FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Community Empowerment Committee Meeting

Tuesday, March 1, 2022 - 3:00 PM
Meeting via WebEx
Chair: Vacant • Vice Chair: Andrew Ruffner

Join the meeting via: +1-408-418-9388 US Toll Access code: 132 916 3211

This meeting is audio and video recorded.

Quorum for this meeting is 7

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
   a. Meeting Ground Rules
   b. Statement of Sunshine
   c. Introductions & Abstentions
   d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for March 1, 2022
5. **ACTION:** Approval of Minutes from February 1, 2022
6. Unfinished Business
   a. **Action Item**: CEC Listening Session (Handout A)– Continue the discussion on how to host a series of CEC listening sessions within the community, specifically for Consumers to discuss their experiences navigating the Fort Lauderdale/Broward EMA's system of care. Work Plan Activity 1.1: Engage consumers in townhalls/listening sessions.
7. New Business
   a. **Action Item**: Review HIVPC recruitment materials. (Handout B)

      Work Plan Activity 2.1: Recommend creation or revision of promotional literature to MCDC as needed.

   b. **Action Item**: PSRA Service Category Presentation- Receive presentation on Ryan White Part A Service Categories. (Handout C)

      Work Plan Activity 1.3: Educate CEC members on HIVPC & Ryan White Part A monthly.
8. Public Comment
9. Agenda Items for Next Meeting

a. Next Meeting Date: April 5, 2022, at 3:00 p.m. via WebEx

10. Announcements
11. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
HIV Planning Council Website

Please complete your meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared Moskowitz• Nan H. Rich • Tim Ryan •Torey Alston • Michael Udine

Broward County Website

Join by Phone: +1-408-418-9388 United States Toll Access code: 132 916 3211

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.

2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.

3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.

4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.

5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.

6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.

7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.

8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.

9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.

10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.

11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

Revised 7/24/14

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.

2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.

3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.

4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.

5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.

6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.

7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.

8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.

9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.

10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.

11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

Revised 7/24/14

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.

2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.

3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.

4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.

5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.

6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.

7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Revised 7/24/14

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SA: Substance Abuse

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/'Staff': Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient's care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.

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(954) 561-9681 • FAX (954) 561-9685

Community Empowerment Committee

Tuesday, February 1, 2022 - 3:00 PM
Meeting via WebEx

DRAFT MINUTES

CEC Members Present: V. Biggs (Chair), A. Ruffner (Vice-Chair), D. Gunion, H. Franks, L. Robertson, R. Shore, R. Bhrangger, W. Marcoviche, J. Castillo

Members Absent: None

Members Excused: I. Wilson, S. Jackson

Ryan White Part A Recipient Staff Present: S. Scott, T. Thompson, V. Hornsey, W. Cius

Planning Council Support Staff Present: G. Berkley-Martinez, T. Williams, W. Rolle, B. Miller, J. Rohoman

Guests Present: B. Mester, A. Lanear

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The CEC Chair called the meeting to order at 3:02 p.m. The CEC Chair welcomed all meeting attendees that were present. Attendees were notified that the CEC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the CEC Chair, Committee members, Recipient staff, PCS & CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

   The approval for the February 1, 2022, agenda of the Community Empowerment Committee meeting was proposed by A. Ruffner, seconded by L. Robertson, and passed unanimously. The approval for the minutes of the January 4, 2022, meeting was proposed by J. Castillo, seconded by R. Shore, and approved with no further corrections.

   Motion #1: Mr. Ruffner, on behalf of the CEC, made a motion to approve the, February 1, 2022 Community Empowerment Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Castillo, on behalf of the CEC, made a motion to approve the January 4, 2022, Community Empowerment Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

   There were no standing committee items on the agenda for this meeting.

5. Unfinished Business

   Members continued the CEC Listening Session discussion, brainstorming ideas for their first listening session in April. The listening session will address goals on the upcoming FY22 work plan. Members discussed the possibility of having either an audio or video session. PCS Staff informed members that it is the committee's preference, to design and implement of the listening session. PCS Staff also informed the committee that the listening sessions could be streamed lived and then posted on all the social media platforms for any persons to view later. PCS Staff confirmed that the sessions could be hosted in conference rooms at Broward Regional Health Planning Council (BRHPC) if listening session are hosted in person.

6. New Business

   Members reviewed the progress made in the CEC Workplan for FY21 by discussing the activities that were completed and not completed. Staff shared that the listening sessions could address the unaccomplished workplan items for the upcoming FY22 work plan.

   Additionally, members reviewed the FY22 work plan, and PCS Staff discussed the changes to this work plan. The Committee voted to approve the FY 2022-2023 workplan as presented. The approval for the CEC Committee Work Plan as presented was proposed by L. Robertson, seconded by A. Ruffner, and passed unanimously.

   Motion #3: Mr. Robertson on behalf of the CEC, made a motion to approve the FY22 Committee Work Plan as presented. The motion was adopted unanimously.

7. Recipient's Report

   There was no Recipient's report for this meeting.

8. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

9. Agenda Items for Next Meeting

   The next CEC meeting will be held on March 1,2022, at 3:00 p.m. via WebEx Videoconference.

10. Announcements

    There were no announcements for this meeting.

11. Adjournment

    There being no further business, the meeting was adjourned at 3:42 p.m.

12. CEC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	4	1											
1	1	0	**1**	Bhrangger, R.	X	X											
0	1	0	**2**	Biggs, V., *Chair*	X	X											
0	0	0	**3**	Franks, H.	X	X											
0	0	0	**4**	Gunion, D.	X	X											
1	1	0	**5**	Marcoviche, W.	X	X											
0	1	0	**6**	Robertson, L.	X	X											
0	0	0	**7**	Ruffner, A., *V. Chair*	X	X											
0	0	0	**8**	Shore, R.	X	X											
0	0	1	**9**	Wilson, I.	A	E											
0	1	0	**10**	Castillo, J.	X	X											
1	1	1	**11**	Jackson, S.	A	E											
				Quorum = 7	9	9	0	0	0	0	0	0	0	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - canceled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**Z - resigned**
CX - canceled due to quorum	**R - removal letter**

Community Empowerment Committee Meeting Minutes – February 1, 2022
Minutes prepared by PCS Staff

Broward County HIV Health Services Planning Council

HANDOUT A

COMMUNITY EMPOWERMENT COMMITTEE LISTENING SESSION

Uplifting Community Voices

The aim of these open listening sessions is for, people living with and affected by HIV/AIDS, community advocates, providers, and staff at HIV care organizations to:

- Share their experiences about the unmet health needs of PWH.
- Describe what types of HIV Core and Support services are provided by the Broward County Ryan WHite HIV/AIDS Part A Program.
- Discuss the training and capacity building support needed to serve the HIV community.

Register Now!

Need more information?

Contact us at
hivpc@brhpc.org
or
954-561-9681 ext. 1292/1343

BrowardHIVPC

Broward HIV Planning Council

Broward HIVPC

HIVPC
Broward County HIV Health Services Planning Council

BRHPC

HANDOUT A

Community Empowerment Committee Listening Sessions

Session Date	Topic	Presenters	Key Questions
April 8, 2022 (April 10 National Youth HIV & AIDS Awareness Day)	Reaching Youth about HIV	New York/New Jersey AIDS Education and Training Center (AETC)* Sunserve*	1. What are the barriers that keep youth from accessing prevention and treatment services? 2. What can we do to eliminate or reduce barriers if they exist? 3. What causes youth to fall out of prevention and treatment services? 4. What can we do to keep youth in care, after enrollment? 5. What are the gaps in education, prevention, and treatment services? 6. What can we do to close gaps if they exist?
April 15, 2022 (April 18 Transgender HIV Testing Day)	Optimizing HIV Prevention and Care for Transgender Adults	Arianna's Center* Tranclusive* Sunserve*	1. What resources are available to me as a transgender person living with HIV? 2. Why are transgender people at increased risk? 3. What are the barriers that keep transgender people from accessing prevention and treatment services
May 18, 2022 (May 18 HIV Vaccine Awareness Day)	Be the Generation to end the HIV/AIDS Epidemic	Get PrEP Broward*	1. What is PrEP? 2. How does PrEP Work? 3. Who Should take PrEP? 4. What are the risks associated with PrEP? 5. How else can I prevent HIV (Microbicides, HIV Vaccine) 6. Will the HIV Vaccine be safe? 7. Why has it taken so long to develop a vaccine for HIV? 8. Will the HIV Vaccine put me at risk for contracting HIV?
June 3, 2022 (June 5 HIV Long-Term Survivors Awareness Day)	We've Come So Far	Tez Anderson*	1. Who are HIV Long-term Survivors? 2. What is AIDS Survivors Syndrome (ASS)? 3. How can I support Long-term Survivors of HIV?
June 24, 2022 (June 27 National HIV Testing Day)	Know your Status	AHF* Broward Test and Treat*	1. What is HIV and should I be tested? 2. How do I know if I am at risk to get HIV? 3. How do I protect myself? 4. What is the difference between HIV and AIDS? 5. What kind of test are available, and how do they work? 6. How long does it take to get results? 7. How soon after an exposure to HIV can a test detect if I have the virus?
July 2022	Clarifications on Ryan White Program Client Eligibility Determinations and	CIED*	1. How do I apply for the Ryan White Program? 2. Once I'm accepted into the Ryan White Program, do I ever have to reapply?

HANDOUT A

	Recertifications Requirements		3. I have private insurance; can I still apply for the Ryan White Program? 4. What are my responsibilities as a Ryan White Program individual?
August 2022	Ryan White and You	Ryan White Part A Office * Planning Council Support Staff	1. How does the Ryan White program work? 2. How does the Ryan White program help people with HIV? 3. What services are offered by Broward County RWHAP Part A? 4. How can I get involved with how Ryan White Program funding is distributed and used? 5. What is the HIV Planning Council?
September 16, 2022 (September 18 National HIV/AIDS Aging Awareness Day)	Meeting the Needs of People Aging with HIV		1. What does a comprehensive care plan for 50+ PWH look like for Broward County?
September 23, 2022 (September 27 National Gay Men's HIV/AIDS Awareness Day)	HIV/AIDS in the Gay Community	Lorenzo Robertson* Sunserv*	1. Why do gay men have an increased risk of HIV? 2. What can be done to address the inequities that Gay men living with HIV experience? 3. What are the biggest issues in the gay community today? 4. How do you feel hearing about AIDS in the Gay Community?
October 14, 2022 (October 15 National Latinx AIDS Awareness Day)	The HIV Crisis in the Latinx Community	Latino Salud*	1. What are the factors driving the HIV epidemic in the Latino population? 2. What are some of the challenges with HIV prevention in this community?
December 1 World AIDS Day	Ending the HIV Epidemic (EHE)	Neil Walker (EHE Program Project Coordinator) *	1. What are the most important things for the public to know and understand about HIV/AIDS as we head into 2023? 2. What are the hopes for the future of HIV/AIDS treatment? 3. What are some of the struggles against HIV today? 4. What are some of the greatest advancements for HIV and PWH?

Opportunity To Serve...

HANDOUT B

HIVPC

Broward County HIV Health Services Planning Council

Join the Broward County HIV Health Services Planning Council and help people with HIV/AIDS (PWH) get the Healthcare resources and services they need.

Council members must commit to the following:

1. Attend one meeting of the full Planning Council monthly.
2. Attend and actively participate in at least one Sub-Committee meeting per month.
3. Be inspired to make a difference in the lives of PWH and affected communitites in Broward.

Applications are being accepted; after submission, you will be notified with further information.

For questions, contact Planning Council Support Staff @hivpc.brhpc.org or call 954.561.9681 ext 1295

For more information

log on to https://brhpc.org/hiv-planning-council/

Broward HIV Planning Council BrowardHIVPC BrowardHIVPC

APPLY TODAY!

WHAT YOU NEED TO KNOW ABOUT THE BROWARD COUNTY RYAN WHITE PART A PROGRAM.

SERVICES COVEREED

- **Case Management**
- **Outpatient Health Services**
- **Oral Health**
- **Pharmaceutical Assistance**
- **Insurance Assistance**
- **Legal Services**
- **Centralized Intake & Eligibility Determination Services**
- **Mental Health**
- **Outpatient Substance Abuse**
- **Food Services**

Service Providers are located across Broward County

QUESTIONS?
Contact us:
954.561,9681 ext 1295
hivpc@brhpc.org
: BrowardHIVPC
: BrowardHIVCP
: Broward HIV Planning Council

HANDOUT C

RYAN WHITE PART A ELIGIBILITY OF SERVICE CATEGORIES

PART I & PART II

Broward County HIV Health Services Planning Council
Broward County Health Care Services Ryan White Part A Program
Broward County Board of County Commissioners
Presented as of March 17, 2022

CASE MANAGEMENT (NON-MEDICAL) SERVICES

- Case Management **helps to identify a range of client-centered services that link clients with legal, psychosocial, and other social supportive services** including benefits/ entitlement, counseling and referral activities assisting them to access other public and private programs.
- Case Management has a **central role in facilitating social service needs of persons with HIV**. It is a collaborative process of assessment, planning, facilitation, and evaluation of service options for addressing an individual's comprehensive social needs.

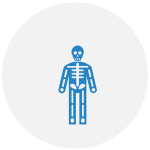
HIVPC
Broward County HIV Health Services Planning Council

RESPONSIBILITIES OF CASE MANAGEMENT (NON-MEDICAL)

- ***The Case Manager helps identify appropriate providers and facilities throughout the continuum of services***, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source. Other objectives for Case Management Services include but are not limited to:

HIVPC
Broward County HIV Health Services Planning Council

RESPONSIBILITIES OF CASE MANAGEMENT (NON-MEDICAL)



Assess the client's physical, psychosocial, environmental, and financial needs

Facilitate the client's access to, maintenance of and adherence to primary health care, support services, and HIV prevention and risk reduction services

Identify gaps in the service delivery system and consider different approaches to address the client's needs when necessary

Evaluate clients' background, education, and training, to help them develop realistic vocational goals and/or refer clients to community services that will assist the client with job placement competencies, such as interviewing, organizational and time management skills, and networking

Develop a formalized social service plan that is coordinated with the client and other service providers.

HIVPC

Broward County HIV Health Services Planning Council

ELEMENTS OF CASE MANAGEMENT (NON-MEDICAL):

- Case Management services are to include a distinct and more hands-on role for Peer Education Counseling services, allowing for a complete review of Clients' needs from both a professional and social perspective.
- Peer Education Counselors serve as a vital role model to others who are learning to cope with the daily challenges of living with HIV.
- Peer Education Counselors shall support HIV-positive individuals as they enter and stay in care, adhere to treatment protocols, and improve their quality of life.

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REQUIREMENTS CASE MANAGEMENT (NON-MEDICAL):

- Case Management services must ensure coordination among providers to meet clients' needs based on the accurate assessment of those needs.
- Establishing formal linkages among agencies facilitate the information flow and referral process among providers.
- Case Managers must work with both Ryan White and non-Ryan White providers to ensure verification is obtained regarding the Client's access to the referred service(s).

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DISEASE CASE MANAGEMENT (MEDICAL) SERVICES

- Disease Case Management refers to a system of coordinated health care interventions to **help clients self-manage their HIV infection and prevent complications from other chronic health conditions through health coaching and disease-specific educational materials and care coordination.**
- Providers of this service must also apply to provide Integrated Primary Care and Behavioral Health Services.

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RESPONSIBILITIES OF DISEASE CASE MANAGEMENT (MEDICAL) SERVICES

- Disease Case Management emphasizes prevention of increased severity and complications of HIV/AIDS ***utilizing evidence-based, standardized clinical guidelines and patient empowerment strategies***, that have been proven to be highly effective **by a licensed health care professional (e.g. licensed practical nurse, registered nurse or advance registered nurse practitioner)** who is qualified by training and has demonstrated HIV/AIDS experience and knowledge with complex medical clients, infectious disease processes, HIV/AIDS patients, and antibiotics.

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DISEASE CASE MANAGEMENT SHALL ASSIST CLIENTS WITH:

Achieving viral suppression

Retention in medical care

Adherence to prescribed medical protocols

DISEASE CASE MANAGEMENT REFERRALS

Disease Case Management refers to activities and interventions that attempt to ***reduce fragmentation and improve the quality of referrals*** and transitions. Disease Case Management shall coordinate referrals by:

- Providing reason for referral and relevant clinical information
- Tracking referral status
- Following up to obtain specialist's report
- Documenting agreements with specialists for co-management
- Providing electronic exchange of patient information

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ELEMENTS OF DISEASE CASE MANAGEMENT (MEDICAL)

- Reduce intensity and frequency of HIV-related symptoms and co-morbidities
- Conduct client self-management education to increase awareness about transmission of HIV and manage the treatment of HIV disease
- Improve coordination of client care across health conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable, and patient-centered

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REQUIREMENTS DISEASE CASE MANAGEMENT (MEDICAL):

Disease Case Management shall ***incorporate the unique medical and psychosocial impact of HIV disease, support systems, and treatment protocols regarding other comorbid conditions***. Disease Case Management shall also conduct care coordination for Integrated Primary Care and Behavioral Health Services. Providers of Disease Case Management must be able to:

- Monitor the delivery of care
- Document care through development of shared treatment plans and health outcomes
- Review the shared care plan with clients in conjunction with the direct care providers

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ORAL HEALTH CARE SERVICES

- Oral Health Care services will encompass dental screenings, prophylaxes, fillings, simple extractions as well as periodontal and other specialty treatments.
- Clinical interventions should be based on treatment guidelines and recognized clinical protocols established legal and ethical standards.
- HIV patients must maintain oral health to reduce the risk of serious infections of the mouth, the teeth, and the entire body.
- Routine dental care visits facilitate the early identification of serious conditions and infections.
- Additionally, as a preventative measure, routine dental care reduces the incidence of common oral health problems developing into dental caries, periodontal disease, as well as other oral health problems directly related to HIV infection.

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PRIORITIES OF ORAL HEALTH CARE

Prevention of oral and/or systemic disease where the oral cavity serves as an entry point.

Elimination of presenting symptoms, and

Elimination of infection, preservation of dentition and restoration of functioning.

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RESPONSIBILITIES OF ORAL HEALTH CARE

- A completed assessment;
- Prioritized treatment plan which is tailored to the client's needs;
- Dental treatment history; and
- An assessment of medical conditions that are appropriately monitored and updated as needed. The treatment plan shall demonstrate an itemized breakdown of fees and appropriate payer for services to be rendered along with the diagnosis and treatment options to be stored in the client chart. The treatment plan will also include an appropriate recall schedule at least once every six months.

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RESPONSIBILITIES OF ORAL HEALTH CARE, CONT'D

All clients shall receive a comprehensive examination that includes:

- Comprehensive head and neck exam;
- Complete intraoral exam, including evaluation for HIV associated lesions
- Full medical status information from medical provider, including medication and stage of illness, as needed; and
- Dental risk assessment and prevention strategy, including home care and other self-exam instructions.

RESPONSIBILITIES OF ORAL HEALTH CARE, CONT'D

New Patient Visits: New clients shall receive a dental screening within 10 days of the initial referral to a dental provider.

- If appointment cannot be scheduled, client must be provided with the option of a referral to another Ryan White Provider within the service category who can see the new patient within 10 (ten) business days.
- Client's initial non-emergency visits should include an oral evaluation with radiographs and treatment plan.

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ELEMENTS OF ORAL HEALTH CARE

- Oral Health Care services funding is separated into two components:
  - **Routine Maintenance Care; and**
  - **Specialty Care.**
- Funding for Routine Maintenance and Specialty Care are awarded separately.
- An agency may provide both Routine Maintenance Care and Specialty Care service components.
- An agency providing only the Routine Maintenance Care component must have formal linkage agreements and provide documentation of referrals for specialty care needs to agencies with resources.

TRAUMA-INFORMED MENTAL HEALTH SERVICES

- Trauma-Informed Mental Health Services include an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. These Services have been identified as a critical component in the maintenance and management of HIV infection.

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PRIORITIES OF TRAUMA-INFORMED MENTAL HEALTH SERVICES

- According to SAMHSA, trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening and has tasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual wellbeing.
- Trauma-Informed Mental Health Services refer to the prevention, intervention, or treatment services that address traumatic stress, as well as any co-occurring disorders (including substance use and mental disorders) developed during or after trauma.
- Trauma-Informed Mental Health Services focus on prevention strategies to avoid retraumatization in treatment, to promote resilience, and to prevent the development of trauma-related disorders.

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SERVICE PROVISIONS

1. Providers must ensure Trauma-Informed Mental Health Services are grounded in an understanding of, and responsiveness to, the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for Clients to rebuild a sense of control and empowerment.
2. Screenings and assessments should guide treatment planning; alerting providers to potential issues and serving as a valuable tool to increase Clients' awareness of the possible impact of trauma and the importance of addressing related issues during treatment.
3. Screening to identify Clients who have histories of trauma and experience trauma-related symptoms is a prevention strategy and is the first contact between the Client and the treatment provider.

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SERVICE PROVISIONS

4. Trauma-Informed screenings should include at minimum the following areas:
    a. trauma-related symptoms,
    b. depressive or dissociative symptoms,
    c. sleep disturbances,
    d. and intrusive experiences, past and present mental disorders,
    e. including typically trauma-related disorder, substance abuse, social support and coping styles, availability of resources risks for self-harm, suicide, and violence and health screenings
5. Trauma-Informed assessments determine the nature and extent of the Clients' problems and will determine the appropriate treatment plan to make an informed and collaborative decision about treatment placement.

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SERVICE PROVISIONS

6. Trauma-Informed Mental Health Service providers must assess Clients that initially screen positive for substance abuse, trauma-related symptoms, or mental disorders to determine and define the presenting issues.
    a. Assessments should also focus on how trauma symptoms affect a Clients' current functioning.

7. Trauma-Informed Mental Health Services must include an individualized care plan developed collaboratively with Clients and, when appropriate, with family and caregivers.
    a. Services may be provided for non-HIV-infected family members where a benefit can be directly attributed to the HIV positive Client.
    b. Individualized care plans must include trauma-specific interventions and approaches that are designed specifically to address the consequences of trauma and to facilitate healing.

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LEGAL AID SERVICES

- This program provides legal representation to Clients for preplanning activities including *durable powers of attorney documents; do not resuscitate orders; wills; and trusts*.
- Legal Services shall provide interventions to ensure access to eligible benefits and to prevent an individual's denial of access to housing or eviction due to HIV status, discrimination or breach of confidentiality litigation as it relates to services eligible under the Ryan White HIV/AIDS Treatment Extension Act.
- This includes assistance with public benefits, which encompasses legal intervention following denial of Social Security Administration (SSA) benefits.

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TARGET POPULATION ALSO KNOWN AS CLIENT(S):

- Individuals who are Broward County residents with HIV/AIDS
- Who earn less than or equal to 300% the Federal Poverty Guidelines,
- Are uninsured,
- Have barriers to economic stability and
- Have no other means or funding source to receive services.

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REQUIREMENTS

This service is designed to provide legal services by/or under the supervision of an attorney licensed by the Florida Bar Association.

- Preplanning activities including durable power of attorney documents; do not resuscitate orders; wills; and trusts.
- Public benefits assistance including legal interventions following denial of Social Security benefits.
- Discrimination or breach of confidentiality litigation as it relates to services eligible under the Ryan White HIV/AIDS Treatment Extension Act.
- Preparation of advance directives concerning the guardianship of the eligible individual and the guardianship or adoption of the eligible person's children.
- Legal services do not include guardianship or adoption of children after the death of their legal caregiver, criminal defense, Discrimination or class action lit1gation unrelated to Ryan White services.

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OUTPATIENT/ AMBULATORY HEALTH SERVICES (OAHS)

- Integrated Primary Care and Behavioral Health (IPCBH) services are any professional diagnostic and therapeutic services rendered by a physician, physician's assistant, or nurse practitioner, social worker, psychologist, addictions counselor or other behavioral health provider in an outpatient facility for the treatment of HIV/AIDS.

RESPONSIBILITIES OF IPCBH

- General management of acute and chronic medical and behavioral health conditions through initial visit and intake
- Complete history and physical examination
- Lab tests necessary for evaluation and treatment
- Prescribing and medication therapy
- Care of minor injuries, minor surgery and assisting at surgery
- Education and counseling on health and medical nutritional therapy, nutritional issues, immunizations, and follow-up visits

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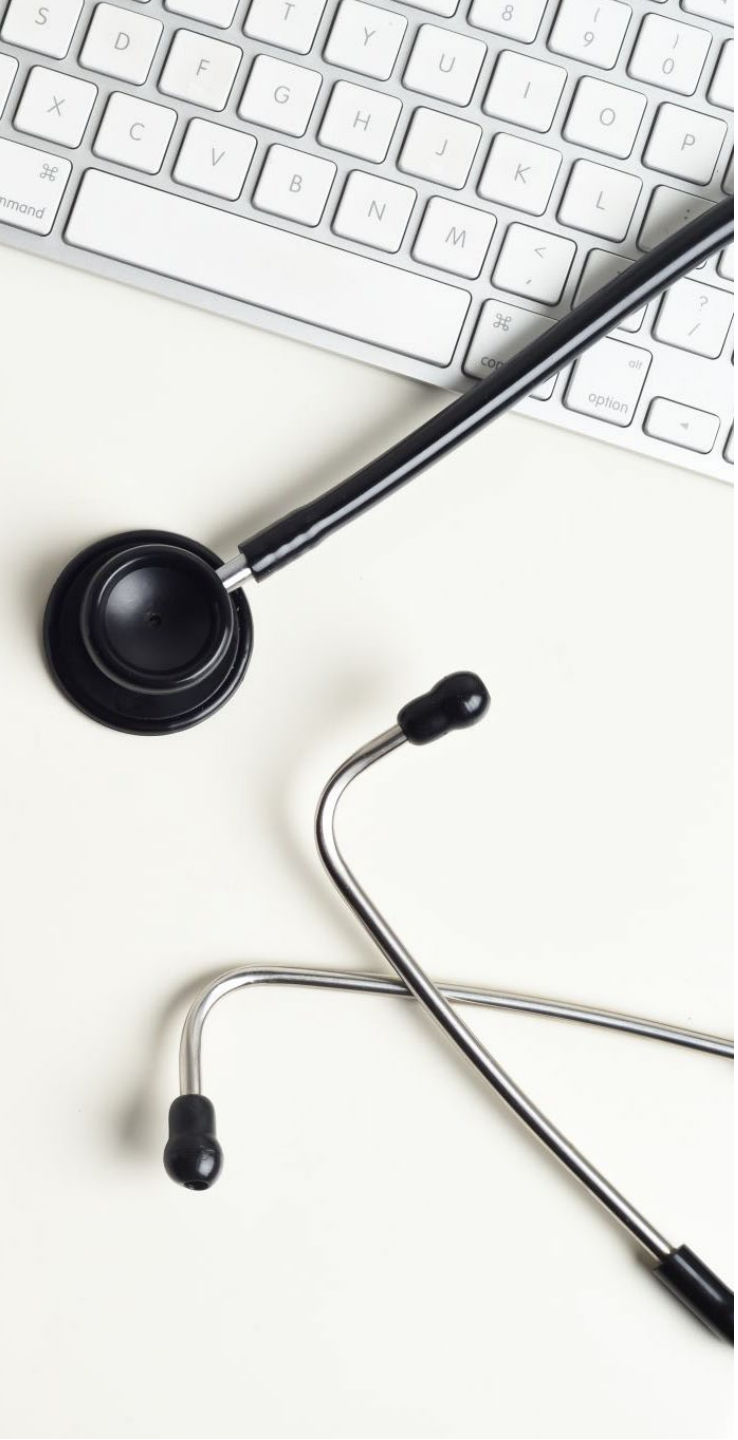

ELEMENTS OF IPCBH

IPCBH services are designed to provide ***psychosocial assessment and evaluation using evidence-based screening tools*** [initially the Patient Health Questionnaire (PHQ 9)], diagnosis, shared treatment planning, crisis intervention, periodic reassessments, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other therapeutic services as appropriate in order to improve adherence to treatment and improve patient health outcomes.

IPCBH REQUIREMENTS

- IPCBH service providers must demonstrate the ability to provide a coordinated, co-located or integrated approach to Primary Care, Behavioral Health, and Disease Case Management services. Behavioral Health clinical staff providers are expected to achieve this by strengthening their focus on integrated treatment teams, evidenced-based primary care interventions, primary care program structure (e.g. primary care access, information sharing, and treatment planning, etc.) performance monitoring and continuous quality improvement and sustainability.
- These modalities and approaches must be provided in a manner that addresses the client's unique needs and integrates their culture, values, spirituality, and religion.

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IPCBH REQUIREMENTS CONT'D

- IPCBH service providers must establish shared protocols and procedures and data collection to ensure continuity of services and retention of clients.
- At a minimum, protocols and procedures must include use of the PHQ 9, follow-up for broken appointments, written correspondence, collaboration with other service providers and referrals to treatment adherence programs.

PART II

AIDS PHARMACEUTICAL ASSISTANCE (LOCAL)

- AIDS Pharmaceutical Assistance (local) is designed to supply physician-ordered, FDA-approved pharmaceuticals based on the approved Ryan White Part A Formulary listing and includes medical supplies and/or devices needed to administer drugs.
- Drugs and medical supplies shall be dispensed routinely as prescribed, or as a short-term supply to assist the Client with an emergency need.

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SERVICE PROVISION

1. AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients.
    - This assistance can be funded with Part A grant funds and/or Part B base award funds, local pharmacy assistance programs are not funded with ADAP earmark funding.
2. Providers dispense generic drugs in lieu of prescription brand names drugs if commercially available, consistent with the dispensing pharmacist's professional judgment and state and federal law.
    - Food Supplement services that include the provision of Client-required vitamin supplements must be provided through the AIDS Pharmaceutical Assistance (Local) service.
3. Medication Adherence - Provider shall offer client medication counseling. Consenting clients shall receive counseling to assist them with their needs. Provider shall document counseling and/or other assistance (Prescription Counseling log).

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SERVICE PROVISION CONT'D…

4. Formulary- The Ryan White Drug Formulary is a working document for practitioners to rely on that fists the medications that are available for the treatment of Ryan White eligible patients.

5. Process for Additions of Medications to the Part A Formulary- The process for additions of Medications to the Part A Formulary will be in accordance with the local Pharmacy process (see Formulary Change Request form at http://www.brhpc.org/hivpc.html).
   - Notification of Formulary Changes: A memorandum (via Fax, e-mail, regular mail) from the Recipient to Prescribers and other concerned individuals will be distributed in a timely manner after addition or deletion of product(s).

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EMERGENCY FINANCIAL ASSISTANCE (EFA)

- Emergency Financial Assistance provides limited one-time or short-term payments to assist clients with emergent needs for paying for medication not covered by an AIDS Drug Assistance Program (ADAP) or AIDS Pharmaceutical Assistance.

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TARGET POPULATION

- The targeted populations for the EFA are persons diagnosed with HIV/AIDS who meet the Ryan White Part A medical and financial eligibility criteria of less than or equal to 400% of the federal poverty level to obtain medications.

ELIGIBILITY ASSESSMENT

1. Pharmacist, or authorized designee, shall verify client's eligibility, which is established by reviewing the certification in the Provide Enterprise (PE) System.
2. Pharmacist (or designee) shall perform an eligibility and financial assessment at each visit in addition to reviewing client's eligibility certification in the designated PE System.
3. Pharmacist (or designee) will review client's eligibility for all funding streams and services for which client may qualify.
4. The purpose of the assessment is to ensure that the client is provided with access to all eligible services and to verify that Ryan White is the payer of last resort.

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SERVICE PROVISION

- Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.
- Direct cash payments to clients are not permitted.
- Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.
- Ryan White funds are used for Emergency Financial Assistance only as a last resort.

FOOD SERVICES
(FOOD BANK/HOME DELIVERED MEALS)

- Food Services is provided to clients requiring supplemental nutritional assistance to enhance the efficacy and absorption of medication.

SERVICE REQUIREMENTS

1. Food Services must be provided in consultation with primary care physician which involves completion of a nutritional assessment and plan.
   - The plan identifies nutritional and dietary factors which impact client HIV conditions and include nutritional strategies targeted at improving overall health.
   - Food Services are included in the plan to provide a nutritious and well-balanced food supplement to a client's diet.
2. Food Services must be provided with a philosophy that Part A Food Bank and/or Voucher Services supplement the total nutritional needs of eligible clients.

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SERVICE REQUIREMENTS CONT'D…

3. The Food Services provider must ensure that service recipients are enrolled in community food and nutrition programs such as food stamps, WIC, to maximize program resources.
4. The Food Service provider must provide Clients several nutritional food choices in each food group, unless otherwise instructed by the Ryan White Part A Program.
5. All Food Services referrals must be documented in the County's designated Human Services Client information software system.

SERVICE REQUIREMENTS CONT'D…

6. Food services staff shall assess client participation in primary medical care. Staff shall ensure existing clients not in primary medical care, access primary medical care within six months from the beginning of the contract year for the client's continued participation in food services.
7. Food Services staff shall assist the client to remain in primary medical care. Staff shall discuss with the client the need to remain in primary medical care as a condition to continue receiving food services. A referral to the case manager will be offered to assist client to remove any barriers to remain in primary medical care.

SERVICE PROVISIONS

*THE PROVISION OF FOOD SERVICES UNDER THIS FUNDING CATEGORY IS OF **TWO** DISTINCT TYPES.*

1. A **Food Bank** is a central distribution center that warehouse and provides nutritious groceries for indigent HIV+ clients. The food is distributed in cartons, bags or assorted products to eligible Ryan White Program clients.

2. **Food Vouchers** shall be in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients must be able to shop for and prepare their own meals. The vouchers are generally provided to indigent HIV+ clients and families on an occasional or ongoing basis but may also be available to other specified populations; and may be issued in paper or electronic formats.
    a. The voucher clearly states that purchase of alcohol and tobacco products are not allowed.
    b. Clients must be unable to purchase nutritious food due to limited financial resources and be able to shop for and prepare their own meals.
    c. Provider must ensure that the majority of the food purchased is of nutritional value.

CENTRALIZED INTAKE AND ELIGIBILITY DETERMINATION (CIED)

- CIED is a standalone intake service responsible for eligibility determination of prospective Clients and eligibility recertification of current Clients. It is the first point of entry into the Broward County Ryan White Part A program and therefore must familiarize Clients with all Ryan White Program services and service providers. **CIED screens and certifies for Client eligibility, initially and every 6 months.**

TARGET POPULATION

- The target population for CIED:
  - Is low income and uninsured individuals with HIV/AIDS who earn less than or equal to 400% of the Federal Poverty Guidelines,
  - Are Broward County residents; and
  - Who have no other means or funding available to meet the costs of health and support services.

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RESPONSIBILITIES OF CIED

1. Determining Client eligibility for Ryan White Part A services;
    - CIED ensures newly diagnosed individuals are rapidly linked to core medical and support services;
    - The linkage must be done within one business day.
    - Follow-up with all newly diagnosed Clients within ninety (90) days of certification to ensure they are engaged in care.

RESPONSIBILITIES OF CIED CONT'D…

2. Assessing long and short-term needs;
    - Conduct a brief needs assessment of the Client;
    - At a minimum, the needs assessment includes the following: behavioral health, medical needs, substance abuse, and other social and legal barriers to care.
    - It also includes whether the identified needs are long term or short term. Clients requiring additional needs must be referred to the appropriate service provider.

RESPONSIBILITIES OF CIED CONT'D…

3. Analyzing available resources;
    - Conduct a benefits assessment to help educate Clients on the understanding of their benefits/services and the application process to assist them in efficiently navigating the HIV Continuum of Care;

RESPONSIBILITIES OF CIED CONT'D…

4. Referring Clients to Part A and non-Part A services as appropriate;
    - Track all referrals electronically through the designated Human Services Department's Management Information System.
    - Follow-up on all referrals to ensure Clients are linked to the services they need and have chosen.
    - Document the disposition of each referral in the Management Information System.
    - Close referrals after the Client has been provided services at the agency to which they were referred.
        - *Services will not be paid until after the referral has been closed.*

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RESPONSIBILITIES OF CIED CONT'D…

5. Conduct enrollment into third party programs;
6. Provide Clients with application preparation assistance;
7. Recertify Ryan White Part A Clients;
8. Conduct intake and eligibility workshops; and
9. Develop linguistically and culturally appropriate literature to inform Clients about Ryan White Part A services, third party payers and other local community resources.

ELEMENTS OF CLIENT ELIGIBILITY

- To determine Client eligibility for services, the CIED provider shall **conduct a benefits assessment** to help educate Clients on the understanding of benefits/services, eligibility and the application process to assist them in efficiently navigating the HIV Continuum of Care.
- Benefits assessment services are Client-centered activities that facilitate Client access to both health and disability benefits and services. It is the primary responsibility of the CIED provider to ensure Clients are receiving all benefits for which they are eligible.

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A BENEFIT ASSESSMENT MUST, AT A MINIMUM, ASSESS THE ELIGIBILITY OF THE FOLLOWING:

- AIDS Drug Assistance Program (ADAP)
- Affordable Care Act (ACA)
- Supplemental Nutritional Assistance Program (SNAP) also known as Food Stamps
- Insurance Continuation (COBRA, AICP)
- Healthy Families Program
- Medicare
- Medicaid
- Pharmaceutical Patient Assistance Programs (PAPS)
- Private insurance
- SSA Programs
- Temporary Assistance to Needy Families (TANF)
- Unemployment Insurance (UI)
- Veteran's Administration (VA)Benefits
- Women, Infants and Children (WIC)
- Worker's Compensation
- Other public and private benefits programs

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A BENEFIT ASSESSMENT ADDRESSES THE UNIQUE BENEFITS NEEDS OF SPECIFIC POPULATIONS INCLUDING (BUT NOT LIMITED TO):

- Immigrants.
- Veterans.
- Persons who have recently been incarcerated, or
- Families and children.

REQUIRED DOCUMENTATION:

- Documentation of HIV status (proof of HIV diagnosis), Rapid Test Documentation (30-day provisional).
- Documentation of income level (to determine persons federal poverty level and whether they are uninsured or underinsured).
- Documentation of residency within the County.
- Documentation of insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance).

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CIED REQUIREMENTS

- CIED services must be provided by professionals who have technical expertise on public and private benefits and other community services for which Clients are entitled. Additionally, CIED must provide an annual training plan for all staff members. Intake specialists are required to go through initial and annual customer service training as well as intensive training about Ryan White services and providers.

- In conjunction with the client shall complete at the time of intake an individualized service plan that incorporates the specific needs of the client.
  - Staff shall assist the client to define both medical and social service goals for the benefits needs identified in the Service Plan.

- Assist the client to set client driven, realistic time frames to resolve the barriers for access to primary medical care identified in the Benefits Assessment.

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HEALTH INSURANCE CONTINUATION PROGRAM

- The Health Insurance Continuation Program (HICP) is designed to continue the provision of health insurance or medical benefits under a health insurance program for Clients who have private insurance and are having difficulty paying premiums and/or co-pays.
- HICP provides health insurance premium and cost-sharing assistance for Clients enrolled in ADAP approved health plans, to maintain continuity of health insurance coverage for medical benefits. This program is available to assist low income, program-eligible Client with purchasing health insurance that provides comprehensive primary medical care and pharmacy benefits that include a full range of antiretroviral (ARV) medications.

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TARGET POPULATION

- Low-income individuals with HIV who are privately insured Broward County residents and are enrolled in the State of Florida AIDS Drug Assistance Program (ADAP) approved health plans.
- These Clients have no other means or funding available to meet the costs of maintaining their private health insurance premiums.
- Eligible Clients must have an income of less than or equal to 400% of Federal Poverty Guidelines, have barriers to economic stability and have no other means of funding available to meet the costs of maintaining their private health insurance coverage.

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REQUIREMENTS

HICP includes:

- Coordination of eligible Clients through the State funded ADAP program,
- Maintenance of individual Client files with an eligibility letter from ADAP, proof of insurance policy/card and proof of Broward County residency.
- A complete financial assessment and disclosure from the Client is required. No payments or reimbursements can be made directly to a Client.
- Conduct chart reviews at least quarterly to ensure appropriate documentation of all services, including referrals, follow-up and re-certification.

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SUBSTANCE ABUSE SERVICES

- Substance abuse outpatient care services is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel. Substance abuse treatment providers as defined in the State of Florida Mental Health Statutes are referred to as licensed or certified practitioners.

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TARGET POPULATION

- Clients are Broward County HIV positive residents
- At least 18 years or older,
- Earn less than or equal to 300% of the Federal Poverty Level (FPL) Guidelines,
- Are uninsured,
- Have barriers to economic stability, and
- Have no other means or funding source to receive services.

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REQUIREMENTS

- The substance abuse clinician shall assess the client Biopsychosocial needs using the agency Biopsychosocial assessment. The licensed or certified practitioner shall complete the assessment by the third counseling visit.
  - The Biopsychosocial evaluation must be reviewed and signed by a licensed or certified practitioner prior to providing treatment or intervention to a client. Assessments can be conducted at the substance abuse treatment program, in jail, in the client's home or hospital room.
- Client admission and/or continuation of treatment shall be allowed after the assessment, if deemed appropriate. A complete physical examination shall be completed by a physician as determined in the needs assessment.
- The licensed or certified practitioner shall complete a Treatment Plan for each client based on the needs identified in the bio-psychosocial.

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QUESTIONS?
DISCUSSION

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