Minnesota Ryan White HIV/AIDS Program
Service Area Standards: Home and Community-Based Health Services

HRSA Definition: Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance: Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Universal Standards: All subrecipients must meet universal standards requirements in addition to service area standards for which they are funded.

Council Approved: September 8, 2015
Amended: June 19, 2019, February 13, 2024

Standard	Measure	Data Source
Individual Client Focused Standards		
1. Site: Services are provided in the home of a client with HIV/AIDS or in a community-based setting such as an adult day center.	1. Documentation that the services are being provided in an HIV-positive client's home or community-based setting per the care plan.	1. Client file review/ site visit
2. Referral: There is a referral from a client's medical care team, which includes an HIV primary care provider or medical case manager as long as the medical case manager is coordinating client services with the client's HIV primary care provider. Referral to Home and Community-Based Health Services is based on a care plan or Acuity Assessment.	2. Referral documentation and ROI from client's primary care clinic or medical case management agency.	2. Client file review/ site visit: writtenreferral (or notes about a phone referral) and ROI
3. Eligibility: Program has system in place to check all clients' eligibility for Home and Community-Based Services provided by Medicaid Waiver before delivery of services, to ensure Ryan White Services are provided as the payer of last resort.	3. Program policy or procedure about Medicaid waivers and use of Ryan White funds for Home and Community-Based Health Services.	3. Program file contains documentation of process, for review at annual site visit and/or quarterly reports
4. Initial Orders and Assessment: The client will be contacted within 3 business days of agency receipt of referral with orders from a medical care team. Services must be initiated per orders specified by the referring medical care team member or within 5 business days of receipt of the referral with orders, whichever is earlier.	4. Documentation of referral source, date, and initial assessment.	4. Client file review / site visit
5. Activities of Daily Living (ADL) Assessment of home care needs to determine client's ability to perform activities of daily living and the level of attendant care assistance the client needs to maintain living independently.	5. Documentation of ADL Assessment.	5. Client file review/ site visit
6. Written care plan: All services are provided based on a written care plan that is consistent with the medical care plan established by a medical care team under the direction of a licensed clinical provider. The written care plan is required to be signed by a member of the client's medical care team, and a skilled healthcare professional responsible for delivering the client's Home and Community-Based Health Services.	6. Written care plan with appropriate content including documented need for services, updated annually, and signed by a member of the client's medical care team. Written care plan specifies the types of Home and Community-based Health Services needed, the quantity, and the duration of services.	6. Client file review/ site visit

Standard	Measure	Data Source
7. Services provided may include: • Durable medical equipment • Home health aide and personal care services in the home • Day treatment or other partial hospitalization services • Appropriate mental health, developmental and rehabilitation services	7. Documentation of services provided includes: • Specifies the types, dates, quantity, and duration services are to be provided • Includes the signature of the professional who provided the service at each visit • Indicates that all services are allowable under this service category • Indicates services are consistent with the treatment plan	7. Client file review/ site visit
8. Transfer/Discharge: A transfer or discharge plan must be developed for any of the following circumstances: • Agency is not able to meet the level of care required by the client. • Client transfers services to another service program. • Client discontinues services. • Client relocates out of the service delivery area. • The clients' home or current residence is determined to not be physically safe and/or appropriate for the provision of Home and Community-Based Health Services as determined by the agency. All services transferred must include a list of service providers who also provide the service and will be communicated to the client's medical care team.	8. Documentation includes transfer plan and a list of service providers.	8. Client file review/ site visit

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Program Focused Standards		
9. Provider Qualifications: Appropriate licensure and certification of individuals providing the services, as required by local and state laws. Health care professionals may include but not be limited to: • Registered nurses • Physical therapists • Social workers • Occupational therapists • Respiratory therapists Paraprofessionals may include but not be limited to: • Home health aides • Personal care attendants	9. Documentation of all current direct service staff including job description, resume, education, certification, and licensure (if required by local and state laws), work experience, skills, and training needs/plans.	9. Program file contains documentation of all completed training.
10. Agency Qualifications: Agency is licensed as a home care provider by the State of MN (MDH): Health Care Provider Directory - MN Dept. of Health (https://www.health.state.mn.us/facilities/regulation/directory/providerselect.html)	10. Documentation of current licensure.	10. Program file contains documentationof licensure