Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

MEETING AGENDA

Committee: Broward County HIV Health Services Planning Council
Date/Time: July 23, 2020, 9:30 a.m. **Location:** WebEx Meeting Room
Chair: Dr. Réguel Lopes, AP **Vice-Chair:** Claudette Grant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. CALL TO ORDER (10 minutes)

2. WELCOME AND PUBLIC RECORD REQUIREMENTS

a. Welcome and Introductions
b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
c. Council Member and Guest Introductions
d. Moment of Silence
e. Excused Absences and Appointment of Alternates
f. Approval of 07/23/20 Meeting Agenda
g. Approval of 06/25/20 Meeting Minutes

3. PUBLIC COMMENT (Up to 10 minutes)

4. FEDERAL LEGISLATIVE REPORT – Handout A (Kareem Murphy)

5. CONSENT ITEMS

I. Motion to approve Carolyn Chandler to join the HIV Planning Council
Justification: Ms. Chandler is an unaffiliated consumer with experience serving on boards and an interest in being on the HIVPC.
PROPOSED BY: Membership/Council Development Committee

II. Motion to approve the Health Insurance Continuation Program (HICP) Service Delivery Model (Handout B)
Justification: The HICP Service Delivery Model was updated and approved by the Quality Management Committee.
PROPOSED BY: Quality Management Committee

III. Motion to approve the Legal Services Service Delivery Model (Handout C)
Justification: The Legal Services Service Delivery Model was updated and approved by the Quality Management Committee.
PROPOSED BY: Quality Management Committee

IV. Motion to approve the Oral Health Service Delivery Model (Handout D)
Justification: The Oral Health Service Delivery Model was updated and approved by the Quality Management Committee.
PROPOSED BY: Quality Management Committee

V. Motion to approve the Universal Service Delivery Model (Handout E)
Justification: The Universal Service Delivery Model was updated and approved by the Quality Management Committee.
PROPOSED BY: Quality Management Committee

VI. Motion to approve How Best to Meet the Need Language (Handout F)
Justification: The How Best to Meet the Need Language for FY 2021-2022 was reviewed and approved by the Priority Setting & Resource Allocation Committee*.*
PROPOSED BY: Priority Setting & Resource Allocation Committee

6. DISCUSSION ITEMS

Part A Core Services

I. **Motion to approve the allocation of $5,436,528 to Outpatient Ambulatory Healthcare Services for FY 2021-2022**
FY2021 Ranking: 1
Factors to Consider: Integration of behavioral health screenings into primary care settings may require increased funding due additional staffing and provisions of services, as well as implementation of Test and Treat may increase access to OAMC. Additionally, unknown impact of potential repeal of the ACA may increase client utilization and expenditures. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic, and implementation of the Ending of the HIV Epidemic services.
Recommended percentage of FY2021 Allocation: 47%
PROPOSED BY: Priority Setting & Resource Allocation Committee

II. **Motion to approve the allocation of $481,126 to Pharmacy for FY 2021-2022**
FY2021 Ranking: 2
Factors to Consider: Increase in client utilization and access to services based on impact of COVID-19 pandemic
Recommended percentage of FY2021 Allocation: 4%
PROPOSED BY: Priority Setting & Resource Allocation Committee

III. **Motion to approve the allocation of $2,736,489 to Oral Health for FY 2021-2022**
FY2021 Ranking: 7
Factors to Consider: Decrease in expenditures due to the COVID-19 pandemic and physical restrictions in place.
Recommended percentage of FY2021 Allocation:24%
PROPOSED BY: Priority Setting & Resource Allocation Committee

IV. **Motion to approve the allocation of $739,641 to Health Insurance Continuation Program for FY 2021-2022**
FY2021 Ranking: 4
Factors to Consider: Cost saving due to approximately 260 Part A clients 250-400% FPL premiums covered by ADAP.
Recommended percentage of FY2021 Allocation: 6%
PROPOSED BY: Priority Setting & Resource Allocation Committee

V. **Motion to approve the allocation of $410,023 to Medical Case Management – Disease Case Management for FY 2021-2022**
FY2021 Ranking: 3
Factors to Consider: Increased utilization of DCMs as Care Coordinators due to implementation of Test and Treat, and the Ending of the HIV Epidemic services along with services for Integrated Behavioral Health and Primary Care. Increased access due to expanded programs and services. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2021 Allocation: 4%
PROPOSED BY: Priority Setting & Resource Allocation Committee

VI. **Motion to approve the allocation of $1,198,830 to Medical Case Management – Case Management for FY 2021-2022**
FY2021 Ranking: 3
Factors to Consider: Increase in client utilization and access to services based on impact of COVID-19 pandemic
Recommended percentage of FY2021 Allocation: 10%
PROPOSED BY: Priority Setting & Resource Allocation Committee

VII. **Motion to approve the allocation of $182,052 to Mental Health for FY 2021-2022**
FY2021 Ranking: 5
Factors to Consider: Increased utilization of MH services due to implementation of Integrated Behavioral Health and Primary Care and the Ending of the HIV Epidemic. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.

Recommended percentage of FY2021 Allocation: 2%
PROPOSED BY: Priority Setting & Resource Allocation Committee

VIII. Motion to approve the allocation of $285,030 to Substance Abuse – Outpatient for FY 2021-2022
FY2021 Ranking: 8
Factors to Consider: Increased utilization of SA services due to implementation of the Ending of the HIV Epidemic Initiative. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2021 Allocation: 2%
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Part A Core Services: 87.3%; $11,469,719

Part A Support Services:

IX. Motion to approve the allocation of $582,689 to Non-Medical Case Management – CIED for FY 2021-2022
FY2021 Ranking:3
Factors to Consider: Increase in the number of programs requiring CIED certification (HOPWA, ADAP), Test and Treat, as well as increase utilization based on continuous rise of new HIV infections. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2021 Allocation: 35%
PROPOSED BY: Priority Setting & Resource Allocation Committee

X. Motion to approve the allocation of $121,979 to Emergency Financial Assistance for FY 2021-2022
FY2021 Ranking: 4
Factors to Consider: Increase utilization based on continuous rise of new HIV infections. Also accounts for potential impact of Test and Treat. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2021 Allocation: 7%
PROPOSED BY: Priority Setting & Resource Allocation Committee

XI. Motion to approve the allocation of $839,479 to Food Bank/Food Voucher for FY 2021-2022
FY2021 Ranking: 2
Factors to Consider: Increase utilization based on continuous rise of new HIV infections. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2021 Allocation: 50%
PROPOSED BY: Priority Setting & Resource Allocation Committee

XII. Motion to approve the allocation of $129,151 to Legal Services for FY 2021-2022
FY2021 Ranking: 7
Factors to Consider: Legal services have fluctuated over the past several years, but the agency has been able to maintain expenditures.
Recommended percentage of FY2021 Allocation: 8%
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total Part A Support Services: 12.7%; $1,673,298.00
Total Part A Allocations: $13,143,017

MAI Core Services:

XIII. Motion to approve the allocation of $293,826 to MAI Outpatient Ambulatory Healthcare Services for FY 2021-2022
FY2021 Ranking: 1
Factors to Consider: Integration of behavioral health screenings into primary care settings may require increased funding due additional staffing and provisions of services, as well as implementation of Test and Treat may increase access to OAMC. Additionally, unknown impact of potential repeal of the ACA may increase client utilization and expenditures. Additionally, we expect

to have an increase due to the effects of the COVID-19 pandemic, and implementation of the Ending of the HIV Epidemic services.
Recommended percentage of FY2021 Allocation: 38%
PROPOSED BY: Priority Setting & Resource Allocation Committee

