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Alabama Ryan White Part B Service Standards

Universal Service Standard

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Purpose

This Service Standard was prepared by the Alabama Department of Public Health (ADPH) Office of HIV Prevention and Care (OHPC) and the United Way of Central Alabama (UWCA) in consultation with Organizational Ideas (a technical assistance provider), with stakeholder input to guide the delivery of high-quality services for people with HIV (PWH). This document contains the minimum requirements Ryan White Part B (RWPB) providers are expected to meet when delivering HIV care and support services funded by RWPB. Providers may exceed these standards. These standards will also provide a basis to evaluate the RWPB services. Please note that all RWPB Service Standards expectations also apply to Health Resources and Services Administration (HRSA) Ending the HIV Epidemic in the U.S. (EHE)-funded services unless exceptions are noted.

Definitions and Descriptions

The description under the “Standard” column outlines the required activities that must be provided to the client receiving the RWPB service. The “Documentation” column provides the documents that must be maintained by the provider delivering the service. The Service Standards contain the following major elements:

- **Agency & Personnel Requirements:** The minimum required education, certification, experience, and agency requirements that are needed to provide the RWPB service.

- **Eligibility & Intake:** Eligibility refers to the current statewide criteria for receiving services through RWPB as outlined in the *RWPB Universal Service Standard*. Current eligibility criteria can be found at: <https://www.alabamapublichealth.gov/hiv/index.html>. The agency must determine or confirm RWPB eligibility for the client prior to provision of services. Eligibility may occur during intake or through a stand-alone process. Intake is the process of collecting information to determine the client's immediate service needs.
- **Assessment:** The Assessment is an evaluation of need conducted by qualified personnel to determine if there is a need for the RWPB service. The evaluation must render the determination for referral or provision of service. It must include the elements listed in the standard. The documentation of the evaluation of need is determined by the agency.
- **Provision of Services:** The provision of services are the activities or services that are provided to the client. Where appropriate, a Service Plan should address the client's assessed needs with a timeline to resolve the need(s).
- **Transition/Discharge:** Transition/Discharge refers to the release or cessation of the RWPB service. Transition or Discharge may occur in conjunction with the transition or discharge from the agency's program, when the client no longer needs or meets the criteria for the service, when the client is transitioned to another care provider, or when a client is deceased.
- **Case Closure:** When a client is discharged or transitioned to another care provider, the services will cease and the case is closed.

I. HRSA Service Category Definition

HRSA Service Standard Definition is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

The Ryan White HIV/AIDS Program (RWHAP) Part B provides emergency assistance to RWHAP individuals most severely affected by the HIV/AIDS epidemic. The legislation stipulates that Part B funds should be used to provide access to integrated health services and support services for PWH who:

- I. Reside within the State of Alabama
- II. Meet financial eligibility (except when funded by HRSA EHE)
- III. Have no or limited third-party payment source (uninsured or underinsured)

Ryan White funding will be used only for services that are not reimbursed by any other source of revenue and are considered the payer of last resort. In addition to the universal standards, the ADPH (Recipient) has developed standards of care for all Part B-funded HIV/AIDS core and support services in Alabama.

II. Program Guidance

The Universal Standards are the minimum common requirements that all Ryan White-funded providers are expected to meet when providing HIV care and support services. All expectations also apply to HRSA EHE-funded services unless exceptions are noted.

The objectives of the Universal Standards are to support the achievement of the goals of each service area by ensuring that programs:

- a) Provide access to all people living with HIV in Alabama.
- b) Address client needs effectively through coordination of care with appropriate providers and linkages to services.
- c) Collect client information through an intake process, inform clients of services and fees, determine client eligibility, and effectively assess client needs.
- d) Provide clients with access to the highest quality services through experienced, trained, and, when appropriate, licensed staff.
- e) Provide services that are culturally and linguistically appropriate; meet Federal, State, and local requirements regarding safety, sanitation, access, public health, and infection control.
- f) Have appropriate policies and procedures in place to ensure the quality of care.
- g) Guarantee client confidentiality, protect client autonomy and maintain process of conflict resolution and grievance review.
- h) Encourage informed and active client participation.

The description under the Standard Column details the specifically defined activities that must be provided for the client's RWPB service for which the standard was developed. The Documentation Column details the expected written documents to be maintained by the agency and/or provider in delivering services.

III. Key Service Components and Activities

Agency and Personnel Requirements

Agency Requirements: All provider agencies offering services in the state of Alabama must have written policies and procedures to:

- Ensure accessibility to care.
- Guarantee client confidentiality and provide a fair process to address clients' grievances.
- Ensure client and staff safety and wellbeing.
- Facilitate communication and service delivery; and
- Ensure that agencies comply with appropriate local, state, and federal regulations.

Personnel Requirements: All provider agencies must ensure staff understand the job responsibilities, are qualified and trained to provide the highest quality of care and receive appropriate supervision.

