

Maricopa County
Ryan White Part A Program
QM Condition of Award – Therapy and Support Groups

PROVIDER NAME:

GRANT YEAR:

The Maricopa County Ryan White Part A Program requires that all contractors that provide therapy and/or support groups to clients under Mental Health, Substance Abuse, and/or Psychosocial service categories complete and submit group request forms for all current and new groups. The forms must be completed in full, including the service category, name of the group, description of the group and its target members, frequency of the group, the name and credentials of the facilitator(s), and other required information. Please use the below group application form:

Only one group per form

Date: **Grant Year:**

Provider: **Service category:**

Group Name:

Purpose of the Group:

Is this group listed in the schedule of deliverables in the budget?

Group Facilitated by (Name and Title):

**If a Behavioral Health Tech is the facilitator, who is the Supervising Licensed Professional?
Licensed Professional's Name:**

Is the Facilitator listed on the budget?

Targeted Audience Status

HIV/AIDS Positive Non-HIV Infected Both

Targeted Audience:

If Non-HIV infected how will targeted audience benefit infected person?

- Caregiver support for in-home medical, support service or respite care.
- Promotes family stability for coping with the unique challenges posed by HIV/AIDS.

The expected number of participants per group?

Provider Comments:

For Ryan White Part A Program Administrative Agent Use Only

Compliance with HRSA, HAB / AIDS Bureau Policy Notice 10-02 April 8, 2010

Level of Practice Supported by:

Arizona Administrative Code Federal Standard Approved Not Approved

By:

Date:

Ryan White Part A Program Manager

Assigned Billing Code