



**OUTPATIENT AND AMBULATORY SERVICE STANDARDS  
Ryan White Part B Program**

**May 1, 2019**

**Utah Department of Health  
Prevention, Treatment & Care Program  
288 North 1460 West  
Salt Lake City, UT 84114**

<b>TITLE:</b> Outpatient/Ambulatory Medical Care Service Standards <b>PROGRAM:</b> Ryan White Part B <b>SECTION:</b> Core Medical Services	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised <input checked="" type="checkbox"/> Reviewed	<b>DATE:</b> 05/02/2019
<b>Executive Sponsor:</b> Utah Department of Health <b>Policy Owner:</b> Clinical Quality Coordinator <b>Approved by:</b> RWB Client Services Manager	<b>ORIGINATION DATE:</b> 09/15/2011	

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## PURPOSE

To define and establish standards for the minimal level of Outpatient/Ambulatory Medical Care (OAMC) provided to clients enrolled in the Utah Department of Health (UDOH) Ryan White Part B Program (RWB). Service standards follow [HRSA Policy PCN 16-02](#) and national guidelines to assure optimal patient-centered care for all clients.

## SCOPE

UDOH contracts OAMC service providers including: physician, physician assistant, clinical nurse specialist, nurse practitioner, PharmD, pharmacist, or pharmacy technician in an outpatient setting. Outpatient medical settings include: clinics, medical offices, pharmacies, and mobile van locations where clients do not stay overnight. Allowable services cannot be provided in an emergency room, hospital or any type of inpatient treatment center location as they are not considered outpatient settings.

## DEFINITIONS

**AIDS:** Acquired Immunodeficiency Syndrome

**Benchmark:** A standard or point of reference used for comparison or assessment

**Contractor:** An entity that receives a contract. A contract is a legal instrument by which a non-federal entity purchases property or services needed to carry out the project or program under a federal award. (Uniform Guidance §200.22, §200.23)

**Enrolled Client:** An individual who has been determined eligible for the RWB Program and has been enrolled to receive one or more service.

**Guidelines:** Federally approved medical practice recommendations for HIV/AIDS.

**Grantee/Grant Recipient:** The “Grantee” is the Utah Department of Health, who implements and manages the Ryan White HIV/AIDS Part B Program.

**Provider:** A person licensed by the State of Utah to practice medicine, including physician, physician assistant, clinical nurse specialist, or nurse practitioner

**HRSA:** Health Resources and Services Administration, the funder for Ryan White HIV Services

**OAMC:** Outpatient/Ambulatory Medical Care

**Part B Program:** The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services. Utah Ryan White HIV/AIDS Program Part B is funded by a federal grant to provide core medical and support services to eligible people living with HIV/AIDS in the state of Utah.

**PCN:** A Policy Clarification Notice provides updates for the Ryan White Part B Program

**Policy:** A set of principles that are used for actions with an overall description of the approach and general goals acceptable to the leadership of the organization

**Procedure:** A series of clinical process steps to be followed

**Quality Assurance:** Activities and monitoring to determine compliance with treatment guidelines and approved OAMC Service Standards

**Quality Improvement:** A systematic process focused on improving desired outcomes

**RWB:** Ryan White Part B Program

**Standard of Care:** Acceptable levels of medical care and treatment rendered. Also known as Service Standards

## SERVICE STANDARDS

Grantees are responsible to ensure development, distribution, and use of service standards. The UDOH is the Grantee for the RWB Program. The term “service standards” applies to “standards of care” in the [U.S. Department of Health and Human Services Ryan White HIV/AIDS Program Part B Manual](#). Service standards provide the framework and guidance from which service processes and outcomes are measured. They are the foundation for clinical quality management and establish the minimal level of service or care that a RWB contracted agency or provider may offer within the State. Service standards are important to various stakeholders, with the goal to improve client and public health outcomes. Standards provide benchmarks for monitoring and inform contract development. The service standard aligns care practices, clinic policy, and service delivery consistent with the [U.S. Department of Health and Human Services](#), and the [Infectious Disease Society of America \(IDSA\) clinical guidelines](#). The guidelines are frequently updated and should be accessed directly at the web site. Any deviation is justified by specific client circumstances and evidence-based medical practices.

