



Life Care and Early Intervention Services (LCEIS) Universal Standards

Qualification of Service Providers¹

Standard 1: Persons delivering LCEIS services are qualified to deliver such services.

Service	Description of Qualifications
HIV prevention services for people not living with HIV	<p>Pre-exposure prophylaxis (PrEP) clinical and laboratory testing services must be provided by, or under the direct supervision of, a licensed physician, physician’s assistant, clinical nurse specialist, or nurse practitioner in an outpatient medical setting.</p> <p>PrEP navigation must be delivered by providers who are knowledgeable in HIV prevention interventions, PrEP/PEP, and STIs along with excellent working knowledge of social and health service agencies.</p>
Medical care for people living with HIV	<p>Outpatient Ambulatory Health Services must be provided by, or under the direct supervision of, a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner. These health care professionals must be certified in their jurisdictions to prescribe medications in an outpatient setting such as a clinic, medical office, urgent care clinic, or mobile van.</p> <p>Oral health services must be provided by appropriately licensed and credentialed dental practitioners, dental specialists, dental hygienists, and dental assistants. All dental practices should be able to provide routine dental care for adult or pediatric clients who are living with HIV.² However, highly complex oral health conditions may require specialty care from oral health care professionals with HIV-specific training and expertise.</p>

¹ Service providers, also referred to as providers, are staff at a recipient agency who are trained to provide LCEIS services.

² Dental Alliance for AIDS/HIV Care. Principles of oral health management for the HIV/AIDS client. Cited in [ADA Oral Health recommendations regarding HIV.](#)

Service	Description of Qualifications
Early Intervention Services (EIS)	<p>Peer Navigation Services must be delivered by providers who have had experience living with or have been impacted by HIV, familiarity with successfully navigating HIV care services and health care systems, experience working with racial/ethnic minorities and the LGBTQ community, and experience working with or volunteering with HIV/AIDS community organizations.</p> <p>Linkage to Care Specialists will possess bachelor's or master's degree in health, human, or education services; an associate degree in health or human services or an individual with lived experience or a history of connecting individuals to community resources can be considered regardless of educational background status.</p>
Support services for people living with HIV	<p>Financial services must be delivered by providers who are knowledgeable of financial assistance, both governmental and nongovernmental, and have the skills to assist clients in navigating social support systems.</p> <p>If transportation is given by providers, non-service provider staff or volunteers, they must be appropriately licensed and insured and trained on how to handle acute medical, behavioral and/or automotive emergency situations.</p> <p>If legal advice is provided by attorneys, they must be licensed to practice law in the state of Wisconsin. All non-licensed staff must be supervised by licensed attorneys.</p> <p>Providers, non-service provider staff, or volunteers involved in food preparation, handling, or distribution must be properly trained to prevent foodborne illness, including the topics of food preparation, proper storage, separating raw and ready-to-eat foods, and maintaining cleanliness during food handling. All staff must understand the need to report symptoms of vomiting, diarrhea, jaundice, sore throat with fever, infected wounds, or pustular boils.</p> <p>Patient advocacy and benefits counseling providers must be knowledgeable about health care coverage options; other public and private programs; financial assistance from sources such as health system charity care programs or private nonprofit organizations; financial counseling; and client-specific advocacy.</p> <p>Pastoral services:</p> <ul style="list-style-type: none"> • Any counseling services must be provided or supervised by a licensed or accredited provider wherever such licensure or accreditation is either required or available. • All pastoral care counselors must have appropriate and valid licensure as required by their jurisdiction.

