



JAIL CASE MANAGEMENT

STANDARDS OF CARE

FOR

HIV SERVICES IN ORANGE COUNTY

Reviewed by Planning Council 10/14/26

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SECTION 1: INTRODUCTION

Jail Case Management is an integral part of connecting people living with HIV (PLWH) to medical and supportive services. Jail Case Management assists with linking clients to appropriate care during and after their incarceration.

GOALS OF THE STANDARDS

These standards of care are provided to ensure that Orange County's Jail Case Management services:

- Are accessible to all PLWH who are incarcerated in County jails and within a six (6) month period after their release including those under probation
- Promote continuity of care, client monitoring, and follow-up
- Enhance coordination among service providers and eliminate duplication of services
- Foster interagency collaboration
- Provide opportunities and structure to promote client and provider education
- Maintain the highest standards of care for clients
- Protect the rights of PLWH
- Provide support services enabling clients to remain in medical care
- Increase client self-sufficiency and quality of life

SECTION 2: DEFINITION OF JAIL CASE MANAGEMENT

The Health Resources and Services Administration (HRSA) does not define Jail Case Management services directly through a service definition. Instead, HRSA provides guidance on services for individuals who are incarcerated through Policy Clarification Notice (PCN) #18-02, "The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved released November 30, 2018". The PCN provides definitions for incarceration, the time-limits to access services, and allowable uses of Ryan White program funds. In addition, service providers should follow the most up to date PCN.

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In Orange County, Jail Case Management services are provided as Medical Case Management as part of the Linkage to Care (LTC) tier of case management. LTC includes a range of client-centered services using a strengths-based approach designed to link clients to medically appropriate levels of health care and supportive services, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team. In the case of Jail Case Management, services are provided by trained professionals as they coordinate care with medical and/or mental health staff. LTC also ensures continuity of care is maintained through ongoing assessment of the client's needs and personal support systems. LTC is limited to the time period of incarceration, probation, and up to 180 days after completion of probation or parole. Individuals that require additional assistance beyond 180 days shall be transitioned to ongoing medical or non-medical case management services to ensure linkage and retention in care.

Key activities for LTC include:

- 1) initial assessment of service needs;
- 2) development of an individualized strength-based service plan;
- 3) coordination of services required to implement the plan;
- 4) monitoring of client to assess the efficacy of the plan;
- 5) periodic re-evaluation and adaptation of the plan, as necessary; and
- 6) clear documentation of assessment, plan, and referrals.

LTC services are intended for PLWH who are:

- Incarcerated and newly HIV-diagnosed
- Incarcerated and with an existing HIV diagnosis
- Recently released from incarceration

Coordination of Medical Care

Beyond simply educating the client about medical care, case managers shall make the following efforts to support and coordinate the continuity of medical care:

- **Assess Medical Care Access.** Case managers shall regularly assess client's barriers to medical care. Case managers shall make an effort to identify barriers while incarcerated and post release (housing instability, alcohol and drug use, mental health issues, financial factors, attitudes toward medicines, etc.).
- **Monitor Medication Adherence.** Case managers shall monitor client medication adherence. Lab reports under Medical Case Management is an integral part of understanding a client's adherence to medical treatment. The case manager may be able to assist the client in determining a method of taking medication that may be more helpful for a particular client. Case managers shall refer clients to additional medication adherence intervention services as needed.

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- Case managers shall communicate any adherence concerns to the client's medical care providers.
- Case managers shall make an effort to identify barriers to adherence in each case (housing instability, alcohol and drug use, mental health issues, financial factors, attitudes toward medicines, etc.).
- **Monitor Treatment Adherence.** Case managers shall make an effort to identify barriers to treatment adherence during incarceration and post release and consider the following: housing instability; alcohol and drug use; mental health issues; lock downs; access to medical care; financial factors; attitudes toward medication; etc.

