

Georgia Ryan White Part B Service Standards

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Georgia Ryan White Part B Service Standards

Section I. Introduction

About this Document

The purpose of this document is to provide service standards for core medical and support services funded under the Georgia Ryan White Part B/ADAP/HICP Program. Service standards are utilized to ensure that all Ryan White Part B funded agency service providers offer the same fundamental components of the given service category across the state. They establish the minimal level of service or care that a funded agency or provider may offer, and set a benchmark by which services are monitored, and contracts are developed.

The Georgia Ryan White Part B Service Standards is a living document and may change based on Health Resources and Services Administration (HRSA) and HIV/AIDS Bureau (HAB) requirements, the needs of people living with HIV/AIDS in Georgia, and the services offered by providers.

How to Use this Document

The Georgia Ryan White Part B Service Standards outline the elements and expectations funded agencies must follow when implementing a specific service category. Adherence to these standards ensures quality services that are consistent and that can be evaluated for effectiveness. The document delineates three categories of standards: universal, which apply to all service categories; core medical; and support services.

In addition to being adherent to these service standards, funded agencies must also adhere to HRSA/HAB National Monitoring Standards (universal, fiscal, and programmatic), and the current Georgia Ryan White Part B/ADAP/HICP Policies and Procedures Manual.

Section II. Universal Service Standards

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none">Agency is accessible to desired target populations	<ul style="list-style-type: none">Clinic/Offices where clients are provided services are clean, handicap accessible, and located to minimize client transportation barriers (close to public transportation, easy to find, convenient parking, etc.)Clinic/offices are designed to provide adequate space for providing services and maintaining client confidentiality	<ul style="list-style-type: none">Site visit
<ul style="list-style-type: none">Services are accessible to eligible target populations	<ul style="list-style-type: none">Services must be provided irrespective of age, physical or mental challenges, history	<ul style="list-style-type: none">Policies on filePersonnel and training records

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Access to Services		
Standard	Criteria	Documentation
	<p>of substance abuse, immigration status, marital status, national origin, race, sexual orientation, gender identity and expression, socioeconomic status, or current/past health conditions</p> <ul style="list-style-type: none"> • Agency demonstrates the ability to provide culturally and linguistically competent services 	<ul style="list-style-type: none"> • Client satisfaction surveys
<ul style="list-style-type: none"> • Services are provided regardless of an individual's ability to pay for the service 	<ul style="list-style-type: none"> • Billing and collection policies and procedures do not: <ul style="list-style-type: none"> ○ Deny services for non-payment ○ Require full payment prior to service ○ Include any other procedure that denies services for non-payment 	<ul style="list-style-type: none"> • Billing and collection policies
<ul style="list-style-type: none"> • Agency demonstrates input from clients in the design and delivery of services 	<ul style="list-style-type: none"> • Mechanism in place that allows clients to provide immediate feedback on services 	<ul style="list-style-type: none"> • Documentation of client satisfaction surveys, focus groups, and/or public meetings • Maintain visible suggestion box or other client input mechanism
<ul style="list-style-type: none"> • Agency demonstrates outreach efforts to inform low-income individuals of the availability of HIV-related services and how to access them 	<ul style="list-style-type: none"> • Availability of informational materials about services and eligibility requirements. • Collaboration with community partners to provide education 	<ul style="list-style-type: none"> • Newsletters, brochures, posters, community bulletins, other promotional materials
<ul style="list-style-type: none"> • Agency demonstrates structured efforts to keep clients informed of changes in services 	<ul style="list-style-type: none"> • Mechanism in place to inform consumers of changes in health and support services 	<ul style="list-style-type: none"> • Policy on file
<ul style="list-style-type: none"> • Services are provided in accordance with the Americans with Disability Act (ADA) guidelines 	<ul style="list-style-type: none"> • Agency is compliant with ADA requirements for non-discriminatory policies and practices and for the provision of reasonable accommodations to address communication (i.e. sign 	<ul style="list-style-type: none"> • Policy on file

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Access to Services		
Standard	Criteria	Documentation
	language interpreter)	

