Frequency of required contacts with clients.** The panel noted the difficulty of assigning uniform time and effort standards where clients' needs vary widely. There was also tension noted in the panel between undue burden on providers and patients of requiring documentation of multiple contacts, and the need for the most needy clients to be connecting regularly with the service. The recommendations for contact frequency that were discussed varied from every two weeks to once a quarter, and for assessments from twice a year to every three months. After weighing the issues, the panel agreed on every month for contact efforts to be made by the provider (face-to-face or voice-to-voice) and assessments to be done at intake, three months, then every three to six months as indicated in the client's action plan.
- 3. Definition of a Peer.** The panel agreed that "peer" in the context of HIV work was generally accepted to mean a person also living with the virus. Some panel members argued for broadening the definition to include those who

have other relevant life experiences such as caring for partners with HIV. Arguments in favor went to increasing the pool of those who could do this work, in particular for volunteers whose work is covered by the Standard. In the end, the panel decided that clients' expectation was that "peer" meant positive, and that the risk of misunderstanding was too great to extend the meaning of the term.

4. **Appropriate roles for paid vs. volunteer staff.** The panel felt it was important to specify in the Standard which tasks should be reserved to paid staff and whether training requirements and clinical should be the same for volunteers and paid staff. The Standards were amended to add that detail, with the general rule being that required documentation would be done by paid staff and that volunteers did need to complete a full training course. Clinical supervision of volunteers was seen as important, in addition to that of paid staff, and therefore was added by the panel to the Standard.
5. **Clients who leave the area.** The panel noted that eligibility requirements do not allow for continued service to clients who move out of the area, and worried that that situation does occur and becomes difficult if clients have bonded and want to continue receiving services. Some panel members felt that supervisors at their agency needed to understand this issue better.

COMMITTEE ACTION:

- **Issue raised post-Review Panel:** Client intake procedures encompassing income eligibility requirements will be expanded to reflect that client services may be provided for those living above 100% of the Federal Poverty Level (FPPL) because the threshold will vary based on priority and allocation decisions from the Commission on HIV.
- **Issue raised post-Review Panel:** The practice of case conferencing as a method of providing a comprehensive multi-disciplinary treatment plan should be a patient's minimum standard of care. At this juncture, this standard sufficiently meets that minimum quality-of-care expectation for treatment education services. A discussion of who manages the method of case conferencing, and by what requirements, must still occur. Case conferencing is one vehicle to ensure that consumers are accessing the continuum of care beyond simply treatment education services. Future discussions should address how to support case conferencing among providers in order to ensure optimal spectrum of services for PLWH/A.





LINKAGES AND TOOLS

Exhibit 1 – Sample Intake Form

Exhibit 2 – Sample Consent to Receive Services

Exhibit 3 – Sample Client Action Plan


Exhibit 4 – Commission on HIV Patients Bill of Rights

-  Home
-  Library
-  Search
-  User Profile



[Back](#) | [Home](#) | [Library](#) | [Search](#) | [Help](#)

Portal Design

 **Content Manager**

Personal Check Ins
Board_Correspondence

Personal Searches
Board_Correspondence

Saved Queries
vgomez

User Name: vbonila

Logoff

Check In Confirmation for 'standards of care'

Content ID : cms1_044405 [\[Content Info\]](#)
Title: standards of care
Checked in by: vbonila

You may check in a **new** document with similar attributes

[Check In Similar](#)

LINKAGES AND TOOLS
EXHIBIT I - SAMPLE INTAKE FORM

INTAKE / REGISTRATION FORM

Name: _____ M I: _____ Sex: _____ Birth date: _____
(Last) (First)

Address : _____

Zip Code: _____ City: _____ State: _____

OK To Send Mail? Yes / No County: _____ Effective: _____

Residency Status: _____ Birth Country: _____

Day Phone: _____ Evening Phone: _____

Ok to leave message identifying an AIDS agency? Day? Yes / No Eve? Yes / No

Names of People We Can Talk to or Leave a Message With: _____

Social Security Number: _____ Ethnicity: _____ Language: _____

CLIENT CLASSIFICATION: AIDS HIV Symptomatic HIV Asymptomatic

Referring Agency: _____ By: _____

Service being Referred for: MENTAL HEALTH CASE MANAGEMENT PEER-SELF HELP
 HOME HEALTH TREATMENT ADVOCATE EDUCATION WOMEN AND FAMILY PASSPORT TO CARE

Proof of Diagnosis Received? Yes / No Medical Informed Consent Received? Yes / No