Service	Description of Qualifications
	<ul style="list-style-type: none"> If support groups are available, they should be run by support service staff or volunteers with experience in active listening, group facilitation, conflict de-escalation/resolution, roles and responsibilities of peer emotional support, and awareness of resources for appropriate referral.
Counseling and Therapy	<p>Mental health services must be provided by a mental health professional licensed or authorized to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.</p> <p>Substance Use Disorder Treatment must be provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the state the provider is practicing in. This includes Substance Abuse Counselor-in-Training (SAC-IT), Substance Abuse Counselor (SAC) or Clinical Substance Abuse Counselor (CSAC). A professional who is licensed by the Marriage and Family Therapy, Professional Counseling and Social Work Examining Board may carry out addiction-related duties on the strength of their license and can achieve adjunct specialty certification. See Administrative Codes for further clarification on who can provide this service.</p>
Homecare services and supplies	<p>Homecare services and supplies must be provided based on a written plan of care established by, or under the direct supervision of, a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting.</p> <p>Any personal care provided in the client's home must be provided by a regulated personal care agency.</p>
Case Management Services	<p>Providers will possess bachelor's or master's degree in health, human, or education services; an associate degree in health or human services or an individual with lived experience or a history of connecting individuals to community resources can be considered regardless of educational background status.</p>
Case Management Services—Supervisors	<p>Providers will possess a master's degree in health or human services and two years of case management experience; or bachelor's degree in health or human services and three years of case management experience.</p> <p>The above requirements can be waived in situations where the candidate has four or more years of professional experience providing case management or other HIV-related services but does not meet the above criteria.</p>

Documentation

Documentation that staff meet these qualifications must either be kept in each staff personnel record or be readily verifiable using independent means (such as the [Credential/Licensing Search](#) maintained by the Wisconsin Department of Safety and Professional Services).

Intake and Eligibility Determination

Standard 2: Intakes are conducted in a safe, welcoming, and trauma-informed way.

Providers or non-service provider staff who conduct intake services must create a safe, welcoming, and trauma-informed environment for all new clients to encourage retention in services.

Documentation

Providers or non-service provider staff must be able to describe clinic policies, protocols, and practices that create an environment to build client rapport.

Standard 3: Intake may be performed by providers, non-service provider staff, or interns.

Intake may be performed by recipient staff or interns who are not providers given that they meet all the following criteria:

- Are an employee or intern of the recipient.
- Received proper onsite training and signed the agency confidentiality agreement.
- Completed the HIV Basics Online Course offered through the University of Wisconsin HIV Outreach Project Training System.

Documentation

The client record must indicate who performed the intake. If the client record shows that intake is performed by someone who is not a provider, the required criteria must be documented in their personnel file.

Standard 4: During initial contact, key information about the client must be collected.

Providers must attempt to collect and/or confirm the following client information:

- Contact and identifying information
- Emergency contact, if available
- Insurance status
- Documentation of residing in Wisconsin
- Demographic information
- Contact information for other service providers and corresponding Release of Information (ROIs)
- Proof of HIV diagnosis

In some cases, assessment services clients are transitioning from another HIV service provider and this information can be transferred from their previous provider. Information can also be gathered from any existing client record at the agency where assessment services are being provided.

Documentation

Documentation of all elements outlined above must be completed within 30 days of first visit, initial referral, or contact. Documentation must show any corresponding Release of Information (ROIs) as needed and when applicable.

Standard 5: Providers of Life Care and Early Intervention Services (LCEIS) ensure services are delivered in accordance with the Wisconsin Life Care and Early Intervention Services Eligibility and Recertification Policy and Procedures.

Providers are responsible to determine eligibility at enrollment and to confirm eligibility annually.

Documentation

Client records must document that the client is living with HIV or not living with HIV and taking pre-exposure prophylaxis (PrEP) and resides in Wisconsin at initial enrollment in accordance with the Wisconsin Life Care and Early Intervention Services Eligibility Policy.

Standard 6: Providers ensure that LCEIS funding is used as a payer of last resort* by assessing client eligibility for third-party funding sources.

Providers must screen each client for insurance coverage and eligibility for third-party programs, such as Medicaid, Medicare, and private health insurance, and assist the client to apply for such coverage.

Clients will not be required to apply and pay for insurance that provides inadequate coverage for essential health services (including pharmacy) or is deemed unaffordable to the client.

Insurance is deemed unaffordable if it does not meet the following criteria:

- It is not designed to pay at least 60% of the total cost of medical services for a standard population.
- Its benefits do not include substantial coverage of physician and inpatient hospital services.

For more information see the [Health Insurance Marketplace Employer Coverage Tool](#).

The services paid for by the third-party source must be equivalent in quality (in terms of standards of care) to those provided by a LCEIS-funded provider and reasonably accessible.

*These provisions do not apply to Ryan White, Veterans Administration, and Indian Health Services benefits.

Documentation

Client records must document eligibility for third party programs, including evidence of any assistance to apply for such coverage. Client records must document if coverage is deemed unaffordable to the client.

