Maricopa County Phoenix EMA Planning Council

STaR COMMITTEE MINUTES

4041 N. Central Avenue, Phoenix, AZ 8501

Planning Council Support Office: (888) 235-1653 Fax: (888) 894.2674

MINUTES
STaR Committee
Tuesday, March 30, 2021
ZOOM TELECONFERENCING

Committee Members		Planning Council Members		Recipient Staff		Guests
☎Eric Moore	P	☎Randall Furrow	P	☎Carmen B	P	Yanitza Soto
☎Duvia Lozano	P					
☎ Daniel Iniguez	P					
☎Ricardo Fernandez	P					
☎Jimmy Borders	P					
☎ Erica Tekampe	P					
☎ Chuck Albrecht	P					
☎ Eric Eason	P					
☎Deborah Reardon-Maynard	A					
P = Present		**A = Absent**		**☎ = Phone/Zoom**		
Support Staff: Michael Koran						

Call to order	Eric Moore, called the meeting to order at 2:35 pm
Determination of Quorum	7 of 8 members present at 2:38 pm **QUORUM ESTABLISHED**
Welcome and Introductions	The Chair welcomed Planning Council members and guests. Planning Council Support introduced each attendee and asked for any conflicts of interest.
Approval of the Minutes from January 26, 2021	A motion to approve the January 26th, 2021 minutes was made by E. Tekampe and 2nd by D. Lozano; The minutes were approved by unanimous vote.

Business Item	Discussion / Motion	Action
Chair Update	Chair, Eric Moore, shared the update from the HRSA Virtual Site Visit. We were gently nudged to work on the policies and procedures from the site visit so we will plan to finish the substance abuse service standard and then move to the discussion on updating the policies and procedures.	Discussion Only. No Action
RWHAP Part A Recipient Update	Carmen Batista of the Recipient's Office shared the feedback from the HRSA Virtual Site Visit. Community Engagement Coordinator position will be opening up.	Discussion Only. No Action
Review Substance Abuse Service Standard	The Committee began to review the Substance Abuse Service standard. The Committee finished this standard and approved this standard. The Committee will present the standard to the Planning Council at the next meeting.	**Motion to approve Substance Abuse Service Standard.** **Motion:** Duvia Lozano **Second:** Eric Eason **In Favor:** E. Moore, D. Lozano, E. Eason, D. Iniguez, R. Fernandez, J. Borders, E. Tekampe, C. Albrecht **In Opposition:** None **Abstentions:** None
Review Psychosocial Services Service Standard	The Committee tabled this item for the next meeting.	Discussion Only. No Action
Review Housing Services Service Standard	The Committee tabled this item for the next meeting.	Discussion Only. No Action

Business Item	Discussion / Motion	Action
Review Committee Policies	The Committee discussed the plan to update the Policies and Procedures based on the guidance from the most recent HRSA site visit.	Discussion Only. No Action
Review items for Next Agenda	The next agenda was reviewed for our next meeting.	Discussion Only. No Action
Current Event Summaries	None	Discussion Only. No Action
Call to the Public	None	Discussion Only. No Action

SCHEDULE OF NEXT MEETINGS

Date	Time	Meeting	Location
February 23, 2021	12:30 p.m.	Executive Committee	VIA ZOOM
February 23, 2021	2:30 p.m.	Planning Council	VIA ZOOM
March 30, 2021	10:00 a.m.	TEAM Committee	VIA ZOOM
March 30, 2021	12:00 p.m.	CHPS Committee	VIA ZOOM
March 30, 2021	2:30 p.m.	STaR Committee	VIA ZOOM
April 27, 2021	12:30 p.m.	Executive Committee	VIA ZOOM
April 27, 2021	2:30 p.m.	Planning Council	VIA ZOOM
May 25, 2021	10:00 a.m.	TEAM Committee	VIA ZOOM
May 25, 2021	12:00 p.m.	CHPS Committee	VIA ZOOM
May 25, 2021	2:30 p.m.	STaR Committee	VIA ZOOM

Adjournment	4:15 pm

Signature: Randall Furrow (Jul 16, 2021 12:50 PDT) Jul 16, 2021

Email: randallfurrow@aol.com

MENTAL HEALTH SERVICES

A. DEFINITION:

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

B. INTAKE AND ELIGIBILITY

Clients seeking Ryan White A, B, and ADAP services must be determined "eligible" under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.** Some services may have lower income thresholds as outlined in the Ryan White Part A Planning Council's Menu of Services.
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on www.azadap.com.

