

BALTIMORE CITY HEALTH DEPARTMENT  
RYAN WHITE OFFICE  
CLINICAL QUALITY MANAGEMENT PROGRAM (CQM)

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**FY13 SERVICE CATEGORY: LEGAL SERVICES**

Baltimore – Towson EMA

April 2014



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## INTRODUCTION

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The Baltimore City Health Department (BCHD) Part A Clinical Quality Management Program (CQM) began in calendar year 2001, the purpose of which is to ensure that people living with HIV/AIDS (PLWHA) in the Greater Baltimore Eligible Metropolitan Area (EMA) have access to quality care and services consistent with the Ryan White HIV/AIDS Treatment Extension Act of 2009. The FY2013 CQM initiatives focused on Outpatient Ambulatory Health Services Primary Medical Care, Medical Case Management (including Treatment Adherence), Medical Nutrition Therapy, Food Bank (including Emergency Financial Assistance), and Legal services provided March 1, 2012 through February 28, 2013.

This report summarizes EMA wide findings of legal services verified through chart abstraction and consumer interviews. The Greater Baltimore HIV Health Services Planning Council Standards of Care distinguishes between legal and entitlement services. Legal services is defined as “the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White HIV/AIDS Program.”<sup>1</sup> Entitlement services are defined as “applying for any of the Social Security entitlement programs including: Survivor’s Benefits, supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI).”<sup>1</sup>

To assess the degree to which the Standards of Care were adhered to across the EMA, data were gathered and analyzed from all Part A funded legal services agencies. In addition, this report provides a summary of finding and recommendations for improving the quality of legal services.

For each chart reviewed, one survey instrument was completed. A total of 75 charts were reviewed at 3 agencies providing Legal services (Table 1).

**Table 1. FY2012 Legal Services Charts Reviewed<sup>1</sup>**

Provider	Charts Reviewed # (%of total)
Chase Brexton Health Services – Baltimore City	25 (33%)
University of Maryland -Evelyn Jordan Center	25 (33%)
Legal Aid Bureau	25 (33%)
<b>Total</b>	<b>75 (100%)</b>

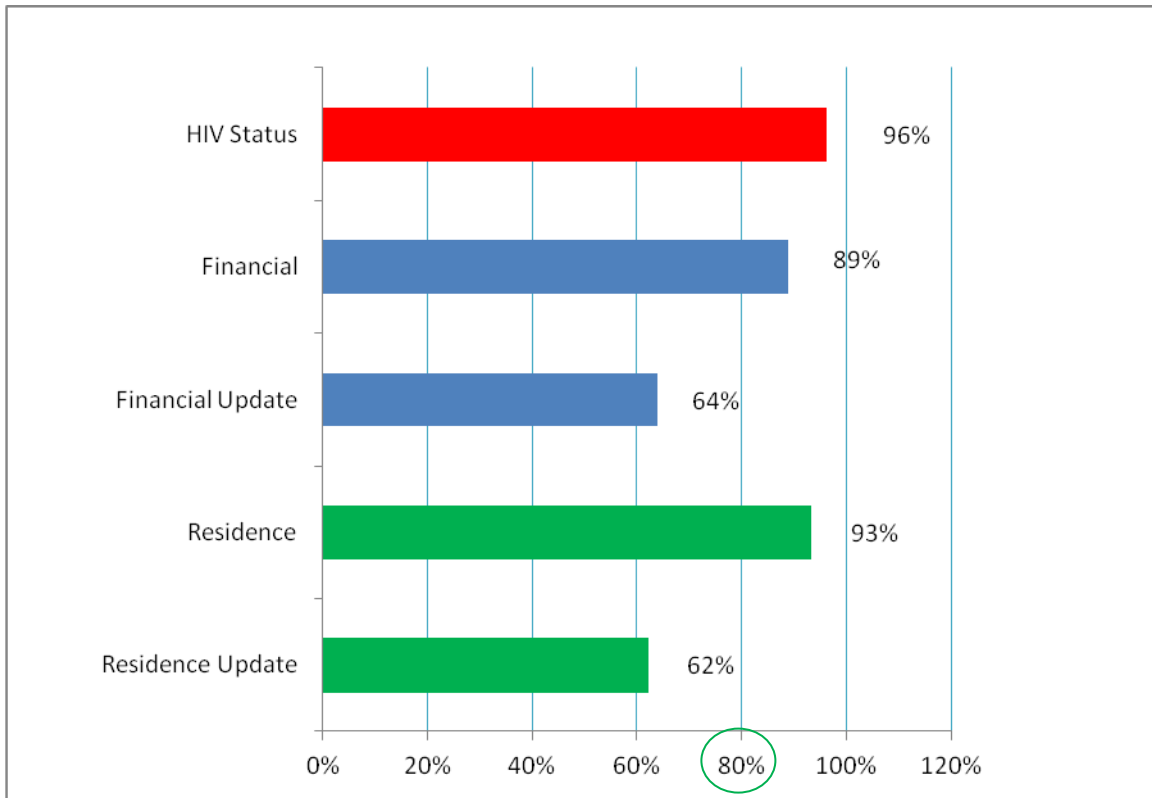
<sup>1</sup> Greater Baltimore HIV Health Services Planning Council, Standards of Care, Legal Services, originated November 1996; revised March 2003; ratified October 2009.

## RYAN WHITE ELIGIBILITY

Before Ryan White funds can be used, providers must establish that the client is eligible for care<sup>2</sup>. This includes one-time documentation of HIV status and semiannual documentation of residency in the Baltimore-Towson EMA, income, and third-party payer capacity.

