

**Utah Ryan White Part B Program  
Policy & Procedure Manual**



**UTAH DEPARTMENT OF  
HEALTH**

**Division of Disease Control & Prevention  
Bureau of Epidemiology  
Treatment & Care Services Program**

**July 2013**

## TABLE OF CONTENTS

General Information.....	2
Utah Ryan White Part B Program Overview.....	3
Contact Information.....	6
Organization Chart.....	7
Flowchart.....	8
Eligibility.....	9
Service Provider Guidelines and Responsibilities.....	14
Client Rights and Responsibilities.....	14
AIDS Drug Assistance Program (ADAP) Overview.....	16
Health Insurance Assistance Program Overview.....	19
Medical Case Management.....	21
Non-Medical Case Management.....	23
Case Management Monitoring Guidelines.....	25
Transportation Services.....	27
Food Vouchers (Emergency Only).....	31
Quality Management Program.....	32
Appendices.....	34

## GENERAL INFORMATION

### Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program, classified by Title XXVI of the Public Health Service (PHS) Act, and amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009) is the largest Federal program directed exclusively toward HIV/AIDS care. The Program awards funding to provide primary care and supportive services to people living with HIV/AIDS (PLWHA) who have no health insurance or gaps in health insurance coverage. The Ryan White HIV/AIDS Program services more than half a million people each year by awarding grants to cities, states, and local community-based organizations that provide HIV-related services. According to the Health Resources and Services Administration (HRSA):

**“The principle intent of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) is to provide services to persons infected with the Human Immunodeficiency Virus (HIV), including those whose illness has progressed to the point of clinically defined Acquired Immune Deficiency Syndrome (AIDS).”**

The Ryan White HIV/AIDS Program has various parts focused on meeting specific needs communities and populations have when affected by HIV/AIDS:

- **Part A** provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic.
- **Part B** provides grants to States and Territories.
- **Part C** provides comprehensive primary health care in an outpatient setting for people living with HIV disease.
- **Part D** provides family-centered care involving outpatient or ambulatory care for women, infants, children, and youth with HIV/AIDS.
- **Part F** provides funds for a variety of programs, including Special Projects of National Significance (SPNS), the AIDS Education and Training Centers (AETC), dental programs and the Minority AIDS Initiative program.

Currently Utah receives Part B, Part C, Part D and Part F funding. Please note this manual specifically addresses Part B Program policies and procedures.

For information regarding Part C and D, please contact: Robert Wheadon, Ryan White Part C and D Administrator, Primary CARE Alliance, 30 North 1900 East, Salt Lake City, UT 84132, (801) 585-5577, [Robert.Wheadon@hsc.utah.edu](mailto:Robert.Wheadon@hsc.utah.edu).

For information regarding Part F, please contact: Tiffani Pestotnik, Program Manager, Utah AIDS Education and Training Center, Department of Internal Medicine, Division of Infectious Disease, Room 4B320 SOM, 30 North 1900 East, Salt Lake City, UT 84132, (801) 581-5310, [Tiffani.Pestotnik@hsc.utah.edu](mailto:Tiffani.Pestotnik@hsc.utah.edu).

The Ryan White HIV/AIDS Program at the federal level is administered by the U.S. Department of Health and Human Services (HHS), HRSA and HIV/AIDS Bureau (HAB). Information specific to Ryan White legislation can be accessed via <http://hab.hrsa.gov/about/hab/legislation.html>

## **UTAH RYAN WHITE PART B PROGRAM OVERVIEW**

The goal of the Utah Ryan White Part B Program (Part B Program) is to provide for the development, organization, coordination and operation of an effective and cost-efficient system for the delivery of essential services to individuals and families affected by HIV disease.

### **Program Organization**

The Part B Program resides within the Utah Department of Health (UDOH), Division of Disease Control and Prevention, Bureau of Epidemiology, Treatment and Care Services Program. The Part B Program directly administers the Utah AIDS Drug Assistance Program (ADAP), Health Insurance Assistance, and Supportive Services. Responsibility of grant administration, program planning, evaluation, and quality improvement activities is distributed among two positions: (1) the ADAP Administrator and (2) the Grants and Quality Improvement (QI) Administrator. The Treatment and Care Services Program Manager oversees the Part B Program. Operations specific to ADAP are overseen by the ADAP Administrator with the Client Services Coordinator managing the day-to-day activities of ADAP and Health Insurance Assistance. The Grants and QI Administrator oversees aspects of grant administration and all quality improvement activities. Supportive services are overseen by both the ADAP and Grants and QI Administrators. Fiscal support is provided by the Finance Support Services Coordinator (SSC) and Finance Support Services Assistant. The Administrative Assistant is responsible for administrative support for the Part B Program.

### **Utah Continuum of Care**

Through the Part B Program, eligible PLWHA are able to access the following services: AIDS Drug Assistance, Health Insurance Assistance, and Supportive Services. Additionally, PLWHA living along the Wasatch Front are able to access primary medical care through the Infectious Disease Clinic (Clinic 1A) at the University of Utah Hospital, while those living in rural areas access care at various community and private clinics. Case management services, which are vital in order for clients to access and remain in care, are provided through Clinic 1A (medical case management) and the Utah AIDS Foundation (non-medical case management). Both organizations receive funding from the Part B Program.

### **Utah ADAP Restrictions**

The Utah ADAP closed in April 2011. Thresholds for ADAP and Health Insurance Assistance slots have been established; the Part B Program is currently accepting applications on a rolling basis as slots become available due to attrition. Currently, the Program averages 16 new applications per month and has been able to enroll applicants after minimal or no waiting time.

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## **Part B Program Funding**

- **Formula Grants**  
These grants are based on the number of reported living cases of HIV/AIDS in the State or Territory in the most recent calendar year.
- **ADAP Supplemental Grants**  
These funds are awarded to States demonstrating severe need of medications. Funding is available based on one of the following criteria: (1) financial requirement of less than or equal to ( $\leq$ ) 200 percent of the Federal Poverty Level (FPL); (2) limited formulary compositions for all core classes of antiretroviral medications; (3) waiting list; (4) capped enrollment or expenditures; and, (5) an unanticipated increase of eligible individuals with HIV/AIDS.
- **Part B Supplemental Grant**  
These funds are awarded to States demonstrating the severity of the HIV/AIDS epidemic using quantifiable data on HIV epidemiology, co-morbidities, cost of care, the service needs of an emerging population, unmet need for core medical services, and unique service delivery challenges.
- **Minority AIDS Initiative (MAI)**  
These funds are based on the number of reported and confirmed living minority cases of HIV/AIDS for the most recent calendar year. These funds must be used to conduct outreach and education activities to increase minority enrollment and participation in ADAP and medication access programs.
- **Emergency Relief Awards (ERF)**  
These funds are awarded to States that have implemented cost-containment measures (e.g., cost-cutting and cost-saving) due to ADAP funding shortfalls. Despite appropriation increases, demand for ADAP services began to outstrip available resources in many States resulting in their need to establish waiting lists and/or address and/or implement cost-containment measures. Therefore, emergency relief funding (ERF) is targeting the increased urgent demand for ADAP.

**Ryan White HIV/AIDS Program funds may not be used to pay for services covered, or which could reasonably be expected to be covered, under any State compensation program, insurance policy, or any Federal or State health benefits program, or by an entity that provides health services on a prepaid basis. The Ryan White HIV/AIDS Program is the payer of last resort.**

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## **Prohibited Activities Using Ryan White HIV/AIDS Program Funds:**

**1. Drug Use and Sexual Activity:**

Ryan White funds cannot be used to support AIDS programs or materials designed to promote or directly encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

**2. Purchase of Vehicles without Approval:**

No use of Ryan White funds by grantees or sub-grantees for the purchase of vehicles without written approval of the HRSA Grants Management Officer (GMO).

**3. Broad Scope Awareness Activities:**

No use of Ryan White funds for broad scope awareness activities about HIV services that target the general public.

**4. Lobbying Activities:**

Prohibition on the use of Ryan White funds for influencing or attempting to influence members of Congress and other Federal personnel.

**5. Direct Cash Payments:**

No use of Ryan White funds to make direct payments of cash to service recipients.

**6. Employment and Employment Readiness Services:**

Prohibition on the use of Ryan White funds to support employment, vocational, or employment-readiness services.

**7. Maintenance of Privately Owned Vehicle:**

No use of Ryan White funds for direct maintenance expenses (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees.

**8. Additional Prohibitions:**

No use of Ryan White funds for the following activities or to purchase these items:

- Clothing
- Funeral, burial, cremation or related expenses
- Local or State personal property taxes (for residential property, private automobiles, or any other personal property against which taxes may be levied)
- Household appliances
- Pet foods or other non-essential products
- Off-premise social/recreational activities or payments for a client's gym membership
- Purchase or improve land, or to purchase, construct or permanently improve (other than minor remodeling) any building or other facility
- Pre-exposure prophylaxis

## CONTACT INFORMATION

Utah Ryan White Part B Program  
Utah Department of Health  
Physical: 288 North 1460 West (84116)  
Mailing: Box 142104  
Salt Lake City, UT 84114-2104  
Phone: 801-538-6191  
Fax: 801-536-0978  
[RWP@utah.gov](mailto:RWP@utah.gov)

Jennifer Brown  
AIDS Director / Bureau of Epidemiology, Director  
801-538-6131  
[jenniferbrown@utah.gov](mailto:jenniferbrown@utah.gov)

Cristie Chesler  
Ryan White Part B Program Manager / Treatment and Care Services Program, Manager  
801-538-9465  
[cchesler@utah.gov](mailto:cchesler@utah.gov)

Marcee Mortensen  
ADAP Administrator  
801-538-6042  
[marceemortensen@utah.gov](mailto:marceemortensen@utah.gov)

Amelia Self  
Grants & Quality Improvement Administrator  
801-538-6221  
[aself@utah.gov](mailto:aself@utah.gov)

Karin Parker  
Client Services Coordinator  
801-538-6197  
[kparker@utah.gov](mailto:kparker@utah.gov)

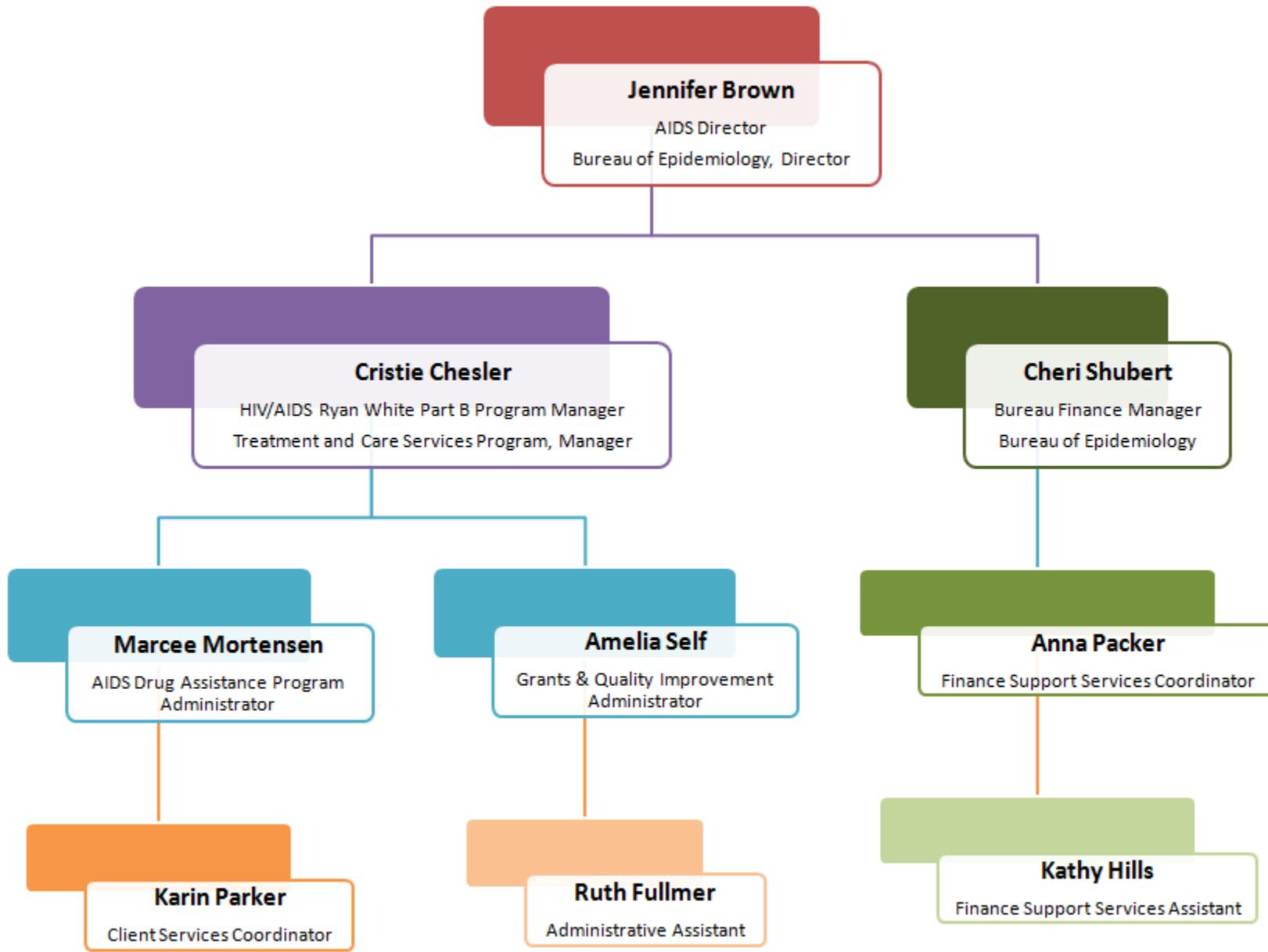
Ruth Fullmer  
Administrative Assistant  
801-538-6231  
[refullmer@utah.gov](mailto:refullmer@utah.gov)