Confidentiality

Confidentiality assures protection for release of information regarding Protected Health Information (PHI) or use of services.

Standard 7: Each recipient must protect client confidentiality in accordance with state and federal laws, including the Health Insurance Portability and Accountability Act (HIPAA) when applicable, and has a system for the safeguarding of client information.

Each recipient must have a client confidentiality policy that is in accordance with state and federal laws that includes:

- Recipient's staff confidentiality agreement.
- Training of staff and volunteers.
- Data release policies.
- Recipient policy on storing client information.
- Confidentiality of data sent or received by mail, fax, telephone, voicemail, or email.
- Maintenance of confidentiality and security when information is taken out of the office.
- Penalties for violating the recipient policy.
- Procedures for investigating breaches of confidentiality.

Documentation

The recipient's confidentiality policy must be available for inspection and includes all the required criteria. Site visits may include inspection of the area where physical client records are stored.

Standard 8: An up-to-date client Release of Information (ROI) form must exist for each instance when data is released.

The ROI form utilized by the provider adequately describes the circumstances under which client information can be released. When information is shared the ROI must cover the date of release.

The ROI form must:

- Be signed and dated by the client or client representative, parent, or guardian when applicable.
- List the name of agency or individual with whom information will be shared.
- Describe the information to be shared for the duration of the release.

Documentation

A signed ROI form must be in the client record and include all required elements. Copies of recipient's information sharing policy must be available for inspection.

Standard 9: All providers, non-service provider staff and volunteers, must sign a statement agreeing to adhere to the practice of confidentiality set forth by the recipient.

All providers, non-service provider staff or volunteers, who have access to client records must sign the recipient's confidentiality agreement.

Documentation

The recipient must have signed staff confidentiality agreements for each provider, non-service provider staff and volunteer on file.

Standard 10: Providers must have a policy on storing sensitive client information in a secure manner.

Recipient policy must address storing client information and includes both access to physical (paper) records and electronic records.

Documentation

The recipient must demonstrate that records are stored in a locked file, cabinet, or room and that electronic files are password protected with limited access to appropriate personnel. Passwords must be unique for each personnel accessing client information.

Standard 11: Recipients must have a policy for retaining client records, as well as for destroying records that pass the retention date.

Records must be stored and accessible for a period of six years after the closing of the case. After the sixth year, records can be destroyed in a way that will maintain confidentiality.

Documentation

The recipient must have a record retention policy on file.

Culturally and Linguistically Appropriate Services (CLAS)

Providers of LCEIS in Wisconsin must provide services that are culturally and linguistically appropriate.

Standard 12: Recipients must ensure the competence of language assistance provided to limited English proficient clients by interpreters, translators, and translated documents.

In assessing language assistance needs of clients with limited English proficiency (LEP), recipients utilize the "four factor test" developed by the U.S. Department of Health and Human Services (HHS).

If you are providing Outpatient Ambulatory Health Services (OAHS), please refer to the OAHS Standard for more information.

For oral translations, all recipients must assure access to services for clients with LEP in one of the following ways (listed in order of preference):

- Bilingual staff who can communicate directly with clients in the requested language.
- Face-to-face interpretation provided by qualified staff, contract, or volunteer interpreters.
- Telephone interpreter services (for emergency needs or for infrequently encountered languages).

Consistent with federal HHS “safe harbor” guidelines, recipients must have:

- Written translation of all vital documents given to clients if there is a LEP group that constitutes 5% of the clients likely to be served, or 1000 clients, whichever is less.
- Written notice (in the primary language of the group) of the right to receive competent oral translation of vital written materials, free of charge, if the LEP group consists of fewer than 50 persons but represents at least 5% of the clients likely to be served.

In this context, “vital documents” include any written form that is essential for a person to access the program or services, which includes but is not limited to: consent forms; complaint or grievance forms; intake forms; written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services; notices advising LEP persons of free language assistance; and applications to participate in a program.

Documentation

If a client chooses to have a family member or friend as their interpreter, the provider must obtain a written and signed consent in the client’s language. The family member or friend must be over the age of 18 and able to communicate fluently in both English and the requested language of the client.

Recipients must document that they provide vital written documents in the requested language of the populations served.

