Ryan White Program
Universal Standards
Approved January 9, 2018

Introduction. As part of its commitment to improving the quality of care and services and ultimately the quality of life for people living with HIV and AIDS, the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) directs grantees of the Ryan White Program to develop and implement quality management programs that address the quality of care for people living with HIV/AIDS. HRSA/HAB's working definition of quality is "the degree to which a health or social service meets or exceeds established professional standards and user expectations." Recipients' quality management programs are required to:

• Assess the extent to which HIV health services are consistent with the most recent Public Health Service (PHS) guidelines and established clinical practice for the treatment of HIV disease and related opportunistic infections; and

• Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

The Universal Standards are the minimum requirements that subrecipients (providers) are expected to meet when providing HIV care and support services funded by the Ryan White Program and have been developed cooperatively the Quality Management Advisory Committee, Part A, Part B, subrecipients, and consumers in Minnesota. Recipients evaluate subrecipients compliance with the Universal Standards with the measures listed below, during annual site visits, and required reporting.

Category	Description	Measures
1. Client Rights	a. Services must be made available to all individuals meeting Ryan White eligibility requirements. b. Client must be provided with: i. appropriate interpretative services (see Standard 8.a.i); ii. education on available HIV services and how to access them, as necessary or on request; iii. privacy notice/confidentiality statement on how client information is protected, shared, and used; iv. client/patient bill of rights; v. grievance policy; vi. copies of any releases of information (if applicable); vii. copy of non-discrimination policy upon request; and viii. copy of service care standards and universal standards upon request. c. Client file must have a signed: i. acknowledgement of having received b.iii, b.iv, and b.v; ii. release of information (ROI), renewed annually, as required, with details on who is sending information, who is receiving information, what information is being shared, how client may revoke ROI; and iii. consent to services. d. Subrecipients must:	b.i. Subrecipient must demonstrate ability to access interpretive services for clients as needed. b.ii. Subrecipient must demonstrate ability to educate clients on available and needed HIV services. b.vii. & b.viii. Subrecipients must show that copies of non-discrimination policy, service standards, and universal standards are available upon client request. c. Client file must contain signed copies documents listed in i. – iii. d. Subrecipient facility must comply with ADA requirements upon inspection.

	i. ensure clients' right to access all Ryan White funded services in a safe and accessible facility regardless of physical or cognitive limitations; ii. have a nondiscrimination policy in place stating that they will not discriminate against any client or potential client on the basis of race, color, creed, religion, national origin, sex, marital status, status in regard to public assistance, membership or activity in a local commission, disability, sexual orientation, gender identity and expression and/or age; and iii. have a grievance policy in place for clients to access when they are dissatisfied with any aspect of the service they receive.	
2. Eligibility	a. Subrecipients must: i. have a documented policy in place for verifying client's Ryan White eligibility, screening for duplication of services, and ensuring Ryan White is payer of last resort; ii. provide allowable dated documentation in client file for each Ryan White funded client: 1. HIV serostatus (once); 2. income and household size (every six months); 3. residency (every six months); and 4. health insurance status (every six months).	a.i. Subrecipient must provide copy of policies and practices to comply with i. a.ii.1-4. Client file must contain dated proof of 1-4 (Recipient provides list of allowable documentation prior to site visit).
3. Subrecipient Qualifications	a. Subrecipients must: i. document staff training with name, staff title, training title, and hours spent on training; and ii. have documentation of all current staff including job description, resume, education, certification, licensure, work experience, background checks, skills, and training needs/plans. b. Subrecipients shall ensure their staff have the certification, licensure, knowledge, skills, and abilities required by statute/law and service care standards necessary to competently provide contracted services, for which all documentation shall be retained. c. Staff will have knowledge of or training on: i. HIV basics (i.e., getting tested, transmission, disease stages, understanding lab results); ii. Ryan White system, services provided, and eligibility; iii. HIV Care Continuum; iv. retention in care and referral strategies; v. cultural responsiveness; vi. confidentiality/privacy policies; vii. universal standards; viii. service specific care standards; and ix. required documentation for Ryan White program compliance.	a.i. & c. Training will be documented in quarterly reports a.ii & b. Records shall be made available to recipient upon request