### [Service Standards Ryan White HIV/AIDS Programs](#)

1. Services provided comply with the Health and Human Services (HHS) Guidelines for HIV infected persons.
2. Service standards are included in Requests for Proposals when service categories are competitively bid, as the service standards outline key service components, guide implementation, and form the basis for monitoring service delivery, including site visits and chart review.
3. OAMC service standards follow programmatic and fiscal management requirements outlined in the [HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards –Program Part B](#).
4. RWB funds HIV primary medical care and support services, to the maximum extent, without regard to: the ability of the individual to pay for such services, and the current or past health conditions of the individual served.
5. Only enrolled clients with HIV infection, and/or conditions arising from the use of HIV medications, qualify for payment with RWB Program funds for OAMC services.
6. Services are available and accessible to any individual who meets program and service eligibility requirements.
7. Medicaid recipients do not qualify for RWB Program OAMC services.
8. Service standards compliance is determined through programmatic site visits, chart reviews, and routine service delivery quality assurance monitoring of contracted providers.
9. Providers shall follow all applicable federal, state, and local antidiscrimination laws and regulations, including, but not limited to the American’s with Disabilities Act.
10. Providers shall adopt a non-discrimination policy prohibiting on the basis of the fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or AIDS/HIV.
11. Written eligibility requirements and non-discrimination policy is on file with OAMC contracted service provider.
12. Policies and procedures established indicate how initial, emergent, urgent, and acute needs of new and established patients are managed to receive timely, medically appropriate care.

Ideally, practices will see acutely symptomatic HIV positive patients “same day”, or will facilitate appropriate referral to urgent care or the emergency department.

13. UDOH monitors and provides to contracted providers evidence of incorporation and compliance with standards of care training.
14. Policies and procedures address evaluation of:
  - A. High-risk behaviors
  - B. Substance abuse
  - C. Social support
  - D. Mental illness
  - E. Comorbidities
  - F. Economic factors (e.g., unstable housing)
  - G. Medical insurance status and adequacy of coverage
  - H. Other factors known to impair treatment adherence and increase the risk of HIV transmission

### *Eligibility*

HRSA prohibits continued HIV services, including medications, to clients who are not recertified for eligibility of services per RWB policies; therefore, if a client has not completed their initial certification or recertification at six months, they may not be eligible for RWB services.

Eligibility determination requires documentation in client medical records of:

1. Low-income status and eligibility based on a specified percent of the federal poverty level
2. Proof of an individual’s HIV-positive status
3. Proof of an individual’s residency
4. Determination and documentation of client eligibility every six months
5. Determination of no other payer source

### *Client Rights and Responsibilities*

A Clients Rights and Responsibilities policy exists. It is required that each client signs and dates indicating he/she has received an explanation, and understands their rights and responsibilities. This signed copy is located in the client medical record.

#### Client Rights

1. Client treated with respect, dignity, consideration, and compassion
2. Client receive services free of discrimination
3. Client informed about available services and options
4. Client participates in creating service plan
5. Client agrees about frequency of contact, either in person or over the phone
6. Client may file a grievance about services received or denied
7. Client is not subjected to physical, sexual, verbal, and/or emotional abuse or threats
8. Client may voluntary withdraw from the program
9. Client records are treated confidentially
10. Client information released only when:
  - A. A written release of information is signed by the client
  - B. A medical emergency exists such as medical or behavioural condition, with sudden onset, and manifests by symptoms of sufficient severity, including severe pain, such that a prudent lay person could reasonably expect the absence of immediate medical attention

to result in:

- (1) placing the health of the afflicted person with such a condition in serious jeopardy;
- (2) serious impairment to the person's bodily functions;
- (3) serious dysfunction of any bodily organ or part; or
- (4) serious disfigurement.