Cheri Shubert  
Bureau Finance Manager  
801-538-6134  
[cshubert@utah.gov](mailto:cshubert@utah.gov)

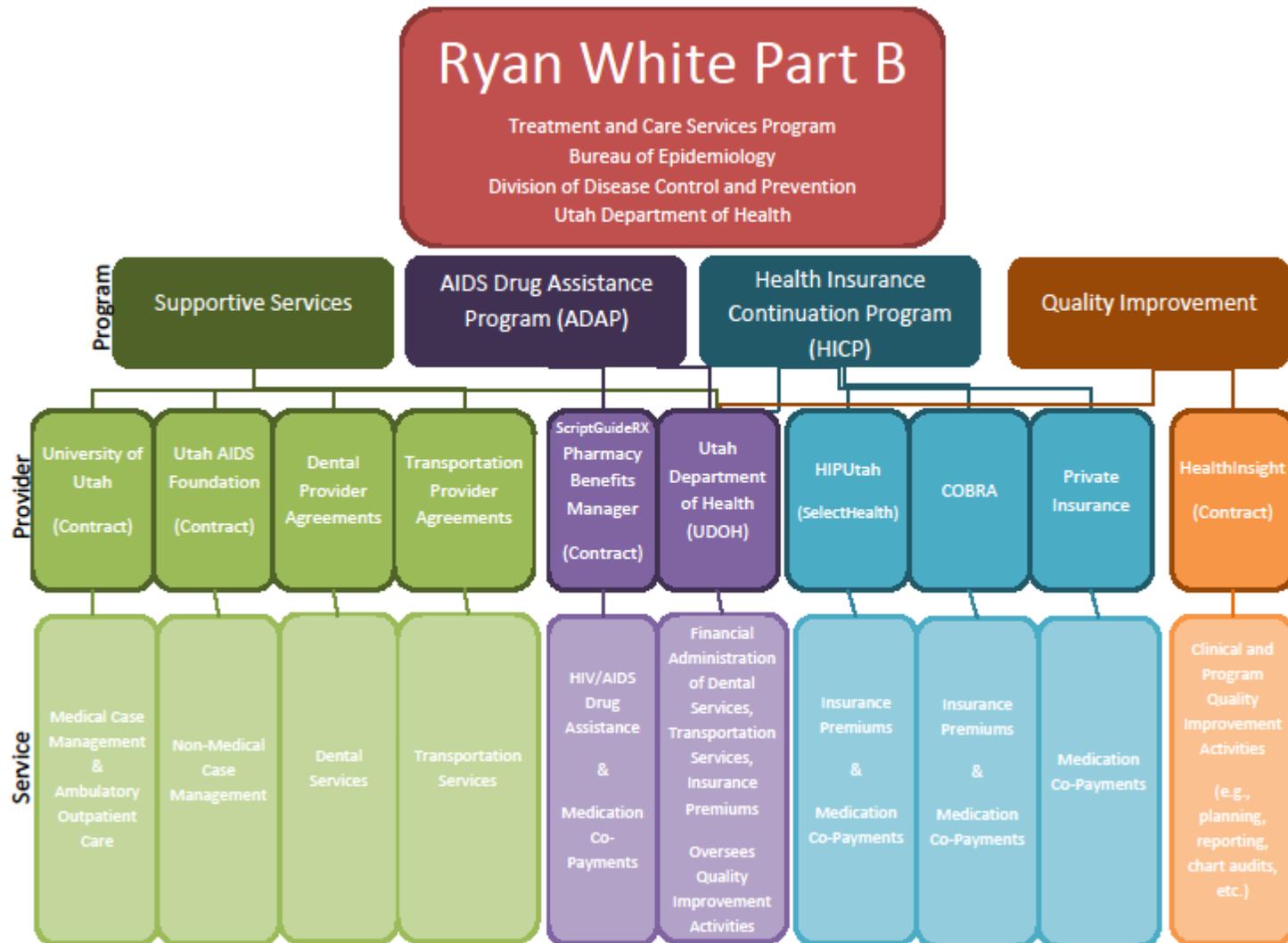
Anna Packer  
Finance Support Services Coordinator  
801-538-6964  
[apacker@utah.gov](mailto:apacker@utah.gov)

# Utah Ryan White Part B Program Policy & Procedure Manual

---



# Utah Ryan White Part B Program Policy & Procedure Manual



# Utah Ryan White Part B Program Policy & Procedure Manual

---

## ELIGIBILITY

In order to be eligible for the Part B Program, an individual must: (a) be HIV positive; (b) reside in Utah; (c) be **at or below 250% of the FPL according to gross annual household income**; (d) not own more than one registered vehicle; (e) not own more than one home; and, (f) not have assets exceeding \$5,000.

If an applicant is eligible for Medicaid Medical Needy Program and chooses not to pay his/her spend down, then the Part B Program will not cover those services that would have been covered by Medicaid if the applicant had paid their spend down. Similarly, if an applicant owns a vehicle that is not registered and is considered an asset by Medicaid, which then prevents the applicant from receiving benefits from Medicaid, this applicant will also be denied Part B Program services. The Part B Program is the payer of last resort.

The Part B Program will review client eligibility criteria and the ADAP Formulary periodically; all decisions will be based on current medical practice, available funds, and recommendations from the HIV Treatment and Care Planning Committee and the ADAP Advisory Sub-Committee.

All individuals interested in accessing services via the Part B Program must submit an initial application along with semi-annual re-certification applications. This may be done by contacting the Program directly or accessing assistance via a case manager.

## New Applicant Procedure

New applicants are required to meet the eligibility criteria listed above. All new applicants are required to complete and submit an application; applicants are encouraged to utilize his/her case manager for assistance when completing and submitting the required paperwork. Applications must be complete, with all required documentation at the time of submission. **The Part B Program will not accept incomplete applications**; incomplete applications will be routed back to the appropriate applicant and/or case-manager. All new applications will be reviewed by Part B Program staff within **five (5) business days** of receiving the complete application.

Required documents for new applicants include:

- Data Sheet
- Income Verification
- Federal IRS Tax Transcript
- Proof of Residency
- Proof of Insurance Denial
- Client Rights and Responsibilities Agreement
- Release of Information Form (if applicable)

New applicants applying for **case management ONLY** must submit a complete: (1) Data Sheet; (2) Proof of Residency; (3) Client Rights and Responsibilities Agreement; and, (4) if applicable, a Release of Information Form. The Data Sheet requires applicant and physician signatures. Eligibility for case management only services will be considered **effective as of the applicant signature date** on the completed Data Sheet; official approval of the application will be granted by the Part B Program.

# Utah Ryan White Part B Program Policy & Procedure Manual

---

A new client enrolled less than or equal to three months prior to the next re-certification deadline will not be required to submit a re-certification application until the following re-certification deadline. For example, a new client enrolled on or after January 1<sup>st</sup> will not be required to submit a re-certification application by the March 31<sup>st</sup> re-certification deadline, but rather the September 30<sup>th</sup> deadline. Consequently, a new applicant enrolled on or before December 31<sup>st</sup> will be required to submit a re-certification application by the March 31<sup>st</sup> re-certification deadline. The same policy, respectively, applies to the September 30<sup>th</sup> re-certification.

## Re-certification Procedure

All enrolled clients are required to complete and submit a re-certification application to the Part B Program semi-annually in order to continue receiving services. Time periods for re-certification are:

- By March 31<sup>st</sup> for the eligibility period April 1<sup>st</sup> through September 30<sup>th</sup>
- By September 30<sup>th</sup> for the eligibility period October 1<sup>st</sup> through March 31<sup>st</sup>

Clients are encouraged to utilize their case manager for assistance when completing and submitting the required paperwork. **Complete re-certification applications are required.** The Part B Program will not accept incomplete re-certification applications; incomplete applications will be routed back to the appropriate client and/or case manager. All re-certification applications will be reviewed by Part B Program staff within **thirty (30) business days** of receiving the complete application.

Required documents for re-certification applications include:

- Re-certification Form
- Income Verification
- Federal IRS Tax Transcript from previous year (required annually by September 30<sup>th</sup>; this item is not required by March 31<sup>st</sup>)
- Proof of Residency
- Proof of Insurance Denial

Clients re-certifying for **case management ONLY** must submit a complete (1) Re-certification Form and (2) Proof of Residency; the Re-certification Form requires a client signature. Eligibility for case management only services will be considered **effective as of the client signature date** on the completed Re-certification Form; official approval of the application will be granted by the Part B Program.

## Determination of Eligibility

Within five (5) business days of receiving a new complete application and within thirty (30) days of receiving a complete re-certification application, the Part B Program will make an eligibility determination. The Part B Program will assess HIV status, Utah residency, gross annual household income, household size, assets, health insurance coverage (including eligibility for Medicaid / Medicare), and prescription(s) status.

### Denied Applications

In the event that an applicant is determined to be ineligible, both the applicant and case manager receive denial notification via mail from the Part B Program. Re-certifying clients deemed ineligible are provided with **one 30-day prescription(s) supply** for adherence assistance while other pharmacy assistance is obtained; this policy does not apply to new applicants.

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## Descriptions of Required Application Documents

### Data Sheet / Re-certification Form

These documents must be completed correctly and completely; please see Appendices A and B. A physician's signature, verifying the applicant is HIV positive, is required.

### Income Verification

All applicants are required to provide verification of income. Please see below for a list of accepted income verification documents:

- Three (3) most current Paystubs / Earnings Statements
- Social Security / Disability Letter
- Supplemental Security Income (SSI) Letter
- Unemployment Statement
- General Assistance Letter
- Affidavit of Zero Income (i.e., applicant receives none of the listed sources of income, or income from any other source)

Current earned income, from employment, is verified using the following methods:

- Self-Employed: Line 31 on Schedule C Form
- Employment (paystubs):
  - Year-to-Date GROSS is divided by the months worked through the most recent pay period reported; this is then multiplied by 12 to equal gross annual household income. The applicant's gross annual household income is then compared to the most current U.S. Department of Health and Human Services (HHS) Poverty Guidelines, see Appendix D.
    - Example:
      - Year-to-Date GROSS: \$10,000
      - Most recent pay period reported: June 16 – June 31
      - Months worked: 6
      - Calculation:  $\$10,000 \div 6 \times 12 = \$20,000$  Gross Annual Household Income

When using this method to determine gross annual household income, if an applicant is found to be over-income then this additional verification method is utilized:

- Year-to-date GROSS divided by total hours worked through pay period which equals hourly wage. Hours are based on the \*Number of Working Hours per Month Worksheet prepared by the University of California at Berkeley; available online at <http://controller.berkeley.edu/payroll/Tools/monthlyWorkingHours.htm>. For gross annual household income the hourly wage is then multiplied by the Number of Working Hours for that year. The applicant's gross annual household income is then compared to the most current HHS Poverty Guidelines, see Appendix D.
  - Example:
    - Year-to-Date GROSS: \$10,000
    - Most recent pay period reported: June 16 – June 31
    - Total hours worked: 1,032\*
    - Hourly Wage Calculation:  $\$10,000 \div 1,032 \text{ hours} = \$9.69$  per hour
    - Number of Working Hours for that year: 2,080
    - Calculation:  $\$9.69 \text{ per hour} \times 2,080 \text{ hours} = \$20,155.20$  Gross Annual Household Income

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## Federal IRS Tax Transcript

The Federal IRS Tax Transcript is required with all new application submissions and annually by September 30<sup>th</sup> for re-certification; this item is not required for the March 31<sup>st</sup> re-certification.

The Part B Program recognizes that in certain circumstances an applicant or case manager may be waiting for a Tax Transcript to arrive via mail. It is highly recommended applicants and/or case managers request this document in early August for the September 30<sup>th</sup> re-certification deadline to avoid a delay in submitting required paperwork. If this is the **only** document missing from an application (new or re-certification), please provide all other required documents to the Part B Program for provisional eligibility determination. A provisionally approved application will remain pending with **one 30-day prescription(s) supply** awarded to the applicant. **If the Tax Transcript is not received within 30 days of the partial application receipt date, the applicant will be deemed ineligible for Ryan White Part B services and will be required to reapply.**

## Proof of Residency

The Part B Program requires applicants and clients to maintain Utah residency in order to be eligible for Ryan White Part B services in Utah. All applicants must provide a copy of at least one of the following, which features the applicant name and Utah physical address, as proof of Utah residency:

- Utility Bill
- Bank Statement
- Rent Agreement / Mortgage Agreement
- Utah ID
- Utah Driver License
- Homeless Shelter Voucher
- Federal IRS Tax Transcript
- Paystub / Earnings Statement

## Proof of Insurance Denial

The Part B Program requires that all applicants provide proof that he/she does not have access to health insurance (public or private). All applicants must submit a denial letter from Medicaid with a new application and with every September Re-certification Application. Employed applicants must submit a letter from his/her employer stating that he/she is not eligible for health insurance with a new application and with every September Re-certification Application.

