Chapter IV: Ryan White Part A

A. Ryan White Part A Program
The Ryan White HIV/AIDS Treatment Extension Act of 2009 is administered by the United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). The purpose of the ACT is to assist areas that have been severely affected by the HIV epidemic to develop, enhance access to, and provide a comprehensive continuum of care for low income individuals and families with HIV disease qualification guidelines under the Ryan White HIV/AIDS Treatment Extension Act of 2009 (“Ryan White Act”). Although the Ryan White Act has currently expired, the US Congress annually appropriates funding for the program.

Broward County has received funding under Title XXVI of the Public Health Service Act as amended by the Ryan White Act. Broward County’s Human Services Department (BCHSD) Healthcare Services Section has been delegated as the Part A administrative entity (Grantee) responsible for fiscal and programmatic oversight of the Part A Program. Each year, Broward County is awarded funding through three primary funding sources comprising of Formula, Supplement and Minority AIDS Initiative Grants (MAI):

1. Formula Grants are based on reported living HIV/AIDS cases as of December 31 in the most recent calendar year for which data is available.
2. Supplemental Grants are awarded competitively on the basis of demonstrated need and other performance criteria.
3. MAI funding is intended to reduce disparities and improve HIV care and health outcomes for eligible HIV+ persons from disproportionately affected minority populations.

B. General Philosophy of Service
The National HIV/AIDS Strategy (NHAS) provides a basic framework for reducing HIV transmission in the United States. The philosophy of the County’s Ryan White Part A program is built on achieving the Strategy through: 1) Reducing the number of people who become infected with HIV, 2) Increasing access to care and optimizing health outcomes for People Living with HIV (PLWH), and 3) Reducing HIV-related health disparities and health inequities, and 4) Achieving a more coordinated response to the HIV epidemic.

Providers are required to commit to a coordinated continuum of care promoting high standards of service and care, staff training, and the development of service linkages and referral mechanisms. Providers must maintain an overall philosophy that HIV infection is a chronic illness. With proper management, the Client’s quality of life can be improved (in many cases) and maintained over an extended period.

C. Continuum of Care (Continuum)
People Living with HIV/AIDS (PLWHA) enter the HIV care continuum through the HRSA-defined points of entry. Part A-funded Providers are required to formally coordinate with agencies providing HIV counseling and testing services, early intervention services (EIS), and other HRSA-recognized points of entry into HIV care. Embedded within the points of entry is the County’s Centralized Intake and Eligibility Determination program (CIED). CIED is the standalone intake service program responsible for eligibility determination in
the Ryan White Part A program. This program is provided at several out-posted locations throughout the County for convenient entry into the Ryan White Part A program.

The Ryan White Part A program requires program specific linkage agreements and Memorandum of Understanding (MOU) defining referral and follow-up roles with language requiring documented referrals, allowing Clients to easily access needed services.

The 2006 legislation addressed the implementation of a strategy for the Early Identification of Individuals with HIV/AIDS (EIIHA) that required a new focus on reducing unmet need – finding people who know they are HIV+ and helping them enter and remain in HIV-related medical care. To support this effort, all Providers must demonstrate how funded Part A services are integrated into EIIHA components in their service delivery:

- Identification of Individuals Unaware of Their HIV Status
- Inform individuals of their HIV status
- Referral to care/services
- Linkage to care

To further understand EIIHA a list of related definitions has been included:

- **EIIHA**: Early Identification of Individuals with HIV/AIDS (EIIHA) refers to the process of identifying, counseling, testing, informing, and referring **diagnosed and undiagnosed** individuals to appropriate services, as well as linking newly diagnosed HIV positive individuals to care.
- **Unaware of HIV Status**: Any individual who has **NOT** been tested for HIV in the past **12-months**, any individual who has **NOT** been informed of their HIV result (HIV positive or HIV negative), and any HIV positive individual who has **NOT** been informed of their **confirmatory** HIV result.
- **Identification of Individuals Unaware of Their HIV Status**: The **categorical breakdown** of the overall unaware population into subgroups, which allow for the overall EIIHA strategy to be **customized based on the needs of each subgroup**, for the purposes of identifying, counseling, testing, informing, referring, and linking these individuals into care.
- **Informing individuals of their HIV status**: Informing an HIV negative individual, post-test, of their appropriate HIV screening result. Informing an HIV positive individual, post-test, of their **confirmatory** HIV result.
- **Referral to care/services**: The provision of timely, appropriate, and pre-established guidance to an individual that is designed to refer him/her to a specific care/service provider for the purpose of accessing care/services after the individual has been informed of their HIV status (positive or negative).
- **Linkage to care**: The post-referral verification that care/services were accessed by an HIV positive individual being referred into care. (i.e., **confirmation that the first scheduled care appointment occurred**).

