Service Standards for Ryan White HIV/AIDS Program (RWHAP) Part B Programs
April 2018

Background

Service standards, or standards of care, establish minimum expectations that any provider must meet when providing a service. Service standards define the core components and activities of a service category and are used by the recipient to define expectations for service procurements. By setting the basics of what is expected for any service, service standards ensure that regardless of where a client receives a service, the client will receive the same elements of the service. Service standards are the foundation of sub-recipient monitoring required for all Ryan White HIV/AIDS Program (RWHAP) recipients.

The Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB) requires RWHAP recipients to “work toward the development and adoption of service standards for all RWHAP-funded services,” per Policy Clarification Notice (PCN) 16-02 “Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.” Service standards must be followed by every funded sub-recipient for all funded service categories. A number of states have added service categories to their continuum of care due to the availability of additional revenue generated by RWHAP Part B AIDS Drug Assistance Program (ADAP) rebates. These services should also have service standards to define the expected components of the service. In order to simplify the process of developing service standards, recipients may develop “universal” or “administrative” standards that address overall commonalities to all services, (e.g., eligibility determination, confidentiality assurances, or client rights and responsibilities).

RWHAP Part B programs must develop, maintain, and evaluate service standards for all funded services as identified in PCN 16-02 to ensure optimal, consistent, and patient-centered care for all clients.

Service standards support the consistency and quality of services for statewide systems of HIV care which are key tenets of RWHAP Part B. Standards must be consistent with applicable clinical or professional guidelines, licensure requirements, and state and local regulations. HRSA/HAB provides guidance for the development of service standards.

Service standards need not be long or complex. Service standards should be publicly accessible to clients, informing them of the standard they should expect when receiving
a service, regardless of where they live in their state or territory. Recipients should be able to evaluate (e.g., through a monitoring site visit) whether sub-recipient providers meet the established service standards. While some recipients employ staff members who are subject matter experts to assess care provision, others contract with external experts to conduct this activity.

**State Examples**

NASTAD is committed to maintaining a resource bank of service standards developed by RWHAP Part B programs. This resource bank will continuously be updated as additional examples are identified.

<table>
<thead>
<tr>
<th>RWHAP Core Medical Services</th>
<th>State Example¹</th>
</tr>
</thead>
</table>
| AIDS Drug Assistance Program (ADAP) Treatments | **Virginia AIDS Drug Assistance Treatments** (Updated March 2017)  
**Highlights**  
- Includes expectation that the ADAP raise awareness of its programs to individuals with HIV and their families to facilitate access to treatment  
- Addresses data sharing required to track True Out of Pocket (TrOOP) costs |
| AIDS Pharmaceutical Assistance | **Texas Local AIDS Pharmaceutical Assistance (LPAP)** (Updated September 2017)  
**Highlights**  
- Specifies limitations, including not using service for emergency assistance  
- Requires provision of medications within two business days  
- Includes offering adherence counseling and requiring documentation of viral load in clients’ files |