## Client Rights and Responsibilities Agreement

The Part B Program requires that all applicants agree to and sign the Client Rights and Responsibilities Agreement (Appendix E); the Agreement requires a client signature. The signed Agreement is required with all new application submissions.

## Release of Information Form

The Part B Program requires all applicants and clients who anticipate someone else contacting the Part B Program on his/her behalf to agree to and sign the Release of Information Form (Appendix F); the Form requires an applicant/client signature.

# Utah Ryan White Part B Program Policy & Procedure Manual

---

By applying to and enrolling in the Part B Program, applicants and clients authorize Ryan White Part B service providers to disclose records and information to the Part B Program, including but not limited to: (1) name, address, and phone number; (2) HIV/AIDS status verification; (3) medical treatment summary; (4) case management chart; (5) psychosocial history; (6) substance abuse treatment records; (7) psychological / psychiatric evaluations; and, (8) provider account / invoice numbers. This information may be disclosed for the purpose of (1) case management services, (2) insurance billing (e.g., health insurance premiums, copayments, deductibles, explanation of benefits, etc.), or (3) other purposes. This authorization shall expire when no longer necessary, as determined by the Part B Program.

## **Application Requirement Exceptions**

The Part B Program recognizes that various circumstances may render individuals unable to provide at least one of the documents listed above for a new or re-certification application, and as such makes exceptions for the following categories of applicants:

- Homeless
- Undocumented
- Refugees
- Severely Persistently Mentally Ill (SPMI)\*
- Individuals with significant physical health issues\*\*

All applicants claiming inability to provide the required eligibility determination documentation are required to submit the Eligibility Documentation Exceptions Form as part of his/her new application or re-certification application (Appendix G). The Form requires applicant/client and case manager signatures. The category marked by one asterisk (\*) also requires a physician or clinician signature. The category marked by two asterisks (\*\*) also requires a physician signature.

It is prohibited for the Part B Program to provide services prior to eligibility determination (e.g., approved status granted). Expedited enrollment may be granted if an applicant has been determined eligible (i.e., approved) prior to services being provided. In the case of a new applicant who needs to start medications or an enrolled client who has exhausted his/her supply of medication and require expedited enrollment (e.g., same day) the case manager must submit the Expedited Enrollment Justification Form, see Appendix H.

Providing temporary assistance to Part B Program eligible applicants while eligibility is determined for Medicaid or other insurance is allowed, with the clear understanding that Medicaid is back-billed if Medicaid is awarded retroactively.

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## SERVICE PROVIDER GUIDELINES AND RESPONSIBILITIES

Providers are expected to:

- Verify applicant enrollment status and eligibility. Each week the Part B Program provides the case manager supervisors at Clinic 1A and the Utah AIDS Foundation (UAF) with a list of currently enrolled clients. Please refer to the most recent list to verify enrollment status and eligibility for services. Questions regarding enrollment status and eligibility can be directed to the Part B Program by calling (801) 538-6191 OR via email ([RWP@utah.gov](mailto:RWP@utah.gov)).
- Assist applicants in applying and clients in re-certifying for services; ensure only complete applications are submitted.
- Verify insurance, public and private, status for all new applicants and for clients during each re-certification period.
- Ensure applicant/client confidentiality.
- Not supplant other funds with Ryan White Part B funds, or submit billing statements for Part B services covered by another program (i.e., Medicaid, Medicare, any private or public insurance program, etc.), even if the provider is not a participating provider with said program.
- Maintain applicant/client and service data records.
- Submit the appropriate documentation with each billing cycle.
- Participate in an annual monitoring visit.
- Participate in any needs assessment and/or evaluation process conducted by the Part B Program, UDOH or its' designee (e.g., quality management contractor).

## CLIENT RIGHTS AND RESPONSIBILITIES

Clients have the right:

- To be treated with respect, dignity, consideration, and compassion.
- To receive services free of discrimination on the basis of race, color, ethnicity, national origin, sex, gender identity, sexual orientation, religion, age, class, physical or mental ability.
- To receive information in terms and language that you can understand, and is culturally appropriate.
- To participate in creating a plan for services.
- To reach an agreement with your case manager about the frequency of contact you will have, either in person or over the phone.
- To be informed about services and options available to you, including the cost.
- To the assurance of confidentiality of all personal information, communication and records.
- To not be subjected to physical, sexual, verbal and/or emotional abuse or threats.
- To file a grievance about services you are receiving or denial of services, according to the Part B Program Grievance Policy (Appendix I).

# Utah Ryan White Part B Program Policy & Procedure Manual

---

Clients are expected:

- To treat other applicants, clients, volunteers, and staff with respect and courtesy.
- To protect the confidentiality of other applicants and clients you encounter.
- To be free of alcohol or mind altering drugs while receiving Part B services or when on the phone with a service provider.
- To participate in creating a service plan and to take an active role in resolving that plan.
- To let your case manager know any concerns you have about your case management plan or changes in your needs.
- To make and keep appointments to the best of your ability, or to phone to cancel or change an appointment time, whenever possible.
- To stay in communication with your case manager by informing her/him of changes in your address, phone number, and medical, financial and insurance information, and by responding to your case manager's calls or letters to the best of your ability.
- To submit a complete re-certification application to the Part B Program every six months.
- To refrain from knowingly falsifying documentation or information related to eligibility.
- To refrain from causing physical, sexual, verbal, or emotional abuse or threats to clients, staff, or volunteers (including pharmacy staff).

The pharmacies where HIV medications are dispensed to eligible ADAP clients are independent of the Part B Program. Each pharmacy network and/or individual pharmacy location reserves the right to refuse services to anyone, including eligible ADAP clients. If a pharmacy network or location exercises its' right to refuse services to an eligible ADAP client, that client will be required to access pharmacy services elsewhere.

## **AIDS DRUG ASSISTANCE PROGRAM (ADAP) OVERVIEW**

### **Purpose**

The Utah AIDS Drug Assistance Program (ADAP) seeks to facilitate access to medications that prolong life or prevent the serious deterioration of health and provide cost-effective drug therapy for those affected by HIV/AIDS and who are uninsured or underinsured. Medications used to manage HIV/AIDS are costly and many PLWHA in the United States are unable to pay for these medications without ADAP assistance. Within the Part B Program, HIV medications are available either through direct purchase by ADAP or by ADAP covering the cost of health insurance-related expenses (i.e., health insurance premiums and pharmacy co-payments). ADAP may also provide services that enhance access to, adherence to, and monitoring of medication treatments with appropriate HRSA/HAB approval.

### **Utah ADAP**

The Utah ADAP is administered through the Part B Program at the UDOH. The main responsibility of ADAP is to authorize the provision and payment of HIV/AIDS related medications to eligible individuals. Specifically, ADAP is responsible for the following:

1. Obtaining client eligibility determination documents;
2. Determining eligibility;
3. Authorizing appropriate medications;
4. Maintaining client records;
5. Authorizing payment for prescribed medications;
6. Developing policies and procedures for Program operations; and,
7. Maintaining applicant and client confidentiality.

### **Funding**

Federal funding, including Part B Formula, ADAP Supplemental, Part B Supplemental, and Emergency Relief Funding, is used to maintain the Utah ADAP; limited state funding is allocated to the Part B Program. Additionally, rebates collected on medication purchases and pharmacy co-payments are also used to sustain the Utah ADAP.

### **Enrollment**

For eligibility requirements please refer to the Eligibility section of this manual.

Currently, the Utah ADAP has enrollment caps; a cap on the number of ADAP clients and a cap on the number of Insurance clients the Part B Program can sustain. The average annual cost per client, for both ADAP and Insurance, varies. Weekly updates on current enrollment caps and slot availability are sent to service providers via email by the Part B Program.

If enrollment caps are exceeded and a waiting list becomes necessary, then eligible clients placed on the waiting list will be prioritized based upon medical criteria (i.e., pregnancy, lab values, and if they are currently taking medications); after these criteria are met, remaining clients will be prioritized on a first-come first-serve basis. Internal processes are in place to issue waiting list notifications for patient assistance program (PAP) applications. Additionally, in the event of a waiting list, the National Alliance of State and Territorial AIDS Directors (NASTAD) will be notified as national ADAP waiting list figures are featured in the NASTAD ADAP Watch Report.

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## Utah ADAP Formulary

All ADAPs are required to include at least one drug from each class of HIV antiretroviral medications on their formulary, but are otherwise given the authority to determine the specific FDA-approved drugs to cover. ADAPs must follow HHS HIV/AIDS treatment guidelines on the management of HIV/AIDS disease. Guidelines cover multiple aspects of treatment, including the use of antiretroviral therapies and medications for prophylaxis and treatment of opportunistic conditions. See Appendix K for Utah's current ADAP Formulary.

## Medication Acquisition

Clients receive medications for a 30-day allotment.

An exception may be made for the following two circumstances:

- Moving – an enrolled client may be eligible to receive one additional 30-day supply of medication(s) if he/she is about to move outside of Utah and services may be interrupted. Medications are not provided to those already living outside of Utah or using a mailing address outside of the state. Clients must provide notice to the Part B Program at least five (5) business days prior to his/her moving; a same day request for expedited approval to accommodate moving plans will not be accepted.
- Vacation – an enrolled client may be eligible to receive one additional 30-day supply of medication(s) if he/she has a scheduled vacation in which he/she may run out of his/her 30-day supply on that vacation. Clients must provide notice to the Part B Program at least five (5) business days prior to his/her vacation; a same day request for expedited approval to accommodate vacation plans will not be accepted.

In the case of the above-mentioned exceptions to the medication acquisition policy, the client and/or case manager must submit the Medication Acquisition Justification Form (Appendix L); this Form requires client and case manager signatures.

**If an enrolled client has not filled a prescription(s) within 60 days, then the case manager will be notified by the Part B Program. If an enrolled client has not filled a prescription(s) within 90 days, then the case manager will be notified and the client will be removed from the Program; a physician's note, describing the extenuating circumstances, is required in order for the Part B Program to suspend client removal.**

**The Utah ADAP will not replace lost or stolen medications.**

## Termination

Clients will be terminated from the Utah ADAP if they become eligible for drug therapy coverage under another program or private health insurance. Clients will also be terminated if they have not filled a prescription in 90 days or more; a physician's note, describing the extenuating circumstances, is required in order for the Part B Program to suspend client removal.

Clients who reapply to ADAP who have not filled a prescription(s) in 90 days or more are required to submit a Medication Adherence Form; this Form requires a physician signature (Appendix M). Until this completed Form is received, the Part B Program will not dispense medications to an eligible ADAP client who has not filled a prescription(s) within 90 days or more.

# Utah Ryan White Part B Program Policy & Procedure Manual

---

Applicants and clients who purposely misrepresent their coverage by private health insurance, income, and/or any other eligibility determination information may be terminated **permanently** from the Part B Program, including ADAP, Health Insurance Assistance, and Supportive Services. If deemed necessary, the Office of the Attorney General may initiate action against such individuals in order to recover costs associated with covering such clients.

## **ADAP Advisory Subcommittee**

The purpose of the Utah ADAP Advisory Subcommittee (under the HIV Treatment and Care Planning Committee) is to make recommendations to the Part B Program regarding ADAP policies to ensure that PLWHA in Utah have access to HIV-related medications which will decrease morbidity and increase their quality of life. The Utah ADAP Advisory Subcommittee shall consider such things as eligibility requirements/criteria, medications on the formulary, funding issues, cost containment, etc.

## **Reports and Program Evaluation**

The Utah ADAP Administrator provides a quarterly summary of expenditures and threshold information to the Utah ADAP Advisory Subcommittee. Additionally, the ADAP Administrator prepares and submits the ADAP Data Report (ADR) to HRSA/HAB. The ADR addresses limitations of the aggregate data reporting under the previous ADAP Quarterly Report (AQR) and will enable HRSA/HAB to evaluate the impact of ADAP on a national level, inclusive of describing who is using the Program, what ADAP-funded services are being used and the associated costs with these services.

## HEALTH INSURANCE ASSISTANCE PROGRAM OVERVIEW

### Purpose

The Utah Health Insurance Assistance Program seeks to (a) assist individuals in maintaining the continuity of medical services established through their health insurance coverage, including HIV/AIDS medication(s), (b) assist low-income individuals with HIV/AIDS, who are not eligible for other insurance coverage, to access medical services and medication(s) by funding monthly health insurance premium payments and pharmacy co-payments, and (c) reduce the fiscal impact of HIV/AIDS on publicly-funded programs.