- C. There is an immediate danger to the client or others
- D. There is possible child or elder abuse
- E. Ordered by a court of law

#### Client Responsibilities

1. Treat other clients and staff with respect and courtesy
2. Protect confidentiality of other clients
3. Participate in creating a service plan
4. Inform agency of any concerns or change in needs
5. Make and keep appointments, or phone to cancel or change an appointment time
6. Inform the agency of change in address and phone number
7. Respond to phone calls and mail related to services in a timely manner
8. No physical, sexual, verbal, and/or emotional abuse or threats to agency staff

#### *Grievance Procedure*

Clients may file a grievance if service is denied, or if there is complaint or concern about the services received. Grievance process shall be fair and expeditious for resolution of client grievances. Service provider shall document client grievances, status, and resolution.

The written grievance policy and procedure on file:

1. Is available in languages and formats appropriate to the populations served
2. Describes the process for resolving client grievances, including identification of whom to contact, and applicable timelines
3. Is located in patient record
4. Is signed and dated by client to communicate client he/she has been provided an explanation and understands the Grievance Policy and Procedure

#### *Privacy and Confidentiality*

Client confidentiality policy is on file at provider agency. The client record includes:

1. Health Insurance Portability and Accountability Act
2. Current consent for "Release of Information" form signed and dated by the client and the provider representative. The Release form indicates who may receive the client's information, and has an expiration of not more than 12 months
3. Client files are stored in secure location, and protected from unauthorized use. Electronic files are password protected with access limited to appropriate personnel

#### *Client Retention*

Outpatient/ambulatory services shall strive to retain clients in medical care. A pattern of broken appointments can lead to discontinuity of medical care services, and may be related to underlying mental health, substance abuse, financial, or other issues. Regular follow up procedures are established to encourage and retain a client in medical treatment. The OAMC provider agency has the following:

1. A written Retention in Care Policy, which includes systematic retention assessment of enrolled clients and clinic practices that encourage retention.

2. An established and implemented Broken Appointment Policy, which ensures continuity of service.

## **SERVICE DELIVERY**

OAMC professional medical care, diagnostic, and therapeutic services are rendered in an outpatient setting, not a hospital, hospital emergency room, or any other type of inpatient treatment center. For additional information see: [HRSA Policy PCN 16-02](#). Services are related to:

1. The treatment of HIV
2. Uninsured clients needing medical visits
3. Antiretroviral and combination antiretroviral therapies
4. Other drug therapies, including prophylaxis and treatment of opportunistic infections (PHS ACT 2604 (c) (3) (A) care)

Allowable services include:

1. Practitioner examination
2. An initial comprehensive medical history and physical assessment performed for the client by the outpatient medical care provider
3. Diagnosis, treatment, and management of physical and behavioral health conditions including:
  - A. Oral health assessment
  - B. Psychosocial/mental health assessment
  - C. Substance use screening and assessment
4. Diagnostic and laboratory testing
5. Early intervention and risk assessment
6. Immunizations
7. Prescribing and managing medication therapy
8. Medication consultation and adherence assistance conducted by an individual who is a PharmD, also known as a Doctor of Pharmacy
9. Treatment adherence services provided during an Outpatient/Ambulatory Service visit, which are reported under the Outpatient/Ambulatory Services category
10. Medication monitoring for toxicity or efficacy
11. Obstetrics and gynecology services
12. Prescription medication updates, refill prescriptions, or assistance
13. Preventive care and screening
14. Behavioral risk assessment, subsequent counseling, and referral
15. Health education and counseling
16. Chronic conditions continuing care and management
17. Referral to and provision of HIV-related specialty care (includes all medical subspecialties including ophthalmic and optometric)
18. Follow up appointments as needed. Patient needs may be determined by multiple factors including, current status, chief complaint, prior history, family history, future plans, etc.
19. Medical interpretation services at the discretion of the client

[HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards –Program Part B](#)

### *Access to Treatment by Qualified, Licensed Health Care Professionals*

OAMC Services are provided by appropriately licensed and credentialed providers including: physician, physician assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Provider personnel file documentation shows:

1. Service professionals are currently certified/licensed to provide medical care and clinical services in their jurisdiction, and prescribe medications in an outpatient setting in the state of Utah.
  2. Provider personnel files document a minimum of 10 hours HIV/AIDS continuing education annually.
  3. Comprehensive medical history and physical assessment completed within 30 days of initial client /provider contact.
  4. Services rendered by the provided are for the treatment of HIV infection.
  5. Clinician notes in patient records are signed and dated by the licensed provider of services.
- [HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards –Program Part B](#)

