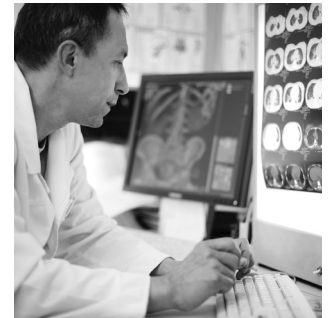


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## SKILLED NURSING FACILITY SERVICES

### EXECUTIVE SUMMARY

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#### SERVICE INTRODUCTION

The goals of nursing facility services for people living with HIV include promoting the highest possible quality of life and function for all clients and their families, and helping terminally ill clients approach death with dignity and comfort.

#### SERVICE CONSIDERATIONS

**General Considerations:** Nursing facility services will be offered to people who have a diagnosis of a HIV/AIDS and who require 24-hour nursing care. The intent of nursing facility services is to extend life and improve functioning.

**Nursing Facility Services:** Nursing facility services are provided in a residential home (non-institutional, home-like environment) and include residential services; medical supervision; 24 hour skilled nursing and supportive care; pharmacy; dietary care; and social/recreational services. Nursing services will be licensed by the California Department of Public Health (CDPH) and certified as a hospice provider and nursing facility in accordance with Medicare and Medi-Cal regulations.

**Client Education – All Services:** Prior to the full intake process, staff will provide potential clients with information about services including policies and procedures; confidentiality; safety issues; house rules and activities; client rights and responsibilities; and grievance procedures.

**Advanced Directives – All Services:** Prior to the full intake process, staff will discuss preparation of an advanced directive with eligible, potential clients and assist them in completing one if desired.

**Intake – All Services:** Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation.

**Assessment – All Services:** Clients will be assessed to obtain information required to recommend the most appropriate course of treatment.

**Needs and Services Plan – All Services:** Based upon the initial assessment, a needs and services plan that identifies the type and duration of services provided during the client's stay in the facility and should include the plan review and re-evaluation schedule.

**Medical Supervision – All Services:** No patient will be admitted, accepted for care or discharged without the order of a physician. All individuals admitted for care will remain under the continuing supervision of a physician who evaluates them as needed or at least every 30 days.

**Skilled Nursing Care – All Services:** Licensed staff will provide services that require substantial specialized nursing skill including assessing patient need; planning and implementing patient care; evaluating and updating care plans; administering prescribed treatments; and recording notes.

**Attendant Care – All Services:** Attendants will function under the supervision of a Registered Nurse (RN) or Licensed Vocational Nurse (LVN).

**Pharmaceutical Services – All Services:** Programs providing nursing facility services will also include pharmaceutical services.

**Social-Recreational Services – All Services:** Patients will be encouraged to participate in activities planned around their individual needs.

**Volunteer Assistance – All Services:** Volunteers will be recruited, screened, trained and monitored in accordance with California Department of Public Health (CDPH) and/or Department of Social Services (DSS) regulations.

**Contagious and Infectious Disease Management – All Services:** All clients in nursing facility services programs must meet County of Los Angeles Department of Public Health Tuberculosis Control Program admission requirements.

**Referral Services – All Services:** Programs providing nursing facility services will demonstrate active collaboration with other agencies to provide referral to the full spectrum of HIV-related services.

**Supportive Services – All Services:** Programs providing nursing facility services will provide or coordinate: personal and supportive services; health-related services; social services; family bereavement counseling; recreational activities; meals; housekeeping and laundry; and transportation.

**Emergency Medical Treatment – All Services:** Programs will develop written policies for staff regarding how to access emergency medical treatment. Patients who require emergency medical treatment of illness or injury will be transported to an appropriate medical facility.

**Residential Services – All Services:** Residential providers will include the following components: lodging; three meals a day; equipment and supplies; telephone; laundry; and space and privacy for visitors.

**Program Records – All Services:** Programs will maintain records on each patient in sufficient detail to permit monitoring and evaluation of services and in accordance with the California Code of Regulations.

**Discharge Planning – All Services:** Discharge planning services will include a weekly evaluation of each patient’s medical and functional suitability for remaining in skilled nursing services. Patients requiring relocation will be provided a linked referral and assistance with relocation.



*Pain management is a critical consideration.*

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## STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all nursing facility staff and volunteers will be able to provide linguistically and culturally appropriate care to people living with HIV/AIDS and complete documentation as required by their positions. Nursing facility services staff and volunteers will complete an agency-based orientation and must receive at least eight hours of HIV/AIDS education.

