

Making the Connection:

Standards of Care for Client-Centered Services

Benefits Counseling

San Francisco EMA

Includes San Francisco City and County,
San Mateo County and Marin County

All of the existing HHS standards of care were reviewed and evaluated by the HIV Health Services Planning Council over FY-2014-15, finalized in May of 2015 without any revisions required.

Prepared for

San Francisco Department of Public Health,
HIV Health Services, and the
HIV Health Services Planning Council

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Dedication

The Benefits Counseling Standards of Care are dedicated to the clients of the HIV Health Services system, to benefits counseling providers who devote themselves to providing services to others, and to individuals who are both client and provider in the San Francisco EMA.

Acknowledgments

Sincere gratitude goes out to all who contributed to the process of developing the Benefits Counseling Standards of Care. Special thanks go to the Benefits Counseling Working Group members who contributed their knowledge and experience to make these standards practical and worthwhile.

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BENEFITS COUNSELING

(Benefits Advocacy & Representation)

Standards of Care

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I. Introduction

The Ryan White HIV/AIDS Program, Part A, provides emergency assistance to Eligible Metropolitan Areas (EMAs) most severely affected by the HIV/AIDS epidemic. As it applies to San Francisco, the Ryan White HIV/AIDS Program stipulates that Part A funds should be used to provide access to integrated health services for persons living with HIV/AIDS (PLWHA) who:

- Reside within the San Francisco EMA; **and**
- Have no third party payment source (uninsured);
- Have limited third party coverage (underinsured); **or**
- Have been denied coverage by a third party payer (uninsured or underinsured).

In addition, enrollment priorities are as follows:

- First priority: Residents of the San Francisco EMA who have low or no income and are uninsured
- Second priority: Residents of the San Francisco EMA who have low or no income and are underinsured

Finally, Part A funds will be used only for services that are not reimbursed by any other source of revenue.

In addition to these federal guidelines, the San Francisco EMA has developed standards of care for all Part A-funded HIV health services in the San Francisco EMA. These standards, outlined here, are designed to define the minimally acceptable levels of service delivery and provide suggested measures to determine whether service standards are being met.

II. Overview

Benefits Counseling Standards of Care are designed to ensure consistency among the Part A benefits counseling services provided as part of the San Francisco EMAs continuum of care plan for PLWHA. These minimally acceptable standards for service delivery are not intended to promote a formula approach to the care of PLWHA but rather to provide guidance so that programs are best equipped to:

- Provide benefits counseling and advocacy to clients.
- Reach out to PLWHA in need of agency services.

- Meet the specific and unique needs of HIV-positive clients.
- Assist in identifying clients' needs for benefits.
- Support clients' access to and ongoing follow-up with primary and other supportive services.
- Participate in coordinated, client-centered, and effective service delivery networks within a harm reduction model.
- Identify and address barriers to services.
- Appropriately address issues of consent, confidentiality, and other client rights, for clients enrolled in services.
- Address clients' needs using a multidisciplinary team approach.

III. Description of Service

Benefits counseling, also referred to as benefits advocacy and representation, encompasses the following activities or services as a part of a multidisciplinary care team:

- Assessing clients' need for financial and health care benefits
- Assisting clients in understanding and applying for public and private financial, disability, and health care benefits
- Determining client eligibility for benefits
- Advocating for clients living with HIV to obtain federal disability benefits with corresponding Medi-Cal
- Assisting clients through the stages of applying for financial, health care, and/or disability benefits, as applicable for individual agencies
- Assisting clients with filing motions for reconsideration of a previous denial of benefits and filing requests for hearing of a previous denial in front of Administrative Law Judges, as applicable for individual agencies
- Representing and advocating on client's behalf at appeals councils
- Assisting clients who need to leave work due to disability to develop a transition plan (e.g., obtaining short and long-term disability, health insurance)
- Working with clients within the cycle of disability which includes accessing benefits when they leave work and when they return to work
- Working with clients in making informed choices which maximize their available benefit
- Communicating client service related needs, challenges, and barriers to case managers and/or other service team members
- Assisting clients in engaging in primary care
- Assisting client access the full continuum of care

IV. Unit of Service

A Unit of Service (UOS) is one hour of face-to-face contact between a client and a benefits counselor/client advocate or one hour contact on behalf of the client.