The Broward County’s Ryan White Part A Program established the Clinical Quality Management (CQM) Program in accordance with the Public Health Service’s Guidelines (PHS), Adult and Adolescent ARV Guidelines, to monitor; evaluate; and systematically and continuously improve the quality and appropriateness of HIV care and services provided to Clients. The CQM program is committed to improving the quality of services provided to HIV+ Broward residents by ensuring that an action-oriented CQM infrastructure is carefully aligned with HAB and the programs’ goals for Quality Improvement (QI).
Providers are required to participate in system-wide quality management initiatives through Quality Improvement (QI) Networks. The QI networks are organized into service-specific categories, which include outpatient medical services, pharmaceutical services, medical case management services, and support services. These QI networks assess, recommend and revise standards of care, performance indicators, and service delivery protocols for each respective service category as well as discuss progress and barriers around implementation and coordination within the respective services within the EMA. They also perform system-wide activities such as the implementation of QI Projects (QIPs) to improve quality or related processes, address emerging barriers impeding access to and retention in services, and review and update service delivery models (SDMs), ensuring services are provided in accordance with PHS treatment guidelines, HAB measures, and locally adopted standards of care.

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1. **Direct Services**
   a. Core Medical Services are a set of essential direct health services.
   i. **Integrated Primary Care and Behavioral Health Services**
      Integrated Primary Care and Behavioral Health Services have been identified as a critical component in the maintenance and management of HIV infection. Primary medical care settings have become a pathway to the behavioral health system. Through provision of integrated Primary Care and Behavioral Health services, quality of life can be enhanced and maintained over an extended period of time with the support of integrated services. These services operate under the principles of integration of medical and behavioral health care and involve organizing client care activities and sharing information among all of the providers involved with a client’s treatment with the use of Disease Case Managers. All activities and services delivered must be performed in accordance with the PHS guidelines. Care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Detailed information and requirements can be found in the Ryan White Part A Quality Management Integrated Primary Care and Behavioral Health Services Service Delivery Model.
ii. Outpatient/Ambulatory Medical Care
Outpatient/Ambulatory Medical care consist of professional diagnostic and therapeutic services rendered by a physician or other licensed professional in an outpatient setting. (Emergency rooms are not considered outpatient settings.) All activities and services delivered must be performed in accordance with the PHS guidelines. Care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Detailed information and requirements can be found in the Ryan White Part A Quality Management Outpatient/Ambulatory Medical Care Service Delivery Model.

iii. AIDS Pharmaceutical Assistance (Local)
The pharmacy assistance program provides prescribed medications and related supplies to prolong life, improve health, or prevent deterioration of health for HIV+ persons who are ineligible for other public sector funding or private insurance with limited or no prescription drug coverage. Pharmaceuticals and food supplements must be on the Pharmacy Formulary Listing. Medical supplies and/or devices needed to administer drugs must be prescribed.

Detailed information and requirements can be found in the Ryan White Part A Quality Management AIDS Pharmaceutical Assistance (Local) Service Delivery Model.

iv. Oral Health Care
Dental Services assist Clients with maintaining oral health and reducing the risk of serious infections. This service includes diagnostic, preventive, and therapeutic services provided by a licensed dental health care professional.

Oral Health Care services are limited to an annual cap of $3,000. Providers must utilize at least 65% of all dental services funds for Routine Maintenance Care, Diagnostic, Preventative (D0100-D1999), Restorative (D2000-D2999) and Periodontics-Non-Surgical services (D4000-D4999) and utilize the remaining 35% of oral health care services funding for Specialty Care services such as endodontics, periodontics- surgical, crowns, bridgework, removal and fixed prosthodontics. Dental services are billed via Broward County; refer to the approved Dental Procedure Codes Fee Schedule below for details.