4. Administration	Subrecipients must: a. have a policy on and demonstrate compliance with policy on: i. intake and assessment; ii. case closure; iii. waiting lists; iv. caps on charges; and v. sliding-fee scale for services provided. b. Have a complete, current, secure, individual record (electronic or hard copy) maintained for each client receiving Ryan White services with eligibility documents, intake/assessment/application, record of all Ryan White funded services provided, and all service-specific documentation requirements. c. Ensure all Ryan White funded services are accurately entered into the client level data reporting system (Minnesota CAREWare) monthly in accordance with contract guidance, with types, dates, quantity, duration, and services provided that match submitted invoices. d. Submit outcomes and evaluation data through quarterly reports on schedule specified in contract guidance, by Minnesota CAREWare administration, and the Ryan White Services Report (RSR). e. Subrecipients must document points of entry and formal written referral agreements. f. Maintain on file compliance with all appropriate regulatory agencies, records of necessary licenses, and certifications. g. Ensure all electronic records are password protected and backed up at least weekly. Backed up records shall be maintained in a safe and secure (off-site) location. h. Subrecipients must comply with contract, Health Resources and Services Administration (HRSA), and Health and Human Services (HHS) requirements.	a. Subrecipient must provide copy of policies and practices to comply with a. b. A secure, unique client file with complete record of intake/assessment, eligibility verifications, and all funded RW provided services shall be made available to recipient upon request. c. Subrecipients must ensure their service data matches invoices submitted to recipient. d. Subrecipients must ensure data completeness and accuracy in line with CAREWare and RSR requirements. e. An annual report shall be provided to contract manager. f. Subrecipient must supply documentation upon request. g. Subrecipient must provide proof of off-site back-up upon request. h. Subrecipient must provide proof of compliance upon request.
5. Linkage & Retention	a. Subrecipients must have an intake and six month review process that documents medical care status for all clients with referrals and follow-up on referrals for clients found to be out of care. b. Client files must have documented referrals and follow-ups, as appropriate, to other Ryan White core medical or support services to overcome obstacles to retention in care and treatment adherence.	a. Subrecipient must review and update in-care and referral status of their client population quarterly. b. Client file must contain documentation of referrals and follow-ups.
6. Quality Management	a. Subrecipients must: i. have a process for ensuring compliance with universal and service specific standards for services provided. ii. have a quality management program that includes the submission and implementation of an annual quality improvement plan to recipient (e.g. Hennepin County & DHS) that: a. describes the overall mechanism for assessing and improving the quality, appropriateness and effectiveness of services provided;	a.i. Subrecipients must complete readiness assessment for universal standards and every service and they are funded to provide and follow-up on any areas where they are not compliant. a.ii. Subrecipients must submit an

