



**MEDICAL TRANSPORTATION
STANDARDS OF CARE

FOR

HIV SERVICES IN ORANGE COUNTY**

Approved by Planning Council 10/08/25

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SECTION 1: INTRODUCTION

The goal of medical transportation services is to increase access to health care and supportive services for persons living with HIV (PLWH) in Orange County. Medical transportation services include van rides, bus passes, ACCESS coupons, and rideshare.

Goals of the Standards

These standards of care are provided to ensure that Orange County's medical transportation services:

- Are accessible to all PLWH who reside in Orange County
- Promote continuity of care
- Enhance coordination among service providers to eliminate duplication of services
- Maintain the highest standards of care
- Protect the rights of PLWH
- Enable clients to stay in medical care and reduce barriers to services
- Increase client self-sufficiency and quality of life

SECTION 2: DEFINITION OF MEDICAL TRANSPORTATION SERVICES

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services as defined by the Health Resource and Service Administration (HRSA). Services may be provided routinely or on an urgent basis. The most cost-effective means of transportation that meets the client's needs shall be utilized.

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality medical transportation services start with well-prepared and qualified staff. To ensure this:

- **HIV Knowledge and Training.** Staff shall have training and experience with general HIV-related issues and concerns. At a minimum, staff will have completed an initial and annual educational session in one (1) of the topics listed below. Education can include round table discussion, training, one-on-one educational session, 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
 - Human sexuality, gender, and LGBTQ+ sexual orientation affirming care
 - Transmission of HIV and other communicable diseases
 - Prevention issues and strategies specific to HIV-positive individuals (“prevention with positives”)
 - Partner Services
 - Strengths-Based approach to case management trainings
- **Licensure.** All medical transportation drivers must hold necessary State of California licenses for the functions they perform. Staff providing medical transportation van services must hold, at minimum, a valid California Class C driver’s license. Drivers operating commercial vehicles that are designed, used, or maintained for carrying more than ten (10) passengers, including the driver, shall hold a valid commercial California Class B driver’s license with a passenger endorsement.
- **Pull Notice Program.** Agencies must enroll their drivers in the California Department of Motor Vehicles (DMV) Pull Notice Program.
- **Safety Trainings.** Appropriate staff shall attend quarterly safety reviews at minimum and any additional trainings as required by applicable federal and state regulations. Possible topics include the following:
 - Emergency equipment
 - Defensive driving
 - Cardiopulmonary Resuscitation (CPR) and first aid
 - Pre-trip inspections
 - Narcan training
- **Legal and Ethical Obligations.** Staff must be aware and able to practice under the legal and ethical obligations set forth by California state law and their respective professional organizations. Obligations include the following:
 - **Confidentiality:** Maintenance of confidentiality is a primary legal and ethical

responsibility of the service providers. Limits to maintaining 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.

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- **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 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.
- 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 agree to adhere to Privacy and HIPAA requirements	Documentation of staff completion of the annual compliance training and signed confidentiality statement
Staff will have a clear understanding of job responsibilities	Written job description on file
Staff shall receive initial trainings (including administrative staff) within 60 days of hire and annual education regarding HIV-related issues/concerns (as listed above under training)	Documentation of training/education on file
Provider shall ensure that driver staff will have appropriate State of California licensure to operate transportation vehicles	Documentation of licensure on file
Enroll all medical transportation staff in the California Department of Motor Vehicles (DMV) Pull Notice Program	Documentation of enrollment on file
Quarterly safety reviews conducted with staff drivers	Documentation of reviews on file including: <ul style="list-style-type: none"> • Date and time of safety review

SECTION 4: CULTURAL AND LINGUISTIC AWARENESS

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.

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 providers shall recruit a diverse staff that reflects the culture (including gender, sexual identity, and disability) of the community served	Service providers shall have a written strategy on file
All staff (including administrative staff) shall receive initial within 60 days of hire and annual training to build cultural and linguistic awareness	Documentation of training/education on file
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

Standard	Measure
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: CLIENT REGISTRATION

Client registration is required for all clients who request or are referred to Ryan White medical transportation services. Client registration is a time to gather information and provide basic information about services as appropriate. 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's need, but not overwhelming.

If a client is receiving multiple Ryan White services with the same provider, registration only needs to be conducted one (1) 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.

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.
- Medical Transportation 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 HCLinkages, and emergency contact information.

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- 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 **Notice of Privacy Practices (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.
 - Clients shall be informed of HIV Care Connect (HCC) and obtain an **HCC consent**. The HCC consent must be signed at intake prior to entry into the HCC database and every three (3) years thereafter. The signed consent form shall authorize the Office of AIDS (OA) to record and track their demographic, eligibility, and service information and share this information 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 have 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. 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
HCC Consent signed and completed prior to entry into HCC	Signed and dated based on HCC consent form guidelines by client and in client service record
Authorization to Disclose (ATD)/Release of Information (ROI) is discussed and completed as needed	Signed and dated by client and in client service record as needed

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Standard	Measure
Client is informed of Notice of Privacy Practices	<p>Signed and dated by client and in client file</p> <p>For clients receiving Transportation Services one (1) of the following:</p> <ol style="list-style-type: none"> 1) Posted in a location that is accessible to clients; 2) Signed and dated by client and in client service record; or <p>Client's service record includes signed referral form indicating provision of information</p>
Client is informed of Rights and Responsibilities	<p>Signed and dated by client and in client file</p> <p>For clients receiving Transportation Services one (1) of the following:</p> <ol style="list-style-type: none"> 3) Posted in a location that is accessible to clients; 4) Signed and dated by client and in client service record; or <p>1) Client's service record includes signed referral form indicating provision of information</p>
Client is informed of Grievance Procedures	<p>Signed and dated by client and in client record:</p> <p>For Clients receiving Transportation Services one (1) of the following:</p> <ol style="list-style-type: none"> 1) Posted in a location that is accessible to clients; 2) Signed and dated by client and in client record; or 3) Client's record includes signed referral form indicating provision of information
Consent for services completed as needed	Signed and dated by client and in client file as appropriate
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: TRANSPORTATION ASSESSMENT

Service provider shall screen the client's needs and eligibility in order to provide the appropriate level of transportation services. Transportation assessment is required for all clients receiving transportation services, except those receiving one-time urgent van

transportation when no alternative transportation option is available (this is not intended to be a substitute for an ambulance/emergency transportation). Client self-report of medical and support service appointments is acceptable in completing an assessment. However, staff shall use their best judgment in conducting the assessment.

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- **Timeframe:** The assessment process shall be completed prior to the first core medical or support services appointment allowable under Ryan White for which services are needed [\(See Appendix B\)](#).
- **Assessment:** The provider shall obtain the necessary information to determine the mode of transportation that best meets the client's needs. Assessment shall take place each time transportation is being requested to ensure any changes to the client's transportation needs and service qualifications are documented. Below are examples of the number of assessments that should be completed:
 1. If a client is requesting a monthly bus pass, only one (1) assessment is needed. The next assessment will not need to be completed until the client requests another monthly bus pass or a new type of transportation service (e.g. ride share).
 2. If a client is requesting van ride or ride share, and only requests the van ride or ride share for one (1) appointment, the assessment only covers the one (1) appointment requested. If the client contacts the provider again to request van ride or ride share for another appointment(s), this is considered a separate request, and a new assessment will need to be completed.
 3. Clients may request multiple types of transportations services (e.g. bus pass and ride share) as one (1) request in advance, if they are aware of their appointment schedule, which would only require one (1) assessment.

The assessment shall include, but is not limited, to the following:

- Client meets income requirements
- Client's access to other transportation resources, including but not limited to, transportation provided by skilled nursing facility, insurance including CalOptima, medical provider, and/or residential treatment program
- Client's ability to navigate public transportation system
- Accessibility of core medical or support services appointments allowable under Ryan White by public transportation system
- Client's ability to utilize Orange County Transportation Authority (OCTA) ACCESS service
- Client eligibility for reduced fare transportation services, including Senior/Disabled bus passes and ACCESS fare coupons

Standard	Measure
Transportation Assessment	Client record includes assessment of client's: <ul style="list-style-type: none">● Access to other transportation resources

	<ul style="list-style-type: none"> • Ability to navigate public transportation system • Accessibility of core medical or support services appointments allowable under Ryan White by public transportation system • Ability to utilize OCTA ACCESS service • Eligibility for OCTA reduced fare transportation services
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SECTION 7: SERVICE MANAGEMENT

Once client registration and screening has been conducted, the service provider may provide the appropriate range of services to the client. Service management is the system by which all levels of services are delivered. Service management shall be consistent with the following principles:

- **Service Delivery**
 - Transportation services shall be delivered in a manner that promotes continuity of care.
 - Service providers shall refer clients to other providers if they cannot provide a level of service that is medically, culturally, linguistically, or otherwise appropriate for the needs of the clients.
 - Transportation services must be provided in conjunction with a known upcoming core medical or support service appointment.
 - Vehicles shall be maintained in accordance with vehicle owner's manual.
 - Providers shall conduct a weekly pre-trip inspection of vehicles.
- **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. Confidentiality and HIPAA requirements include the use of subcontractors for van and/or rideshare services.
- **Service Planning**
 - Where service provision options are substantially equivalent, the least costly alternative shall be used in meeting the needs of clients.

- Services shall be planned, managed, and monitored to avoid the need for urgent services (not intended for emergency use).
- **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 HCC 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.