¹ Please note these are provided as examples and should not imply HRSA/HAB review or approval of the service standards.
<table>
<thead>
<tr>
<th>RWHAP Core Medical Services</th>
<th>State Example¹</th>
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<tbody>
<tr>
<td>Early Intervention Services (EIS)</td>
<td>Kentucky Early Intervention Services (Updated October 2017)</td>
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<td></td>
<td>Highlights</td>
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<td></td>
<td>• Clearly states the four required components of this service</td>
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<td></td>
<td>• Specifies personnel qualifications</td>
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<td></td>
<td>• Requires supervision of staff</td>
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<tr>
<td>Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals</td>
<td>Iowa Health Insurance Premium &amp; Cost-Sharing Assistance (Updated June 2016)</td>
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<td></td>
<td>Highlights</td>
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<td></td>
<td>• Requires evidence of expenditure tracking system</td>
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<td></td>
<td>• Includes prohibition of payments directly to clients</td>
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<tr>
<td>Home and Community-Based Health Services</td>
<td>New Hampshire Home and Community-Based Medical Care (Updated 2017)</td>
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<td>Highlights</td>
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<td></td>
<td>• Illustrates how a specific standard may have unique intake processes</td>
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<td></td>
<td>• Requires licensure of personnel consistent with state requirements</td>
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<tr>
<td>Home Health Care</td>
<td>Kentucky Home Health Care (Updated October 2017)</td>
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<td>Highlights</td>
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<tr>
<td></td>
<td>• Requires a plan of care</td>
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<td>• References licensure and malpractice insurance requirements</td>
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<td>Hospice</td>
<td>Texas Hospice Services (Updated October 2016)</td>
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<td>Highlights</td>
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<td></td>
<td>• Clearly documents allowable services</td>
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<td></td>
<td>• Requires time frames for each step of assessment and implementation of care plan</td>
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<tr>
<td>RWHAP Core Medical Services</td>
<td>State Example¹</td>
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</tbody>
</table>
| Medical Case Management, including Treatment Adherence Services | **Connecticut Medical Case Management Services** (Updated April 2016)  
**Highlights**  
- Provides requirements for personnel qualifications  
- Includes brief, effective requirements |
| Medical Nutrition Therapy | **Colorado Medical Nutrition Therapy** (Updated May 2017)  
**Highlights**  
- Documents clear service definition  
- Notes comprehensive documentation requirements when reviewing the standard at a provider site |
| Mental Health Services | **Colorado Mental Health Services** (Updated May 2017)  
**Highlights**  
- Notes standard requirements for assessment and treatment plan |
|                         | **Connecticut Mental Health Services** (Updated April 2016)  
**Highlights**  
- Includes licensure in staff qualifications  
- Provides time frames for each step of assessment and treatment |
<table>
<thead>
<tr>
<th>RWHAP Core Medical Services</th>
<th>State Example¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Health Care</strong></td>
<td><strong>Connecticut Oral Health Care</strong> (Updated April 2016)</td>
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<tr>
<td><strong>Highlights</strong></td>
<td>• References practice guidelines of the American Dental Association</td>
</tr>
<tr>
<td></td>
<td>• Requires signed and dated treatment plan</td>
</tr>
<tr>
<td><strong>Outpatient/Ambulatory Health Services</strong></td>
<td><strong>Colorado Outpatient/Ambulatory Medical Care</strong> (Updated May 2017)</td>
</tr>
<tr>
<td><strong>Highlights</strong></td>
<td>• Requires state specific licensure and certification</td>
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<td></td>
<td>• Incorporates coordination with other HIV-related services</td>
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<tr>
<td><strong>Virginia Outpatient Ambulatory Medical Care</strong></td>
<td><strong>Virginia Outpatient Ambulatory Medical Care</strong> <em>(Health Services)</em> (Updated March 2017)</td>
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<tr>
<td><em>(Health Services)</em></td>
<td><strong>Highlights</strong></td>
</tr>
<tr>
<td></td>
<td>• References the United States Department of Health and Human Services (HHS) HIV care and treatment guidelines</td>
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<tr>
<td></td>
<td>• Includes extensive medical record documentation requirements</td>
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<tr>
<td><strong>Substance Abuse Outpatient Care</strong></td>
<td><strong>Colorado Outpatient Substance Abuse Treatment</strong> (Updated May 2017)</td>
</tr>
<tr>
<td><strong>Highlights</strong></td>
<td>• Aligns standard with state-specific model of substance use assessment and treatment</td>
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<tr>
<td></td>
<td>• References guidelines of the American Society of Addiction Medicine</td>
</tr>
<tr>
<td><strong>Connecticut Substance Abuse Outpatient Care</strong></td>
<td><strong>Connecticut Substance Abuse Outpatient Care</strong> <em>(Rehabilitation) Services</em> (Updated April 2016)</td>
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<tr>
<td><em>(Rehabilitation) Services</em></td>
<td><strong>Highlights</strong></td>
</tr>
<tr>
<td></td>
<td>• Aligns treatment plan expectations with state requirements</td>
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<tr>
<td></td>
<td>• Includes requirement of client satisfaction surveys</td>
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<tr>
<td>RWHAP Support Services</td>
<td>State Example</td>
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<tr>
<td>Child Care Services</td>
<td><strong>Texas Child Care Services</strong> (Updated November 2017)</td>
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<td></td>
<td><strong>Highlights</strong></td>
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<tr>
<td></td>
<td>• Requires documentation in client record that reflects the appointment or</td>
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<td>other client meeting is required for the use of this service</td>
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<tr>
<td>Emergency Financial Assistance</td>
<td><strong>Rhode Island Emergency Financial Assistance</strong></td>
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<td>(Updated 2016)</td>
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<td></td>
<td><strong>Highlights</strong></td>
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<tr>
<td></td>
<td>• Provides examples for demonstrating client hardship</td>
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<tr>
<td></td>
<td>• Defines service limitations</td>
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<tr>
<td>Food Bank/Home Delivered Meals</td>
<td><strong>Connecticut Food Bank/Home Delivered Meals</strong></td>
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<tr>
<td></td>
<td>(Updated April 2016)</td>
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<tr>
<td></td>
<td><strong>Highlights</strong></td>
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<tr>
<td></td>
<td>• Specifies exclusions to food bank allowable items</td>
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<tr>
<td>Health Education/Risk Reduction</td>
<td><strong>Iowa Food Bank/Home-Delivered Meals</strong></td>
</tr>
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<td></td>
<td>(Updated May 2016)</td>
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<tr>
<td></td>
<td><strong>Highlights</strong></td>
</tr>
<tr>
<td></td>
<td>• Includes food safety assurances</td>
</tr>
<tr>
<td></td>
<td>• Includes use of volunteers in providing this service</td>
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<tr>
<td>Housing</td>
<td><strong>Virginia Health Education Risk Reduction Services</strong></td>
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<td></td>
<td>(Updated March 2017)</td>
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<td></td>
<td><strong>Highlights</strong></td>
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<tr>
<td></td>
<td>• Includes assessment and development of an education plan for targeted</td>
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<td>services</td>
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<td>• Includes discharge criteria, further emphasizing client-focused efforts</td>
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<td>rather than broader educational activities</td>
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<td></td>
<td><strong>Connecticut Housing Services</strong></td>
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<td>(Updated April 2016)</td>
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<td><strong>Highlights</strong></td>
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<tr>
<td></td>
<td>• Provides requirements for sub-recipient policies and procedures governing</td>
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<tr>
<td></td>
<td>housing services</td>
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</tbody>
</table>
### RWHAP PART B PROGRAM SERVICE STANDARD EXAMPLES