XIV. Motion to approve the allocation of $45,792 to MAI Medical Case Management – Case Management for FY 2021-2022
FY2021 Ranking: 3
Factors to Consider: Increase in client utilization and access to services based on impact of COVID-19 pandemic
Recommended percentage of FY2021 Allocation: 6%
PROPOSED BY: Priority Setting & Resource Allocation Committee

XV. Motion to approve the allocation of $39,276 to MAI Mental Health for FY 2021-2022
FY2021 Ranking: 5
Factors to Consider: Increased utilization of MH services due to implementation of Integrated Behavioral Health and Primary Care and the Ending of the HIV Epidemic. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2021 Allocation: 5%
PROPOSED BY: Priority Setting & Resource Allocation Committee

XVI. Motion to approve the allocation of $400,000 to MAI Substance Abuse – Outpatient for FY 2021-2022
FY2021 Ranking: 8
Factors to Consider: Increased utilization of SA services due to implementation of the Ending of the HIV Epidemic Initiative. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2021 Allocation: 51%
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Core Services: 72.8%; $778,894

MAI Support Services:

XVII. Motion to approve the allocation of $290,957 to MAI Non-Medical Case Management – CIED for FY 2021-2022
FY2021 Ranking: 3
Factors to Consider: Increase in the number of programs requiring CIED certification (HOPWA, ADAP), Test and Treat, as well as increase utilization based on continuous rise of new HIV infections. Additionally, we expect to have an increase due to the effects of the COVID-19 pandemic.
Recommended percentage of FY2021 Allocation: 100%
PROPOSED BY: Priority Setting & Resource Allocation Committee

Total MAI Support Services: 27.2%; $290,957
Total MAI Allocations: $1,069,851
Total Part A and MAI Allocations: $14,212,868

7. NEW BUSINESS

I. Discussion of HIV Planning Council & Committee Membership and Protocols
Justification: To discuss existing protocols for joining Committees

II. Discussion of Ending the HIV Epidemic & the HIV Planning Council
Justification: To discuss collaborative relationships with community partners and its impact on Broward County's Ending the HIV Epidemic programming.
PROPOSED BY: Executive Committee

8. COMMITTEE REPORTS (15 minutes)

I. COMMUNITY EMPOWERMENT COMMITTEE (CEC)
July 7, 2020 *Chair: Dennis, B. V. Chair: A. Ruffner*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

CEC Development: Planning Council Support (PCS) Team began the meeting with a presentation on Government-in-the-Sunshine Law (Handout A on file). The Committee discussed the difficulty in working between meetings because of the inability to communicate outside of public meetings.

Needs Assessment Presentation: A CQM Health Planner reviewed the qualitative data in the most recently completed Needs Assessment (Handout B on file). The full Needs Assessment can be accessed on the HIV Planning Council Website.

Virtual Event Planning: Committee members resumed planning its video launch event. This event will be hosted virtually to celebrate the launch of the Broward Ryan White Part A Office's *Ryan White & You: The Simple Facts* video series. This event is scheduled for Tuesday, July 21, 2020 at 7:00 p.m. It will be hosted on the Zoom meeting platform and shared via Facebook Live and/or additional streaming options. After much discussion, the Committee opted to hold another meeting to plan the event.

C. Data Requests:

None.

D. Rationale for Recommendations:

Members voted to approve the event date and time and will continue to plan the event at its next meeting.

E. Data Reports/ Data Review Updates:

None.

F. Other Business Items:

None.

G. Agenda Items for Next Meeting:

- *Finalize Event Planning*

H. Next Meeting Date:

July 14, 2020 at 3:00 p.m. Location: WebEx Meeting Room

July 14, 2020 *Chair: Vacant, V. Chair: A. Ruffner*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

Virtual Event Planning: The Committee continued planning its event for the Ryan White Part A educational videos. CEC set its program and discussed audience questions. The Committee's event will be held on Tuesday, July 21st at 7:00 p.m. via Zoom and streamed on the World AIDS Museum's Facebook page as well as the social media pages of Children's Diagnostic & Treatment Center as well as AIDS Healthcare Foundation.

C. Data Requests:

None.

D. Rationale for Recommendations:

None.

E. Data Reports/ Data Review Updates:

None.

F. Other Business Items:

None.

G. Agenda Items for Next Meeting:
TBD
H. Next Meeting Date:
TBD

II. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE

July 9, 2020 *Chair: V. Foster; V. Chair: T. Moragne*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:
Current Applicants, Interested Parties, and Appointments: The Planning Council Support (PCS) Team reviewed the application of an interested party with the Committee. MCDC reviewed Carolyn Chandler's application as well as the impact of Ms. Chandler's membership on the Council's demographics. The new applicant will increase unaffiliated consumer membership to 35%. This would put the HIVPC above the HRSA mandated 33% minimum. The Committee voted to approve Ms. Chandler's application pending completion of pre-appointment requirements.

Needs Assessment Presentation: A CQM Health Planner reviewed the qualitative data in the most recently completed Needs Assessment (Handout A on file). The full Needs Assessment can be accessed on the HIV Planning Council Website.

C. Data Requests:
None.

D. Rationale for Recommendations:
Members voted to approve the application of Carolyn Chandler to join the HIV Planning Council.

E. Data Reports/ Data Review Updates:
None.

F. Other Business Items:
None.

G. Agenda Items for Next Meeting:
H. Next Meeting Date:
TBD

III. QUALITY MANAGEMENT COMMITTEE (QMC)

July 20, 2020 *Chair: Vacant, V. Chair: B. Fortune-Evans*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:
CQM Workplan for FY2020: The Committee reviewed progress in meeting goals designated in the FY2020 CQM workplan.

C. Data Requests:
None**.**

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
Clients with Highly Detectable Viral Loads Follow-Up: CQM support staff member provided a summary of the report conducted by Dr. Julia Hidalgo titled "Clients with Highly Detectable Viral Loads."

Needs Assessment Presentation: A CQM Health Planner reviewed the qualitative data in the most recently completed Needs Assessment (Handout A on file). The full Needs Assessment can be accessed on the HIV Planning Council Website.

F. Other Business Items:

Readdressing Housing Status Definitions in Provide Enterprise (PE): CQM support staff member provided an overview of changes to the Provide Enterprise system to ensure a more accurate collection of housing status and type data. The CQM staff member also noted that the housing types and status would be shared with providers to assist in improving data quality.

Setting the Aim for FY2020 QI Activities: CQM support staff member presented viral load data trends within the EMA and solicited feedback from attendees regarding the overall EMA aim for the viral suppression rate. The committee members came to a consensus to recommend setting the aim to improve the EMA viral suppression rate by 1%. The completed aim statement is: "The Broward EMA aims to increase viral suppression for all clients receiving RWHAP Part A services to 87.5% by February 28, 2021."

G. Agenda Items for Next Meeting:

- None

H. Next Meeting Date:

TBD

IV. EXECUTIVE COMMITTEE

July 16, 2020 *Chair: R. Lopes, V. Chair: C. Grant*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:

HIVPC Agenda: The Executive Committee voted to approve the HIVPC agenda.

August HIVPC Calendar: The Committee reviewed and approved the August HIV Planning Council calendar.

Integrated EHE Discussion: The Committee reviewed the letter submitted at the February HIVPC meeting regarding how to work with Broward County HIV Prevention Planning Council (BCHPPC) and SFAN (Handout C on file). The Executive Committee voted to hold a meeting with the Executive body of BCHPPC & SFAN regarding working together moving forward. This meeting would not be one in which decisions would be made, but rather a continuance of the conversation begun by the request for reunion. A poll to determine date and time will be sent to participants.