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:

- **90%** of clients receive an assessment prior to implementing the treatment plan.
- **90%** of clients have an initial written treatment plan within 30 days from the clients' first visit.
- **90%** of client assessments address primary medical care needs and make appropriate referrals as needed.
- **90%** of treatment goals are addressed in the course of Mental Health Services treatment.

Indicators:

- Number of clients attending Mental Health services who are engaged in treatment. *
- Number of clients who have addressed at least 2 treatment goals.

*Engaged=individual attends a minimum of 50% of mental health services appointments

Service Unit(s):

- Face-to-face and/or Tele-health individual level Mental Health visit
- Face-to-face and/or Tele-health group level Mental Health visit

Standard of Care	***Outcome Measure***	***Numerator***	***Denominator***	***Data Source***	***Goal/Benchmark***
Initial contact with client made within 5 business days upon referral to agency. Initial mental health appointment scheduled within 7 business days of contact with client. If service cannot be provided within these time frames, the subrecipient will offer to refer the client to another organization that can provide the requested services in a timelier manner.	Client chart documents initial client contact and initial mental health appointment in compliance with established timeframe. Documentation regarding initial contact or initial mental health appointment not in compliance with established timeframe exists per agency policy.	Number of compliant client charts Number of compliant client charts	Number of clients referred to mental health services.	Client Files CAREWARE	90% of client charts have documentation of contact made with client within 5 business days of referral. 90% of client charts have documentation of scheduled mental health appointment within 7 business days of contact with client
Assessment will occur that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. A comprehensive assessment including the following will be completed within seven (7) business days of initial mental health appointment or no later than the third counseling session: • Presenting Problem • Developmental/Social history	Documentation in client record, which must include DSM-V diagnosis or diagnoses, utilizing at least one Axis code.	Number of new client charts with assessment completed within 7 business days of intake	Number of new clients	Client Files CAREWARE	90% of new client charts have documented comprehensive assessments initiated within seven (7) business days of intake.

• Social support and family relationships • Medical history • Substance abuse history • Psychiatric history (including perceptual disturbances, obsessions/compulsions, phobias, panic attacks) • Complete mental status evaluation (including appearance and behavior, talk, mood, self-attitude, suicidal tendencies) Cognitive assessment (level of consciousness, orientation, memory and language) • Psychosocial history (Education and training, employment, Military service, Legal history, Family history and constellation, Physical, emotional and/or sexual abuse history, Sexual and relationship history and status, Leisure and recreational activities, General psychological functioning).					
A treatment plan must be completed that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. A treatment plan shall be completed within 90 days that is specific to individual client needs. The treatment plan shall be reviewed at least every 180 days.The	Documentation in client's file.	Number of client charts with completed treatment plans within 90 days of first visit	Number of clients	Client Files CAREWARE	90% of client charts will have documentation of a completed treatment plan within 90 days of first visit.

treatment plan shall be prepared and documented for each client. Individual, and family case records will include documentation of the following: Client's presenting issue Identification of entities to provide all services Signature of client or guardian Signature and title of behavioral health professional and date completed Two or more treatment goals One or more treatment methods Frequency of treatment sessions Projected treatment end date Education on relapse prevention					

Progress notes are completed for every professional counseling session and must include: Client name Session date Observations Focus of session Interventions Assessment Duration of session Treatment Type (Individual, Family, or Group) Treatment Goals Addressed Counselor authentication, in accordance with current accreditation or state standards.	Legible, signed and dated documentation in client record.	Number of client charts with progress notes	Number of clients	Client Files CAREWARE	90% of client charts will have documented legible, signed and dated progress notes.
Discharge summary will be documented in the client file and must include: Circumstances of discharge Summary of needs at admission Summary of services provided Goals completed during counseling Discharge plan Counselor authentication, in accordance with current accreditation or state standards.	Documentation in client's record.	Number of discharged clients	Number of clients	Client Files CAREWARE	90% of client charts have documentation of discharge summary.