Staff providing skilled nursing services will have the knowledge and skills required to provide hospice services evidenced by licensure, or in the case of certified nurse aides, as evidenced by appropriate training and/or experience and/or certification.

# STANDARDS OF CARE

Los Angeles County Commission on

# HIV



## SKILLED NURSING FACILITY SERVICES

### SERVICE INTRODUCTION

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

The goals of skilled nursing facility services for people living with HIV include promoting the highest possible quality of life and function for all clients and their families, and helping terminally ill clients approach death with dignity and comfort.

Recurring themes in this standard include:

- ◆ Skilled nursing facility services will value the dignity, autonomy, privacy, independence and choice of the clients they serve.
- ◆ A client's family (however he or she defines it) is an integral part of the care unit in the provision of skilled nursing facility services.
- ◆ Skilled nursing facility services must be flexible enough to accommodate a client's changing needs.
- ◆ Pain management and personal control are critical considerations in providing skilled nursing facility services.
- ◆ Staff must be appropriately trained, licensed or certified in order to provide appropriate services.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Policy and Programs (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.

This document represents a synthesis of a significant number of published standards and research. The key source documents included:

- ◆ *Special Rate Study, Residential and Substance Abuse Services*, LA County Department of Public Health, Office of AIDS Policy and Programs
- ◆ *Residential Hospice Services/Nursing Facility Services Contract Exhibit*, LA County Department of Public Health, Office of AIDS Policy and Programs



*Nursing services will be licensed by the CDPH.*

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- ◆ Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were San Antonio, 2005; Baltimore, 2004 and Chicago, 2002.

## SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

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A provider of skilled nursing facility services is required to be licensed as an HIV/AIDS residential care facility for the chronically ill, congregate living health facility or nursing facility level. Nursing services will be licensed by the California Department of Public Health (CDPH).

## DEFINITIONS AND DESCRIPTIONS

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**HIV/AIDS nursing facility service** is 24-hour nursing care provided to people living with HIV/AIDS in a non-institutional, home-like environment. Services are provided for people diagnosed with a terminal or life-threatening illness and include: residential services, medical supervision, 24-hour skilled nursing and supportive care, pharmacy, dietary and social recreational.

**Life threatening illnesses** are medical conditions that can lead to the possibility of death within five years or less as stated by a patient's physician or surgeon.

**Palliative care** includes components of pain and symptom management, advance care planning, prioritization of life goals, and the support of patients and their families

**Resident day** is a 24-hour period in which a resident receives housing and meals.

**Terminally ill** is a medical prognosis of life expectancy of six months or less, certified by a licensed physician and accompanied by specific clinical findings and other documentation that support the medical prognosis filed in the medical record.

## HOW SERVICE RELATES TO HIV

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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).

The rapid evolution of HIV/AIDS treatment can lead to uncertain prognosis and complicate decision-making about advance care planning and end-of-life issues. Patients who survive longer may have an increased need for comprehensive symptom management and psychosocial, family, and care planning support (Selwyn & Forstein, 2003). People living with HIV/AIDS experience a high prevalence of pain and symptoms, side effects and toxicity of antiretroviral therapy, co-morbid disorders and elevated death rates—all factors that reinforce the need for palliative care (Harding et al., 2005).

Palliative care for people living with HIV/AIDS includes components of pain and symptom management, advance care planning, prioritization of life goals, and the support of patients

and their families throughout the entire continuum of the disease. Pain is one of the most common symptoms experienced by people with HIV infection throughout the entire spectrum of HIV disease. Several studies have demonstrated that pain in patients with HIV/AIDS is likely to be underdiagnosed and undertreated. The goal of palliative care is to promote the highest quality of life (including pain management) and function for patients and their families (Kutzen, 2004)

Ongoing assessment of priorities, education about treatment options, collaborative goal setting and inclusion of family care, support, and planning are important components of palliative care (Kutzen, 2004). There is evidence that palliative care needs to be integrated into earlier disease stages as patients need pain and symptom management (and psychosocial care) throughout the disease trajectory (Harding et al., 2005).

A dedicated skilled nursing facility for people living with HIV/AIDS can provide palliative care for patients with advanced disease who require acute convalescence, long-term care and/or terminal care. The need for such care may increase in patients for whom current antiretroviral therapies fail, and/or who have significant neuropsychiatric co-morbidities. Skilled nursing care can help reduce lengthy hospital stays and serve as a bridge to other community-based residential options (Selwyn et al., 2000).



