RWHAP Part B Service Standards 201: Development, Implementation and Monitoring

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RWHAP Part B Administrative Reverse Site Visit (ARSV)

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Objectives

- By the end of the training, participants will be able to:
    - Identify strategies for developing and revising Service Standards that include stakeholder input.
    - Understand approaches to implement and use Service Standards within a state/territory-wide system of HIV care.
    - Consider models for monitoring the ability for subrecipients to adhere to RWHAP Part B Service Standards.

Let's Take A Quick Poll!

- My Experience With Service Standards
  - I am familiar with Service Standards, and we have developed them
  - I am familiar with Service Standards, but we still need to work on developing all of them
  - We have developed Service Standards and monitor them consistently
  - We have developed at least some Service Standards but are not monitoring them
  - Wait…I think I'm confused about Service Standards vs. RWHAP Compliance Requirements.

Development and Updates

What is a RWHAP Service Standard?

A RWHAP Service Standard outlines the elements and expectations a RWHAP service provider follows when implementing a specific service category.

Other ways to think about Service Standards – The "How"

- Service Category Definitions are the "What" is being delivered
- Service Standards set minimal expectations for "How" services are delivered
- Performance Measures set ways to evaluate the effectiveness of what is being delivered.

A Service Standard is a public commitment to a level of performance that clients can expect under normal circumstances.

Purposes of RWHAP Service Standards

Ensure that all RWHAP service providers offer the same fundamental components of the given RWHAP Service Category across a service area.

Establish the minimal level of service or care that a funded agency or provider may offer within a state, territory, or service area.

- A "baseline" of quality and competent care

Federal Service Standards Requirements

Recipients must develop and adopt Service Standards for all funded HRSA RWHAP services.

Core Medical Services Service Standards must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards.

Support Services Service Standards may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

Service Standards must be reviewed annually and updated when appropriate.

Recipients must develop a method for evaluating the delivery of funded services by Subrecipients according to the Service Standards.

What Should Service Standards Include?

Service Category Definition

Key Services Components and Activities (with Guidance if needed)

Personnel (Facility) Qualifications (including licensure)

Intake and Eligibility

Assessment and Service Plan (and Services)

Transition and Discharge

Case Closure Protocol

Client Rights and Responsibilities

Grievance Process

Cultural and Linguistic Competency

Privacy and Confidentiality (including securing records)

Tips to Consider

Personnel qualifications (including licensure)

- Ongoing training/ education

Intake

- Time from Intake to Assessment or Service   Delivery

Assessment and service plan

- Minimum key areas assessed (housing status, employment, medical history, X-rays, labs, etc.)

Transition and discharge

- Documentation of procedure and client notifications

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More Tips to Consider

Client rights and responsibilities

- Documentation that client received documents

Grievance process

- Documentation that client received documents and time frames for action

Cultural and linguistic Competency

- Training completed and availability of culturally relevant materials

Key Steps for Developing Standards

Reference most current PCN #16-02 and the "HRSA HAB Service Standards Guidance for RWHAP Recipients and Planning Bodies"

Reference most current HRSA HAB RWHAP National Monitoring Standards

Review RWHAP Part A or Part C Standards, collaborate around commonalities as feasible

Refer to NASTAD's: Service Standards for RWHAP Part B Programs" document for examples from other states

Incorporate existing protocol expectations (i.e., Data to Care, Linkage to Care programs, Early Intervention, Outreach, etc.)

Engage stakeholders (including consumers and subject matter experts) in development and annual updates

Who Are Your Stakeholders?