Standard	Measure
Case managers shall assess client's barriers to medical care every six (6) months	Documentation on Psychosocial/Acuity Tool, Psychosocial Follow-up Tool, or progress note will ensure
Case managers shall monitor client medication adherence monthly	Documentation on Psychosocial/Acuity Tool, Psychosocial Follow-up Tool, and/or progress note

SECTION 3: STAFFING REQUIREMENTS AND QUALIFICATIONS

Quality care begins with well-prepared and qualified staff. To ensure this:

- **HIV Knowledge and Training.** Staff shall have training and experience with HIV-related issues and concerns. At a minimum, staff will have completed one educational session on any of the topics listed below on an annual basis. Certificates of completion shall be included in employee files as proof of attendance. Education can include round table discussion, training, one-on-one educational session, in-service, or literature reviews.
 - HIV disease process and current medical treatments
 - Privacy requirements and Health Insurance Portability and Accountability Act (HIPAA) regulations
 - Adherence to medication regimens
 - Mental health or psychosocial issues related to HIV
 - Cultural issues related to communities affected by HIV
 - Human sexuality, gender, and LGBTQ+ sexual orientation affirming care
 - Prevention issues and strategies specific to HIV-positive individuals ("prevention with positives")
 - Partner Services
 - Strengths-Based approach to case management training
 - Anti-Retroviral Treatment and Access Services (ARTAS) strengths-based model

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- **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. Due to the uniqueness of the jail case management, safety consideration must be maintained, and safety regulations must be adhered to and consistent with Orange County jail policies and procedures.
 - **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 are advised to seek legal advice when they are unsure about particular issues and the legal/ethical ramifications of their actions.
 - **Supervision.** Programs shall provide appropriate supervision to case management staff, which includes, but is not limited to, the following:
 - Staff and clients shall have access to supervisory levels of case management
 - Supervision that is observant and attentive to possible bias in treatment of clients because of their sexual orientation, ethnicity, gender, substance use, etc.
 - Individual supervision and clinical guidance that is available to case managers as needed
 - Multiple methods shall be used to evaluate case manager performance including: direct observation; chart reviews; and client feedback (e.g., through surveys, focus groups, complaint and grievance processes, etc.)
 - **Case Conferencing.** Formal or informal case conferencing shall occur at minimum monthly or when important client-specific issues arise that require a team or interdisciplinary approach or solution.

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Standard	Measure
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
Service provider shall ensure that staff will have appropriate certifications including security clearance, as required by Federal, State, County, or municipal authorities	Documentation of certifications 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 the case managers' abilities 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, 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.

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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 regard 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 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	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 complies with Americans with 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 the 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's need, but not overwhelming.

If a client is receiving multiple services with the same provider, registration is only required 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.

Provision of information regarding *Client Rights and Responsibilities* and *Client Grievance Process* may be conducted one-time at the referring provider agency. To document the provision of this information, the referring provider may send the provider receiving the referral a signed document indicating that they have provided this information to the client.

The following describe components of registration:

- **Timeframe.** Staff shall respond to referrals from Correctional Health Services (CHS) within 30 days upon receipt of referral. 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 interventions should take place prior to formal registration.
- **Demographic Information.** 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.
- **Provision of Information.** Staff shall clearly explain what services entail. 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 to Orange County clients.

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- **Required Documentation.** The provider shall also obtain the following required documents:
 - An **Election of Case Management** form, signed by the client, agreeing to receive services.
 - An **HIV Care Connect (HCC) consent** form. Clients shall be informed of HIV Care Connect (HCC). 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.
 - 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 Orange County Sheriff department policies and procedures.
 - 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 completed at registration prior to any disclosure. Releases of information may be cancelled or modified by the client at any time.

Standard	Measure
Client shall be contacted within 30 days of incarceration notification	Registration tool is completed and in client service 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
NPP form signed and completed	Signed and dated by client and in client service record
Election of Case Management 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 service record as needed
Client is informed of Notice of Privacy Practices	For clients receiving case management: Signed and dated by client and in client file
Client is informed of Rights and Responsibilities	For clients receiving case management: Signed and dated by client and in client file
Client is informed of Grievance Procedures	For clients receiving case management: Signed and dated by client and in client file

SECTION 6: COMPREHENSIVE PSYCHOSOCIAL ASSESSMENT

Proper assessment of client needs is fundamental to case management. A comprehensive psychosocial assessment is required for all persons receiving case management services. Assessments shall be conducted by staff with the appropriate level of education and/or experience. The assessment shall include the client's needs in order to facilitate the process of obtaining services while incarcerated, on probation, or through the linkage process following release.