A total of 75 EMA charts were reviewed for verification of Ryan White legal services eligibility. Of those, seventy-two (96%) documented HIV status. 93% (n=70) of the charts verified initial residency and 89% (n=67) financial eligibility. 51 (62%) charts documented residency and 50(64%) financial updates [Figure 1]. Ryan White-funded providers are required to verify client eligibility on a biannual basis. 68% (n=51) of the charts were not eligible for an update because the chart documented one visit or the client received less than six months of service during the review period.

**Figure 1. EMA Legal Service Eligibility Documentation, Standard B.16.2.1. (a).N=75**



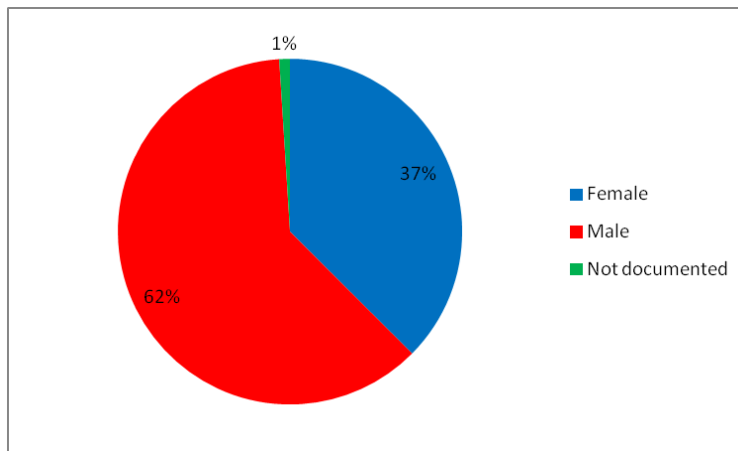
## DEMOGRAPHICS

This section presents demographic data for the 75 EMA clients sampled who received legal services between March 1, 2012 and February 28, 2013.

### Gender

Of the 75 reviewed charts, 62 % (n=46) documented male gender and 37% (n=28), female. Gender for one client (1%) was not documented [Figure 2].

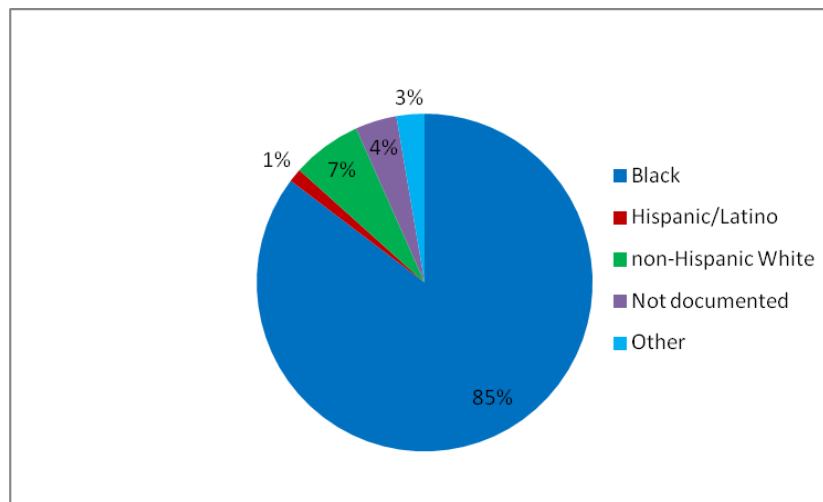
**Figure 2. Gender distribution of legal clients N=75**



### Race/Ethnicity

Of the 75 reviewed charts, sixty-four (85%) documented African American race and five (7%) documented non-Hispanic, White. Fewer charts documented other races, including two (3%) as 'other' and one (1%) as Hispanic/Latino ethnicity [Figure 3].

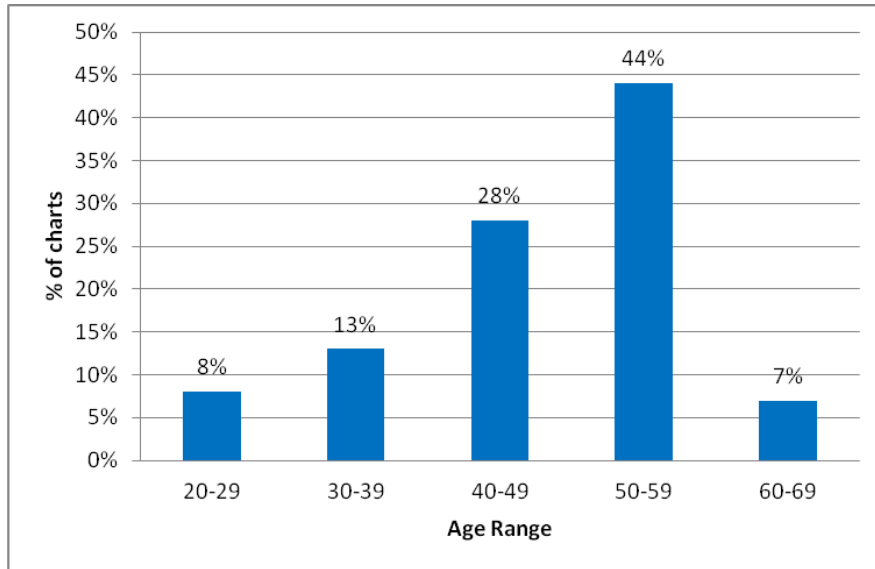
**Figure 3. Race/Ethnicity distribution of legal clients N=75**



## Age

The average age of clients was 47.0 years. The largest proportion of clients was between 50 and 59 (n=33, 44%) years of age. The next largest age groups were in their forties (n=21, 28%) and thirties (n=10, 13%). Fewer clients were in their twenties and sixties, [Figure 4].