- Consumers or other People with HIV (PWH)
- Subrecipients
- Medical Providers, Nurses and Prescribers
- Dentists
- Pharmacists
- Case Managers
- Community Health and Outreach Workers
- Mental Health and Substance Abuse Treatment Providers
- Other Governmental Agencies
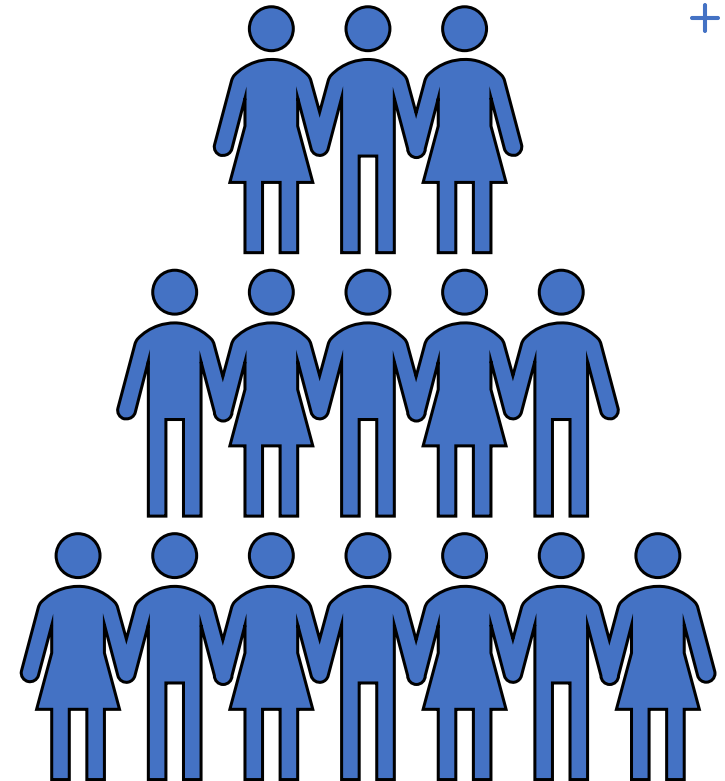
What Can Stakeholders Provide?

- Real time experience providing or receiving services

- Eyes, ears and voice of the community

- Current practice and expertise

- Knowledge of other Service Standards related to their profession

- Insight into elements that could be challenging to implement

- Feasible expectations

Meaningful Stakeholder Involvement
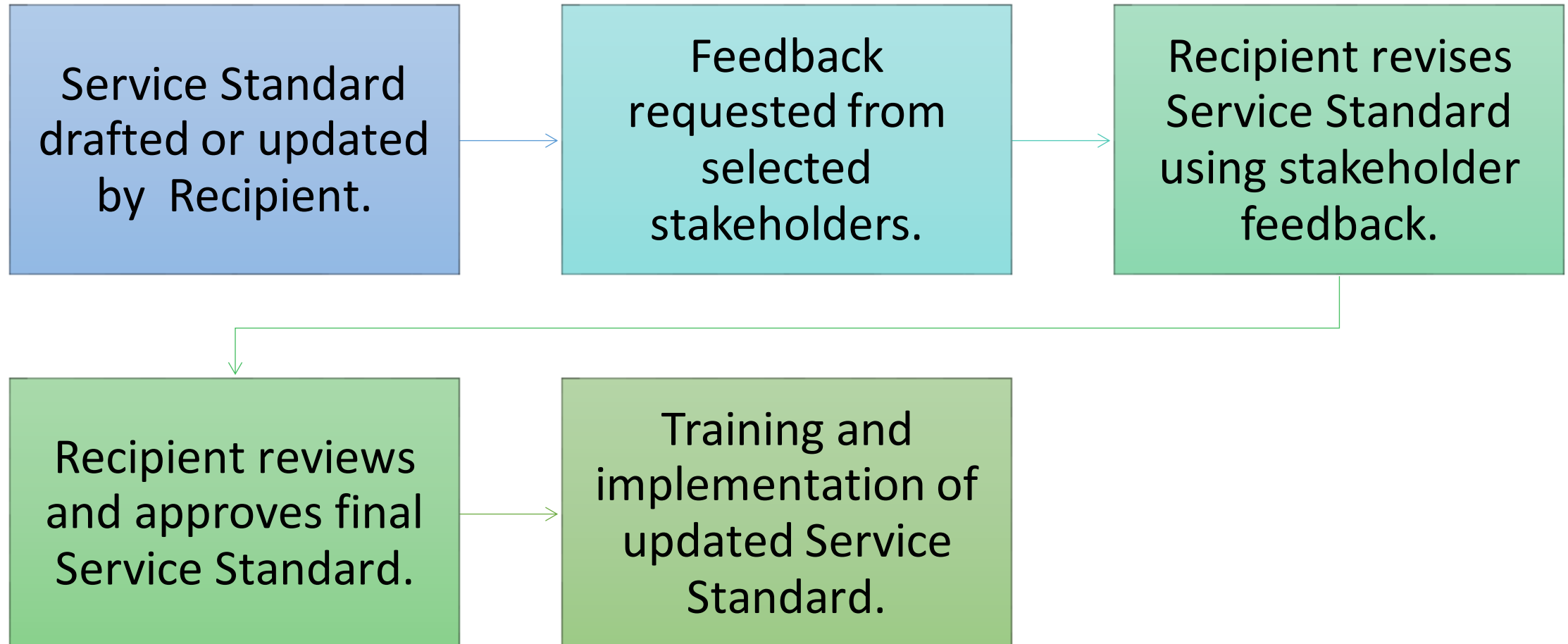
- **Subject Matter Expert (SME) Workgroups**
  - Tasks including drafting, reviewing and discussing Service Standards
- **Stakeholder Input Sessions**
  - Review and discuss Service Standards' key elements during initial drafting
- **Stakeholder Feedback Opportunities**
  - Review drafts with written comments
  - Brief feedback sessions during subrecipient or planning meetings
  - Polls
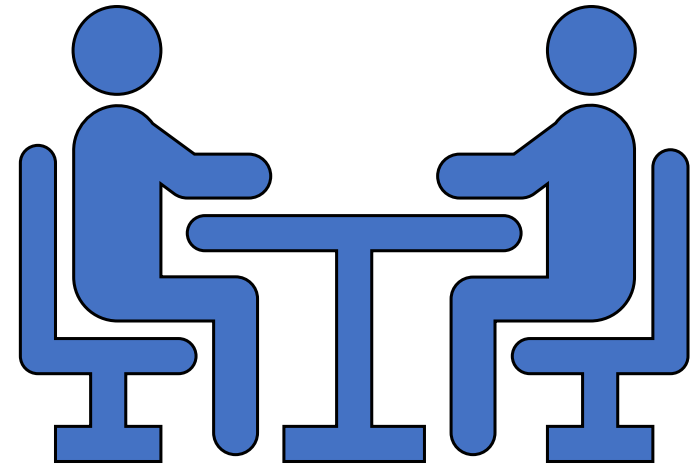
Example 1: Steps for Service Standards Development or Revision

