

**RYAN WHITE PART A PROGRAM  
SERVING THE MIDDLESEX, SOMERSET, HUNTERDON  
TRANSITIONAL GRANT AREA**



**Service Standards for Psychosocial Support  
Ryan White HIV/AIDS Treatment Extension Act of 2009**

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**Prepared by**

**Service Standards and Integrated Care Plan Committee of the  
Middlesex-Somerset-Hunterdon HIV Health Services Planning Council**

**Psychosocial Support Definition:**

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian
- Pastoral care/counseling services

**Source:** HIV/AIDS Bureau Policy Clarification Notice (PCN) #16-02 (2017)

## Agency Service Standards (Psychosocial Support)

<b>Table 1. Agency Related Issues</b>			
<b>Policy Number</b>	<b>Activity/Issue</b>	<b>Standard of Care Minimum Acceptable Threshold of Service</b>	<b>Accountability Mechanism</b>
1.1	Definition of services	Agency has description of services on file.	100% of agencies will define services they provide.
1.2	Licensure	Agency has current licenses on file from appropriate licensing agency.	100% of agencies are licensed and accredited by appropriate state/federal agencies.
1.3	Hours of operation	Agency has documentation of operating hours on file.	Staff is available to answer incoming calls during agency's normal operating hours.  If client calls within operating hours, staff will respond within 24 business hours.
1.4	Emergency services	Agency has policy on file outlining emergency service procedures related to the service they provide.	100% of agencies will have policies in place to handle emergencies/crises that occur outside of normal operating hours.
1.5	Special service needs	Agency complies with Americans Disabilities Act (ADA).	100% of agencies have policies to respond to special needs clients.
1.6	Cultural/Linguistic diversity	Agency has written policy on file including process for language translation.	100% of agencies have policies in place for responding to cultural and linguistic diversity (including translation services).
1.7	Referrals	Agency has written referral policy on file.	100% of agencies will have a referral process for care of HIV related problems outside of their direct service area.
1.8	Linkages	Agency has written policy for establishing linkages and record of linkages on file.	100% of agencies will develop and maintain linkages with primary

			health care, support and other service providers.
1.9	Provider communication	Agency has written policies on file that allow for communication between different programs.  Documentation of consent is required	100% of providers document communication regarding patient care (HRSA funded services and others.)
1.10	Policies and procedures	Agency has written staff policies on file.	100% of agencies have written policies for staff which include (but are not limited to): <ul style="list-style-type: none"> <li>● Agency policy and procedures</li> <li>● Agency has a description of the Ryan White Treatment Extension Act of 2009</li> <li>● Standards of professional behavior</li> <li>● Compliance with the Health Insurance Portability and Accountability Act [PL 104-191]</li> <li>● Client confidentiality</li> <li>● Release of information</li> <li>● Communication about agency issues</li> <li>● Health and safety procedures including universal precautions</li> <li>● Grievance policy and procedures</li> </ul>
1.11	Staff evaluation	Agencies have procedures in place to evaluate staff.	100% of agencies have evaluation procedures on file.  100% of agency staff has a working knowledge of evaluation procedures.  100% of agency staff receive an annual performance evaluation.
1.12	Quality management	Agencies have procedures in place to evaluate the quality and effectiveness of psychosocial support on an ongoing basis.	100% of agency has written procedures on file to evaluate psychosocial support services.

			<p>100% of agency staff has a working knowledge of evaluation procedures.</p> <p>Agency participates fully in TGA Quality Management activities including data and chart review processes.</p>
1.13	CAREWare data collection	<p>Monthly reports are sent to grantee and are available on request.</p> <p>CAREWare is used to ensure data is collected in a uniform manner</p>	<p>100% of agencies regularly update client information, needs assessment, client progress and care and client referrals and other services provided and share monthly reports with grantee.</p>
1.14	Planning Council attendance	<p>Agency representatives must attend monthly Planning Council meeting</p>	<p>Agency must attend 75% of monthly Planning Council meetings.</p>