**Figure 4. Age range distribution of legal clients N=75**

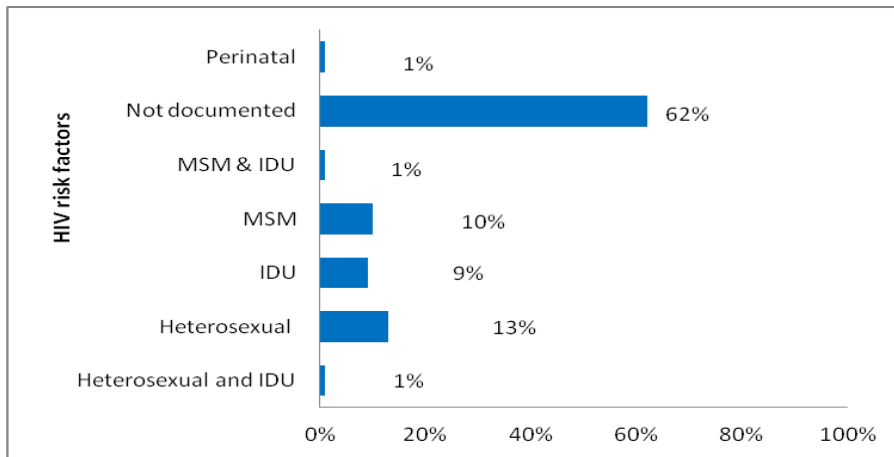


## Risk Factor

CQM reviewed risk factors for HIV infection; however legal service providers are not obligated to collect this information. Client risk factors were not documented in 62% (n=47) of the 75 abstracted charts. This disproportionate figure is attributed to several key factors, including providers who were converting from paper files to electronic medical records (EMRs) and issues with data accessibility. Some agencies reported that they do not collect risk factors as part of their intake process.

Heterosexual contact was documented in 13% (n=10) of records and men who have sex with men (MSM) contact was reported in 10% (n=8). Injection drug use (IDU) was recorded in 9% (n=7) of the charts. Heterosexual and IDU (n=1), MSM and IDU (n=1), and perinatal (n=1) transmission each represented 1% of risk factors [Figure 5]. Note: The total percentages for risk factors exceeded 100% as some charts documented more than one risk factor.

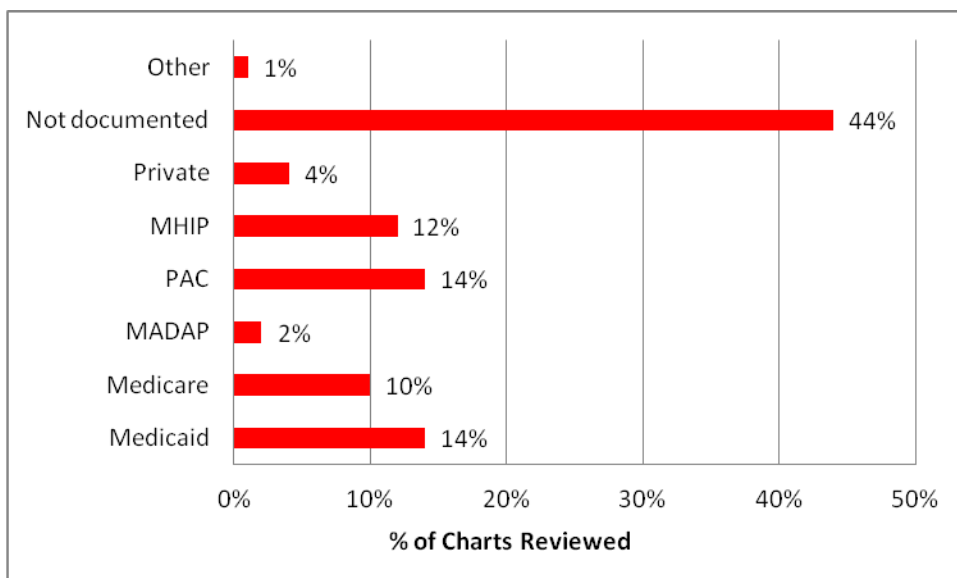
**Figure 5. Risk factor distribution of legal clients N=75**



### Health Insurance Status

CQM reviewed health insurance status; however legal service providers are not required to collect that information. Figure 6 illustrates that 44% (n=33) of charts did not document client's health insurance coverage. This was largely attributed to providers who were switching from paper records to EMRs, and difficulties retrieving the client's data. Some agencies do not collect health insurance when assessing the client's legal needs. Medicaid (n=11) and Maryland Primary Adult Care (PAC) (n=11) were both reported in 14% of charts. Note: Percentages in the graph below total to greater than 100% since clients could have had more than one form of insurance.

**Figure 6. Health insurance coverage for legal clients N=75**





## Policies

Prior to services being rendered, clients must be provided with the policies and procedures listed in the standards of care (*Table 1*). Most of the reviewed charts included a policy on confidentiality (97%, n=73), rights and responsibilities (96%, n=72), and release of information (93%, n=70). Sixty-eight percent (N=51) of the charts incorporated a grievance policy and a retainer agreement was included in 83% (30 of 36) of the reviewed charts. It is mandated in the standards of care that clients who receive legal services must have a signed retainer agreement (the scope of representation).

**Table 1: Distribution of agency policies  
Standard 16.3.2 (n) N=75**

Agency Policies	Number	Percent
<b>Rights and Responsibilities</b>	72	96%
<b>Confidentiality</b>	73	97%
<b>Grievance</b>	51	68%
<b>Release of Information</b>	70	93%
<b>Retainer Agreement</b>	30	83%

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## RECORD ABSTRACTION

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This section outlines legal providers' compliance to the standards of care in providing legal and entitlement service assistance.