## SERVICE COMPONENTS

Skilled nursing facility services will be offered to people who have a diagnosis of a HIV/AIDS and who require 24-hour nursing care. The intent of nursing facility services is to extend life and improve functioning.

All skilled nursing facility services will be culturally and linguistically appropriate to the target population (see Program Requirements and Guidelines in the Standards of Care Introduction). In addition, HIV/AIDS skilled nursing facility services will respect inherent dignity of clients and will be client-centered, aiming to foster client self-determination.

Skilled nursing facility services will be offered to medically indigent (uninsured or unable to get insurance), people living in Los Angeles County. Programs will have written policies, procedures, protocols and standards of care for all services provided.

Skilled nursing facility services will meet the following general standards:

- ◆ Provide 24-hour culturally competent medical care, supervision and assistance
- ◆ Accept the responsibility for resident well-being
- ◆ Provide health-related services according to State regulations and licensure requirements
- ◆ Minimize the need for residents to move to other settings
- ◆ Maximize the resident's dignity, autonomy, privacy, independence, choice and safety
- ◆ Use collaborative decision-making
- ◆ Accommodate the client's changing needs and preferences within the scope of local and State regulations
- ◆ Encourage family and community involvement

*Services are offered to those who need 24-hour nursing care.*

STANDARD	MEASURE
Skilled nursing facility services will respect inherent dignity of clients and will be client-centered, aiming to foster client self-determination.	Supervision and program review to confirm.

STANDARD	MEASURE
Programs will have written policies, procedures, protocols and standards for all services they provide.	Policies, procedures, protocols and standards on file at provider agency.

## SKILLED NURSING FACILITY SERVICES – GENERAL COMPONENTS

Skilled nursing facility services provide culturally competent nursing care to people living with HIV/AIDS who need 24-hour care in a residential home (non-institutional, home-like environment).

Skilled nursing facility service care includes:

- ◆ Residential services
- ◆ Medical supervision
- ◆ 24-hour skilled nursing and supportive care
- ◆ Pharmacy
- ◆ Dietary care
- ◆ Social/recreational services

The length of stay for skilled nursing facility services for non-hospice patients is based upon the initial certification by a licensed physician that a patient has symptoms requiring skilled nursing management. Initial certifications may be made for up to 60 days. Extensions beyond 60 days require recertification by the physician and updating of the needs and services plan at least every 60 days.

Nursing services will be licensed by the CDPH. Programs will also be certified as a nursing facility in accordance with Medicare and Medi-Cal regulations.

STANDARD	MEASURE
Skilled nursing facility services will provide culturally competent 24-hour inpatient nursing care to people with a diagnosis of terminal illness and/or life-threatening illness.	Program policy and procedure manual and schedule to verify.
Length of stay for skilled nursing facility services will be based upon doctor’s certification and must be recertified at least once every 60 days.	Program review and monitoring to confirm.
Nursing services will be licensed by CDPH and certified as nursing facility with Medicare and Medi-Cal regulations.	Licenses certifications on file at provider agency. Program monitoring to verify.

## CLIENT EDUCATION

If a prospective client is found eligible and appropriate for services, prior to the full intake process, staff will provide the client with information about the service including (but not limited to):

- ◆ Policies and procedures
- ◆ Confidentiality
- ◆ Safety issues
- ◆ House rules and activities (when appropriate)
- ◆ Client rights and responsibilities
- ◆ Grievance procedures



STANDARD	MEASURE
Prior to intake, eligible clients will be educated about: <ul style="list-style-type: none"> <li>• Policies and procedures</li> <li>• Confidentiality</li> <li>• Safety issues</li> <li>• House rules and activities</li> <li>• Client rights and responsibilities</li> <li>• Grievance procedures</li> </ul>	Record of education in progress notes on file in client chart.

## ADVANCED DIRECTIVES

If a prospective client is found eligible and appropriate for services, prior to the full intake process, staff will discuss preparation of an advanced directive and assist the client in completing one if desired.

STANDARD	MEASURE
Prior to intake, eligible clients will be educated about advanced directives. Interested clients will be assisted in preparing advanced directives.	Record of advanced directive education in progress notes on file in client chart. Advanced directives on file in client chart as appropriate.

## INTAKE

Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. The complete intake process, including registration and eligibility, is required for every client at his or her point of entry into the service system. If an agency or other funded entity has the required information and documentation on file in the agency record for that client or in the countywide data management system, further intake is not required.

In the intake process and throughout HIV/AIDS skilled nursing services delivery, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released.)

