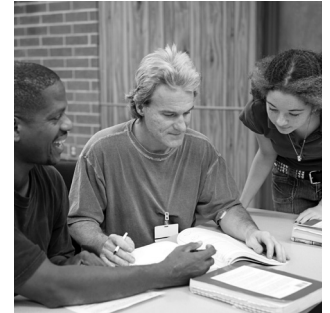


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## REFERRAL SERVICES

### EXECUTIVE SUMMARY

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#### SERVICE INTRODUCTION

Referral services include:

- ◆ Gathering, updating and inputting referral data and fact sheets
- ◆ Validating referral information
- ◆ Verifying suitability of referral services for people living with HIV
- ◆ Developing hard copy and Web-based referral directories
- ◆ Distributing referral directories
- ◆ Coordinating public awareness about referral directories and available referral services
- ◆ Providing “warm line” referral services

#### SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

At present all referral services provided through are unlicensed services. All referral services will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

#### SERVICE CONSIDERATIONS

**General Considerations:** Referral services will provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions.

**Gathering, Updating and Inputting Referral Data and Fact Sheets:** Contracted agencies are responsible for gathering, updating and inputting referral data from various sources, including information gathered from service planning areas (SPAs), as well as from their own research.

**Validating Referral Data:** All referral services data will be independently validated, confirming that name, address, phone numbers, hours of operation and contact names of referrals are accurate before being included in the referral directory.

**Verifying Suitability of Referral Services for People Living with HIV:** Once referral data has been validated for accuracy, contract staff will determine the suitability of the referral for people living with HIV.

**Developing Hard Copy and Web-Based Referral Directories:** After collection, validation and verification are complete, referral data and fact sheets will be developed into hard copy and Web-based referral directories. Directories will be available in English and Spanish, both in hard copy and online formats.

**Distributing Referral Directories:** Contracted agencies will develop a distribution plan for both hard copy and Web-based referral directories that maximizes accessibility for people living with HIV.

**Coordinating Public Awareness About Referral Directories and Available Referral Services:** Contracted agencies will develop a plan to coordinate public awareness for referral directories and referral services that targets both clients/consumers and the agencies that serve them.

**Providing “Warm Line” Referral Services:** Contracted agencies will make warm line referral services available during regular business hours to clients and/or providers.

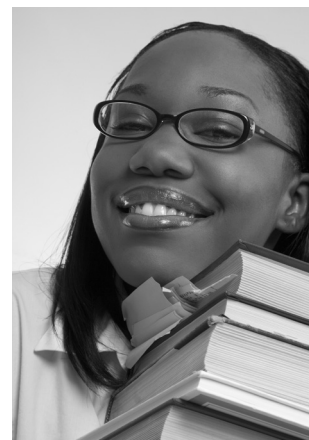
## STAFFING REQUIREMENTS AND QUALIFICATIONS

Referral specialists will hold one of the following:

- ◆ A Bachelor’s degree in an area of human services
- ◆ A high school diploma (or general education development (GED) equivalent) and at least one year’s experience providing referrals to people living with HIV
- ◆ At least three years’ experience within a related health services field

Further, referral specialists will have:

- ◆ Knowledge of HIV/AIDS and related issues
- ◆ Broad familiarity with services and benefits available to people living with HIV in Los Angeles County
- ◆ Ability to appropriately interact and collaborate with others
- ◆ Effective written/verbal communication skills
- ◆ Ability to work independently
- ◆ Effective problem-solving skills
- ◆ Ability to respond appropriately in crisis situations
- ◆ Effective organizational skills



*Programs  
will  
distribute  
referral  
directories.*

# STANDARDS OF CARE

Los Angeles County Commission on

# HIV



## REFERRAL SERVICES

### SERVICE INTRODUCTION

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Referral services include:

- ◆ Gathering, updating and inputting referral data and fact sheets
- ◆ Validating referral information
- ◆ Verifying suitability of referral services for people living with HIV
- ◆ Developing hard copy and Web-based referral directories
- ◆ Distributing referral directories
- ◆ Coordinating public awareness about referral directories and available referral services
- ◆ Providing “warm line” referral services

All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

Recurring themes in this standard include:

- ◆ Referral directories should be organized to reflect the continuum of care for people living with HIV in Los Angeles County and expanded to include emerging relevant resources and issues.
- ◆ Referral directories should include general HIV educational components.
- ◆ Persons providing “warm line” referral services must be knowledgeable about a broad range of services and benefits available to people living with HIV in Los Angeles.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Program and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.

### SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

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will be provided in accordance with Commission on HIV guidelines and procedures, and local laws and regulations.

## DEFINITIONS AND DESCRIPTIONS

**Health Insurance Portability and Accountability Act (HIPAA)** is a federal law that addresses the security, privacy and confidentiality of health data. (See <http://www.cms.hhs.gov/HIPAAGenInfo/> for more information.)

**Warm line** is a telephone line that is staffed on a full-time basis and designed to take calls that can be returned within one business day.

## HOW SERVICE RELATES TO HIV

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

Providing case management services to all clients in Los Angeles County has been proven to be financially impossible. Connecting clients to resources is time-consuming and complex, often involving a mix of advocacy and mediation (Chernesky & Grube, 2000). And yet, the importance of providing appropriate referrals to people living with HIV is undeniable. A longitudinal study of HIV-positive persons in New York City demonstrated that appropriate ancillary services were significantly associated with an increase in an individual's likelihood of entering and maintaining medical care services for HIV (Messeri, et al., 2002).

Self-management programs have been developed for people living with chronic illnesses that have proven successful in improving appropriate service utilization and improved health outcomes (Lorig, et al., 1999). The availability of the Internet has revolutionized health information and education for persons living with chronic illnesses. A 2003 survey found that among a sample of people living with HIV, health-related Internet use correlated with HIV disease knowledge, active coping, information-seeking coping, and social support among people who were using the Internet (Kalichman et al., 2003). Computer-based personal health support systems have demonstrated improvement in HIV-positive patients' quality of life, promoting more efficient use of health care systems (Gustafsen, et al., 1999).



*Agencies  
will raise  
awareness  
of referral  
resources.*

## SERVICE COMPONENTS

Referral services include:

- ◆ Gathering, updating and inputting referral data and fact sheets
- ◆ Validating referral information
- ◆ Verifying suitability of referral services for people living with HIV
- ◆ Developing hard copy and Web-based referral directories
- ◆ Distributing referral directories
- ◆ Coordinating public awareness about referral directories and available referral services
- ◆ Providing "warm line" referral services

## GATHERING, UPDATING AND INPUTTING REFERRAL DATA AND FACT SHEETS

Contracted agencies are responsible for gathering, updating and inputting referral data from various sources, including information gathered from Service Planning Areas (SPAs), as well as from their own research. Programs will solicit new referrals from each SPA monthly (at minimum). New referral information will be available online within three business days of receipt.

Fact sheets that provide an overview of service categories and basic HIV (and related issues) education will updated on a biannual basis. Relevant new fact sheets will be added as deemed appropriate by the contractor and contracted agencies.

STANDARD	MEASURE
Agencies will gather, update and input referral data.	Program review and monitoring to confirm.
New referrals will be solicited from SPAs monthly (at minimum).	Record of monthly referral communications on file at provider agency.
New referrals will be available online within three business days.	Program review and monitoring to confirm.
Fact sheets will be updated biannually and added as appropriate.	Program review and monitoring to confirm.

## VALIDATING REFERRAL DATA

All referral data will be independently validated, confirming that name, address, phone numbers, hours of operation and contact names of referrals are accurate before being included in the referral directory. Staff of the contracted agencies will perform such validation within three business days of referral receipt.

STANDARD	MEASURE
All referral data will be validated by contracted staff within three business days of receipt.	Program review and monitoring to confirm.

## VERIFYING SUITABILITY OF REFERRAL SERVICES FOR PEOPLE LIVING WITH HIV

Once referral data has been validated for accuracy, contract staff will determine the suitability of the referral for people living with HIV. This process is critical to ensuring that the resource does indeed provide the stated service and that there are no discriminatory practices associated with accessing the service against any special population of people living with HIV. Resources will be verified for suitability within three business days of receipt.

STANDARD	MEASURE
All referral data will be confirmed as suitable for people living with HIV and relevant populations involved within three days of receipt.	Program review and monitoring to confirm.

## DEVELOPING HARD COPY AND WEB-BASED REFERRAL DIRECTORIES

After collection, validation and verification are complete, referral data and fact sheets will be developed into hard copy and Web-based referral directories. Directories will be available in English and Spanish, both in hard copy and online formats. Directories will be revised biannually (at minimum).

Components of the development process include:

- ◆ Content development
- ◆ Layout
- ◆ Editing
- ◆ Graphic development
- ◆ Translation
- ◆ Printing

Contracted agencies will develop consumer and stakeholder feedback mechanisms to ensure that referral directories meet the needs of their constituencies.

STANDARD	MEASURE
Referral data and fact sheets will be developed into hard copy and Web-based referral directories in English and Spanish.	Program review and monitoring to confirm.
Directories will be revised biannually (at minimum).	Program review and monitoring to confirm.
Agencies will develop consumer and stakeholder feedback mechanisms.	Consumer/stakeholder feedback plan on file at contracted agency.

## DISTRIBUTING REFERRAL DIRECTORIES

Contracted agencies will develop a distribution plan for both hard copy and Web-based referral directories that maximizes accessibility for people living with HIV.

STANDARD	MEASURE
Agencies will develop distribution plan for both hard copy and Web-based referral directories.	Distribution plan on file at provider agency.

## COORDINATING PUBLIC AWARENESS ABOUT REFERRAL DIRECTORIES AND AVAILABLE REFERRAL SERVICES

Contracted agencies will develop a plan to coordinate public awareness for referral directories and referral services that targets both clients/consumers and the agencies that serve them.

STANDARD	MEASURE
Agencies will develop public awareness plan for clients/consumers and agencies.	Public awareness plan on file at provider agency.

## PROVIDING “WARM LINE” REFERRAL SERVICES

Contracted agencies will make warm line referral services available during regular business

hours to clients and/or providers. Warm line referral services will be staffed, at minimum, with a full-time bilingual referral specialist.

Duties include:

- ◆ Answering calls
- ◆ Screening for appropriate referrals
- ◆ Reviewing provider eligibility with callers
- ◆ Providing referrals

When possible, referral specialists will answer calls directly as they are received. If calls are not answered directly and messages are left, calls will be returned within one business day.

STANDARD	MEASURE
Contracted agencies will provide warm line referral services.	Program review and monitoring to confirm.
Warm line services will be staffed with a full-time bilingual referral specialist.	Program review and monitoring to confirm.
Warm line calls will be returned within one business day of receipt.	Program review and monitoring to confirm.

## STAFFING REQUIREMENTS AND QUALIFICATIONS

### GENERAL REQUIREMENTS

At minimum, all referral specialists will be able to provide linguistically and culturally appropriate care to people living with HIV and complete documentation as required by their positions. Referral services staff will complete an agency-based orientation before providing services. Staff will also be trained and oriented regarding client confidentiality and HIPAA regulations.

Referral specialists will hold one of the following:

- ◆ A Bachelor’s degree in an area of human services
- ◆ A high school diploma (or GED equivalent) and at least one year’s experience providing referrals to people living with HIV
- ◆ At least three years’ experience within a related health services field.

Further, referral specialists will have:

- ◆ Knowledge of HIV/AIDS and related issues
- ◆ Broad familiarity with services and benefits available to people living with HIV in Los Angeles County
- ◆ Ability to appropriately interact and collaborate with others
- ◆ Effective written/verbal communication skills
- ◆ Ability to work independently
- ◆ Effective problem-solving skills
- ◆ Ability to respond appropriately in crisis situations
- ◆ Effective organizational skills

All referral specialists will successfully complete DHSP’s HIV 101 training within six months of being hired. In addition, referral specialists are required to attend annual training/ briefing on available public/private benefits and available benefits specialty services.



## STAFF DEVELOPMENT AND ENHANCEMENT ACTIVITIES

Periodic staff training is required to ensure the continued delivery of quality services. Programs will provide and/or allow access to ongoing staff development and training for referral specialists. Staff development and enhancement activities will include, but not be limited to, training and/or in-services related to HIV/AIDS, referrals and resources and other relevant issues as they emerge. Referral specialists will participate in at least eight hours of job-related education or training annually.

The following documentation, to be kept in the employee record, is required for staff development and enhancement activities:

- ◆ Date, time and location of function
- ◆ Function type
- ◆ Staff member(s) name(s) attending function
- ◆ Name of sponsor or provider of function
- ◆ Training outline
- ◆ Meeting agenda and/or minutes

STANDARD	MEASURE
Referral specialists will be able to provide linguistically and culturally appropriate care to clients infected with and affected by HIV.	Resume on file at provider agency to confirm.
All staff will be given orientation prior to providing services.	Record of orientation in employee file at provider agency.
Referral specialists will complete DHSP's HIV 101 training within six months of being hired and public benefits training annually.	Documentation of Certification completion maintained in employee file.
Staff will participate in at least eight hours of continuing education annually.	Documentation of training maintained in employee files to include: <ul style="list-style-type: none"> <li>• Date, time and location of function</li> <li>• Function type</li> <li>• Staff members attending</li> <li>• Sponsor or provider of function</li> <li>• Training outline</li> <li>• Meeting agenda and/or minutes</li> </ul>

## UNITS OF SERVICE

**Unit of service:** Units of service defined as reimbursement for referral services are based on services provided to eligible clients.

- ◆ **Hard copy referral directories:** calculated in number of directories distributed
- ◆ **Online referral directory services:** calculated in number of online "hits" received
- ◆ **Warm line referral services:** calculated in number of referral calls completed

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Messeri, P., Abramson, D., Aidala, A., Lee, F., & Lee, G. (2002). The impact of ancillary HIV services on engagement in medical care in New York City. *AIDS Care, 14* (Supplement 1), 15-29.

## ACRONYMS

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AIDS	Acquired Immune Deficiency Syndrome
DHSP	Division of HIV and STD Programs
GED	General Education Development
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
SPA	Service Planning Area
STD	Sexually Transmitted Disease