## Staff Service Standards (Psychosocial Support)

<b>Table 2. Staff Related Issues</b>			
<b>Policy Number</b>	<b>Activity/Issue</b>	<b>Standard of Care Minimum Acceptable Threshold of Service</b>	<b>Accountability Mechanism add percentages</b>
2.1	Staff hiring	All staff will have necessary skills and experience determined by <ul style="list-style-type: none"> <li>● Written application</li> <li>● Resume</li> <li>● References</li> <li>● Personal interview</li> </ul>	Application, resume, and communication with personal references are documented in personnel files.
2.2 (a)	Staff qualifications Psychosocial Support	Staff will have a high school diploma or GED.	100% of staff possesses a diploma, certificate or license (if appropriate) or experience documented in personnel file.
2.2 (b)	Staff qualifications Peer Navigator	A member of the peer community living with HIV/AIDS with a high school diploma or GED, plus two years of social service experience. Peer must demonstrate understanding of HIV services and healthcare service navigation.	100% of staff possesses a diploma/GED with the required experience documented in personnel file.
2.3	Staff job descriptions	Staff will be given a written job description. The job description includes definition of psychosocial support.	100% of staff has job description documented in personnel file.
2.4	Staff training	All staff are trained and knowledgeable on: <ul style="list-style-type: none"> <li>● HIV/AIDS and the affected community including disease process, co-morbidities and psychosocial effects of the disease.</li> <li>● Cultural sensitivity.</li> <li>● Entitlement programs, benefits to clients, and community resources/support services</li> <li>● Client confidentiality, client rights, agency grievance procedures</li> </ul>	Training is documented in 100% of personnel files.

2.5	Staff continuing education	Staff has the opportunity to take advantage of continuing education training that is available and appropriate.  Staff attends at least one in-service or specialized training a year on topics related to their position.	Training is documented in 100% of personnel files.
2.6 (a)	Staff supervision Psychosocial Support  Staff supervision continued	All supervisors are knowledgeable about RW HIV psychosocial support services and procedures including fiscal and program.  Staff will receive (at minimum) one hour supervision per week to develop skills.	100% of supervisors are knowledgeable about RW program.  Supervision is documented in personnel file.
2.6 (b)	Staff supervision Peer Navigator	All peer navigators will receive (at minimum) one hour of supervision per week to include patient case conference, peer navigator job performance, and skill development.	Supervision is documented in personnel file.
2.7	Agency policies and procedures	Signed form is documented in personnel file.	100% of staff agrees to follow agency policies and procedures (See 1.10).
2.8	Staff evaluation	Staff evaluations are documented in personnel files.	100% of staff is evaluated on their performance annually.
2.9	Documentation	All staff will keep written documents of contact with clients in accordance with RW data collection procedures.	100% of all contacts are documented in client files.

## Client Service Standards (Psychosocial Support)

<b>Table 3. Client Related Issues</b>			
<b>Policy Number</b>	<b>Activity/Issue</b>	<b>Standard of Care Minimum Acceptable Threshold of Service</b>	<b>Accountability Mechanism</b>
3.1	Client eligibility	<p>In order to be eligible for services, individuals must meet the following:</p> <ul style="list-style-type: none"> <li>● HIV positive</li> <li>● Residing or receiving services in the Middlesex, Somerset, Hunterdon TGA</li> <li>● Income no greater than 500% of the Federal Poverty Level</li> <li>● Client is recertified every 6 months</li> </ul>	90% of clients have documentation of HIV status and income.
3.2	Client intake	<p>Intake tool completed within thirty (30) days of initial visit that includes (but is not limited to):</p> <ul style="list-style-type: none"> <li>● Identify and obtain appropriate release of information</li> <li>● Confidentiality and grievance policies</li> <li>● Client rights and responsibilities</li> <li>● Medical history</li> <li>● Current health status</li> <li>● Review of housing status and health care coverage</li> </ul>	90% of clients have an intake tool documented in their file.
3.3	Documentation	<p>Activity described meets the following criteria:</p> <ul style="list-style-type: none"> <li>● Individual and group counseling, including drop-in sessions. These counseling sessions should be structured, with a plan or curriculum, to move clients toward identified goals.</li> <li>● Peer counseling or peer support groups offered by HIV-positive individuals or those with similar life experiences who are knowledgeable about HIV and are culturally sensitive to the special populations. These support groups should be purposeful, with agendas and a plan, to move the group toward identified goals.</li> </ul>	90% of client files will have date of service and corresponding activity.

		<ul style="list-style-type: none"> <li>● Nutritional counseling services for HIV-infected clients that include the provision of education, but do not include the distribution of nutritional supplement.</li> <li>● Assist in management of benefits and referral for services</li> <li>● Escort to medical and social service appointments</li> </ul>	
3.4	Monitoring of individuals client progress	Evidence of client progress toward meeting established goals through documentation of activity; such documentation includes sign-in sheets, case notes, support group curriculum, client plan, etc.	90% of client files detail each service experience.
3.5	Care Coordination	Client's care is coordinated with Ryan White providers and other appropriate local resources.	90% of client files have documentation of case conference/ other forms of care coordination.