As part of the intake process, the client file will include the following information (at minimum):

- ◆ Written documentation of HIV status
- ◆ Proof of Los Angeles County residency
- ◆ Verification of financial eligibility for services
- ◆ Date of intake
- ◆ Client name, home address, mailing address and telephone number
- ◆ Emergency and/or next of kin contact name, home address and telephone number

**Required Forms:** Programs must develop the following forms in accordance with State and local guidelines.

Completed forms are required for each client:

- ◆ Release of Information (must be updated annually). New forms must be added for

those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released).

- ◆ Limits of Confidentiality (confidentiality policy)
- ◆ Consent to Receive Services
- ◆ Client Rights and Responsibilities
- ◆ Client Grievance Procedures

STANDARD	MEASURE
Intake process will begin during first contact with client.	Intake tool, completed and in client file, to include (at minimum): <ul style="list-style-type: none"> <li>• Documentation of HIV status</li> <li>• Proof of LA County residency</li> <li>• Verification of financial eligibility</li> <li>• Date of intake</li> <li>• Client name, home address, mailing address and telephone number</li> <li>• Emergency and/or next of kin contact name, home address and telephone number</li> </ul>
Confidentiality policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
Consent for Services will be completed.	Signed and dated Consent in client file.
Client will be informed of Rights and Responsibility and Grievance Procedures	Signed and dated forms in client file.

## ASSESSMENT

In addition to documenting eligibility for services, clients will be assessed in order to obtain information required to recommend the most appropriate course of treatment.

Assessment will include (but not be limited to):

- ◆ Age
- ◆ Health status
- ◆ HIV prevention needs
- ◆ Family composition and status
- ◆ Need for palliative care
- ◆ Record of medications and prescriptions
- ◆ Ambulatory status
- ◆ Cognitive assessment
- ◆ Special housing needs
- ◆ Level of independence
- ◆ Level of resources available to solve problems
- ◆ Co-morbidity factors

If it is determined in the assessment that the program cannot meet a client's needs, the client will be referred to an appropriate provider.

STANDARD	MEASURE
<p>Clients will be assessed in the following areas (at minimum):</p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Health status</li> <li>• HIV prevention needs</li> <li>• Family composition and status</li> <li>• Need for palliative care</li> <li>• Medications and prescriptions</li> <li>• Ambulatory status</li> <li>• Cognitive assessment</li> <li>• Special housing needs</li> <li>• Level of independence</li> <li>• Available resources</li> <li>• Co-morbidity factors</li> </ul>	<p>Signed, dated assessment on file in client chart.</p>
<p>If program cannot meet the needs of the client, a referral to an alternate provider must be made.</p>	<p>Referrals on file in client chart for those clients whose needs cannot be addressed by program.</p>

## NEEDS AND SERVICES PLAN\*

Based upon the initial assessment, a needs and services plan that identifies the type and duration of services provided during the client's stay in the facility and should include the plan review and reevaluation schedule.

Initial plans must be completed within 24 hours of admission into services. Comprehensive plans must be completed within seven days.

Staff will explore with the client all available, alternative options for service provision to include:

- ◆ Referral to a more appropriate agency
- ◆ Complementary and alternative therapies
- ◆ Nursing care
- ◆ Psychiatric/psychological care
- ◆ Social services
- ◆ Spiritual support
- ◆ Rehabilitation medicine
- ◆ Pain management, palliative care and appropriate medication treatment directed by the primary care physician

Program staff will regularly observe each client for changes in physical, mental, emotional and social functioning, as well as the need for palliative care. Needs and services plans will be discussed and documented, at minimum, in bi-monthly interdisciplinary case conferences, or as clients' needs change.

*(\*Needs and services plans comply with contract/licensure requirements, and are reflective of individual service plans noted in other standards.)*

STANDARD	MEASURE
<p>Initial needs and services plan will be completed within 24 hours of admission; comprehensive plans will be completed within seven days.</p>	<p>Needs and services plan on file in client chart signed by client detailing services and plan review and re-evaluation schedules.</p>
<p>Bi-monthly interdisciplinary case conferences will be held to discuss needs and services plans.</p>	<p>Record of case conferences on file at provider agency.</p>

## MEDICAL SUPERVISION

No patient will be admitted, accepted for care or discharged without the order of a physician. All individuals admitted for care will remain under the continuing supervision of a physician who evaluates them as needed or at least every 30 days. All physician visits will be documented in the patient health record.

Doctors caring for people living with HIV/AIDS should demonstrate expertise in the treatment of HIV disease. Every effort should be made to facilitate a client's continued treatment with his/her primary HIV care doctor. If a client is too ill to leave a facility, programs must have in place a plan for obtaining consultation from an HIV/AIDS medical expert.

STANDARD	MEASURE
All patients receiving skilled nursing facility services will be under the supervision of a physician and evaluated at least every 30 days.	Record of physician evaluation on file in client health record.

## SKILLED NURSING CARE

Licensed staff, within the scope of their specific licensure, will provide services that require substantial specialized nursing skill including (but not limited to):

- ◆ Assessing patient need and condition
- ◆ Planning and implementing patient care
- ◆ Reviewing, evaluating and updating patient care plans
- ◆ Administering prescribed medications and treatments
- ◆ Recording clinical and progress notes in patients' health records

STANDARD	MEASURE
Licensed staff will (at minimum): <ul style="list-style-type: none"> <li>• Assess patient need/condition</li> <li>• Plan and implement patient care</li> <li>• Review, evaluate and update care plans</li> <li>• Supervise attendants/volunteers</li> <li>• Administer medications and treatments</li> <li>• Record notes in health records</li> </ul>	Program review and monitoring to confirm.

## ATTENDANT CARE

Attendants will function under the supervision of a Registered Nurse (RN) or Licensed Vocational Nurse (LVN) and will (at minimum):

- ◆ Assist with personal care (bathing, dressing grooming, oral hygiene, skin care, etc.)
- ◆ Assist patients with meal consumption
- ◆ Monitor and record vital signs
- ◆ Assist patients in and out of bed and with ambulation
- ◆ Assist patients to bathroom or with bedpan use
- ◆ Change bed linens
- ◆ Assist with range of motion exercises
- ◆ Report changes in patients' conditions or needs to nursing supervisor
- ◆ Maintain clinical notes in accordance with patients' care plans

STANDARD	MEASURE
Attendants will be supervised by an RN or LVN and will (at minimum): <ul style="list-style-type: none"> <li>• Assist with personal care</li> <li>• Assist patients with meals</li> <li>• Monitor and record vital signs</li> <li>• Assist patients in and out of bed and with ambulation</li> <li>• Assist patients with bathroom/bedpan use</li> <li>• Change bed linens</li> <li>• Assist with range of motion</li> <li>• Report changes in patient’s conditions/needs</li> <li>• Maintain clinical notes</li> </ul>	Program review and monitoring to confirm.

## PHARMACEUTICAL SERVICES

Programs providing skilled nursing facility services will also include pharmaceutical services to include (but not be limited to):

- ◆ Obtaining prescribed drugs and pharmaceuticals on a timely basis
- ◆ Proper storage and disposition of drugs and biologicals in accordance with federal and State regulations
- ◆ Proper storage, disposition and record maintenance of controlled drugs in compliance with the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970
- ◆ Pharmacist services on a consultative basis

STANDARD	MEASURE
At minimum, programs will provide the following pharmaceutical services: <ul style="list-style-type: none"> <li>• Obtaining drugs/biologicals</li> <li>• Storage/disposition of drugs within federal and State regulations</li> <li>• Storage/disposition/record maintenance of controlled drugs in compliance with the federal law</li> <li>• Consulting pharmacist services</li> </ul>	Program review and monitoring to confirm.

## SOCIAL-RECREATIONAL SERVICES

Patients will be encouraged to participate in activities planned around their individual needs. Activity programs will have a written, planned schedule of social and other independent or group activities. Such programs will be designed to stimulate physical and mental capabilities and enable patients to maintain the highest attainable social, physical and emotional functioning.

Individual and group activities will include (but not be limited to):

- ◆ Social activities
- ◆ Activities away from the facility (when appropriate)
- ◆ Creative activities
- ◆ Educational activities
- ◆ Spiritual activities
- ◆ Opportunities for patients to help plan activities

STANDARD	MEASURE
Activity programs will be planned to stimulate patients’ capabilities and maintain functioning.	Written activity plans on file at provider agency. Program review and monitoring to confirm.

## VOLUNTEER ASSISTANCE

Volunteers will be recruited, screened, trained and monitored in accordance with CDPH and/or Department of Social Services (DSS) regulations. Volunteers will not be used as substitutes for required personnel. They may, however, provide companionship, respite care, errands and emotional/spiritual support to patients.