### *Records Management*

The OAMC service provider is responsible to:

1. Collect one medical record for each enrolled client
2. Ensure records are complete, accurate, confidential, and securely stored
3. Use a secure, encrypted, and password protected system to share, transfer, email, and fax items containing personally identifiable information including: client records, confidential information, legal documents, invoices, and correspondence
4. Ensure client records are handled only by authorized personnel
5. To document in client medical records compliance with OAMC Service Standards including:
  - A. Release of information for coordination of care
  - B. Date of service
  - C. Reason for visit
  - D. Activities performed
  - E. Vital Signs
  - F. Lab and diagnostic testing results
  - G. Problem list
  - H. Medication sheet
  - I. Anti-retroviral history
  - J. Immunizations and screenings
  - K. X-ray and procedure log
  - L. Controlled substance flow sheet
  - M. Treatment and monitoring flow sheet
  - N. Prevention/chronic disease flow sheet
  - O. Health maintenance education
  - P. HIV/office visit/progress notes including desired outcome

### *Laboratory Tests*

OAMC laboratory tests are integral to the treatment of HIV infection and related complications. Laboratory documentation supports:

1. Necessity based on established clinical practice.

2. Order by a registered, certified, licensed provider, and consistent with medical and laboratory standards.
3. When a tuberculosis screening is medically indicated, a QuantiFERON test is performed.
4. The laboratory is approved by the Food and Drug Administration (FDA), and/or certified under the Clinical Laboratory Improvement Amendments (CLIA) Program.
5. The credentials of the individual ordering the tests as a registered, certified, licensed provider.
6. The number of laboratory tests performed are included in the client medical records and available to the grantee on request.

[HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards –Program Part B](#)

### *Service Coordination*

Service coordination is a vital component of client care. The OAMC program:

1. Demonstrates active collaboration and coordination with other agencies to facilitate client access to the full spectrum of HIV-related services.
2. Maintains a comprehensive list of target providers (both internal and external), including, but not limited to Regional AIDS Service Providers.
3. Client records demonstrate appropriate follow up on identified needs, including coordination with community service providers.
4. Staff maintain knowledge of local, state and federal services available for people living with HIV
5. Documents in the client medical record:
  - A. Needs identified through screenings, which result in delivery of services, or appropriate referral.
  - B. Findings of psychosocial and behavioral health screenings.
  - C. Substance abuse screening using an evidence-based tool (SBIRT is preferred). If indicated describe intervention, and referral to treatment.

### *Health Education/Risk Reduction*

Documentation of health education and risk reduction for clients living with HIV in client medical record includes:

1. Information provided to the client about available medical and psychosocial support services.
2. HIV transmission and how to reduce the risk of HIV transmission.
3. Counseling on how to improve their health status.

[HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards –Program Part B](#)

### *Treatment Adherence Counseling*

Services are designed to support client adherence with complex HIV/AIDS treatments. Documentation in the client medical record includes:

1. Readiness assessment and treatment adherence services provided during an OAMC service visit.
2. Provision of counseling or linkage to special programs to support adherence to complex HIV/AIDS treatments, provided by non- medical personnel outside of the clinical setting.

### *Cultural and Linguistic Competency*

Health services are culturally and linguistically competent, client-guided, and community based. The OAMC provider informs the client of available services and the process for requesting interpretation services, including American Sign Language. Linguistic services are vital for communication when a

language barrier is identified. Professional interpreters are trained to provide language interpretation and or sign language services. A friend or family member should not act as an interpreter.

Provider Documentation includes:

1. Process for providing services to the diverse ethnic, sexual, cultural, and/or linguistic populations.
2. Capacity of staff, including volunteers and board, to design, provide, and evaluate cultural and linguist appropriate services.
3. Report of annual Cultural and Linguistic Competency training completed by staff.

[HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards –Program Part B](#)

### *Case Review*

Case review is an opportunity to address major life transitions for the client.

1. Interdisciplinary case reviews are held for each active client quarterly at a minimum.
2. Case reviews convene a patient’s physician and other care providers to assess progress in meeting the client needs and to strategize further progress.