Recipients must document access to services for clients with LEP through the following:

- Résumés on file for providers offering bilingual services that demonstrate bilingual proficiency and training on the skills and ethics of interpreting.
- Any testing or training completed by providers offering bilingual services.
- Copy of certifications on file for contract or volunteer interpreters.
- Listings or directories on file for telephone interpreter services.
- Family/friend interpretation consent forms signed by client and maintained in client file.
- Documentation that written translations were done by competent translators.
- Documentation if translation services are declined by client.

Standard 13: Recipients recognize the importance of delivering culturally and linguistically appropriate services and continuously improve their service delivery in this regard.

A commitment to culturally and linguistically appropriate services (CLAS) is reflected in multiple ways at multiple levels in a provider organization.

The eight primary signs of commitment to CLAS are:

- How governance/leadership has addressed CLAS and health equity.
- How the organization has incorporated CLAS into recruiting, promoting, and supporting their workforce.
- How governance, leadership, and workforce have been trained on CLAS.
- How language assistance has been provided for persons with limited English proficiency.
- How the organization’s goals, policies, and management have incorporated CLAS.
- How data has been collected, monitored, and analyzed in furtherance of CLAS.

- How communities have been involved in designing, implementing, and evaluating the CLAS-related efforts of the organization, and how community assets and needs have been assessed and addressed.
- How the organization’s progress regarding CLAS has been communicated to stakeholders, constituents, and the public.

Documentation

Recipients must demonstrate progress toward addressing the eight CLAS indicators.

The Wisconsin Communicable Disease Harm Reduction (CDHR) Section recognizes that recipients are at different stages of implementing CLAS and will support organizations in assessing their current level of commitment and identifying opportunities to expand, revise, and maintain progress.

Accessibility of Services

Recipients must demonstrate that funded services are accessible to all people living with HIV or people impacted by HIV, including people who are lower-income and people with disabilities.

Standard 14: Recipients must ensure clients with disabilities do not face barriers when accessing funded services.

Recipients must comply with the [Americans with Disabilities Act \(ADA\)](#).

Documentation

The recipient must have written policies and procedures that document compliance with the ADA.

Standard 15: Recipients must have written eligibility and grievance policies and procedures that include accessibility.

Services are offered to any person meeting eligibility requirements within the service area, regardless of disability. Grievances based on inaccessibility are appropriately investigated and action is taken promptly.

Documentation

Recipients must have written eligibility and grievance procedures on file. A log or another way to document action on accessibility-related grievances, must be available for inspection upon request.

Standard 16: LCEIS must be provided without regard to the ability of the client to pay for such services and regardless of the current or past health condition of the person with HIV.

No charges may be imposed on a client if they are unable to pay for services.

Documentation

Recipients must have written documentation that there are no charges for any funded services available for review.

Standard 17: Recipients must ensure that services are provided in a setting that is accessible to individuals with low-income.

Providers must encourage, and must not discourage, access to services for individuals with low income.

Clients cannot be denied access to a funded service due to the billing and collection policies of the recipient. This includes provider requirements for up-front payment, payment of copayments or coinsurance, documentation of income, or any other procedure that denies services for nonpayment.

This includes funded recipients that are housed within larger organizations. The facilities, policies, and practices of the larger organization must encourage, and must not discourage, access by low-income individuals.

Documentation

Recipients must demonstrate that facilities, policies, and practices encourage, and do not discourage, access by individuals with low income.

Recipients must demonstrate that the facility is accessible by public transportation or provide transportation assistance.

Recipients must demonstrate that they conduct outreach or other promotional strategies for lower-income clients to be informed of the services and associated eligibility requirements.

Assessment for Services

Assessment services provide one-on-one assessment and support for clients managing all aspects of living with HIV.

Standard 18: Provider will determine client needs by using tools such as the Wisconsin Acuity Index Tool (WAI) and the Comprehensive Assessment to assess for services.

- The WAI must be completed within 30 days of intake and evaluate client level of needs.
- Every effort should be made to complete the comprehensive assessment within 90 days after intake.

If client declines being assessed for services, this must be documented in client record.

Documentation

The client record must document the results of the assessments as well as the actions being taken by the case manager consistent with this requirement. If these assessments were not completed in a timely manner, the client record must document circumstances leading to the delay in completion.

Standard 19: Based on assessment findings, the provider and client will collaboratively work together to help meet client needs.

The provider will make every attempt to ensure that client is aware of various resources available to them and will be primarily in charge of connecting and referring client to partnering agencies that offer services deemed necessary during the assessment process.

Documentation

All referrals to partnering agencies must be documented in the client record.

Referral Systems

People living with HIV (PLWH) present with many important clinical and support needs, and it is unlikely that any single recipient can meet all such needs with internal resources. Up-to-date referral systems are an essential component of high quality, comprehensive care.

Standard 20: Recipients must maintain appropriate referral relationships with entities that meet the many needs of PLWH.³

Referral relationships will be based on an understanding of the specific needs of PLWH as identified by needs assessments and in response to needs frequently expressed during case management and other encounters.

Referral relationships must include a plan to refer to key points of entry. Such relationships should include a plan to refer to such places and to receive referrals from such places.

Key points of entry include:

- Emergency rooms.
- Substance abuse and mental health treatment programs.
- Detoxification centers.
- Detention facilities.
- Clinics that treat sexually transmitted infections.
- Homeless shelters.
- HIV counseling and testing sites.
- Federally Qualified Health Centers.
- Ryan White Part A, B, C, D and F grantees.

Documentation

Requirements regarding referrals must be documented in requests for proposal; memoranda of understanding or letters of agreement; and contractual statements of work.

Written referral agreements, including specified points of entry, must be available for inspection.

³ HRSA Fiscal Monitoring Standards, Part G, Items 4-5, pp. 28-29.

Client records must include documentation of referrals to and from key points of entry and other service providers.

Quality Improvement

The Wisconsin CDHR Section has developed the Statewide Quality Plan and has implemented clinical quality management (CQM). Recipients play an essential role in fulfilling this plan and contributing to the statewide CQM program.

Specifically, the Wisconsin CDHR Section works with recipients to implement, monitor, and exchange any data for performance measurement and quality improvement activities. Overall, CQM at the statewide and local levels is intended to assess the extent to which services are consistent with federal and state guidelines and/or standards and to develop strategies to ensure such consistency, leading to improved access to and quality of HIV services.

Standard 21: Recipients must assemble an agency quality committee to identify CQM opportunities, prioritize CQM measures, and monitor CQM data collection.

Recipients must assemble an agency quality committee that actively can include clients or consumers as well as front line employees, supervisory and management staff, and key external collaborators and stakeholders. Client involvement and feedback is required and can happen outside of regular CQM meetings.

Quality Committee meetings must be documented including the date of meeting; minutes from each meeting; names and titles of people on the committee; meeting attendance; and committee recommendations.

Documentation

Minutes of the quality committee must demonstrate identification of CQM opportunities, prioritization of measures, and provision of data collection and analysis will upon request.

Standard 22: Recipients must budget specific resources to conduct CQM for their organization.

Contractual agreements between the Wisconsin CDHR Section and recipients will address CQM and will identify resources for CQM in contractual budgets (included in awarded funds or a component of matching funds).

Documentation

Contracts must identify resources to implement and conduct CQM.

Standard 23: Recipients implement at least one quality improvement activity each year.

Quality improvement activities may be ongoing (across multiple years) or completed within a single year.

Each activity must:

- Involve oversight by, and reporting to, the agency quality committee.

- Be logically related to the Department of Health Services (DHS) Statewide Quality Plan.
- Incorporate performance measures and data collection.

Documentation

The recipient must document the quality improvement activity implemented at the local level, including data collection, data monitoring, results analysis, and periodic reports to the local quality committee. At least annually, the recipient must deliver a CQM report in a format prescribed by the Wisconsin CDHR Section to the Wisconsin CDHR Section describing key outcomes and implications for improving the quality of funded services.

Standard 24: Supervisors must complete chart audits on a quarterly basis.

When supervisor signature is not required for the Wisconsin Acuity Index (WAI), service plan, or other forms, supervisors must audit files for quality assurance on a quarterly basis.

Documentation

The supervisor must document that an audit was completed along with any findings. Plans for correction and staff education will be clearly stated in this documentation.

Prevention of Fraud, Waste, and Abuse

Recipients must implement activities intended to prevent fraud, waste, and abuse.

Standard 25: Recipients must demonstrate a structure of ongoing efforts to avoid fraud, waste, and abuse or mismanagement in any federally funded program.