Cultural and Linguistic Competency: Programs must provide services that are culturally and linguistically appropriate. Culturally and linguistically appropriate services are those that:

- Respect, relate, and respond to a client's culture, sexual orientation, gender expression, or age, in a non-judgmental, respectful, and supportive manner.
- Are affirming and humane and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served.
- Recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
- Are based on individualized assessment and stated client preferences rather than assumptions based on perceived or actual membership in any group or class.

Family and friends are not considered adequate substitutes for interpreters because of privacy, confidentiality, and medical terminology issues. If a client chooses to have a family member or friend as their interpreter, the provider must obtain written and signed consent form in the client's language. Family members or friends must be over the age of 18. Family and friends should be used to provide linguistic services only if the provision of professional linguistic services is not available.

Client Rights and Responsibilities: All clients should be informed of their rights and responsibilities as consumers of HIV/AIDS services, including the right to confidentiality, receive interpreter services at no cost to them, ability to file a grievance and reasons for which a client may be discharged from services, including due process language for involuntary discharge. Services must be available and accessible to all clients and opportunities created to involve consumers in the design and evaluation of such services.

Eligibility and Intake

Eligibility: Ryan White is the payer of last resort. Prior to providing services, agencies must ensure that clients are eligible to receive RWHAP Part B, ADAP and/or HRSA EHE-funded

services. An annual eligibility assessment must be completed. Current eligibility criteria can be found at: <https://www.alabamapublichealth.gov/hiv/index.html>.

Intake: The intake process is designed to:

- Assess the client's immediate needs.
- Inform the client of the services available and what the client can expect during enrollment.
- Explain the client's rights and responsibilities and corresponding policies and procedures.
- Collect client contact information; and
- Collect needed state/federal client-level data for reporting.

Assessment

All providers must assess the client's needs to develop an appropriate service plan to provide the identified services. The assessment is a cooperative and interactive endeavor between the staff and client. The client will be the primary source of information. With client consent, additional information from case manager(s), medical or psychosocial providers, caregivers, family members and other sources of information can be used to complete the assessment. Specific elements to address in the "Assessment" are delineated in the respective service category standards.

Provision of Services

For those service categories that require it, an individual service or treatment plan should be developed based on the needs identified. The individual service or treatment plan should include specific services needed and referrals to be made, including time frames and a follow-up. Unless otherwise stated, the plan should be reviewed and revised as necessary at least every 12 months.

Transition/Discharge

A transition plan is needed to ensure a smooth transition for clients who no longer want or need services at the provider agency and can be used to plan for after-care and/or re-entry into service.

A client may be discharged from any service using the agency-specific discharge process. A discharge summary should be completed and include the service and reason for the discharge and a transition plan to other services or provider, if applicable. Agencies should maintain a list of available resources for referral purposes.

Case Closure

Once a client has been transitioned to another agency or discharged, the case should be officially closed.

ADPH Service Standards:

Standard	Documentation
1. Agency & Personnel Requirements	
<u>Agency Requirements</u>	
1.1) Have written policies and procedures that comply with the Americans with Disabilities Act (ADA). Programs with multiple sites offering identical service must have at least one site that follows relevant ADA criteria.	1.1) Written ADA policy on file.
1.2) Establish workplace safety policies and procedures that reference relevant federal, state, and local workplace safety laws and regulations.	1.2) Written agency safety policy and procedures on file.
1.3) Have written policies and procedures that require clients to give consent before providing services.	1.3) Written consent policies and procedures on file.
1.4) Have written policies and procedures that ensure confidentiality of all client information is maintained in all situations, outlines how release of information is handled and maintains the client's right to file a grievance.	1.4) Written confidentiality and release of information policies and procedures on file.
1.5) Have written policies and procedures that are consistent with statewide eligibility requirements for RW Part B, ADAP and HRSA EHE-funded services.	1.5) Written eligibility policies and procedures on file.
1.6) Have written policies and procedures that ensure Ryan White is payor of last resort. Before denying access to Ryan White-funded services, agency must document that the client has third-party insurance that covers the services requested	1.6) Written policies and procedures related to payor of last resort on file.
1.7) If services are delivered via telehealth, agency will have written guidance for providers and clients on use of this technology.	1.7) Written guidance for staff and clients on use of telehealth for services.
1.8) Have a written policy and procedure in place for clients transitioning or discharged from services for any reason, including due process for involuntary	1.8) Written transition/discharge policy and procedure on file.