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┌─────────────────────┐      ┌─────────────────────┐      ┌─────────────────────┐
│ Service Standard    │      │ Feedback requested  │      │ SME Workgroup       │
│ drafted or updated  │─────▶│ from selected       │─────▶│ revises Service     │
│ by SME Workgroup.   │      │ stakeholders.       │      │ Standard using      │
│                     │      │                     │      │ stakeholder         │
│                     │      │                     │      │ feedback.           │
└─────────────────────┘      └─────────────────────┘      └─────────────────────┘

┌─────────────────────┐      ┌─────────────────────┐
│ Recipient reviews   │      │ Training and        │
│ and approves final  │─────▶│ implementation of   │
│ Service Standard.   │      │ updated Service     │
│                     │      │ Standard.           │
└─────────────────────┘      └─────────────────────┘
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Example 2: Steps for Service Standards Development or Revision

Service Standard drafted or updated by Recipient.

Feedback requested from selected stakeholders.

Recipient revises Service Standard using stakeholder feedback.

Recipient reviews and approves final Service Standard.

Training and implementation of updated Service Standard.

Example 3: Steps for Service Standards Development or Revision

Service Standard drafted or updated by Recipient.	Small Stakeholder Input Group held to discuss key elements.	Recipient revises Service Standard using stakeholder input.
Broader stakeholder feedback obtained updates are incorporated.	Recipient reviews and approves final Service Standard.	Training and implementation of updated Service Standard.
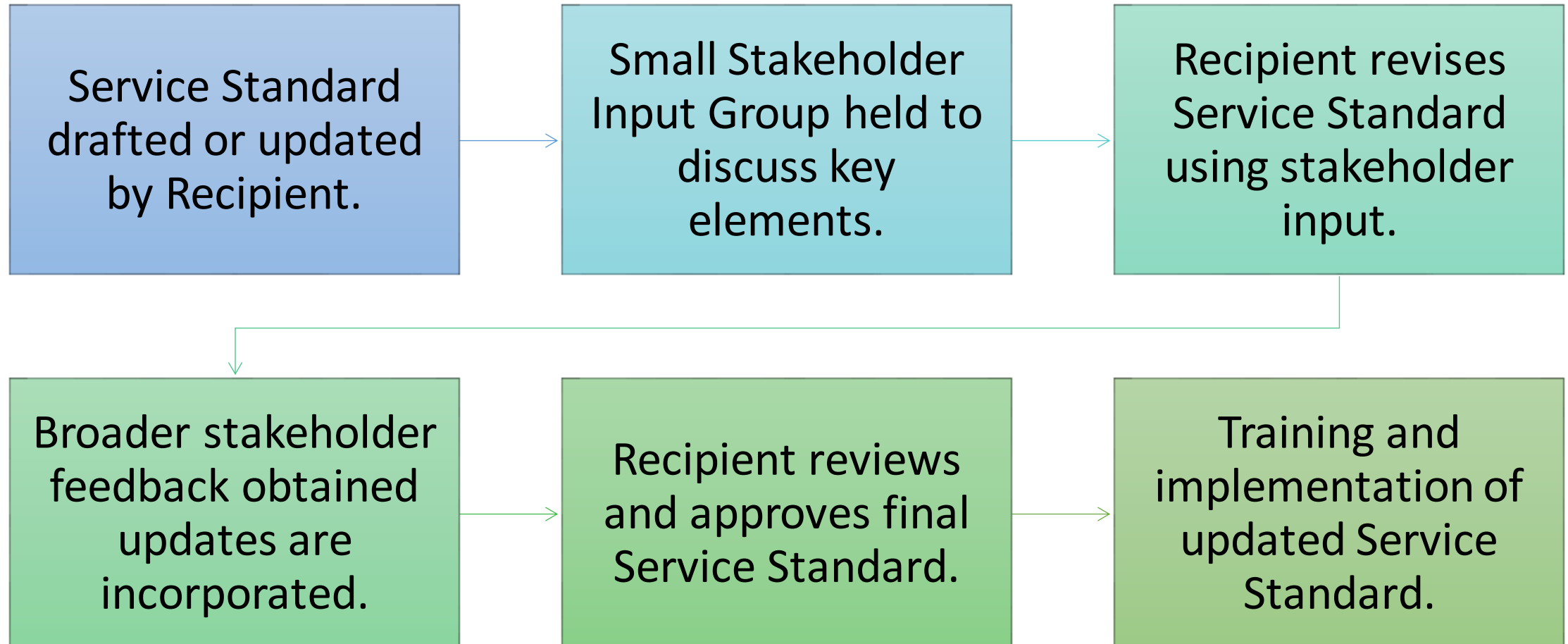
Implementation and Use

Rollout Considerations

Generous feasible timelines	Publicly accessible	Multiple educational and training venues	Repetitive trainings	Initial monitoring visits as educational opportunities
• Six months to a year	• Providers AND Consumers	• In-person or virtual • Dedicated trainings or "add-ons" to existing meetings	• Increase familiarity and accommodate provider turnover	• First year of implemented Service Standard or first year of provider participation

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Trainings

Statewide Trainings

Broad overviews and concepts

Clustered Trainings

By regions or service areas

By disciplines or professions

By similar agencies

Agency by Agency Trainings

Unique issues or infrastructure

"In the weeds"

Uses of Standards

Subrecipient Reviews	Service standards ensure that services are provided to clients in a consistent manner across service providers. Subrecipients are reviewed for adherence to Service Standards on a schedule set by the recipient. These reviews are not "compliance" reviews. They assess how closely providers follow them to support a consistent level of services available to clients.
Clinical Quality Management	Service standards establish the consistent framework of service provision from which processes and outcomes are measured. Performance measurement is more comparable across subrecipients and is better able to assess statewide performance outcomes.

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More Uses of Standards

RFP and Contracts	Service Standards outline the expectations of contracted service providers in order to be funded for that service. RFP applicants demonstrate they have the ability (including qualified staff) to provide the funded services. Contract language references Service Standard expectations, creating a legal agreement that funded subrecipients would follow and adhere to the Service Standards.
Consumer Information	Service Standards communicate to PWH what to expect when accessing and receiving a service.