Client Acuity Level: HIGH TRANSITIONAL As of: _____

Registered by: _____ Date: _____

Primary HIV Exposure: Heterosexual Intravenous (IV) drug use Men who have sex with men
 Other (Please specify): _____

Secondary HIV Exposure: Heterosexual Intravenous (IV) drug use Men who have sex with men
 Other (Please specify): _____

IN EMERGENCY, NOTIFY:

Name: _____ Relationship: _____
(Last) (First)

Address: _____

Zip Code: _____ City: _____ State: _____

Day Phone# _____ Evening Phone# _____

Number of Dependent Children: _____

Name 1. _____ Date of Birth: _____ HIV Positive: Yes / No

Name 1. _____ Date of Birth: _____ HIV Positive: Yes / No

Name 1. _____ Date of Birth: _____ HIV Positive: Yes / No

Name 1. _____ Date of Birth: _____ HIV Positive: Yes / No

MEDICAL INFORMATION

Physician Name: _____ Phone: _____
(Last) (First)

Address Line 1: _____ Line 2: _____

City: _____ State: _____ Zip Code: _____ Referred On: _____

INSURANCE INFORMATION—Do you currently receive any of the following?

1. Health Insurance: Yes / No

If YES Please Complete:

Medi-Cal? Medicare? Private Individual? Group? HMO: _____

Veteran? Yes / No of: _____

2. Income Disability Insurance: Yes / No If YES Please Complete:

If YES Please Complete:

SDI? SSI? SSD? Private? General Relief?

EMPLOYMENT STATUS

Employed Full Time Employed Part Time Permanent Medical Disability

Temporary Medical Disability Not Currently Employed/Reason Other Than Disability

Occupation if employed: _____ Gross Monthly Income: \$ _____

Family Support: Joint Head of Household Male Head of Household
 Female Head of Household Non Head of Household Household Size: _____

Living Arrangements: Lives Alone Lives with Spouse or Significant Other Homeless
 Lives with Friends/Roommate Lives with Unrelated Persons Lives with Family

Does Client have a Caregiver? Yes / No

OTHER SERVICE PROVIDERS YOU ARE PRESENTLY REGISTERED WITH:

OAPP RYAN WHITE CLIENT DEMOGRAPHICS

Ethnicity: _____ Race: _____ Hispanic Yes / No

Gender: Female Male Transgender: Male to Female Transgender: Female to Female

Current Client HIV Risk Behaviors: Child of HIV Infected Mother Declined to State Exchange Sex
 Needle Sharing No Current Risk Behaviors Non-Injection Substance Abuse Unprotected Sex

Sexual Orientation: Homosexual Heterosexual Bisexual

Additional Information Needed:

Deaf/Hard of Hearing Yes / No Blind/Partially Sighted? Yes / No

Physically Challenged Yes / No Severe Mental Illness? Yes / No

Client Speaks English Yes / No Dependent Children? Yes / No

Chemical Dependency? Yes / No Pre/Newly Released Prisoner? Yes / No

Homeless Status:

HRSA CLIENT LEVEL INFORMATION:

Household Size: _____ **Annual Household Income:** _____

Primary Source of Medical Insurance: Medicaid/Medi-Cal Medicare No insurance
Other public (e.g., Champus, VA) Private Other: _____

Primary Place of Medical Care: Community Clinic County Clinic Emergency Room
HMO (Kaiser, CIGNA, etc.) Other Private Community-Based Organization Refused to Answer
Other (describe): _____

Reporting Year: _____

Housing/living Arrangements: Institution (includes residential, health care, correctional) Permanent
Non-permanent (includes homeless, transient, or transitional) Unknown/Unreported

Mental Health

History: No history Yes, active history within last 3 months Unknown
Yes, but not active within the last 3 months

Treatment Status: Completed treatment Dropped out of treatment In treatment
No active treatment or counseling Pre-treatment process Refused treatment Not applicable

Substance Abuse

History: No history Yes, active history within last 3 months Unknown
Yes, but not active within the last 3 months

Treatment Status: Completed treatment Dropped out of treatment In treatment
No active treatment or counseling Pre-treatment process Refused treatment Not applicable

Incarceration History

No history of incarceration Incarcerated over 2 years ago Incarcerated within the last 24 months
 On Parole On Probation (*Parole/ Probation Officer Name:* _____)

Address: _____ *Telephone #:* _____

If the client was prescribed anti-retroviral therapy, indicate type: Highly Active Anti-retroviral Therapy (HAART)
None Other (mono or dual therapy) Salvage