discharge. Policy should include a series of verbal and written warnings before final notice and discharge.	
1.9) Have a written policy and procedure in place for closing cases upon transition or discharge. Once a case is closed, the person is no longer considered a client of the agency.	1.9) Written case closure policy and procedure on file.
<p><i>For Informational Purposes:</i></p> <p>1.10) Agency has policy regarding how client and staff signatures and/or acknowledgements are obtained and documented.</p> <p><i>*This requirement will be collected for informational purposes only during the 2026-27 year and will be assessed as a full requirement in the 2027-28 review year.</i></p>	<p>1.10) Written policy regarding how client and staff signatures and/or acknowledgements are obtained and documented.</p>
<p><u>Personnel Requirements</u></p> <p>1.11) Staff meet minimum qualifications, experiences and/or professional licensure (as required) expected for their job position.</p>	<p>1.11) Documented staff qualifications in personnel file meeting minimum requirements of the job position.</p>
1.12) Staff understands job description and requirements of their job and service elements of the program.	1.12) Job description signed and dated by employee and maintained in personnel file.
<p>1.13) Staff receive training in the following areas:</p> <ul style="list-style-type: none"> a) Newly hired staff are oriented within 6 weeks and begin Ryan White Part B training within 2 months. b) Racial, ethnic, religious, linguistic and other cultural influences common to client population, including LGBT, incarcerated, youth, seniors and deaf cultures. c) Continuing education as required by the licensure/certification board. d) Other training as required by ADPH. 	1.13) Training documented in personnel file.
1.14) Supervision provided according to job classification and professional types as deemed appropriate by the agency,	1.14) Documented supervision indicating dates and type of supervision provided in personnel file.

state, and federal guidelines. Administrative and clinical supervision must be conducted by qualified staff.	
Cultural and Linguistic Competency	
1.15) Have written policies and procedures that provide for client language differences, including access for clients with limited linguistic and other communication skills.	1.15) Written client language policies and procedures on file.
1.16) Post provision of language and other communication services available.	1.16) Language and communication services posted.
1.17) Provide commonly used educational materials and other required documents, e.g. grievance procedures, release of information, consent forms, etc. in languages that at least 15% of the agency's population speaks. Programs that do not have threshold populations have written plan for conveying information to those with limited English proficiency.	1.17) Linguistically appropriate signage and educational materials available.
<p><i>For Informational Purposes:</i></p> <p>1.18) <i>Have written strategy to recruit, train and promote diversity and ensure administrative, clinical and support staff are trained and qualified to meet the diverse needs of the community.</i></p> <p><i>*Collected for informational purposes and development of best practices currently.</i></p>	1.18) <i>Written strategy to hire, retain and promote a diverse, culturally, and linguistically appropriate staff.</i>
<p><i>For Informational Purposes:</i></p> <p>1.19) <i>Have established process to assess staff's cultural and linguistic competence</i></p> <p><i>*Collected for informational purposes and development of best practices currently.</i></p>	1.19) <i>Written process to assess staff's cultural and linguistic competence in place.</i>
2. Eligibility & Intake	
Eligibility	

2.1) Active eligibility for RWPB in client's record during the service delivery period.	2.1) Active eligibility for RWPB in client's record during the service delivery period.
Intake 2.2) Time frame for intake to be completed is defined in the respective standard for each service category. Documentation includes client's contact information, emergency contact name and phone number, immediate service needs and connection to primary care and other services.	2.2) Completed intake in client record.
2.3) Offer Consent to Treat form for client to sign and provide copy of signed form.	2.3) Consent to Treat form signed and dated by client and maintained in client's record.
2.4) Offer Confidentiality Statement and Release of Information form(s) for client to sign and provide copy of signed form(s).	2.4) Confidentiality Statement and Release of Information form(s) signed and dated by client and maintained in client's record.
3. Assessment	
3.1) Time frame for assessment to be completed is defined in the respective standard for each service category.	3.1) Completed assessment in client's record.
3.2) Reassess client's needs as needed, but not less than once every 12 months.	3.2) Completed reassessment in client's record.
4. Provision of Services	
4.1) When an individual service or treatment plan is required in the Standard for that service category, it must include goals and objectives, resources to address client's needs, referrals, and service timeline.	4.1) Completed individual service or treatment plan signed and dated by client and maintained in client's record.
4.2) Individual service or treatment plan reviewed and revised as needed, but not less than once every 12 months.	4.2) Revised individual service or treatment plan signed and dated by client and maintained in client's record.
5. Transition/Discharge	
5.1) As part of transition or discharge, provide referral to other services as needed.	5.1) Completed referrals in client's record.
5.2) Complete a discharge summary to include reason for discharge and service client is being discharged from and/or plan for transition to other services, if applicable.	5.2) Completed discharge summary with documentation of service being discharged from and reason for discharge. And/or transition plan signed by client, if

Document reason for discharge or transition and communication between client and agency or referring and referral agencies. In the event of an involuntary discharge, document verbal and written warnings provided and final notice.	possible, and maintained in client's record.
6. Case Closure	
6.1) Document case closure with date in client record.	6.2) Documented case closure with date in client record.

Resources

1. Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf>
2. Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients:
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf>