HOME HEALTH CARE/
HOME AND COMMUNITY-BASED HEALTH SERVICES
STANDARDS OF CARE

FOR

HIV SERVICES IN ORANGE COUNTY

Approved by Council 10/14/20

TABLE OF CONTENTS

SECTION 1: INTRODUCTION

People living with HIV are able to live long and healthy lives due to access to care and treatment. Some individuals require services in an integrated setting in order to aid in their health and well-being. Home Health and Home and Community-Based Health Services are for eligible clients who are unable to meet their personal care needs without the assistance by licensed professionals.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County's Home Health and Home and Community-Based Health Services:

- Are accessible to all persons living with HIV (PLWH) who meet eligibility requirements
- Are provided by licensed or credentialed individuals
- Provide assistance in performing activities of daily living to allow clients to continue living independently in their homes
- Promote a client's independence and self-sufficiency
- Participate in a coordinated, client-centered, and effective service delivery networks while using a multidisciplinary team approach
- Appropriately address issues of consent and confidentiality for a client enrolled in services

SECTION 2a: DEFINITION OF HOME HEALTH CARE

Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Additionally, the provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

SECTION 2b: DEFINITION OF HOME AND COMMUNITY-BASED HEALTH SERVICES

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality services start with well-prepared and qualified staff. To ensure this, Ryan White providers must meet all of the following requirements and qualifications:

- **HIV Knowledge and Training.** Staff should have training and experience with HIV-related issues and concerns. At a minimum, staff providing Home Health or Home and Community-Based Health Services should possess knowledge about the following and will have completed an initial and annual education session in at least one (1) of the topics listed below. Education can include round table discussion, training, one-on-one educational sessions, in-service, or literature review.
  - HIV disease process and current medical treatments
  - Privacy requirements and Health Insurance Portability and Accountability Act (HIPAA) regulations
  - Psychosocial issues related to HIV
  - Cultural issues related to communities affected by HIV
  - Adherence to medication regimens
  - Human sexuality, gender, and sexual orientation affirming care
  - Diagnosis and assessment of HIV-related health issues

- Transmission of HIV and other communicable diseases
- Harm reduction strategies

- **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.
  - Home Health Care:
    - Licensed health care workers such as registered nurses and licensed vocational nurses will maintain appropriate licenses and/or credentials as required by Orange County and the state of California.
  - Home and Community-Based Health Services:
    - Licensed health care workers such as registered nurses, licensed vocational nurses, marriage and family therapists, licensed clinical social workers, physical therapists, and occupational therapists will maintain appropriate licenses and/or credentials as required by Orange County and the state of California.
  -
    - Paraprofessionals employees such as certified nursing assistants and homemakers/home health aides will maintain appropriate licenses and/or credentials as required by Orange County and the state of California (such as Home Health Aide Certification issued by the state of California).

- **Legal and Ethical Obligations.** Staff 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**: Staff 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 of confidentiality include danger to self or others, grave disability, child/elder/dependent adult abuse. Domestic Violence must be reported according to 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. However, at present, in California, a PLWH engaging in behaviors that may put others at risk for HIV infection is not a circumstance that warrants breaking of confidentiality. Staff should follow their agency's policies and procedures in relation to duty to warn.
  - **Culturally Appropriate**: Staff shall possess the ability to provide services to accommodate clients with disabilities, including communication barriers (services for clients who may have concerns such as hard of hearing, low literacy skills, and/or visually impaired) and culturally appropriate services for PLWH.
  - Staff are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.

Standard	Measure
Staff agree to maintain standards set forth in Code of Conduct	Documentation of staff signature on file
Staff will have a clear understanding of job responsibilities	Written job description on file
Staff will receive initial trainings 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, and location of education • Education type • Name of staff receiving education • Certificate of training completion or education outline, meeting agenda and/or minutes
Service provider shall ensure that staff will have appropriate degrees, certifications, licenses, permits, or other appropriate qualifying documentation, for the functions they perform	Documentation of degrees, certifications, licenses, permits, or other documentation on file

SECTION 4: CULTURAL AND LINGUISTIC COMPETENCE

Staff 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 PLWH. 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, 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 in accordance with their agency's referral policy and procedure (P&P).
Based on the Health and Human Services' National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards), culturally and linguistically appropriate services and skills include:

- Effective, equitable, understandable, and respectful services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- 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 all clients.

- Recognizing the significant power differential between provider and client and work toward developing a collaborative relationship.
- Considering each client as an individual, not making assumptions based on perceived memberships in any specific group or class.
- Translation and/or interpretation services to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all services.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Being non-judgmental in regards to people's sexual practices.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Standard	Measure
Service Provider will recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Service provider 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 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
Service provider shall have posted and written materials in appropriate languages for the clients served	Site visit will ensure

SECTION 5: CLIENT REGISTRATION

Client registration is required for all Home Health Care and Home and Community-Based Health services. It is a time to gather information and provide basic information about service availability. It is also a pivotal moment for establishment of trust and confidence in the care system. Staff shall be careful to provide an appropriate level of information that is helpful and responsive to client need.

If a client is receiving multiple Ryan White services with the same service provider, registration is only required to be conducted one time. It is acceptable to note that eligibility, registration,

and required documents discussed in this section were verified and exist in another client record at the same provider agency.

If a client has been referred by another Ryan White provider to receive services and the client has opted to share their AIDS Regional Information and Evaluation System (ARIES) data the provider receiving the referral does not have to collect registration information. The provider shall review ARIES to ensure all registration data have been collected and is documented in ARIES. If the client is non-share in ARIES, the referring provider may provide registration information or the provider receiving the referral shall gather registration information from the client. Provision of information regarding *Client Rights and Responsibilities*, *Client Grievance Process, and Notice of Privacy Practices (NPP)* may be conducted one-time at the referring provider agency. To document the provision of this information, the referring service provider may send the service provider receiving the referral a signed document indicating that they have provided this information to the client.

The following describe components of registration:

- Staff shall respond to phone calls within two (2) business days upon receipt of phone call from a client and/or case manager.
- Home Health Care/ Home and Community-Based Health Services staff shall schedule an initial appointment within five (5) business days of client contact.
- Registration shall take place as soon as possible. If there is an indication that the client may be facing a medical crisis, the registration process shall be expedited and appropriate intervention may take place prior to formal registration.
- The service provider shall obtain the appropriate and necessary demographic information to complete registration as required for the Ryan White Services Report (RSR). This may include, but is not limited to, information regarding demographics, risk factors, HIV medical history, living situation, employment and financial status, service linkages, and emergency contact information.
- Staff shall clearly explain what services entail the availability of various services.
- Staff shall communicate information to clients described below:
    - Written information about resources, care, and treatment (this may include the county-wide HIV Client Handbook) available in Orange County.
    - Information about filing a **Grievance** if the client feels their rights have been violated.
    - A copy of the client's **Rights and Responsibilities** (included in the HIV Handbook or Provider's Rights and Responsibilities).
    - Clients shall also be given the **NPP** form. Clients shall be informed of their right to confidentiality. It is important not to assume that the client's family or partner knows the HIV-positive status of the client. Part of the discussion about

client confidentiality shall include inquiry about how the client 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 Services** form, signed by the client, agreeing to receive services.
    - Providers shall inform clients of ARIES and obtain **ARIES consent**. The ARIES consent must be signed at registration prior to entry into the ARIES database and every three (3) years thereafter. The signed consent form shall indicate (1) whether the client agrees to the use of ARIES in recording and tracking their demographic, eligibility, and service information and (2) whether the client agrees to share select information contained in ARIES with other agencies in the Ryan White system of care.
    - A signed document indicating receipt of **Rights and Responsibilities**. Client rights and responsibilities incorporate a client's input; and provide a fair process for review if a client believes they has been mistreated, poorly served, or wrongly discharged from services.
    - If there is a need to disclose information about a client to a third party, including family members, client 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. Information disclosed will be limited to the narrowest scope of information that meets the immediate need of disclosure. Releases of information may be cancelled or modified by the client at any time.

Standard	Measure
Client shall be contacted within two (2) business days of client contact	Registration tool is completed and in client record
ARIES Consent signed and completed prior to entry into ARIES	Signed and dated based on ARIES consent form guidelines by client and in client record
Client is informed of Rights and Responsibilities	Signed and dated by client and in client record
Client is informed of Grievance Procedures	Signed and dated by client and in client record
Client is informed of Notice of Privacy Practices	Signed and dated by client and in client record
Consent for services completed as needed	Signed and dated by client and in client record
Authorization to Disclose (ATD)/ Release of Information (ROI) is discussed and completed as needed	Signed and dated by client and in client record as needed

SECTION 6: SCREENING

Service providers shall conduct a screening of the client's needs and eligibility/ qualification for services.