### Utah Health Insurance Assistance Program

The Utah Health Insurance Assistance Program is administered through the Part B Program at the UDOH. The main responsibility of the Utah Health Insurance Assistance Program is to authorize the provision of and payment for health insurance premiums and pharmacy co-payments for eligible individuals. Specifically, the Program is responsible for the following:

1. Obtaining client eligibility determination documents;
2. Determining eligibility;
3. Authorizing payments for health insurance premiums and pharmacy co-payments for eligible clients enrolled in COBRA (Consolidated Omnibus Budget Reconciliation Act);
4. Authorizing payments for health insurance premiums and pharmacy co-payments for eligible clients enrolled in HIPUtah (Utah's Comprehensive Health Insurance Pool);
5. Authorizing payments for pharmacy co-payments for eligible clients enrolled in private / employer health insurance;
6. Maintaining client records;
7. Developing policies and procedures for Program operations; and,
8. Maintaining applicant and client confidentiality.

The Health Insurance Assistance Program covers pharmacy co-payments for medications included on the Utah ADAP Formulary for eligible clients with private health insurance through employment or otherwise. The Program does not cover health insurance premiums for eligible clients with private health insurance; only COBRA and HIPUtah health insurance premiums are covered by the Program.

### Funding

Federal funding, including Part B Formula, is used to maintain the Utah Health Insurance Assistance Program; limited state funding is allocated to the Part B Program. Additionally, rebates collected on medication purchases and pharmacy co-payments are also used to sustain the Program.

### Enrollment

For eligibility requirements please refer to the Eligibility section of this manual. Additional requirements, specific to the Health Insurance Assistance Program are outlined below:

- COBRA Eligibility  
In order to participate in the COBRA Program an applicant must demonstrate that they meet the following eligibility criteria:
  - Have a medical diagnosis of HIV disease or is a dependent with HIV disease who is covered under the health insurance of someone else and currently taking antiretroviral medication(s);

# Utah Ryan White Part B Program Policy & Procedure Manual

---

- Health Insurance:
  - a) policy covers HIV-related costs and outpatient HIV related drugs;
  - b) policy can be converted under COBRA; and
  - c) not previously denied health insurance coverage for HIV-related services.
- The applicant must notify their employer of COBRA election within 60 days of the date on their COBRA notification letter or the termination date (whichever is later). Payment for all health insurance premiums due must be made within 45 days from date of applicant's election to continue coverage.
- HIPUtah Eligibility

In order to participate in HIPUtah an applicant must demonstrate that they meet the following HIPUtah requirements:

  - Resident of Utah for one (1) year;
  - Not an inmate in a public institution;
  - Not eligible for any other public program, which provides medical care; and
  - Under the maximum lifetime benefit of the HIPUtah policy.

The individual must apply for HIPUtah coverage as per the instructions found online and/or in the HIPUtah information / instruction packet. HIPUtah eligibility is determined by SelectHealth, not the Part B Program.

\*Please note that HIPUtah will be discontinued after December 31, 2013.

Currently, the Utah ADAP has enrollment caps; a cap on the number of ADAP clients and a cap on the number of Insurance clients the Part B Program can sustain. The average annual cost per client, for both ADAP and Insurance, varies. Weekly updates on current enrollment caps and slot availability are sent to service providers via email by the Part B Program.

## Termination

Clients will be terminated from the Health Insurance Assistance Program if any of the following occur:

- The client becomes eligible for Medicaid or any other public health insurance;
- Client income and asset guidelines are exceeded; or
- The client acquires private health insurance through employment.

Applicants and clients who purposely misrepresent their coverage by health insurance, income, and/or any other eligibility determination information may be terminated **permanently** from the Part B Program, including ADAP, Health Insurance Assistance, and Supportive Services. If deemed necessary, the Office of the Attorney General may initiate action against such individuals in order to recover costs associated with covering such clients.

## Additional Information

It is prohibited for the Part B Program to directly reimburse client premiums, pharmacy co-payments, or deductibles. The Health Insurance Assistance Program will pay the entire amount to acquire health insurance coverage, but cannot reimburse a client for payments made before the application approval date determined by the Program. Clients are required to accept any other coverage that becomes available through employment or otherwise and must notify the Part B Program of that change. The client must not knowingly drop any insurance coverage and then apply to the Utah ADAP. The Health Insurance Assistance Program will only pay eligible clients' (e.g., COBRA, HIPUtah, or private insurance) pharmacy co-payments for medications on the Utah ADAP Formulary (Appendix K). Medications not included on the Formulary will not be covered.

## MEDICAL CASE MANAGEMENT

### Overview

The Ryan White HIV/AIDS Treatment and Modernization Act indicates that medical case management is a core medical service. Additionally, medical case management services increase access to and retention in medical care.

HRSA / HAB defines medical case management as a range of client-centered services that link clients with health care, psychosocial, and other services. Coordination and follow-up of medical treatments are components of medical case management. Services ensure timely, coordinated access to medically appropriate levels of health and supportive services and continuity of care through ongoing assessment of clients' and key family members' needs and personal support systems. Medical case management includes treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS regimens.

Medical case management services are provided by agencies contracted with the Part B Program. Contractors ensure that case managers:

- Hold and maintain appropriate licensure to provide case management services (e.g., RN, LCSW and/or BSW/SSW/LPC under the direction of a physician, RN and/or LCSW as outlined by the Department of Occupational & Professional Licensing);
- Have received training, continue to receive training, and maintain current information regarding Ryan White Programs and services as approved by the Part B Program;
- Have experience in the field of case management and understand the legal, social and clinical aspects of case management; and
- Adhere to the Ryan White Part B Program, HIV Medical Case Management Standards of Care.

Currently medical case management services are offered through Clinic 1A at the University of Utah Hospital.

### Covered Services

Medical Case Management services include:

- Performing a comprehensive assessment and evaluation;
- Development, implementation and evaluation of an individualized care plan; providing information and recommendations regarding access to Ryan White Part B services, alternative funding sources, and all other services that assist the client access appropriate and timely referrals;
- Client monitoring to assess the efficacy of the individualized care plan including re-evaluation and revision of the plan every six months;
- Benefit advocacy services will be provided by the client's case manager who: has received training and continues to receive annual training through a course(s) approved by the Part B Program; is knowledgeable about basic eligibility requirements for government benefits and has experience in assisting clients in obtaining services such as: housing, government benefits, and health insurance;
- Benefits advocacy services include assistance provided to a client to obtain government benefits, such as Medicaid, Medicare, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), food stamps, utilities, and the continuation of private health insurance;

# Utah Ryan White Part B Program Policy & Procedure Manual

---

- The case manager / case management agency must work in conjunction with the client's primary medical care provider when assisting a client in applying for government benefits where eligibility for the benefit is determined in whole or in part on the client's medical condition; and the Housing Authority when applying for housing; and,
- Providing assistance and education to clients.

## **Non-Covered Services**

Providing hands-on clinical services such as direct nursing care and/or mental health counseling is not covered under medical case management services.

## **Other Conditions**

The case management providers must work in conjunction with:

- The client's primary care physician;
- Other Ryan White Part B providers as necessary to assist with the application of benefits;
- The client and their family and/or caregivers; and,
- All other persons or entities included at the client's request as pertinent to the case management care plan.

## NON-MEDICAL CASE MANAGEMENT

### Overview

The Ryan White HIV/AIDS Treatment and Modernization Act indicates that non-medical case management is a supportive service. As defined by HRSA / HAB, non-medical case management includes advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

Non-medical case management services are provided by agencies contracted with the Part B Program. Contractors ensure that case managers:

- Hold and maintain appropriate licensure to provide case management services (e.g., RN, LCSW and/or BSW/SSW/LPC under the direction of a physician, RN and/or LCSW as outlined by the Department of Occupational & Professional Licensing);
- Have received training, continue to receive training, and maintain current information regarding Ryan White Programs and services as approved by the Part B Program;
- Have experience in the field of case management and understand the legal and social aspects of case management; and
- Adhere to the Ryan White Part B Program, HIV Medical Case Management Standards of Care.

Currently non-medical case management services are offered through the Utah AIDS Foundation (UAF).

### Covered Services

Non-Medical Case Management services include:

- Performing a comprehensive assessment and evaluation;
- Development, implementation and evaluation of an individualized care plan; providing information and recommendations regarding access to Ryan White Part B services, alternative funding sources, and all other services that assist the client access appropriate and timely referrals;
- Client monitoring to assess the efficacy of the individualized care plan and re-evaluation and revision of the plan as necessary;
- Benefit advocacy services will be provided by the client's case manager who: has received training and continues to receive annual training through a course(s) approved by the Part B Program; is knowledgeable about basic eligibility requirements for government benefits and has experience in assisting clients in obtaining services such as: housing, government benefits, and health insurance;
- Benefits advocacy services include assistance provided to a client to obtain government benefits, such as Medicaid, Medicare, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), food stamps, utilities, and the continuation of private health insurance;
- The case manager / case management agency must work in conjunction with the client's primary medical care provider when assisting a client in applying for government benefits where eligibility for the benefit is determined in whole or in part on the client's medical condition and the Housing Authority when applying for housing; and,
- Providing assistance and education to clients.

## **Non-Covered Services**

Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does. Similar to medical case management, providing hands-on clinical services such as direct nursing care and/or mental health counseling is not covered under non-medical case management services.

## **Other Conditions**

The case management providers must work in conjunction with:

- The client's primary care physician;
- Other Ryan White Part B providers as necessary to assist with the application of benefits;
- The client and their family and/or caregivers; and,
- All other persons or entities included at the client's request as pertinent to the case management care plan.

## CASE MANAGEMENT MONITORING GUIDELINES

Each year case management providers are required to participate in a monitoring visit. The purpose of such visit is to ensure compliance with contractual and Ryan White Part B programmatic requirements<sup>1</sup> in order to improve Program efficiency and responsiveness.

### Monitoring Visit Process

Each program/service funded by the Part B Program must undergo an annual monitoring visit. Patient/client files of individuals receiving services funded through the Part B Program are reviewed to ensure compliance to Program requirements. Files are randomly selected and should equally represent each case manager's caseload; the number of files to be reviewed is based on the client population size.

Client Population Size	Percentage of Files to be Reviewed
0-50	100%
51-100	25-50%
101-999	10%
1,000+	3-5%

The number of files to be reviewed may be given prior to the visit; however the actual files to be reviewed will be identified at the time of the visit unless otherwise arranged. The Part B Program will provide a written response containing monitoring findings within thirty (30) days of the visit; if needed, a correction plan will be developed.

### Tentative Schedule

- Fall 2013: FY12 clients  
(Clients served during the time period of April 1, 2012 – March 31, 2013)
- Fall 2014: FY 13 clients  
(Clients served during the time period of April 1, 2013 – March 31, 2014)

### Monitoring Performance Measures<sup>2</sup>

1. Documentation that service providers are trained professionals
2. Documentation that all the following activities are provided for all clients:
  - a. Initial Assessment;
  - b. Development of a comprehensive individualized care plan;
  - c. Coordination of services required to implement the plan;
  - d. Continuous client monitoring to assess efficacy of plan;
  - e. Periodic re-evaluation and adaptation of plan at least every 6 months\*; and,
  - f. Other documentation as required by the Part B Program.

---

<sup>1</sup> HRSA/HAB Part B Program Monitoring Standards, B.13

<sup>2</sup> HRSA/HAB Part B Program Monitoring Standards

# Utah Ryan White Part B Program Policy & Procedure Manual

---

3. Documentation of case management services include:
  - a. Type of service;
  - b. Type of encounter/communication; and,
  - c. Duration and frequency of encounters.
4. Documentation of additional services provided, for example:
  - a. Client-centered services that link clients to other resources
  - b. Coordination and follow up-of medical treatment (*for medical case management only*)
  - c. Ongoing assessment of client's and other key personal support systems needs
  - d. Treatment adherence counseling
  - e. Client specific advocacy

## \*Notable Changes

- Starting in FY12, the National Monitoring Standards for Ryan White Part B require that medical case management service plans show “**evidence of updates every 6 months.**” For monitoring purposes, files will need to show that the service plan has been evaluated and updated at least every 6 months starting with clients served in FY13 (April 1, 2013 – March 31, 2014).
- Starting in FY12, HRSA requires semi-annual re-certification for **all** Ryan White clients. For monitoring purposes Part B Program files will need to show evidence of semi-annual re-certification starting with clients served in FY12 (April 1, 2012 – March 31, 2013).

## National Monitoring Standards

Recently National Monitoring Standards for Ryan White HIV/AIDS Program Part A and Part B were developed by the Division of Service System (DSS) within HRSA/HAB. The purpose of the Standards is to assist grantees in meeting the federal requirements for program and fiscal management, monitoring, and reporting while improving program efficiency and responsiveness.

Ryan White Fiscal Monitoring Standards:

<http://hab.hrsa.gov/manageyourgrant/files/fiscalmonitoringpartb.pdf>

Ryan White Program Monitoring Standards:

<http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>

Ryan White Universal Monitoring Standards:

<http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf>

## TRANSPORTATION SERVICES

### Overview

Medical transportation is classified as a supportive service and is used to provide transportation for eligible clients to core medical services and supportive services. Medical transportation services are conveyance services provided, directly or through a voucher.

### Credentials

Transportation services may be provided by approved vendors as identified by provider agreements with the Part B Program.

### Covered Services

Covered services include the following:

- **Pre-paid Gas Certificates through Smith's Fuel Centers**
  - A client may obtain pre-paid gas certificates from a service provider or his/her case manager.
  - The pre-paid gas certificates are based on the one-way mileage that the client must travel from his/her home to their HIV primary medical care appointment.
    - Tier 1: 30-44 miles one-way – client receives a \$10.00 gas certificate;
    - Tier 2: 45-74 miles one-way – client receives a \$20.00 gas certificate;
    - Tier 3: Over 75 miles one-way – client receives a \$30.00 gas certificate.
  - Only regular unleaded gasoline may be purchased with the pre-paid gas certificates.
  - Gas certificates are authorized to access HIV primary medical care only.
  - Gas certificates are limited to one (1) certificate per eligibility period (e.g., April 1<sup>st</sup> – September 30<sup>th</sup> and October 1<sup>st</sup> – March 31<sup>st</sup>).
- **Utah Transit Authority (UTA) Tokens**

A client may obtain UTA tokens from a service provider or his/her case manager in order to access HIV primary medical care only. Tokens are limited to two (2) tokens per month.
- **Utah Transit Authority (UTA) All-Day Passes**

A client may obtain a UTA All-Day Pass from a service provider or his/her case manager in order to access HIV primary medical care only. Passes are valid all day for the date punched on the pass. Passes are limited to one (1) pass per month.
- **Taxicab Vouchers**

Taxicab vouchers are only to be used to access HIV primary medical care appointments to see their HIV medical doctor when the client is too ill to drive or ride UTA. Taxicab vouchers can be obtained from the client's case manager when no other means of transportation is available to the client. Case managers must verify client eligibility for the Part B Program prior to issuing a taxicab voucher. For clients who live outside of Salt Lake County, prior approval from the Part B Program is required before taxicab vouchers are issued to a client. Taxicab vouchers are limited to one (1) per month.

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## Eligibility

Only current Part B Program clients are eligible for transportation services. Prior to issuing transportation assistance, service providers are required to confirm Part B Program eligibility. Service providers are to only issue transportation assistance to an individual upon confirmation of eligibility from the Part B Program. If a transportation certificate, token, pass, or voucher is issued to an ineligible individual, the service provider from which it was distributed will be responsible for accrued costs; the Part B Program will not cover the cost of transportation services issued to an ineligible individual.

## Procedure for Accessing Services

- Pre-paid Gas Certificates through Smith's Fuel Centers:  
A client can obtain pre-paid gas certificates through his/her case manager. The denomination of the gas certificates disbursed is based on the number of miles a client will travel to his/her HIV-primary medical care appointment. Case managers should use MapQuest, or a similar website, to verify how many miles a client travels to their appointment prior to disbursing any pre-paid gas certificates. Case managers are required to document usage on a log, provided by the Part B Program, indicating the following:
  - Certificate number (preprinted by the Part B Program)
  - Certificate value
  - Date issued
  - Part B Program issuer name (prepopulated by Part B Program)
  - Dispensed to (prepopulated by Part B Program)
  - Signature (signed by the service provider the Part B Program dispensed to)
  - Client ID# (client first and third letter of first name, first and third letter of last name, and DOB e.g., John Doe, born 1/1/1950 would be documented as JHDE010150)
  - Mileage One-Way
  - Provider name (who distributed each individual certificate)
  - Provider signature (signed by who distributed each individual certificate)
  - Date distributed to each eligible client
  - Date the completed log was submitted to the Part B Program

Every line on the gas certificate log must be filled out completely (no down arrows or ditto marks), and the gas certificate log must be returned to the Part B Program prior to any more gas certificates being issued to case managers. If the gas certificate log is incomplete or if gas certificates have been given out to ineligible individuals, no new gas certificates may be issued by that case manager.

# Utah Ryan White Part B Program Policy & Procedure Manual

---

- Utah Transit Authority (UTA) Tokens and All-Day Passes:

A client can obtain UTA tokens or all-day passes through his/her medical or other service provider or through his/her case manager. Service providers are required to document usage on a log, provided by the Part B Program, indicating the following:

- Token or All-Day Pass Number
- Date issued
- Part B Program issuer name (prepopulated by Part B Program)
- Dispensed to (prepopulated by Part B Program)
- Signature (signed by the service provider the Part B Program dispensed to)
- Client ID# (client first and third letter of first name, first and third letter of last name, and DOB e.g., John Doe, born 1/1/1950 would be documented as JHDE010150)
- Provider name (who distributed each individual token or all-day pass)
- Provider signature (signed by who distributed each individual token or all-day pass)
- Date distributed to each eligible client
- Date the completed log was submitted to the Part B Program

Every line on the log must be filled out completely (no down arrows or ditto marks), and the log must be returned to the Part B Program prior to any more UTA tokens and/or all-day passes being issued to case managers. If the log is incomplete or if UTA tokens and/or all-day passes have been given out to ineligible individuals, no new UTA tokens and/or all-day passes may be issued by that case manager.

- Taxicab Vouchers:

Taxicab vouchers can only be obtained through a case manager or medical provider. Case managers and medical providers should use MapQuest, or a similar website, to verify how many miles a client travels to their appointment. Case managers and medical providers are required to document usage on a log, provided by the Part B Program, indicating the following:

- Voucher number (preprinted by the Part B Program)
- Date of taxicab service
- Client ID# (client first and third letter of first name, first and third letter of last name, and DOB e.g., John Doe, born 1/1/1950 would be documented as JHDE010150)
- Provider ID # (provider or clinic name)
- Provider signature (case manager or medical provider)
- From (pick up location)
- To (destination location)
- Cab #
- Time
- Driver
- Client initials
- Totals

Every line on the log must be filled out completely (no down arrows or ditto marks). Every component must be included. The log must be returned to the Part B Program within thirty (30) days of issuing a taxicab voucher. If the log is incomplete or if taxicab vouchers have been given out to ineligible individuals, no new taxicab vouchers may be issued by that case manager or medical provider.

## **Service Limitations**

- Client access to transportation services is limited to the specific time periods referenced above (refer to page 27), unless prior approval is given by the Part B Program. Approval for accessing transportation services more than one time during the specified time period may be granted if the client is unable to schedule all visits on the same day and a second visit is necessary, or in the case of a medical emergency.
- The maximum pre-approved amount of any redeemed gas certificate or taxicab voucher, without additional pre-approval from the Part B Program, is \$30.00.
- Transportation services are limited to the eligible client.
- Clients may only be reimbursed through a third party. It is prohibited for the Part B Program to directly reimburse a client.

## **Prior Approval**

Prior approval from the Part B Program is required when a client or service provider requests transportation services that exceed the service limitations. The service provider is required to submit a Transportation Prior Approval Request Form (Appendix O) to the Part B Program. Proof of prior approval by the Part B Program will be provided to the service provider by fax or secure e-mail; the Part B Program will return the Form to the service provider indicating approval or denial.

## **FOOD VOUCHERS (EMERGENCY ONLY)**

### **Overview**

The Ryan White HIV/AIDS Treatment and Modernization Act indicates that emergency financial assistance for the provision of food (including groceries, food vouchers, and food stamps) is a supportive service.

### **Covered Services**

All foods are covered and can be purchased with the food vouchers; however, the purchase of alcohol and tobacco products is prohibited.

### **Eligibility**

Only current Part B Program clients are eligible for food vouchers.

### **Procedure for Accessing Services**

A client must receive a referral from his/her primary care provider or case manager before seeking food vouchers. The service provider is required to submit the Food Voucher Request Form (Appendix P) to the Part B program for approval. Proof of approval by the Part B Program will be provided to the service provider by fax or secure e-mail; the Part B Program will return the Form to the service provider indicating approval or denial.

### **Limitations**

Emergency food vouchers are limited to one lifetime disbursement of \$60.00 per client. Food vouchers are to be issued only to clients who are in an emergency situation, which could coincide with a change in residence (move-in). No cash back will be given when the food certificates are used. Lost or stolen food certificates will not be replaced / reissued. This service will be discontinued when all pre-purchased food certificates have been issued.

## QUALITY MANAGEMENT PROGRAM

### Overview

As part of the Ryan White HIV/AIDS Modernization Act Part B (Act) the Part B Program is required to have an active quality management program. The purpose of the Part B Program, Quality Management Program (QM Program) is to assess the degree to which the performance of funded services adhere to the purposes of the Act as it relates to the quality, availability, and appropriateness of services to all affected segments of the population.<sup>3</sup>

The overarching goal of the QM Program is optimal health status of individuals accessing Part B funded services. Program goals are derived primarily from the requirements of the Act and the HRSA / HAB HIV Clinical Performance Measures. The goals are also influenced by the findings of the Office of Performance Review, the Low Incidence Initiative, and the National Monitoring Program. The QM Program goals are to promote:

- Care that is safe, effective, efficient, timely, client-centered, and equitable.
- Services and programs that meet the quality standards as defined by the Utah Part B Program.<sup>4</sup>

### Scope

The scope of the MI Program includes: (1) Measures of clinical quality and (2) Measures of non-clinical quality, including access and availability, and coordination and continuity of care. The Program focuses on evaluating whether core services meet or exceed professional standards. The primary emphasis is on core services that impact the greatest number of PLWHA and consume the largest portion of resources including:

- Outpatient and ambulatory health services;
- ADAP and pharmaceutical assistance;
- Health insurance premium assistance; and,
- Medical case management, including treatment adherence services.

### Program Objectives

The objectives of the Program are to:

- Improve the quality, availability, and organization of healthcare and supportive services for individuals and families living with HIV/AIDS;
- Promote retention in care;
- Reduce morbidity, as evidenced by reduction in opportunistic infection and HIV-related hospitalization, and stable or increasing CD4 levels; and,
- Reduce HIV-related mortality.

---

<sup>3</sup> 2012-2013 Quality Improvement Plan, Utah Ryan White Part B Program

<sup>4</sup> Ibid

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## **Governance**

The HIV Treatment and Care Planning Committee governs how care and services are provided and delegates the day-to-day accountability for designing and implementing the Quality Management Plan to the Quality Management Subcommittee. The Part B Program evaluates the overall effectiveness of the QM Program annually. The Quality Management Subcommittee meets at least annually to review and make recommendations regarding quality management and improvement activities, and reports its findings and recommendations to the HIV Treatment and Care Planning Committee.

## **Performance Measures and Performance Improvement**

Annually, a Quality Management Work Plan is developed that outlines desired outcomes based, whenever possible, on the HIVQUAL top decile performance benchmarks. Indicators of quality and outcomes selected are based on nationally recognized practice guidelines and outcome standards. Interventions are recommended whenever an opportunity to improve is identified. Using the Nolan Model and PDSA and the HIVQUAL Model, interventions focus on systems improvement, using human factors and process reliability science, and mistake-proofing techniques to redesign processes of care and service.

## **Program Evaluation**

The QM Program is evaluated annually. The Quality Management Subcommittee reviews Part B Program results and recommends revisions to the overall QM Program and to the QM Work Plan. The Part B Program and the HIV Treatment and Care Planning Committee, based on the recommendations of the Quality Management Subcommittee, approve the QM Plan as recommended or with appropriate changes. Expert consultation, technical assistance, and independent opinion are sought as needed.

## APPENDICES

Appendix A: Data Sheet.....	35
Appendix B: Re-certification Form.....	36
Appendix C: Affidavit of Zero Income Form.....	37
Appendix D: Federal Poverty Guidelines.....	38
Appendix E: Client Rights and Responsibilities Agreement.....	39
Appendix F: Release of Information Form.....	40
Appendix G: Eligibility Documentation Exceptions Form.....	41
Appendix H: Expedited Enrollment Justification Form.....	42
Appendix I: Grievance Policy.....	43
Appendix J: Grievance Intake Form.....	49
Appendix K: Utah ADAP Formulary.....	50
Appendix L: Medication Acquisition Justification Form.....	51
Appendix M: Medication Adherence Form.....	52
Appendix N: Case Management Audit / Monitoring Form.....	53
Appendix O: Transportation Prior Approval Request Form.....	55
Appendix P: Food Voucher Request Form.....	56

# Utah Ryan White Part B Program Policy & Procedure Manual

## Appendix A

### RYAN WHITE PART B PROGRAM Data Sheet *(Revised 07/13)*

#### ITEMS THAT MUST BE RETURNED WITH THIS FORM

One document from each of the following categories

\*If you are married you must return the following documents for your spouse also\*

#### Proof of Income:

- Three of your most recent pay stubs/earnings statement or
- Social Security/Disability Letter or
- Supplemental Security Income (SSI) Letter or
- Unemployment Statement or
- Affidavit of Zero income (you can get this from your case manager) or
- Schedule C from 2012 Income Tax Forms (if you are self-employed)

#### Proof of Insurance Denial

If you work you can get this from your Human Resource Department

#### 2012 Federal IRS Tax Transcript

#### Proof of Residency:

- Utility bill or
  - Rent Agreement or
  - Utah Driver License or
  - Homeless Shelter Voucher or
  - Bank statement or
  - Utah ID or
  - Federal IRS Tax Transcript or
  - Pay Stub / Earnings Statement
- Client Rights and Responsibilities Agreement

The Ryan White Part B Program will not accept incomplete application packets.

Name: (Last, First, Middle Initial) \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever served in the U.S. Armed Forces, Reserves, or National Guard?  Yes  No

#### Housing/Living Arrangements:

- Stable/Permanent (own home, rent, long-term institutional setting including psychiatric hospital or facility, foster care home, or other residence or long-term care facility)
- Temporary (transitional housing, temporarily living with family or friends, temporary institutional setting including hospital, psychiatric hospital or facility, substance abuse treatment facility, or detoxification center)
- Unstable (prison, jail, motel, emergency shelter, homeless)

#### Health Insurance, check all that apply:

- Private  Medicare  Medicaid  Other Public (PCN, HIP, CHIP, Military Health Care, V.A., Indian Health Svcs)
- No insurance (includes self pay or Ryan White)  Other Insurance: \_\_\_\_\_

Are you eligible for health insurance benefits under a domestic partner policy?  Yes  No

Are you currently taking HIV medications?  Yes  No

#### Race (select one or more):

- White
- Black/African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native

#### Ethnicity:

- Hispanic/Latino(a)
- Non-Hispanic

Language Spoken in Home: \_\_\_\_\_

#### Gender:

- Male
- Female
- Transgender

If Transgender, what is your

transgender subgroup:

- Male to female
- Female to male

**INCOME AND ASSETS INFORMATION:** Enter information below for all household members. If an asset is shared with someone not living in your household, enter the amount that belongs to you. Attach another sheet if more space is needed.

#### MONTHLY INCOME AMOUNT (also include spouse's income)

Wages/Salary	_____	Commission /Tips	_____	Unemployment	_____
Pension/Retirement	_____	Social Security	_____	Interest Dividends	_____
Income from Rental Property	_____	Other Income	_____	General Assistance	_____

#### ASSETS AMOUNT (write value of all you own)

Checking AND Savings	_____	Stocks/Bonds/CD's	_____	Real Estate	_____
Rental Property (that you rent to others)	_____	Life Insurance/Annuities	_____	Other Assets	_____

#### PROVIDER INFORMATION

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient's Primary Diagnosis: \_\_\_\_\_ T-cell Count: \_\_\_\_\_ Viral Load: \_\_\_\_\_

HIV Status:  HIV+, not AIDS  HIV+, AIDS status unknown  CDC-defined AIDS  HIV Indeterminate (infants only)

Date of HIV+ diagnosis: \_\_\_\_\_ (MM/DD/YYYY) If CDC-defined AIDS, date of AIDS diagnosis: \_\_\_\_\_ (MM/DD/YYYY)

Risk Factor(s) for HIV infection (select one or more):

- Male who has sex with male(s)
- Injection Drug Use
- Hemophilia/coagulation disorder
- Heterosexual contact
- Receipt of blood transfusion, blood components or tissue
- Perinatal transmission
- Other: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I realize that providing false information may disqualify me from Ryan White Part B Program services. The Ryan White Part B Program cannot pay for services that have been paid or can reasonably be paid by any State, Federal or private entity that provides health benefits.

I understand that my records are protected under State and Federal regulations and cannot be disclosed without my written consent. I understand that information can be released for billing, chart audits, program monitoring/quality improvement, data reporting, and needs assessment purposes. This document serves as my consent for the release of information. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this form and all application documentation to: Box 142104, SLC, UT 84114-2104 or Fax to 801-536-0978.

# Utah Ryan White Part B Program Policy & Procedure Manual

## Appendix B

<b>RYAN WHITE PART B PROGRAM Re-Certification Form</b> <small>(Revised 07/13)</small>			
<p><b>ITEMS THAT MUST BE RETURNED WITH THIS FORM</b>  <b>One document from each of the following categories</b></p> <p><i>*If you are married you must return the following documents for your spouse also*</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b>Proof of Income:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Three of your most recent pay stubs/earnings statement or</li> <li><input type="checkbox"/> Social Security/Disability Letter or</li> <li><input type="checkbox"/> Supplemental Security Income (SSI) Letter or</li> <li><input type="checkbox"/> Unemployment Statement or</li> <li><input type="checkbox"/> Affidavit of Zero income (you can get this from your case manager) or</li> <li><input type="checkbox"/> Schedule C from 2012 Income Tax Forms (if you are self-employed)</li> </ul> <p><input type="checkbox"/> <b>Proof of Insurance Denial</b>                      If you work you can get this from your Human Resource Department</p> <p><input type="checkbox"/> <b>2012 Federal IRS Tax Transcript</b>                      Instructions to get this are included in your re-certification packet that was mailed to you</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b>Proof of Residency:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Utility Bill or</li> <li><input type="checkbox"/> Rent / Mortgage Agreement or</li> <li><input type="checkbox"/> Utah Driver License or</li> <li><input type="checkbox"/> Homeless Shelter Voucher or</li> <li><input type="checkbox"/> Bank Statement or</li> <li><input type="checkbox"/> Utah ID or</li> <li><input type="checkbox"/> Federal IRS Tax Transcript or</li> <li><input type="checkbox"/> Pay Stub / Earnings Statement</li> </ul> <p><input type="checkbox"/> <b>Client Rights and Responsibilities Agreement</b>                      This is included in your re-certification packet that was mailed to you</p> </td> </tr> </table> <p style="text-align: center; font-weight: bold;">The Ryan White Part B Program will not accept incomplete re-certification packets.</p>		<p><b>Proof of Income:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Three of your most recent pay stubs/earnings statement or</li> <li><input type="checkbox"/> Social Security/Disability Letter or</li> <li><input type="checkbox"/> Supplemental Security Income (SSI) Letter or</li> <li><input type="checkbox"/> Unemployment Statement or</li> <li><input type="checkbox"/> Affidavit of Zero income (you can get this from your case manager) or</li> <li><input type="checkbox"/> Schedule C from 2012 Income Tax Forms (if you are self-employed)</li> </ul> <p><input type="checkbox"/> <b>Proof of Insurance Denial</b>                      If you work you can get this from your Human Resource Department</p> <p><input type="checkbox"/> <b>2012 Federal IRS Tax Transcript</b>                      Instructions to get this are included in your re-certification packet that was mailed to you</p>	<p><b>Proof of Residency:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Utility Bill or</li> <li><input type="checkbox"/> Rent / Mortgage Agreement or</li> <li><input type="checkbox"/> Utah Driver License or</li> <li><input type="checkbox"/> Homeless Shelter Voucher or</li> <li><input type="checkbox"/> Bank Statement or</li> <li><input type="checkbox"/> Utah ID or</li> <li><input type="checkbox"/> Federal IRS Tax Transcript or</li> <li><input type="checkbox"/> Pay Stub / Earnings Statement</li> </ul> <p><input type="checkbox"/> <b>Client Rights and Responsibilities Agreement</b>                      This is included in your re-certification packet that was mailed to you</p>
<p><b>Proof of Income:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Three of your most recent pay stubs/earnings statement or</li> <li><input type="checkbox"/> Social Security/Disability Letter or</li> <li><input type="checkbox"/> Supplemental Security Income (SSI) Letter or</li> <li><input type="checkbox"/> Unemployment Statement or</li> <li><input type="checkbox"/> Affidavit of Zero income (you can get this from your case manager) or</li> <li><input type="checkbox"/> Schedule C from 2012 Income Tax Forms (if you are self-employed)</li> </ul> <p><input type="checkbox"/> <b>Proof of Insurance Denial</b>                      If you work you can get this from your Human Resource Department</p> <p><input type="checkbox"/> <b>2012 Federal IRS Tax Transcript</b>                      Instructions to get this are included in your re-certification packet that was mailed to you</p>	<p><b>Proof of Residency:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Utility Bill or</li> <li><input type="checkbox"/> Rent / Mortgage Agreement or</li> <li><input type="checkbox"/> Utah Driver License or</li> <li><input type="checkbox"/> Homeless Shelter Voucher or</li> <li><input type="checkbox"/> Bank Statement or</li> <li><input type="checkbox"/> Utah ID or</li> <li><input type="checkbox"/> Federal IRS Tax Transcript or</li> <li><input type="checkbox"/> Pay Stub / Earnings Statement</li> </ul> <p><input type="checkbox"/> <b>Client Rights and Responsibilities Agreement</b>                      This is included in your re-certification packet that was mailed to you</p>		

**Name:** (Last, First, Middle Initial) \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell/Work Phone:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_-\_\_\_\_-\_\_\_\_  
**Have you ever served in the U.S. Armed Forces, Reserves, or National Guard?**  Yes  No

**Housing/Living Arrangements:**

Stable/Permanent (own home, rent, long-term institutional setting including psychiatric hospital or facility, foster care home, or other residence or long-term care facility)

Temporary (transitional housing, temporarily living with family or friends, temporary institutional setting including hospital, psychiatric hospital or facility, substance abuse treatment facility, or detoxification center)

Unstable (prison, jail, motel, emergency shelter, homeless)

**Health Insurance, check all that apply:**

Private  Medicare  Medicaid  Other Public (PCN, HIP, CHIP, Military Health Care, V.A., Indian Health Svcs)

No insurance (includes self pay or Ryan White)  Other Insurance: \_\_\_\_\_

**Are you eligible for health insurance benefits under a domestic partner policy?**  Yes  No  
**Are you currently taking HIV medications?**  Yes  No

<p><b>Race (select one or more):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Black/African American</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Native Hawaiian or other Pacific Islander</li> <li><input type="checkbox"/> American Indian or Alaska Native</li> </ul>	<p><b>Ethnicity:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hispanic/Latino(a)</li> <li><input type="checkbox"/> Non-Hispanic</li> </ul> <p>Language Spoken in Home: _____</p>	<p><b>Gender:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Male</li> <li><input type="checkbox"/> Female</li> <li><input type="checkbox"/> Transgender</li> </ul> <p>If Transgender, what is your transgender subgroup:  <input type="checkbox"/> Male to female  <input type="checkbox"/> Female to male</p>
---	---	--

**HIV Status:**  HIV+, not AIDS  HIV+, AIDS status unknown  Risk Factor(s) for HIV infection (select one or more):

CDC-defined AIDS  HIV Indeterminate (infants only)  Male who has sex with male(s)  Injection Drug Use

**Date of HIV+ diagnosis:** \_\_\_\_\_ (MM/DD/YYYY)  Hemophilia/coagulation disorder  Heterosexual contact

**If CDC-defined AIDS, date of AIDS diagnosis:** \_\_\_\_\_ (MM/DD/YYYY)  Receipt of blood transfusion, blood components or tissue

Perinatal transmission  Other: \_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_ **Case Manager's Name:** \_\_\_\_\_

**INCOME AND ASSETS INFORMATION:** Enter information below for all household members. If an asset is shared with someone not living in your household, enter the amount that belongs to you. Attach another sheet if more space is needed.

MONTHLY INCOME AMOUNT (also include spouse's income)					
Wages/Salary _____	Commission/Tips _____	Unemployment _____			
Pension/Retirement _____	Social Security _____	Interest Dividends _____			
Income from Rental Property _____	Other Income _____	General Assistance _____			
ASSETS AMOUNT (write value of all you own)					
Checking AND Savings _____	Stocks/Bonds/CD's _____	Real Estate _____			
Rental Property (that you rent to others) _____	Life Insurance/Annuities _____	Other Assets _____			

I certify that the above information is true and correct to the best of my knowledge. I realize that providing false information may disqualify me from Ryan White Part B Program services. The Ryan White Part B Program cannot pay for services that have been paid or can reasonably be paid by any State, Federal or private entity that provides health benefits.

I understand that my records are protected under State and Federal regulations and cannot be disclosed without my written consent. I understand that information can be released for billing, chart audits, program monitoring/quality improvement, data reporting, and needs assessment purposes. This document serves as my consent for the release of information. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail** this form and all re-certification documentation to: Box 142104, SLC, UT 84114-2104 or **Fax** to 801-536-0978.

# Utah Ryan White Part B Program Policy & Procedure Manual

## Appendix C

**Utah Department of Health**  
**Ryan White Part B Program**  
 Box 142104  
 Salt Lake City, UT 84114-2104

Telephone: (801) 538-6191  
 FAX: (801) 536-0978

<b>AFFIDAVIT OF ZERO INCOME</b>								
I, _____, residing at _____, hereby attest that I am not currently receiving or expect to receive any of the income types listed below within the next 30 days.								
<b>YOU MUST COMPLETE THE FOLLOWING SECTION</b>								
Type of Income	Yes	No	Type of Income	Yes	No	Type of Income	Yes	No
Wages & Overtime			Social Security Income			Child Support		
Sick or Vacation Pay			Social Security Disability			Alimony		
Unemployment			Welfare/TANF			Sale of Assets		
Self-Employment			Pension			Rental Income		
Tips			401(k) or IRA			Inheritances		
Commissions or Bonus			Annuity or Insurance Benefits			General Assistance		
Workers Compensation			Interest or Dividends			Veterans Administration		
Cash Earnings			Severance Pay			Death Benefits		
Military Pay/Allowance			Other: (Please explain)					

Obligation	Average Monthly Amount	How do you pay for this obligation?
Rent/House Payment		
Utilities: <input type="checkbox"/> Lights <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash		
<input type="checkbox"/> Telephone <input type="checkbox"/> Cell Phone		
Groceries/Food		
Transportation: <input type="checkbox"/> Car Pmt. <input type="checkbox"/> Gas <input type="checkbox"/> Insurance <input type="checkbox"/> Bus		
Medical / Dental / Optical Expenses		

**REQUIREMENT TO UPDATE AND COOPERATE:** I understand that I am required to report any changes in income or money received, family composition, and contact information (address, phone) within 10 days and in writing. I understand I am required to supply all information needed to determine my level of benefits or verify my true circumstances. Cooperation includes completion and execution of all required forms and releases. I understand that failure to cooperate or provide correct information may lead to either delays or denial/termination of services. **AUTHORIZATION TO VERIFY INFORMATION:** I understand that all information on this form may be verified by the Ryan White Part B Program. **INFORMATION SUPPLIED IS TRUE AND COMPLETE:** I certify all the information provided on this form is accurate and complete to the best of my knowledge. I have reviewed this form and certify by my signature below, the information shown is true and correct.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

I certify all the information provided on this form is accurate and complete to the best of my knowledge. I have reviewed this form and certify by my signature below, the information shown is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Case Manager Signature

\_\_\_\_\_  
 Date

**WARNING:** 18 USC 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement of entry, in any manner within the jurisdiction on any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

# Utah Ryan White Part B Program Policy & Procedure Manual

## Appendix D

### Utah Department of Health Ryan White Part B Program Federal Poverty Guideline Chart Revised 1/13

Family Size	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	0-957.50	11,490.00	957.51-1,436.25	17,235.00	1,436.26-1,915.00	22,980.00	1,915.01-2,393.75	28,725.00
2	0-1,292.50	15,510.00	1,292.51-1,938.75	23,265.00	1,938.76-2,585.00	31,020.00	2,585.01-3,231.25	38,775.00
3	0-1,627.50	19,530.00	1,627.51-2,441.25	29,295.00	2,441.26-3,255.00	39,060.00	3,255.01-4,068.75	48,825.00
4	0-1,962.50	23,550.00	1,962.51-2,943.75	35,325.00	2,943.76-3,925.00	47,100.00	3,925.01-4,906.25	58,875.00
5	0-2,297.50	27,570.00	2,297.51-3,446.25	41,355.00	3,446.26-4,595.00	55,140.00	4,595.01-6,581.25	68,925.00
6	0-2,632.50	31,590.00	2,632.51-3,948.75	47,385.00	3,948.76-5,265.00	63,180.00	5,265.01-6,581.25	78,975.00
7	0-2,967.50	35,610.00	2,967.51-4,451.25	53,415.00	4,451.26-5,935.00	71,220.00	5,935.01-7,418.75	89,025.00
8	0-3,302.50	39,630.00	3,302.51-4,953.75	59,445.00	4,953.76-6,605.00	79,260.00	6,605.01-8,256.25	99,075.00
<b>Co-pay</b>	0%		0%		0%		0%	
<b>Poverty</b>	0-100%	0-100%	101-150%	101-150%	151-200%	151-200%	201-250%	201-250%
<b>For each family member over 8 add:</b>	335.00	4,020.00	502.00	6030.00	670.00	8040.00	837.50	10,050.00

## Appendix E Client Rights and Responsibilities Agreement

As a client of the Ryan White Part B Program, you have the **right**:

- To be treated with respect, dignity, consideration, and compassion.
- To receive services free of discrimination on the basis of race, color, ethnicity, national origin, sex, gender identity, sexual orientation, religion, age, class, physical or mental ability.
- To receive information in terms and language that you can understand, and is culturally appropriate.
- To participate in creating a plan for services.
- To reach an agreement with your case manager about the frequency of contact you will have, either in person or over the phone.
- To withdraw your voluntary consent to participate in Case Management services without affecting your medical care or other benefits to which you are entitled.
- To be informed about services and options available to you, including the cost.
- To the assurance of confidentiality of all personal information, communication and records.
- To not be subjected to physical, sexual, verbal and/or emotional abuse or threats.
- To file a grievance about services you are receiving or denial of services, according to the Ryan White Part B Program Grievance Policy.

As a client of the Ryan White Part B Program, you have the **responsibility**:

- To treat other clients, volunteers, and staff with respect and courtesy.
- To protect the confidentiality of other clients you encounter.
- To be free of alcohol or mind altering drugs while receiving Part B services or when on the phone with a service provider.
- To participate in creating a service plan and to take an active role in resolving that plan.
- To let your case manager know any concerns you have about your case management plan or changes in your needs.
- To make and keep appointments to the best of your ability, or to phone to cancel or change an appointment time, whenever possible.
- To stay in communication with your case manager by informing her/him of changes in your address, phone number, and medical, financial and insurance information, and by responding to your case manager's calls or letters to the best of your ability.
- To submit a complete re-certification application to the Part B Program every six months.
- To refrain from knowingly falsifying documentation or information related to eligibility.
- To refrain from causing physical, sexual, verbal, or emotional abuse or threats to clients, staff, or volunteers (including pharmacy staff).

\*Please Note: The pharmacies where HIV medications are dispensed to eligible ADAP clients are independent of the Part B Program. Each pharmacy network and/or individual pharmacy location reserves the right to refuse services to anyone, including eligible ADAP clients. If a pharmacy network or location exercises its' right to refuse services to an eligible ADAP client, that client will be required to receive pharmacy services elsewhere.

I understand the above client rights, understand my responsibilities, and agree to comply with them. I understand that violation of these responsibilities may result in termination from the Ryan White Part B Program. I understand the Ryan White Part B Program Grievance Policy referenced. I understand that I may request and receive a copy of this Policy at any time.

---

Client Signature

---

Date

July 2013

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## Appendix F

Utah Ryan White Part B Program  
Utah Department of Health  
Physical: 288 North 1460 West (84116)  
Mailing: Box 142104  
Salt Lake City, UT 84114-2104

### AUTHORIZATION FOR RELEASE OF INFORMATION

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, the undersigned, hereby authorize the Utah Department of Health Ryan White Part B Program to release information to the following individual(s):

Name (please print): \_\_\_\_\_

Name (please print): \_\_\_\_\_

Name (please print): \_\_\_\_\_

This request and authorization applies to information gathered through Utah Ryan White Part B Program activities.

*I understand that my records are protected under Federal regulations and cannot be disclosed without my written consent unless otherwise provided for under the regulations. This document serves as my consent for the release of information to the individual(s) set forth above. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it.*

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**\*Please Note:** By applying to and enrolling in the Utah Ryan White Part B Program (Part B Program), applicants and clients authorize Ryan White Part B service providers to disclose records and information to the Part B Program, including but not limited to: (1) name, address, and phone number; (2) HIV/AIDS status verification; (3) medical treatment summary; (4) case management chart; (5) psychosocial history; (6) substance abuse treatment records; (7) psychological / psychiatric evaluations; and, (8) provider account / invoice numbers. This information may be disclosed for the purpose of (1) case management services, (2) insurance billing (e.g., health insurance premiums, copayments, deductibles, explanation of benefits, etc.), or (3) other purposes. This authorization shall expire when no longer necessary, as determined by the Part B Program.

Revised July 2013

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## Appendix G Eligibility Documentation Exceptions Form Utah Ryan White Part B Program

Date Form Submitted: \_\_\_\_\_

Client / Applicant Name (please print): \_\_\_\_\_

Client / Applicant Date of Birth: \_\_\_\_\_

---

**Reason for Exception Request** (check all that apply):

- Homeless
- Undocumented
- Refugee
- Severely Persistently Mentally Ill (SPMI)\*
- Individuals with significant physical health issues\*\*

**Eligibility Documentation Not Submitted** (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> <u>Re-certification</u>    | <input type="checkbox"/> <u>New Applicant</u>                         |
| <input type="checkbox"/> Re-certification Form      | <input type="checkbox"/> Data Sheet                                   |
| <input type="checkbox"/> Income Verification        | <input type="checkbox"/> Income Verification                          |
| <input type="checkbox"/> Federal IRS Tax Transcript | <input type="checkbox"/> Federal IRS Tax Transcript                   |
| <input type="checkbox"/> Proof of Residency         | <input type="checkbox"/> Proof of Residency                           |
| <input type="checkbox"/> Proof of Insurance Denial  | <input type="checkbox"/> Proof of Insurance Denial                    |
|   | <input type="checkbox"/> Client Rights and Responsibilities Agreement |
|   | <input type="checkbox"/> Release of Information Form (if applicable)  |

**Exception Request Description:**

\_\_\_\_\_  
Client / Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician\*\* / Clinician\* Signature

\_\_\_\_\_  
Date

Appendix H  
**Expedited Enrollment Justification Form**  
Utah Ryan White Part B Program

Date Form Submitted: \_\_\_\_\_

Client / Applicant Name (please print): \_\_\_\_\_

Client / Applicant Date of Birth: \_\_\_\_\_

---

**Reason for Expedited Enrollment Request:**

- New applicant who needs to start medications immediately
- Client who has exhausted his/her supply of medication

**Expedited Enrollment Request Description:**

\_\_\_\_\_  
Client / Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

## Appendix I Grievance Policy Utah Ryan White Part B Program

### **Grievance Policy Requirements:**

1. Include in Utah Ryan White Part B Program Policy and Procedure Manual.
2. Applicants / clients should be given a copy of the Grievance Policy forms when requested.
3. Staff shall discuss the policy with applicants / clients to ensure that applicants / clients understand the procedures.
4. The Utah Ryan White Part B Program Manager will keep a file documenting all grievances, responses and outcomes. All documentation will become a part of the applicant's / client's permanent record and will be filed in the applicant's / client's chart.

### **Quality of Service:**

Staff members are guided by the Utah Ryan White Part B Program Policy and Procedure Manual. These policies include Federal requirements, State Agreements and Assurances as well as the Goals, Guidelines and Responsibilities for AIDS Drug Assistance, Health Insurance Assistance, and Supportive Services. Reviewing these policies and procedures will help applicants / clients understand the regulations which staff members follow when serving HIV-impacted individuals and families.

For a list of client rights and responsibilities and/or a copy of the Client Rights and Responsibilities Agreement, please contact the Utah Ryan White Part B Program at (801) 538-6191 or [RWP@utah.gov](mailto:RWP@utah.gov).

### **Client Confidentiality:**

Every effort is made within the Utah Ryan White Part B Program to maintain client confidentiality at all times. All staff members are given and required to be familiar with state and federal laws regarding client confidentiality. Reading the confidentiality requirements may help an applicant / client who fears loss of anonymity.

### **Notification to the Utah Ryan White Part B Program Client:**

You are receiving HIV/AIDS services from the Ryan White Part B Program within the Bureau of Epidemiology at the Utah Department of Health (UDOH). The development and operation of this Program are supported by The Ryan White CARE Act, Part B funding. Part B funds are administered by the UDOH on a state level.

The Utah Ryan White Part B Program service needs are identified and prioritized through the needs assessment process. Based on this assessment, a plan has been developed for the Program to meet the needs of individuals and families affected by HIV/AIDS in Utah.

The Health Resources and Services Administration (HRSA), which is within the U.S. Department of Health and Human Services (HHS), has lead responsibility for the Ryan White Part B Program. Part B funds are received by the Ryan White Part B Program within the Bureau of Epidemiology at the UDOH. The Utah Ryan White Part B Program and the State of Utah must be in compliance with Federal requirements and contract requirements.

## Appendix I

### **Grievance Procedure:**

If an applicant / client (grievant) wishes to express a complaint or make a suggestion for change in the HIV/AIDS services they have received from the Utah Ryan White Part B Program, the following procedures should be followed as outlined below:

#### **Level 1**

1. Applicant / client complaints will be addressed by the Level 1 contact person in the Utah Ryan White Part B Program.
  - A. The grievant must complete and submit in writing the Level 1 Statement of Grievance Form within five (5) business days of the alleged complaint.
  - B. Please describe the occurrence in detail. Use dates and names if known.
    - i. The grievant should retain a copy for their records.
    - ii. Mail the Level 1 Statement of Grievance Form to:  
**Utah Department of Health  
Bureau of Epidemiology  
(ATTN: Marcee Mortensen)  
Box 142104  
Salt Lake City, UT 84114-2104**
  - C. The grievant will receive a response in writing by mail within ten (10) business days of the Program receiving the grievance.
  - D. If the grievant is not satisfied with the response, they must file a Level 2 Statement of Grievance within five (5) business days of receiving the response.

#### **Level 2**

2. The Level 2 Statement of Grievance will go to the Utah Ryan White Part B Program Manager.
  - A. The Level 2 Statement of Grievance Form can be obtained from the Level 1 contact person.
    - i. The grievant must complete this form in writing within five (5) business days of receiving their Level 1 response.
    - ii. A copy of the Level 1 Grievance Statement and Level 1 response **must** be attached to the Level 2 Statement of Grievance.
    - iii. Mail all documents to:  
**Utah Department of Health  
Bureau of Epidemiology  
(ATTN: Cristie Chesler)  
Box 142104  
Salt Lake City, UT 84114-2104**
  - B. The Program Manager shall respond to the grievant's Level 2 complaint in writing by mail within ten (10) business days of receiving the grievance.
  - C. The Program Manager and the grievant will attempt to work together in order to resolve the grievance.
  - D. If the grievant is not satisfied with the response, they may file the Level 3 Statement of Grievance within a mandatory five (5) business day period.

## Appendix I Level 3

3. The **final level of appeal** is Level 3. The Level 3 appeal will go to the Director of the Bureau of Epidemiology.
  - A. The Level 3 Statement of Grievance Form can be obtained from the Level 2 contact person.
    - i. The grievant must complete this form in writing within five (5) business days of receiving their response for the Level 2 appeal.
    - ii. The grievant **must** attach copies of the Level 1 and Level 2 Statements of Grievance and their Level 1 and Level 2 responses for the Level 3 appeal.
      - a. The grievance **will not** be accepted if the grievances and responses are not attached to the Level 3 Grievance.
      - b. The Level 3 contact person will not accept the request for appeal if the client has failed to work with the Level 2 contact person.
    - iii. Mail these documents to:

**Utah Department of Health  
Bureau of Epidemiology  
(ATTN: Jennifer Brown)  
Box 142104  
Salt Lake City, UT 84114-2104**
  - B. The Bureau Director shall respond to the grievant's complaint in writing within twenty (20) business days of receiving the grievance.

**Statement of Grievance paperwork provided on the following pages.**





Appendix I  
Utah Department of Health  
Bureau of Epidemiology  
Utah Ryan White Part B Program

**LEVEL 3 STATEMENT OF GRIEVANCE**

Date Submitted: \_\_\_\_\_

Date of Level 2 Response: \_\_\_\_\_

Grievant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Statement of Grievance and Response: **“The Level 1” and the “Level 2 Statements of Grievance” and “Level 1” and “Level 2 Responses” must be attached.**

Summary of why the grievant disagrees with the Level 1 and Level 2 response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on other side if needed)

(Please include any paperwork that would help in the decision making)

I, \_\_\_\_\_, request a Level 3 appeal to resolve a grievance which  
(Client's name)  
occurred on \_\_\_\_\_. The Level 1 response I received on \_\_\_\_\_ was  
(Date) (Date)  
unacceptable. The Level 2 response I received on \_\_\_\_\_ was also unacceptable.  
(Date)  
I understand that Level 3 is my last level of appeal.

Signature of Grievant: \_\_\_\_\_

Appendix J  
Utah Department of Health  
Bureau of Epidemiology  
Utah Ryan White Part B Program  
**CLIENT GRIEVANCE INTAKE AND DISPOSITION**  
(for staff use only)

Name of Grievant: \_\_\_\_\_

**Grievance Level 1**

Client Grievance Statement Received Date: \_\_\_\_\_

Document Received By: \_\_\_\_\_  
(Name)

Given to Level 1 contact person: \_\_\_\_\_  
(Name)

Summary of Level 1 Response:

Response: Accepted by client: \_\_\_\_\_ Rejected by client: \_\_\_\_\_

**Grievance Level 2**

Client Grievance Statement Received Date: \_\_\_\_\_

All Level 1 documents are enclosed, as required. Yes \_\_\_\_\_ No \_\_\_\_\_

Document Received By: \_\_\_\_\_  
(Name)

Given to Level 2 contact person: \_\_\_\_\_

Summary of Level 2 Response:

Response: Accepted by client: \_\_\_\_\_ Rejected by client: \_\_\_\_\_

**Grievance Level 3**

Client Grievance Statement Received Date: \_\_\_\_\_

All Level 1 and Level 2 documents are enclosed, as required. Yes \_\_\_\_\_ No \_\_\_\_\_

Document Received By: \_\_\_\_\_  
(Name)

Given to Level 3 contact person: \_\_\_\_\_

Level 3 Decision:

\_\_\_\_\_

Client Response:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appendix K UTAH ADAP FORMULARY

### Anti-retrovirals

#### Nucleoside Analogs (NA)

Retrovir® (Zidovudine) (ZDV) (AZT)  
Videx® (Didanosine) (DDI)  
Zerit® (Stavudine) (D4T)  
Epivir® (Lamivudine) (3TC)  
Combivir® (Epivir/retrovir) (Lamivudine,  
3TC/Zidovudine, AZT)  
Ziagen® (Abacavir)  
Trizivir® (Lamivudine, Zidovudine,  
Abacavir)  
Emtriva® (Emtricitabine)  
Truvada™ (Emtricitabine/tenofovir  
disoproxil fumarate, FTC/TDF)  
Epzicom™ (Abacavir/lamivudine)

#### Non-Nucleoside Transcriptase Inhibitors (NNRTI)

Viramune® (Nevirapine)  
Viramune® XR (Nevirapine)  
Rescriptor® (Delavirdine)  
Sustiva® (Efavirenz)  
Intelence™ (Etravirine)  
Edurant™ (Rilpivirine)

#### Protease Inhibitors (PI)

Invirase® (Saquinavir)  
Norvir® (Ritonavir)  
Crixivan® (Indinavir)  
Viracept® (Nelfinavir)  
Fortovase® (Saquinavir)  
Kaletra® (Lopinavir/ritonavir)  
Reyataz® (Atazanavir)  
Lexiva® (Fosamprenavir)  
Aptivus® (Tipranavir)  
Prezista™ (Darunavir)

#### Nucleotide Analogue

Viread® (Tenofovir DF)

#### Fusion Inhibitors

Fuzeon® (Enfuvirtide)

#### CCR5 Co-receptor Antagonist

Selzentry™ (Maraviroc)

#### Integrase Inhibitor

Isentress™ (Raltegravir)

#### Single Tablet Regimen

Atripla™ (Efavirenz/emtricitabine/  
tenofovir DF)  
Complera™ (Rilpivirine, Tenofovir,  
Emtricitabine)  
Stribild™ (elvitegravir, cobicistat,  
emtricitabine, tenofovir disoproxil  
fumarate)

#### Opportunistic Infections (OI)

Zovirax® (Acyclovir)  
Zithromax® (Azithromycin)  
Mycobutin® (Rifabutin)  
Biaxin® (Clarithromycin)  
Valtrex® (Valacyclovir)  
Diflucan® (Fluconazole)  
Mycostatin® (Nystatin)  
Sporanox® (Itraconazole)  
Leucovorin®  
Pyrimethamine® (Daraprim)  
Sulfadiazine®  
Bactrim® (TMP/SMX)  
Dapsone®  
Valcyte® (Valgancyclovir)  
Mepron® (Atovaquone)  
Zyvox® (Linezolid)  
(Ethambutol)  
Pentamidine (Inhaled) (Nebupent)  
Cleocin® (Clindamycin)

Effective April 15, 2013

Appendix L  
**Medication Acquisition Justification Form**  
Utah Ryan White Part B Program

Date Form Submitted: \_\_\_\_\_

Client Name (please print): \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

---

**Reason for Medication Acquisition Justification:**

- Client is Moving
- Client is going on Vacation

**Medication Acquisition Justification Description:**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

# Utah Ryan White Part B Program Policy & Procedure Manual

---

## Appendix M Medication Adherence Form Utah Ryan White Part B Program

Date Form Submitted: \_\_\_\_\_

Physician Name (please print): \_\_\_\_\_

Client Name (please print): \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

---

Clients will be terminated from the Utah AIDS Drug Assistance Program (ADAP) if they have not filled a prescription in 90 days or more; a physician's note, describing the extenuating circumstances, is required in order for the Program to suspend client removal.

Clients who reapply to the Utah ADAP who have not filled a prescription(s) in 90 days or more are required to submit this Medication Adherence Form; this Form requires a physician signature. Until this completed Form is received, the Program will not dispense medications to an eligible ADAP client who has not filled a prescription(s) within 90 days or more.

### Physician's Note:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

# Utah Ryan White Part B Program Policy & Procedure Manual

## Appendix N

<b style="font-size: 1.2em;">Monitoring Form</b> Rev. 1/31/13	<h1 style="margin: 0;">Case Management</h1>	Date of Monitoring:
		Monitors:

**Directions:** Complete this form for each case management provider that is reviewed.

1. Name of Provider: \_\_\_\_\_

2. Time period monitored: \_\_\_\_\_

3. Number of client files reviewed<sup>1</sup>: \_\_\_\_\_

4. Total number of clients seen by provider during the period: \_\_\_\_\_

5. Cases should be randomly selected; were cases randomly selected?

Yes

No; if no, explain why and what method of selection was used:

\_\_\_\_\_

6. Cases should be requested at the provider site as the auditors arrive. Providers should not be given advance warning of which files might be selected. During this visit, when were cases requested?

At the provider site-day of monitoring visit

Other, please explain:

Data Source	Audit Question		Comments
<b>Provider:</b> Interview question	1. Do employees have the appropriate credentials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Provider:</b> Copy of license or certificate	2. Provider has a current license/certification for providing case management services in Utah.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Provider:</b> Interview question	3. Is there a written policy statement regarding client confidentiality signed by each employee and included in the personnel file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Documentation	
<b>Provider:</b> Interview question	4. Are services provided in accordance with confidentiality statutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Provider:</b> Policy and procedure manual	5. The policy and procedure manual includes a grievance policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>1</sup> Sample size is based on client population size

<b style="font-size: 1.2em;">Monitoring Form</b> Rev. 1/31/13	<h1 style="margin: 0;">Case Management</h1>	Date of Monitoring:
		Provider:
		Client ID#

Data Source	Monitoring Question	YES	NO	NA	Comments
<b>Provider:</b> Client record	1. A <b>completed</b> Intake/Assessment is included in the chart (for clients newly enrolled during monitoring period).				
<b>Provider:</b> Client record	2. A <b>completed</b> Psychosocial Screening form included in the chart (for clients newly enrolled during monitoring period).				
<b>Provider:</b> Client record	3. A <b>completed</b> Adherence Assessment form is included in the chart (for clients newly enrolled during monitoring period).				
<b>Provider:</b> Client record	4. A <b>completed</b> Client Acuity Scale Worksheet is included in the chart (for clients newly enrolled during monitoring period).				
<b>Provider:</b> Client record	5. The Service Plan is completed <b>within 7 days</b> of the Assessment; complete and included in the chart (for clients newly enrolled during monitoring period).				
<b>Provider:</b> Client record	6. The Semi-annual Reassessment is complete and included in the chart.				
<b>Provider:</b> Client record	7. Case management services are clearly documented and reflect Service Plan with the: <ul style="list-style-type: none"> <li>• Type of services provided</li> <li>• Type of encounter</li> <li>• Duration/frequency of encounter</li> </ul>				
<b>Provider:</b> Client record	8. Date and reason of discharge/inactivation are clearly documented.				
<b>UDOH:</b> Client record	9. Record contains a Ryan White Data Sheet or a Recertification form.				
<b>UDOH:</b> Client record	10. Record contains HIV status verification.				
<b>UDOH:</b> Client record	11. Record contains income verification or an Affidavit of Zero Income form.				

# Utah Ryan White Part B Program Policy & Procedure Manual

## Appendix O Transportation Prior Approval Request Form Utah Ryan White Part B Program

Date Form Submitted: \_\_\_\_\_

Service Provider / Case Manager Name (please print): \_\_\_\_\_

Client Name (please print): \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

### Transportation Service Requested (select one):

- Pre-paid gas certificates through Smith's Fuel Centers
  - Gas certificates are authorized to access HIV primary medical care only.
  - Gas certificates are limited to one (1) certificate per eligibility period (e.g., April 1<sup>st</sup> – September 30<sup>th</sup> and October 1<sup>st</sup> – March 31<sup>st</sup>).
  - The maximum pre-approved amount of any redeemed gas certificate, without additional pre-approval from the Part B Program, is \$30.00.
- Utah Transit Authority (UTA) Tokens
  - UTA tokens are authorized to access HIV primary medical care only.
  - Tokens are limited to two (2) tokens per month.
- Utah Transit Authority (UTA) All-Day Passes
  - UTA all-day passes are authorized to access HIV primary medical care only.
  - Passes are limited to one (1) pass per month.
- Taxicab Vouchers
  - Taxicab vouchers are authorized to access HIV primary medical care only when the client is too ill to drive or ride UTA.
  - Taxicab vouchers are limited to one (1) per month.
  - The maximum pre-approved amount of any redeemed taxicab voucher, without additional pre-approval from the Part B Program, is \$30.00.

### Transportation Prior Approval Request Description:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager / Service Provider Signature

\_\_\_\_\_  
Date

<b>Utah Ryan White Part B Program Prior Approval</b>	
Approved / Denied by: _____ (Circle One)	Date: _____

# Utah Ryan White Part B Program Policy & Procedure Manual

## Appendix P Food Voucher Request Form Utah Ryan White Part B Program

Date Form Submitted: \_\_\_\_\_

Service Provider / Case Manager Name (please print): \_\_\_\_\_

Client Name (please print): \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

### Limitations

Emergency food vouchers are limited to one lifetime disbursement of \$60.00 per client. Food vouchers are to be issued only to clients who are in an emergency situation, which could coincide with a change in residence (move-in). No cash back will be given when the food certificates are used. Lost or stolen food certificates will not be replaced / reissued. This service will be discontinued when all pre-purchased food certificates have been issued.

### Covered Services

All foods are covered and can be purchased with the food vouchers; however, the purchase of alcohol and tobacco products is prohibited.

### Eligibility

Only current Part B Program clients are eligible for food vouchers.

### Food Voucher Request Description:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager / Service Provider Signature

\_\_\_\_\_  
Date

### Utah Ryan White Part B Program Approval

Approved / Denied by: \_\_\_\_\_  
(Circle One)

Date: \_\_\_\_\_