HIV Health Services Planning Council
Sacramento TGA
Part A and B
Policy and Procedure Manual

Subject: Home and Community-Based Health Services

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Policy: Consistent with funded Service Priorities established by the Sacramento TGA HIV Health Services Planning Council (herein after referred to as the Council), the following Home and Community-Based Health Services Standard will apply to all HIV Care Services (HCS) Program contracted subrecipients that provide the services.

Descriptions:
This document describes the "Home and Community-Based Health Services" service category of the Sacramento County's HCS Program, funded through the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A and/or B. It serves as a supplement to the Universal Standards document.

This document highlights each of the requirements and standards that apply to Home and Community-Based Health Services and must be followed by any subrecipient receiving HIV Care Services funding for this service category.

HRSA Service Definition

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that 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

Staffing Requirements and Qualifications
Quality services start with well-prepared and qualified staff. To ensure this, Ryan White subrecipients must meet all of the following requirements and qualifications:

• **HIV Knowledge and Training.** Staff should have training and experience with HIV related issues and concerns. At a minimum, staff providing Home Health or Home and Community-Based Health Services should possess knowledge about the following and will have completed an initial and annual education session in at least one (1) of the topics listed below. Education can include round table discussion, training, one-on-one educational sessions, in-service, or literature review.

- HIV disease process and current medical treatments
  - Privacy requirements and Health Insurance Portability and Accountability Act (HIPAA) regulations
  - Psychosocial issues related to HIV
  - Cultural issues related to communities affected by HIV
  - Adherence to medication regimens
  - Human sexuality, gender, and sexual orientation affirming care
  - Diagnosis and assessment of HIV-related health issues
  - Transmission of HIV and other communicable diseases
  - Harm reduction strategies

• **Licensure.** All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by the Federal, State, County and/or municipal authorities.

<u>Home and Community-Based Health Services:</u>

- Licensed health care workers such as registered nurses, licensed vocational nurses, marriage and family therapists, licensed clinical social workers, physical therapists, and occupational therapists will maintain appropriate licenses and/or credentials as required by the State of California.
- Paraprofessionals employees such as certified nursing assistants and homemakers/home health aides will maintain appropriate licenses and/or credentials as required by the State of California (such as Home Health Aide Certification issued by the state of California).

• **Legal and Ethical Obligations.** Staff must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:

- <u>Duty to treat</u>: Staff have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.

- Confidentiality: Maintenance of confidentiality is a primary legal and ethical responsibility of the service provider. Limits of confidentiality include danger to self or others, grave disability, child/elder/dependent adult abuse. Domestic Violence must be reported according to California mandated reporting laws.
- Duty to warn: Serious threats of violence (including physical violence, serious bodily harm, death, and terrorist threats) against a reasonably identifiable victim must be reported. However, at present, in California, a PLWH engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality. Staff should follow their agency's policies and procedures in relation to duty to warn.
- Culturally Appropriate: Staff shall possess the ability to provide services to accommodate clients with disabilities, including communication barriers (services for clients who may have concerns such as hard of hearing, low literacy skills, and/or visually impaired) and culturally appropriate services for PLWH.
- Staff are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.

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.

Service Management
Home and Community-Based Health Services:
To qualify for Home and Community-Based Health Services, the client must meet ALL of the following:

- Meet eligibility screening and payer of last resort criteria (assess lack of health insurance or coverage for nutritional supplements)
- Have a signed nurse referral or prescribed by client's physician
- Documentation of symptoms that impair ability to carry on normal daily activities
- Be re-screened for eligibility/qualification annually with periodic checks

Once client registration and screening have been conducted, the provider may provide services. Service management shall be consistent with the following principles:

Home and Community-Based Health Services Service Delivery

- Signed initial assessment (to include safety assessment of client's home and needs assessment) conducted by a licensed home and community-based health service workers (as outlined under Licensure on Page 2) within two (2) weeks of enrollment

- Development of a comprehensive individualized treatment plan re-evaluated at least every six (6) months
- Signed and dated care plan and progress notes
- Notes on care provision indicating type of service, location of service, date of service, and signature of provider
- Documentation of continued need every six (6) months
- Document of coordination with primary medical provider and/ a licensed home and community-based health service workers (as outlined under Licensure on Page 2) for continuity of care as needed.

- Confidentiality
    - Service provider agencies shall have a policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), providers shall comply with HIPAA guidelines and regulations for confidentiality.

- Compliance with Standards and Laws
    - Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality.
    - Home and Community-Based services shall be consistent with standards set forth in this document.

Case Closure

Home and Community-Based Health services can be critical to a client's health. Discharge from these services may negatively affect the client's overall health. As such, discharge or termination of services must be carefully considered, and reasonable steps must be taken to ensure clients who need services are maintained in services. Additionally, the services provided are based on the needs of the clients and their attempt to access services. As such, discharge or termination of services may be independent from other services.

A client may be suspended or terminated from services due to the following conditions:

- The client has successfully attained health goals
- The client has become ineligible for services (e.g., due to relocation outside the service area or other eligibility requirements)
- The client chooses to terminate services
- The client's needs would be better served by another agency
- The client demonstrates unacceptable behavior that violates client rights and responsibilities
- The client cannot be located
- The client has died

Notice of Action/Discharge
Clients shall be given notice of discharge 30 days in advance of the proposed date of discharge.

Right to Dispute Discharge
Clients have a right to dispute the action/discharge as outline in Item 5 on page 6 below.

Documented Discharge Summary
A discharge summary shall be documented in the client's record. The discharge summary shall include the following items listed below.

- Documentation of no demonstrated need in closure in client record
- Copy of notification in client record
    - For clients with no known address or who are unable to receive mail, documentation of other types of notification or attempt at notification in client record
- Client service closure summary to include:
    - Circumstances and reasons for discharge
    - Date and staff signature and/or initials

As directed by the Council priorities, when funded, the following service standards will apply to HCS Program subrecipients.

1. Ryan White funding is to be used for HIV/AIDS medical services and for psychosocial and support services, which significantly improve access and adherence to such medical services. As such, any Home and Community-Based Health services, which are paid for through Ryan White (RW) funding shall be related to HIV healthcare or other social support service appointments related to maintaining healthcare.

2. Ryan White funding is to be expended in a cost effective, equitable manner, which is based upon verified client need and encourages self-empowerment of clients. Home and Community-Based Health services paid for with Ryan White funds shall be provided in accordance with the allocation priorities and directives adopted by the Council, or through an alternative assessment process administered by a HCS Program subrecipient.

3. HCS Program subrecipients may at any time submit to the HCS Program Recipient requests for interpretation of these or any other Services Standards adopted by the Council, based on the unique healthcare needs of a client or on unique barriers to accessing healthcare services which may be experienced by a client.

4. Coordination with other components of the HCS Program system of care is critical and required.

5. All HCS Program subrecipient must have an internal grievance process in place. Each client must receive a copy of the agency's grievance policy, and a signed copy of the grievance policy must be maintained in the clients' file. Information about how to access this process must be posted conspicuously in public areas of the agency. It must include provisions for informing clients of its existence, and how to begin the process. Clients also have the right to file a grievance with appropriate state licensing agencies (i.e. California Department of Health Care Services https://www.dhcs.ca.gov/services/Pages/Home-and-Community-Based-Services-(HCBS)%E2%80%93Grievance-and-Hearings.aspx).

6. All HCS Program subrecipients must have a quality assurance program and plan in place that is in compliance with the TGA's Quality Management / Continuous Quality Improvement Plan and requirements set forth by the Quality Management Manager of the Recipient.

Signed:  Date: 09/25/25

Richard Benavidez, Chair