Leadership Training: The Committee discussed the recent Robert's Rules training. The Executive Committee was asked to review the FY2019 Leadership Training plan (Handout D on file) and carefully consider which types of trainings would be most beneficial and supportive in.

C. Data Requests:

None.

D. Rationale for Recommendations:

None.

E. Data Reports/ Data Review Updates:

None.

F. Other Business Items:
None.

G. Agenda Items for Next Meeting:
None.

H. Next Meeting Date:
TBD

V. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

July 23, 2020 *Chair: L. Robertson, V. Chair: Vacant*

A. Discussion Item:

B. Work Plan Item Update/Status Summary:
How Best to Meet the Need: The Committee reviewed How Best to Meet the Need and voted to approve the language with no amendments for FY2021-2022.

Resource Allocation: The Committee approved the allocations for FY 2021-2022 based on a review of data and anticipated needs. Members reviewed Part A client utilization trends, FY2021-2022 Committee rankings completed for Core and Support Services, and recommendations to help inform the PSRA process.

C. Data Requests:
None.

D. Rationale for Recommendations:
None.

E. Data Reports/ Data Review Updates:
None.

F. Other Business Items:
None.

G. Agenda Items for Next Meeting:
None.

H. Next Meeting Date:
TBD

VI. SYSTEM OF CARE (SOC)

No July Meeting *Chair: A. Ruffner, V. Chair: J. Rodriguez*

**** For a detailed discussion on any of the above items, please refer to the meeting minutes. ****
Meeting Packets are available at: The HIV Planning Council Website

9. RECIPIENT REPORTS (20 minutes)

a. Part A
b. Part B
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention – Quarterly Update (January, April, July, October)

10. UNFINISHED BUSINESS

11. **PUBLIC COMMENT** (Up to 10 minutes)

12. **ANNOUNCEMENTS**

13. **REQUEST FOR DATA**

14. **AGENDA ITEMS FOR NEXT MEETING:** TBD **LOCATION:** TBD

15. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

CY2020 HIVPC Attendance

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	23	27	C	C	28	25							
0	0	0	1	Arencibia, Y.	X	X			X	X							
0	1	0	2	Barnes, B.	X	X			X	X							
1	1	0	3	Bhrangger, R.	E	X			X	X							
0	0	1	4	Biggs, V.		Z – 5/28				X							
1	1	0	5	Cutright, A.	X	A			X	X							
1	1	0	6	Dennis, B.	X	X			X	X							
0	0	0	7	Fortune-Evans, B.	X	X			X	X							
0	0	0	8	Foster, V.	X	X			X	X							
0	0	0	9	Grant, C.	X	X			X	X							
0	0	0		Hayes, M.	X	X							Z - 05/28				
0	0	3		Holness, Dale V.C. (Mayor)	N - 02/11	A			A	A							
1	1	0	10	Katz, H.B.	X	X			X	X							
1	1	0	11	Lewis, V.	X	X			X	A							
0	0	0	12	Lopes, R. *Chair*	X	X			X	X							
1	1	0	13	Marcoviche, W.	E	X			X	X							
0	0	2	14	Moragne, T.	A	X			A	X							
0	0	2	15	Moreno, V.	X	A			A	E							
0	1	0	16	Robertson, L.	X	X			X	X							
0	0	0	17	Rodriguez, J.	E	X			X	X							
0	0	0	18	Ruffner, A.	X	X			X	X							
0	0	0	19	Schweizer, M.	X	X			X	X							
1	1	0	20	Shamer, D.		Z – 5/28				X							
0	0	1		Sharief, B. (Comm)	A	Z - 02/11											
0	0	1	21	Siclari, R.	A	X			X	X							
0	0	0	22	Wilson, I.		Z – 5/28				X							
				Quorum = 12	15	18	0	0	17	20	0	0	0	0	0	0	

HANDOUT A

Update for Broward County
HIV Health Services Planning Council

From: Kareem Murphy
Date: July 20, 2020

Federal Funding Update

Appropriations
The House finally advanced a series of Fiscal Year (FY) 2021 appropriations bills that would fund the HIV/AIDS services continuum. Focus on responding to the national needs of COVID-19 response delayed the normal timeline. The House proposes an overall $14 million increase across all program areas, for a total of $1.288 billion. Part A would be level funded ($655.9 million) but they would also increase the President's Ending the Epidemic Plan by $25 million. All other Ryan White titles would receive level funding. The Minority AIDS Initiative would receive a small $3 million increase to $57 million. HOPWA, which is funded through another appropriations bill for the U.S. Department of Housing and Urban Development, would receive a $20 increase to $430 million.

The Senate has not yet announced a schedule for mark up of its appropriations bills that fund the continuum.

Given changes in the political conventions and the fall presidential campaign, most decisions rest on how confident the parties are that they will control the Congress and the White House. They could also pass a continuing resolution through to early 2021.

COVID Response
The House passed the HEROES Act back in May. It would provide $10 million for Ryan White programs through the end of FY 2022. Allocations within the title would be at the discretion of the Department of Health and Human Services. It also includes $15 million for HOPWA, $11.1 billion for SNAP (the Supplemental Nutrition Assistance Program), and $100 billion for emergency rental assistance. The Senate is in the early stages of crafting its next COVID response legislation.

HANDOUT B

Broward County Ryan White Part A Program

Health Insurance Continuation Program (HICP) Service Delivery Model

Summary of Recommended Changes

(Last Updated March 23, 2017)

CHANGES MADE THROUGHOUT THE HICP SDM

- Instead of having a "Protocol" section, contents of this section are now included in the "Key Service Components & Activities" section.
- Eligibility Verification, Target Population, Client Intake, Service Caps, Access to Primary Medical Care, Retention in Primary Medical Care, Documentation, Continuous Quality Improvement, Payor of Last Resort, Responsibilities of Staff, Professional Requirements and Training sections were either consolidated or removed to eliminate duplication from the Ryan White Part A Universal SDM, individual contracts, and provider handbook.

CHANGES MADE TO HICP DEFINITIONS

Description of Change	Justification
Update to HRSA Definition.	HRSA Definition for HICP updated to reflect most recent definition.
Language change in local definition.	New language more accurately describes activities conducted in HICP.

CHANGES MADE TO HICP OUTCOMES AND INDICATORS

Description of Change	Justification
Removal of columns "Inputs" and "strategies".	Fields offer unclear information in data collection of outcomes.
Columns now titled "Outcomes", "Indicators", and "Measure".	Standardization among new Service Delivery Models.
Outcome 1 is now Increased access, retention, and adherence to primary medical care.	Because HICP acts to essentially sustain clients' ability to access services by removing financial barriers, an outcome related to retention in medical care has more validity for the service category.
Outcome 2 has been removed.	Per HRSA PCN-15-02 Services with 15 – 50% of the total Broward RWHAP eligible clients has a minimum of 1 performance measure to be followed. Therefore, the CQM Team decided to remove Outcome 2 because the measure could not be effectively generated by PE.

CHANGES MADE TO HICP STANDARDS FOR SERVICE DELIVERY

Description of Change	Justification
Removal of "Indicator" Column and rename "Data Source" column to "Measure.	Standardization among new Service Delivery Models.
Standard 1 is now promotes HICP staff to monitor the active status of clients' insurance policy instead of simply scanning insurance premiums as stated in the previous *Standard 1*.	Increasing process efficiency.

Standard 2 now has a stipulation measure of 30 days since payment request.	This incentivizes accountability of HICP providers to process health insurance payments in a.
The previous *Standard 3, Standard 5, Standard 6, and Standard 7* were removed.	Language in the standards were either reflected in other parts of the HICP SDM, in the Universal SDM or were not indicative of current service delivery of HICP.
Standard 4 indicating coordination with 3rd party providers was added.	Coordinating with 3rd party providers is a key component of HICP as it is important for clients with private insurance to access providers outside of the Ryan White network.

CHANGES MADE TO KEY SERVICE COMPONENTS & ACTIVITIES

- References were inserted to link providers to adherence of the Universal Service Delivery Model, the Broward County Provider Handbook for Contracted Services, and state, local, and federal standards.
- Coordination with 3rd party providers was added to encourage clients' use of services that are within their insurance company's network to increase the benefit-cost ratio of funding allocate to the service category.

PENDING HIVPC APPROVAL

BROWARD COUNTY RYAN WHITE PART A PROGRAM

Health Insurance Continuation Program Service Delivery Model

Health Care Services
Ryan White Part A Program

Table of Contents

I. Service Definitions

HRSA Definition

Health Insurance Premium and Cost Sharing Assistance (HICP) provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

Local Definition

HICP includes the provision of financial assistance paid on behalf of eligible clients living with HIV to maintain continuity of health insurance or to facilitate receiving medical and pharmacy benefits under an Affordable Care Act health care coverage program. HICP is limited to healthcare coverage costs including copays, deductibles and Ryan White Part A-approved insurance premiums (when not covered under Florida Ryan White Part B).

II. Key Service Components & Activities

In addition to the HICP Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of HICP services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

Payment Verification

Providers must examine documentation to ensure copayments and deductibles are valid based on insurance plan benefits package and policies. All copayments and deductibles must be verified before payments are made.

Coordination with 3rd Party Providers

Providers must educate clients on services available through HICP and provide technical guidance on HICP guidelines. Providers must encourage clients to use their insurance company's network of preferred providers.

III. Broward Outcomes & Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Increased access, retention, and adherence to primary medical care.	1.1. 85% of clients are retained in primary medical care.	1.1.1. Client appointment record in designated HIV MIS.

IV. Standards for Service Delivery

Table 2. HICP Standards for Service Delivery

Standard	Measure
1. Client insurance policies are active at the date of service.	1.1. Active insurance policy documented in designated HIV MIS.
2. Provider pays eligible health insurance costs, including copays, deductibles, and premiums, within 30 days of payment requests.	2.1. Documentation of copay, deductible, and/or premium in designated HIV MIS. 2.2. Proof of payment (receipt or invoice) documented in designated HIV MIS.
3. Provider reviews Explanation of Benefits (EOB) to ensure clients have attended a visit twice in the last 12 months.	3.1. Medical, lab or pharmacy visit documented in designated HIV MIS. 3.2. Explanation of Benefits (EOB) documentation in designated HIV MIS.
4. Provider will coordinate with 3rd party providers to ensure client access to services.	4.1. Referrals for 3rd party providers documented in designated HIV MIS. 4.2. Referral communication documented in client file.

HANDOUT B

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	6/15/2020
Service Delivery Model	Health Insurance Continuation Program (HICP) Service Delivery Model
Status	Update

Background/summary of service delivery model:

HICP includes the provision of financial assistance paid on behalf of eligible clients living with HIV to maintain continuity of health insurance or to facilitate receiving medical and pharmacy benefits under an Affordable Care Act health care coverage program. HICP is limited to healthcare coverage costs including copays, deductibles and Ryan White Part A-approved insurance premiums (when not covered under Florida Ryan White Part B)

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

HICP staff will assess client participation in primary medical care. Additionally, clients may also receive help with copay and deductible payments to further lessen the financial burden of medical care. By removing the financial barriers to care, clients are better able to access medical services and positively impact viral load suppression and retention in care.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee:

Service Delivery Model Request for Approval Decision	Reason(s) for denial:
[X] Approved [ ] Denied Chair/ V. Chair Signature: X  Date: 6/15/2020	

HIV Planning Council:

Service Delivery Model Request for Approval Decision	Reason(s) for denial:
[ ] Approved [ ] Denied	

Chair/ V. Chair Signature: X _____ Date: _____	

HANDOUT C

Broward County Ryan White Part A Program

Legal Services
Service Delivery Model

Summary of Recommended Changes

(Last Updated October 23, 2014)

CHANGES MADE THROUGHOUT THE LEGAL SDM

- Instead of having a "Protocol" section, contents of this section are now included in the "Key Service Components & Activities" and "Assessment and Service Plan" Sections.
- Access to Service, Eligibility Verification, Client Intake, Service Provision, Case Closure, Access to Primary Medical Care, Documentation, Continuous Quality Improvement, Physical Plant Safety, Payer of Last Resort, and Professional Requirements sections were either consolidated or removed to eliminate duplication from the Ryan White Part A Universal SDM, individual contracts, and provider handbook.

CHANGES MADE TO LEGAL DEFINITIONS

Description of Change	Justification
Addition of HRSA Definition.	Standardization among Service Delivery Models and a reference to national HRSA guidance for the service category.
Language change in local definition.	New language more accurately describes Ryan White Part A Legal Services offered in Broward.

CHANGES MADE TO LEGAL OUTCOMES AND INDICATORS

Description of Change	Justification
Removal of columns "Inputs" and "strategies".	Fields offer unclear information in data collection of outcomes.
Columns now titled "Outcomes", "Indicators", and "Measure".	Standardization among new Service Delivery Models.

CHANGES MADE TO LEGAL STANDARDS FOR SERVICE DELIVERY

Description of Change	Justification
Removal of "Indicator" Column and rename "Data Source" column to "Measure.	Standardization among new Service Delivery Models.
Removal of previous *Standard 1, Standard 2, Standard 3, Standard 4, and Standard 8.*	Language in the previous standards were either not measurable or reallocated to other standards in the new Legal SDM.
Standard 1 is now the completion of the Legal needs assessment.	This is completed when receiving Legal services but was not previously reflected in the Legal service standards.
Standard 2 is now development of a service plan based on needs identified in Legal needs assessment.	This is completed when receiving Legal services but was not previously reflected in the Legal service standards.
Standard 3 is a quarterly review of the service plan.	This is a best practice of Legal services and not previously reflected in the Legal services standards.

Standard 5 (previously Standard 7) now has the stipulation that assistance must be documented in client profile within three business days.	Ensures documentation of Legal services provided.

CHANGES MADE TO KEY SERVICE COMPONENTS & ACTIVITIES

- References were inserted to link providers to adherence of the Universal Service Delivery Model, the Broward County Provider Handbook for Contracted Services, and state, local, and federal standards.
- Key service component language is now more concise.

CHANGES MADE TO ASSESSMENT AND SERVICE PLAN

- Assessment process and components are more clearly defined.
- Language has been added to detail the components of client service plans.

PENDING HIVPC APPROVAL

BROWARD COUNTY RYAN WHITE PART A PROGRAM

Legal Services Service Delivery Model

Health Care Services
Ryan White Part A Program

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I. Service Definitions

HRSA Definition

Other Professional Services: Legal services provided to eligible individuals living with HIV and involving legal matters related to or arising from their HIV diagnosis, include:

- Assistance with public benefits such as Social Security Disability Insurance (SSDI)
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Part A Program
- Preparation of health care power of attorney, durable powers of attorney, and living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney; and
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

Local Definition

Legal Services provide legal representation to eligible clients for preplanning activities, including durable powers of attorney documents, do not resuscitate orders, living wills, and trusts. Legal Services also provide interventions to ensure access to eligible benefits and prevent denial of access to housing or eviction caused by discrimination or breach of confidentiality related to HIV status. This includes assistance with public benefits, which encompasses legal intervention following denial of Social Security benefits. The provision of Legal Services also includes the preparation of advance directives concerning guardianship of the eligible individual and the guardianship or adoption of the eligible person's children but does not cover legal services or proceedings, which occur after the eligible person's death. Legal services may also include income tax preparation services to assist clients in filing Federal tax returns in accordance with Affordable Care Act requirements.

II. Key Service Components and Activities

In addition to the Legal Services Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments.

Providers must refer to their individual contract for service-specific client eligibility requirements. Funds may be used to support and complement pro bono activities. All legal assistance must be provided under the supervision of an attorney licensed by the Florida Bar Association. Only civil cases are covered under this service category. Providers of Legal services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

III. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Increased access to benefits for which the client is eligible.	1.1. 80% of clients whose cases are accepted for representation at a Social Security Administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability.	1.1.1. Legal assessment 1.1.2. Documentation of cases in client file
	1.2. 60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of cash benefits and/or medical benefits or will have their case remanded for a hearing before an Administrative Law Judge.	1.2.1. Legal assessment 1.2.2. Documentation of cases in client file

IV. Assessment and Service Plan

Assessment

Providers must develop and utilize a legal needs assessment to assess clients for legal needs. The completed legal needs assessment must be signed and dated by the provider and client and documented in the client profile, and any applicable data must be entered in the designated HIV Management Information System (MIS). The legal needs assessment should be a comprehensive tool that screens for legal necessities, including but not limited to:

- Public benefits eligibility
- Permanency planning needs
- Experiences of discrimination
- Experiences of confidentiality breach
- Financial needs
- Housing needs
- Domestic violence history
- Family law issues
- Tax law issues

Service Plan

Providers must work with the client to develop a service plan upon completion of the legal needs assessment. The service plan must meet the client's legal needs and contain the following components, at a minimum:

- Specific legal needs and desired resolutions/outcomes
- Type of service provided to meet client's legal needs (legal advice, legal consulting, representation in court and/or administrative proceedings, and/or referrals to pro-bono attorneys or other providers/programs)
- Estimated date of legal need resolution
- Client participation (including any actions client must take to assist in the resolution of legal issues)

Providers must review client service plans at least quarterly, or as needed in the event of a change in client legal needs. The service plan review includes:

- Review of current status of legal needs, including progress made on addressing previously identified legal needs in the service plan
- Coordination with client regarding next steps to resolve the legal needs
- Updating the service plan based on current status of legal needs

V. Standards for Service Delivery

Table 2. Legal Services Standards for Service Delivery

Standard	Measure
1. Client completes the legal needs assessment.	1.1. Completed legal needs assessment in the client file.
2. Provider develops a service plan with each client that meets the needs identified in the legal needs assessment.	2.1. Service plan documented in the client file.
3. Provider reviews client service plans at least quarterly, or as needed in the event of a change in client legal needs.	3.1. Updated service plan documented in the client file.
4. Client receives disposition or resolution of legal needs.	4.1. Documentation of disposition or resolution of legal needs in the client file.
5. All assistance provided to clients and progress made toward meeting service plan needs must be documented in the client file within three business days of client contact.	5.1. Documentation of all assistance provided to client in the client file.

HANDOUT C

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	6/15/2020
Service Delivery Model	Legal Services
Status	Update

Background/summary of service delivery model:

Legal Services provide legal representation to eligible clients for preplanning activities, including durable powers of attorney documents, do not resuscitate orders, living wills, and trusts. Legal Services also provide interventions to ensure access to eligible benefits and prevent denial of access to housing or eviction caused by discrimination or breach of confidentiality related to HIV status. This includes assistance with public benefits, which encompasses legal intervention following denial of Social Security benefits. The provision of Legal Services also includes the preparation of advance directives concerning guardianship of the eligible individual and the guardianship or adoption of the eligible person's children but does not cover legal services or proceedings, which occur after the eligible person's death. Legal services may also include income tax preparation services to assist clients in filing Federal tax returns in accordance with Affordable Care Act requirements.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

HIV-related legal services are essential to protect and promote the rights of people living with HIV, and are essential to ensure good public health outcomes. HIV-related legal services help build and sustain an environment for effective HIV testing, treatment, and prevention. With legal assistance, people with HIV can secure and protect their legal rights. Legal services can help provide concrete solutions to HIV-related legal and social problems.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee:

Service Delivery Model Request for Approval Decision

- [X] Approved
- [ ] Denied

Reason(s) for denial:

Chair/ V. Chair Signature:

X

Date: 6/15/2020

HIV Planning Council:

HANDOUT C

Service Delivery Model Request for Approval Decision ☐ Approved ☐ Denied Chair/ V. Chair Signature: X _____ Date: _____	Reason(s) for denial:

HANDOUT D

Broward County Ryan White Part A Program

Oral Health Care Service Delivery Model

Summary of Recommended Changes

(Last Updated May 22, 2014)

CHANGES MADE THROUGHOUT THE ORAL HEALTH CARE SDM

- Instead of having a "Protocol" section, contents of this section are now included in the "Key Service Components & Activities" and "Assessment and Treatment Plan" Sections.
- Intake, Physical Plant Safety, Access to Primary Medical Care, Documentation, Continuous Quality Improvement, and Professional Requirements sections were either consolidated or removed to eliminate duplication from the Ryan White Part A Universal SDM, individual contracts, and provider handbook.

CHANGES MADE TO ORAL HEALTH DEFINITIONS

Description of Change	Justification
Addition of HRSA Definition.	Standardization in format of other Service Delivery Models and reference for HRSA's recommendation for service category.
Language change in local definition.	New language offers a more detailed summary of services provided by Ryan White Part A Oral Health Care services.

CHANGES MADE TO ORAL HEALTH OUTCOMES AND INDICATORS

Description of Change	Justification
Removal of columns "Inputs" and "strategies".	Fields offer unclear information in data collection of outcomes.
Columns now titled "Outcomes", "Indicators", and "Measure".	Standardization among new Service Delivery Models.
Outcome 1 is now the Continuity of oral health care with an indicator of "75% of clients with a dental visit at least 2 times within the past 12 months."	Continuity of oral healthcare promotes client adherence to dental appointments. Research shows, individuals who adhere to dental services generally have positive health outcomes.
Outcome 2 is now the provision of periodontal health with an indicator of "75% of clients with a history of periodontitis who received an oral prophylaxis, scaling/root planning, or periodontal maintenance visit at least 2 times within the past 12 months"	The new outcome follows recommendation from the Dental Quality Alliance.

CHANGES MADE TO ORAL HEALTH STANDARDS FOR SERVICE DELIVERY

Description of Change	Justification
Removal of "Indicator" Column and rename "Data Source" column to "Measure.	Standardization among new Service Delivery Models.
Standard 2 is for provision of oral health exam after referral or visit.	Clearer guidance on oral health examination.

Standard 5 is for recall guidance clients with HIV.	This is best practice for monitoring changes in oral care and client HIV-related labs.
Standard 8 requires follow-up on referrals to specialty care within 30 days.	This ensures Oral health providers follow up on specialty referrals.

