



RYAN WHITE PART A PHOENIX – New Provider Staff Checklist

NEW PROVIDER STAFF INSTRUCTIONS

Please share the attached Welcome Packet with the new staff member. The welcome packet includes: Welcome Letter, RWPA Contact List, Brochure of RW Services, Ryan White Part A Provider Requirements Calendar and the Unofficial List of Acronyms

Please submit the following to the Ryan White Part A Portal (RyanWhitePartA@mail.maricopa.gov):

- Complete copy of New Provider Staff Checklist form
- Copy of resumes/license(s) *(to be reviewed for compliance with the Standards of Care)*
- HIPAA and Whistleblower Attestation
- Revised Budget
- CAREWare User Agreement (if applicable)
- Remote Access Form (if applicable)
- New User Account Form (if applicable)

NEW PROVIDER STAFF CHECKLIST

New Staff Name: **Enter First and Last Name**

Title: **Enter Staff Title**

Service Category: **Enter Service Category Funded**

Phone: **Enter Contact Phone Number**

Please indicate if this staff member is a new staff position or replacing existing staff?

Please indicate the start date for this new staff member: **Enter Hire Date of New Staff**

If replacing staff, please indicate former staff member name and departure date: _____

Please check the box for each notification list new staff should be included in:

- Administrative Fiscal Quality Improvement CAREWare Nurse Case Management list
- FTP User

We will schedule a Ryan White Orientation for all new staff after their CAREWare access has been established.

Please indicate a preferred day and time: **Enter Date and Time**

Please indicate any areas of interest below for additional training –

- Annual Site Visit
- Billing
- Budget
- CAREWare
- Standards of Care
- Other: **Please indicate additional training requested here**

Once your orientation is complete, we will schedule a 30 and 90 day chart review, if applicable.

For AA use only: Please check once documents are received and complete		
<input type="checkbox"/> New Provider Staff Checklist	<input type="checkbox"/> Staff Notified	<input type="checkbox"/> CAREWare Forms <input type="checkbox"/> Resume/Licenses <input type="checkbox"/> Budget <input type="checkbox"/> HIPAA & Whistleblower Attestation
Orientation Complete: Click here to enter a date.		CAREWare training complete: Click here to enter a date.
30 Day Chart Review Scheduled Click here to enter a date.	Score: _____	
90 Day Chart Review Schedule Click here to enter a date.	Score: _____	Onboarding Complete <input type="checkbox"/>