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Monitoring

Monitoring Framework

Policies, procedures and tools

Monitoring models

Communicating monitoring results

Implementing and monitoring improvement plans

Ongoing TA

Compliance Monitoring vs. Service Standards

Compliance Monitoring
• Annual site visits
• Federal compliance requirements
• Findings
• Risks to grant and funds

Service Standards Monitoring
• Recipient establishes schedule
• Recipient-established requirements
• Strategies to improve care
• Impact on client care

Crossover and Duplication ≠ Bad thing

NOT Service Standards monitoring items

Legislative and Federal policy compliance requirements

- Evaluated during annual compliance site visits

Performance Measures

- Measure impact of services, not *how* they are delivered
- Belong in the CQM Plan, grant reports, and elsewhere

Recipient policies and procedures related to the overall administration of the RWHAP

- These requirements may change based on funding or administrative reasons unrelated to how a service is provided
- Belong in subrecipient contracts, and recipient/subrecipient policy and procedure manuals

Service Units and Subservice definitions

- Address how data is collected, not how services are delivered.
- Belong in subrecipient contracts or the users' manual for the data system
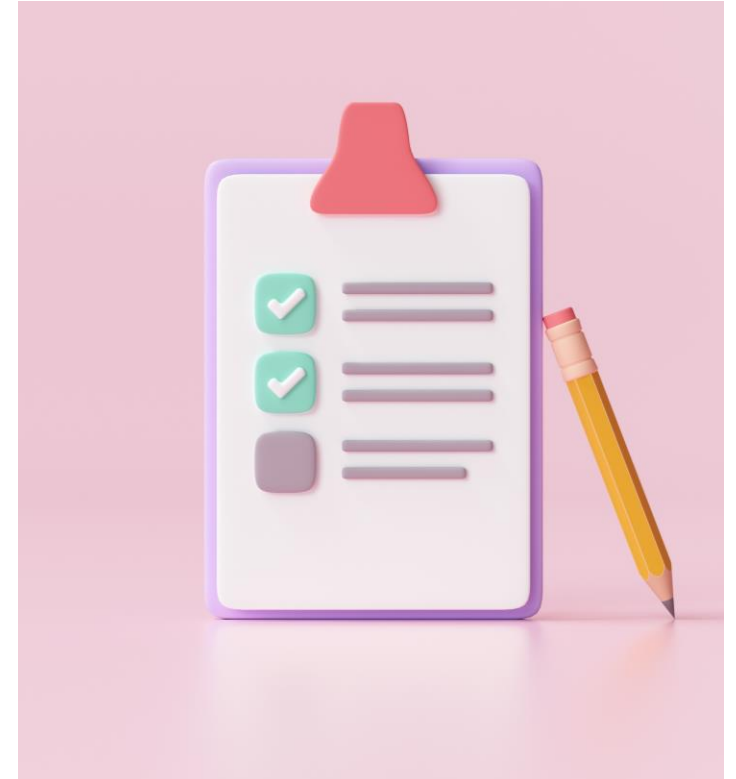
Establish Monitoring Schedule

- HAB does not direct the frequency or method for monitoring Service Standards

- Possible schedules include:
  - Annually
    - Same frequency of compliance monitoring visits
    - May or may not be combined with compliance monitoring visits
    - If using same schedule, differentiate between reviews
  - Rolling Years and Categories
    - Selected Service Standards for all subrecipients on a 2-3 year cycle
    - All Service Standards for selected subrecipients on a 2-3 year cycle
    - All Service Standards for all subrecipients every year

Develop a Monitoring Form

- Review tools support consistent reviews
- Tool allows review of
  - Provider or agency requirements
  - Individual client chart reviews
- Dedicated Service Standard
  - Allows focus on specific Service Standard elements
  - Easily used by multiple reviewers
- Combined with a compliance monitoring tool
  - Allows consolidated review if done by the same reviewer

