

WEBINAR QUESTIONS AND ANSWERS

Setting the Standard: A Comprehensive Overview of Service Standards for Part A Planning Councils and Planning Bodies

Wednesday, November 4th, 2020 | 3:00 p.m. to 4:30 pm ET

SERVICE STANDARDS – GENERAL QUESTIONS

How often and when should service standards be reviewed?

Service standards should be reviewed at minimum every 3 years. Some jurisdictions choose to review their service standards annually or quarterly. If there is an advance in clinical care (e.g., ART) then it may be required to maintain clinical standard of care.

What is the difference between the service standard and the directives?

Directives are guidance to the recipient on how to best meet identified service needs, and are part of PSRA -- service models, geographic focus for services, etc. Service standards are requirements for funded sub recipients providing a particular service, indicating the components of the service and how they are to be provided. There is universal standards covering all service categories, plus specific service standards for every service category that is funded by the Part A program.

In regards to the outcomes and performance measures not being included on the service standards, is there a reference we can refer back to? Information about this can be found in the Training Guide: <http://www.targetHIV.org/planning-chatt/training-guide>

In essence, I heard that the service standards should reflect the key components and process of service delivery. Anything else? What key items (not components) should be included?

Service standards guide providers in implementing funded services. They typically address the elements and expectations for service delivery, such as service components, intake and eligibility, personnel qualifications, and client rights and responsibilities. The service standards set the minimum requirements of a service and serve as a base on which the recipient's clinical quality management (CQM) program is built. Service standards must be consistent with HHS guidelines on HIV care and treatment as well as HRSA/HAB standards and performance measures, including the National Monitoring Standards.

Please clarify the statement listed on PPT - jurisdictions should not include performance measures or health outcomes in service standards.

Jurisdictions should not include performance measures or health outcomes in their service standards. The standards should be incorporated in the RFP and sub-recipients respond on their ability to perform the standard in application. If the application is successful, it is outlined in the contract. The monitoring in that case would include review of the obligations set forth in the contract that is based on the standard. Therefore, it is an administrative function that relates to compliance and meeting the terms outlined in the contract. Outcomes are essential to measure the impact of the services delivered. There may be adjustments in standards based on outcome data, but it is a separate measurement from compliance. (e.g., the ability to discern when a completely compliant sub-

recipient abiding by standards that may be outdated and there is an increase on client acuity, and/or failure to reach adherence goals and viral load suppression).

LOS ANGELES EMA EXPERIENCE WITH SERVICE STANDARDS

Can Los Angeles share their service standards?

A copy of Los Angeles' can be found here: <http://hiv.lacounty.gov/Standard-Of-Care>

How do you ensure standardizations across services?

[We] lean on the universal standards of care. [Recently], the point of highest discussion has been cultural competency. Based on the issues within the service categories, [determines] when it will change. [Housing] is a [good] example.

Do you all keep a glossary?

[We do not have a glossary]. However, we define the vocabulary and acronyms that people may be unaware of and make sure to use plain language.

ST. LOUIS TGA'S EXPERIENCE WITH SERVICE STANDARDS

[Is St. Louis TGA] willing to share [their service standards] template?

The template can be found here: <http://stlplanningcouncil.com/files/St.-Louis-TGA-1-Universal-Service-Standards-PC-Approved-12.11.2019.pdf>

For a comprehensive view of St. Louis TGA's service standards, you can go here: <http://stlplanningcouncil.com/documents/standards-of-care/>

Could the presenter from St. Louis TGA provide attendees with a copy or sample of the related recipient and planning council roles and responsibilities document they prepared?

A copy of the policy and procedures can be found here: http://stlplanningcouncil.com/files/4_Service-Standard-Policy-and-Procedure-PC-Approved-8.19.2020.pdf

What process do you use to encourage ongoing robust recipient input [other than] the needs assessment process?

We use an MOU (Memorandum of Understanding), AAM (Assessment of the Efficiency of the Administrative Mechanism), Directives, Policies and Procedures, as well as monthly reports to Executive Committee and Planning Council to encourage input.

Can you give examples of questions you ask consumers so you can incorporate their input into the service standards?

We ask if the service standard is reflective of their experience in getting the service. We also ask if everyone understands the process and how it works as we move through each section of the service standards.

Could someone share a timeline for reviewing the standards? If you review a series of meetings, how many are you reviewing in each meeting to not overburden people who are contributing?

St. Louis has shared that they review one service standard per meeting. They work on it until it is completed and then move on to another service standard at the next meeting.