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, Florida 33020 954-561-9681 • FAX 954-561-9685

System of Care Committee Meeting

AGENDA

Date: July 1, 2021, at 9:30 a.m.
Location: WebEx Virtual Meeting Platform
Chair: Andrew Ruffner; **Vice Chair:** Joshua Rodriguez

Facilitator: Planning Council Support Staff
hivpc@brhpc.org
(954) 561-9681 ext. 1250

SOC Purpose: To evaluate the system of care and its impact on people living with HIV and receiving Part A services in the Broward County EMA.

1. **Call to Order**
2. **Welcome & Public Record Requirements**
   a. Welcome
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements (Statement of Sunshine)
   c. Council Member, Guest, and Phone Introductions
   d. Moment of Silence
3. **Approvals**
   a. Meeting Agenda 07/01/2021
   b. Last Meeting Minutes 06/03/2021
4. **Public Comment (10 minutes)**
5. **Standard Committee Items**
   None.
6. **Unfinished Business**
   None.
7. **Meeting Activities/New Business**
   I. **Service Delivery Model (SDM) Discussion (Handout A)**
   Action Item: Discuss the changes that have been made to the Oral Health SDM, Food Services SDM, Mental Health SDM, and the Substance Abuse - Outpatient SDM by CQM Support Staff.

II. How Best to Meet the Need (Handout B)

Work Plan Activity 1.4: Review How Best to Meet the Need language recommendations by service category.

ACTION ITEM: Review and approve the amended How Best to Meet the Need language for FY2022-2023.

8. Recipient's Report

9. Public Comment (10 minutes)

10. Agenda Items/Tasks for Next Meeting

a. Next Meeting Date: September 2, 2021, at 9:30 a.m. via WebEx Videoconference

b. Next Meeting Agenda Items

- Poverello PHQ-9 Data Presentation (Tentative)

11. Announcements

12. Adjournment

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
(http://www.brhpc.org/programs/hiv-planning-council/)

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

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

Meeting of the

System of Care Committee

Thursday, June 3, 2021
9:30-11:30 AM
By WebEx Videoconference

M I N U T E S

SOC Members Present: A. Ruffner (Committee Chair), J. Rodriguez (Committee Vice-Chair), V. Biggs, E. Chrispin, T. Pietrogallo

Members Absent: D. Shamer

Members Excused: H. B. Katz

Ryan White Part A Recipient Staff Present: W. Cius, G. James, T. Thompson, S. Scott, N. Walker

Planning Council Support Staff Present: G. Martinez, F. Ukpai, J. Ramos, T. Williams, V. Oratien,

Guests Present: N. Markman, J. Castillo

Agenda Item #1: Call to Order

The *SOC Chair* called the meeting to order at 9:41 a.m.

Agenda Item #2: Welcome & Public Record Requirements

The *SOC Chair* welcomed all meeting attendees that were present. Attendees were notified that the SOC 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 *SOC Chair*, committee members, Recipient staff, PCS staff, and guests by roll call, and a moment of silence was observed.

Agenda Item #3: Meeting Approvals

The approval for the agenda of the June 3, 2021, System of Care Committee meeting was proposed by *E. Chrispin*, seconded by *V. Biggs*, and passed unanimously. The approval for the minutes of the April 1, 2021, meeting was proposed by *V. Biggs*, seconded by *E. Chrispin*, and approved with no further corrections.

Ms. Chrispin, on behalf of SOC, made a motion to approve the June 3, 2021, System of Care Committee agenda as presented. The motion was adopted unanimously.

Mr. Biggs, on behalf of SOC, made a motion to approve the April 1, 2021, System of Care Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #4: 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.

Agenda Item #5: Standard Committee Items

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

Agenda Item #6: Unfinished Business

There was no unfinished business to discuss for this meeting.

Agenda Item #7: Meeting Activities/New Business

CQM Support Staff provided an overview of the most recent Service Delivery Models (SDM) completed by the Part A Program and CQM Team. SDMs outline the elements and expectations a RWHAP service provider follows when implementing a specific service category to ensure that service providers offer the same fundamental components and are consistent with applicable guidelines. They are established with shared responsibility between the Ryan White Part A Recipient and the HIV Planning Council; the Recipient is charged with ensuring that standards are maintained. SDMs are reflective of EMA/TGA guidance, HHS guidelines on HIV care & treatment, and HRSA/HAB standards and performance measures. The most recent SDMs, which the HIV Planning Council recently approved, included changes to the Oral Health SDM, Health Insurance Continuation Program SDM, Legal Services SDM, and the Universal SDM. The summary provided a comparison between the language from the previous and newest version of each SDM. Members and guests discussed the scope of services and the key features identified within each SDM.

