

**Texas Department of State Health Services
HIV/STD Prevention and Care Branch – Routine Screening Program
Quality Management Core Tool – On-Site Evaluation Report**

Name of Agency and Region:

Scope of Work:

Contract Number:

Date of Monitoring Review:

Months Covered:

Name and Title of Person(s) Conducting and Preparing the Review:

Contractor Staff Present During Entrance And Exit Interview:

Instructions – Prior to conducting Quality Management activities, refer to the accompanying Routine Screening Program Quality Management Core Tool – Monitoring Instructions for details on reviewing all listed criteria. For each review item, in the appropriate **column (X)**; place an **I** – Implemented, **P** – Partially Implemented, **N** – Not Implemented, **N/A** – Not Applicable, or **N/R** – Not Reviewed. Refer to [Ch. 16, Routine HIV Screening in Healthcare Settings](#) and Routine Screening Program Quality Management Core Tool-Monitoring Instructions for more information when conducting Quality Monitoring activities.

The Comments column should be used to clarify any **Partially Implemented** or **Not Implemented** responses, or to provide additional information.

Review Criteria	Document I, P, N, NA, or NR in the "X" column. Refer to Instructions above.	
I. Laws, Regulations and Policies	X	Comments:
1) Routine HIV screening is carried out according to the CDC's Revised Recommendations for HIV Screening for Adults, Adolescents and Pregnant Women in Health Care Settings, cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm or United States Preventive Services Task Force (USPSTF) Recommendations for HIV Screening, uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening#:~:text=The%20USPSTF%20recommends%20that%20clinicians,infection%20should%20also%20be%20screened		
2) Contractor obtains consent for HIV screening in accordance with Texas law: Health and Safety Code 81.105—Informed Consent and 81.106—General Consent. Oral consent with		

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documentation is allowed; a separate consent form is <u>not</u> required for HIV screening, statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm		
3) Contractor ensures at least 90% of persons receive their HIV positive test results, including preliminary and confirmatory results, in accordance with Texas law: Health and Safety Code 81.109, statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm		
4) Contractor reports positive HIV test results to appropriate local/regional health authority in accordance with Texas law: Health and Safety Code 81.043-44, statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm and TAC Title 25, Part 1, Ch 97, Subchapter F, Rules 97.132-134, texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=97		
5) Contractor complies with all applicable DSHS Security Policies and Procedures [refer to Section VI. Data, 18) Data Security] dshs.texas.gov/hivstd/policy/security.shtm		
II. Personnel		
6) Contractor reports to DSHS any changes or reassignment of staff funded through the HIV/ROUTN grant to prevent a potential decrease of grant funds.		
7) Contractor maintains current Contact List with appropriate back-up staff to ensure timely communication between Contractor and DSHS.		
III. Training		
8) DSHS Required Trainings		
a) Contractor ensures grant-supported staff have completed DSHS Core Required Trainings during the first year of employment, including		

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<p>Certificates of Completion are on file, dshs.texas.gov/hivstd/training/core.shtm</p>		
<p>b) Contractor authorizes and requires staff (including volunteers) to attend DSHS-identified training, conferences, and meetings as directed by DSHS.</p>		
<p>9) Contractor has a written orientation plan for new staff.</p>		
<p>10) Contractor ensures Routine HIV screening services are carried out by qualified clinical staff, which is ensured through appropriate and on-going trainings or continuing education opportunities. Note the orientation plan may include much of the required information, refer to number 9 above.</p>		
<p>11) Contractor provides or has made available appropriate trainings in accordance with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care for grant supported staff to perform routine HIV screening and related services.</p>		
<p>12) Contractor provides staff development based on grant supported employee needs.</p>		
<p>IV. Delivery of Services - Screening and Confirmation to HIV Medical Care</p>		
<p>13) At least 90% of all eligible patients, as defined by the Contractor, receive an HIV test, unless they decline.</p>		
<p>14) Grantee will ensure at least 75% of individuals newly diagnosed with HIV will be linked to HIV-related medical care within 1 month and at least 90% of individuals newly diagnosed with HIV will be linked to HIV-related medical care within 3 months. Grantee will ensure that at least 75% of individuals who have been previously</p>		

