



The following is a summary of updates that have been made to the FY 26 Service Standards:

1. Added the following language to the **Preamble list of Section I: Universal Standards**:
“Reassess support services annually for ongoing program compliance, beginning at Standard 11.0.”
2. Updated **Section I: Universal Standards, 1.0 Eligibility, Insurance & Recertification**, to replace the outdated PCN 16-02 Amendment with PCN 21-02.
3. Replaced and expanded the previously listed “Disability Letter” in **Section I: Universal Standards, 1.3 Income**, to “Social Security Award letter (SSA, SSDI, SSI) or other disability benefit verification letter” to the list of acceptable documentation for income eligibility.
4. Replaced and specified the previously listed “Letter from Shelter” in **Section I: Universal Standards, 1.4 Boston EMA Residency**, to “A dated letter from transitional housing or a homeless shelter.”
5. Added the following language to **Section I: Universal Standards, 1.4 Boston EMA Residency**, to include “Written letter signed by client attesting to residency in the cases of those experiencing homelessness or in temporary settings” under the list of acceptable documentation to verify residency.
6. Updated the **Section I: Universal Standards, 1.5 Health Insurance** description, “including ADAP/HDAP” to emphasize clients who may be ineligible for other forms of insurance.
7. Added **Section I: Universal Standards, 1.9 Payer of Last Resort**, as a new standard:

“Agencies must ensure that reasonable efforts are made to use non-RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite RWHAP funds.”

Added the corresponding measure: “Written policy addressing Payer of Last Resort and funding source documentation must be on file at the agency.”
8. Revised **Section I: Universal Standards, 2.0 Intake, Discharge, Transition & Case Closure**, to separate the previous 2.3 standard into two distinct standards: **2.3 Rights and Responsibilities Policy** and **2.4 Grievance Policy**.
9. Added language to both the standard and the measure of **Section I: Universal Standards, 3.1 Client Retention and Re-Engagement Policies and Procedures**, requiring regular client follow-up between appointments and documentation of ongoing follow-up activities between appointments, as applicable to the client.
10. Similarly, added language to both the standard and measure of **Section I: Universal Standards, 3.2 Linkage to Care (referrals)**, requiring providers to maintain regular follow-up between appointments, as applicable to the client, to support successful linkage and continuity of care, and requiring documentation of ongoing follow-up activities between appointments.

11. Added the following language to the **Preamble of Section I: Universal Standards, 4.0 Staff Credentials, Training and Supervision**, “Income earned from the Ryan White program must be tracked and reported to RWS.”

12. Added **Section I: Universal Standards, 4.4 Program Income**, as a new standard:

“The agency must have policies in place for reporting program income. Policies must contain a timeframe of when program income is reported to the recipient.”

Added to the corresponding measure: “A written policy for reporting program income is on file at the agency location.”

13. Updated the language in the Measure section of **Section I: Universal Standards, 5.1 Safety Protocol for Staff and Clients** to:

“A written safety policy/protocol is on file at the agency location and includes procedures for safe in-person interactions between staff and clients, such as meetings held behind closed doors or in field settings.”

14. Updated the language in the Measure section of **Section I: Universal Standards, 5.2 Anti-bullying, Discrimination, and Sexual Harassment**:

“A written safety policy/protocol for anti-bullying, discrimination, and sexual harassment is on file at the agency location and includes protections for both clients and staff.”

15. Revised **Section I: Universal Standards, 6.3 Archiving**, to include the word “grant” so that the standard reads: “Subrecipient will archive client files that meets the minimum requirements in accordance with state, federal, grant, and other legal regulations.”

Added to the corresponding measure: “Policy must be documented and may include use of HIPAA-compliant archive systems and archive records in accordance with regulations to ensure safety and security of client files.”

16. Added to **Section II: Core Medical Services, 8.6 Coordination of Care**, “Communicating appointment reminders” and “Maintaining regular follow-up between appointments as applicable to the client” to the list of Medical Case Management activities.

17. Updated the language of the standard portion of **Section II: Core Medical Services, 8.8 Caseload** to:

“Agencies must maintain written policies outlining caseload conditions and expected ratios, as well as information on coverage during staff vacancies, transitions, and reassigning clients when at capacity.”

Added to the corresponding measure: “Written policy and procedures for staffing ratios on file at the agency.”

18. Updated the language of **Section II: Core Medical Services, 9.3. Nutritional Plan** to include:
“The nutritional plan must be updated every six months and service providers must maintain regular follow-up between appointments as applicable to the client.”
19. Added to the Measure section of **Section III: Support Services, 11.1 Emergency Financial Assistance Assessment**, the following language: “demonstrating that the need is emergent and well-documented via the examples provided in the standard.”
20. Clarified **Section III: Support Services, 11.8 Multiple Funding Sources & Payer of Last Resort**, by adding the following language: “Refer to Universal Standard 1.9 for the Payer of Last Resort standard and measure.”

Updated the corresponding measure to include the following language: “Documentation of referrals to other resources as relevant that demonstrate the agency has thoroughly explored alternate resources to meet the client’s need”.

21. Revised the Measure section of **Section III: Support Services, 12.1 Documenting Service Delivery**, to specify documentation requirements as follows:

“Record of overall clients served on file.

Record of service delivery in the client file, including:

- Service provided
- Amount of food, vouchers, and/or non-food items distributed
- Date of services.”

22. Added to the list of required policy definitions in the standard for **Section III: Support Services, 13.1 Rental Assistance Services**, the following language: “Application processing timeline communicated to client based on submission of completed application.”

23. Revised the Measure section of **Section III: Support Services, 14.1 Approved Transportation Methods**, to include the following language:

“and a written policy outlining procedures for using the tracking mechanism, managing materials, and identifying staff responsible for approvals is on file at agency location.”

24. Revised the Measure section of **Section III: Support Services, 14.5 Documenting Service Delivery**, to include the following language:

“A written policy outlining procedures for using the tracking log, managing materials, and identifying staff responsible for approvals is on file at agency location.”

25. Added **Section III: Support Services, 15.6 Caseload**, the following language to the standard:

“Case load determination should be based on client characteristics and the intensity of case management activities. Agencies must maintain written policies outlining caseload conditions and expected ratios, as well as information on coverage during staff vacancies, transitions, and reassigning clients when at capacity.”

Added the following language to the corresponding measure: “Written policy on file at agency regarding staffing ratios on file at the agency.”

26. Revised the Measure section of **Section III: Support Services, 17.1 Psychosocial Assessment**, to include the following language:

“Record of a completed psychosocial assessment in the client file documenting identified needs and support areas.”