

Standard of Care: Other Professional Services

Introduction

Definition: Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)*
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
 - Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption

**San Jose TGA clarification: Assistance with public benefits must be based on legal necessity and should not be in lieu of case management services. In general, Other Professional Services should not duplicate other Ryan White funded services (e.g. case management), and legal services must be necessitated by the HIV status of the client.*

Local Exception: Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits are ***not*** part of San Jose, TGA's Other Professional services.

Legal services excludes criminal defense and class-action suits unless related to access to services eligible under the Ryan White HIV/AIDS Program.

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Complex litigation, generally those cases that extend beyond one year (12 months) and/or are anticipated to result in service cost exceeding the benefit or relief to the client, should be:

- referred to other legal agencies
- handled in cooperation with other legal agencies to leverage/minimize use of Ryan White resources
- reviewed regularly with a plan to mitigate risks to funding and client (i.e. negative budget impacts, unserved/underserved clients, unresolved legal issues, dissatisfied clients, etc.)

Goals: The Goal of Other Professional Services is to assist an HIV-infected person with legal matters directly necessitated by the individual's HIV status. Such assistance should remove any barriers for the HIV-infected individual to access medical care and remove barriers related to individual and institutional discrimination

The goals for HIV legal services in Santa Clara County are:

1. Provide high-quality legal services that meet or exceed best practices.
2. Ensure people living with HIV or AIDS in Santa Clara County have access to legal advice, information, and representation in areas of greatest impact on this population.
3. Provide legal services of high quality and that are culturally and linguistically competent, through professionals with appropriate training and expertise.
4. Remove barriers related to individual and institutional stigma.

Other Professional Services providers are expected to comply with the Universal Standards of Care, as well as these additional standards:

Key activities include:

- Client intake and assessment.
- Client services such as but not limited to:
 - Preparation of powers of attorney and living wills
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White
 - Permanency Planning
 - Custody options for legal dependents, including standby guardianship, joint custody, or adoption
- Provide advice, representation, and advocacy necessary to accomplish the client's goals. Note that while the providers advise clients, they do *not* make decisions on behalf of the clients
- Educate clients on community resources available, and refer and/or assist clients with accessing them as needed.
- Staff training.
- Case closure.

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1.0 Standards of Care: Other Professional Services Process:

Client Intake and Assessment

The Intake Process involves the initial meeting/contact with the client during which the service provider gathers information to assess the client’s eligibility for Ryan White services, and address the client’s immediate needs and to encourage his/her engagement and retention in services. Service provider will assure the client’s privacy and confidentiality in all phases and activities of services.

Service provider must have good interviewing skills and be able to put clients “at ease”. Obtaining key personal information and recognizing potentially urgent situations are tasks performed during the Initial Intake Process. This is a sentinel event for establishing rapport between the client and the service provider. The service provider must provide the client with “an invitation to stay connected”.

- 1.1 **SOC: Client Intake:** Client intake is required for all clients who request or are referred to HIV legal assistance services. Client intake determines eligibility and includes demographic data, eligibility documentation, and gathering facts and information related to the client’s legal issue. In the intake process and throughout the course of providing service, client confidentiality will be strictly maintained and enforced. Legal service providers will comply with the relevant legal practices of the American Bar Association and the State Bar of California. Release of Information forms will be gathered. These forms will detail the specific person/s or agencies to or from whom information will be released as well as specific kind of information to be released.

Criteria
1.1.1. Client need and eligibility for services is assessed and confirmed
1.1.2. Immediate needs are identified during the Intake interview
1.1.3. Immediate needs are addressed promptly
1.1.4. Initial documentation includes, at minimum: <ul style="list-style-type: none"> ○ basic information regarding client’s HIV necessitated legal issue. ○ contact and identifying information (name, address, phone, birth date, etc.) ○ language spoken ○ demographics ○ health insurance status ○ emergency contact ○ confidentiality concerns ○ household members ○ proof of HIV status ○ other current health care and social service providers

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Criteria
<ul style="list-style-type: none">○ brief overview of status and needs regarding:<ul style="list-style-type: none">▪ housing▪ transportation▪ needs for medical care▪ identification of immediate issues that impact client's ability to be retained in care <p>1.1.5. Documentation includes appropriate consents and releases, including, Agency's Confidentiality, Rights and Responsibilities and Client Grievance Procedures</p>

Time Required: Legal Services provider will contact the potential client to complete the client intake within 3 business days of the potential client's first contact with the provider.