Assessments are conducted to determine:

- The client's need for case management services and other treatment and support services
- Current capacity to meet those needs
- Ability of the client's social support network to help meet client need
- Extent to which other agencies are involved in client's care
- Areas in which the client requires assistance in securing services

Case management shall target individuals assessed as needing support in accessing and maintaining regular medical care.

- **Assessment.** The case manager shall conduct an in-depth assessment of the client's current and potential needs. The assessment process shall start within five (5) days of registration and completed within 30 days. A strength assessment consisting of past accomplishments is recommended to identify clients' skills and abilities in order to successfully follow through with their medical care visits, support a positive, trusting relationship with case manager or accessing other services and achieving treatment goals. In addition, a reassessment (which may be more focused and less comprehensive) shall be conducted whenever health and situational changes occur making it helpful and necessary to do so. Reassessments shall include a review of all pertinent issues. This may be accomplished by reviewing recent comprehensive assessments with the client and focusing on areas of need. Assessments and reassessments shall be conducted utilizing standardized tools approved by HIV Planning and Coordination.

Standard	Measure
Initial psychosocial assessment/acuity tool shall be completed within 30 days of intake	Completed assessment, signed, and dated by case manager and in client file
Reassessment conducted at intervals determined by the need of the client	Psychosocial Follow-up Tool demonstrating reassessment in client file

SECTION 7: SERVICE MANAGEMENT

Once client registration and assessment has been conducted, the case manager 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.** Services shall be delivered in a manner that promotes continuity of care. Clients shall be screened for barriers that prevent linkage to services or programs. To address these barriers, as recommended by the strengths-based model, skills and abilities shall be identified to assist clients to successfully access services and maintain a positive relationship with the care coordinator.
 - 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.
 - Ideally, clients should see the same case manager over time, as this is a desirable arrangement that helps develop trust. However, the program may consider changing client-case manager assignments if a client expresses their wish to do so.
- **Confidentiality.** Provider agencies shall have a policy regarding informing clients of privacy rights. For agencies and information covered by HIPAA, providers shall comply with HIPAA guidelines and regulations for confidentiality.
- **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 or emergency services, the interruption of services, and need for emergency or unplanned appropriations of funding to continue services during contract periods.
- **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 the contract or scope of work. Providers shall document and keep accurate records of units of services for use in reporting units of service for reimbursement and community planning. Providers shall gather and document data (e.g. demographic and risk factor information) for the Ryan White Services Report (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. Services shall be consistent with standards set forth in this document.

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Standard	Measure
Service provider shall have procedure to address walk- ins, telephone triage, and emergencies and after-hour care for those recently released from Jail	Written procedure in place
Service provider shall have procedure for making referrals to offsite services	Written procedure in place
Staff shall be aware of HIPAA and NPP regulations via training upon employment and annually thereafter	Documentation of HIPAA and NPP education or training on file
Service provider shall ensure client information is in a secured location	Site visit will ensure
Service provider shall regularly review client charts to ensure proper documentation	Written procedure in place
Service provider shall screen clients to ensure the least costly case management service is used as appropriate to client needs; screening shall occur at minimum when client is accessing a new service and periodically as the client's needs change	<ul style="list-style-type: none"> • Written procedure in place • Documentation of client screening and determination on file • Site visit will ensure
Service provider shall document and keep accurate records of units of services	Site visit and/or audit 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 and/or audit will ensure
Service provider shall have a procedure to ensure continuity of care to address changes in case managers, level of case management, and/or service providers	Written procedure in place

SECTION 8: SERVICE CLOSURE

Services provided by the Jail Case Manager are limited to the time an individual is incarcerated and up to 180 days after completion of probation or parole.

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 has been released from jail and has declined services.
- The client no longer demonstrates need for case management due to their own ability to effectively advocate for their needs.
- The client chooses to terminate services.
- The client's needs would be better served by another agency.
- The client repeatedly shows unacceptable behavior that violates the agency's policies on client rights and responsibilities.
- The client cannot be located after documented multiple and extensive attempts for a period no less than three (3) months.
- The client has died.

The following describe components of discharge planning:

- **Efforts to Find Client.** It is recommended, but not mandatory, that at least three (3) attempts to contact the client are made over a period of three 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.
- **Closure Due to Unacceptable Behavior.** If closure is due to behavior that violates client rights and responsibilities including excessive missed appointments, 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 placed in the client's chart. 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 service provider will inform the referring agency of the client's closure in accordance with their organization's P&P.
- **Case Management Service Closure Summary.** A discharge summary shall be documented in the client's record. The case management service closure summary shall include the following:
 - Circumstances and reasons for closure
 - Summary of service provided
 - Goals completed during case management
 - Diagnosis at closure
 - Referrals and linkages provided at closure

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- **Discharge Planning.** As part of discharge planning the case manager should assist the client in obtaining medication at discharge, understand medical care options, and clients shall be linked to either medical care and/or LTC services in the community.
 - **Data Collection Closeout.** The 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 unless the client is receiving other services at the agency. A progress note should clearly indicate why the client was not closed out of HCC.
 - **Transfer.** A client may be closed if their needs would be better served by another agency. If the client is transferring to another case management provider, case management service closure shall be preceded by a transition plan. To ensure a smooth transition, relevant documents shall be forwarded to the new service provider with authorization from client. Case Management providers from the two (2) agencies shall work together to provide a smooth transition for the client and ensure that all critical services are maintained. Clients may be anxious to attend the first appointment with the new provider. Introducing the new case manager or staff with whom they will be working with may assist in the transfer process.

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Standard	Measure
Follow up will be provided to clients who have dropped out of case management without notice	Signed and dated note to document attempt to contact in client service record
Service closure summary shall be completed for each client who has been closed	Client service records will include a signed and dated service closure summary to include: <ul style="list-style-type: none"> • Circumstances and reasons for discharge • Summary of services provided • Referrals and linkages provided at discharge as appropriate
Notify client regarding closure if due to repeatedly showing behavior that violates the agency's policies on client rights and responsibilities.	Copy of notification in client service record. If client has no known address or is unable to receive mail, documentation of other types of notification or attempt at notification in client service record
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 (HCC) will indicate client's closures no later than 30 days of service closure
A client may be closed due to transfer if the client's needs would be better served by another agency	Client service record will include signed and dated case management progress note or other documentation that the client was closed due to a transfer and shall include: <ul style="list-style-type: none"> • authorization from client • transition plan • documentation that relevant documents have been forwarded to the new service provider

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.

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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.

Each case management provider is responsible for Quality Assurance (QA) activities. QA activities shall include, at minimum, the following:

- Supervisors shall conduct record reviews of all staff utilizing the Ryan White Site Visit Tool at minimum quarterly. The number of records shall be three (3) to five (5) but can be more than five (5) based on findings.
- Providers shall conduct peer reviews utilizing the Ryan White Site Visit Tool at minimum quarterly. Each peer shall review two (2) to three (3) records. Providers that have five (5) or more case managers in a case management tier shall review two (2) records per peer. Providers who have less than five (5) case managers per tier shall review three (3) files per peer.
- All providers shall conduct case conferencing. Case conferencing may include clinical supervision activities, supervisory meetings, team lead meetings, or coordination meetings. Providers shall document their process for case conferencing.

Standard	Measure
Providers shall participate in annual quality initiatives	Documentation of efforts to participate in quality initiatives
Providers shall participate as a member of the Quality Management Committee, if applicable	Quality Management Committee membership
Supervisor and peer chart reviews shall be conducted at minimum quarterly	Completed site visit tools for client records reviewed
Providers shall conduct case conferencing	Documented policy and procedure for case conferencing and notes, highlights, and/or sign-in sheets of case conferences

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.

Registration: The process of acquiring documentation such as HCC consent form, Confidentiality and Release of Information, Consent for Services, Notice of Privacy Practices (NPP), Client Grievance Process, and Client Rights and Responsibilities required to provide services.

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.

Service Management: The provider specific system by which all levels of case management services are delivered. The structure includes how clients are transitioned, service delivery, confidentiality is maintained, service planning, data collection, and how providers should comply with standards and/or appropriate laws.

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