

# **Ryan White Part A Quality Management**



## **Central Intake and Eligibility Determination (CIED) Service Delivery Model 2014**

**Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA)**

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Ryan White Part A  
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**Ryan White Part A Quality Management**  
**CIED Service Delivery Model**

**Definition:**

Those services which include the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. It does not include coordination and follow up of medical treatment.

Centralized Intake and Eligibility Determination (CIED) is a standalone intake which determines consumer eligibility for Ryan White Part A Services, recertifies Ryan White Part A clients, identifies Third-Party Payers for services, identifies other community resources, and provides information and referrals to clients for services which they may be eligible to receive.

**OUTCOMES, OUTCOME INDICATORS, STRATEGIES AND DATA SOURCES**

<b>Client Outcomes</b>	<b>Outcome Indicators</b>	<b>Inputs</b>	<b>Strategies</b>	<b>Data Source)</b>
1. Provide rapid engagement of clients into care.	1.1. 95% of clients eligible for Part A who have not had an OAMC visit within the last 6 months at the time of recertification shall have an OAMC or Medical Case Management appointment scheduled within 1 business day.	Funding Clients Staff Facilities Supplies	1.1.1. Collaborate with client to assess client's engagement in medical care.  1.1.2. Schedule a medical appointment date in accordance with client's schedule.	1.1.1.1. Provide Enterprise Client Profile 1.1.1.2. Directory of Ryan White Part A Service Providers  1.1.2.1. Client Record 1.1.2.2. Designated HIV MIS System
2. Provide access to benefits for which client is eligible.	2.1. 95% of clients eligible for 3rd party benefits will receive assistance in completing applications for those benefits.	Funding Clients Staff Facilities Supplies	2.1.1. Collaborate with client to assess eligibility for 3rd party benefits.  2.1.2. Assist client in completing benefit applications.	2.1.1.1. Provide Enterprise Client Profile  2.1.2.1. Provide Enterprise Client Profile

**STANDARDS FOR SERVICE DELIVERY**

<b>Standard</b>	<b>Indicator</b>	<b>Data Source</b>
1. Each client receives an intake to determine Ryan White eligibility.	1.1. 100% of clients with established eligibility will have completed intake forms in client record.	1.1.1. Consent Forms 1.1.2. Scanned documents in PE
2. Each client profile will be completed at the time of intake and include any benefits received.	2.1. 100% of client records will indicate benefits received.	2.1.1. PE Client Profile 2.1.2. PE Progress Log
3. Each client will be assessed to determine if he/she currently receives primary medical care.	3.1. 100% of clients eligible for primary care will have scheduled medical appointments documented in client record.	3.1.1. PE Client Profile 3.1.2. PE Progress Log
4. Each client will be re-determined every 6 months or sooner if benefits status or income has changed and completes recertification for Ryan White services.	4.1. 100 % of eligible clients will have re-certification appointments scheduled and documented in client record.	4.1.1. PE Client Profile 4.1.2. PE Progress Log 4.1.3 Consent Forms
5. Each client receives assistance with application preparation and materials to help successfully apply for eligible benefits.	5.1. 100% of eligible clients will be assisted with completing applications for eligible benefits.	5.1.1. PE Client Profile
6. Each client is assessed to determine eligibility for Part A and non-Part A services.	6.1. 100% of clients eligible for local services will have referrals to local services documented in client record.	6.1.1. PE Client Profile 6.1.2. PE Progress Log
7. Each client is assessed to determine eligibility for third party payer services.	7.1. 100% of clients eligible for third party payer services will have referrals to third party payer services documented in client record.	7.1.1. PE Client Profile 7.1.2. PE Progress Log
8. Follow-up for each client referral.	8.1. 85% of clients who are referred have documented follow-up to each referral in client record.  8.2. 100% of clients who are referred to Medicaid and Medicare will have enrollment status checked and updated into client record at each intake.	8.1.1. PE Client Profile 8.1.2. PE Progress Log  8.2.1. Monthly automated queries of Florida Medicaid enrollment data in PE
9. Each client receiving primary medical care will be requested to present viral load and CD4 reports with the intent of collecting data.	9.1. 100% of client viral loads and CD4 received will be recorded in client profile.	9.1.1. PE Client Profile 9.1.2. Scanned Lab Report 9.1.3. PE Progress Log
10. Each client is informed about Ryan White services, third party payers and other community resources as applicable.	10.1. 100% of eligible clients receive information about Ryan White services, third party payers and other community resources.	10.1.1. PE Client Profile

## **PROTOCOLS**

The CIED Protocol identifies the specific ways to implement the CIED Standards and processes inherent to CIED services. Service delivery shall be conducted with cultural competency by culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e. HAB HIV Performance Measures, etc.).

