

## Outreach Services

### SERVICE CATEGORY DEFINITION

#### Outreach Services:

Outreach Services include the provision of the following activities:

- Identification of people who do not know their HIV status and/or
- Linkage or re-engagement of PLWH who know their status into Ryan White services, including provision of additional information and education on health care coverage options

Because outreach services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to Ryan White services.

Outreach Programs must be:

- Use data to target populations and places that have a high probability of reaching PLWH who:
  - 1) Have never been tested and are undiagnosed
  - 2) Have been tested, diagnosed as HIV positive, but have not received their test results, or
  - 3) Have been tested, know their HIV positive status, but are not in medical care
- Be conducted at times and in places where there is a high probability that PLWH will be identified
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort

Outreach services provided to an individual or in small group settings cannot be delivered anonymously as some information is needed to facilitate any necessary follow-up and care. Outreach services must not include outreach activities that exclusively promote HIV prevention education.

Funds may not be used to pay for HIV counseling or testing under this service category.

## Outreach 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

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An individual providing outreach services must have a basic knowledge of HIV/AIDS and/or infectious disease and be able to work with vulnerable targeted subpopulations as documented through personnel records.

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### CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

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The overall treatment goal of Outreach Services is to bring identified high risk clients into or back into medical care through coordinated outreach activities.

Clinical Quality Improvement outcome goals for Outreach Services are:

- ◆ 80% of all Outreach client files include documentation of referral to EIS, Medical Case Management, or Outpatient/Ambulatory Health Services.
- ◆ 80% of Outreach clients are linked to care as documented by at least one medical visit, viral load or CD4 test within 90 days of first visit/service.

# Outreach Services

Cleveland TGA Service Standard of Care

## SERVICE STANDARDS

	Standard	Measure	Goal
1	* Outreach Services are provided by qualified professionals.	* Documentation that staff have basic knowledge of HIV/AIDS and/or infectious disease and are able to work with vulnerable subpopulations as documented through staff personnel records.	100%
2	Outreach programs are designed to target high risk populations and geographic areas.	Documentation of defined service area and targeted population reviewed.	100%
3	Outreach programs are planned and delivered in coordination with local HIV prevention programs to avoid duplication of efforts.	Documentation of coordinated planning reviewed.	100%
4	Agency maintains tracking system that includes the numbers of individuals reached, referred for testing, found to be positive, referred to care, and entering care.	Documentation of agency's tracking system reviewed.	80%
5	* Outreach client file documents referral to EIS, MCM, and or Primary Medical Care.	* Documentation of referral evident in client chart.	80%
6	* Outreach client file documents follow-up to referral to EIS, MCM, and or Primary Medical Care.	* Documentation of follow up evident in client chart.	80%
7	Outreach client is linked to medical care.	Documentation that 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%
8	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 CAREWare 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

## Outreach Services

### 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 must provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. (Pulled from 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.