Recipients must develop policies and procedures concerning fraud, waste, and abuse.

Recipients must have an Employee Code of Ethics that includes:

- A conflict-of-interest statement.
- Restrictions on use of agency property, information, or position without approval or to advance personal interest.
- Fair dealing by engaging in fair and open competition.
- Confidentiality.
- Protection and use of company assets.
- Compliance with laws, rules, and regulations.
- Timely and truthful disclosure of significant accounting deficiencies.
- Timely and truthful disclosure of non-compliance.

For Medicare or Medicaid providers, recipients must have a corporate compliance program (as required by the U.S. Health Care Financing Administration).

Nonprofit agency bylaws or board policies must include standards of conduct for members, including:

- Conflict of interest.
- Prohibition of the use of agency assets for personal use.
- Procedures for open door communication.

Documentation

The recipient must have documentation on file including:

- Corporate Compliance Plan (required by HCFA if providing Medicare- or Medicaid- reimbursable services).
- Personnel policies.
- Code of ethics or standards of conduct.
- Bylaws and board policies.
- On-file documentations of any employee or board member violation of the code of ethics or standards of conduct.

Recipients must demonstrate that they have adequate policies and procedures to discourage soliciting cash or in-kind payments for:

- Awarding contracts.
- Referring clients.
- Purchasing goods or services.
- Submitting fraudulent billings.

Recipients must have employee policies that discourage:

- Hiring of persons with a criminal record for an offense that might relate to financial impropriety, endangerment of clients, or the inappropriate release or use of confidential information.
- Hiring of persons being investigated by Medicare or Medicaid.
- Use of large signing bonuses.

Fiscal and Accounting Systems

LCEIS funding comes with strict requirements for fiscal capacity and accountability.

Standard 26: Every recipient must have a fiscal and accounting system that is sufficient to assure compliance with state requirements.

At a minimum, a recipient's fiscal and accounting system must demonstrate:

- Capacity to budget for and track administrative expenses.
- If budgeting for indirect costs, meeting the requirements outlined in the [Wisconsin DHS Allowable Cost Policy Manual](#)
- Capacity to report expenditures by service category, including personnel and other direct costs.
- If utilizing subcontractors, the capacity to properly monitor subcontractor compliance.
- Systems to ensure that revenue from sources other than the LCEIS grant are used to offset the expenditures that would otherwise be charged to the grant, including payments from private insurance companies or Medical Assistance. In cases where the amount collected from third parties exceeds the planned amount, the excess revenue must be used to offset expenditures previously charged to grants.

- Capacity to bill and collect from third party payers for services that are billable.
- Documented status as a Medicaid provider, for any service that could be billed to Medicaid.
- Capacity to bill, track, collect, and report all program income arising from grant-related activities, and the use of program income to offset expenditures that would otherwise be charged to the grant.
- System to detect and prevent disallowed uses of funding.
- Capacity to inventory and track assets and, when appropriate, revert ownership back to the state of Wisconsin.
- Capacity to make available to the CDHR information on the allocation and costing out of expenses for services provided, calculate unit costs based on historical data, demonstrate reasonableness, and reconcile projected unit costs with actual unit costs on a yearly or quarterly basis.
- Capacity to charge reasonable indirect and allocated costs in accordance with a written agency-wide Cost Allocation Plan and an agency-wide Indirect Cost Plan. These plans must be in accordance with the requirements of the applicable [federal cost principles](#) and must be reviewed by the agency's independent auditor as a part of the annual audit.

Documentation

Recipients must be responsive to requests for descriptions of systems, inspection of fiscal and accounting records, and audit requirements.

Standard 27: Recipients must comply with audit requirements, which vary based on the size of award and other criteria set by the Wisconsin CDHR Section.

Recipients must comply with the audit requirements reflected in any contracts with the Wisconsin CDHR Section contracts, which may include:

- Arranging for a single audit in accordance with [2 CFR 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#).
- Supplying complete audited financial statements, including management letters, to DHS annually.

The single audit will require the recipient to prepare and provide the auditor with income and expense reports, timesheets, general ledger, documentation of transactions, and verification that payer of last resort requirements were met.

Documentation

The recipient must deliver a copy of the audited financial statement to the Wisconsin CDHR Section in a timely manner, including all schedules and sub reports, as well as the auditor's management letter.