V. Standards of Care

A. Administration

Administrative standards ensure all staff providing benefits advocacy and representation are properly trained and credentialed, have an understanding of the scope of their job responsibilities, and that all programs funded are adequately staffed. As part of their administrative hiring procedures, programs are encouraged to recruit and hire individuals who reflect the diversity of the client target population.

Standard 1: Experience/education.

- Staff attorneys of programs providing benefits advocacy and representation are active members of the California State Bar
- Knowledge of specialized benefits such as Social Security benefits, short-term and long-term disability, COBRA, Medi-Cal, and welfare benefits
- Familiarity with state and federal laws regarding disability benefits
- Experience working and/or volunteering in direct client services within the HIV community or related social service experience
- Experience providing one-on-one counseling and advocacy
- Strong communication, reading, and writing skills
- Skill and comfort working with men who have sex with men, women, transgender, people of color, substance users, homeless and/or individuals with mental illness
- Preferred: Multilingual
- Preferred: Financial benefits counseling experience
- Preferred: Strong knowledge of HIV service providers in the appropriate Bay Area County
- Preferred: Proficiency in issues such as immigration, incarceration, and substance use and how it affects and relates to client's eligibility for public benefits.
- Preferred: Knowledge of harm reduction theory and practice.

Measure: Completed paperwork on file for all staff.

Standard 2: Staffing levels.

Contracted agencies will ensure appropriate staffing levels are reached and maintained to provide contracted services.

Measure: Full and part-time positions funded under contract are filled; OR appropriate actions being taken to fill positions.

Standard 3: Job descriptions.

Staff members will have a clear understanding of their job definition and responsibilities.

Measure: Written job description on file signed by the staff/staff supervisor.

Standard 4: Policies and procedures.

Each funded agency will have a written policies and procedures manual that contains both personnel and program policies and procedures for the following areas:

Personnel Policies and Procedures

- Annual performance reviews
- Staff training and other personnel policies (e.g., behavioral standards)

Program Policies and Procedures

- Client/client rights and responsibilities, including confidentiality guidelines (with particular discussion of confidentiality issues for PLWHA)
- Client grievance policies and procedures
- Client eligibility and admission requirements
- Nondiscrimination policies for clients with children
- Referral resources and procedures that ensure access to continuum of services
- All appropriate consent and representation forms (e.g., consent to share information, treatment consent, shared client data/registration system¹ consent form for San Francisco only, HIPAA requirements)
- Data collection procedures and forms, including data reporting
- Quality assurance/quality improvement
- Guidelines for language accessibility, including American Sign Language
- Plans for accommodating people with disabilities (plans should adhere to Americans with Disabilities Act (ADA) standards to the extent possible)

¹ The shared client data/registration system is maintained by the San Francisco Department of Public Health HIV Health Services and is currently referred to as REGGIE.

Measure: Written policies and procedures manual.

Standard 5: Staff training.

Regardless of credentials, all direct service staff members must receive ongoing HIV/AIDS training as appropriate for employee job function. It is required that benefits counselors, client advocates, and staff attorneys providing benefits advocacy and representation should have the following training:

- Cultural competency training
- HIV/AIDS specific training
- Harm reduction training as required by San Francisco DPH of all staff providing direct services
- Any additional training that provides the development of skills and knowledge to support the implementation of the Benefits Counseling Standards of Care, including training regarding updates or legal changes in benefits programs.

In addition, staff attorneys should be familiar with the following:

- General guidelines and information for attorneys and representatives highlighted on the website for the Social Security Administration (www.ssa.gov).

Measure: Documentation of all completed trainings on file.

B. Facility Standards

Facility standards are intended to ensure program safety and accessibility for both clients/clients and staff.

Standard 6: Standard safety requirements.