Privacy & Confidentiality		
Standard	Criteria	Documentation/Measure
<ul style="list-style-type: none"> Agency must have policies and procedures in place that address client privacy and confidentiality 	<ul style="list-style-type: none"> All personnel must sign confidentiality agreements and agreements must be kept on file All sites must ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) 	<ul style="list-style-type: none"> Signed confidentiality agreements on file for all staff Written procedures to protect client confidentiality
<ul style="list-style-type: none"> All personnel must ensure that client charts are secure, and that client confidentiality is maintained 	<ul style="list-style-type: none"> Client charts must be kept in a locked area when not in use If information is maintained in an electronic format, computers must be password protected and secure while in use (e.g., placed with screen out of view, attended at all times, and turned off when unattended) Access to areas containing client charts, computers, and medications must be restricted to authorized personnel only or clients/visitors with escorts 	<ul style="list-style-type: none"> Physical setup of clinic prevents unauthorized access to files Client charts are secured under lock Electronic records are password protected Client lab work is secured under lock

Intake, Eligibility, & Recertification		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Providers must screen consumers for eligibility, including eligibility for funded service categories, and ADAP/HICP 	<ul style="list-style-type: none"> Intake forms must include, at a minimum, all required data elements included in the most recent RSR manual 	<ul style="list-style-type: none"> Intake form available in client file
<ul style="list-style-type: none"> Active clients must meet all program eligibility requirements 	<ul style="list-style-type: none"> Eligibility requirements include: <ul style="list-style-type: none"> Must have an HIV/AIDS positive medical diagnosis, Must have an income at or below 400% of the Federal Poverty Level (FPL), 	<ul style="list-style-type: none"> Proof of eligibility available in client files <p>Note: Refer to Policies & Procedures Manual for a list of acceptable documentation</p>

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Intake, Eligibility, & Recertification		
Standard	Criteria	Documentation
	<ul style="list-style-type: none"> ○ Must be a Georgia resident ○ Must have no other payer source for the services provided ○ Must be 18 years of age or older (refer to Policies and Procedures Manual for exceptions) 	
<ul style="list-style-type: none"> ● All Ryan White Part B, ADAP and HICP clients are required to recertify every six (6) months 	<ul style="list-style-type: none"> ● Client recertification every six (6) months <p>Note: Clients will be able to self-attest during one of their yearly recertification periods</p>	<ul style="list-style-type: none"> ● Recertification/self-attestation documentation in clients file including: <ul style="list-style-type: none"> ○ Updated CD4 and viral load ○ Verification of “payer of last resort (Medicaid, Medicare, Private Insurance)

Client Right and Responsibilities		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> ● All sites must have a documented Client Right and Responsibilities policy and process 	<ul style="list-style-type: none"> ● Clients will be informed of their rights and responsibilities annually ● Client rights and responsibilities must be made available in English and Spanish 	<ul style="list-style-type: none"> ● Documentation showing that client rights and responsibilities are updated annually (signed by client) ● Copy of client rights and responsibilities available in English and Spanish

Grievance Process		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> ● All sites must have a documented grievance policy and process 	<ul style="list-style-type: none"> ● The Grievance Policy must be displayed in a highly visible area and convenient to clients ● Clients must be made aware of the grievance process ● Grievance policies must be made available in English and Spanish 	<ul style="list-style-type: none"> ● Site visit ● Documentation showing that grievance policies are updated annually (signed) ● Copies of grievance policies provided in English and Spanish

Program Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> ● Agencies must have written personnel policies and procedures 	<ul style="list-style-type: none"> ● Personnel policies and procedures should include methods to ensure: <ul style="list-style-type: none"> ○ Staff have a clear understanding of their job description and 	<ul style="list-style-type: none"> ● Personnel policies and procedures document

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Program Staffing		
Standard	Criteria	Documentation
	responsibilities as well as agency policies and procedures	
<ul style="list-style-type: none"> • Staff have appropriate skills, relevant experience, cultural and linguistic competency and relevant licensure to provide services and/or care to people living with HIV 	<ul style="list-style-type: none"> • Staff are trained and knowledgeable about HIV/AIDS and available resources 	<ul style="list-style-type: none"> • Job descriptions • Training records