- Dental Procedure Codes Fee Schedule (Approved University Based)
- Dental Procedure Codes Fee Schedule (Approved Non-University Based)

Detailed information and requirements can be found in the Ryan White Part A Quality Management Oral Health Care Service Delivery Model.

v. Mental Health Services
Psychological and psychiatric treatment and counseling services are available for HIV+ persons who have a diagnosed mental illness. Services and related documentation must be consistent with coverage and limitations of the Medicaid Community Mental Health Coverage and Limitations Handbook.

vi. Trauma Informed Mental Health Services
Prevention, intervention, or treatment services are available that address traumatic stress and well as any co-occurring disorders (including substance use and mental disorders) developed during or after trauma. The focus is on prevention strategies to avoid re-traumatization and to promote resilience. Trauma-Informed Mental Health service delivery is grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for Clients to rebuild a sense of control and empowerment. Services and related documentation must be consistent with coverage and limitations of the Medicaid Community Mental Health Coverage and Limitations Handbook.

Detailed information and requirements can be found in the Ryan White Part A Quality Management Mental Health Services Service Delivery Model.

vii. Substance Abuse Care Services (Outpatient)
General and intensive substance abuse therapy and counseling are available in an individual and/or group setting in a state-licensed outpatient setting. Services and related documentation must be consistent with coverage and limitations of the Medicaid Community Mental Health Coverage and Limitations Handbook.

Detailed information and requirements can be found in the Ryan White Part A Quality Management Substance Abuse Care Services (Outpatient) Service Delivery Model.

viii. Health Insurance Continuation Program (HICP)
The Health Insurance Continuation Program (HICP) services provides financial assistance to a selection of Affordable Care Act Marketplace plans identified by the Ryan White Program. Financial assistance for the HICP program is limited to insurance premiums payments, copays and deductibles for Clients to maintain health insurance coverage. HICP is required to make direct payments (up to $6,500/year per client) to each Client’s insurance company to ensure continuity of medical benefits coverage. The goal is to ensure that the client’s premium for a 12 month enrollment period is allocated prior to funding deductibles and copays. Detailed information and requirements can be found in the Ryan White Part A Quality Management HICP Services Service Delivery Model.

ix. Disease Case Management (Medical Case Management)
Disease Case Management services’ main goal is to improve the Client’s quality of care and health outcomes. Disease Case Management refers to a system of coordinated health care interventions to help Clients self-manage their HIV infection and prevent complications from other chronic health conditions through health coaching and disease-specific educational materials and care coordination. Disease Case Management services coordinates the delivery of care; documents care; identifies progress toward desired health outcomes; review the care plan with clients in conjunction with the primary medical and, behavioral health providers; interacts with involved departments to ensure the scheduling and completion of tests, procedures, and consults and track and support patients when they obtain services.

Disease Case Management emphasizes prevention of increased severity and Complications of HIV/AIDS utilizing evidence-based, standardized clinical guidelines and patient empowerment strategies that have proven to be highly effective and increase
adherence to prescribed medical protocols. Details are provided in pertinent Provider contracts.

The components and other detailed information and requirements can be found in the Ryan White Part A **Quality Management Disease Case Management Service Delivery Model**.

x. MAI-Medical Case Management
MAI Medical Case Management services are delivered by peers. Individual time-limited intervention sessions that are provided with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving a positive test result. MAI-Medical Case Management services support the ability for Clients to remain adherent to medical care and plays a central role in treatment compliance.

The components and other detailed information and requirements can be found in the Ryan White Part A **Quality Management MAI-Medical Case Management Service Delivery Model**.

b. Support Services
Support services are needed to achieve medical outcomes affecting the HIV-related clinical status of a person living with HIV/AIDS.

i. Centralized Intake and Eligibility Determination (CIED)
CIED determines eligibility for benefits, and provides information and initial referral for Clients to access services and/or other benefits through Ryan White and other third party payers. CIED must screen and certify for Client eligibility, initially and every 6 months. Refer to **Client Eligibility Chart** for Client eligibility parameters.

Detailed information and requirements can be found in the Ryan White Part A **Quality Management Centralized Intake and Eligibility Determination (CIED) Service Delivery Model**.

ii. Case Management (Non-Medical)
Case Management facilitates the health and social service needs of persons with HIV through a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for service options addressing an individual’s comprehensive health needs. Case Management services are Client-centered activities through which care is coordinated through interdisciplinary team planning. Case Managers shall evaluate clients’ background, education, and training, to help them develop realistic vocational goals and/or refer clients to community services that will assist the client with job placement competencies, such as interviewing, organizational and time management skills, and networking. Case Managers shall develop a formalized social service plan that is coordinated with the Client and other service providers. The goals of this intervention are optimal retention in care, compliance with medical and service specifications, and risk behavior reduction.

Peer Education Counseling services are a component of Case Management Services. Peer Education Counseling are services provided by peers to assist with Client orientation, meeting care plan goals and objectives, and the identification and removal of barriers to adherence and retention into care. Peer Education Counseling provides
opportunities to offer Clients support and encouragement, sharing of information and resources, with the ultimate goal of promoting self-advocacy.

Detailed information and requirements can be found in the Ryan White Part A Quality Management Case Management Service Delivery Model. Additional details of this service are provided in pertinent Provider contracts.

iii. Food Bank/Vouchers
Food and proper nutrition are essential to a healthy immune system. The provision of Food Services must be provided in consultation with a nutritionist or other health professional. Nutritional strategies, including food choices appropriate for the individual medication schedules, can improve adherence and enhance the effectiveness of drug therapies. Clients in this program shall receive a nutritional screening and workshops to assist with management of food purchases. Clients can receive groceries or related store certificate/gift cards; however, Providers must ensure that service recipients are enrolled in community food and nutrition programs such as food stamps and WIC, to maximize program resources.

Detailed information and requirements can be found in the Ryan White Part A Quality Management Food Services Service Delivery Model.

iv. Health Insurance Benefits Support Services (Non-Medical Case Management)
Health Insurance Benefits Support Services delivers information to clients about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes. Benefits Support Services provides clients with an overview of health care plan coverage and limitations, educates clients on the different types of health care providers, develops resources for clients to use related to their health benefits, and assists with prior authorizations and appeals process.

Detailed information and requirements can be found in the Ryan White Part A Quality Management Health Insurance Benefits Support Services Service Delivery Model.

v. Legal Services
Legal assistance services include powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program, especially but not limited to assistance with access to benefits and health care-related services.

Detailed information and requirements can be found in the Ryan White Part A Quality Management Legal Services Service Delivery Model.

Refer to the Service Category Fees and Limitations chart for a description of allowable services, limitations, and unit costs.

2. Program Support Services
Program Support Services are funded under Grantee administration to assist the program and the local planning bodies in meeting its legislative requirements:

- **Clinical Quality Management (Quality Management Support)** - Clinical Quality Management support services are designed to assist the Ryan White Part A Clinical
Quality Management Program to manage and monitor the quality of core and support services by developing strategies for ensuring that such services are consistent with the guidelines for improvement in the access, retention and adherence to quality HIV services.

- **Planning Council Support Services** - Planning Council support services assist the Broward County HIV Health Services Planning Council (HIVPC) and its committees to complete federally mandated responsibilities highlighted and outlined in the Ryan White HIV/AIDS Treatment Extension Act of 2009.

- **HIV/AIDS Comprehensive Plan** - The Comprehensive Plan is a three-year road map of activities that support maintenance and improvement of the Ryan White Part A system of care. The Plan provides an opportunity for developing and improving a comprehensive and responsive system of care over time and is developed from needs assessments, evaluation findings, changing service needs and emerging issues. The Plan is fluid and dynamic in responding to a rapidly changing epidemic that includes strategies to address the unmet healthcare needs of those not in care and implementing EIIHA strategies by incorporating them into on-going clinical quality improvement activities.

- **HIV/AIDS Evaluation and Assessment Activities** - Evaluation and Assessment activities annually assess disparities in a specific client subpopulation disproportionately affected by HIV/AIDS measuring the effectiveness of Ryan White Part A funded services provided. Ryan White Part A funded services are assessed for Client health outcomes, cost effectiveness, and benchmarking performances and best practices of other EMA's. The results of the assessment are utilized in the Needs Assessment, Priority Setting and Resource Allocation process and the Comprehensive plan.