As specified in the standards of care (B.16.2.):

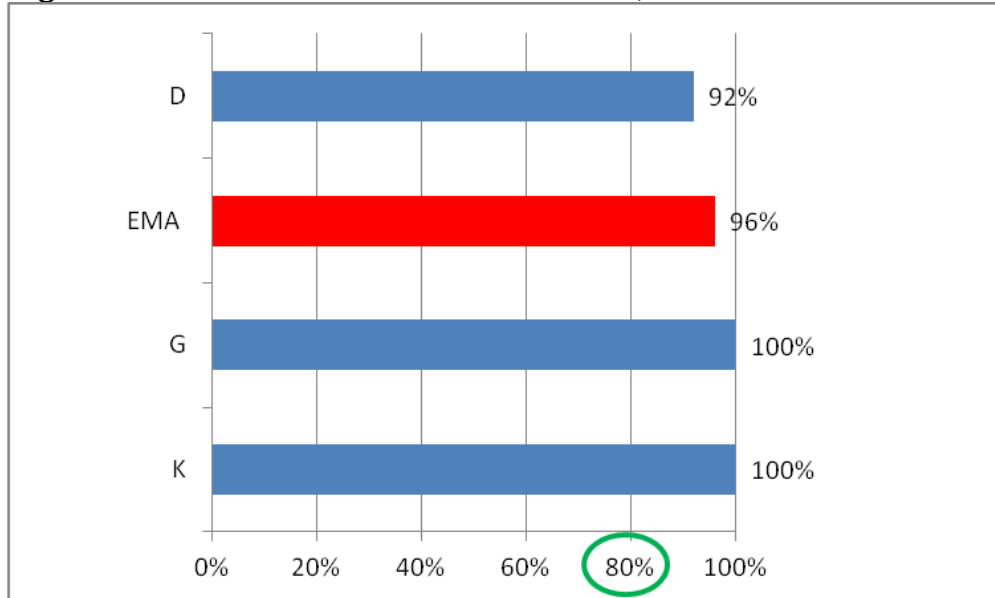
*“Legal services for persons with HIV disease should reflect sensitivity to the client’s disease and its impact on him or her, and should be based on competence in evaluating the client’s legal issue in determining the proper course of action with the client’s approval. Representation of and advocacy on behalf of the client shall be governed by the Maryland Lawyers’ Rules of Professional (CA 2003).”*

## Intake

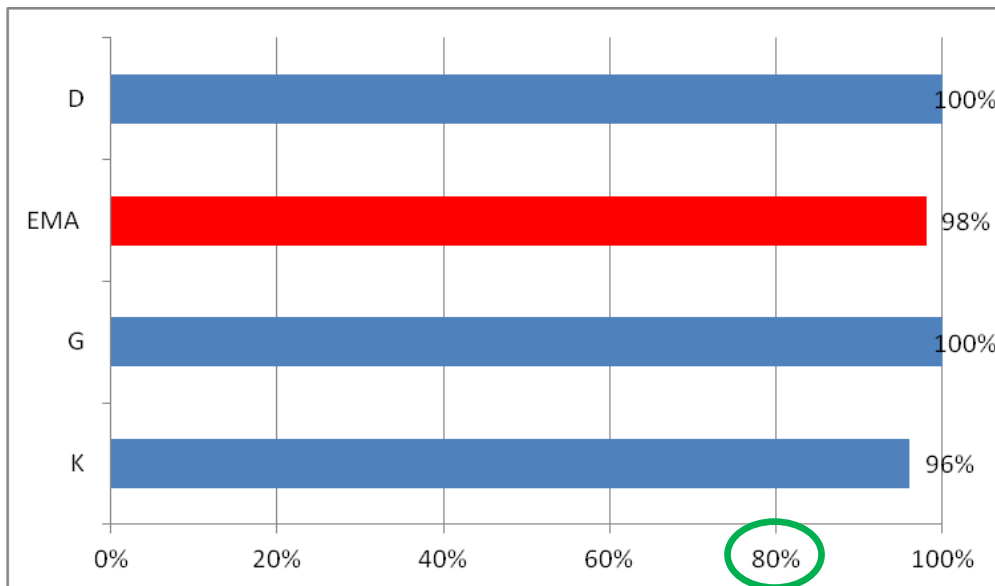
The intake process involves an assessment of the client’s legal situation and needs, and the collection of information the agency requires to meet those needs. CQM reviewed charts to determine whether there was an intake and if it included documentation of the client’s needs and/or legal situation. 96% of all charts reviewed documented a legal intake

(Figure 7). The EMA reported 98% documentation of the client's legal needs (Figure 8). Those charts that did not include intakes were brief encounters where the client received advice only.

**Figure 7: Intake documentation in FY 2012, Standard B.16.2.1 N=75**



**Figure 8: Documentation of legal situation/needs in FY 2012, Standard B.16.2.1 N=75**



Part of the client’s intake and assessment includes the provider deciding the most appropriate service for meeting the clients’ needs. Intakes should also be completed within 45 days. Table 2 shows all services deemed appropriate for the client during the review period. Thirty-seven charts (49%) documented entitlement services and 22 (29%) needed a legal service. Ten (13%) documented advice only, and 5 (7%) needed both legal and entitlement services. One chart (1%) did not clearly document the client’s legal need. All intakes were completed within 45 days.

**Table 2: Service deemed appropriate in FY 2012, Standard B. 162.1, N=75**

Service Types	D Number and percent	G Number and percent	K Number and percent	EMA Number and percent
<b>Entitlement</b>	12(48%)	4 (16%)	21 (68%)	37(49%)
<b>Legal</b>	12(44%)	7 (28%)	3 (12%)	22 (29 %)
<b>Both</b>	0 (0%)	5 (20%)	0 (0%)	5 (7%)
<b>Not documented</b>	0 (0%)	0 (0%)	1 (4%)	1 (1%)
<b>Advice Only</b>	1 (8%)	9 (36%)	0 (16%)	10 (13%)
<b>Totals and percentages</b>	25(100%)	25(100%)	25 (100%)	75 (100%)

### Services provided

Once the intake and assessment are completed, the agency provides the appropriate legal service that meets the client’s needs. CQM reviewed charts for the first legal and/or entitlement service provided during the year (Table 3). The most frequently documented services were income-maintenance Social Security Entitlement Services (SSES) (40%, n=30), and appeals and denials (17%, n=13). Twelve charts documented that the client sought advice on matters not covered by Ryan White. Examples of these services not covered include addressing MVA fines, liens on homes and help with moving. In these instances, the client was advised where to obtain assistance with their legal matter.

**Table 3: Type of legal and entitlement services provided in FY 2012  
Standard B.16.1.3 N=63**

Services Provided (L) Legal (E) Entitlement	D Number and Percent	G Number and Percent	K Number and Percent	EMA Number and Percent
<b>(L) Power of attorney</b>	4 (16%)	1 (4%)	0 (0%)	5 (6%)
<b>(L) Consumer issues</b>	1 (4%)	5 (20%)	0 (0%)	6 (5%)
<b>(L) Appeals Denials Income maintenance</b>	6 (24%)	2 (8%)	5 (20)	13 (17%)
<b>(L) Discrimination matters</b>	1 (4%)	0 (0%)	0 (0%)	1 (1%)
<b>(L) Housing issues</b>	0 (0%)	0 (0%)	1 (4%)	1 (1%)
<b>(L) Welfare support, leave, disability</b>	1 (4%)	0 (0%)	0 (0%)	1 (1%)
<b>(E) Income maintenance SS</b>	6 (24%)	6 (24%)	18 (75%)	30 (40%)
<b>(E) Insurance/Pharmacy</b>	0 (0%)	1 (4%)	5 (20%)	6 (8%)
<b>Totals and Percentages</b>	19 (25%)	15 (21%)	29 (38%)	63 (84%)

**Implementation and advocacy for first legal and entitlement service**

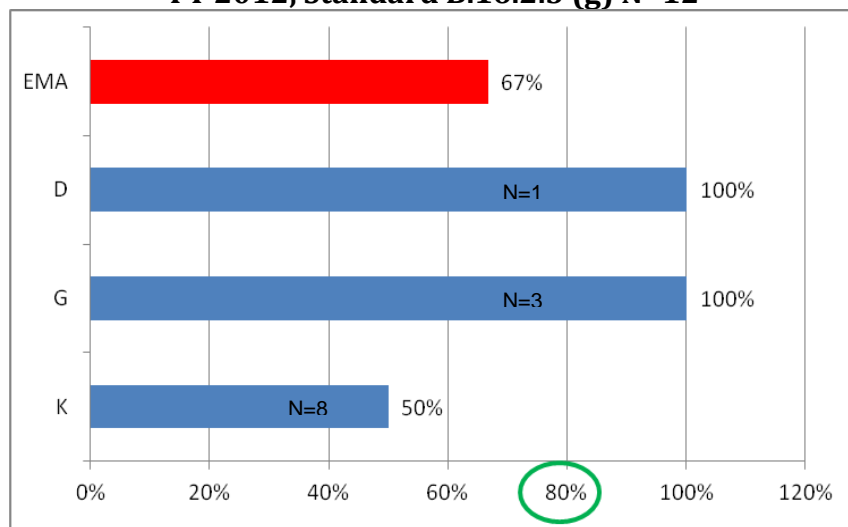
The standards of care mandate that the agency determines the course of action and provide the “*advice, representation and advocacy necessary to accomplish the client’s goals.*” CQM investigated whether advocacy (i.e., via letters, phone calls, court and agency visits) and follow-ups were made on the client’s behalf regarding the initial service. All (100%) charts reviewed, whether the initial service was *legal* or *entitlement*, documented that the agency advocated or followed up for the client’s legal needs.

Ten client records documented a one-time brief encounter with, or advice from, a legal provider (not shown). When charts documented brief encounters or advice, abstractors did not look for documentation of advocacy or follow-up.

### Social Security application denied and referral

According to the standards of care, “if the client’s application is rejected, the entitlement specialist will refer the client to an agency that provides legal representation.” Figure 9 shows that of the twelve denied social security applications, eight were referred for legal representation.

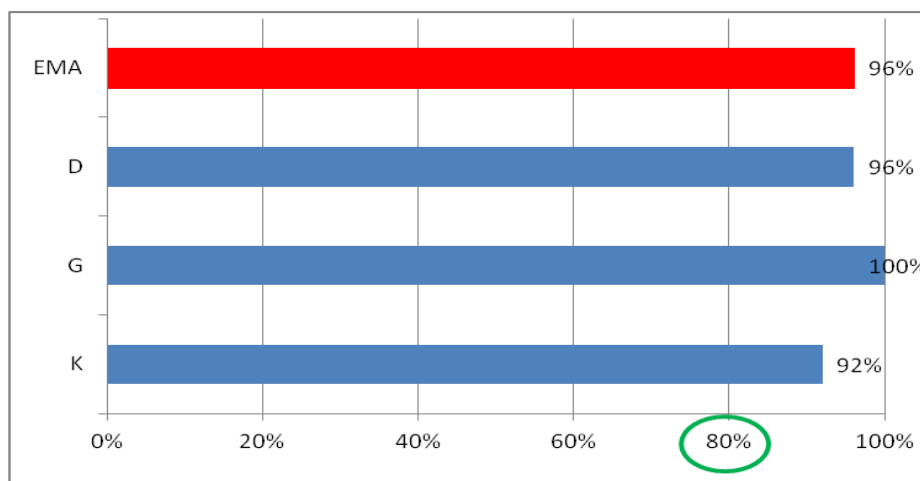
**Figure 9: Social Security application denied and referred for legal representation in FY 2012, Standard B.16.2.3 (g) N=12**



### Contacts made on the client’s behalf

The standards of care require that “all contacts made on the client’s behalf are to be documented (electronically on a computer or by means of handwritten notes in the client’s file).” Figure 10 shows that 96% (n=72) of the reviewed charts documented contacts made on the client’s behalf.

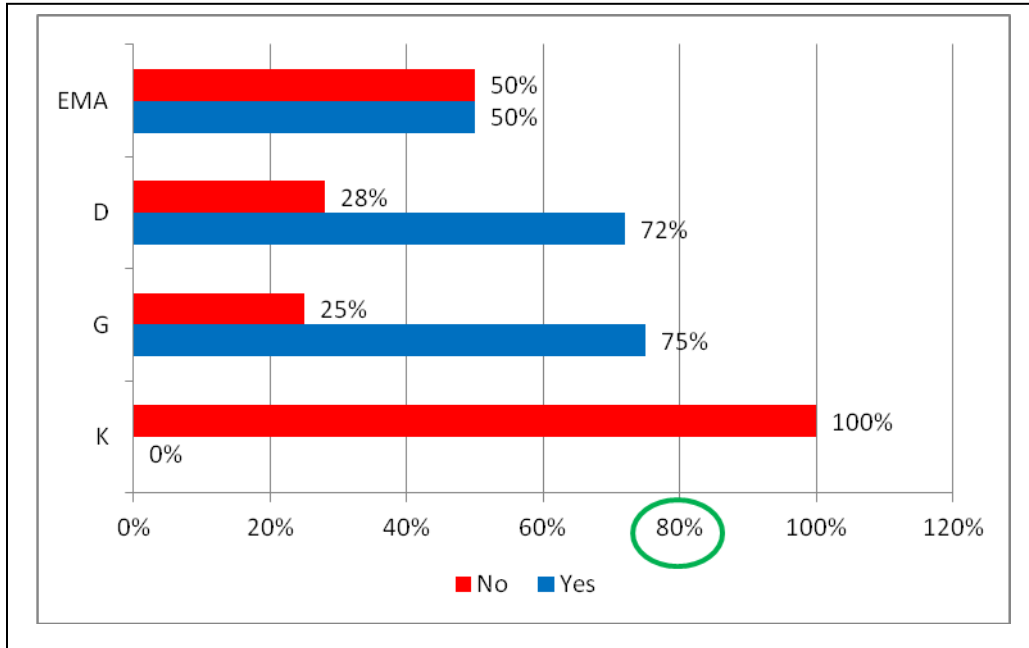
**Figure 10: Documented Contacts made on the clients behalf in FY 2012 Standard B.16.2.3 (h) N=75**



### Chart Closure

The standards of care specify that the agency will maintain documentation in the client's file of closed cases and include an explanation. Figure 11 shows that 50% (n=36) of the 72 documented charts were closed with reasons (i.e., issue resolved, advice given, other) and 50% (n=36) remained open during the review period. Information on chart closure was missing from the tool for three of the client charts reviewed.

**Figure 11: Documentation of closed cases with explanation in FY 2012  
Standard B.16.2.5 (a) N=72**



## CONSUMER SURVEYS

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Agency compliance to the Standards of Care was assessed through consumer surveys with current legal service clients. Consumers were eligible for the survey if they received legal services within the past 12 months. The questions focused on the services provided, the patient's knowledge of their care, and their satisfaction with the services received. A total of 21 clients participated in the survey from the three agencies providing legal services. Surveys were administered by Ryan White CQM staff. A \$25 incentive card to a local retailer or grocer was provided for completion of the survey.

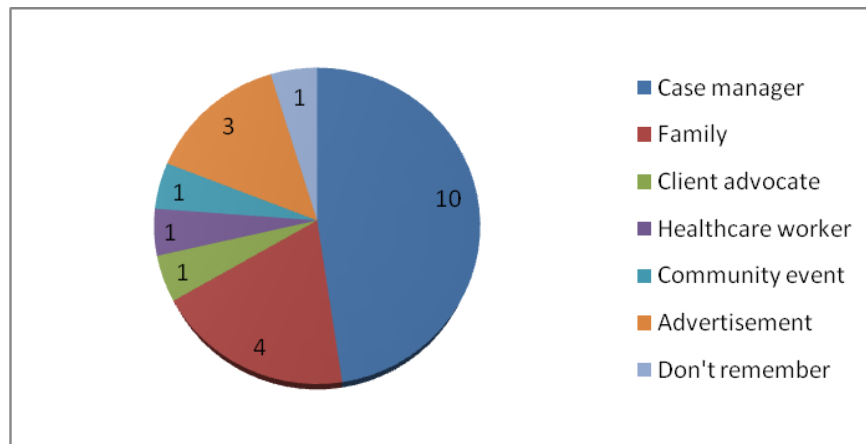
### Primary Medical Care and Medical Case Management

Consumers were asked whether they currently had a primary care provider and a medical case manager. 100% of consumers indicated they had a primary care provider. 91% claimed to currently have a medical case manager.

### How consumers learned about legal services

Consumers were asked how they learned about the legal services provided by the agency. As shown below in Figure 12, nearly half (48%) of consumers learned about legal services from a case manager.

**Figure12: How Clients learned of legal services, N=21**



### Intake and Care Plan Development

In accordance with the Standards of Care B.16.2.1(c)(i), B.16.2.2.: “To formally enter an eligible client into the system for further evaluation and to develop a course of action, it is necessary to collect all information about the client, the legal issue and the adverse parties. The staff member, with active participation of the client, shall determine the course of action for each of the client’s legal issues or for the appropriate social security application(s).” Survey results indicated that the majority of consumers 95% completed an intake form with agency staff and 86% had care plans in place.

### Delivery of Services

Consumers were asked what services they received from the agency in the past year. As shown in Table 4 below, more than half of consumers (11) received Social Security Entitlement Services assistance (SSES). SSES services include survivor’s Benefits, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), Standards of Care, B16.1.2.

**Table 4: Legal services received, N=21**

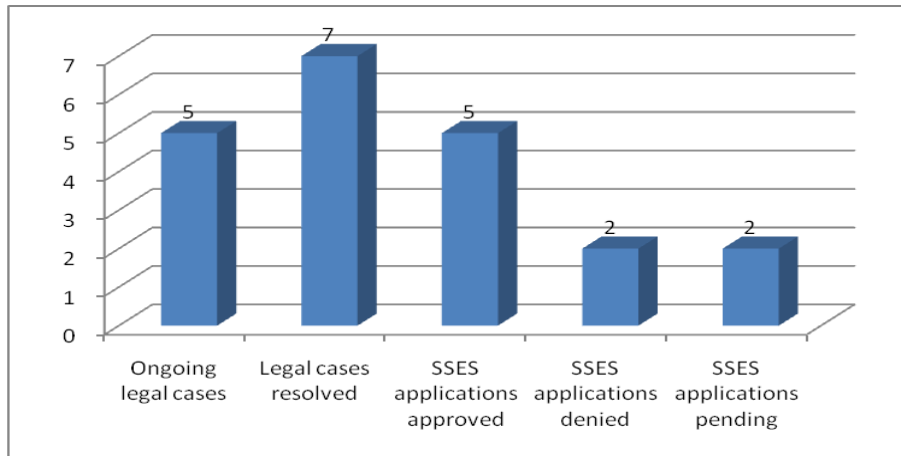
Type of Legal and/or Entitlement Service Received	Number of consumers
Power of attorney/ living will	4
Consumer credit issues	2
Discrimination matters	1
Housing issues	3
Income maintenance/SSES assistance	11
Other	5

Clients were also asked to report on the status of their legal and entitlement issues (Figure 13). Of these cases, five clients reported having an ongoing legal case. Another seven clients had resolved legal cases and five reported approved SSES applications. Two clients had their SSES applications denied and another two responded had a pending SSES issue, Figure16.

Of the two denied SSES applications, one client used a different agency and the other client dropped the case.



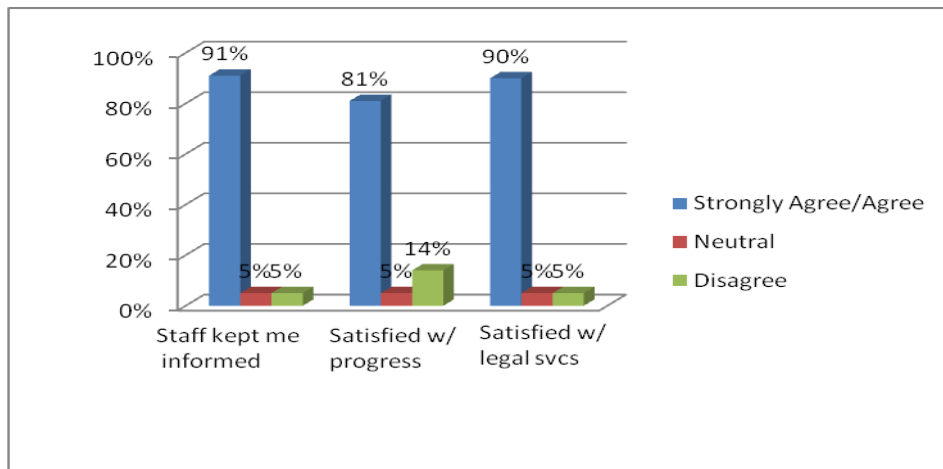
**Figure 13: Status of legal and entitlement cases, N=21**



**Service Quality Rating**

Consumers were asked to rate the quality of legal services with respect to staff keeping them informed about their case, whether they were satisfied with the progress of their case and overall satisfaction with legal services. Consumers expressed a high degree of satisfaction with the agency and legal services they received, Figure 14.

**Figure 14: Satisfaction with services, N=21**



**Summary**

Consumers interviewed for legal services were generally satisfied with their case progression or the outcome of their case. A majority of clients reported the completion of intakes and care plans which are required according to the legal standards of care. Consumers were given the opportunity to provide any other comments or feedback on legal services. Respondents stated they would like to see legal service staff provide more hands on assistance with the completion of paperwork.

## DISCUSSION & RECOMMENDATIONS

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Overall, Ryan White HIV/AIDS Program legal service agencies are delivering assistance in accordance with the majority of the Standards of Care. Most agencies are maintaining an exemplary level of legal and/or entitlement services to Part A clients within the Baltimore EMA.

Below is an EMA-wide summary of strengths and areas for improvement for legal services. **Refer to the cover letter of this document for your agency's strengths and areas for improvement.**

### **Strengths**

In the EMA, compliance to the standards of care was documented at 81% or better in the following areas:

- HIV Status eligibility, 96%
- Financial eligibility, 89%
- Residence eligibility, 93%
- Rights and Responsibilities policy, 96%
- Confidentiality policy, 97%
- Release of information, 93%
- Retainer Agreement, 83%
- Intake documentation, 96%
- Documentation of legal situation and needs, 100%
- Advocacy for the client's legal needs, 100%
- Documentation of a completed intake within 45 days, 97%
- Contacts made on the clients behalf, 96%

### **Areas for Improvement**

EMA compliance to the standards of care fell below 81% in the following areas:

- Financial eligibility update, 64%
- Residence eligibility update, 62%
- Grievance policy, 68%
- Social Security application denied and referred for legal representation, 67%
- Documentation of closed cases with explanation, 50%

## **Ryan White Eligibility**

All clients receiving Ryan White services must be screened for eligibility requirements including one-time verification of HIV status, and semi-annual verifications of residency and income. At least one of the income and residency verifications in each 12 month period must be accompanied by supporting documentation. Self-attestation is sufficient for the second verification. Please note that while self-attestation of no change is sufficient, self-attestation of change **must** be accompanied by supporting documentation. On the next page, Table 4 describes the type of documentation required for each eligibility requirement.

Initial residency and income documentation were found in 93% and 89% of charts, respectively. When the client had been in care for more than 6 months, reviewers checked that residency and income had been updated. 62% of charts documented a residency update and 64% of charts documented income updates. Since Ryan White is the payer of last resort, all clients should have been screened for eligibility and all clients' eligibility should have been reassessed.

### *RW Eligibility and the Affordable Care Act<sup>1</sup>*

As health care reform is implemented, more PLWH will become eligible for public or private insurance. Ryan White providers are required to make efforts to secure other funds to provide services to clients. Other funding streams include Medicaid and Medicare, CHIP, or other private health insurance. Ensuring that Ryan White funds are used as a last resort helps provide services to new clients, and leaves funds for other needed services.

For more information please see HRSA Policy Clarification Notice #13-03.

### *RW Eligibility and Electronic Health Records (EHR)*

With the increased use of EHRs throughout the EMA, providers will need to consider how they will document initial and semi-annual verification of Ryan White eligibility. Hard copy verification of eligibility is required once per year for every client served. When clients are seeking Ryan White services for the first time or are re-entering care, they must provide hard copy documentation of their eligibility. If after initial or annual eligibility verification the client has reported a change in residence or income, then they must also provide hard copy documentation.

Providers using EHRs will need to either maintain a paper chart containing RW eligibility or scan these documents into the EHR. Written documentation of eligibility notated in the client's record will only be accepted once per year and only if the client reports no change in their eligibility.

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<sup>1</sup> <http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1303eligibilityconsiderations.pdf>

**Table 4. Required Documentation Table<sup>2</sup>**

	<b>Initial Eligibility Determination &amp; Once a Year/12 Month Period Recertification</b>	<b>Recertification (minimum of every 6 months)</b>
<b>HIV Status</b>	Documentation required for Initial Eligibility Determination	No documentation required
<b>Income</b>	<p>Documentation required</p> <p><b><u>Examples from the Greater Baltimore HIV Health Services Planning Council (GBHHSPC):</u></b></p> <ol style="list-style-type: none"> <li>1. Copy of a signed lease with client’s name and address</li> <li>2. Copy of a current or previous month’s utility bill or rent receipt with client’s name and address</li> <li>3. Copy of an Supplementary Security Income (SSI) award letter with client’s name and address</li> <li>4. Notarized letter from a friend or family member, naming the client and attesting to his or her address</li> <li>5. Support letter on official letterhead from a shelter, recovery house, transitional housing facility or other similar housing facility.</li> </ol>	<p>Self-attestation of no change</p> <p>Self-attestation of change – documentation required</p>
<b>Residency</b>	<p>Documentation required</p> <p><b><u>Examples from GBHHSPC:</u></b></p> <ol style="list-style-type: none"> <li>1. Copy of a current pay stub with the client’s name</li> <li>2. Copy of the client’s most recent W-2 form</li> <li>3. Copy of the client’s SSI award letter</li> <li>4. Signed, notarized “letter of support” from someone providing the client with financial support</li> <li>5. Documentation of active Medicaid benefits, such as the client’s managed care organization card.</li> </ol>	
<b>Insurance Status</b>	<p>Must verify if the applicant is enrolled in other health coverage and document status in client file</p> <p><b><u>Examples from GBHHSPC:</u></b></p> <ol style="list-style-type: none"> <li>1. Copy of the client’s insurance card</li> <li>2. Documentation that provider staff have checked the client’s status in the Eligibility Verification System (EVS) of the State of Maryland</li> <li>3. Verification from private insurance company that includes the date and results, with initials/signature of provider staff securing verification.</li> </ol>	<p>Must verify if the applicant is enrolled in other health coverage</p> <p>Self-attestation of no change</p> <p>Self-attestation of change – documentation required</p>

<sup>2</sup> Adapted from <http://hab.hrsa.gov/manageyourgrant/pinspals/pcn1302clienteligibility.pdf>

## **Recommendations**

### **Recommendations for Quality Improvement and the Planning Council**

- To be consistent with the HRSA/HAB guidelines for biannual eligibility updates, CQM recommends that the Planning Council add the language for eligibility update determination.
- The standards of care require a signed retainer agreement for legal services. However, they do not indicate whether or not the retainer agreement must be completed for services provided by an attorney or with other specialized personnel. Retainer agreements were not sought at agencies that used case managers or similar professionals to administer legal services.

### **Recommendations for Ryan White Legal Services providers**

- Providers are efficiently documenting initial eligibility for Ryan White legal services. Although this is commendable, agencies must ensure that biannual updates for qualified clients are collected to determine continuation of services. CQM staff recommends that agencies experiencing difficulty should remind clients of Ryan White eligibility requirements and motivate them to submit documentation within a specified timeframe.
- To ensure that client services are being implemented in a timely manner, management should periodically review charts for compliance to the standards of care and for service delivery follow-up. It is recommended that deficiencies be acknowledged and corrected.
- Agencies are generally documenting closed cases with explanations. CQM recommends that agencies continue to document closed cases with reasons and inquire if clients need additional legal or entitlement services. If a provider is unsure about the agency requirements mandated in the standards of care, CQM recommends that it contact the Ryan White project officer for clarity.

## ACKNOWLEDGMENTS

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