CHANGES MADE TO KEY SERVICE COMPONENTS & ACTIVITIES

- References were inserted to link providers to adherence of the Universal Service Delivery Model, the Broward County Provider Handbook for Contracted Services, state, local, or federal standards, and guidance set by the American Dental Association (ADA).
- Coordination and Referral of Oral Health Care Services language made more concise.
- Oral Health Care Prevention & Early Intervention section added to reinforce preventative strategies and education when delivering oral health services.

CHANGES MADE TO ASSESSMENT AND TREATMENT PLAN

- Components of Oral Health Evaluation updated in accordance with best practice guidelines.
- Phase I treatment plans are now to be completed within 12 months instead of 6 months.
- A minimum set of components for all oral health treatment plans are now indicated.
- Increased guidance on emergency service provision.

BROWARD COUNTY
RYAN WHITE PART A PROGRAM

Oral Health Care
Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

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I. Service Definitions

HRSA Definition

Oral health care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Local Definition

Oral health care encompasses dental screenings, prophylaxes, fillings, simple extractions, as well as periodontal and other advanced treatments. Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical, and limited endodontic services are rendered by general dentists and dental hygienists. Clinical interventions are based on treatment guidelines, recognized clinical protocols, and established legal and ethical standards. Oral health care services provided to eligible individuals living with HIV are based on the following priorities:

- Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
- Elimination of presenting symptoms
- Elimination of infection
- Preservation of dentition and restoration of function

II. Key Service Components & Activities

In addition to the Oral Health Care Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the Broward County Ryan White Part A Universal SDM. Providers must also adhere to standards and requirements set forth in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of oral health care services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

Oral health care services must be provided by Florida credentialed dentists and dental hygienists with the appropriate professional degrees. Provision of all oral health care services must be informed by the American Dental Association's (ADA) practice guidelines and in accordance with legal and ethical standards.

Coordination and Referral of Oral Health Care Services

Providers must act as a liaison between clients and other oral health care service providers to obtain and share information to support an optimal level of patient care and service provision, including HIV treatment and care. Clients must receive immediate referrals for emergency treatment, including relief of pain or infection.

Oral Health Care Prevention & Early Intervention

Providers must emphasize prevention and early detection of oral disease by educating patients about preventive oral health care practices, including instruction in oral hygiene. Additionally, providers must apply the following educational counseling when applicable:

- Tobacco cessation,
- Risks of unprotected oral sex,
- Complications with body piercing in oral structures, and

- Guidance on general health conditions that could compromise oral health.

Additionally, the impact of proper nutrition on preserving good oral health should be discussed. Basic nutritional counseling may be offered to assist patients in maintaining oral health; when appropriate, a referral to a registered dietitian or other qualified nutrition professional should be made.

III. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Continuity of oral health care.	1.1. 75% of clients with a dental visit at least 2 times within the past 12 months.	1.1.1. Oral health care visits documented in designated HIV Management Information System (MIS).
2. Screening of periodontal health is provided.	2.1. 75% of clients with a history of periodontitis who received an oral prophylaxis, scaling/root planning, or periodontal maintenance visit at least 2 times within the past 12 months.	2.1.1. Periodontal charts and client medical history demonstrating oral prophylaxis, scaling/root planning, or periodontal maintenance in compliance with ADA guidelines.

IV. Assessment and Treatment Plan

Assessment

New clients presenting for non-emergency oral health care services must receive a comprehensive oral examination within 15 business days of the initial referral/visit to the provider. The comprehensive oral evaluation must include the following:

- Documentation of client's presenting complaint
- Caries charting
- Full mouth radiographs (or panoramic and bitewings) and selected periapical films
- Complete periodontal exam or periodontal screening record (PSR), which includes: full-mouth periodontal charting; presence, degree, and distribution of plaque and calculus; gingival health/disease; bone height and/or bone loss; mobility and fremitus; and presence, location, and extent of furcation involvement
- Head and neck exam
- Complete intra-oral exam, including evaluation for HIV-associated lesions
- Pain assessment

All oral examination findings must be documented in the client file. In addition, full medical status information from the client's medical provider, including most recent lab work results, must be obtained and considered by the provider. The medical history and current medication list must be updated regularly to ensure all medical and treatment changes are noted.

Treatment Plan
Providers must develop a comprehensive phase I treatment plan in conjunction with the client. Components of treatment plans must include, at minimum: diagnosis, prevention, maintenance, and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes basic restorative treatment including fillings; basic periodontal therapy (non-surgical); basic oral surgery that includes simple extractions and biopsy; non-surgical endodontic therapy.

All treatment plans must be reviewed with and signed by the client and documented in the client file following the initial comprehensive oral examination. Treatment plans must include an appropriate dental check-up schedule and be reviewed and/or updated at least annually. The client's ability to adhere to treatment for an extended amount of time or return for sequential visits should be determined when a treatment plan is prepared or upon dental procedure initiation. Phase I treatment plans must be completed within 12 months from the date the client consented to treatment.

Client treatment plans may include services that are not covered by RWHAP funds. Providers must consult clients to discuss non-covered services that may be available through other payment sources.

Providers must consider each client's primary reason for the visit, concerns, and expectations when developing the treatment plan. Treatment priority must be given to the management of pain, infection, traumatic injury, or the emergency condition. Providers must manage client pain, dental anxiety, and behavior during treatment to facilitate safety and efficiency. Emergency services should be the foremost priority in provision of oral health care. Emergency need entails life-threatening, or potentially disabling conditions. Providers must document the disposition of the emergency, the dental site, and the specific treatment involved in the client file.

Adherence to Treatment
Providers must assist clients in adhering to an oral health care treatment plan. Clients with physical, behavioral or social needs that could potentially impair adherence to the oral health care treatment plan must be referred to other Ryan White Part A providers to support client adherence to oral health care treatment plan. The provider and client must sign all treatment plans and updates to treatment plans.

V. Standards for Service Delivery

Table 2. Oral Health Care Standards for Service Delivery

Standard	Measure
1. Provider reviews client medical and dental health history annually and updates the client file as needed.	1.1. Documentation of medical and dental health history in the client file.
2. New clients presenting for non-emergency oral health care services must receive a comprehensive oral examination within 15 business days of the initial referral/visit to the provider.	2.1. Documentation of completed comprehensive oral evaluation in the client file.
3. Provider develops treatment plan, in conjunction with the client, based on client oral evaluation.	3.1. Signed and dated treatment plan documented in the client file.

Standard	Measure
4. Treatment plans must be reviewed and/or updated at least annually	4.1. Signed and dated treatment plan documented in the client file.
5. A six-month recall schedule must be used to monitor changes in oral health care. If a patient's CD4 count is below 100, a three-month recall schedule should be considered.	5.1. Recall schedule documented in the client file.
6. Caries identified in the phase I treatment plan are treated within 12 months.	6.1. Documentation of treatment plan updates in the client file.
7. Provider refers clients to specialty oral health care services in accordance with client needs and treatment plan.	7.1. Documentation of specialty oral health care needs documented in the client treatment plan and file. 7.2. Referral documented in the designated HIV MIS.
8. Provider follows up on specialty care referrals within 30 days of referral.	8.1. Referral documented in the designated HIV MIS. 8.2. Referral follow up and communication documented in the client file.
9. Provider conducts oral health care education with clients annually.	9.1. Documentation of oral health education in the client file.
10. Provider reviews client medical history and vital signs prior to performing surgical procedures and whenever local anesthesia is provided. This includes, but is not limited to: Blood pressure, pulse/heart rates, basic vital signs, and CBC values.	10.1. Documentation of review of medical history and vital sign values in the client file.

HANDOUT D

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	6/15/2020
Service Delivery Model	Oral Health Service Delivery Model
Status	Update

Background/summary of service delivery model:

Oral Health Care encompasses dental screenings, prophylaxes, fillings, simple extractions, as well as periodontal and other advanced treatments. Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical, and limited endodontic services are rendered by general dentists and dental hygienists. Clinical interventions are based on treatment guidelines, recognized clinical protocols, and established legal and ethical standards. Oral Health Care services provided to eligible individuals living with HIV are based on the following priorities:

- Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
- Elimination of presenting symptoms
- Elimination of infection
- Preservation of dentition and restoration of function

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

People with HIV are at special risk for oral health problems. This service category addresses Some of the most common oral problems for people with HIV/AIDS, including: chronic dry mouth, gingivitis, bone loss around the teeth (periodontitis), canker sores, oral warts, fever blisters, oral candidiasis (thrush), hairy leukoplakia (which causes a rough, white patch on the tongue), and dental caries. Combination antiretroviral therapy, which is used to treat the HIV condition and restore immune system function, has made some oral problems less common. Oral conditions can be painful, annoying, and can lead to other problems.

HANDOUT D

THIS SECTION IS INTENDED FOR STAFF USE ONLY.	
Quality Management Committee:	
Service Delivery Model Request for Approval Decision ☒ Approved ☐ Denied Chair/ V. Chair Signature: X _____ Date: 6/15/2020	Reason(s) for denial:
HIV Planning Council:	
Service Delivery Model Request for Approval Decision ☐ Approved ☐ Denied Chair/ V. Chair Signature: X _____ Date: _____	Reason(s) for denial:

PENDING HIVPC APPROVAL

BROWARD COUNTY RYAN WHITE PART A PROGRAM

Universal Service Delivery Model

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Introduction

The Universal Service Delivery Model (SDM) serves as a set of minimum requirements to be followed by providers of core medical and support services funded by the Broward County Ryan White HIV/AIDS Part A Program (RWHAP). The Universal SDM is implemented to support the delivery of high-quality services to individuals receiving Broward County RWHAP services. The Universal SDM is approved by the Broward County HIV Health Planning Council, which is subject to change and may be revised at any time. In addition to the Universal SDM, Providers must adhere to applicable service category specific SDMs, Health Resources and Services Administration RWHAP legislation and policies, the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, individual contracts, and applicable contract adjustments.

II. Intake Procedure

Providers must follow a documented intake procedure to verify RWHAP client eligibility and collect documentation required to complete the client file. Providers must verify that all client information in the designated HIV management information system (MIS) is correct and current. The following items must be included in the intake procedure, at a minimum:

1. Verification of client eligibility in designated HIV MIS prior to providing a service
2. Screening for other available funding streams for the provided service
3. Client receipt of provider's client rights and responsibilities and grievance policy annually
4. Client assessment of medical and support service needs, education on available HIV services, and how to access needed services
5. Completed release of confidential information and records forms for external provider referrals and/or disclosures with signature, as applicable

Providers must schedule a Centralized Intake and Eligibility Determination appointment using the designated HIV MIS for clients with expired eligibility or within 30 days of eligibility expiration.

Table 1. Intake Procedure Standards

Standard	Measure
1. Client eligibility is verified prior to providing a service.	1.1. Client eligibility is active in designated HIV MIS prior to date of provided service.
2. Clients are screened for other available funding streams.	2.1. Documentation of screening for other available funding streams in client file.
3. Clients receive provider's client rights and responsibilities and grievance policy annually.	3.1. Documentation of client receipt, via signature, of provider's client rights and responsibilities and grievance policy in client file.
4. Provider completes assessment of medical and support service needs with clients.	4.1. Completed assessment in client file.
5. Clients receive education on available HIV services and how to access services.	5.1. Documentation of education provided in client file. 5.2. Referrals for identified service needs and referral communication documented in client file.

Standard	Measure
6. Client/guardian signature on release of confidential information and record forms for external provider referrals and/or disclosures, as applicable.	6.1. Release of confidential information and record forms for referrals and/or disclosures signed by client/guardian in client file.

III. Linkage and Retention

All providers are responsible for assessing client retention in primary medical care and adherence to antiretroviral treatment (ART) and linking clients to needed services. Assessment of retention in primary medical care and adherence to ART should include, at minimum:

- Primary medical care appointments
- Viral load and CD4 laboratory test results
- Adherence to prescribed ART

Clients must visit their primary medical care physician at least once every six months. Clients who do not have a kept primary medical care appointment documented in the last six months must be immediately referred to primary medical care. Providers must document attempts in the client file.

Providers must ensure clients are prescribed and adherent to ART. Clients not prescribed ART must be immediately referred to primary medical care. Clients having trouble with ART adherence must be immediately referred to RWHAP Disease Case Management (DCM) services. Providers must document attempts in the client file.

Client viral load and CD4 laboratory tests must be completed and documented every six months. The provider must ensure each client file has current viral load and CD4 laboratory test results documented in the designated HIV MIS. If a client file does not have current viral load and CD4 laboratory test results documented in the designated HIV MIS, the provider must request updated results from the client and/or refer the client to primary medical care. The provider must also refer clients who are not virally suppressed (as defined by The U.S. Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV) to Case Management and/or other needed support services. Providers must document requests for laboratory test results and/or associated referrals in the client file.

Referrals

Providers must have a documented referral procedure to ensure clients are linked to needed services. All referrals must be made using the referral mechanism in the designated HIV MIS within one business day of client encounter. Providers receiving a referral must attempt to schedule an appointment within three business days and update the referring provider on the status of the referral. In the event of a no-show, the receiving and referring provider must attempt to contact the client. All referral communication must be documented in the client file.

No-Shows

Providers must have a documented procedure for handling appointment no-shows and cancellations that ensures attempts are made to engage clients in care. The provider must assess each client for the cause(s) of no-shows, initiate referrals, and/or provide resources needed to prevent future no-shows. The procedure must include how the provider identifies and tracks appointment no-shows and the process for responding to a no-show. If no contact is made and the client has had no recent contact with other RWHAP providers as identified in the designated HIV

MIS, the provider must report the client to the Florida Department of Health – Broward County PROACT Program. All follow up and communication must be documented in the client file.

Case Closures
Providers must have a documented procedure for handling case closures. Case closures must be documented in the client file and must include, at minimum:

- Date and summary of case closure
- Reason for case closure
- Client transfer or referral to another agency, if applicable
- Supervisor signature on care closure summary

Table 2. Linkage and Retention Standards

Standard	Measure
1. Clients are assessed for retention in primary medical care.	1.1. Last kept primary medical care appointment in client file. 1.2. Documented attempts to link client to primary medical care in client file.
2. Clients are assessed for adherence to ART.	2.1. Documentation of ART adherence assessment in client file. 2.2. Documented attempts to link client to primary medical care/DCM services in client file.
3. Clients have current viral load and CD4 laboratory results documented in the designated HIV MIS every six months.	3.1. Viral load and CD4 laboratory results documented in client file. 3.2. Documented attempts to obtain viral load and CD4 laboratory results.
4. Clients who are not virally suppressed are referred to Case Management and/or other needed support services	4.1. Viral load and CD4 laboratory results documented in client file. 4.2. Referrals and referral communication documented in client file.
5. Referrals are made in the designated HIV MIS within one business day of client encounter.	5.1. Referrals in designated HIV MIS. 5.2. Referral communication documented in client file.
6. Provider follows documented procedure for handling appointment no-shows and cancellations.	6.1. No-show follow up and communication documentation in client file.
7. Case closures meet minimum documentation requirements.	7.1. Case closure documentation in client file.

IV. Personnel Standards

Providers must adhere to the required minimum credentials outlined in the Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers. Providers must have a standardized orientation and training process to ensure staff have the knowledge and skills to provide services. Newly hired employees must have introductory HIV training within three months of hire.

HANDOUT E

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	6/15/2020
Service Delivery Model	Universal Service Delivery Model
Status	Update

Background/summary of service delivery model:

Alterations made:

1. "Clients not prescribed ART must be immediately referred to primary medical care." (page 3) "Test and Treat program" was altered to "primary medical care". Also altered in Table 2, Measure 2.2 (page 4).
2. "If no contact is made and the client has had no recent contact with other RWHAP providers as identified in the designated HIV MIS, the provider must report the client to the Florida Department of Health – Broward County PROACT Program." (page 4) " PROACT Program" was added.

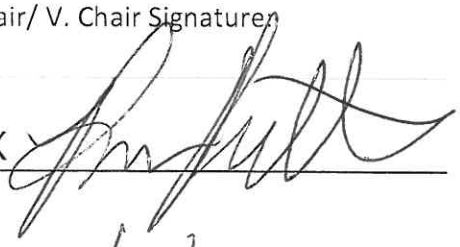
The universal service delivery model serves as the minimum standards for service delivery within the EMA. These standards apply to all providers regardless of service category. The objectives of the universal service standards are to help clients achieve positive health outcomes by ensuring that programs:

- have policies and procedures in place to protect clients' rights and ensure quality of care;
- provide clients with access to the highest quality services through experienced, trained and, when appropriate, licensed staff;
- guarantee client confidentiality, protect client autonomy, and ensure a fair process of grievance review and advocacy;
- comprehensively inform clients of services, establish client eligibility, and collect client information through an intake process;
-effectively assess client needs and encourage informed and active client participation;
-address client needs effectively through coordination of care with appropriate providers and referrals to needed services; and
-are accessible to all people living with HIV in Broward County.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

The universal service delivery model ensures that all clients receive the same high quality of service regardless of where services are received. This model also specifically outlines standards for all providers related to linkage and retention to ensure client engagement in care regardless of what service category is utilized.

HANDOUT E

THIS SECTION IS INTENDED FOR STAFF USE ONLY.	
Quality Management Committee:	
Service Delivery Model Request for Approval Decision ☒ Approved ☐ Denied Chair/ V. Chair Signature: X  Date: 6/15/2020	Reason(s) for denial:
HIV Planning Council:	
Service Delivery Model Request for Approval Decision ☐ Approved ☐ Denied Chair/ V. Chair Signature: X _____ Date: _____	Reason(s) for denial:

Broward County Ryan White Part A
HIV Health Services Planning Council
HOW BEST TO MEET THE NEED LANGUAGE
FY 2021-2022

ALL SERVICES
Recommended Language
• Ensure Part A Providers document collaborative agreements with all and other organizations within their continuum of care, an across systems to help clients get all their needs addressed. • Provide Care Coordination across multiple service categories. • Ensure high client satisfaction with services through consistent feedback opportunities such as surveys or focus groups, annual customer service trainings for staff, and provide follow-up as needed. • Collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who fallen out care. • Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppress, including but not limited to: o Black heterosexual men and women o Black men who have sex with men (MSM) 18-38 years of age • Integrate care collaboration with members of the client's service providers. • Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. • Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. • Co-locate services where applicable, to facilitate medical home for Part A clients.
CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)
Services Criteria: (<400%FPL)
Recommended Language
• Test and treat as well as the integration of behavioral health screenings into primary care increase access to OAHS and may require increased funding due to additional staffing and provisions of services. • Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.

- Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
- Integrate care provider collaboration with members of the client's treatment team outside of the organization.
- Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
- Care Coordinators will monitor delivery of care; document care; identify progress toward desired health outcomes; review the care plan with clients in conjunction with the direct care providers; interact with involvement departments to ensure the scheduling and completion of tests, procedures, and consult track and support patients when they obtain services.
- Provide after-hours services availability to include Crisis Intervention.
- Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
- Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV).
- Incorporate prevention messages into the medical care of PLWHA.
- Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved away/to a different payer source.

AIDS Pharmaceuticals (Local)

Services Criteria: (<400%FPL)

Recommended Language

- Drugs used for Test and Treat.
- Report clients who have fallen out of care to DIS Outreach workers to determine if clients are not in care or have moved to a different payer source.

Oral Health Care (OHC)

Services Criteria: (<400%FPL)

Recommended Language

- Increase in demand for services over recent years due to increase in service locations
- Maintain specialty oral health care services and provide care beyond extractions and restoration to include, but not be limited to, full or partial dentures and surgical procedures, periodontal work, and root canals.
- Increase Oral Health Care collaboration with mental Health providers.
- Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.

Health Insurance Continuation Program (HICP)

Services Criteria: (250%-400%FPL)

Recommended Language

• Increase in clients with access to health insurance. • Develop materials for clients to use as quick references. • Provide assistance with Prior authorizations and appeals process. • Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.
Mental Health Service (MH)
Services Criteria: (<300%FPL)
Recommended Language
• Integrated service may be impacting utilization in this service category • Provide Trauma-Informed Mental Health Services referring clients to the prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including substance use and mental disorders) that developed during or after trauma. • Provide after-hours availability to include Crisis Intervention.
Medical Case Management (Disease Case Management)
Services Criteria: (<400%FPL)
Recommended Language
• No Recommended language for FY2021-2022 • Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. • Report change in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (<300%FPL)
Recommended Language
• No Recommended language for FY2021-2022
SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (<400%FPL)
Recommended Language
• Implementation of test and treat increases demand for more services • Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc. • Provide education to reduce fear and denial and promote entry into primary medical care. • Educate clients on the importance of remaining in primary medical care. • At least 30% on Non-Medical Case Management funded personnel be dedicated to Peers. • Incorporate prevention messages into the medical care of PLWHA.

- Educate consumers on their role in the case management process.
- Provide initial/ongoing training and development for HIV peer workers.
- Provide Benefits Support Services to deliver information to clients about their health insurance coverage such as how they can navigate and utilize insurance effectively to achieve better health outcomes.
- Overview of health care plan summary benefits (coverage and limitations).
- Educate the client on the different types of health care providers (i.e. Primary Care, Urgent Care, and Specialty Care).

Centralized Intake and Eligibility Determination (CIED)

Services Criteria: HIV+ Broward County Resident

Recommended Language

- Future Part A/B dual eligibility determination
- Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV.
- Maintain collaborative agreements with treatment adherence programs and other key points of entry to facilitate rapid eligibility determination for the newly diagnosed and for clients who have fallen out of care.
- Following up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
- Distribute client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following: 1) Client rights and responsibilities, 2) Names of providers complete with addresses and phone numbers, and 3) Grievance procedures.
- Always offer dedicated live operator phone line during normal business hours.
- Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE.
- Follow-up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.

Emergency Financial Assistance

Services Criteria: HIV+ Broward County Resident

Recommended Language

- Drugs used for Test and Treat.
- Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.

Food Services

Services Criteria: (<250% FPL)

Recommended Language

Increase communication with client primary care physicians and nutrition counselors to ensure client nutrition needs are being met.

Provide workshop and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.

Legal Services
Services Criteria: HIV+ Broward County Resident
Recommended Language
• No Recommended language for FY2021-2022