Coordination and Referrals		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Part B providers who do not directly provide a needed service should systematically provide access to services 	<ul style="list-style-type: none"> • The provider will initiate referrals as agreed upon by the client and provider 	<ul style="list-style-type: none"> • Case notes and Individualized Service Plan (ISP)
<ul style="list-style-type: none"> • As appropriate, Part B Providers shall facilitate referrals by obtaining releases of information to permit provision of information about the client's needs and other important information to the service providers 	<ul style="list-style-type: none"> • Signed release of information forms obtained 	<ul style="list-style-type: none"> • Signed release of information forms
<ul style="list-style-type: none"> • Part B providers will ensure clients are accessing needed referrals and services, and are following through with their referral plans 	<ul style="list-style-type: none"> • Providers will utilize a care plan or tracking mechanism to monitor completion of linked referrals • Clients receive follow-up to ensure that barriers to accessing services are addressed • Client refusals to follow through with referrals are documented 	<ul style="list-style-type: none"> • Case notes and ISP
<ul style="list-style-type: none"> • Agency will have a referral process in place for needed services not provided in the direct service area 	<ul style="list-style-type: none"> • Process in place 	<ul style="list-style-type: none"> • Policy on file

Section III. Core Medical Service Standards

Service Category: Outpatient/Ambulatory Medical Care (OAMC)

HRSA Definition: Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including 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

Note: Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive outpatient/ambulatory health services from appropriately licensed and credentialed providers 	<ul style="list-style-type: none"> • Medical providers have a current license/certification for providing services in Georgia 	<ul style="list-style-type: none"> • Licensures/certifications on file
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Clinic policies and procedures • CQI projects focusing on best practices for appointment processes, client no shows and multiple appointment rescheduling that results in gaps in services • Clinic wait time surveys

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Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients in need of routine medical care will be scheduled to be seen for an initial appointment within 30 calendar days from the eligibility verification date 	<ul style="list-style-type: none"> • Appointment scheduled within 30 days 	<ul style="list-style-type: none"> • Client record

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that the medical management of HIV infection is in accordance with the DHHS HIV-related guidelines, and other HIV Office medical manuals 	<ul style="list-style-type: none"> • DHHS HIV-related guidelines include but are not limited to: <ul style="list-style-type: none"> ○ Antiretroviral treatment ○ Maternal-child transmission ○ Post-exposure prophylaxis ○ Management of tuberculosis and opportunistic infections ○ HIV counseling and testing i.e. https://aidsinfo.nih.gov/guidelines 	<ul style="list-style-type: none"> • Clinic policies and procedures • Demonstrated compliance with listed guidelines

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that all Physicians, Pharmacists, and all other licensed medical professionals possess current licensure and/or certification 	<ul style="list-style-type: none"> • Medical providers have a current license/certification for providing services in Georgia (including Medicaid/Medicare certification) 	<ul style="list-style-type: none"> • Licensures/certifications on file (including Medicaid/Medicare certification)
<ul style="list-style-type: none"> • Ensure that all Physicians are practicing under current HIV/AIDS-related protocols and are practicing under the current laws of the State of Georgia 	<ul style="list-style-type: none"> • Ryan White Part B Clinic Personnel Guidelines 	<ul style="list-style-type: none"> • Demonstrated compliance with listed protocols
<ul style="list-style-type: none"> • Ensure that registered nurses (RNs) and advanced practice registered nurses (APRNs) practice under current HIV/AIDS related nurse protocols 	<ul style="list-style-type: none"> • The recommended protocols include: <ul style="list-style-type: none"> ○ Georgia DPH, Office of Nursing, Nurse Protocols for Registered Professional Nurses in Public Health, HIV/AIDS-related ○ DHHS, HRSA, Guide for 	<ul style="list-style-type: none"> • Demonstrated compliance with listed protocols

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Staffing		
Standard	Criteria	Documentation
	HIV/AIDS Clinical Care, current edition ○ Georgia DPH, Office of Nursing, Guidelines for Public Health APRN Prescriptive Authority, if applicable ○ Georgia ADAP and APRN Prescriptive Authority for Nurses Not Employed by Public Health	
<ul style="list-style-type: none"> • Ensure that Physician Assistants (PA) outside of Georgia Public Health agencies practice under HIV/AIDS related PA protocols 	<ul style="list-style-type: none"> • Protocols include: <ul style="list-style-type: none"> ○ Physician Assistant Aids Drug Assistance Program (ADAP) Provider Status 	<ul style="list-style-type: none"> • Demonstrated compliance with listed protocols

Service Category: Oral Health

HRSA Definition: Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive oral health services from appropriately licensed and credentialed providers 	<ul style="list-style-type: none"> • Oral health providers have a current license/certification for providing services in Georgia (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> • Licensures/certifications on file • Upon request, a copy of all oral health providers utilized through a sub-contract or agreement will be submitted
<ul style="list-style-type: none"> • Clients receive assistance to schedule and coordinate dental appointments 	<ul style="list-style-type: none"> • Case manager shall assist client to schedule and coordinate all dental appointments as needed 	<ul style="list-style-type: none"> • Case notes and ISP
<ul style="list-style-type: none"> • Oral health appointments are followed-up on by case manager 	<ul style="list-style-type: none"> • Case manager will follow-up on all dental appointments to ensure clients maintain access to dental services 	<ul style="list-style-type: none"> • Outcomes documented in case notes and ISP

