ORAL HEALTH CARE
STANDARDS OF CARE

FOR

HIV SERVICES IN ORANGE COUNTY

Effective 11/14/18

TABLE OF CONTENTS

SECTION 1: INTRODUCTION

Oral Health Care services shall be an integral part of primary medical care for all persons living with HIV (PLWH). Treatment plans shall be collaborative and based on the patient's needs identified in the medical and dental history assessment.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County's Oral Health Care services:

- Are accessible to all PLWH who meet eligibility requirements
- Are provided by licensed practitioners
- Appropriately address issues of consent and confidentiality for a patient enrolled in services
- Prevent oral and/or systemic disease where the oral cavity serves as an entry point
- Eliminate presenting symptoms
- Eliminate infections
- Preserve dentition and restore functioning
- Maintain the highest standards of care for patients
- Are in compliance with all applicable federal, state, and local laws, statues, regulatory mandates, and policies governing Oral Health Care services

SECTION 2: DEFINITION OF ORAL HEALTH SERVICES

Oral Health Care services provides diagnostic, preventive, and therapeutic services provided by dental health care professional, including general dental practitioners, dental specialists, dental hygienists and licensed dental assistants. Emphasis is on basic dental care with advanced care available as resources permit.

(Continued on next page)

Oral Health Care services shall provide general dental care that includes diagnostic and treatment services. Primary activities for oral health services include:

- Appropriate staffing
- Patient registration
- Informed consent process
- Comprehensive oral evaluation
- Development of individual treatment plans
- Compliance with treatment standards
- Coordination of care with primary care and other services
- Preventive care and maintenance
- Discharge planning

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality Oral Health Care services starts with well-prepared and qualified staff. To ensure this:

- **HIV Knowledge.** Practitioners shall have training and experience with HIV-related issues and concerns. At a minimum, practitioners providing Oral Health Care services to PLWH shall possess knowledge about the following:
  - HIV disease process and current medical treatments
  - Psychosocial issues related to HIV
  - Cultural issues related to communities affected by HIV
  - Adherence to medication regimens
  - Diagnosis and assessment of HIV-related oral health issues
- **Licensure.** All staff must hold the appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation as required by Federal, State, County or municipal authorities.
  - Dentists must complete a four-year dental program and possess a degree (i.e., D.D.S, D.M.D, etc.). Dentists must pass a three-part examination and the California jurisprudence exam and a professional ethics exam. Dentists are regulated by the California Dental Board (see www.dbc.ca.gov/index.html for further information).
  - Registered Dental Assistants (RDA) must possess a diploma or certificate in dental assisting from an educational program approved by the California Dental Board, or 18 months of satisfactory work experience as a dental assistant. Dental Assistants are regulated by the California Dental Board (see www.dbc.ca.gov/index.html for further information).
  - Registered Dental Hygienist (RDH) must have been granted a diploma or certificate in dental hygiene from an approved dental hygiene educational program. Dental Hygienists are regulated by the California Dental Board (see www.dbc.ca.gov/index.html for further information).
  - Non-licensed students (Dental, Dental Hygienist, and/or Dental Assistants) may provide service with appropriate clinical supervision.
- **Legal and Ethical Obligations.** Practitioners must be aware of and able to practice under the legal and ethical obligations as set forth by California state law and their respective professional organizations. Obligations include the following:
  - Duty to treat: Practitioners have an ethical obligation not to refuse treatment because of fear or lack of knowledge about HIV.

- Confidentiality: Maintenance of confidentiality is a primary legal and ethical responsibility of the service provider. Limits to maintaining confidentiality include danger to self or others, grave disability, child/elder/dependent adult abuse. Domestic Violence must be reported based on California mandated reporting laws.
- Duty to warn: Serious threats of violence (including physical violence, serious bodily harm, death, and terrorist threats) against a reasonably identifiable victim must be reported to authorities. However, at present, in California, a person living with HIV engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality.
- Practitioners are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.