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<p>diagnosed with HIV will be linked to HIV-related medical care within 1 month and at least 90% of individuals who have been previously diagnosed with HIV will be linked to HIV-related medical care within 3 months.</p> <p>In addition to HIV medical services, Grantee will ensure individuals are referred to other services, including housing, legal assistance and violence prevention as needed.</p>		
<p>15) Delivery of services</p>		
<p>a) Program delivers all services in a culturally responsive and sensitive manner, taking low health literacy into account, using the National CLAS Standards in Health and Health Care.</p>		
<p>b) Resources are available to ensure that services are provided in a culturally and linguistically appropriate manner.</p>		
<p>V. Continuous Quality Improvement (CQI) and Monitoring Plan</p>		
<p>16) Contractor has a written and implemented internal Continuous Quality Improvement (CQI) Plan (Refer to Ch. 16, Routine HIV Screening in Healthcare Settings, 16.9 Quality Assurance section) to evaluate all services, processes and operations including routine HIV screening within the agency on an annual basis including a review of client grievance policy and procedures that includes:</p>		
<p>a) Establishment of CQI Committee</p>		
<p>b) Maintenance of CLIA certification and current screening/laboratory procedures</p>		
<p>c) Monitoring DSHS Routine Screening Performance Measures (PM) to track progress to meet annual PMs by the end of contract term. (Refer to Appendix A for current DSHS Routine HIV Screening PMs)</p>	<p>NR</p>	<p>This activity is part of the DSHS desk audit and is reviewed at least semi-annually as part of the Interim and Annual Progress reports and will be reviewed with the Contractor as needed.</p>

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17) Contractor submits Interim and Annual progress reports to DSHS in accordance with contract requirements by required submission date.	NR	This activity is part of the DSHS desk audit; DSHS will follow-up with the Contractor as needed.
VI. Data		
18) Data Security Contractor is in compliance with all applicable DSHS Security Policies and Procedures, dshs.texas.gov/hivstd/policy/security.shtm		
a) Confidentiality		
b) Access to DSHS designated reporting systems		
c) Annual Security Trainings		
19) Data Collection and Submission Contractor submits required data set to the Texas Department of State Services via the reporting system/s designated by DSHS.		
a) Data is submitted by the 20 th of each month, or per DSHS instructions.	NR	This activity is part of the DSHS desk audit performed monthly and is reported to the Contractor on a monthly basis. DSHS will follow-up with the Contractor as needed.
b) Data submission is accurate and complete.	NR	This activity is part of the DSHS desk audit performed monthly and is reported to the Contractor on a monthly basis. DSHS will follow-up with the Contractor as needed.
VII. Financial		
20) Contractor submits financial reports to DSHS by required submission dates.		
a) Requests for reimbursement or payment are submitted by the last business day of the month following the month expenses were incurred or services provided.	NR	This activity is part of the DSHS desk audit performed monthly and is reported to the Contractor on a quarterly basis.

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b) Financial Status Reports (FSR) are submitted by required due dates documented in the current contract.	NR	This activity is part of the DSHS desk audit; DSHS will follow up with Contractor as needed.
c) Expenditures are in accordance with the DSHS HIV Prevention approved line item categorical budget.	NR	This activity is part of the DSHS desk audit; DSHS will follow up with Contractor as needed.
VIII. Sustainability		
21) Contractor has implemented systems changes to work towards sustainability of routine HIV screening as a standard of care.		

Appendix A

Performance Measures –Routine Screening Program Contractor Performance Measures to be met by the end of the 2021 contact term:

- Grantee will conduct at least 90% of the total projected number of HIV tests by the end of the contract term.
- Grantee will ensure that at least 95% of individuals with a positive HIV test receive their test results. *
- Grantee will ensure that at least 75% of individuals newly diagnosed with HIV will be linked to HIV-related medical care within 1 month.
- Grantee will ensure that at least 90% of individuals newly diagnosed with HIV will be linked to HIV-related medical care within 3 months.
- Grantee will ensure that at least 75% of individuals who have been previously diagnosed with HIV will be linked to HIV-related medical care within 1 month.
- Grantee will ensure that at least 90% of individuals who have been previously diagnosed with HIV will be linked to HIV-related medical care within 3 months.
- Grantee will achieve a minimum of 0.1% overall positivity rate.

**While the goal is to link 100% of persons living with HIV to HIV-related medical care, this performance measure reflects DSHS minimum performance standards.*

Additional Observations/Recommendations: