

HOUSTON REGIONAL HIV/AIDS RESOURCE GROUP, INC.  
SUBGRANTEE GUIDELINES  
Policy and Procedure

DOCUMENTATION OF HIV STATUS (SG-03)

EFFECTIVE DATE: April 17, 2001

PURPOSE:

To establish acceptable documentation of HIV status for all HIV-specific funding from The Resource Group.

DEFINITIONS:

**Subgrantee** is an agency that has entered into a grant agreement with The Resource Group to provide services.

POLICY:

Each Subgrantee that receives HIV-specific funding from The Resource Group must obtain and maintain documentation of HIV status. The Subgrantee should establish a procedure to obtain and maintain the acceptable forms for documentation of HIV status that complies with the requirements outlined below. (NOTE: This applies to all HIV-specific services administered by The Resource Group.)

PROCEDURE:

1. Upon receiving funding from the Resource Group, the Subgrantee must develop a procedure that ensures acceptable forms of documentation of HIV status (outlined below) are obtained and maintained for all HIV-specific services funded by The Resource Group.
2. The documentation of HIV status should always remain within the active client record. The documentation of HIV status should **never** be archived.
3. The Subgrantee is only required to obtain documentation of HIV status once for each client receiving HIV-specific services. The Resource Group does not require that HIV Status be updated on an annual basis. (However, other Funding Sources and/or the Subgrantees may require this.)

4. The following are the acceptable forms for documentation of HIV status for ambulatory outpatient medical service providers:
  - ❖ A positive Western Blot laboratory result, which includes the name of the client. (Anonymous test results are not acceptable.)
  - ❖ A **detectible** HIV "viral load" test which includes the name of the client.
  - ❖ A hospital discharge summary that documents HIV positive status.
5. The following are the acceptable forms for documentation of HIV status for all other service providers:
  - ❖ A positive Western Blot laboratory result, which includes the name of the client. (Anonymous test results are not acceptable.)
  - ❖ A **detectible** HIV "viral load" test which includes the name of the client.
  - ❖ A signed diagnosis from a physician, physician's assistant, or advanced nurse practitioner.
  - ❖ A statement signed by a registered nurse relaying the diagnosis that exists by virtue of having documentation in a medical record.
  - ❖ A hospital discharge summary that documents HIV positive status.
6. Statements signed by social workers and/or other health care professionals not listed above are **not** sufficient to meet the minimum requirements of documentation of HIV status.
7. An anonymous test result may be used for up to sixty (60) days to assist a client. After that time, one of the acceptable forms of documentation of HIV status must be obtained. FOR FEE-FOR SERVICE PROVIDERS: Should the acceptable forms of documentation not be obtained by sixty (60) days, all billed charges for the client would be disallowed after the sixty day grace period.
8. Confirmatory testing is an allowable cost if a Subgrantee needs to confirm a client's HIV status and other HIV status documentation is missing or unacceptable.
9. Where services are provided to affected family members of an infected person whose medical records are not available, a signed statement (by the person receiving services) of the HIV status of the infected family member will be deemed as acceptable proof if the other documentation of HIV status is not available. (This circumstance traditionally occurs when family members are receiving bereavement counseling.)
10. Subgrantees may establish thresholds of documentation that exceed these minimum requirements. However, **no** Subgrantee may establish thresholds of documentation that fail to meet these minimum requirements.