Case Closure

Clients who are no longer engaged in Other Professional services should have their cases closed based on the criteria and procedures for case closure. Cases will be closed when the clients legal or benefit issue has been resolved. Description of types of services provided, and hours spent in the provision of such services must be included in the client files. Cases may be closed when the client:

- Has successful resolution of legal issue
- Client lost to care or does not engage in service
- Client chooses to terminate or discontinue service
- Client relocates outside of service area
- Client no longer in need of the service
- Termination as described in Policies and Procedures
- Client no longer eligible
- Client has died
- Is incarcerated long term

2.0 Standard of Care: Knowledge, Skill and Experience

Staff providing Other Professional Services must have the appropriate qualifications to provide services. HIV legal assistance staff and attorneys must have the skills and ability to specialize in the areas of most critical need to people with HIV. Staff, attorneys and volunteers will be trained and remain knowledgeable of relevant legal and non-legal HIV/AIDS issues. Staff attorneys, licensed by, and members in good standing with, the State Bar of California, will coordinate, supervise and/or provide all services. All legal assistance staff and volunteers onsite will complete an agency-based orientation before providing services. All HIV legal services attorneys and intern/volunteer attorneys will

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practice according to the California Bar Association’s Rules of Professional Conduct, and California Business & Professions code sections 6000, et.seq.

Staff providing assistance with public benefits such as Social Security Disability Insurance (SSDI) or interventions necessary to access eligible benefits or with permanency planning should have the appropriate qualifications and must work under the supervision of an attorney with relevant experience.

Additional Standards identified in Universal Standards of Care (USOC 1).)

2.1 SOC Staff Qualifications - description of qualifications required for all staff providing Other Professional Services.

Criteria
<p>Supervisory Staff:</p> <p>2.1.1 Supervisory attorneys, including volunteer attorneys, will have degree in Jurisprudence and will be licensed by the State of California</p> <p>2.1.2 Non-legal supervisory staff must have relevant educational qualification (Bachelors or Master’s degree) or at least two years of experience in staff supervision relevant to the service being provided</p> <p>Non-Supervisory Staff:</p> <p>2.1.3 Licensed volunteer attorneys, law students, law school graduates and other legal professionals must be supervised by the supervisory attorney</p> <p>2.1.4 Qualifications for non-legal non-supervisory staff includes at least undergraduate degree or at least one year of experience relevant to the service being provided</p> <p>2.1.5 All staff must be evaluated at least annually by their supervisor according to written agency policies on performance appraisal</p> <p>2.1.6 Measure/Documentation</p> <p style="padding-left: 20px;">2.1.6.1 Written plan for supervision</p> <p style="padding-left: 20px;">2.1.6.2 Documentation of supervision</p> <p style="padding-left: 20px;">2.1.6.3 Documentation of performance appraisal in personnel file</p>

3.0 Standard of Care: Licensure and Assurance

Staff providing Other Professional Services must have the appropriate licensures and assurances to provide services.

Additional Standards identified in Universal Standards of Care (USOC 1)

3.1 SOC Licensure and Assurance - description of Licensure and assurances for all staff providing Other Professional Services

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Criteria	
3.1.1	Supervisory staff
3.1.1.1	Attorneys: Current licensure by the state of California
3.1.1.2	Non-legal supervisory staff: Proper credentials for the service being provided ex. Certificates
3.1.2	Non-supervisory staff
3.1.2.1	Paralegal staff or other non-licensed staff must be supervised by a licensed attorney
3.1.2.2	Non-legal non-supervisory staff must be supervised by appropriate staff with supervisory authority
3.1.3	Measure/Documentation
3.1.3.1	Copy of license or other documentation in personnel file.
3.1.3.2	Documentation of supervision of paralegal or other non-licensed staff in personnel file

4.0 Standard of Care: Staff Training

- 4.1 **SOC: Description of how staff will be trained, including orientation, required training topics, and frequency of training. Describe the process for assessing staff training needs, monitoring and documenting all training, including where training records are located. Training must include annual confidentiality training, with an attestation signed by each staff person agreeing to abide by confidentiality requirements.**

Additional Standards identified in Universal Standards of Care (USOC 8)

Criteria	
4.1.1	Staff will have continuing education
4.1.1.1	Attorneys must satisfactorily complete all continuing education requirements as mandated by the California State Bar Association
4.1.1.2	Non-legal staff must complete continuing education requirements as mandated by their agency
4.1.1.3	All staff must have access to and complete HIV specific trainings
4.1.1.4	All legal staff must have training specific to HIV related legal issues that may impact persons living with HIV/AIDS
4.1.1.5	Measure/Documentation
	<ul style="list-style-type: none"> ○ Documentation of trainings on file to include date of training, contents, name of trainer, topic and length of training ○ Sign in sheets, agenda and minutes of meetings