The Committee reviewed How Best to Meet the Need (HBTMTN) language for FY2022-2023 (Handout B on file). The language was based on the last fiscal year, where no new recommendations were added. The previous fiscal years' language recommendations were developed from the various data presentations, Recipient reports, and recommendations during the PSRA process. For FY2022-2023, recommendations to the HBTMTN included the removal of language regarding the Benefits Insurance Support Services service category, which is no longer funded by the Ryan White Part A Program in Broward County. The addition of language to report no-show clients to case managers to determine if clients are not in care or have moved to a different payer source. The SOC Chair will present the HBTMTN recommendations at the Priority Setting & Resource Allocation Committee meeting on Thursday, June 17, 2021.

Agenda Item #8: Recipient Report

There were no updates from the Recipient's Office for this meeting.

Agenda Item #9: 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.

Agenda Item #10: Agenda Items/Tasks for Next Meeting

The next SOC meeting will be held on July 1, 2021, at 9:30 a.m. via WebEx Videoconference.

Agenda Items for Next Meeting:

- Service Delivery Model (SDM) Discussion
- How Best to Meet the Needs Recommendations/Updates

Agenda Item #11: Announcements

There were no announcements for this meeting.

Agenda Item #12: Adjournment

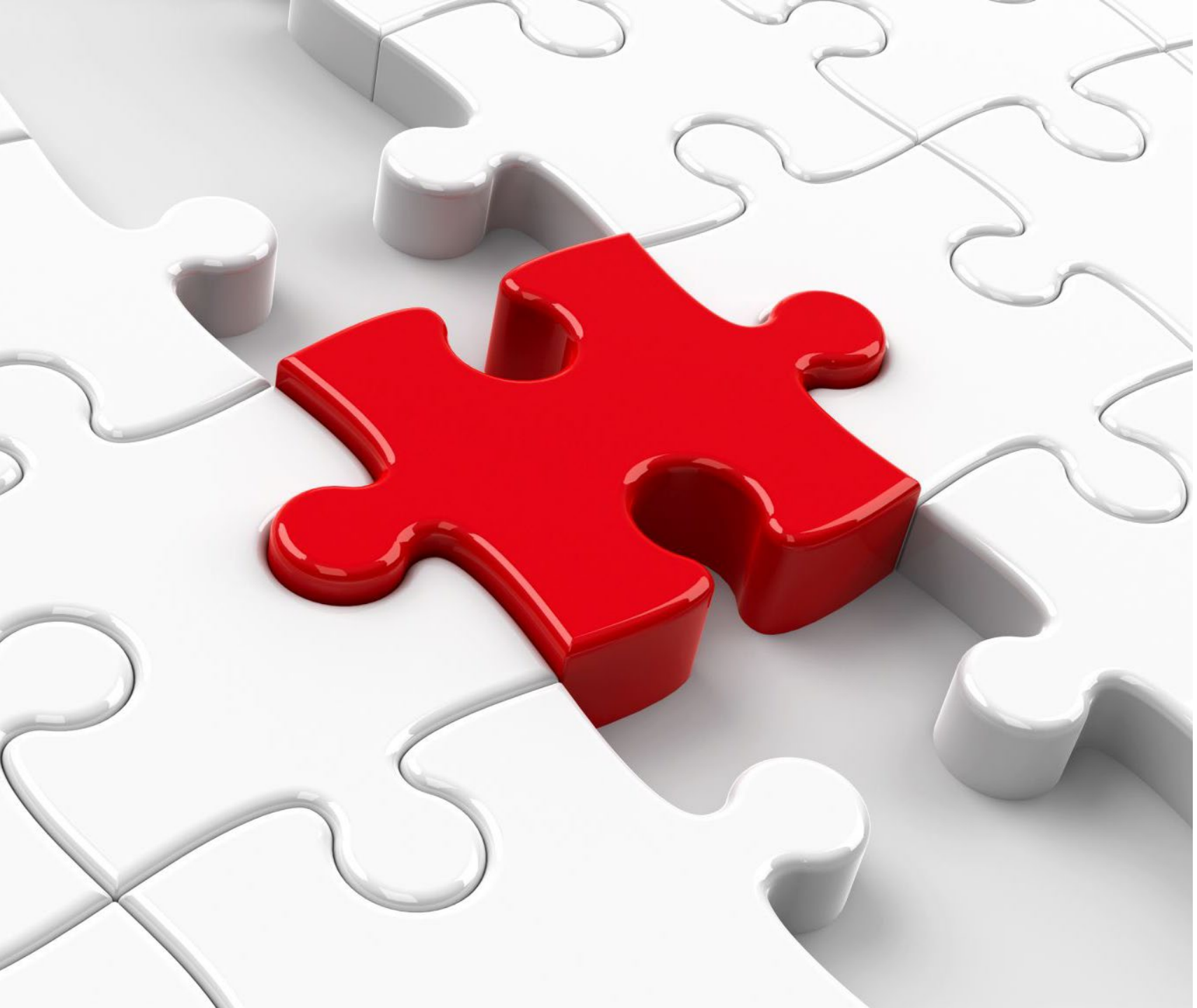
There being no further business, the meeting was adjourned at 10:25 a.m.

