

Medical Transportation Services Standards

Description from the Health Resources and Services Administration (HRSA) Policy Clarification Notice 16-02:

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately owned vehicle
- Any other costs associated with a privately owned vehicle such as lease, loan payments, and insurance, license, or registration fees.

Virginia Ryan White Part B Service Unit Definition:

Payment for a one-way trip to a medical or other allowable service that enables a client to access or be retained in core medical and support services (**or**) one voucher for travel to a medical or other allowable service that enables a client to access or be retained in core medical and support services.

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Commonwealth of Virginia Department of Health (VDH) Service Standards for people living with HIV, including the following:

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1.0 Intake and Eligibility

As outlined in HRSA HAB Policy Clarification Notice 21-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements, people are eligible to receive RWHAP services when they meet each of the following factors:

1. **HIV Status:** A documented diagnosis of HIV. 2 (Note: People who do not have an HIV diagnosis are eligible to receive certain services as outlined in HRSA HAB PCN 16-02)
2. **Low- Income:** The RWHAP recipient defines low-income. Low-income may be determined based on percent of Federal Poverty Level (FPL), which can be measured in several ways (e.g., Modified Adjusted Gross Income, Adjusted Gross Income, Individual Annual Gross Income, and Household Annual Gross Income).
3. **Residency:** The RWHAP recipient defines its residency criteria, within its service area. Note: Immigration status is irrelevant for the purposes of eligibility for RWHAP services. RWHAP recipients or subrecipients should not share immigration status with immigration enforcement agencies.

Standard	Measure
Referral	
1.1) Referral for Medical Transportation Services by a Ryan White Part B provider is documented prior to initiation of the service.	1.1) Documentation of referral for Medical Transportation Services is present in the client's record, signed and dated.
Eligibility	
1.2) The client's eligibility for Ryan White Part B services is determined.	1.2) Documentation of the client's eligibility is present in the client's record.
1.3) The client's eligibility for Ryan White Part B services is determined. To be eligible for this service applicants must: <ol style="list-style-type: none"> a) Have an HIV diagnosis (one time only) b) Live in Virginia c) Have an individual or family income at or below 500% of the Federal Poverty Level (FPL) d) Be ineligible for other payer sources covered by Federal or State programs such as Medicare, Medicaid, all other forms of insurance or third-party payers such as private and commercial insurance plans, and other payers that provide the service they are seeking. 	1.3) Documentation of the client's eligibility is present in the client's record that verifies: <ol style="list-style-type: none"> a) Client is diagnosed with HIV b) Client lives in Virginia c) Client meets income guidelines d) Client Medicaid status verified (gap of services) <ul style="list-style-type: none"> • Ongoing CARS and complete Continuation Eligibility Determination every 24 months • Client agrees to participate in insurance option that best meets their medical needs and for which the client is eligible

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<ul style="list-style-type: none"> • Client Access Reviews (CARs) - refer to periodic checks of enrolled RWHAP B clients to identify any potential changes that may affect eligibility. • Provide continuation of eligibility every 24 months with proof of income, changes in insurance coverage, or any changes in residency • Client eligibility ensures the use of Part B services as the payer of last resort while vigorously pursuing other funding sources. Client must agree to participate in the insurance option that the client is eligible for and that best meets the client’s medical needs regardless of preference. <p>Submission of eligibility assessments should be through the VDH PROVIDE data system.</p>	
Intake	
1.4) Complete eligibility screening and intake within 15 days of initial contact with client.	1.4) Documentation of intake and eligibility screening in record signed and dated.
<u>Client Access Reviews/Continuation of Eligibility</u>	
1.5) Client Access Reviews (CARs) refer to periodic checks of enrolled RWHAP B clients to identify any potential changes that may affect eligibility and continuation of eligibility conducted every 24 months to continue to receive Ryan White services. There is no grace period.	1.5) Documentation of CARs and continuation of eligibility is present in the client’s record.
<u>2.0 Key Services Components and Activities</u>	
Standard	Measure
Documentation	
2.1) Documentation of all medical transportation services provided by type of transportation, date of service, and purpose.	2.1) Documentation of medical transportation services provided in clients’ records signed and dated.
2.2) Track and document referral sources in the client record.	2.2) Documentation of referral in the client record.