- **HIV/AIDS Needs Assessment** - The Needs Assessment services are annual activities utilized by the HIVPC to collect information about the needs of persons living with AIDS who are in and out of care and to determine the scope, size and characteristics of the HIV epidemic in their respective communities within Broward County. The activities will also collect data on new High Impact Strategies and inform the Broward County Local Prevention efforts and HIVPC on the effectiveness of rapidly linking new positives into the HIV continuum of care. The Needs Assessment is the foundation of the Ryan White HIV/AIDS Treatment Extension Act planning process. It is an essential component of the HIVPC process of determining service priorities and funding allocations on an annual basis. In conducting the Needs Assessment, several key elements are included such as epidemiology profile, identification of special populations, unmet needs, resource inventory, identification of those living with HIV spectrum disease and not in care, needs of PLWHAs in and out care, barriers to care, identifying and analyzing service gaps, incorporating strategies of the Broward County Local Prevention efforts.

Details of these services are provided in pertinent Provider contracts. The Line Item is under the direct responsibility and oversight of the Grantee (budget allocations) in its efforts to comply with the legislative requirements of Ryan White Care Act and HAB program requirements.

D. **Client Eligibility for Services**

For eligibility parameters see the [Client Eligibility Chart](#).
E. Cultural Competence
The US Department of Health and Human Services, Office of Minority Health National CLAS Standards (Culturally and Linguistically Appropriate Services) Standards are intended to advance health equity, improve quality and help eliminate health care disparities by establishing universal standards for individuals as well as health and health care organizations to implement culturally and linguistically appropriate services. Providers must develop and implement policies to ensure adherence to the CLAS Standards.

F. Definitions
Refer to Ryan White Definitions in the Appendix.

G. Billing/Invoicing/Match Requirement/Co-Pay
Reimbursement requests will only be processed and approved once required data has been entered in the Provide Enterprise Software System (PE). Refer to the Invoicing section (Chapter 14) of the PE User Guide for instructions regarding invoicing.

H. Required Reports
- **Ryan White Services Report (RSR)**
  The RSR is an annual requirement by HRSA and all the Ryan White HIV/AIDS Programs have responsibilities in the administration and allocation of grant funds, evaluation of programs for the population served, and improvement in quality of care. Accurate records of Providers receiving HRSA funding, services provided, and Clients served continue to be critical to the implementation of the legislation and thus contracted Providers must fulfill this requirement. This report (for applicable service categories) also requires client-level data reporting on the characteristics of the funded grant recipients and clients served. Once notification from HRSA with the annual RSR report due dates is received, CPD will send a letter to Providers with the applicable resource materials and due dates.

- **Office of Pharmacy Affairs (OPA) Report**
  Ryan White AIDS Pharmaceutical Assistance funded Providers are required to enroll and report annually discounted drugs purchased through the HRSA’s 340B Drug Pricing Program. Providers include Federally Qualified Health Centers, Ryan White HIV/AIDS Program grantees, and certain types of hospitals and specialized clinics. Providers shall certify in writing with each monthly invoice that medications distributed through their Agreement were purchased and invoiced to Broward County at the Florida Medicaid rate, 340B Pricing (Public Health Service Pricing), or lower drug pricing. Providers are also required to complete an annual certification upon notification of the due date from OPA by CPD. The agency on file will receive notification of the annual report due date to OPA.

- **Quarterly Outcome Report**
  Requirements are referenced in the general section of this handbook. The due dates for this program are on or before June 30, September 30, December 30 and March 30. Generation and submission must be through the PE.