Volunteers providing patient care services will:

- ◆ Be provided with clearly defined roles and written job descriptions
- ◆ Receive orientation and HIV/AIDS training which emphasizes sensitivity to cultural, gender and sexual orientation issues
- ◆ Have education and experience equal to that required of paid staff performing similar functions
- ◆ Conform to policies and procedures
- ◆ Receive periodic performance evaluations

STANDARD	MEASURE
Volunteers will be recruited, screened, trained and monitored in accordance with CDPH and/or DSS regulations.	Volunteer files kept in provider agency to include: <ul style="list-style-type: none"> <li>• Defined roles/job descriptions</li> <li>• Record of orientation/training</li> <li>• Documentation of appropriate education and experience</li> <li>• Copies of performance evaluations</li> </ul>

## CONTAGIOUS AND INFECTIOUS DISEASE MANAGEMENT

All clients in skilled nursing facility services programs must meet County of Los Angeles Department of Public Health Tuberculosis Control Program admission requirements (<http://lapublichealth.org/tb/index.htm>). Each patient upon admission and annually thereafter will have a written certification from a licensed physician or other duly authorized health care professional that he or she is free from infectious tuberculosis (TB).

If a client is suspected of having an infectious or contagious disease other than HIV, he or she should be isolated and a physician should be consulted to determine the suitability of that client's continued residence in the program.

STANDARD	MEASURE
Clients must meet County of Los Angeles Department of Public Health Tuberculosis Control Program admission requirements.	Program review and monitoring to confirm.
Upon admission and annually all patients will have a certification that he or she is free from infectious TB.	Certifications on file in client chart.
Clients exhibiting symptoms of infectious or contagious disease will be isolated until a physician is consulted.	Record of isolation and physician consult on file in client chart.

## REFERRAL SERVICES

Programs providing skilled nursing facility services will demonstrate active collaboration with other agencies to provide referral to the full spectrum of HIV-related services. Programs must maintain a comprehensive list of target providers including, but not limited to, the HIV LA Resource Directory. Referrals for services should be made at any point at

which the needs of the client cannot be met by the facility and should be documented as part of the needs and services plan.

STANDARD	MEASURE
Programs will demonstrate active collaboration with providers.	Memoranda of Understanding on file at provider agency.
Programs must maintain a list of target providers for full spectrum of HIV-related services.	Referral list on file at provider agency.
Programs will refer clients to additional services as needed.	Signed, dated progress notes on file in client chart to detail referrals and linkages.

## SUPPORTIVE SERVICES

Programs providing skilled nursing facility services will provide or coordinate the following services (at minimum):

- ◆ Personal and supportive services (assistance with activities of daily living and instrumental activities of daily living)
- ◆ Health-related services (e.g., medication management)
- ◆ Social services
- ◆ Recreational activities
- ◆ Meals
- ◆ Housekeeping and laundry
- ◆ Transportation

STANDARD	MEASURE
Programs will provide or coordinate the following (at minimum): <ul style="list-style-type: none"> <li>• Personal and supportive services</li> <li>• Health-related services</li> <li>• Social services</li> <li>• Recreational activities</li> <li>• Meals</li> <li>• Housekeeping and laundry</li> <li>• Transportation</li> </ul>	Program policy and procedures to confirm. Record of services and referrals on file in client chart.

## EMERGENCY MEDICAL TREATMENT

Programs will develop written policies for staff regarding how to access emergency medical treatment. Patients who require emergency medical treatment of illness or injury will be transported to an appropriate medical facility.

STANDARD	MEASURE
Programs will develop emergency medical treatment policies.	Emergency medical treatment policy on file at provider agency.
Patients who require emergency medical treatment will be transported to appropriate medical facility.	Progress note recording transportation and referral to appropriate medical facility on file in patient chart.

## RESIDENTIAL SERVICES

Skilled nursing facility service providers will provide the following services within their residential components:

- ◆ Lodging in a clean, safe home-like residential setting that complies with all State regulations
- ◆ Three meals a day and additional nourishment to meet each patient’s basic nutritional needs, including special dietary needs in accordance with physician’s orders
- ◆ A bedroom with no more than two patients, including an individual bed and fresh linens
- ◆ Equipment and supplies as necessary for the patient’s personal care and hygiene
- ◆ Accessible working telephone
- ◆ Laundry service or facilities
- ◆ Adequate space and privacy for patient to receive visitors

STANDARD	MEASURE
<p>Skilled nursing facility services will provide the following:</p> <ul style="list-style-type: none"> <li>• Lodging that complies with all State regulations</li> <li>• Three meals a day and additional nourishment</li> <li>• A bedroom with no more than two patients, including an individual bed and fresh linens</li> <li>• Equipment and supplies as necessary</li> <li>• Telephone</li> <li>• Laundry service or facilities</li> <li>• Private visiting space</li> </ul>	<p>Program review and monitoring to confirm.</p>

## PROGRAM RECORDS

Programs will maintain records on each patient in sufficient detail to permit monitoring and evaluation of services and in accordance with the California Code of Regulations to include (at minimum):

- ◆ Patient data, including dates of admission and discharge and emergency notification information
- ◆ Signed copy of the admission agreement
- ◆ Name, address and phone number of physician, case manager and other medical or mental health providers
- ◆ Name, address and phone number of any person or agency responsible for the patient’s care (including those granted durable power of attorney or conservators)
- ◆ Medical assessment, including ambulatory status
- ◆ Physician orders
- ◆ Documentation of HIV status
- ◆ Written certification from authorized health care professional that the patient is free from active TB
- ◆ Written certification from a licensed physician that a patient has a terminal or life-threatening illness
- ◆ Current, individualized care plan
- ◆ Documentation of all services provided to patients by various professional and paraprofessional personnel
- ◆ Medication record
- ◆ Documentation of observations and assessments made about patient’s physical and/or mental condition



STANDARD	MEASURE
<p>Programs will maintain sufficient records on each patient, including:</p> <ul style="list-style-type: none"> <li>• Dates of admission/discharge, emergency notification information</li> <li>• Admission agreement</li> <li>• Physician, case manager and other provider contact info</li> <li>• Other responsible person's or agency's contact info</li> <li>• Medical assessment</li> <li>• Physician orders</li> <li>• Documentation of HIV status</li> <li>• TB clearance</li> <li>• Certification of terminal or life-threatening illness</li> <li>• Care plan</li> <li>• Documentation of services</li> <li>• Medication record</li> <li>• Physical and mental condition observations and assessments</li> </ul>	<p>Client records on file at provider agency.</p>
<p>Notes will be dated and include (at minimum):</p> <ul style="list-style-type: none"> <li>• Type of service provided</li> <li>• Patient's response to services</li> <li>• Signature and title of provider</li> </ul>	<p>Program review and monitoring to confirm.</p>

## DISCHARGE PLANNING

Skilled nursing facility services are designed for people who require 24-hour care and supervision. Discharge planning services will include a weekly evaluation of each patient's medical and functional suitability for remaining in skilled nursing facility services. Based on this evaluation, if a patient should require relocation to a more appropriate level of care, program staff will initiate a linked referral and assist the patient with relocation.

STANDARD	MEASURE
<p>Patients will be evaluated on a weekly basis to determine suitability for skilled nursing facility services.</p>	<p>Weekly evaluations on file in patient chart.</p>
<p>Those patients who no longer require 24-hour care will be provided a linked referral and relocation assistance to a more suitable provider.</p>	<p>When appropriate, record of discharge services on file in patient chart.</p>

## STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all skilled nursing facility staff and volunteers will be able to provide linguistically and culturally appropriate care to people living with HIV/AIDS and complete documentation as required by their positions. Skilled nursing facility services staff and volunteers will complete an agency-based orientation within seven days of being hired or providing services that includes client confidentiality and HIPAA regulations. In addition, all new staff and volunteers must receive at least eight hours of HIV/AIDS education, preferably prior to providing services to people living with HIV/AIDS, with an annual refresher course. In addition, training must be provided which emphasizes sensitivity to culture, gender and sexual orientation.

Direct care staff and volunteers will be knowledgeable about the HIV disease process and the psychological effects of living with HIV/AIDS, as well as the co-morbidities of substance abuse and mental illness and their effects on the management of HIV illness.

Staff providing skilled nursing services will have the knowledge and skills required to provide 24-hour residential skilled nursing services evidenced by licensure, or in the case of certified nurse aids, as evidenced by appropriate training and/or experience and/or certification. All staff who provide direct care services and who require licensure must be properly licensed by the state of California. Non-licensed or certified direct care staff and volunteers will have appropriate training, experience or certification.

Periodic staff and volunteer training is required to ensure the continued delivery of quality services. Appropriate staff will be provided training regarding the continuum of care for people living with HIV/AIDS, especially the function of medical case management, and the client referral process. All staff will be provided with quarterly training on palliative and terminal care.

Supervision is required of all staff and volunteers to provide guidance and support. Direct care staff and volunteers will be provided with a minimum of one-hour client care-related supervision per month.

STANDARD	MEASURE
Skilled nursing facility services staff and volunteers will be able to provide linguistically and culturally appropriate care and complete documentation as required by their positions.	Resumes and record of training in employee/volunteer file to verify.
Staff/volunteers will receive an agency orientation (including HIPAA and confidentiality) within seven days and, HIV training within three months of employment with annual refreshers. Cultural, gender and sexual orientation sensitivity training is also required.	Record of orientation and training in employee/volunteer file.
All direct-care staff who require licensure or certification must be licensed by the state of California or certified by their respective professional organizations.	Copies of licenses and certifications on file at provider agency.
Periodic staff training is required; quarterly training on palliative/terminal care is required.	Record of staff trainings on file at provider agency.
Direct care staff/volunteers will be provided at least one hour client care-related supervision per month.	Record of supervision on file at provider agency.

Staff will provide services in accordance with applicable federal and State laws, as well as CDPH and DSS rules and regulations governing staffing qualifications, requirements and ratios.

## DIRECT CARE STAFF

Programs will ensure that all direct service staff are appropriately trained and that all services requiring specialized skills are performed by licensed or certified personnel. In residential settings, at least one direct care staff person must be on duty whenever residents are present. A staff member trained in Cardio-Pulmonary Resuscitation (CPR) will be on duty at all times. Staffing ratios will be maintained in accordance to CDPH or DSS licensure.

- ◆ **RN** – All skilled nursing facility services will provide adequate nursing care to meet patient need. Such nursing care and services must be provided by or under the supervision of an RN
- ◆ **Social worker** – Under the direction of a licensed physician, medical social services will be provided by a social worker with at least a Bachelor’s degree in social work from a school accredited by the Counsel on Social Work Education (CSWE)

- ◆ **Attendants** (certified nursing assistants and home health attendants) – A full-time or part-time attendant may function as part of the care team when indicated
- ◆ **Occupational therapist** – A full-time, part-time or consulting occupational therapist may be available to meet client needs as indicated (optional service)
- ◆ **Physical therapist** – A full-time, part-time or consulting physical therapist may be available to meet client needs as indicated (optional service).

Drugs and biologicals will be administered by the following individuals (only):

- ◆ Licensed nurse or physician
- ◆ Employee who has completed a State-approved training program in medication administration
- ◆ Patient (with the approval of the attending licensed physician)
- ◆ Other individual in accordance with applicable State and local laws

STANDARD	MEASURE
Programs will maintain administrative staff in accordance with applicable federal and State laws, as well as DSS rules and regulations governing staffing qualifications, requirements and ratios.	Staff plan and program review and monitoring to confirm.
Programs will maintain direct care staff in accordance with applicable federal and State laws, as well as CDPH and DSS rules and regulations governing staffing qualifications, requirements and ratios.	Staff plan and program review and monitoring to confirm.
Drugs will be administered by (only): <ul style="list-style-type: none"> <li>• Licensed nurse or physician</li> <li>• Employee with approved medication administration training</li> <li>• Patient (approved by licensed physician)</li> <li>• Other individual in accordance with applicable State and local laws</li> </ul>	Individuals authorized to administer are specified in needs and services plan on file in client chart.

## UNITS OF SERVICE

**Unit of service:** Units of service (defined as reimbursement for skilled nursing facilities services) are based on services provided to eligible clients.

- ◆ **Skilled nursing facility units:** calculated in number of resident days provided.

**Number of clients:** Client numbers are documented using the figures for unduplicated clients within a given contract period.

## REFERENCES

County of Los Angeles, HIV Epidemiology Program. (2008). *HIV/AIDS Semi-Annual Surveillance Survey* (available online at [http://lapublichealth.org/wwwfiles/ph/hae/hiv/HIVAIDS%20semiannual%20surveillance%20summary\\_January2008.pdf](http://lapublichealth.org/wwwfiles/ph/hae/hiv/HIVAIDS%20semiannual%20surveillance%20summary_January2008.pdf)) Department of Public Health, Los Angeles.

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Selwyn, P.A., and Forstein, M. (2003). Overcoming the false dichotomy of curative vs palliative care for late-stage HIV/AIDS - "Let me live the way I want to live, until I can't." *Journal of the American Medical Association*, 290 (6), 806-814.

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## ACRONYMS

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AIDS	Acquired Immune Deficiency Syndrome
CDHP	California Department of Public Health
CPR	Cardiopulmonary Resuscitation
CSWE	Counsel on Social Work Education
DHSP	Division of HIV and STD Programs
DSS	Department of Social Services
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
LVN	Licensed Vocational Nurse
RN	Registered Nurse
STD	Sexually Transmitted Disease
TB	Tuberculosis