Documentation of case review in client record includes:

- A. Date
- B. Name of participants
- C. Issues and concerns
- D. Follow-up plan
- E. Verification that guidance has been implemented

[https://targethiv.org/sites/default/files/file-upload/resources/Service%20Standards%20HRSA%20HAB%20Guidance%2012\\_14.pdf](https://targethiv.org/sites/default/files/file-upload/resources/Service%20Standards%20HRSA%20HAB%20Guidance%2012_14.pdf)

### *Discharge and Transfer*

1. Prior to discharge or transfer, the OAMC provider meets with client concerning reasons for discharge and options for other service provision. When possible, meet face-to-face to discuss; if it is not possible, the provider should attempt to talk with client via phone. If verbal contact is not possible, a certified letter is sent to client’s last known address. If client is not present to sign for the letter, it must be returned to the provider.
2. Client discharged:
  - A. Upon client death
  - B. Due to safety issues
  - C. Client fails to provide updated documentation of eligibility status and is no longer eligible for services
  - D. Client fails to maintain contact with the insurance assistance staff for a period of three months despite three (3) documented attempts to contact client
  - E. Client cannot be located
  - F. Client withdraws from or refuses funded services
  - G. Client reports services are no longer needed
  - H. Client no longer participates in the individual service plan
  - I. Client exhibits pattern of abuse, as defined by the agency’s policy
  - J. Client becomes housed in an “institutional” program, anticipated to last for a minimum of 30 days, such as a nursing home, prison, or inpatient program
  - K. Client transfers to another agency.
  - L. Client needs are more appropriately addressed in other programs/services

#### M. Client moves out of state

*Unable to Locate:* If client cannot be located, the OAMC agency will attempt to locate and document contact attempt (by phone or in person) a minimum of three times, on three separate dates, over a three-month period after first attempt. Within five business days after the last attempt to notify the client, a certified letter is mailed to the client's last known mailing address. The letter states the case will be closed within 30 days from the date on the letter, if an appointment with the provider is not made.

*Withdrawal from Service:* If the client reports services are no longer needed, or chooses to no longer participate in the service plan, the client may withdraw from services. An exit interview with the client is scheduled to determine the reasons for withdrawal are understood, identify factors interfering with the client's ability to fully participate, or if services are still needed. If other issues are identified that cannot be managed by the agency, clients are referred to appropriate agencies.

*Administrative Discharge:* Clients who engage in behavior that abuses the safety, or violates the confidentiality of others, may be discharged.

1. Prior to administrative discharging a client, the case must be reviewed by leadership according to OAMC agency policy.
2. A certified letter that includes the reason for discharge and alternative resources is mailed to the client's last known mailing address within five business days after the date of discharge. A copy must be filed in the client chart.
3. If the client transfers to another location, the transferring OAMC agency provides discharge summary, and other requested records, within 5 business days of request.
4. If client moves to another area, the transferring OAMC agency arranges referral for needed services in the new location.

Discharge documentation in client record includes:

1. Discharge plan, summary, and clear rationale for discharge, within 30 days of discharge, including certified letter, if applicable
2. Date services began
3. Date of discharge
4. Reason(s) for discharge
5. Referrals made at the time of discharge, if applicable.
6. Client special needs
7. Services needed/actions taken, if applicable
8. Case closure with clear rationale for closure
9. Client contact or attempted contact method
  - A. Telephone calls
  - B. Written correspondence
  - C. Direct contact
  - D. Other technological means (such as text messaging)

[https://targethiv.org/sites/default/files/file-upload/resources/Service%20Standards%20HRSA%20HAB%20Guidance%2012\\_14.pdf](https://targethiv.org/sites/default/files/file-upload/resources/Service%20Standards%20HRSA%20HAB%20Guidance%2012_14.pdf)

## QUALITY

The OAMC service provider participates in quality management activities as contractually required:

1. Compliance with relevant standards for service delivery
2. Data collection and monitoring for performance measurement, quality assurance and quality improvement activities

[HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards –Program Part B](#)

### *Performance Measures*

According to HRSA Policy 15-02, the number of Performance Measures required are based on service category utilization. OAMC utilization is between 15% and 50%, and is required to have one performance measure.