#### SUPPORT SERVICES

<table>
<thead>
<tr>
<th>RWHAP Support Services</th>
<th>State Example</th>
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</thead>
<tbody>
<tr>
<td><strong>Linguistic Services</strong></td>
<td>Iowa Housing Services (<a href="#">Updated June 2016</a>)</td>
</tr>
<tr>
<td>Highlights</td>
<td>Includes requirements for client records management</td>
</tr>
<tr>
<td>Iowa Linguistic Services</td>
<td>(<a href="#">Updated June 2016</a>)</td>
</tr>
<tr>
<td>Highlights</td>
<td>Notes competency requirements for interpreters</td>
</tr>
<tr>
<td></td>
<td>Guides the use of volunteers for this service</td>
</tr>
<tr>
<td>Iowa Medical Transportation Services</td>
<td>(<a href="#">Updated June 2016</a>)</td>
</tr>
<tr>
<td>Highlights</td>
<td>Specifies how to document service in CAREWare</td>
</tr>
<tr>
<td></td>
<td>Guides the use of volunteers for this service</td>
</tr>
<tr>
<td>Virginia Medical Transportation Services</td>
<td>(<a href="#">Updated February 2017</a>)</td>
</tr>
<tr>
<td>Highlights</td>
<td>Specifies requirements for documenting mileage</td>
</tr>
<tr>
<td></td>
<td>Includes client role in arranging and delivering transportation services</td>
</tr>
<tr>
<td>Non-Medical Case Management Services</td>
<td>(<a href="#">Updated April 2016</a>)</td>
</tr>
<tr>
<td>Highlights</td>
<td>Requires personnel qualifications for both case managers and their supervisors</td>
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<td>Tailors the standard to include a specific model of working with clients released from incarceration</td>
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</tbody>
</table>
# RWHAP PART B PROGRAM SERVICE STANDARD EXAMPLES