- **Culturally Appropriate.** Practitioners shall possess the ability to provide developmentally and culturally appropriate care to patients living with HIV.
- **Treatment Experience.** Practitioners shall have previous experience or training utilizing appropriate treatment modalities in practice.
- **Training.** Practitioners shall have access to, and avail themselves of training, including:
  - General HIV knowledge, such as HIV transmission, care, and prevention
  - Diagnosis and assessment of HIV-related oral health issues
  - Privacy requirements and Health Insurance Portability and Accountability Act (HIPAA) regulations

Standard	Measure
Staff agree to adhere to Privacy and HIPAA requirements	Documentation of staff completion of the annual compliance training
Staff will have a clear understanding of job responsibilities	Written job description on file
Staff receive initial trainings (including administrative staff) within 60 days of hire and annual education regarding HIV-related issues/concerns (as listed above under training)	Training/education documentation on file including: • Date, time, location, and provider of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda and/or minutes
Provider shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, as required by Federal, State, County, or municipal authorities	Documentation of degrees, certifications, licenses, permits, or other documentation on file

(Continued on next page)

Standard	Measure
Provider and staff shall take steps to build cultural and linguistic competence and maintain an environment that is accessible and welcoming to the community served regardless of race, gender, or sexual identity, gender identity and gender expression	Written strategy as well as site visit
Staff must also receive ongoing annual HIV training as appropriate for their position, including continuing education required by the State of California to maintain licensure	• Materials for staff training and continuing education are on file • Documentation of continuing education in personal file

SECTION 4: CULTURAL AND LINGUISTIC AWARENESS

Providers must participate in a process of training and education that increases cultural and linguistic competence and improves their ability to provide culturally and linguistically appropriate services to all persons living with HIV. Although an individual's ethnicity is generally central to their identity, it is not the only factor that makes up a person's culture. Other relevant factors include gender, gender identity, language, religious beliefs, disability, sexual orientation, beliefs, and institutions. When providing culturally and linguistically competent services, it is important to acknowledge one's personal limits and treat one's client as the expert on their culture. If a service provider determines that they are not able to provide culturally or linguistically appropriate services, they must refer the client to another service provider that can meet the client's needs.

Culturally and linguistically appropriate services and skills include:

- The ability to respect, relate, and respond to a client's culture in a non-judgmental, respectful manner.
- Meeting the needs and providing services unique to our clients in line with the culture and language of the clients being served, including providing written materials in a language accessible to clients.
- Recognizing the significant power differential between provider and client and work toward developing a more collaborative interaction.
- Considering each client as an individual, not making assumptions based on perceived memberships in any groups or classes.
- Translation and/or interpretation services as appropriate.
- Being non-judgmental in regards to people's sexual practices.

(Continued on next page)

Standard	Measure
Service providers will recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Service provider shall have a written strategy on file
All staff (including administrative staff) will receive initial trainings within 60 days of hire and annual trainings to build cultural and linguistic awareness	Training/education documentation on file shall include: • Date, time, location, and provider of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda, and/or minutes
Service provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure
Service provider will maintain a physical environment that is welcoming to the populations served	Site visit will ensure
Service provider complies with American Disabilities Act (ADA) criteria	Completed form/certification on file
Services are accessible to community served	Site visit to review hours of operation, location, accessibility with public transportation

SECTION 5: PATIENT REGISTRATION

Patient registration is a time to gather information and provide basic information about medical and oral health as appropriate. It is also a pivotal moment for establishment of trust and confidence in the care system. Practitioners shall be careful to provide an appropriate level of information that is helpful and responsive to patient need, but not overwhelming.

The following describe components of registration:

- Patients receiving oral health services must be referred through the patient's case manager, medical provider, or through a dental coordinator. Therefore, appropriate and necessary eligibility and demographic information documented by the referring agency may be shared with the oral health service provider to reduce duplication of efforts. *It is the referring agency's responsibility to have on record a signed Authorization to Disclose (ATD) or Release of Information (ROI) to the oral health service provider prior to sharing patient information.*
- Dental staff shall respond to phone calls within two (2) business days upon receipt of phone call.
- An initial appointment shall be set up within two (2) business days of receipt of referral and confirmation of eligibility. Non-emergency appointment within three (3) weeks of receipt of referral confirming eligibility.

- Registration shall take place as soon as possible. If there is an indication that the patient may be facing a medical or dental crisis, the registration process shall be expedited and appropriate intervention may take place prior to formal registration.
- The provider shall clearly explain what oral health services entail. The provider shall provide adequate information about the availability of various services.
- The provider shall communicate information to the patient described below:
    - Written information about resources, care, and treatment (this may include the county-wide HIV Patient Handbook) available in Orange County (for HCA Dental only).
    - Information about filing a **Grievance** if he/she feels his/her rights has been violated.
    - A copy of the patient's **Rights and Responsibilities** (included in the HIV Patient Handbook or Provider's Rights and Responsibilities).
    - Patients shall also be given the **Notice of Privacy Practices (NPP)** form. Patients shall be informed of their right to confidentiality. It is important *not* to assume that the patient's family or partner knows the HIV-positive status of the patient. Part of the discussion about patient confidentiality shall include inquiry about how the patient wants to be contacted (at home, at work, by mail, by phone, etc.).
- The provider shall also obtain the following required documents:
    - A **Consent for Treatment** form, signed by the patient, agreeing to receive oral health services/treatment.
    - A signed document indicating receipt of **Rights and Responsibilities**. Patient rights and responsibilities incorporate a patient's input into the treatment plan; and provide a fair process for review if a patient believes they has been mistreated, poorly served, or wrongly discharged from services.
    - If there is a need to disclose information about a patient to a third party, including family members, patients shall be asked to sign an **Authorization to Disclose (ATD)/Release of Information (ROI)** form, authorizing such disclosure. This form may be signed at registration prior to the actual need for disclosure. Releases of information may be cancelled or modified by the patient at any time.

Standard	Measure
Patient shall be contacted within two business days of receipt of referral.	Registration tool is completed and in patient service record
Patient is informed of Rights and Responsibilities	Signed and dated by client and in client file
Patient is informed of Grievance Procedures	Signed and dated by client and in client file
Patient is informed of Notice of Privacy Act	Signed and dated by client and in client file

(Continued on next page)

Standard	Measure
Consent for Treatment completed as needed	Signed and dated by patient and in patient file as appropriate
Authorization to Disclose (ATD)/Release of Information (ROI) is discussed and completed as needed	Signed and dated by patient and in patient service record as needed
Agency collects and documents health history information for each patient prior to providing care. This information shall include, but not be limited to, the following: • Medical Provider • Patient's chief complaint, where applicable • Medication names • Sexually transmitted diseases • HIV-associated illnesses • Allergies and drug sensitivities • Alcohol use • Recreational drug use • Tobacco use • Neurological diseases • Hepatitis • Usual oral hygiene • Date of last dental examination and dentist name	Documentation of health history information in the patient record. Reasons for missing health history information are documented

SECTION 6: INFORMED CONSENT

The oral health provider shall describe all options for dental treatment and allow the patient to be part of the decision making process. As part of the informed consent process, the oral health provider shall discuss with the patient:

- Appropriate diagnostic information
- Recommended treatment
- Alternative treatment
- Benefits and risks of treatment
- Limitations of treatment based on health status and available resources

The provider shall obtain an Informed Consent form, signed by the patient, to document that the provider has discussed and provided information about treatment options. The informed consent process shall be ongoing as indicated by the dental treatment plan.

(Continued on next page)

Standard	Measure
As part of informed consent process, dental professionals will provide the following to the patient before obtaining informed consent: • Diagnostic information • Recommended treatment • Alternative treatment Benefits and risks of treatment • Limitations of treatment	Signed, dated progress note or Informed Consent form in patient file to detail
Dental providers shall describe all options for dental treatment and allow the patient to be part of the decision making process	Signed, dated progress note or Informed Consent form in patient file to detail
This informed consent process will be ongoing as indicated by the dental treatment plan	Ongoing signed, dated Informed Consent form in patient file (as needed)

SECTION 7: EVALUATION

A comprehensive oral evaluation is fundamental to provision of oral health services. The oral health practitioner shall conduct an in-depth assessment of the patient's history and presenting problems. A comprehensive oral evaluation shall include:

- Documentation of patient's presenting complaint
- Medical history including current medications and allergies
- Dental history including dental chart review of existing pathology
- Caries charting (cavities)
- Full mouth radiographs or panoramic and bitewings and selected periapical films
- Complete oral hygiene and periodontal exam or periodontal screening record (PSR)
- Comprehensive head and neck exam
- Complete intra-oral exam, including evaluation for HIV-associated lesions or STDs
- Soft tissue exam for cancer screening
- Pain assessment
- Risk factors such as endocarditis, neurological diseases, and hemophilia
- Medical Care Provider
- Dental exam date and dentist name

The following describes specific components of a comprehensive evaluation:

- The evaluation process shall be completed within two (2) weeks of initial dental visit. The evaluation process may take more than one (1) session, depending on the patient's medical and dental history and need to consult with patient's primary care provider.
- The provider shall evaluate patient's presenting complaint to identify and determine the chief complaint.
- The provider shall obtain full medical status information from the patient's medical provider, including most recent lab work results. This information may assist the dentist in identifying conditions that may affect the diagnosis and management of the patient's

oral health. The medical history shall be updated on a regular basis. Current medication list and known allergies shall be updated at every visit to ensure all medical and treatment changes are noted.

- When indicated, diagnostic tests relevant to the evaluation of the patient shall be performed and used in diagnosis and treatment planning. Biopsies of suspicious oral lesions shall be taken; patients shall be informed about the results of such tests.

Standard	Measure
A comprehensive oral examination shall be conducted	Documentation in patient record
The evaluation process shall be completed within two (2) weeks of initial dental visit	Documentation in patient record
An update to the health history shall be made, at minimum, every six (6) months or at patients next general dentistry visit whichever is greater	Documentation in patient record

SECTION 8: TREATMENT PLAN

Once the patient has been evaluated, provider and patients shall identify and prioritize oral health needs that will be addressed through oral health services. This process is documented on the treatment plan. The plan provides a map for both the patient and oral health provider on how to address needs in a manner that best promotes oral health of the patient. The treatment plan shall include:

- Primary reason for dental visit
- Statement of the problems or symptoms to be addressed in the treatment
- Preventative care
- Schedule for treatment
  Options for treatment upgrades

The following describes specific components of the treatment planning process:

- The treatment plan shall be developed jointly with the patient within 30 days of initial appointment and annually thereafter. The patient's primary reason for the visit shall be considered by the oral health professional when developing the dental treatment plan. The treatment plan shall be signed and dated by the oral health provider and the patient.
- Treatment priority shall be given to the management of pain, infection, traumatic injury, or other emergency conditions. The dentist shall attempt to manage the patient's pain, anxiety, and behavior during treatment to facilitate safety and efficiency. The goal of treatment shall be to maintain the most optimal functioning possible.
- When developing a treatment plan, the dentist shall consider:
  - Tooth and/or tissue supported prosthetic options;
  - Fixed prosthesis, removable prostheses, or a combination of these options;
  - Soft and hard tissue characteristics and morphology, ridge relationship, occlusion and occlusal forces, aesthetics and parafunctional habits;
  - Restorative implications, endodontic status, tooth position, and periodontal prognosis;

    - Craniofacial, musculoskeletal relationships, and status of the temporomandibular joints
- Treatment plan shall include appropriate follow-up schedules. A six-month follow-up visit is necessary to monitor any oral changes. Treatment plans shall be updated as necessary at minimum annually as determined by the oral health provider.
- Referrals for recommended dental procedures to dental schools, dental specialist, or other services shall be documented in the treatment plan.

Standard	Measure
A comprehensive oral health treatment plan including cost will be developed in conjunction with the patient within 30 days of initial appointment	Completed treatment plan in patient file
Treatment plan is reviewed and updated as deemed necessary by the dental provider at minimum annually	Updated treatment plan in patient file
Referrals for recommended dental procedures	Documentation on treatment plan in patient record

SECTION 9: COORDINATION OF CARE

It is recommended that the oral health provider consult with the patient's primary care physician and/or case manager when additional information or coordination is needed to assist in providing safe and appropriate care. Oral health providers shall obtain and document HIV primary contact information for each patient and shall consult with patient's medical care providers when indicated.