Monitoring Tool Example:
Turn Service Standard into a Tool

MENTAL HEALTH			
Standard	**Documentation**	**Yes/No**	**Comments**
PERSONNEL QUALIFICATIONS			
1. Staff must possess a master's degree or higher in counseling, social work, psychology, or another closely related discipline. 2. Staff must possess licensure within the discipline by the State's Licensing Board. Staff that do not possess licensure must be supervised by a licensed individual. 3. Providers must obtain continuing education according to the appropriate licensing board, or at minimum 20 hours of continuing education.	1. Documentation of master's degree or higher by practitioner 2. Documentation of current licensure of practitioner or supervision arrangements with a licensed individual. 3. Documentation of continuing education, at minimum 20 hours per year.	1. Yes 2. Yes 3. Yes	
INTAKE			
1. Client will be contacted to schedule an intake within 7 business days of receipt of client referral. 2. Client's intake appointment will be completed within 15 business days of client's initial contact to agency unless client requests time outside of the 15 business days.	1. Documentation of client contact within 7 business days of referral. 2. Documentation of completed intake within 15 business days of initial referral. If the intake was not completed within 15 days of client's initial contact to agency, the reason will be documented in the client's record.	1. Yes 2. Yes	

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Monitoring Tool Example:
Combine with Compliance Review Tool

MENTAL HEALTH						
Validation (Client Chart Review)						
Client	Date of Last Eligibility	Date(s) of Service	Documentation of client contact within 7 business days of referral.	Documentation of completed intake within 15 business days of initial referral. If the intake was not completed within 15 days of client's initial contact to agency, the reason will be documented in the client's record.	Chart notes indicate services are offered in an outpatient setting	Treatment plan includes the diagnosed mental illness or condition
123XT	1/1/23	2/4/23; 2/20/23; 3/4/23; 3/15/23	Yes	Yes	Met	Met
156SB						
985PL						

Consider Monitoring Models

- Internal Expert Team
  - Qualified staff across recipient program
  - State/Territorial Dental Program, Dept. of MH, Nutrition Program
- Peer Reviewers
  - Providers and experts within State/Territory
  - Establish minimum qualifications
  - Minimize conflict of interest
- Contractor
  - Recruit and coordinate subject matter experts (SMEs)
  - Within or outside State/Territory

Establish Reviewer Qualifications

| Qualified Reviewers								
Service Category	Medical Nutritional Therapy (MNT)				Mental Health/ Substance Abuse Outpatient (MH/SA Outpatient)			
Criteria to be a Peer-Reviewer	RDN or LD + experience delivering service category within the last 4 years				LCSW, LSW, LMHC, PMHNP, NP, PA, MD, DO, LAC, or LCAC + experience delivering service category within the last 4 years			
Qualified Peer-Reviewers	Name	Credentials	Email	Phone #	Name	Credentials	Email	Phone #

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PWH Roles on Monitoring Teams

- Conduct Review of certain Service Standards
  - Universal Standard
  - Align Standard review with PWH's profession or education
- Interview Clients
  - Consistency of client experience with Service Standards
 - Access to and responsiveness of services
  - Service satisfaction

Reporting Back to Subrecipients

- Establish standard report or summary format
- Provide timely response of results
- Aggregate results to subrecipients
- Consider appropriate public reports
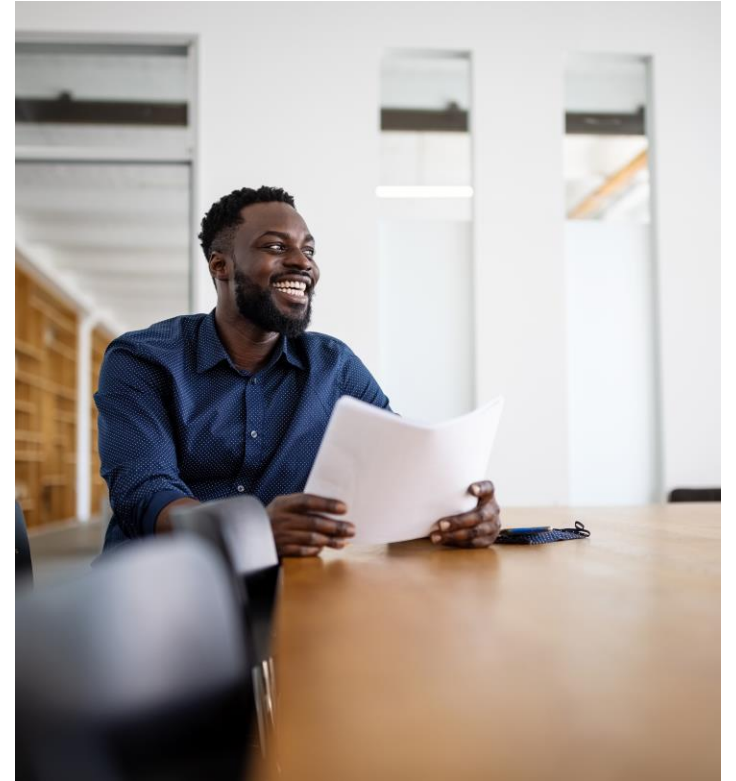
Approaches to Improvement