Clients accessing Psychiatric care are medically adherent and are engaged in their psychiatric treatment plans.	Clients are assessed for psychiatric care and when engaged in psychiatric care, are medically adherent.	Number of psychiatric clients	Number of clients	Client Files CAREWARE Agency Policy and Procedure Manual	90% of clients accessing psychiatric care are medically adherent and are engaged in their psychiatric treatment plans.
Initial psychiatric appointment scheduled within 7 business days of contact with client.	Client chart documents initial client contact and initial psychiatric appointment in compliance with established timeframe. Documentation regarding initial contact or initial psychiatric appointment not in compliance with established timeframe exists per agency policy.	Number of compliant client charts	Number of clients referred to psychiatric services.	Client Files CAREWARE	90% of client charts have documentation of scheduled psychiatric appointment within 7 business days of contact with client
Mental Health Service clients are assessed for engagement in HIV medical care.	Each client is assessed for engagement in HIV medical care and assisted with establishing linkages to care if not currently receiving care. Assessed initially, then re-assessed and documented twice annually.	Number of clients assessed for medical care initially and twice annually.	Number of clients	Client Files CAREWARE	90% of clients are assessed for engagement in medical care. This is assessed initially, then re-assessed and documented twice annually.

D. PERSONNEL QUALIFICATIONS

Mental Health Services must be provided by trained licensed or certified health care workers to include:

1. Individual clinicians shall have documented unconditional licensure/certification or is supervised by a clinician who has unconditional licensure/certification in their area of practice in the State of Arizona; and

2. Subrecipients shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV clinical practice. All staff without direct experience with HIV shall be supervised by one who has such experience; and

3. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.

E. ASSESSMENT AND SERVICE PLAN:

See applicable standards above regarding assessment and service plan requirements.

F. TRANSITION AND DISCHARGE:

Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:

Each subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:

Each subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client's record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:

Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client's ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

NON-MEDICAL CASE MANAGEMENT SERVICES

A. DEFINITION:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Allowable activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan HIV/AIDS BUREAU POLICY 16-02 21
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:

NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

B. INTAKE AND ELIGIBILITY:

Clients seeking Ryan White A, B, and ADAP services must be determined "eligible" under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.**
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on www.azadap.com.

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:

- 90% of client charts reviewed demonstrate support of the clients' health by increasing access to services and/or resources necessary to reduce barriers to care.

Indicators:

- Number of client charts that have documentation of access to primary medical care and other needed community services

Service Unit(s):

- Number of clients accessing Non-Medical Case Management services

Standard of Care	***Outcome Measure***	***Numerator***	***Denominator***	***Data Source***	***Goal/Benchmark***
Central Eligibility: Central Eligibility Services will be provided to all individuals presenting for Ryan White Part A services, to determine eligibility and individual client referral needs.	New or returning to care clients: Client chart documents an intake assessment, with offered referrals to medical case management services. Returning to care is defined as a client who has not seen a medical provider in 6 or more months. Renewing clients: Client chart documents that appropriate referrals were made based on identified client needs.	Number of compliant client charts Number of compliant client charts	Number of clients Number of clients	Client Files CAREWARE	90% of client charts reviewed demonstrate support of the clients' health by increasing access to services and/or resources necessary to reduce barriers to care.
Client Contact, Identification of Resources and Referrals: Initial, client contact with the non-medical case manager will be initiated by client request or referral	Client chart documents that initial contact with client was made within 5 business days. Client chart documents that Non-Medical Case Management service occurred within 10 days of initial contact. Client's chart documents circumstances regarding why contact with client did not occur within established timeframe. Client chart documents the identification of applicable resources, that the client was informed of those resources, and the provision of appropriate referral/interventions.	Number of compliant client charts Number of compliant client charts Number of compliant client charts	Number of clients Number of clients Number of clients	Client Files CAREWARE Client Files CAREWARE Client Files CAREWARE	90% of clients contacted within 5 business days of client request or referral. 90% of client charts documents service occurred within 10 days of initial contact or circumstances why contact did not occur. 90% of client charts document the identification of applicable resources, client was informed of those resources and the provision of appropriate referral/interventions.

	Client chart contains documentation of: • Date of each encounter • Type of encounter (e.g. face to face, telephone etc.) • Duration of encounter • Client's request and disposition of request • Key activities, including interventions and referral services.	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of client charts contain appropriate documentation.
Supervisor Review: Supervisor completes a monthly review of a sample of client charts to ensure all required record components are present.	The supervisor will sign and date each client record reviewed and maintain a record of all charts reviewed. At a minimum, the sampling methodology will either comply with HIVQUAL standards or equal 20% of all client charts for each month.	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of sampled client charts reviewed by supervisor.

D. PERSONNEL QUALIFICATIONS:

1. Non-Medical Case managers will have a Bachelor's Degree in a licensed field or 3 years of experience.
2. Case Management Supervisors will have a Master's Degree in Social Work or comparable human service field and minimum 2 years of experience in direct service or case management **OR** Bachelor's Degree in Social Work or comparable human service field and minimum of 4 years of experience in direct service or case management **OR no degree and a minimum of 8 years of experience in direct service or case management**.

E. ASSESSMENT AND SERVICE PLAN:

Not Applicable

F. TRANSITION AND DISCHARGE:

Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:

Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the client's rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:

Each Subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client's record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:

Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client's ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

OUTPUTPATIENT AMBULATORY HEALTH SERVICES

A. DEFINITION:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

B. INTAKE AND ELIGIBILITY:

Clients seeking Ryan White A, B, and ADAP services must be determined "eligible" under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis**. Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level**.
3. **Proof of residency in Arizona**, must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility, but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addenda uploaded to approved data system. Most recent copy on www.azadap.com.
7. OAHS subrecipients demonstrate at regular intervals the availability to offer three different options for initial medical appointments within 15 days of a new client's request or referral

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:

- 90% of retained OAHS clients will demonstrate viral suppression (<200)
- 90% of OAHS clients are retained in care as demonstrated by one medical appointment in the first six months and one medical appointment in the second six months in the measurement period at least 90 days apart, or as evidenced by the most recent viral load in the measurement period showing achievement of viral suppression.

Indicators:

- Number of clients retained in OAHS

Service Unit(s): OAHS visits in CAREWare

Standard of Care	*Outcome Measure*	*Numerator*	*Denominator*	*Data Source*	*Goal/Benchmark*
All HIV infected patients receiving medical care shall have an initial comprehensive medical evaluation/assessment and physical examination. The comprehensive assessment/evaluation will be completed by the MD, NP, PA or DO in accordance with professional and established HIV practice guidelines (www.HIV.gov) within 15 days of initial contact with the patient. Treatment shall be offered and delivered according to most recent Health and Human Services (HHS) guidelines for the treatment of people with HIV/AIDS.	Clients have HIV viral loads monitored every 6 months.	Number of clients with 2 or more HIV viral loads annually.	Number of clients in measurement period.	CAREWare or chart audits.	85% of clients have 2 or more HIV viral loads annually.
	Clients will receive a health assessment and comprehensive physical exam including a mental health assessment that includes screening for clinical depression and a substance use history.	Number of clients offered and/or prescribed ART.	Number of Clients.		85% of clients will receive a health assessment and comprehensive physical exam including a mental health assessment within 15 days of initial contact that includes screening for clinical depression and a substance use/abuse history.
	All newly diagnosed clients will receive an HIV drug resistance test.	Number of clients with medical visits every 6 months.			85% of newly diagnosed clients will receive an HIV drug resistance test.
	Clients who meet current guidelines for ART are offered and/or prescribed ART.	Number of clients offered and/or prescribed ART.	Number of clients who meet guidelines.		100% of clients who meet current guidelines for ART are offered and/or prescribed ART.
	Clients with a CD4 count below 200 who are evaluated and/or prescribed PCP prophylaxis.	Number of clients with CD4 counts <200 who are evaluated and/or prescribed PCP prophylaxis.	Number of clients with CD4 count below 200 in the measurement period.		85% of clients with a CD4 count below 200 who are evaluated and/or prescribed PCP prophylaxis.
	Clients with a CD4 count below 50 who are evaluated and/or prescribed MAC prophylaxis.	Number of clients with CD4 counts <50 who are evaluated and/or prescribed MAC prophylaxis.	Number of clients with CD4 count below 50 in the measurement period.		85% of clients with a CD4 count below 50 who are evaluated and/or prescribed MAC prophylaxis.

