

Home and Community-Based Health Services

SERVICE CATEGORY DEFINITION

Home and Community-Based Health Services:

Home and Community-Based Health Services are provided to a client living with HIV 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

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.

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- ◇ Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- ◇ Have an HIV/AIDS diagnosis
- ◇ Have a household income that is at or below 500% of the federal poverty level
- ◇ Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

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PERSONNEL QUALIFICATIONS

Staff providing Home and Community-Based Health Services may include, but are not limited to: home health aids, nurses, physical therapists, and/or social workers. Depending on the scope of practice, staff must meet the appropriate licensure and/or certification requirements set forth by the State of Ohio where applicable.

Each agency providing Home and Community-Based Health Services must have and implement a plan for supervision of all staff consistent with licensure status and scope of practice. Staff must be evaluated at least annually by their supervisor according to written agency policy on performance appraisals.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of Home and Community-Based Health services within the Cleveland TGA is to provide high quality in-home services that assist with increasing activities of daily living (ADL) and adherence to medical care for eligible individuals living with HIV/AIDS.

Clinical Quality Improvement outcome goals for Home and Community-Based Health Services include:

- ◆ 80% of Home and Community-Based Health Services clients have a written care plan signed by a clinical health care professional.
- ◆ 80% of Home and Community-Based Health Services clients are linked to medical care as documented by at least one medical visit, viral load or CD4 test reported in the measurement year.

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SERVICE STANDARDS

	Standard	Measure	Goal
1	Home Health Care services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.	100%
2	Home Health Care agencies are appropriately licensed by the state of Ohio and able to bill Medicare, Medicaid, private insurance, and/or other third party payers.	Documentation of agency licensure/s reviewed.	100%
3	Client file includes written care plan signed by a clinical health care professional indicating the need for services.	Documentation of care plan evident in client chart.	80%
4	Client file includes written care plan that specifies type of services needed and the quantity and duration of care	Documentation of care plan evident in client chart.	80%
5	* Client written care plan is reviewed and/or updated at least every 90 days.	* Documentation of treatment plan update evident in client chart.	80%
6	Client file includes documentation of type of home service provided, the date of service, and the signature of the professional who provided each service.	Documentation of service details and professional signature evident in client chart.	80%
7	* Client file includes documentation of ongoing communication with the client's health care team (i.e. referring physician; medical case manager).	* Documentation of communication with client's health care team evident in client chart.	80%
8	Client is linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year evident in the client chart. (can be client report)	80%
9	Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident through Cleveland TGA CARE-Ware Performance Measure.	80%

* Indicates Local TGA Standard of Care
 All other standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures

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CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the clients record.

CASE CLOSURE PROTOCOL

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each clients file. If a client chooses to receive services from another provider the agency must honor the request from the client.