WHAT ARE SERVICE STANDARDS?

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

Service standards must be consistent with applicable clinical and/or professional guidelines, state and local regulations and licensure requirements. The variability in state/local regulations and requirements prevents the adoption of national service standards for the RWHAP, and thus they must be set at the grantee level. Medical care service standards must be consistent with U.S. Department of Health and Human Services care and treatment guidelines as well as other clinical and professional standards. For non-clinical services, service standards may be developed using evidence-based best practices, the Part A and B National Monitoring Standards, and guidelines developed by the state and local government. As a result, service standards are essential in defining and ensuring that consistent quality care is offered to all clients.

Service standards set a benchmark by which services are monitored, and sub-grantee contracts are developed. Each funded service category must have a unique set of service standards. There may be some overlap of service standards among two or more service categories (ex. medical case management and non-medical case management may both assist with enrolling clients in insurance assistance programs).

What should be addressed in Service Standards?

Each categorical specific service standard should include:

- Service Category Definition
- Intake and Eligibility
- Key Services Components and Activities
- Personnel Qualifications (including licensure)
- Assessment and Service Plan*
- Transition and Discharge
- Case Closure Protocol
- Client Rights and Responsibilities
- Grievance Process
- Cultural and Linguistic Competency
- Privacy and Confidentiality (including securing records)
- Recertification Requirements*

*Where Applicable

1 Service Standards applies to “standards of care” in RWHAP Parts A and B manuals. Outside of RWHAP services, “standard of care” has been used to refer to acceptable levels of medical care and treatment rendered. Therefore, the term “service standards” is used to encompass services offered through RWHAP funding.
HOW ARE SERVICE STANDARDS DEVELOPED?

It is ultimately the responsibility of the grantee to ensure that service standards are in place for all funded service categories.

For RWHAP Part A grantees, developing service standards is a shared responsibility, typically led by the Planning Council. For Part B grantees, advisory committees and grantees are encouraged to obtain public input in the development of the service standards. Often this is done through a committee or workgroup body.

For Part A and B grantees, the development of service standards is a shared responsibility of the grantee and the planning body. Grantees and planning bodies may determine the order in which they are developed based on various criteria including: funding allocation level, service category prioritization, service utilization and changes in the national and local health service delivery systems. In addition, grantees and planning bodies should obtain input from providers, consumers and experts when developing standards to provide technical input and recommendations for service delivery, and to ensure that full consideration and diverse perspectives are included in service specific service standards. The roles and development process may vary for each jurisdiction.

For Parts A and B, service standards should, at minimum, also follow the programmatic and fiscal management requirements outlined in the Part A and B National Monitoring Standards. For Parts C and D, medical care standards should be based on the latest HHS HIV guidelines.

For Part C and D grantees, the development of service standards is done on the organizational or agency level and are often referred to as “Policies and Procedures.” Each Part C and D grantee is expected to have policies and procedures in place on patient eligibility, enrollment, available services, as well as a patient grievance and discharge procedure. In addition, clinics and healthcare agencies are further guided by accrediting organizations (e.g. The Joint Commission) and regulations and guidance (e.g. Medicare Fee-For-Service Payment Regulations). All applicable standards and policies should be vetted by the legally responsible authority of the agency, usually the Board of Directors. Part C and D grantees are encouraged to refer to the most recent funding opportunity announcement for additional guidance on recommended policies and procedures.

WHY ARE SERVICE STANDARDS IMPORTANT?

Service standards are important to various stakeholders, with the goal to improve client and public health outcomes.

- **Consumers** - Service standards ensure the minimal expectation for consumers accessing or receiving RWHAP funded services within a state, territory or jurisdiction.

- **Service Providers** - Service standards define the core components of a service category to be included in the model of service delivery for each funded service category.

- **Grantee** - Grantees are responsible for ensuring the development, distribution, and use of the service standards. Service standards are important to ensure that services are provided to clients in a consistent manner across service providers.

- **Quality Managers** - Service standards are the foundation for the clinical quality management program, and provide the framework and service provision from which processes and outcomes are measured.

- **Planning Bodies** - Service standards assist planning bodies with understanding what activities are being provided
**HOW OFTEN SHOULD SERVICE STANDARDS BE REVIEWED FOR ACCURACY AND RELEVANCE?**

Service standards must be reviewed regularly and updated to reflect the most current nationally recognized guidelines in HIV care and treatment and local requirements. Therefore, planning bodies and grantees should build into their annual work plan a time to review existing standards. Service standards should be publically accessible so clients and providers can become familiar with them.

**HOW ARE SERVICE STANDARDS USED?**

For Parts A and B grantees, service standards should be included in Requests for Proposals when service categories are competitively bid as the service standards outline the key components of each service category, guide the implementation of each service category, and form the basis for monitoring service delivery, including site visits and chart reviews. Grantees should use service standards when conducting programmatic site visits, chart reviews, and routine monitoring of sub-recipients to determine if service providers are meeting the minimal expectations and adhering to service standards.

For Parts C and D grantees, service standards can be used in establishing definitions for services in Memorandum of Understanding or contracts. In addition, Service Standards can be used in policies and procedures to define elements for monitoring in quality improvement activities and to implement change activities for service and clinical improvement.

**WHAT RESOURCES EXIST WHEN DEVELOPING SERVICE STANDARDS?**

- **RWHAP National Monitoring Standards**
  The National Monitoring Standards are designed to help RWHAP Part A and B (including AIDS Drug Assistance Program) grantees meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness. http://hab.hrsa.gov/manageyourgrant/granteebasics.html

- **HIV/AIDS Bureau TARGET Center**
  The TARGET Center has samples of ‘standards of care’ established by various grantees within the RWHAP Program which may be adapted to other jurisdictions. https://careacttarget.org

- **U.S. Department of Health and Human Services Clinical Guidelines for the Treatment of HIV/AIDS**
  The U.S. Department of Health and Human Services (HHS) issues a series of guidelines to help clinicians treat people with HIV in the United States. Clinical guidelines outline the science and recommendations for treatment of HIV disease (e.g., antiretroviral therapy, opportunistic infection treatment and prophylaxis) as well as guidelines for conducting HIV testing and counseling. Developed by various panels of clinical experts, these are frequently updated and should be accessed directly at the AIDSInfo Web site. http://aidsinfo.nih.gov/guidelines