	Clients' medical record document the following screenings:				
	Clients on ART receive lipid screens annually;	Number of clients on ART with annual lipid screen;	Number of clients on ART;		85% of clients on ART receive lipid screens annually.
	Clients receive syphilis screens annually;	Number of clients with annual syphilis screen;	Number of clients;		85% of clients receive syphilis screens annually.
Basic laboratory tests are ordered per HHS guidelines.	Clients receive Chlamydia screening annually;	Number of clients with annual Chlamydia screening;	Number of clients;	CAREWare or chart audits.	85% of clients receive Chlamydia screens annually.
	Clients receive gonorrhea screening annually;	Number of clients with annual gonorrhea screening;	Number of clients;		85% of clients receive gonorrhea screens annually
	Clients receive Hepatitis A, B & C screens if not immune and then annually for high-risk individuals;	Number of clients with hepatitis screens as indicated;	Number of clients needing hepatitis screens as indicated;		85% of clients receive Hepatitis A, B & C screens if not immune and then annually for high-risk individuals.
	Clients receive a TB screen at initial HIV diagnosis, then annually for high-risk individuals, as determined by their medical provider.	Number of clients with annual TB screen;	Number of clients.		85% of clients receive TB screens at least once since diagnosis.
	Female clients receive pap smears annually.	Number of female clients with annual pap.	Number of female clients.		85% of female clients receive pap smears annually.

A hepatitis C (HCV) protocol is in place for clients testing positive for hepatitis C.	All clients with hepatitis C will be evaluated or referred for evaluation of treatment suitability.	Number of hepatitis C clients evaluated for treatment.	Number of clients with hepatitis C.	Client charts.	85% of clients will have a document evaluation or referral for treatment suitability.
Clients are offered immunizations or have documentation of decline of immunizations.	Documentation that clients receive vaccinations according to current standards (or document decline): • Influenza • Pneumococcal as Appropriate • Completion of hepatitis A vaccines series, unless otherwise documented as immune. • Completion of hepatitis B vaccines series, unless otherwise documented as immune. • Tetanus • HPV as appropriate • Varicella • MMR • Shingles	Number of clients with influenza vaccine. Number of clients with pneumococcal vaccine. Number of clients with hepatitis A vaccine series completed. Number of clients with hepatitis B vaccine series completed. Number of clients with Tetanus vaccine. Number of clients with HPV vaccine. Number of clients with Varicella vaccine. Number of clients with MMR vaccine. Number of clients with Shingles vaccine.	Number of clients. Number of clients needing pneumococcal vaccine. Number of clients. Number of clients. Number of clients. Number of clients needing HPV vaccine Number of clients. Number of clients. Number of clients.	CAREWare or client charts.	85% of clients receive vaccinations according to current standards (or document decline): • Influenza • Pneumococcal as appropriate • Completion of hepatitis A vaccine series, unless otherwise documented as immune. • Completion of hepatitis B vaccines series, unless otherwise documented as immune. • Tetanus • HPV as appropriate • Varicella • MMR • Shingles

Assessment of treatment adherence and counseling, which adhere to current HHS guidelines.	Documentation that clients are assessed for treatment adherence and counseling at a minimum of twice a year. If adherence issue is identified, follow-up action is documented. Documentation of missed client appointments and efforts to bring the client into care.	Number of clients on ART with treatment assessment minimum of twice a year. Number of clients with adherence issues have follow-up. Number of documented missed appts and efforts to bring clients into care.	Number of clients on ART. Number of clients with adherence issues. Number of clients with missed appts.	Client Charts	85% of charts with assessment of treatment adherence documented at a minimum of twice a year. 85% of charts document follow-up action if adherence issue is identified. 85% of documented missed client appointments and efforts to bring the client into care.
Clients are assessed for risk behaviors and receive risk reduction counseling to reduce secondary transmission of HIV.	Charts document a risk behavior assessment and clients receive risk reduction counseling.	Number of clients with risk reduction counseling.	Number of clients.	Client charts	85% of charts document a risk behavior assessment and clients receive risk reduction counseling.
Clients are screened and receive tobacco cessation counseling annually (or document decline).	Charts document screening for tobacco product use and cessation counseling (or document decline).	Number of clients with tobacco cessation counseling.	Number of clients.	Client charts	85% of clients are screened and receive tobacco cessation counseling annually (or document decline).

D. PERSONNEL QUALIFICATIONS:

Outpatient/Ambulatory Health Services must be provided by trained licensed or certified health care workers to include:

1. Individual clinicians (M.D., D.O., P.A., N.P., R.N., L.P.N.) shall have documented unconditional licensure/certification in their area of practice; and
2. Subrecipient's shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV clinical practice. All staff without direct experience with HIV shall be supervised by one who has such experience; and
3. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.

   (AA's office to return with options for certification costs)

E. ASSESSMENT AND SERVICE PLAN

Not Applicable

F. TRANSITION AND DISCHARGE

Each Subrecipient providing services has a Transition and Discharge policy in place and on file. The reason for Transition or Discharge must be properly documented in each client file.

G. CASE CLOSURE PROTOCOL:

Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:

Each Subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the

client’s record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. Recertification Requirements:

Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client’s birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client’s ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

PSYCHOSOCIAL SERVICES

A. Definition:

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- **Bereavement counseling**
- **Caregiver/respite support (HRSA RWHAP Part D)**
- **Child abuse and neglect counseling**
- **HIV support groups**
- **Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)**
- **Pastoral care/counseling services**

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership. For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

B. INTAKE AND ELIGIBILITY

Clients seeking Ryan White A, B, and ADAP services must be determined "eligible" under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.** Some services may have lower income thresholds as outlined in the Ryan White Part A Planning Council's Menu of Services.
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under

150% of the federal poverty level and screening for other insurance programs, as applicable.

5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on www.azadap.com.

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:

- **90%** of client charts have documentation that primary care discussions are taking place as part of regularly offered services at least quarterly.
- **100%** of out of care clients are offered a referral to Outpatient/Ambulatory Health Services.

Indicators:

- Number of clients accessing Psychosocial Services

Service Unit(s):

- An individual's attendance at a Face-to-face and/or Virtual Support Group meeting.

Standard of Care	*Outcome Measure*	*Numerator*	*Denominator*	*Data Source*	*Goal/Benchmark*
Staff or volunteers providing psychosocial support will include discussions about access and engagement in primary care in individual and/or group discussions, at a minimum quarterly.	Documentation in client's file.	Number of clients who attend individual and/or group session(s).	Number of clients who attend individual and/or group session(s).	Client Files	75% of client charts have documentation that primary care discussions are taking place as part of regularly offered services, at a minimum quarterly. 100% of out of care clients are offered a referral to outpatient/ambulatory medical care.
Clients participating in psychosocial services will have completed a post session survey	Completed post session surveys	Number of clients who have a completed post session survey	Number of clients who attend individual and/or group session(s)	Client Surveys	75% of clients participating in psychosocial services will have completed a post session survey.
Documentation of topic of discussion is included with sign in sheet for support groups held by provider agency.	Documentation in logbook /support group log.	Number of support groups held with documentation of topic with sign in sheet	Number of support groups held	Agency Files	100% of support group logs reflect documentation of topic with the sign in sheet.

D. PERSONNEL QUALIFICATIONS:

Psychosocial Support Services Personnel will have a high school diploma or equivalent **AND** a minimum of 2 years of related experience and/or identifies as a member of an affected population.

E. ASSESSMENT AND SERVICE PLAN:

Not Applicable

F. TRANSITION AND DISCHARGE:

Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:

Each subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:

Each subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client's record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility,

should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:

Client eligibility must be reviewed at lease every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client's ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

Substance Abuse Outpatient Care

A. DEFINITION:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder.
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy.
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

B. INTAKE AND ELIGIBILITY

Clients seeking Ryan White A, B, and ADAP services must be determined “eligible” under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.** Some services may have lower income thresholds as outlined in the Ryan White Part A Planning Council's Menu of Services.
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on www.azadap.com.

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:

- **90%** of clients receive an assessment prior to implementing the treatment plan.
- **90%** of clients have an initial written treatment plan within 30 days from the clients' first visit.
- **90%** of client assessments address primary medical care needs and make appropriate referrals as needed.
- **90%** of treatment goals are addressed in the course of Substance Use treatment.
- **70%** of clients show decreased drug use frequency or adoption of harm reduction strategies in a 6-month time frame demonstrated through self-report.

Indicators:

- Number of clients attending Substance Use services who are engaged in treatment. *
- Number of clients who have addressed at least 2 treatment goals.

*Engaged=individual invested in treatment and attends a minimum of 50% of substance abuse services appointments

Service Unit(s):

- Face-to-face and/or Tele-health Individual level Treatment Session (An individual visit where the Treatment Plan is discussed)
- Face-to-face and/or Tele-health Group Level Treatment Session (A group counseling session)
- Face-to-face Medication Assisted Treatment Visit (A visit where medication for substance abuse treatment is dispensed)

Standard of Care	*Outcome Measure*	*Numerator*	*Denominator*	*Data Source*	*Goal/Benchmark*
Initial contact with client made within 5 business days upon referral to agency. Initial Substance Use treatment appointment scheduled within 7 business days of contact with client. If service cannot be provided within these time frames, the subrecipient will offer to refer the client to another organization that can provide the requested services in a timelier manner.	Client chart documents initial client contact and initial Substance Use treatment services appointment in compliance with established timeframe. Documentation regarding initial contact or initial Substance Use treatment services appointment not in compliance with established timeframe exists per agency policy.	Number of compliant client charts Number of compliant client charts Number of compliant client charts	Number of clients referred to substance use treatment services.	Client Files CAREWARE	90% of client charts have documentation of contact made with client within 5 business days of referral. 90% of client charts have documentation of scheduled Substance Use treatment appointment within 7 business days of contact with client

Assessment will occur that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. A comprehensive assessment including the following will be completed within seven (7) business days of initial substance use treatment appointment or no later than the third counseling session: • Presenting Problem • Developmental/Social History • Social support and family relationships • Medical history • Substance abuse history • Psychiatric history (including perceptual disturbances, obsessions/compulsions, phobias, panic attacks) • Complete mental status evaluation (including appearance and behavior, talk, mood, self-attitude, suicidal tendencies) • Cognitive assessment (level of consciousness, orientation, memory, and language) • Psychosocial history (Education and training, employment, Military service, Legal history, Family history and constellation, Physical, emotional and/or sexual abuse history, Sexual and relationship history and status, Leisure and recreational activities, General psychological functioning).	Documentation in client record, which must include DSM-V diagnosis or diagnoses, utilizing at least one Axis code.	Number of new client charts with assessment completed within 7 business days of intake or no later than the third counseling session.	Number of new clients	Client Files CAREWARE	90% of new client charts have documented comprehensive assessments initiated within seven (7) business days of intake or no later than the third counseling session.

Treatment plans are developed jointly with the counselor and client and must contain all the elements set forth per that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. The plan must also address the full range of substances the client is using. Treatment plans must be completed no later than seven (7) business days of admission and the client must be provided a copy of the plan. The treatment plan duration and review interval must be stated in the treatment plan. The process must be identified in the agency policies and procedures and must follow criteria outlined in ADHS Board of Behavioral Health Examiners Title 4. Professions and Occupations Chapter 6. Article 11 Standards Practice	Client chart contains documentation of client's treatment plan and that client was given a copy of the plan. Documentation of agency treatment review policies and procedures on file at site.	Number of clients with treatment plans completed no later than 7 business days after admission.	Number of clients	Client Files CAREWARE	90% of client charts have documentation of treatment plans completed no later than 7 business days after admission.
The treatment plan shall be reviewed every six months and must reflect ongoing reassessment of client's problems, needs and response to therapy.	Documentation of treatment plan review in client's file.	Number of clients with updated/reviewed treatment plans	Number of clients	Client Files CAREWARE	90% of client charts will have documentation of updated treatment plans every six months.

A client may be discharged from substance use treatment services through a systematic process that includes a discharge or case closure summary in the client's record. The discharge/case closure summary will include: • Circumstances of discharge • Summary of needs at admission • Summary of services provided. • Goals completed during counseling. • Counselor signature and credentials and date. • A transition plan to other services or provider agencies, if applicable • Consent for discharge follow up Discharge from substance use treatment services must be compliant with ADHS Board of Behavioral Health Examiners Title 4. Professions and Occupations Chapter 6. Article 11 Standards Practice	Documentation of case closure in client's record. Documentation of Reason for discharge/case closure (e.g., case closure summary).	Number of discharged clients	Number of clients	Client Files CAREWARE	90% of discharged client charts have documentation of case closure or reason for discharge.

D. PERSONNEL QUALIFICATIONS

Substance Abuse Outpatient Care must be provided by trained licensed or certified health care workers to include:

1. Individual clinicians shall have documented unconditional licensure/certification or is supervised by a clinician who has unconditional licensure/certification in their area of practice in the State of Arizona; and
2. Subrecipients shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV clinical practice. All staff without direct experience with HIV shall be supervised by one who has such experience; and
3. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.

E. ASSESSMENT AND SERVICE PLAN:

See applicable standards above regarding assessment and service plan requirements.

F. TRANSITION AND DISCHARGE:

Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:

Each subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:

Each subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client's record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:

Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client's ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

2021.3.30 STaR Committee

Final Audit Report 2021-07-16

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