Please Check all of the medications that were part of the client's HIV treatment

Limit to the current Quarter (Month): Qtr 1(Jan-Mar) Qtr 2(Apr-Jun) Qtr 3(Jul-Sept) Qtr 4(Oct-Dec)

1.	<input type="checkbox"/> Agenerase (amprenavir)	13.	<input type="checkbox"/> Rescriptor (delavirdine)
2.	<input type="checkbox"/> Combivir (lamivudine/zidovudine)	14.	<input type="checkbox"/> Retrovir (AZT/ZDV/zidovudine)
3.	<input type="checkbox"/> Crixivan (indinavir)	15.	<input type="checkbox"/> Sustiva (Efavirenz)
4.	<input type="checkbox"/> EMTRIVIR (emtricitabine—FTC)	16.	<input type="checkbox"/> Trizivir (abacavir sulfate/lamivudine/zidovudine)
5.	<input type="checkbox"/> Epivir (3TC/lamivudine)	17.	<input type="checkbox"/> Truvada (emtricitabine/ tenofovir disoproxil fumarate)
6.	<input type="checkbox"/> Fortovase (invirase/saquinavir)	18.	<input type="checkbox"/> Videx/Videx EC (ddI/didanosine/dideoxyinosine)
7.	<input type="checkbox"/> FUZEON (enfuvirtide—T-120)	19.	<input type="checkbox"/> Viracept (nelfinavir mesylate))
8.	<input type="checkbox"/> HIVID (ddC/dideoxycytidine)	20.	<input type="checkbox"/> Viramune (nevirapine)
9.	<input type="checkbox"/> Kaletra (loprinavir/ritonavir)	21.	<input type="checkbox"/> Viread (tenofovir disoproxil fumarate)
10.	<input type="checkbox"/> LEXIVA (vertex)	22.	<input type="checkbox"/> Zerit (d4T/stavudine)
11.	<input type="checkbox"/> Norvir (ritonavir)	23.	<input type="checkbox"/> Ziagen (abacavir sulfate)
12.	<input type="checkbox"/> REYATAZ (atazanvir sulfate)	24.	<input type="checkbox"/> Other HIV Meds: _____

List All other Medications:

HRSA CLIENT LEVEL INFORMATION - PREVENTATIVE THERAPY

Did the client receive a TB Skin Test during the reporting year: Yes / No

Treatment due to positive TB Skin Test during the reporting year: Yes / No

Was the client screened/tested for syphilis? Yes / No

Was the client treated for syphilis? Yes / No

Was the client screened/tested for other STI (not syphilis or HIV)? Yes / No

Was the client treated for the STI during the reporting year? Yes / No

Was the client screened/tested for Hepatitis C? Yes / No

Treated for Hepatitis C? Yes / No

Did the client receive a pelvic exam & PAP smear this year (if applicable)? Yes / No N/A

This portion for Female clients:

Was she pregnant at any time during this reporting year: Yes / No

Did she enter care? Yes / No

Did she receive antiretroviral meds to prevent HIV transmission: Yes / No

Number of children born: _____ Number of children born HIV+ _____

HRSA CLIENT LEVEL INFORMATION - AIDS DEFINING CONDITIONS & LAB RESULTS

Diagnosis Check Yes or No if the client was or was not diagnosed with any of these condition during the reporting year.

Mycobacterium Avium Complex?)? Yes / No

Mycobacterium Tuberculosis?)? Yes / No

Pneumocystis Carinii Pneumonia ?)? Yes / No

CMV Disease?)? Yes / No

Toxoplasmosis?)? Yes / No

Cervical Cancer?)? Yes / No

Other AIDS-defining condition?)? Yes / No

Indicate other condition: _____

CD4 Lab Tests:	Qtr 1(Jan-Mar)	Qtr 2(Apr-Jun)	Qtr 3(Jul-Sept)	Qtr 4(Oct-Dec)
CD4 Count:				
Month Of Test:				
CD4 Lab Tests:	Qtr 1(Jan-Mar)	Qtr 2(Apr-Jun)	Qtr 3(Jul-Sept)	Qtr 4(Oct-Dec)
Viral Load:				
Month Of Test:				

AGENCY X and/or *other resources* may be able to help you with the following services. Please check the services you currently need:

CASE MANAGEMENT:

- Information, Referrals, and Coordination of Services.
- Public Benefits—Private Health and Income Benefits.
- Insurance Services—Wills, Power of Attorney, Debtor/Creditor Counseling.
- Transportation Services—MTA disabled ID, Transportation for Medical Appointments and other Related Services.
- Food Program Referrals.
- Housing—Rental Assistance, HOPWA Grants.

HOME HEALTH CARE:

- RN/Social Worker Case Management.
- In-Home Mental Health Counseling.
- Karnofsky Score of 70 or less.

MENTAL HEALTH:

- Counseling—Individual, Group, Family.
- Psychiatric—Evaluation/Consultation.
- Support Groups.

TREATMENT ADVOCACY AND EDUCATION:

- One-on-One Treatment Education.
- Education Resources—Medical Updates, Safer Sex Information, etc.
- Medication Adherence Issues.

PEER SELF HELP:

- One-on-One Peer Counseling.
- Peer Lead Support Groups.
- Community Events and Educational Forums.

WOMEN/FAMILY SUPPORT ADVOCACY:

- Respite Care (In-Home Child Care).
- Referral Services for Additional Support.

PASSPORT TO CARE:

- Substance Use/Abuse Services (SUA) and SUA Referrals
- SUA Treatment Planning
- Psycho-Educational Services
- Holistic Services
- Addiction Educational Resources

I hereby certify that the information I have provided is true and correct and that I am requesting assistance from AGENCY X.

Signature of Applicant

Date

Agency Representative's Signature

Date

CONSENT TO RECEIVE SERVICES

DESCRIPTION OF SERVICES:

AGENCY X provides a comprehensive range of services to HIV/AIDS infected individuals residing or receiving services in the South Central region of Los Angeles. The Case Management, Home Health Care, Mental Health, Treatment Advocacy & Education, Peer-Self Help, Woman/Family Support Advocacy, and Passport To Care Programs work closely with other community agencies, both public and private, to help all participants achieve their individual goals and move toward long term self sufficiency.

All of the programs at **AGENCY X** are designed to provide sensitive and flexible coordination of services and assist HIV/AIDS infected participants in obtaining necessary advocacy and linkage, resources, referrals, HIV education, and emotional support. Services that might be facilitated include, but need not be limited to, those which address medical, nutritional, financial, housing, educational, transportation, and psychosocial needs.

Participation in Programs at **AGENCY X** are voluntary and subject to eligibility requirements.

Consent:

I, _____, am applying to participate in the following programs at
Printed Name of Applicant

AGENCY X:

- Case Management Home Health Care Mental Health Treatment Advocacy & Education
- Peer-Self Help Woman/Family Support Advocacy Psychiatric Services

I agree to cooperate with **AGENCY X** staff who will determine my eligibility for the above checked programs and services.

If I am eligible and choose to participate in this program, I understand that:

With the assistance of the staff person in the programs I am enrolled in, I will be an active participant in the process for deciding which services and referrals are needed or beneficial according to my personal situation. I will be notified by the staff person in the programs I am enrolled in of what services I am eligible to receive and any subsequent changes made to these services.

Information from my records will be seen only by staff and consultants of **AGENCY X**, service providers who will be serving me, and as otherwise provided by law.

I understand that participation in the programs at **AGENCY X** is voluntary and I may withdraw from this program at any time.

I will only receive services in the programs I am enrolled in as long as:

- I meet eligibility requirements for this program.
- I am not receiving mental health services from any other HIV/AIDS program funded by the County of Los Angeles Office of AIDS Programs and Policy (OAPP).
- I legally reside in the Los Angeles County.
- Funding for this program is available.
- I do not violate **AGENCY X's** *Client's Rights and Responsibilities*.

I may request a grievance hearing if my application for participation is denied, if I am discharged from the program or if I am dissatisfied with services I receive.

All concerns that I have regarding any of the programs at **AGENCY X** have been fully answered at this time.

If I have additional concerns, I am able to contact the manager of this program at (323)-555-5555.

Signature of Applicant

Date

Agency Representative's Signature

Date

PEOPLE WITH HIV/AIDS BILL OF RIGHTS AND RESPONSIBILITIES

The purpose of this Patient and Client Bill of Rights is to help enable clients act on their own behalf and in partnership with their providers to obtain the best possible HIV/AIDS care and treatment. This Bill of Rights and responsibilities comes from the hearts of people living with HIV/AIDS in the diverse communities of Los Angeles County. As someone newly entering or currently accessing care, treatment or support services for HIV/AIDS, you have the right to:

A. Respectful Treatment

1. Receive considerate, respectful, professional, confidential and timely care in a safe client-centered environment without bias.
2. Receive equal and unbiased care in accordance with federal and state law.
3. Receive information about the qualifications of your providers, particularly about their experience managing and treating HIV/AIDS or related services.
4. Be informed of the names and work phone numbers of the physicians, nurses and other staff members responsible for your care.
5. Receive safe accommodations for protection of personal property while receiving care and services.
6. Receive services that are culturally and linguistically appropriate, including having full explanation of all services and treatment options provided clearly in your own language and dialect.
7. Look at your medical records and receive copies of them upon your request (reasonable agency policies including reasonable fee for photocopying may apply).
8. When special needs arise, extended visiting hours by family, partner, or friends during inpatient treatment, recognizing that there may be limits imposed for valid reasons by the hospital, hospice or other inpatient institution.

B. Competent, High-Quality Care

1. Have your care provided by competent, qualified professionals who follow HIV treatment standards as set forth by the Federal Public Health Service Guidelines, the Centers for Disease Control and Prevention (CDC), the California Department of Health Services, and the County of Los Angeles.
2. Have access to these professionals at convenient times and locations.
3. Receive appropriate referrals to other medical, mental health or other care services.

C. Make Treatment Decisions

1. Receive complete and up-to-date information in words you understand about your diagnosis, treatment options, medications (including common side effects and complications) and prognosis that can reasonably be expected.
2. Participate actively with your provider(s) in discussions about choices and options available for your treatment.
3. Make the final decision about which choice and option is best for you after you have been given all relevant information about these choices and the clear recommendation of your provider.
4. Refuse any and all treatments recommended and be told of the effect not taking the treatment may have on your health, be told of any other potential consequences of your refusal and be assured that you have the right to change your mind later.
5. Be informed about and afforded the opportunity to participate in any appropriate clinical research studies for which you are eligible.
6. Refuse to participate in research without prejudice or penalty of any sort.
7. Refuse any offered services or end participation in any program without bias or impact on your care.
8. Be informed of the procedures at the agency or institution for resolving misunderstandings, making complaints or filing grievances.
9. Receive a response to any complaint or grievance within 30 days of filing it.
10. Be informed of independent ombudsman or advocacy services outside the agency to help you resolve problems or grievances (see number at bottom of this form), including how to access a federal complaint center within the Center for Medicare and Medicaid Services (CMS).

D. Confidentiality and Privacy

1. Receive a copy of your agency's Notice of Privacy Policies and Procedures. Your agency will ask you to acknowledge receipt of this document.
2. Keep your HIV status confidential or anonymous with respect to HIV counseling and testing services. Have information explained to you about confidentiality policies and under what conditions, if any, information about HIV care services may be released.
3. Request restricted access to specific sections of your medical records.
4. Authorize or withdraw requests for your medical record from anyone else besides your health care providers and for billing purposes.
5. Question information in your medical chart and make a written request to change specific documented information. Your physician has the right to accept or refuse your request with an explanation.

E. Billing Information and Assistance

1. Receive complete information and explanation in advance of all charges that may be incurred for receiving care, treatment and services as well as payment policies of your provider.
2. Receive information on any programs to help you pay and assistance in accessing such assistance and any other benefits for which you may be eligible.

F. Patient/Client Responsibilities

In order to help your provider give you and other clients the care to which you are entitled, you also have the responsibility to:

1. Participate in the development and implementation of your individual treatment or service plan to the extent that you are able.
2. Provide your providers, to the best of your knowledge, accurate and complete information about your current and past health and illness, medications and other treatment and services you are receiving, since all of these may affect your care. Communicate promptly in the future any changes or new developments.
3. Communicate to your provider whenever you do not understand and information you are given.
4. Follow the treatment plan you have agreed to and/or accepting the consequences of failing the recommended course of treatment or of using other treatments.
5. Keep your appointments and commitments at this agency or inform the agency promptly if you cannot do so.
6. Keep your provider or main contact informed about how to reach you confidentially by phone, mail, or other means.
7. Follow the agency's rules and regulations concerning patient/client care and conduct.
8. Be considerate of your providers and fellow clients/patients and treat them with the respect you yourself expect.
9. The use of profanity or abusive or hostile language; threats, violence or intimidation; carrying weapons of any sort; theft or vandalism; intoxication or use of illegal drugs; sexual harassment and misconduct is strictly prohibited.
10. Maintain the confidentiality of everyone else receiving care or services at the agency by never mentioning to anyone who you see here or casually speaking to other clients not already know to you if you see them elsewhere.

For More Help or Information

Your first step in getting more information or resolving any complaints or grievances should be to speak with your provider or a designated client services representative or patient or treatment advocate at the agency. If this does not resolve any problem in a reasonable time span, or if serious concerns or issues that arise that you feel you need to speak about with someone outside the agency, you may call the number below for confidential, independent information and assistance.

TELEPHONE #