The program is located in a physical facility that:

- Meets fire safety requirements
- Meets criteria for ADA compliance
- Is clean and comfortable
- Complies with Occupational Safety and Health Administration (OSHA) infection control practices
- Has emergency protocols for health- and safety-related incidents posted
- Is free from anticipated hazards

Measure: **Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.**

C. Service Delivery

Standards related to service delivery define the minimum set of activities to be performed and under what parameters.

Standard 7: Intake.

- Determine client's current benefit's status and immediate needs.
- Inform client of services available.
- Obtain client information including eligibility and demographic information.
- Obtain client consent for services and signed release for sharing information with other providers to ensure coordination of services.
- Obtain release of information from client to allow benefits counselor/client advocate to obtain necessary medical records in order to support benefits claims.
- Obtain a representation form (Social Security Administration Form 1696) when necessary.

Measure: **Detailed documentation in client files.**

Standard 8: Assessment.

- Assess client's financial status, assets, employment status, and health insurance.
- If client was employed but is no longer able to work, review related employer benefits plan documents and employer personnel policies
- Obtain and evaluate all information necessary to determine client eligibility for public and/or private disability and health benefits.
- Review client's health status and obtain necessary medical records to apply for disability.
- Develop a written action plan with clients that detail steps necessary to qualify for and apply for benefits client is eligible for.
- Represent clients with benefits appeals at four stages of appeal, as applicable for individual agencies.

Measure: Detailed documentation in client files.

Standard 9: Benefits education and advocacy.

- Inform client of and discuss relationship of symptoms, functional limitations, and opportunistic infections to eligibility criteria for public and private disability benefits.
- Inform client of various public and private financial and health care benefits that he/she may be eligible for.
- Assist client in understanding the disability and/or benefits application process and/or appeal process.
- Assist client with completing appropriate forms and paperwork associated with application for benefits to which they are entitled.
- Assist clients through the appeals process for denials of benefits and/or disability claims.

Measure: Detailed documentation in client files.

Standard 10: Legal representation at benefits hearings.

- Conduct a careful review of documents related to the client's disability and gather additional evidence to support the claim of disability.
- Conduct necessary legal research and prepare legal briefs as related to individual client case.
- Represent clients at hearings when necessary.
- If an unfavorable decision was reached, represes at next level of appeal or refer client to appropriate agent who can represent client.

Measure: Detailed documentation in client files.

Standard 11: Information and referral.

- Provide clients with accurate information on available resources in the County.
- Provide referrals and linkages to services in the continuum of care that address the client's needs, as requested by client (e.g., money management services, housing, food, medical, substance use treatment, mental health services, counseling, case management services).
- Consult with case managers/care coordinators in order to facilitate appropriate referrals to programs and services that can successfully meet the client's needs.
- Assist clients in making informed decisions on choices of available service providers and resources.

Measure: Frequently updated inventories of services provided in-house and through referrals.

Standard 12: Coordination with the multidisciplinary team.

Work closely with clients' case managers, money managers/representative payee providers, treatment advocates, medical providers, or other members of care team to communicate client service related needs, challenges and barriers.

Measure: Detailed documentation in client files.

Standard 13: Outreach.

- Provide and disseminate program information to community organizations such as HIV/AIDS service organizations, clinics, mental health providers, substance use treatment programs, county agencies, emergency service providers, and hospitals to inform them of services offered by the agency.
- Provide and disseminate information to prospective clients on HIV/AIDS services in the County (San Francisco, Marin, San Mateo), including contact numbers, referrals, and education.
- As applicable to individual agencies, conduct workshops and trainings to service providers, especially physicians in private practice and public health settings to facilitate referral of their HIV+ patients in need of benefits counseling and advocacy.

Measure: Documentation in agency records of outreach activities.

D. Cultural sensitivity and competency

Standard 14: Cultural sensitivity and competency.