- A list of conditions under which consultation with the patient's primary care physician is required can be found below in the "Standard" box below.
- The oral health provider shall remind patients of the need for regular primary medical care and encourage patients to adhere to their medication regimens.
- The oral health provider shall inform the patient's primary care physician about any observations or treatment issues relevant to the patient's medical care. For example, oral lesions, weight loss, wasting, and oral candidiasis may signal progression toward AIDS.
- *Within the constraints of previously signed Authorization to Disclose/Releases of Information,* the oral health provider may also work with the patient's case manager to coordinate services for patients who require additional assistance based on psychosocial or developmental needs.

(Continued on next page)

Standard	Measure
Oral health provider shall obtain and document HIV primary contact information from patient	Documentation in patient file
A consultation with the primary care physician is required when: • More complete medical information is needed • A decision must be made whether dental treatment shall occur in a hospital setting • A patient reports a heart murmur; but is unsure of what kind • Inconsistent or illogical information leads the dental provider to doubt the accuracy of the medical information given by the patient • A patient's symptoms have changed and it is necessary to determine if treatment modifications are indicated • New medications are indicated to ensure medication safety and prevent drug/drug interactions • Oral opportunistic infections are present	Signed, dated progress note to detail consultations

SECTION 10: PREVENTIVE CARE AND MAINTENANCE

The oral health provider shall emphasize prevention and early detection of oral disease by educating patients about preventive oral health practices. Education about prevention and early detection shall include:

- Instruction on oral hygiene including proper brushing, flossing, and mouth rinses.
- Counseling regarding behaviors (e.g. tobacco use, unprotected oral sex, body piercing in oral structures).
- General health conditions that can compromise oral health.
- Discussion of the impact of good nutrition on preserving good oral health shall be discussed.

(Continued on next page)

Standard	Measure
Oral health care provider will educate patients about prevention and early detection for oral health	Documentation in patient file
Patients will be scheduled for routine visits • Routine examinations and regular prophylaxis twice a year • Comprehensive cleaning at least once a year • Other procedures such as root planning/scaling as necessary	Documentation in patient file

SECTION 11: ORAL HEALTH CARE SERVICE CLOSURE

Oral health services are considered critical to a patient's health. Discharge from oral health services may affect the patient's overall health. As such, discharge or termination of oral health services must be carefully considered and reasonable steps must be taken to assure patients who need oral health services are maintained in services.

A patient may be suspended or terminated from oral health services due to the following conditions:

- The patient has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The patient chooses to terminate services.
- The patient's needs would be better served by another agency.
- The patient demonstrates pervasive unacceptable behavior that violates patient rights and responsibilities.
- The patient has died.

The following describe components of discharge planning:

- If the patient has missed appointments and is at risk of suspension or termination of services, the oral health services provider shall follow-up including telephone calls, written correspondence and/or direct contact, to strive to maintain a patient's participation in care. Provider *within the constraints of signed releases of information* may work with the case manager to locate the patient.
- The provider shall contact the patient or the caregiver, in person, by phone, or with a formal letter, to explain why they are being discharged. If the patient does not agree with the reason for discharge, the patient shall be informed of the provider's grievance procedure.
- A discharge summary shall be documented in the patient's record. The discharge summary shall include the items listed below under "Measure".
- The provider shall close out the patient in data collection system as soon as possible within thirty (30) days of case termination. (HCA Dental only)
- A patient may be discharged if their needs would be better served by another agency and is transferred to that agency. If the patient is transferring to another oral health provider, case closure shall be preceded by a transition plan. To ensure a smooth

transition, relevant registration documents may be forwarded to the new service provider. Oral health providers from the two agencies shall work together to provide a smooth transition for the patient and ensure that all critical services are maintained.