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Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive an oral examination by a dentist at least annually. The oral examination should include an oral cavity exam 	<ul style="list-style-type: none"> • Clients who received an oral examination by a dentist 	<ul style="list-style-type: none"> • Client record
<ul style="list-style-type: none"> • Patients with lesions suspected to be oral manifestations of HIV disease should be referred to a dental health expert with experience in treating oral lesions associated with HIV/AIDS 	<ul style="list-style-type: none"> • Clients who received an oral examination by a dentist 	<ul style="list-style-type: none"> • Client record

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that oral health providers possess current licensure and/or certification 	<ul style="list-style-type: none"> • Oral health providers have a current license/certification for providing services in Georgia (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> • Licensures/certifications on file • Upon request, a copy of all oral health providers utilized through a sub-contract, or agreement will be submitted

Service Category: Health Insurance Premium and Cost Sharing Assistance

HRSA Definition: Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- RWHAP Part recipients must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.

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- RWHAP Part recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

To use RWHAP funds for standalone dental insurance premium assistance, an RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Part B providers who do not provide Health Insurance Premium and Cost Sharing Assistance should systematically provide access to services 	<ul style="list-style-type: none"> • The provider will initiate referrals as agreed upon by the client and provider 	<ul style="list-style-type: none"> • Case notes and ISP
<ul style="list-style-type: none"> • HICP application will be completed and submitted to the state for eligible clients 	<ul style="list-style-type: none"> • HICP applications must include: <ul style="list-style-type: none"> ○ Notification of Client Responsibility for Participation Form ○ Summary of benefits ○ Premium statement ○ Copy of insurance card ○ Authorization to release information ○ Adult HIV/AIDS Case Report 	<ul style="list-style-type: none"> • HICP Application • Client record

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • The Part B provider will ensure that service funding will be available throughout the year 	<ul style="list-style-type: none"> • The provider will: <ul style="list-style-type: none"> ○ Monitor/manage expenditures to make sure expenses do not surpass approved budget amount ○ Track utilization of assistance 	<ul style="list-style-type: none"> • Mechanism in place track expenses • Case notes and ISP

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Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> No payment may be made directly to clients, family, or household members 	<ul style="list-style-type: none"> Provide mechanism through which payment can be made on behalf of the client 	<ul style="list-style-type: none"> Documentation ensuring payments were made to appropriate vendors

- Note:** For additional information about the Georgia Health Insurance Continuation Program (HCP), please refer to the [Georgia Ryan White Part B/ADAP/HICP Policies and Procedures Manual](#).

Service Category: Mental Health

HRSA 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.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Clients will receive mental health services from appropriately licensed and credentialed providers 	<ul style="list-style-type: none"> Mental health providers have a current license/certification for providing services in Georgia (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> Licensures/certifications on file Upon request, a copy of all mental health providers utilized through a sub-contract or agreement will be submitted
<ul style="list-style-type: none"> Access should be provided in a timely manner 	<ul style="list-style-type: none"> Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Clients will receive a psychosocial assessment, including a mental health screening, at least annually or as needed 	<ul style="list-style-type: none"> Assessment conducted by a provider and/or a case manager 	<ul style="list-style-type: none"> Client record
<ul style="list-style-type: none"> A detailed treatment plan should be created for each eligible client that includes: <ul style="list-style-type: none"> The diagnosed mental 	<ul style="list-style-type: none"> Services provided are consistent with the treatment plan 	<ul style="list-style-type: none"> Client record

Georgia Ryan White Part B Service Standards

Delivery of Services		
Standard	Criteria	Documentation
illness or condition ○ The treatment modality (group or individual) ○ Start date for mental health services ○ Recommended number of sessions ○ Date for reassessment ○ Projected treatment end date, ○ Any recommendations for follow up ○ The signature of the mental health professional rendering service		

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> ● Providers have relevant experience and licensure to care for HIV infected clients with mental health issues 	<ul style="list-style-type: none"> ● All professionals providing mental health services are properly trained and meet qualifications 	<ul style="list-style-type: none"> ● Certifications and training records

Service Category: Medical Nutrition Therapy

HRSA Definition: Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider’s recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance: All services performed under this service category must be pursuant to a medical provider’s referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the RWHAP.