Home Health Care:

- To qualify for Home Health Care, the client must meet **ALL** of the following:
    - Meet eligibility screening and payer of last resort criteria (no other source of Home Health Care such as Medi-Cal, Waiver, or private insurance).
    - Have a signed nurse case management referral or prescribed by client's physician renewed every six (6) months.
    - Be homebound
    - Be re-screened for eligibility/qualification every six (6) months

Standard	Measure
Eligibility screening including assessing payer of last resort conducted every six (6) months or when a change has occurred that impacts a client's eligibility for services	Documentation in client record
Client is homebound	Documentation in client record
Nurse Case Management referral or prescribed by client's physician renewed every six (6) months	Documentation in client record

Home and Community-Based Health Services:

- To qualify for Home and Community-Based Health Services, the client must meet **ALL** of the following:
    - Meet eligibility screening and payer of last resort criteria (assess lack of health insurance or coverage for nutritional supplements)
    - Have a signed nurse case manager referral or prescribed by client's physician renewed every six (6) months
    - Be re-screened for eligibility/qualification every six(6) months

Standard	Measure
Eligibility screening including assessing payer of last resort conducted every six (6) months or when a change has occurred that impacts a client's eligibility for services	Documentation in client record
Nurse Case Management Referral or prescribed by client's physician renewed every six (6) months	Documentation in client record

SECTION 7: SERVICE MANAGEMENT

Once client registration and screening have been conducted, the provider may provide services. Service management shall be consistent with the following principles:

- **Home Health Care Service Delivery**
  - Signed initial assessment (to include safety assessment of client's home) conducted by nurse and/or nurse case manager within two (2) weeks of enrollment
  - Signed and dated care plan with notes
  - Notes on care provision indicating type of service, date of service, and signature of provider
  - Documentation that client is homebound and the location of case was client's home
  - Documentation of continued need every six (6) months
  - Documentation of coordination with primary medical provider and/or case manager for continuity of care as needed.

Standard	Measure
Signed initial assessment (to include safety assessment of client's home) conducted by nurse and/or nurse case manager within two (2) weeks of enrollment	Site visit will ensure
Signed and dated care plan with notes	Site visit will ensure
Notes on care provision indicating type of service, date of service, and signature of provider	Site visit will ensure
Documentation that client is homebound and the location of case was client's home	Site visit will ensure
Documentation of continued need every six (6) months	Site visit will ensure
Documentation of coordination with primary medical provider and/or case manager for continuity of care as needed.	Site visit will ensure

- **Home and Community-Based Health Services Service Delivery**
  - Signed initial assessment (to include safety assessment of client's home and needs assessment) conducted by nurse and/or nurse case manager within two (2) weeks of enrollment
  - Development of a comprehensive individualized treatment plan re-evaluated at least every six (6) months
  - Signed and dated progress notes

- Notes on care provision indicating type of service, location of service, date of service, and signature of provider
- Documentation of continued need every six (6) months
- Document of coordination with primary medical provider and/or case manager for continuity of care as needed.

Standard	Measure
Signed initial assessment (to include safety assessment of client's home and needs assessment) conducted by nurse and/or nurse case manager within two (2) weeks of enrollment	Site visit will ensure
Development of a comprehensive individualized treatment plan re-evaluated at least every six (6) months	
Signed and dated progress notes	Site visit will ensure
Notes on care provision indicating type of service, location of service, date of service, and signature of provider	Site visit will ensure
Documentation of continued need every six (6) months	Site visit will ensure
Documentation of coordination with primary medical provider and/or case manager for continuity of care as needed.	Site visit will ensure

- **Confidentiality**
  - Service provider agencies shall have a policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices. For agencies and information covered by the Health Insurance Portability and Accountability Act (HIPAA), providers shall comply with HIPAA guidelines and regulations for confidentiality.

- **Documentation and Data Collection**
  - Program and administrative staff shall provide adequate data collection in a timely manner and documentation of all services provided for accounting, reporting compliance, and evaluation purposes.
  - Program data shall be entered into ARIES within five (5) business days as specified in contract or scope of work.
  - Service providers shall document and keep accurate records of units of services for use in reporting units of service for reimbursement and community planning.
  - Service providers shall gather and document data (e.g., demographic, eligibility, and risk factor information) for the RSR.

- **Compliance with Standards and Laws**
  - Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality.
  - Home Health Care/ Home and Community-Based services shall be consistent with standards set forth in this document.