SOC Attendance for CY 2021

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	C	4	C	1	CX	3							
0	0	0	**1**	Chrispin, E.		E		X		X							
1	1	1	**2**	Katz, H.B.		X		A		E							
0	1	0	**3**	Pietrogallo, T.		X		X		X							
0	0	0	**4**	Rodriguez, J. *Vice Chair*		X		X		X							
0	0	0	**5**	Ruffner, A. *Chair*		X		X		X							
0	0	**2**	**6**	Shamer, D.		A		X		A							
				Quorum = 4	0	4	0	5	0	4	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**



HANDOUT A

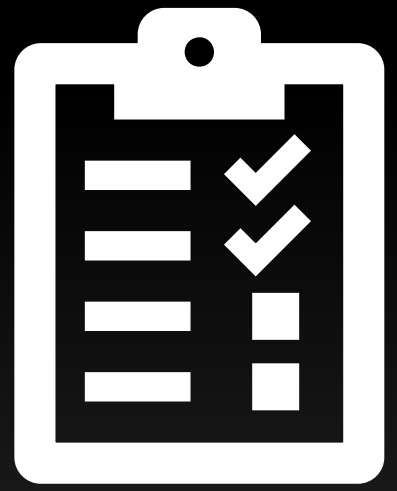
SERVICE DELIVERY MODEL UPDATES PART 3

PRESENTED BY:

CLINICAL QUALITY MANAGEMENT SUPPORT STAFF

Contents

Service Delivery Model Recap



Service Delivery Model Recap

SERVICE DELIVERY MODELS (SDMS):

- Outline the elements and expectations a Ryan White Part A Service provider follows when implementing a specific service category.
- Ensure consistency across providers of the same service in the Ryan White Part A Program.
- Adhere to HHS guidelines on HIV care & treatment and HRSA/HAB standards and performance measures.
- Not established in a vacuum:
  - Created by the HIV Planning Council & Recipient
  - Enforced by the Recipient
  - Aided by the CQM Program

Service Delivery Model Overview

Broward County Ryan White Part A Service Deliver y Models

1. *AIDS Pharmaceutical Local*
2. *Emergency Financial Assistance*
3. *Centralized Intake and Eligibility Determination*
4. *Disease Case Management*
5. **Food Services**
6. *Health Insurance Continuation Program*
7. *Integrated Primary Care & Behavioral Health*
8. *Legal Services*
9. **Mental Health**
10. *Non-Medical Case Management*
11. **Oral Health Care**
12. **Substance Abuse**
13. *Universal*

Food Services

OVERVIEW

- Food Services are provided to clients requiring supplemental nutrition.
- The plan identifies dietary factors that impact client health and is individualized and tailored to each client's needs.
- Food Services provide a nutritious and well-balanced food supplement to a client's nutritional intake and offer the client choice in selecting menu options that support health needs.
- Food Services must be provided in consultation with a nutritionist or other health professional and must include a nutritional assessment and plan.