Grievance Procedures

Standard 28: Recipients must develop fair and reasonable grievance policies and procedures to address client complaints that cannot be resolved informally.

Grievance policies and procedures must be in writing and must include:

- An appeal process.
- Prohibition on non-service provider staff and volunteers from discriminating or retaliating against clients for filing a grievance or because of any conditions resulting from resolution of the grievance.
- A requirement to provide clients with written notification of rejection of the grievance.
- A requirement to inform clients aware of their right to file a grievance with the Wisconsin CDHR Section in instances where clients feel their complaints are not being adequately addressed by the subgrantee agency.
- A requirement to provide non-service provider staff and volunteers with the agency grievance policy and procedures and to train them accordingly.
- A requirement to post the grievance policy and procedures in prominent areas accessible to staff and clients.
- A requirement to inform clients of the grievance policy and procedures.
- A record retention policy for grievance-related records.

The standards listed above do not supersede applicable state or federal laws or regulations.

The grievance policy and procedures must also include specific processes and timelines for:

- Initiating a grievance following the event(s) that triggered the grievance.
- Providing the initial response from the agency acknowledging receipt of the grievance.
- Investigating event(s) that led to the grievance.
- Providing notification of extension of time needed for the agency to investigate the grievance.
- Providing written notification to the aggrieved of the decision of the grievance, including results of the investigation, any resulting changes in policy and/or procedure and/or any redress to the aggrieved.
- Providing written notification of the right of the aggrieved to appeal the initial decision, including timeframes for submitting an appeal.
- Providing written notification to the aggrieved of decision and/or appeal.
- Developing a process for transferring grievances to the Wisconsin CDHR Section.

Documentation

Documentation of formal grievances must include:

- Name or client ID of the aggrieved.
- Date the grievance or appeal was filed, and if applicable, date of resolution.
- Summary statement of the reason(s) for the grievance, significant facts of the investigation and the resolution of the grievance.
- If appealed, all the above information pertaining to the appeal.

Documentation of grievances and appeals must be maintained for a minimum of five years from the date of resolution.

Client Rights and Responsibilities

Standard 29: Recipients must ensure that clients receiving LCEIS are aware of their rights and responsibilities prior to receiving a service.

Written materials informing clients of their rights and responsibilities must include explanations of the following rights for clients:

- Recipients must provide services to eligible clients regardless of the client's ability to pay for the service and/or the client's current or past health condition.
- Services must be available and reasonably accessible to all people living with HIV or impacted by HIV who reside in Wisconsin, and request services within the agency's service area.

Recipients must be accessible to individuals including people who are lower-income and people with disabilities.

Recipients must be accessible by public transportation (or through provision of transportation assistance) and comply with the Americans with Disabilities Act (ADA). In addition, these materials will include the following information:

- Descriptions of services provided and eligibility requirements for such services.
- Notice that services are voluntary, and clients have rights to decline any or all services.
- Mutual expectations of the program and client conduct when receiving services.
- Procedures for ensuring client receipt of materials outlining rights and responsibilities.
- Wisconsin Communicable Disease Harm Reduction Section Grievance Policy

Documentation

Written examples of the rights and responsibilities document distributed to clients must be available for inspection and will include all required information listed above.

Crisis Intervention

Standard 30: Recipients must have policies and procedures for addressing crises related to a client's mental health, substance use, or other emergency issues during business as well as non-working hours.

Written crisis policies and procedures will address any relevant factors listed below:

- Emergency health care (during and after business hours).
- Emergency behavioral health services (during and after business hours).
- Threats of harm to self or others.
- Emergencies related to homelessness, especially risk of harm due to inclement weather.
- Continuity of services during declared emergencies.
- Specific procedures for addressing client crises during business hours and non-working hours.

- Process for client assessment that is used to determine specific actions steps and/or need for an individual crisis plan.
- Specific training for providers, non-service provider staff and volunteers.

All providers, non-service provider staff, and volunteers must be given a copy of the agency crisis intervention policy and procedures and trained accordingly.

Documentation

Recipients must document that the crisis intervention policy and procedures are distributed to all providers, non-service provider staff and volunteers. There must be documentation of providers', non-service provider staff and volunteers' attendance at training related to policies and procedures.