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- Service providers shall maintain current records of client's name, date of trip, purpose of trip (i.e. type of core and support services appointment allowable under Ryan White), and services provided.
- Service providers shall document specific client needs that justify the method of transportation provided as the most cost-effective option.
- **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.
 - Transportation 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
Vehicles will be maintained in accordance with owner's manual	Maintenance records on file including: <ul style="list-style-type: none"> ● Date and type of maintenance
Service providers shall conduct a weekly pre-trip inspection of vehicles	<ul style="list-style-type: none"> ● Written procedure in place regarding pre-trip inspection. ● Copy of pre-trip inspection sheet.
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

Standard	Measure
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	<ul style="list-style-type: none"> • 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 HCC	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: SERVICE CLOSURE

Services provided under Medical Transportation are based on the need of the clients and their attempt to access services. As such, discharge or termination of services may differ from other services.

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

- The client has become ineligible for services (e.g., due to relocation outside Orange County or other eligibility requirements).
- The client shows no demonstrated need for these services.
- The client chooses to terminate services.
- The client no longer contacts the provider for services.
- The client's needs would be better served by another agency.
- The client repeatedly shows behavior that violates the agency's policies on client rights and responsibilities.
- The client cannot be located.
- The client has died.

The following describe components of discharge planning:

- **Missed Appointments.** If the client has missed appointments and is at risk of suspension or termination of services, the service provider will provide follow-up including telephone calls, written correspondence and/or direct contact, to strive to maintain a

client's participation in care. 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 providers for which releases have previously been obtained. Emergency contacts may be used to reach a client and may be done based on agency policy.

- **Transfer.** A client may be discharged if his/her needs would be better served by another agency and is transferred to that agency. If the client is transferring to another provider, and the other provider will participate in the process, case closure should be preceded by a transition plan. To ensure a smooth transition, relevant intake documents may be forwarded to the new service provider. Service providers from the two agencies should work together to provide a smooth transition for the client and ensure that all critical services are maintained, with appropriate Release of Information.
- **Closure Due to Client Showing No Demonstrated Need.** Providers shall periodically review client records to identify client records that should be closed based on the client's assessed needs and previous patterns of use.
- **Closure Due to Unacceptable Behavior.** If closure is due to unacceptable behavior that violates client rights and responsibilities, the service 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 service provider is not authorized to send mail to the client, the service 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 service provider will inform the referring agency of the client's closure in accordance with their organization's P&P.
- **Data Collection Closeout.** The service provider shall close out the client in the data collection system (HCC) as soon as possible, but no later than thirty (30) days of service closure. For clients receiving services other than transportation 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
Attempt to reach clients who have dropped out of services without notice	Signed and dated note to document attempt to contact in client service record

Standard	Measure
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
Service closure summary shall be completed for each client who has been closed	Client service record will include signed and dated service closure summary to include: <ul style="list-style-type: none"> • Circumstances and reasons for discharge • Summary of service provided • Referrals and linkages provided at discharge as appropriate
Closeout of data collection shall be completed for each client who has been closed from all Ryan White services at that service provider agency	Data collection system (HCC) 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.

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: Individual receiving services.

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.

HCC: HIV Care Connect (HCC) 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. HCC is used by Ryan White-funded service providers to automate, plan, manage, and report on client data.

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.

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

Appendix B: Core Medical and Support Services Allowable Under Ryan White

Core Medical and Support Service Categories	Types of Services
Medical Case Management	<ul style="list-style-type: none">• Linkage to Care (LTC)• Medical Retention Services (MRS)
Medical Nutrition Therapy	<ul style="list-style-type: none">• Dietician/ Nutritionist
Mental Health	<ul style="list-style-type: none">• Therapy Session• Psychiatry• Mental Health Groups
Non-Medical Case Management	<ul style="list-style-type: none">• Client Support Services (CSS)
Oral Health Care	<ul style="list-style-type: none">• Dental
Outpatient Ambulatory Health Services (Medical Care)	<ul style="list-style-type: none">• Clinics/Medical Offices• Labs• Pharmacy• Urgent Care (for HIV-related visits)• Hearing (if related to HIV diagnosis)• Vision (if related to HIV diagnosis)
Referral for Health Care and Support Services	<ul style="list-style-type: none">• Client Advocacy (CA)• Benefits Counseling• Eligibility Screening
Substance Abuse Outpatient Care	<ul style="list-style-type: none">• Pretreatment/recovery readiness programs• Harm reduction• Behavioral health counseling associated with substance use disorder• Outpatient drug-free treatment and counseling• Substance abuse programs such as Methadone Maintenance, Alcoholics Anonymous (AA), and Narcotics Anonymous (NA)
Other Support Services	<ul style="list-style-type: none">• Legal Services• Health Education Counseling• Housing Intake• Food Bank• Psychosocial Support Services (Life Skills)