- "Improvements" vs. "Findings"
- Implementing and monitoring Improvement Plans
  - Provider capacity assessment
  - Recruitment and Retention of qualified staff
  - Funding adequacy
- Realistic contractual terms enforcement
- Assessment of Service Standard practicality/feasibility
- Potential Quality Improvement Project (QIP) opportunities
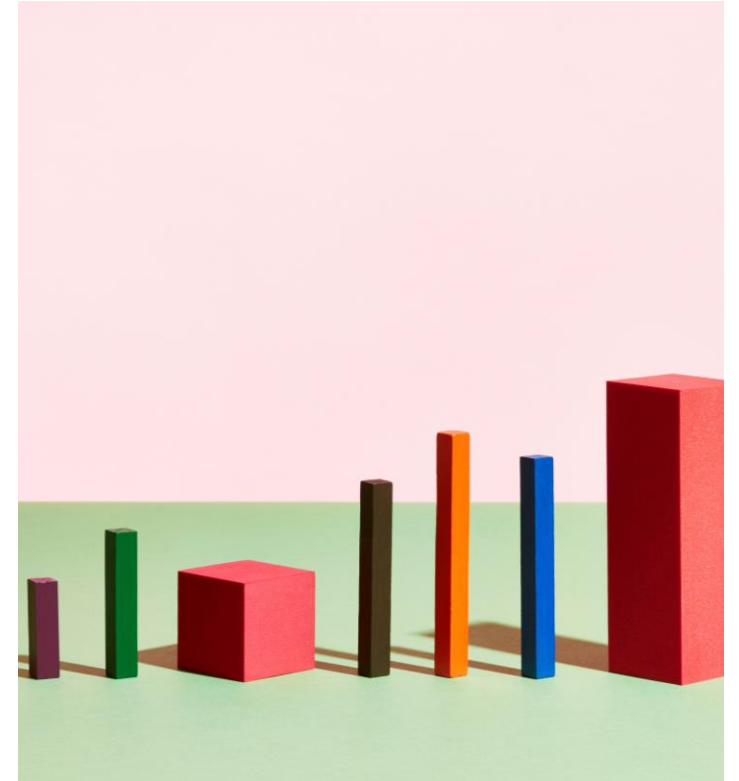
Ongoing TA

- Trainings
  - Recorded and/or repetitive trainings
  - Webinars
  - Service Standards Road Show
- Discipline-focused meetings
  - Clinical approaches to standards of care, protocols
- Stakeholder (including PWH) input sessions
  - Coordinate with annual update reviews
  - Opportunities to clarify expectations
- Potential Quality Improvement Project (QIP) opportunities

Summary

- Develop, implement and maintain jurisdiction-wide RWHAP Part B Service Standards.

- Review, revise and update Service Standards annually.

- Identify and involve stakeholders in development, maintenance and monitoring of Service Standards.

- Monitor provider adherence to Service Standards at regular intervals.

Summary (cont.)

- Provide TA to improve adherence to Service Standards.
- Coordinate with compliance monitoring and CQM Team to improve adherence to Service Standards.
- Train and educate stakeholders on Service Standards.
- Develop and implement Service Standards when new services are funded.

Service Standards Resources and Guidance

- Policy Clarification Notice #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
  - Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients.

- Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/Planning Bodies
  - Contains HAB's expectations of what is to be included in Service Standards used by RWHAP Recipients

- NASTAD Service Standards for RWHAP Part B Programs
  - Provides samples of Service Standards from other Part B Recipients

- RWHAP Part B colleagues

- Other RWHAP recipients in your state

- Project officer

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Discussion Questions

- How are PWH involved in your Service Standards development and/or updates?

- What are challenges with coordinating compliance site visits and Service Standard monitoring reviews?

- What model of Service Standards monitoring seems feasible (or what model do you use)?

- What are ways you can strengthen your Service Standards development, update or monitoring processes?

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Thank You!

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