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5.0 Standard of Care: Clients Rights, Responsibilities, Confidentiality

Standards identified in Universal Standards of Care (USOC 3)

6.0 Standard of Care: Access to Services

Standards identified in Universal Standards of Care (USOC 4)

7.0 Standard of Care: Outreach and Provider Continuity

Standards identified in Universal Standards of Care (USOC 6)

8.0 Standard of Care: Continuous Quality Improvement

Standards identified in Universal Standards of Care (USOC 4)

8.1 **QM Plan:** Other Professional Services providers shall have a Quality Management (QM) Plan. The QM Plan is written document that outlines how the QM program will be implemented and include a clear indication of responsibilities and accountability, performance measurement strategies and goals and processes for ongoing evaluation. The QM Plan must include the following components:

- Purpose of the Plan: A brief introduction that conveys the intent of the Plan and describe the end goal of the agency's HIV Quality Program.
- Quality Statement: Is a brief declaration that provides Vision and Mission of the program
 - Vision: Takes into consideration the agency's internal and external expectations for which all the QM activities will be directed
- Mission: Takes into consideration current practices and activities that will help meet the program's Vision
- Goals: Quality goals are endpoints or conditions towards which the quality program will direct its efforts and resources to achieve its Vision and Mission.
- Objectives: Are concrete steps taken to achieve a goal/s. Objectives must be S.M.A.R.T (Specific, measurable, achievable, relevant and Time-oriented).
- Performance Measurement: Performance measurement provides a tool to assess progress toward reaching annual goals for Other Professional Services. This component shall include at a minimum, the objective, indicator, methodology, sample and target.

8.2 **Evaluation:** Quality improvement evaluation provides a systematic way for which QM program successes, challenges, and strategies for improvement are measured. This component shall include the following elements:

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- Evaluation of the QM/QI infrastructure: Document plan to evaluate infrastructure to decide if changes are required to ensure that QI work gets done.
 - Performance measures: Document plan for reviewing performance measures.
 - QI activities: Identify process, including time line, to evaluate if QI activities have contributed to the annual quality goals.
- 8.3 **Capacity Building:** Capacity building identifies resources and training needs required to assist staff in implementing a QM program. This component shall include the following elements:
- Orientation: Description of how all staff will be oriented to the agency's QM plan.
 - Training: Description of the identified training topics and plan for documenting attendance at trainings/conferences to improve quality of service.
- 8.4 **Data and Record Keeping:** The agency shall routinely track, record, and report client data to track approved outcome measures, and consider client outcomes in determining need for revisions to individual client assistance plans.

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References and Published Guidelines:

1. For a comprehensive overview of references, guidelines and resources please see the official WEB site for Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) at <http://hab.hrsa.gov>
2. CA Dept of Public Health, Office of AIDS, Care Branch, HCP Program, Draft SOC 2018
3. California State Office of AIDS, HIV Care Program, Draft Ryan White SOC
4. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf
5. <http://www.acphd.org/media/430395/ryan-white-hiv-aids-standards-of-care.pdf>
6. http://www.nyhiv.org/pdfs/service_directives/Legal%20Services%20Directive%20Amended_PC%20Approved%205-26-16.pdf
7. <http://hiv.lacounty.gov/LinkClick.aspx?fileticket=rYndxq2GWYQ%3D&portalid=22>
8. <https://www.dshs.texas.gov/hivstd/taxonomy/legalservices.shtm>
9. https://www.michigan.gov/documents/mdhhs/2015-0330_MDCH_Standards_of_Care_FINAL_Appendices_updated_Oct2015_503708_7.pdf
10. http://hcpes.hosted.civicleve.com/UserFiles/Servers/Server_72972/File/Divisions%20and%20Offices/Disease%20Control%20and%20Clinical%20Prevention/Ryan%20White%20Administration/Evaluation%20and%20QM/Part%20A%20Standards%202016-2017.pdf
11. <https://www.nola.gov/getattachment/b6a1d00e-5e41-4b0e-ba69-f53f80c898b0/FY-2016-Service-Standards-FINAL-April-2016/>
12. <http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/15-15%20SOC%20Referral%20to%20Health%20Care%20and%20Supportive%20Services.pdf>
13. Ryan White Title I Standards of Care for Legal Services. Approved by the Santa Clara County HIV Health Services Planning Council March 12, 2013.
14. Ryan White Title I Standards of Care for Universal Standards of Care. Approved by the Santa Clara County HIV Health Services Planning Council March 02-06-2012.