- **Quarterly Narrative Report**
  The report must be completed for each service category; it contributes to comprehensive assessment of the Continuum and provides information needed by CPD for other reports. Refer to the Quarterly Narrative Report Instructions for guidelines.
J. Other

1. National Monitoring Standards
   The National Monitoring Standards were designed by HRSA to assist Ryan White Grantees and Providers meet federal requirements for program and fiscal management, monitoring and reporting to improve program efficiency and responsiveness based on federal law, regulations, policies and guidance documents. The National Monitoring standards consist of the following documents:
   
   a. **Universal Monitoring Standards**
   b. **Programs Monitoring Standards**
   c. **Fiscal Monitoring Standards**

   Highlights of key fiscal areas in the National Monitoring Standards are summarized below:

   a. **Provider Budgets and Budget Narratives**
      A Line Item Budget and detailed Budget Narrative are required for each Ryan White Part A funded service category that is compliant with the applicable [Office of Management and Budget Circular](#).
      *(Refer to Fiscal Monitoring Standards – Section A-5, page 4)*

   b. **Expenditure Reporting**
      A Quarterly Expense Report is required for each Ryan White Part A funded service category at the end of quarter.
      *(Refer to Fiscal Monitoring Standards – Section A-5, page 4)*

   c. **Sliding fee scale**
      All Clients receiving services are subject to Client charges using a sliding fee scale. The sliding fee scale shall be based on the most current Federal Poverty Guidelines and shall be made available to the public.
      *(Refer to Fiscal Monitoring Standards – Section D-1, page 15)*

   d. **Caps on Client Service Charges**
      Client charges for services shall be capped based on the annual aggregate medical charges and Gross income of the Client. Imposition of charges shall conform to the following:

      | Individual/ Family Annual Gross Income | Total Allowable Annual Charges |
      |----------------------------------------|--------------------------------|
      | Equal to or Below Official Poverty Line | No Charges Permitted          |
      | 101% to 200% of the Official Poverty Line | 5% or Less of Gross Income Level |
      | 201% to 300% of the Official Poverty Line | 7% or Less of Gross Income Level |
      | 301% or greater of the Official Poverty Line | 10% or Less of Gross Income Level |

   “aggregate charges” refers to the annual charges imposed for all such services without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, co-payments, co-insurance, or other charges for services.
   *(Refer to Fiscal Monitoring Standards – Section D-3, page 16)*
e. *Program Income*

Ryan White Part A Program legislation requires Providers to collect and report program income. Program income is derived from an activity or service funded by the Ryan White Part A HIV/AIDS Program, such as sliding scale fees or other client cost-sharing payments including direct payment, or reimbursements received from Medicaid, Medicare and third-party insurance.

*(Refer to Fiscal Monitoring Standards – Section C-5, page 14)*

2. Time and Effort

Federal regulation requires that all employees charged to a Federal grant must maintain time and effort reporting. Time and effort reporting procedures must clearly identify the percentage of time each staff member devotes to a service category in accordance with the approved budget. 100% of an employee’s time must be accounted, tracked and documented.

*(Refer to Office of Management and Budget Circular Uniform Guidance)*

3. Provide Enterprise Software System (PE)

PE is the designated HSSS for the Ryan White Program that must be utilized to document and enter all services and required data elements. This system utilizes a web-based relational, integrated data system designed to ensure alignment with the Ryan White HIV/AIDS Program Services Report (RSR) HAB clinical client-level data elements, demographic and epidemiologic characteristics, eligibility data, detailed procedure-level service units, clinical outcomes, and invoices. Instructions for use of this system can be found in the [Provide Enterprise (PE) User Guide](#). Registered users, employees, agents, or volunteers are subject to terms and conditions specified in the user agreement in the online registration for PE and the [HSD Information Systems Security Policies](#).

4. Client Grievance Process:

Provider shall establish and maintain an Internal Client Grievance Process. At a minimum, the process shall include:

a. A detailed description of the Agency Internal Client Grievance procedure including, Client’s right to file a grievance regarding the quality and manner in which services were provided. The procedure must include a complete description of the timeline of the grievance process, a description of actions to be taken to render a decision regarding the complaint, the process for the Client to file an appeal and specific grievance forms.

b. Identification of the Ryan White Part A Program Office as the final recourse should efforts to resolve the grievance not be successful. This shall include the telephone number for the Ryan White Part A Program as (954) 357-5390.

c. Grievance procedures as well as a Statement of Clients Rights and Responsibilities shall be made available to Clients in English, Spanish, and Creole languages.

Provider shall post a notice of the organization’s Internal Grievance Policy. The posting of the procedure shall include treatment and other general service areas, waiting rooms, patient information Boards, near elevators, or exits.

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