

Subcontractors of the Southwest/Piedmont HIV Care consortium are responsible for:

- A. Active attendance and participation within the Consortium, its offices and committees. Failure to remain a member of the Consortium in good standing will result in disciplinary action up and including revocation of the subcontract for services.
- B. The development of local, written policies and procedures, including, but not limited to:
 - Quality Assurance/Continuous Quality Assurance plans
 - Client input process
 - Personnel policies
 - Personnel training manuals
 - New employee orientation manual
 - After hours policies and procedures
 - On-call policies and procedures
 - Emergency policies and procedures
 - Infection Control policies and procedures
 - HIV counseling/testing policies and procedures, if appropriate
 - HBV counseling/testing policies and procedures, if appropriate
 - HCV counseling/testing policies and procedures, if appropriate
 - Physician assistant specific Protocols, if appropriate
 - Nurse Practitioner specific Protocols, if appropriate

These documents will be reviewed by the lead agency as part of peer review. Furthermore, the Consortium, lead agency, the Virginia Department of Health (VDH) and/or the U.S. Healthcare Resources and Services Administration (HRSA) reserve the right to review any subcontractor policy or practice to ensure that the Standards of Care are being met to best serve the client.

- C. The development of Memoranda of Understanding (MOU) between subcontractors providing joint care to consumers on a regular basis, which should include:
 - Conducting intake and eligibility and sharing this information confidentially with client consent
 - Eliminating duplication of services
 - Collaborating on medical and case management care plans
 - Providing adequate documentation to partner subcontractors
 - D. The development of Memoranda of Understanding (MOU) between the subcontractor and any third party provider utilized regularly for the provision of any Ryan White Part B paid services. MOUs should outline the relationship between the subcontractor and the service provider, which should include:
 - The need to obtain any records necessary for peer review and whether or not the subcontractor will pay for copies
 - All healthcare services must comply with the U.S. Standards of Care for HIV infected individuals
 - All case management services must comply with the Virginia Department of Health Case Management Standards
 - All services comply with the U. S. Health Resources and Services Administration (HRSA) Ryan White Part B manual and any policy papers published as addendum.
 - Developing Formal Linkages to Key Points of Access: This is a HRSA requirement of funding. The Ryan White Care Act defines key points of access as
 - Emergency rooms
 - Substance abuse treatment programs
 - Detoxification centers
 - Adult and juvenile detention facilities
 - Sexually transmitted disease clinics
 - Mental health programs
 - Homeless shelters.
- In the southwest region of Virginia this would also include:
- Anonymous HIV test sites

- Health departments
- VDH OraSure Testing and grant recipients
- Intensive Outreach Services grant recipients

These agreements are for the purpose of receiving client referrals **from** these key points of access and should be done through the establishment of MOUs with these providers. Documentation of these linkages must be submitted to the lead agency at the beginning of the year and with monthly reports during the year as they are established.

- E. Ensuring that all services and goods paid for under Ryan White Part B funding are HIV related and comply with the U.S. Standards of Care for HIV infected individuals.
- F. The sole responsibility for conducting Ryan White Part B intake and eligibility. Subcontractors may share intake and eligibility information with other subcontractors (provided there is a memorandum of understanding and client consent). Third party providers may not conduct intakes (paid or in-kind/volunteer) for subcontractors.