



**Alabama Department of Public Health
Ryan White Part B Service Standards
Frequently Asked Questions (FAQ)**

1. What is a Ryan White Part B Service Standard?

A Service Standard is a set of requirements that provides a minimum standard of care for a specific Ryan White Part B core medical or support service, regardless of where the service is provided. Service Standards must be consistent with applicable clinical and/or professional guidelines, state and local regulations and licensure requirements for that service category. Service Standards are focused on ensuring consistent delivery of high-quality care for individuals being served by the RW Part B program in Alabama.

2. How often are ADPH Ryan White Part B Service Standards revised?

The Health Resources and Services Administration (HRSA) requires that Service Standards for all RW Part B-funded services be reviewed annually by the RW Part B Recipient (ADPH). As part of the annual review process, ADPH reviews each Service Standard to ensure it is clinically and professionally relevant based on current best practices for each service category. ADPH also seeks input from subrecipients and community members via review visits, ongoing communication, and an annual survey to ensure feedback from providers and community members informs the ADPH RW Part B Service Standards. In some cases, input from the Service Standard survey was relevant to other aspects of the RW Part B Program. That input is being used to make improvements to those other program components (e.g. including specific acceptable diagnosis documentation in the [Alabama Ryan White HIV/AIDS Program Part B and AIDS Drug Assistance Program Eligibility Policy](#)).

3. Where can I find the most up-to-date ADPH Ryan White Service Standards?

The most up-to-date ADPH RW Part B Service Standards can be found at the following location: <https://www.alabamapublichealth.gov/hiv/ryan-white.html>

4. What ADPH RW Service Standards have been updated in this year's annual revision process?

The following Service Standards were modified for release in April 2026:

- *Medical Case Management:*
 - Language was updated to clarify that if service timeline is unable to be met due to client availability, that reason should be documented in the client's record but does not reflect an inadequacy to meet that requirement on the part of the agency.
 - In sections 3.1, 3.3, 4.2, and 6.1, language was updated to reference assessment and reassessment of the client's level and immediacy of need rather than "acuity", as stated in the previous version. ADPH does not require use of a specific acuity scale to determine a client's level of need for case management services. However, the components listed in section 3.1 should be used to determine the level and urgency of the client's need for services during the assessment process.

- *Medical Transportation:* In section 1.4, language was updated to clarify that agencies must have policies in place to provide guidance to agency staff on how to handle requests for emergency medical transportation or in the event of a medical emergency. Ryan White funds cannot be used to provide emergency medical transportation or to cover associated costs (e.g. an ambulance)

- *Universal Service Standard:*
 - In section 5.2, language was updated to clarify that the service category and discharge reason should be documented in the client's record upon discharging them from a Ryan White Service.
 - In section 1.10, a new informational requirement related to presence of agency policies for obtaining and documenting client and staff signatures is included. Policies and procedures related to this component will be collected for informational purposes only and will not be assessed as a requirement until the 2027-28 review year.
 - Due to the addition of section 1.10, subsequent numbering of requirements was updated throughout the remainder of section 1.

- *Housing Service Standard:*
 - Under Key Service Components and Activities, Transitional housing assistance is based on need and available resources and is limited to no more than 24 continuous months. (changed from 18 continuous months).
 - In section 1.1, annual updates to staff training requirements.

All other Service Standards were reviewed but no modifications were made. The most up-to-date Service Standards documents are dated: "Reviewed as of April 1, 2026"

5. What's the difference between a Ryan White Service Standards Review Visit and a Ryan White Part B Compliance Visit?

The purpose of a Ryan White Part B compliance visit is to verify contractual compliance, review clinical and fiscal records, monitor usage of federal funds and allowability, and ensure program eligibility is consistently applied and allowable under the Part B program. The emphasis is on monitoring compliance with federal, state and contractual requirements.

The purpose of a Ryan White Part B Service Standards review visit is to assess service standard implementation. Service Standards play a critical role in ensuring consistent service delivery. They impact consumer experiences and influence client and public health outcomes. This review process gives ADPH the opportunity to identify any opportunities for improvement, assess technical assistance needs and highlight best practices. The emphasis is on ensuring that all eligible clients have access to a consistent quality of care.

6. What if my agency cannot meet a required service timeframe outlined in a Service Standard?

If your agency cannot meet a required timeframe within a Service Standard (i.e. the required timeframe from referral to intake or from intake to assessment), the agency should document the reason the service timeframe cannot be met in the client's record. (i.e. if the client's availability prohibits meeting a required service timeframe, this should be documented in the client's chart).

7. Who will be reviewing client charts during Service Standards Review Visits?

Service Standards Review visits will be conducted by a team of ADPH staff and/or contractors from within the Office of HIV Prevention and Care. For some Service Standards, expert consultants may be contracted to participate in review visits as some Standards will require a higher level of expertise to review services (i.e. Mental Health, Oral Health, etc.)

8. How can Subrecipients prepare for Service Standards Review Visits?

ADPH will work with subrecipients to schedule the Service Standard Review Visit when service categories provided by that agency are scheduled for review. Similar Service Categories are grouped into 3 "bundles" with one "bundle" reviewed each year. Each review visit will focus on a "bundle" of Service Standards being reviewed during that contract year. Subrecipients will be provided with materials to prepare for Service Standard Review visit and participate in a pre-review visit activities including:

- Preparation of requested documents to be provided to ADPH prior to the onsite review visit (agency policies and procedures)
- A pre-visit conference call with the review team to review the agenda for the visit, answer questions in preparation for the visit, provide a clear description of the organization and structure of client records (paper and/or electronic), and address any logistics for the review visit.
- Instructions for pulling client records for a sample of clients served for each Service Standard being reviewed that year.

At the end of each review visit, the ADPH review team will conduct an exit meeting highlighting the major strengths and any areas for improvement identified during the visit. The agency will also receive a summary review visit report following the visit.

9. How are requirements labeled “For Informational Purposes” assessed during review visits?

There are several provisional requirements in the Universal Service Standard that are labeled as “For Informational Purposes”. These elements are included to identify what policies and practices are currently in place and to inform best practices and future requirements to ensure consistent and quality care for all Ryan White patients. Where stated, these requirements will be assessed during future review visit cycles.