KEY FEATURES

- **Food Bank** & **Food Voucher** services are available to clients
- **Food Bank Services** must:
  - Maintain a list of available foods for clients to select their weekly food provisions
  - Document the foods selected by the client at each distribution
  - Utilize the direction of a Registered Dietician to ensure menu and food choice food packages contain a variety of nutritious foods
- **Food Voucher Services** must:
  - Develop and implement policies and procedures for receiving, distributing, and tracking the food voucher inventory
  - Ensure no prohibited items are purchased
  - Confirm clients' purchases adhere to guidelines via receipts

Oral Health Care

SERVICE

- Oral health care encompasses dental screenings, prophylaxes, filings, simple extractions, as well as periodontal and other advanced treatments.
- Oral health care services provided to 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

KEY FEATURES

- 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.
- Providers must emphasize prevention and early detection of oral disease by educating patients about preventative oral health care practices and apply educational counseling on related topics.

Mental Health

SERVICE

- Mental health services are psychotherapeutic services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State of Florida to render such services.
- These 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
  - Create opportunities for clients to rebuild a sense of control and empowerment.

KEY FEATURES

- Services must be rendered with a ***trauma-informed approach***, meaning they:
  - acknowledge that traumas may have occurred or be active in clients' lives and can manifest physically, mentally, and/or behaviorally.
- Trauma-informed 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.
- Providers must focus on prevention strategies that avoid re-traumatization in treatment, promote resilience, and prevent the development of trauma-related disorders.

Substance Abuse

SERVICE

- Substance Abuse – Outpatient services are medical or other treatment and/or counseling services provided to clients to address substance use disorders (SUDs).

- Services include:
  - Psychological assessment and evaluation,
  - Drug testing,
  - Diagnosis,
  - Treatment planning with written goals,
  - Crisis counseling,
  - Periodic reassessments,
  - Outpatient day treatment,
  - Intensive day/night treatment,
  - Re-evaluations of plans and goals documenting progress,
  - Referrals to psychiatric and/or other services as appropriate to improve adherence to treatment and improve client health outcomes.

KEY FEATURES

- ***Outpatient Care***
  - Treats ameliorate negative symptoms from SUDs and restores effective functioning in persons diagnosed with substance-use dependency or addiction
  - Appropriate as an initial level of care, in early stages of change, or as part of ongoing monitoring and disease management
  - Less than 9 hours per week

- ***Intensive Outpatient Services***
  - Provide essential addiction education and treatment to clients with SUDs and have gradations of intensity
  - Provide a support system including medical, psychologic, psychiatric, laboratory, and toxicology services

- ***Day Treatment***
  - Highest intensity of treatment for SUDs in the Broward County Ryan White EMA
  - Appropriate for clients living with unstable medical and psychiatric conditions

Broward County Ryan White Part A Service Deliver y Models

1. AIDS Pharmaceutical Local
   Last Reviewed: 6.3.21
2. Emergency Financial Assistance
   Last Reviewed: 6.3.21
3. Centralized Intake and Eligibility Determination
   Last Reviewed: 4.1.21
4. Disease Case Management
   Last Reviewed: 4.1.21
5. Food Services
   Last Reviewed: 7.1.21
6. Health Insurance Continuation Program
   Last Reviewed: 6.3.21
7. Integrated Primary Care & Behavioral Health
   Last Reviewed: 4.1.21
8. Legal Services
   Last Reviewed: 6.3.21
9. Mental Health
   Last Reviewed: 7.1.21
10. Non-Medical Case Management
    Last Reviewed: 4.1.21
11. Oral Health Care
    Last Reviewed: 7.1.21
12. Substance Abuse
    Last Reviewed: 7.1.21
13. Universal
    Last Reviewed: 6.3.21

Committee Feedback

Resources

- Service Standards: Ryan White HIV/AIDS Programs
- Planning Council Primer, Page 25
- Broward County Ryan White Part A Program Service Delivery Models

Approved by the HIV Health Services Planning Council on 7/23/2020

Broward County Ryan White Part A
HIV Health Services Planning Council
HOW BEST TO MEET THE NEED LANGUAGE
FY 2022-2023

Recommended Language from System of Care Committee during the June 3, 2021, Meeting

ALL SERVICES
Recommended Language
1. **No Recommended Language for FY2022-2023.** 2. 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. 3. Provide Care Coordination across multiple service categories. 4. 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. 5. 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. 6. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppress, including but not limited to: a. Black heterosexual men and women b. Black men who have sex with men (MSM) 18-38 years of age 7. Integrate care collaboration with members of the client's service providers. 8. Collect client level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care. 9. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources. 10. 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
1. **No Recommended Language for FY2022-2023.** 2. 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. 3. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services. 4. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.

5. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
6. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
7. 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.
8. Provide after-hours services availability to include Crisis Intervention.
9. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
10. Ensure providers are knowledgeable regarding management of patients co-infected with HIV and Hepatitis C Virus (HCV).
11. Incorporate prevention messages into the medical care of PLWHA.
12. 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

1. **Report clients who have fallen out of care to Case Manager/Physician office etc. to keep client in care.**
2. Drugs used for Test and Treat.
3. 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

1. **Ensure follow-up of no-show clients to reengage them in care for oral health services. If no contact has been established with the client, follow-up with referring agency.**
2. Make provision for the increased demand for services due to increase in service locations.
3. 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.
4. Increase Oral Health Care collaboration with mental Health providers.
5. Expand and separate Oral Health Care services funding into two components: Routine maintenance care and Specialty Care.

Health Insurance Continuation Program (HICP)

Services Criteria: (≤ 400% FPL)

Recommended Language

1. **No Recommended Language for FY2022-2023**
2. Increase in clients with access to health insurance.
3. Develop materials for clients to use as quick references.
4. Provide assistance with prior authorizations and appeals process.
5. Maintain routinized payment systems to ensure timely payments of premiums, deductible, and co-payments.

Mental Health Service (MH)
Services Criteria: (≤ 300% FPL)
Recommended Language
1. Report clients who have fallen out of care to medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services. 2. Integrated service may be impacting utilization in this service category. 3. 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. 4. Provide after-hours availability to include Crisis Intervention.
Medical Case Management (Disease Case Management)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. No Recommended Language for FY2022-2023. 2. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services. 3. Report change in viral load status as clients progress through the program.
Substance Abuse/Outpatient
Services Criteria: (≤ 300% FPL)
Recommended Language
1. No Recommended Language for FY2022-2023.
SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (≤ 400% FPL)
Recommended Language
1. No Recommended Language for FY2022-2023. 2. Implementation of test and treat increases demand for more services. 3. Specially train personnel to ensure client education about transitioning to insurance plans, including medication pick up, co-payments, staying in network, etc. 4. Provide education to reduce fear and denial and promote entry into primary medical care. 5. Educate clients on the importance of remaining in primary medical care. 6. At least 30% on Non-Medical Case Management funded personnel be dedicated to Peers. 7. Incorporate prevention messages into the medical care of PLWHA. 8. Educate consumers on their role in the case management process. 9. Provide initial/ongoing training and development for HIV peer workers. 10. Overview of health care plan summary benefits (coverage and limitations). 11. 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 (All Clients)
Recommended Language
1. No Recommended Language for FY2022-2023. 2. Participate in future Part A/B dual eligibility determination. 3. Ensure the locations and service hours target historically underserved populations that are disproportionately impacted with HIV. 4. 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. 5. 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 a. 3) Grievance procedures. 6. Always offer dedicated live operator phone line during normal business hours. 7. Ensure that intake data collected for transgender clients is sufficient to make full use of transgender related categories in PE. 8. Follow-up with all newly diagnosed clients within 90 days of certification to ensure they are engaged in care.
Emergency Financial Assistance
Services Criteria: (≤ 400% FPL)
Recommended Language
1. No Recommended Language for FY2022-2023 2. Drugs used for Test and Treat. 3. Provide limited one-time or short-term pharmaceutical assistance for Ryan Part A clients.
Food Services
Services Criteria: (≤ 400% FPL)
Recommended Language
1. No Recommended Language for FY2022-2023 2. Increase communication with client primary care physicians and nutrition counselors to ensure client nutrition needs are being met. 3. 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: (≤ 300% FPL)
Recommended Language
1. No Recommended Language for FY2022-2023