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Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive medical nutrition therapy services from appropriately licensed and registered dietitians 	<ul style="list-style-type: none"> • Dietitians have a current license/certification for providing services in Georgia 	<ul style="list-style-type: none"> • Licensures/certifications on file
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Referrals for medical nutrition therapy must include a written order, diagnosis and desired nutrition outcomes as indicated per client's condition 	<ul style="list-style-type: none"> • Referrals should be based on a physician's recommendation 	<ul style="list-style-type: none"> • Client record including copy of referral
<ul style="list-style-type: none"> • A detailed nutritional plan should be created by a licensed registered dietitian for each eligible client that includes: <ul style="list-style-type: none"> ○ Recommended services and course of medical nutrition therapy to be provided, including types and amounts of nutritional supplements and food ○ Date service is to be initiated ○ Planned number and frequency of sessions ○ The signature of the registered dietitian who developed the plan 	<ul style="list-style-type: none"> • Services provided are consistent with the nutritional plan 	<ul style="list-style-type: none"> • Client record

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Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Ensure that medical nutrition therapy providers (registered/licensed dietician) have current certification 	<ul style="list-style-type: none"> Dieticians have a current license/certification for providing services in Georgia (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> Licensures/certifications on file Upon request, a copy of all medical nutrition therapy providers utilized through a sub-contract or agreement will be submitted

Service Category: Medical Case Management

HRSA Definition: Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key 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
- Continuous client monitoring to assess the efficacy of the care plan
- 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
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges). *Program Guidance:* Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

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Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive medical case management services from appropriately licensed and credentialed providers 	<ul style="list-style-type: none"> • Providers have a current license/certification for providing services in Georgia 	<ul style="list-style-type: none"> • Licensures/certifications on file
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that medical case managers are performing the following activities: <ul style="list-style-type: none"> ○ 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 ○ Continuous client monitoring to assess the efficacy of the care plan ○ 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 ○ Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments ○ Client-specific advocacy and/or review of utilization of services 	<ul style="list-style-type: none"> • Services provided are consistent with the assessment of needs and care plan 	<ul style="list-style-type: none"> • Client record

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Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that medical case management providers have current certification 	<ul style="list-style-type: none"> • Providers have a current license/certification for providing services in Georgia 	<ul style="list-style-type: none"> • Licensures/certifications on file

Service Category: Substance Abuse Outpatient Care

HRSA Definition: Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services 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.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive substance abuse outpatient care services from appropriately licensed and credentialed treatment providers 	<ul style="list-style-type: none"> • Treatment providers have a current license/certification for providing services in Georgia 	<ul style="list-style-type: none"> • Licensures/certifications on file
<ul style="list-style-type: none"> • Access should be provided in a timely manner by staff who have appropriate skills, and experience to care for people living with HIV/AIDS with substance abuse issues 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

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Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive a psychosocial assessment, including a substance abuse screening, at least annually or as needed 	<ul style="list-style-type: none"> • Assessment conducted by a provider and/or a case manager 	<ul style="list-style-type: none"> • Client record
<ul style="list-style-type: none"> • Services provided will include a treatment plan that calls for only allowable activities and includes: <ul style="list-style-type: none"> ○ The quantity, frequency, and modality of treatment provided ○ The date treatment begins and ends ○ Regular monitoring and assessment of client progress ○ The signature of the individual providing the service and or the supervisor as applicable 	<ul style="list-style-type: none"> • Services provided are consistent with the treatment plan 	<ul style="list-style-type: none"> • Client record

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that substance abuse outpatient care services from have current licensure and certifications 	<ul style="list-style-type: none"> • Providers have a current license/certification for providing services in Georgia (for both directly funded providers, as well as those used for referrals) 	<ul style="list-style-type: none"> • Licensures/certifications on file • Upon request, a copy of all substance abuse treatment providers utilized through a sub-contract or agreement will be submitted

Service Category: AIDS Drug Assistance Program

HRSA Definition: The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under Part B of the RWHAP to provide FDA-approved medications to low-income clients with HIV disease who have no coverage or limited health care coverage. ADAPs may also use program funds to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy. RWHAP ADAP recipients must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is

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cost effective in the aggregate. Eligible ADAP clients must be living with HIV and meet income and other eligibility criteria as established by the state.