Standard	Measure
Follow up will be provided to patients who have dropped out of treatment without notice	Signed and dated note to document attempt to contact in patient service record
Notify patient regarding closure if due to pervasive unacceptable behavior violating patient rights and responsibilities	Copy of notification in patient service record. If patient has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in patient service record
An Oral Health Care service closure summary shall be completed for each patient who has terminated treatment	Patient service record will include signed and dated service closure summary to include: • Circumstances and reasons for discharge • Summary of service provided • Treatment provided • Referrals and linkages provided at discharge as appropriate
Transition plans created for patients who transfer to other providers which shall be forwarded to the new service provider	Signed and dated note documented in patient service record
Closeout of data collection shall be completed for each patient who has been closed from all Ryan White services at that provider agency	Data collection system (ARIES) will indicate client's closure no later than thirty (30) days of service closure

SECTION 12: QUALITY MANAGEMENT

Providers shall have at least one (1) member on the Health Care Agency's Quality Management (QM) Committee (HCA Dental Only). The QM Committee will oversee quality management activities for all providers under Ryan White Part A. Providers may continue to have their own QM committee if they desire and/or are required to do so under other funding streams. The intent of a centralized QM committee with representation from all providers is to ensure information between agencies is consistent, quality initiatives are undertaken by the entire Ryan White system, and service delivery issues can be addressed system wide.

As providers participate in the centralized QM committee, the intent is for all providers to actively participate in and provide feedback on the following items:

- Providers shall participate in community-wide Quality Improvement initiatives as developed by the QM committee.
- Providers will implement strategies that may lead to improvements in health outcomes as outlined in annual Outcome Measures.

- Providers will implement quality assurance strategies that improve the delivery of services.

Standard	Measure
Providers shall participate in annual quality initiatives (HCA Dental Only)	Documentation of efforts to participate in quality initiatives

Appendix A:

Americans with Disabilities Act of 1990 (ADA): The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as the general public.

ARIES: The AIDS Research Information and Evaluation System (ARIES) is a centralized HIV/AIDS client management system that allows for coordination of client services among medical care, treatment and support providers and provides comprehensive data for program reporting and monitoring. ARIES is used by Ryan White-funded service providers to automate, plan, manage, and report on client data.

Authorization to Disclose (ATD): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Eligibility for a service: Is based on Health Resources Services Administration (HRSA) requirements. It includes that a person must have proof of HIV status, proof of Orange County residency, and proof of payer of last resort. Eligibility workers are responsible for verifying this information.

Eligibility Verification Form (EVF): Form used to document a client's eligibility for Ryan White services. Information includes but is not limited to contact, income, household, and insurance information.

Grant Recipient: Government recipient of Ryan White Part A funds. In Orange County, the Orange County Health Care Agency acts as the Grant Recipient for Ryan White Part A funds.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Is the US federal legislation that provides data privacy and security provisions for safeguarding medical information. More information can be found through US Department of Health & Human Services at https://www.hhs.gov/hipaa/for-professionals/index.html.

HIV Planning Council (Council): Provides advice and makes recommendations to the County regarding HIV policy issues, service needs of the community, and allocates funds to each service funded under the Ryan White Act and advises the County on HOPWA funds.

Notice of Privacy Practice (NPP): A notice to clients that provides a clear, user friendly explanation of client's rights with respect to their personal health information and the privacy practices of health plans and health care providers as required by HIPAA.

Patient: Individual receiving services.

Payer of last resort: Funds are used to pay for care services that are not covered by other resources such as Medi-Cal or private health insurance.

Protected health information (PHI): Under US law, any information about health status, provision of health care, or payment for health care that is created or collected by a covered entity such as a health plans, health care clearinghouses, and health care providers as defined by HIPAA rules that can be linked to a specific individual.

Provider: An institution or entity that receives funding to provide Ryan White services. This includes a group of practitioners, clinic, or other institution that provide Ryan White services and the agency at which services are provided.

Qualifying for a service: Based on HRSA eligibility and Planning Council determined requirements (for example, proof of disability for Food Bank, income less than 300% of Federal Poverty Level for Mental Health Services), providers are responsible for ensuring that services provided adhere to qualifying requirements.

Release of Information (ROI): Signed consent by client that wants to grant another individual or organization access to their protected health information (PHI).

Ryan White Act: Federal legislation first authorized in 1990 that created Ryan White HIV/AIDS Program which provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured.

Staff: An individual who directly provides Ryan White services, oversees the provision of Ryan White services, or perform administrative functions for Ryan White services. This may include paid employees, subcontractors, volunteers, or interns