	b. ensures health outcomes for Ryan White clients are continuously improving; c. addresses any issues in complying with universal and service specific standards, contract requirements, HRSA and HHS guidelines; and d. has a documented process for obtaining client input on Ryan White services provided at least annually, such as a consumer advisory committee, client surveys, focus groups, and/or suggestion boxes. iii. Report as stipulated in contract on quality improvement plan and performance measures.	annual quality improvement plan and report on it quarterly to recipient that incorporates a. –d. a.iii. Subrecipients must report to recipient quarterly on requisite performance measures.
7. Cultural Responsiveness: Subrecipient Operation & Structure	a. Organizations will: i. provide a welcoming environment that is culturally inclusive and respectful of the client populations being served ii. collect and analyze client demographic data to identify disparities and develop strategies to eliminate disparities, as well as to support continuous improvement around cultural responsiveness (see the Assessment and Evaluation category for more details)	a.i. The office environment will be assessed during annual site visits a.ii. See the Assessment and Evaluation category for these details
8. Cultural Responsiveness: Client Rights	a. Clients will have culturally responsive services as follows: i. clients with Limited English Proficiency, deaf, deaf-blind and hard of hearing clients will have access to services through the provision of timely, effective language assistance or other communication assistance free of charge. ii. clients have the right to obtain interpreter services in their preferred language including American Sign Language (ASL) free of charge. iv. whenever possible, the special needs and practices of clients shall be considered in service provision (e.g. religious and cultural dietary practices).	i.-iv. Subrecipients will provide proof upon request during site visit interviews
9. Cultural Responsiveness: Subrecipient Staff Qualifications and Training	a. Each agency will ensure that their program staff have the following: i. program staff job descriptions and/or resumes include a section addressing the possession of cultural competencies and experiences delivering services to prioritized populations as well as populations disproportionately affected by HIV/AIDS in Minnesota. This will help promote the employment of program staff who are able to serve the client population in a culturally responsive way. b. Program staff who deliver services directly will receive at minimum four (4) and up to 8 (eight) hours of training annually on promising culturally responsive practices focusing on communities disproportionately impacted or changes in the agency's client/community population. Trainings are available for all frontline program staff, but are required for at least one program staff member who delivers services directly. DHS and Hennepin County approved trainings will be billable to the Ryan White program, and additional trainings can be submitted to Ryan White program staff for review and approval. Trainings will address but are not limited to the following topics:	a.i. Program staff job descriptions/resumes will be subject to review during the annual site visit interviews b. Subrecipients will track all completed trainings on the provided tracking sheet and will submit the document to Ryan White program staff annually.

	• Cultural awareness, stigma, and bias • Multi-cultural health • Intersectionality (the interconnected nature of social categorizations such as race, class, gender, sexual orientation, as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage) • Intercultural communication • Cultural intelligence	
10. Cultural Responsiveness: Assessment and Evaluation	a. Subrecipients will implement and execute the following monitoring and evaluation strategies: i. Complete the subrecipient self-assessment of cultural responsiveness as an organization every other year b. Collect and maintain client utilization outcomes data that indicates: i. Numbers and demographics of clients who are receiving each funded service, ii. Communities or populations that are underutilizing services, iii. Disparities in HIV related client-level health outcomes c. Conduct annual client/community input through an anonymous survey that allows subrecipients to collect and evaluate client feedback to improve culturally responsive service delivery across all services i. Subrecipients can utilize their organization's community advisory board (CAB) to review the results of the annual client survey and provide recommendations to be included in the quality improvement plan based on the responses ii. If an organization does not have a CAB or is unable to utilize their CAB, subrecipients can conduct the review of the annual client survey and provide recommendations d. Goals for ongoing improvement in cultural responsiveness included in an annual quality improvement plan that will include as needed: i. Where the assessments indicate a deficiency in cultural responsiveness, strategies to address the deficiency, ii. If the client population is not reflective of communities disproportionately affected by HIV, identify community engagement strategies to reach these populations, iii. If the population served changes, determine how the agency will adapt to be responsive to the cultural needs of the new population.	a.i. Subrecipients will submit a report of the self-assessment results every other year b.i.-iii. Subrecipients will submit client utilization outcomes from CAREWare with each quarterly report c.i & c.ii. Subrecipients will submit a brief summary of the client survey results as well as recommendations annually d.i-iii. Culturally responsive quality improvement goals will be monitored through the existing quality management plan

References:

1. National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B
2. Part A and B National Monitoring Standards FAQs
3. Part A Fiscal Monitoring Standards
4. Part B Fiscal Monitoring Standards
5. Part A Program Monitoring Standards
6. Part B Program Monitoring Standards
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8. http://www.who.int/healthinfo/paper23.pdf
9. http://www.oregon.gov/ohcs/OSHC/docs/HSC-2016/030416_HSC_LIFT_CARE-report.pdf
10. https://nccc.georgetown.edu/foundations/assessment.php
11. Assemi, M., Cullander, C., & Hudmon, K. (2006). Psychometric analysis of a scale assessing self-efficacy
12. for cultural competence in patient counseling. Annals of Pharmacotherapy, 40, 2130-2135.