Program Guidance: RWHAP Parts A, C and D recipients may contribute RWHAP funds to the Part B ADAP for the purchase of medication and/or health insurance for ADAP-eligible clients.

Service Standards: Please refer to the [Georgia Ryan White Part B/ADAP/HICP Policies and Procedures Manual](#).

Section IV. Support Service Standards

Service Category: Non-Medical Case Management

HRSA Definition: Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management 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, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan
- 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: Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
• Clients will receive non-medical case management services from appropriately credentialed providers	• Providers have a current credentials for providing services in Georgia	• Credentials on file

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Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Ensure that non-medical case managers are performing the following activities: <ul style="list-style-type: none"> ○ Initial assessment of service needs ○ Development of a comprehensive, individualized care plan ○ Continuous client monitoring to assess the efficacy of the care plan ○ 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 	<ul style="list-style-type: none"> • Services provided are consistent with the assessment of needs and care plan 	<ul style="list-style-type: none"> • Client record

Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive non-medical case management services from appropriately credentialed providers 	<ul style="list-style-type: none"> • Providers have a current credentials for providing services in Georgia 	<ul style="list-style-type: none"> • Credentials on file

Service Category: Emergency Financial Assistance

HRSA Definition: Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

Program Guidance: Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited

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amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive assistance with the following under Emergency Financial Assistance (EFA): <ul style="list-style-type: none"> ○ Utilities, ○ Housing, ○ Food (including groceries, food vouchers, and food stamps), or ○ Medications, provided to clients with limited frequency and for limited periods of time 	<ul style="list-style-type: none"> • Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • EFA Policy on file • Client records including: <ul style="list-style-type: none"> • Types of EFA services Provided • Date of Services Types
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Services are to be provided through: <ul style="list-style-type: none"> ○ Short-term payments to agencies; and/or ○ Establishment of voucher programs <p>Note: Direct cash payments to clients are not permitted</p>	<ul style="list-style-type: none"> • Provider has a mechanism to ensure that payments can be made on behalf of client 	<ul style="list-style-type: none"> • Documentation on file ensuring payments were made to appropriate vendors
<ul style="list-style-type: none"> • Records of services provided will reflect compliance with EFA standards 	<ul style="list-style-type: none"> • Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Client records including: <ul style="list-style-type: none"> ○ Types of EFA services Provided ○ Date of Services Types

Service Category: Food Bank/Home Delivered Meals

HRSA Definition: Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

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- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance: Unallowable costs include household appliances, pet foods, and other non-essential products. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the RWHAP.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive the following services under Food Bank/Home Delivered Meals <ul style="list-style-type: none"> ○ The provision of actual food items ○ Provision of hot meals ○ A voucher program to purchase food ○ Personal hygiene products ○ Household cleaning supplies ○ Water filtration/purification systems in communities where issues with water purity exist <p>Note: No funds used for:</p> <ul style="list-style-type: none"> • Permanent water filtration systems for water entering the house • Household appliances • Pet foods • Other non-essential products 	<ul style="list-style-type: none"> • Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Food Bank/Home Delivered Meals Policy on file • Client records including: <ul style="list-style-type: none"> • Types of services Provided • Date of Services Types
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Providers will have appropriate licensure/certification for food banks and home delivered meals where required under 	<ul style="list-style-type: none"> • Providers have a current license/certification for providing services in Georgia (for both directly funded providers, as well as those 	<ul style="list-style-type: none"> • Licensures/certifications on file • Upon request, a copy of all food bank/home delivered meal providers utilized

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Delivery of Services		
Standard	Criteria	Documentation
State or local regulations	used for referrals)	through a sub-contract, or agreement will be submitted
<ul style="list-style-type: none"> Records of services provided will reflect compliance with Food Bank/Home Delivered Meals standards 	<ul style="list-style-type: none"> Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> Client records including: <ul style="list-style-type: none"> Types of services Provided Date of Services Types
<ul style="list-style-type: none"> Provider shall adhere to all federal, state, and local public health food safety regulations 	<ul style="list-style-type: none"> The program meets all requirements of the local health department for food handling and storage 	<ul style="list-style-type: none"> Records of local food handling/ safety inspections