2.3) Provide cancellations policy to client including inclement weather, breakdowns, etc.	2.3) Documentation that clients are aware of cancellation policy.
2.3) Arrange cab or van transportation for clients with acute medical needs.	2.3) Documentation of cab or van transportation arrangements for clients with acute medical needs.
2.4) Medical transportation services provided are used solely to enable client to access HIV-related core health and support services.	2.4) Documentation of purpose for all transportation services provided (e.g., transportation to/from what type of medical or support service appointment) in client's record.
Assessment/Service Plan/Provision of Services	
2.5) Complete an initial assessment documenting transportation need prior to initiation of service.	2.5) Documentation of transportation need in client's record signed and dated.
<p>2.6) Within fifteen (15) business days after the initial assessment a service plan will be developed and agreed upon by the client and provider outlining service goals, objectives, and interventions. This should include client identified needs as well as plans for continuity of primary medical care and support services, clients are assessed for:</p> <ul style="list-style-type: none"> • History of accessing primary care and other services and barriers to access, particularly transportation barriers. <p>Staff explains to the client during the first encounter what services are available at the agency based on the client's identified needs.</p>	2.6) Documentation of service plan in client's record signed and dated. Review and revise clients' needs and service plan a minimum of every six months.
<p>2.7) <u>Voucher/Token/Bus Pass System</u> Agency will have:</p> <p>a) Procedures in place regarding allowable uses and distribution of vouchers, bus passes and tokens</p>	<p>2.7) Documentation of each transportation service provided signed and dated.</p> <p>Documentation that bus tickets/passes or gas vouchers are issued by the Ryan White Part B case manager or by designated staff.</p>

<p>b) A tracking system in place to account for the purchase and distribution of vouchers, tokens, and bus passes</p> <p>c) A security system in place for storage of and access to vouchers, bus passes, and fees collected.</p>	
<p>2.8) Notify clients of transportation cancellations in a timely manner. Alternative transportation services will be provided as available.</p>	<p>2.8) Documentation of cancellation and referral to alternative transportation source in client’s record signed and dated.</p>
<p>2.9) Transportation agency will be notified by client and/or provider of transportation cancellations and changes in scheduling as they occur.</p>	<p>2.9) Documentation of changes and cancellations in client’s record signed and dated.</p>
<p>2.10) <u>Direct Transportation – Providers of Transportation Services</u></p> <p>Direct Transportation Providers deliver non-emergency transportation services that enable an eligible client to access or be retained in core medical and support services. Clients are provided with information on transportation services and instructions on how to access the services.</p> <p>General transportation procedures:</p> <ul style="list-style-type: none"> • Agency must allow clients to confirm core or support service appointments at least 48 hours in advance • Agency provides clients with information on transportation limitations, clients’ responsibilities for accessing and receiving transportation, and the agency’s role and responsibilities for providing transportation services • Clients initiate and coordinate their own services with transportation providers following client orientation to the 	<p>2.10) A signed statement from client consenting to transportation services and agreeing to safe and proper conduct in the vehicle is on file.</p> <p>Documentation of client orientation to direct transportation services in client’s record.</p>

<p>agencies transportation policies, procedures, and client guidelines</p> <ul style="list-style-type: none"> • Advocates (e.g., case manager) for the client may assist clients in accessing transportation services if needed • All clients will be screened for other transportation resources (e.g., Medicaid-eligible clients) • Accommodations are provided for related/affected individuals and/or caregivers as necessary for the benefit of the client • Client consent to transportation services and agreeing to safe and proper conduct in the vehicle is on file in the client record. Consent includes the consequences of violating the agreement, e.g., such as removal, suspension and/or possible termination of transportation services • Agency/Driver may refuse service to any client with open sores/wounds where blood and other body fluids from clients are potentially infectious. Driver to notify the agency immediately relative to any driver refusal to provide services • Clients and agencies are made aware of problems immediately (e.g., vehicle breakdown) and notification documented • Notify clients and Ryan White/State Services providers of service delays and changes to appointments or schedules as they occur. 	
<p>2.11) Agency must document the mileage between Trip Origin and Trip Destination (e.g., where client is transported to access eligible service) per a standard Internet-based mapping program (e.g., Yahoo Maps, Map Quest, Google Maps) or odometer reading for all clients receiving van-based transportation.</p>	<p>2.11) Documentation of each transportation transaction in client’s record signed and dated.</p>

<p>Documentation of each transportation transaction includes:</p> <ul style="list-style-type: none"> a) Client eligibility b) Type of transportation service used to meet client’s need c) The level of service (e.g., the number of trips, tokens, passes provided to the client) d) Reason for each trip in relation to supporting health and support services e) Trip origin and destination f) Cost per trip. 	
<p>2.12) <u>Volunteer Drivers</u></p> <p>Volunteer Drivers provide non-emergency transportation services that enable an eligible client to access or be retained in core medical and support services.</p>	<p>2.12) Documentation of each transportation transaction in client’s record signed and dated.</p>
<p>2.13) <u>Purchase or Lease of Agency Vehicles</u></p> <p>Proof of prior approval from HRSA/HAB/VDH to lease or purchase vehicle.</p> <p>Purchased or leased vehicles provide nonemergency transportation services that enable an eligible client to access or be retained in core medical and support services.</p>	<p>2.13) HRSA/HAB prior approval for vehicle purchase on file at Part B recipient agency.</p> <p>Documentation of each transportation transaction in client’s record signed and dated.</p>
<p>Transition and Discharge</p>	
<p>2.14) Client discharged when transportation services are no longer needed, goals have been met, upon death, or due to safety issues. (<i>see 2.13</i>)</p> <p><u>Prior to discharge:</u> Conduct discussion with client over reasons for discharge and options for other service provisions. Whenever possible, discussion should occur face-to-face. If not possible, provider should attempt to talk with client via phone. If verbal contact is not</p>	<p>2.14) Documentation of discharge plan and summary in client’s record with clear rationale for discharge within 30 days of discharge, including certified letter*, if applicable.</p> <p><i>*Exception: If the client has noted during the intake or at any other time to the subrecipient staff, that sending mail is not permitted, no letter will be sent. If this is the case, case managers will</i></p>

possible, a certified letter* must be sent to client's last known address. If client is not present to sign for the letter, return to the provider.

**Exception: If the client has noted during the intake or at any other time to the VA MAP staff that sending mail is not permitted, no letter will be sent. If this is the case, VDH will document this in progress notes and discharge summary.*

Documentation: Client's record must include:

- a) Date services start
- b) Special client needs
- c) Services needed/actions taken, if applicable
- d) Date of discharge
- e) Reason(s) for discharge
- f) Referrals made at time of discharge, if applicable.

Transfer: If client transfers to another location (state), agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If client moves to another area, transferring agency will make referral for needed services in the new location.

Unable to Locate: If client cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. The three attempts should start no later than three months prior to the due date. A certified letter* must be mailed to the client's last known mailing address within five business days after the last attempt to notify the client. The letter will state case closure within 30 days from the date on the letter if no appointment is schedule with the provider.

**Exception: If the client has noted during the*

document this in progress notes and discharge summary.

Discharge summary and other records send with the patient.

Document attempts made.

<p><i>intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.</i></p> <p><u>Withdrawal from Service:</u> If client reports no longer needing services or decides to no longer participate in the Service Plan, client may withdraw from services. Because clients may withdraw for a variety of reasons it may be helpful to conduct an exit interview to ensure understanding reasons for withdrawal, or if client still needs services identify factors interfering with the client’s ability to fully participate. If other issues are identified that cannot be managed by the agency clients should be referred to appropriate agencies.</p> <p><u>Administrative Discharge:</u> Discharge clients who engage in behavior that abuses the safety or violates the confidentiality of others. Prior to discharging a client for this reason, agency leadership according to that agency’s policies must review the case. Provide clients discharged for administrative reasons written notification of and reason for the discharge and notify of possible alternative resources. A certified letter* that notes the reason for discharge and includes alternative resources be mailed to the client’s last known mailing address within five business days after the date of discharge, and a copy must be filed in the client’s chart.</p> <p><i>*Exception: If the client has noted during the intake or at any other time to the subrecipient staff that sending mail is not permitted, no letter will be sent. If this is the case, case managers will document this in progress notes and discharge summary.</i></p>	
Case Closure	

<p>2.15) Case will close if client:</p> <ul style="list-style-type: none"> a) Has met the service goals; b) Decides to transfer to another agency; c) Needs are more appropriately addressed in other programs; d) Moves out of state; e) Fails to provide updated documentation of eligibility status thus, no longer eligible for services; f) Fails to maintain contact with the medical transportation staff for a period of three months despite three (3) documented attempts to contact client; g) Can no longer be located; h) Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan; i) Exhibits pattern of abuse as defined by agency's policy. j) Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program; or k) Is deceased. 	<p>2.15) Documentation of case closure in client's record with clear rationale for closure.</p>
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3.0 Client Rights and Responsibilities

Standard	Measure
<p>3.1) Services are available and accessible to any individual who meets program eligibility requirements.</p> <p>Each provider shall assist clients with conducting Ryan White Part B eligibility, regardless of whether they receive other Part B services at your agency.</p> <p>All providers shall comply with all applicable federal, state, and local anti-discrimination laws</p>	<p>3.1) Written eligibility requirements and non-discrimination policy on file.</p>

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<p>and regulations, including but not limited to the Americans with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting the refusal of rendering any service on the basis of fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or HIV/AIDS diagnosis.</p> <p>Each provider shall make available to clients a process for requesting interpretation services, including American Sign Language.</p>	
<p>3.2) Each agency should have a Client's Rights and Responsibilities policy, which requires each client to sign & date a form indicating they have been offered:</p> <p>a) explanation of the policy, and b) copy of '<i>Client's Rights and Responsibilities</i> and to communicate client's understanding of the policy.</p>	<p>3.2) Written policy on file.</p>
<p>3.3) Provide explanation of <i>Client's Rights and Responsibilities</i> to each client.</p> <p>Client rights include:</p> <ul style="list-style-type: none"> • Be treated with respect, dignity, consideration, and compassion; • Receive services free of discrimination; • Be informed about services and options available. • Participate in creating a plan of services; • Reach an agreement about the frequency of contact the client will have either in person or over the phone. • File a grievance about services received or denied; • Not be subjected to physical, sexual, verbal and/or emotional abuse or threats; • Voluntary withdraw from the program; • Have all records be treated confidentially; 	<p>3.3) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record. If client unable to sign, progress note should include documentation the client has received a copy of the grievance procedure.</p>

<p>Have information released only when:</p> <ul style="list-style-type: none"> • A written release of information is signed; • A medical emergency exists; • There is an immediate danger to the client or others; • There is possible child or elder abuse; or • Ordered by a court of law. <p>Client responsibilities include:</p> <ul style="list-style-type: none"> • Treat other clients and staff with respect and courtesy; • Protect the confidentiality of other clients; • Participate in creating a plan of service; • Let the agency know any concerns or changes in needs; • Make and keep appointments, or when possible, phone to cancel or change an appointment time; • Stay in contact with the agency by informing the agency of change in address and phone number, respond to phone calls and mail and • Avoid subjecting the agency's staff to physical, sexual, verbal, and/or emotional abuse or threats. 	
<u>4.0 Grievance Process</u>	
Standard	Measure
<p>4.1) Grievance policy exists which requires each client to sign & date indicating they has been offered:</p> <p style="padding-left: 40px;">a) explanation of the policy, b) copy of <i>Grievance Procedure</i> and c) communication of client's understanding of the policy.</p> <p>Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.</p>	<p>4.1) Written grievance procedure on file, available in languages and formats appropriate to populations served.</p>

Policy shall be available in languages and formats (e.g., for persons with disabilities) appropriate to populations served.	
4.2) Provide explanation of <i>Grievance Procedure</i> to each client. Clients may file a grievance if denied their request for services, if they have any complaint, or concern about the services received.	4.2) Current <i>Grievance Procedure</i> form signed and dated by client and located in client's record. If client unable to sign, progress note should include documentation the client has received a copy of the grievance procedure.
4.3) Grievance process shall be fair and expeditious for resolution of client grievances.	4.3) Documentation of client grievances, status, and resolution.
4.4) Review the grievance policy yearly with client signature.	4.4) Current <i>Grievance Procedure</i> form signed and dated by client and located in client's record. If client unable to sign, progress note should include documentation the client has received a copy of the client's rights and responsibilities.

5.0 Personnel Qualifications (including licensure)

Standard	Measure
5.1) All professional drivers must have a current Virginia Driver License or Virginia Commercial Driver's License (CDL) if needed and be insured.	5.1) Copy of current Virginia Driver License/Virginia Commercial Driver license and insurance coverage in driver's personnel file.
5.2) <u>Direct Transportation</u> Agency staff and volunteers providing medical transportation through direct transportation must maintain appropriate vehicle insurance, liability, licenses, and training as follows: a) Agency maintains correct level of liability insurance for all drivers as required by the Commonwealth of Virginia b) All drivers have current Virginia driver's licenses appropriate for the type of vehicle driven. c) Drivers must have verified driving records, receive a drug screen and background check.	5.2) Signed statement agreeing to maintain confidentiality and safe driving practices in driver's personnel file. Individual/transportation agency vehicle insurance on file with agency providing transportation services. Documentation of training completed in personnel file at agency providing transportation services.

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<p>d) Driver has maintained a clean driving record for the past year with less than 3 convicted traffic moving violations and no DUI offenses.</p> <p>e) Staff and Drivers for agency conveyance will have received training in universal precautions and infection control appropriate to their duties.</p>	
<p>5.3) Newly employed professional drivers must complete the following training within 30 days of hire:</p> <ul style="list-style-type: none"> • Agency orientation • Confidentiality, client’s rights, grievance procedures & sensitivity • CPR and First Aid 	<p>5.3) Documentation of training completed in personnel file.</p>
<p>5.4) All professional drivers must maintain a safe driving record and maintain current certification for CPR and First Aid.</p>	<p>5.4) Documentation of annual assessment of driving record and annual training in the personnel file.</p>
<p>5.5) All professional drivers must complete 2 hours of annual OSHA training on seatbelt, restraint and wheelchair safety annually.</p>	<p>5.5) Documentation of training completed in personnel file.</p>
<p>5.6) <u>Staff Supervision</u></p> <p>a) Each agency must have and implement a written plan for supervision of all staff</p> <p>b) Supervisors must review monthly transportation logs for completeness, compliance with these standards, and quality and timeliness of service delivery</p> <p>c) Staff must be evaluated at least annually by their supervisor according to written Agency policy on performance appraisals.</p>	<p>5.6) Documentation of completed staff supervision plan at agencies providing transportation services.</p> <p>Documentation of monthly transportation log at agencies providing transportation services.</p> <p>Documentation of annual staff performance evaluations.</p>
<p><u>6.0 Cultural and Linguistic Competency</u></p>	
<p>Standard</p>	<p>Measure</p>

<p>6.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, provider’s documentation should include:</p> <ul style="list-style-type: none"> a) Experience with providing services to the diverse ethnic, linguistic, sexual, or cultural populations targeted; b) Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; c) List of cultural competency trainings completed by staff. 	<p>6.1) Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report.</p>
<p>6.2) Easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area shall be available.</p>	<p>6.2) Culturally and linguistically appropriate materials and signage accessible.</p>

7.0 Privacy and Confidentiality (including securing records)

Standard	Measure
<p>7.1) Client confidentiality policy exists which include:</p> <ul style="list-style-type: none"> a) Release of information requirements, and b) Health Insurance Portability and Accountability Act. 	<p>7.1) Written client confidentiality policy on file at provider agency.</p>
<p>7.2) Client’s consent for release of information is determined.</p>	<p>7.2) Current <i>Release of Information Form</i> signed and dated by client and provider representative and located in client’s record. Each release form indicates who may receive the client’s information and has an expiration of not more than 12 months from date of signature.</p>
<p>7.3) Each client file is stored in a secure location. Electronic client records are protected from unauthorized use.</p>	<p>7.3) Files stored in locked file or cabinet with access limited to only appropriate personnel. Electronic files are secure with password protection and access is limited to appropriate personnel.</p>

7.4) Annual submission of <i>Verification of Receipt of Assurance of Key Requirements</i> document by all staff that handle client identifying information.	7.4) Documentation of signed <i>Verification of Receipt of Assurance of Key Requirement</i> forms.
8.0 Quality Management	
Standard	Measure
8.1) Measure and report client health outcomes using Medical Transportation Services measures approved by VDH.	<p>8.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> • Percentage of people living with HIV and receiving Transportation Services, regardless of age, who will have at least two care markers in a 12-month period that are at least 6 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date). • Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Transportation Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

References

HRSA HAB Policy Clarification Notice 16–02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds. (2018, October 22). HRSA Ryan White HIV/AIDS Program. Retrieved August 18, 2022, from

https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

HRSA HAB Policy Clarification Notice 21–02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements. (2021, October 18). HRSA Ryan White HIV/AIDS Program. Retrieved August 19, 2022, from <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf>

Monitoring Standards for Ryan White B Grantees: Fiscal – Part B. (2013, April). HRSA Ryan White HIV/AIDS Program. Retrieved August 19, 2022, from <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/fiscal-monitoring-partb.pdf>

National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B. (2013, April). HRSA Ryan White HIV/AIDS Program. Retrieved August 19, 2022, from <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/universal-monitoring-partab.pdf>

National Monitoring Standards for Ryan White Part B Grantees: Program – Part B. (2013, April). HRSA Ryan White HIV/AIDS Program. Retrieved August 19, 2022, from <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/program-monitoring-partb.pdf>

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. (n.d.). Think Cultural Health. Retrieved August 19, 2022, from <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