1. Performance measure(s) are identified in the Ryan White Part B Clinical Quality Management Plan.
2. HRSA strongly encourages the use of HRSA/HAB performance measures.
3. The OAMC service provider submits performance measures report to the RWB Program quarterly, at a minimum.
4. For details of HRSA/HAB Performance Measures including rationale, inclusion, and exclusion criteria, refer to measure's portfolio online.

<https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

### *Quality Assurance Monitoring*

1. The OAMC service provider conducts quality assurance monitoring. This monitoring may be used to inform quality improvement activities.
2. HRSA strongly encourages the use of HRSA/HAB performance measures.
3. Quality assurance measure(s) are identified in the RWB Clinical Quality Management Plan.
4. The OAMC service provider submits Quality Assurance report to the RWB Program, at a minimum, quarterly.
5. For details on the HRSA/HAB Performance Measures including rationale, inclusion, and exclusion criteria, refer to measure's portfolio online.

<https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

### *Quality Improvement Activities*

The OAMC agency participates in quality improvement (QI) activities.

1. Sets QI Goal(s)
2. Defines strategies, objectives, and /or activities
3. Conducts QI activities
4. Submits QI report to the RWB Program, at a minimum, quarterly

## RESOURCES

1. HRSA RW Program Services PCN 16-02  
[https://hab.hrsa.gov/sites/default/files/hab/Global/service\\_category\\_pcn\\_16-02\\_final.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf)
2. HRSA RW Program Services PCN 15-02 <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/clinicalqualitymanagementpcn.pdf>
3. [https://hab.hrsa.gov/sites/default/files/hab/Global/service\\_category\\_pcn\\_16-02\\_final.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf)

4. [IDSA Primary Care Guidelines for the Management of Persons Infected with HIV 2013](#) for the Management of Persons Infected with HIV 2013. (Guidelines are frequently updated and should be accessed directly)
5. [NASTAD Service Standards for Ryan White HIV/AIDS Program Part B](#)
6. [National Monitoring Standards for Ryan White B Grantees: Fiscal – Part B](#)
7. [National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B](#)
8. [National Monitoring Standards for Ryan White Part B Grantees: Program – Part B](#)
9. [OMB Circulars: Educational and Non-Profit Instructions Documents](#)  
(<https://www.whitehouse.gov/omb/circulars/index.html>)  
([https://obamawhitehouse.archives.gov/omb/circulars\\_default/](https://obamawhitehouse.archives.gov/omb/circulars_default/))
10. [Public Service Health Act, Title XXVI, Amendment - October 2009](#)
11. [Service Standards Ryan White HIV/AIDS Programs](#)
12. [U.S. Department of Health and Human Services Clinical Guidelines for the Treatment of HIV/AIDS](#)  
Guidelines are frequently updated and should be accessed directly
13. [Utah Administrative Code – Rule R388-805](#)
14. [Utah Department of Health Ryan White Part B Program Manual](#)
15. Utah Department of Health Ryan White Part B Quality Management Plan
16. [Utah Department of Health Ryan White Part B Service Standards Policy](#)
17. [U.S. Department of Health and Human Services Ryan White HIV/AIDS Program Part B Manual](#)

<b>Review/Revise Date</b>	<b>Title of reviewer</b>	<b>Description or Location of Change in Document</b>
4/25/2019	Client Services Manager	Multiple changes in document
4/30/2019	Policy and Eligibility Manager	Multiple changes in document
<b>Approval Group</b>		<b>Date Reviewed</b>
UDOH RWB Clinical Quality Coordinator: Vinnie Watkins		5/2/2019
UDOH RWB Case Management Coordinator: Seyha Ros		4/24/2019
UDOH RWB Client Services Coordinator: Allison Allred		4/23/2019
UDOH RWB Data Coordinator: RJ Mather		5/1/2019
RWB OAMC Clinical Provider: Christine Tang		5/9/2019
UDOH RWB Policy and Eligibility Manager: Brianne Glenn		4/30/2019
UDOH RWB Client Services Manager: Tyler Fisher		4/25/2019
UDOH Prevention, Treatment & Care Manager: Amelia Self		8/7/2019