Service Category: Health Education/Risk Reduction

HRSA Definition: Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients’ partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance: Health Education/Risk Reduction services cannot be delivered anonymously.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Clients will receive education on: <ul style="list-style-type: none"> Risk reduction strategies to reduce transmission such PrEP for clients’ partners and treatment as prevention Health care coverage options Health literacy Treatment adherence education 	<ul style="list-style-type: none"> Provider will maintain records for utilization for each client served, including topics of education provided 	<ul style="list-style-type: none"> Health Education Policy on file Client records including: <ul style="list-style-type: none"> Types of services Provided Date of Services Types

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Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Access to service as defined should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Records of services provided will reflect compliance with Health Education/Risk Reduction standards 	<ul style="list-style-type: none"> • Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Client records including: <ul style="list-style-type: none"> ○ Types of services Provided ○ Date of Services Types

Service Category: Housing

HRSA Definition: Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment. Housing services include housing referral services and transitional, short-term, or emergency housing assistance.

Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client’s linkage to permanent housing. Housing services also can include housing referral services: assessment, search, placement, and advocacy services; as well as fees associated with these services.

Eligible housing can include either housing that:

- Provides some type of core medical or support services (such as residential substance use disorder services or mental health services, residential foster care, or assisted living residential services); or
- Does not provide direct core medical or support services but is essential for a client or family to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment. The necessity of housing services for the purposes of medical care must be documented.

Program Guidance: RWHAP recipients and sub-recipients must have mechanisms in place to allow newly identified clients access to housing services. RWHAP recipients and sub-recipients must assess every client’s housing needs at least annually to determine the need for new or additional services. In addition, RWHAP recipients and sub-recipients must develop an individualized housing plan for each client receiving housing services and update it annually. RWHAP recipients and sub-recipients must provide HAB with a copy of the individualized written housing plan upon request.

RWHAP Part A, B, C, and D recipients, sub-recipients, and local decision-making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing

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and Urban Development (HUD) defines transitional housing as up to 24 months and HRSA/HAB recommends that recipients and sub-recipients consider using HUD’s definition as their standard.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Clients will receive the following services under Housing: <ul style="list-style-type: none"> ○ Transitional, short -term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment ○ Housing referral services <p>Note: No funds used for:</p> <ul style="list-style-type: none"> • Direct cash payments to clients • Cannot be used for mortgage payments 	<ul style="list-style-type: none"> • Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Housing policy on file • Client records including: <ul style="list-style-type: none"> • Individualized housing plan as part of the ISP • Types of services Provided • Date of Services Types
<ul style="list-style-type: none"> • Access should be provided in a timely manner by staff that is knowledgeable of local, state, and federal housing programs and how to access these programs 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Records of services provided will reflect compliance with Housing Service standards 	<ul style="list-style-type: none"> • Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Client records including: <ul style="list-style-type: none"> ○ Types of services provided and referrals ○ Date of Services Types ○ Individualized housing plan as part of the ISP

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Service Category: Linguistic Services

HRSA Definition: Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

Program Guidance: Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Eligible clients will receive both written and oral interpretation and translation services 	<ul style="list-style-type: none"> Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> Linguistic Service policy on file Client records including: <ul style="list-style-type: none"> Types of services Provided Date of Services Types
<ul style="list-style-type: none"> Access should be provided in a timely manner 	<ul style="list-style-type: none"> Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Provider will assess clients for interpretation and/or translation needs 	<ul style="list-style-type: none"> The provider will initiate service based on assessment 	<ul style="list-style-type: none"> Case notes and ISP
<ul style="list-style-type: none"> Providers must assure the competence of language assistance provided to clients limited in English proficiency by interpreters 	<ul style="list-style-type: none"> Providers must ensure access for clients with limited English skills 	<ul style="list-style-type: none"> Copy of certifications on file for contract interpreters Listing/directory on file for telephone services
<ul style="list-style-type: none"> Records of services provided will reflect compliance with Linguistic Service standards 	<ul style="list-style-type: none"> Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> Client records including: <ul style="list-style-type: none"> Types of services provided Date of services

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Staffing		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client 	<ul style="list-style-type: none"> Services are provided by appropriately trained and qualified individuals holding appropriate State or local Certification 	<ul style="list-style-type: none"> Certifications on file Upon request, a copy of all providers utilized through a sub-contract, or agreement will be submitted

Service Category: Medical Transportation Services

HRSA Definition: Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Program Guidance: Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> Provider will accommodate safe, cost-effective access to primary medical care, and/or other support services through transportation 	<ul style="list-style-type: none"> Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> Medical Transportation Service policy on file Client records including: <ul style="list-style-type: none"> • Types of services provided <ul style="list-style-type: none"> ▪ Reason for trip ▪ Origin and destination

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Access to Services		
Standard	Criteria	Documentation
<p>Note: The following are considered unallowable under this service category:</p> <ul style="list-style-type: none"> • Direct cash payments or cash reimbursements to clients • Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle • Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees 		<ul style="list-style-type: none"> ▪ Cost per trip ▪ Method of transportation assistance used • Date of Services Types
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Provider will assess clients for transportation needs 	<ul style="list-style-type: none"> • The provider will initiate service based on assessment 	<ul style="list-style-type: none"> • Case notes and ISP
<ul style="list-style-type: none"> • Providers must assure that those who provide direct transportation maintain appropriate licensure and coverage 	<ul style="list-style-type: none"> • Driver's must maintain: <ul style="list-style-type: none"> ○ A current/valid driver's license ○ Vehicle liability insurance ○ Current registration and license plates 	<ul style="list-style-type: none"> • Records including evidence of: <ul style="list-style-type: none"> ○ Valid driver's license for all drivers ○ Vehicle liability insurance ○ Valid vehicle registration
<ul style="list-style-type: none"> • Records of services provided will reflect compliance with Medical Transportation Service standards 	<ul style="list-style-type: none"> • Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Client records including: <ul style="list-style-type: none"> ○ Types of services provided ○ Date of services

Service Category: Psychosocial Support Services

HRSA Definition: Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

These services may include:

- Bereavement counseling
- 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

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Program Guidance: Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. Funds may not be used for social/recreational activities or to pay for a client’s gym membership.

Service Standards:

Access to Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Provider will offer client-driven, medically accurate interactions to improve quality of life for participants • Support counseling can be individual or in group format, and can help clients: <ul style="list-style-type: none"> ○ Access to health and other benefits ○ Develop coping skills ○ Reduce feelings of social isolation ○ Increase self-determination and self-advocacy <p>Note:</p> <ul style="list-style-type: none"> • Pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation • Funds may not be used for social/recreational activities or to pay for a client’s gym membership 	<ul style="list-style-type: none"> • Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Psychosocial Support Service policy on file • Client records including: <ul style="list-style-type: none"> • Types of services provided <ul style="list-style-type: none"> ▪ Topics covered ▪ Activities conducted ▪ Goals achieved • Date of services
<ul style="list-style-type: none"> • Access should be provided in a timely manner 	<ul style="list-style-type: none"> • Clinics will have policies and procedures that facilitate timely, medically appropriate care 	<ul style="list-style-type: none"> • Policies and procedures indicating how the needs of clients are managed

Delivery of Services		
Standard	Criteria	Documentation
<ul style="list-style-type: none"> • Nutritional counseling services provided under this service are delivered by a non-registered dietician 	<ul style="list-style-type: none"> • Nutritional counseling services should adhere to accepted professional practices 	<ul style="list-style-type: none"> • Documentation of credentials for those delivering nutritional counseling

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Delivery of Services		
Standard	Criteria	Documentation
<p>Note: Funds under this service category may not be used to provide nutritional supplements</p>		
<ul style="list-style-type: none"> • Records of services provided will reflect compliance with Psychosocial Support Service standards 	<ul style="list-style-type: none"> • Provider will maintain records for utilization for each client served 	<ul style="list-style-type: none"> • Client records including: <ul style="list-style-type: none"> • Types of services provided <ul style="list-style-type: none"> ▪ Topics covered ▪ Activities conducted ▪ Goals achieved ○ Date of services

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References

- Georgia Department of Public Health, Office of Nursing, Guidelines for Public Health [APRN Prescriptive Authority](#)
- Georgia Department of Public Health, Office of Nursing, [Nurse Protocols for Registered Professional Nurses in Public Health](#)
- Georgia Ryan White Program [Part B Quality Management](#) Plan
- Health Insurance Marketplace: [Exemptions from the Requirement to have Health Insurance](#)
- HRSA [Clinical Care Guidelines and Resources](#)
- HRSA/HAB Performance Measures: [Performance Measure Portfolio](#)
- HRSA/HAB [Policy Notices and Program Letters](#)
- HRSA Ryan White Part B Manual, [\(Last Revised 2015\)](#)
- HRSA Ryan White Part B National Monitoring Standards:
 - [Universal](#)
 - [Program](#)
 - [Fiscal](#)
- Ryan White HIV/AIDS Program [Legislation](#)
- National HIV/AIDS Strategy [\(Updated to 2020\)](#)