Client Transitions to Another Provider or Recipient for Services

When clients transition to another provider or recipient for services, whether voluntarily or involuntarily, there is a greater likelihood of clients being lost to care. Extra steps must be taken during transition periods to increase the likelihood of retention in care.

Standard 31: Voluntary client transitions to other providers or recipients must be seamless and emphasize uninterrupted access to care whenever possible.

When clients express that they will be transferring to another provider or recipient, this transition must be handled with courtesy and professionalism.

Whenever possible, all transition of eligibility, medical and other records will happen within 30 days of request and must include all items requested by the client and the provider, within the limits of HIPAA and other laws, regulations, and policies.

Documentation

The recipient must document how its protocols, policies, and practices regarding voluntary transfers emphasize uninterrupted access to health care.

Client records must document steps taken to transfer care to another provider or recipient.

Standard 32: Providers must establish criteria by which clients will be transferred to other providers or recipients without client request.

Clients may need to be transferred to other providers or recipients for a variety of reasons, including client behavior that poses a threat to clinic staff and clients. All other means of resolving conflict need to be taken prior to involuntary transfers.

Each recipient must establish criteria and processes for such transfers and apply it consistently, while still attempting to prevent interruptions in care.

Documentation

The recipient must document how its protocols, policies, and practices regarding involuntary transfers emphasize uninterrupted access to care.

Client records must document steps taken to transfer care to another provider or recipient.

Discharge From Services

Standard 33: Client discharge from services due to behavioral reasons must be a last resort.

When clients behave in ways that cause harm to the staff of a program, they may be discharged from services and the recipient agency.

If the client cannot reasonably access services at another clinic, and discharge would result in the lack of access to medical care, clients cannot be discharged for behavioral reasons. In these situations, modifications will be made outlining when and with whom the client can access the clinic. In any instances of this nature, the HIV Care Services Coordinator can be contacted for technical assistance.

Whenever possible, behavioral discharges must include information on other locations for the client to receive services, a copy of the program grievance policy, and 30 days of continued assistance from staff who were not involved with the situation(s) resulting in discharge.

Documentation

Recipients must have protocols, policies, and practices in place related to discharge for behavioral reasons emphasize uninterrupted access to services must be available for review.

Client records must document steps taken to transfer care to another provider, justification for any unsuccessful transitions, and technical assistance requested and received, if applicable.

Standard 34: If reason for discharge is “client death,” the provider must offer assistance to members of the client’s support system when requested.

Referral information about grief counseling and other support services is shared with members of the client’s family and/or support system when requested.

Documentation

The client record must document that services are offered, if requested, to members of the client’s family and/or support system if reason for discharge is “client death.”

Standard 35: Whenever possible, service providers inform client of plans to discharge.

Clients must be informed of plans to discharge no later than 30 days prior to end of services. Clients will be informed using the best available contact information and method(s), such as face-to-face or virtual meetings, phone calls, text messaging, e-mail or electronic messaging, and mail.

Documentation

Client record must contain documentation that client was informed of plans to discharge, including explanation of reason(s) for discharge, any attempts to contact the client, the timeline of discharge, information about readmission, and policies and processes related to appeal and grievances.

Standard 36: Uninterrupted access to services is emphasized when a client is transitioning to other providers.

When possible, the client will be counseled about managing planned and unplanned transfers in care.

If the client consents, providers must actively assist in transferring of the care plan.

Documentation

The client record must document appropriate referral and counseling of client, including information about readmission.

Standard 37: Supervisors must approve all discharges.

Supervisors must review client records to ensure clients were appropriately discharged.

Documentation

Supervisor signature or notation in a data system is present in client record, documenting approval for discharge.

Standard 38: When warranted and upon request, clients must be readmitted to services in a systematic matter.

For services where the Wisconsin Acuity Index (WAI) is completed at intake, a new WAI must be completed for all clients seeking readmission to those services after previously being discharged.

A new Comprehensive Assessment and Service Plan must be completed for clients who:

- Have a WAI score above 0.
- Have a WAI score between 1 and 3 and were discharged from services greater than six months ago.

Documentation

The client record must include completed WAI, Comprehensive Assessment, and/or Service Plan as indicated by the above readmission criteria.

If applicable, the client record will include agency-specific forms and/or data system workflows comparable to the WAI, Comprehensive Assessment and/or Service Plan provided by the Wisconsin CDHR Section.