- Agency must have a nondiscrimination policy in place regarding hiring and client treatment that addresses issues of race/ethnicity, gender identity, sexual orientation, disability, and other relevant issues.
- Agency must show experience with the target population(s) or have a plan for developing staff sensitivity to the target population(s).
- Staff should be ethnically, culturally, and linguistically diverse or reflect the diversity of the population they serve.
- Services are provided using language and methods sensitive to the communities served.
- Services provide opportunities for clients to assist in identifying issues related to culture that may affect how they respond to services (e.g., primary language, spirituality needs, sexual orientation, immigration status, community identification, family needs, and customs).
- Service providers should have referral relationships that can address gaps in culturally competent services (e.g., if agency does not have Spanish-speaking staff, Spanish-speaking clients can be referred).
- Agency must have a cultural competency plan on file with the San Francisco Department of Public Health (for agencies in San Francisco).

Measure: **Adherence to the San Francisco DPH cultural competency requirements for agencies and services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.**

E. Coordination and Referral

The objectives of coordination and referral are to address the client's spectrum of needs in a comprehensive way, while minimizing duplication of services. Benefits counseling is a core component of the multidisciplinary team.

Standard 15: Coordination and referral.

- Coordination and referrals include identification of other service providers or staff members with whom the client may be working.

The agency will:

- Maintain working relationships with community organizations, county agencies, and medical sites that refer clients for benefits counseling in order to ease the referral process.
- Make sure that services for clients will be provided in cooperation and in collaboration with other agency services and other community HIV service providers to avoid duplication of efforts and encouraging client access to integrated health care.
- Consistently report referral and coordination updates to the multi-disciplinary team.

Measure: Documentation in client's record of referrals made; up-to-date benefits plan and progress in client's file documenting necessity of specialty referral, follow-up required, and desired outcome.

F. Quality Assurance and Service Maintenance

The objectives of quality assurance and service maintenance are related to periodic evaluations of client treatment plans, service delivery, and client satisfaction with service provision, the results of which lead to service improvement.

Standard 16: Client satisfaction survey.

Providers will conduct client satisfaction surveys (or other client satisfaction activity) at least annually.

Measure: Annual written summary and analysis of the program's client satisfaction activity.

Standard 17: Quality assurance.

The agency must have an active Continuous Quality Improvement (CQI) program to monitor care provided and identify means of improving care and services.

Measure: Written policies on CQI in place, including how data will be used to improve programs; one report per contract period on improvements made through CQI.

TABLE 1: Summary of Standards of Care Measures

Standard	Measure
1. Experience and education.	1. Completed paperwork on file for all staff.
2. Staffing levels.	2. Full and part-time position funded under contract are filled; OR appropriate actions being taken to fill positions.
3. Job descriptions.	3. Written job description on file signed by the staff/staff supervisor.
4. Policies and procedures.	4. Written policies and procedures manual.
5. Staff training.	5. Documentation of all completed trainings on file.
6. Standard safety requirements.	6. Compliance with all appropriate regulatory agencies, including ADA compliance; written policy describing plan for accommodating individuals with disabilities.
7. Intake.	7. Detailed documentation in client files.
8. Assessment.	8. Detailed documentation in client files.
9. Benefits education and advocacy.	9. Detailed documentation in client files.
10. Legal representation at benefits hearings.	10. Detailed documentation in client files.
11. Information and referral.	11. Frequently updated inventories of services provided in-house and through referrals.
12. Coordination with the multidisciplinary team.	12. Detailed documentation in client files.
13. Outreach.	13. Documentation in agency records of outreach activities.
14. Cultural sensitivity and competency.	14. Adherence to the San Francisco DPH cultural competency requirements for agencies and

	<p>services in San Francisco; adherence to relevant local county/city cultural competency plan for agencies and services in San Mateo or Marin County.</p>
<p>15. Coordination and referral.</p>	<p>15. Documentation in client's record of referrals made; up-to-date benefits plan and progress in client's file documenting necessity of specialty referral, follow-up required, and desired outcome.</p>
<p>16. Client satisfaction survey.</p>	<p>16. Annual written summary and analysis of the program's client satisfaction activity.</p>
<p>17. Quality assurance.</p>	<p>17. Written policies on CQI in place, including how data will be used to improve programs; one report per contract period on improvements made through CQI.</p>