Standard	Measure
Service provider shall have procedure to address walk-ins, telephone triage, emergencies, and after-hour care	Written procedure in place
Service provider shall have procedure for making referrals to offsite services	Written procedure in place
Service provider shall have policy regarding informing clients of privacy rights, including use of Notice of Privacy Practices; for covered agencies and information, policy shall be consistent with HIPAA regulations	Written policy on file
Staff shall be aware of provider confidentiality policy via training upon employment and annually thereafter	Documentation of education or training on file
Service provider shall ensure client information is in a secured location	Site visit will ensure
Service provider shall screen clients to ensure the least costly service is used as appropriate to client needs	• Written procedure in place • Site visit will ensure
Service provider shall regularly review client records to ensure proper documentation	Written procedure in place
Service providers shall document and keep accurate records of units of services	Site visit will ensure
Required client data and services shall be entered in ARIES	Required data fields will be validated by the RSR
Service directors and managers shall ensure compliance with all relevant laws, regulations, policies, procedures, and other requirements designed to enforce service standards and quality	Site visit will ensure

SECTION 8: HOME HEALTH CARE/ HOME AND COMMUNITY-BASED HEALTH SERVICES SERVICE CLOSURE

Receiving home health/ Home and community-based health services can be critical to a client's health. Discharge from home health/home and community-based health services may

negatively affect the client's overall health. As such, discharge or termination of home health services must be carefully considered and reasonable steps must be taken to assure clients who need home health services are maintained in services. Additionally, services provided are based on the needs of the clients and their attempt to access services. As such, discharge or termination of services may be independent from other services.

A client may be suspended or terminated from services due to the following conditions:

- The client has successfully attained health goals
- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements)
- The client chooses to terminate services
- The client's needs would be better served by another agency
- The client demonstrates unacceptable behavior that violates client rights and responsibilities
- The client cannot be located
- The client has died

The following describe components of discharge planning:

- **Efforts to Find Client.** The provider shall periodically query data systems to identify clients who appear to be lost to follow-up. If the client is receiving case management, the home health services provider may work with the case manager to locate the client. It is recommended, but not mandatory, that at least three (3) attempts to contact the client are made over a period of three (3) months. Efforts shall be made to locate and contact a client who has not shown up for appointments or responded to provider's phone calls. These efforts shall include contacting last known medical provider and other providers for which releases have previously been obtained. Clients who cannot be located after extensive attempts may be referred to available outreach services so that they may be linked back into the care system. Emergency contacts may be used to reach a client and may be done based on agency policy.

- **Closure Due to Unacceptable Behavior.** If closure is due to unacceptable behavior that violates client rights and responsibilities, the provider shall notify the client that their services are being terminated and the reason for termination. Within the limits of client's authorization to receive mail, notification of closure shall be mailed to the client. A copy of the notification shall be documented. If the client has no known address or the provider is not authorized to send mail to the client, the provider shall document other types of notification of closure (e.g. phone calls, visit) or attempts to notify the client of closure. If the client does not agree with the reason for closure, they shall be informed of the provider's grievance procedure. Lastly, the health insurance premium and cost sharing

assistance provider will inform the referring agency of the client's closure in accordance with their organization's policies and procedures**.**

- **Documented Discharge Summary.** A discharge summary shall be documented in the client's record. The discharge summary shall include the following items listed below in the Measure box.

- **Data Collection Closeout.** The provider shall close out the client in the data collection system (ARIES) as soon as possible, but no later than thirty (30) days of service closure. For clients receiving services other than home health care/home and community-based health services at the same provider agency, the provider shall coordinate efforts between services to ensure that data collection closeout occurs no later than thirty (30) days of closure from all Ryan White services at that provider agency.

Standard	Measure
Client closure due to client showing no demonstrated need	Documentation of no demonstrated need in closure in client record
Notify client regarding closure if due to pervasive unacceptable behavior violating client rights and responsibilities	Copy of notification in client record For clients with no known address or who are unable to receive mail, documentation of other types of notification or attempt at notification in client record
A service closure summary shall be completed for each client who has terminated services	Client service closure summary to include: • Circumstances and reasons for discharge • Date and staff signature and/or initials
Closeout of data collection shall be completed for each client 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 9: Quality Management

Providers shall have at least one (1) member on the Ryan White Quality Management (QM) Committee. The QM Committee oversees 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	Documentation of efforts to participate in quality initiatives

Appendix A: Glossary of Terms

The terms defined in the appendix are general terms used throughout all of the standards of care and may not appear in the each individual standard.

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).

Case Manager or Jail Case Manager: The assigned staff member responsible for providing services to individuals that are incarcerated or within 180 days of release. The staff member is responsible for adhering to the Ryan White Jail Case Management Standards of Care.

Client: Is a person receiving services from an Orange County Ryan White funded program who has been incarcerated or has been recently released from incarceration.

Eligibility for a service: Is based on Health Resources Services Administration (HRSA) requirements, including 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 Housing Opportunities for People with AIDS (HOPWA) funds.

Appendix A: Glossary of Terms

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.
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