## SUPPORT SERVICES

<table>
<thead>
<tr>
<th>RWHAP Support Services</th>
<th>State Example</th>
<th>Highlights</th>
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</thead>
<tbody>
<tr>
<td><strong>Other Professional Services (includes Legal Services and Permanency Planning)</strong></td>
<td><strong>Kentucky Other Professional Services</strong> (Updated October 2017)</td>
<td>• Specifies certification and credentialing, including attorneys and professionals providing tax preparation assistance</td>
</tr>
<tr>
<td>Outreach Services</td>
<td><strong>Virginia Outreach Services</strong> (Updated March 2017)</td>
<td>• Specifies service to targeted populations, rather than broad based outreach</td>
</tr>
<tr>
<td>Psychosocial Support Services</td>
<td><strong>Colorado Psychosocial Support Services</strong> (Updated May 2017)</td>
<td>• Specifies documentation requirements for service delivery, emphasizing a structured service with goals and objectives</td>
</tr>
<tr>
<td>Referral for Health Care and Support Services</td>
<td><strong>Iowa Referral for Health Care/Supportive Services</strong> (Updated June 2016)</td>
<td>• Includes documentation of client release of information forms</td>
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<td></td>
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<td>• Requires the provider to track the referral to ensure completion</td>
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<td></td>
<td>• Guides the provision of both “active” and “passive” referrals</td>
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<tr>
<td>RWHAP Support Services</td>
<td>State Example</td>
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<tr>
<td>Rehabilitation Services</td>
<td>Texas Rehabilitation Services (Updated September 2017)</td>
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<td></td>
<td><strong>Highlights</strong></td>
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<tr>
<td></td>
<td>• Requires common elements in assessment for service</td>
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<td></td>
<td>• Notes that the client’s plan of care must reflect progress toward treatment objectives</td>
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<td>• Includes requirements for discharge plan</td>
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<tr>
<td>Respite Care</td>
<td>Texas Respite Care Services (Updated October 2017)</td>
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<td><strong>Highlights</strong></td>
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<td></td>
<td>• Allows for service provision through an agency or client’s support network</td>
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<td>• Requires documentation of objectives and estimated time frames for care</td>
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<tr>
<td>Substance Abuse Services (Residential)</td>
<td>Kentucky Substance Abuse Services – Residential (Updated October 2017)</td>
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<td><strong>Highlights</strong></td>
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<tr>
<td></td>
<td>• Includes licensure and hours of operation requirements for treating facilities</td>
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<td>• References state certification and regulatory requirements</td>
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<tr>
<td>Administrative Categories</td>
<td>State Example</td>
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<tr>
<td>Eligibility Standard</td>
<td>Colorado Eligibility Standard (Updated May 2017)</td>
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<td>Highlights</td>
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<tr>
<td></td>
<td>• Includes comprehensive and detailed eligibility determination and recertification requirements for all services</td>
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<tr>
<td>Universal Administrative Standard</td>
<td>Virginia Universal Administrative Standards (Updated June 2017)</td>
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<td>Highlights</td>
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<tr>
<td></td>
<td>• Includes detailed requirements for clients’ rights and responsibilities, as well as sub-recipient quality management expectations</td>
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<tr>
<td>Universal Standards of Care</td>
<td>Connecticut Universal Standards of Care (Updated April 2016)</td>
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<td>Highlights</td>
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<td></td>
<td>• Comprehensive universal standards that include documenting personnel policies and procedures and time frames for intakes for all service categories</td>
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**Maintaining Service Standards**

Establishing and maintaining service standards is important for every RWHAP Part B program. Service standards should be updated every 12 to 18 months, ensuring they reflect the most current nationally recognized guidelines in HIV care and treatment and are coordinated with other RWHAP parts in the state to ensure consistency of quality of care. Recipients must monitor and provide training to sub-recipients on incorporating and complying with standards of care.
## RESOURCES

- **HAB Guidance on Service Standards** Provides information about developing service standards
- **HAB Policy Clarification Notice (PCN) 16-02** Eligible Individuals and Allowable Uses of Funds
- **U.S. Department of Health and Human Services Clinical Guidelines for the Treatment of HIV/AIDS** Provides a series of guidelines related to clinical treatment of HIV
- **TARGET Center** Provides examples of service standards developed by various recipients within RWHAP
- **RWHAP Monitoring Standards** Provides monitoring standards guidance for RWHAP Parts A and B recipients

NASTAD is funded under HRSA Cooperative Agreement U69HA26846 to provide States with technical assistance on Part B program and ADAP program administration. Part B grantees and ADAPs may also obtain technical assistance through their HRSA project officer.

Murray C. Penner, Executive Director  
Jacquelyn Clymore, North Carolina, Chair  
April 2018