### **Eligibility Verification**

Staff shall determine the eligibility of a person for Ryan White services based upon the following criteria: HIV Diagnosis, Broward County Residency, Income, and Health Insurance Coverage.

#### **Elements of Client Eligibility**

Staff must substantiate all criteria in the client's official record before requesting payment for services rendered and include:

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

#### **Required Documentation**

Staff must complete the following documentation for each client's official record before requesting payment for services rendered:

1. Proof of Income
2. Proof of HIV, Broward County residency and documented income
3. Copies of any third party insurance (Medicaid, private, etc)
4. PE Consent Form
5. Combined Confidentiality, Rights and Responsibilities & Grievance Form
6. Case note documentation and exception request (if applicable)

### **Screening**

Staff shall assess clients' benefits needs during intake by completing all sections of the client profile tabs in the designated HIV MIS System.

Staff, in conjunction with the client shall complete at the time of intake an individualized screening that incorporates the specific needs of the client. The screening includes the benefits needs that can be met in the time frame agreed with the client.

Staff shall assist the client to set client driven, realistic time frames to resolve the barriers for access to primary medical care identified in the screening.

Staff shall ensure client cultural needs are addressed during the screening process.

### **Resolutions to Barriers**

Staff shall assist the client in determining appropriate strategies to resolve barriers to access primary medical care and 3<sup>rd</sup> party benefits. The resolutions shall be client driven. The strategies shall be documented in the clients' progress log.

### **Client Participation**

Staff shall ensure client participation during the screening process. The client's signature on the consent form shall evidence the client participation.

### **Referral Process**

#### **Purpose**

To standardize the process used to provide clients with information, and referrals when appropriate, within the Ryan White system of care and to other third party providers.

#### **Procedure**

Referring staff shall assess client benefits needs by completing a screening in the designated HIV MIS system. The analysis of the screening shall assist staff in determining the referrals needed.

Referring staff shall provide client with information of available services as applicable. This shall be documented in progress log.

Referring staff shall follow-up and document the results of the referral in the progress log.

Staff will follow-up with clients to determine if the client completed the referral, identify any barriers to accepting the referral, and assess the clients' satisfaction with the services received.

#### **Status of Referral**

Referring staff and provider that receives the referral shall communicate to ensure linkage into care.

#### **No Show**

Referring staff shall contact "no show" clients to assess potential barriers and/or conditions leading to "no show".

Referring staff and client shall determine future steps to resolve the situations that triggered the "no show".

Staff shall document all client follow-up (phone calls, mail, face-to-face and/or electronic communication) in PE client profile.

### **Access to Primary Medical Care**

Staff shall assist the client to get primary medical care, if he/she is not in care, using information provided during the screening process. Staff shall discuss with the client the reasons for accessing primary medical care and with client participation determine how staff can help him/her access primary medical care. Staff shall discuss with the client what needs to happen so he/she can start primary medical care. Staff shall coordinate a primary medical care appointment for clients eligible for Part A who have not had an OAMC visit within the last 6 months at the time of re-certification.

Staff shall detail the assistance provided in the progress log including any coordination conducted to get the client in primary medical care.

### **Retention in Primary Medical Care**

Staff shall assist client to remain in primary medical care. Staff shall assess possible barriers to continue in primary medical care and assist in their removal.

Staff shall detail the assistance provided in the progress log. Staff shall document any coordination conducted to assist client to remain in primary medical care.

### **Adherence to Treatment**

**Service Delivery Model**

Staff shall assist the client to adhere to treatment using information provided in the discussion of retention in primary medical care documented in the progress log. Staff shall discuss with the client the reasons for not adhering to medical treatment and with the client participation determine how the medical case manager can help to have him/her to adhere. Staff shall discuss with the client strategies to improve adherence treatment. Staff shall detail the assistance provided in the progress log. Staff shall document any coordination conducted to assist client to adhere to treatment in the progress log.

**Documentation**

Staff shall document within three business days any coordination and/or intervention with the client and/or on behalf of the client. Documentation should be scanned into the appropriate fields within client records. The progress logs make up the major source of documentation.

**Re-certification**

Clients will be re-determined every six (6) months or sooner if benefits status or income has changed. Appointment reminders for clients will be provided 24 hours prior to the scheduled re-certification time. Clients will be provided with current information especially as it relates to changes in income. Re-certification should not be performed for applicants who do not need Part A-funded services. Applicants may return at any point for eligibility determination when services are needed. A Notice of Eligibility or Ineligibility will be provided to clients upon completion of their intake.

Current Part A consumers shall be contacted by staff via telephone **30-60** days prior to their re-certification date to schedule an appointment and determine the location desired.

**Reassessment**

If the client chooses to receive services from a different provider, staff shall provide the freedom of choice provider list and assist client in the transition.

**Continuous Quality Improvement**

CIED shall conduct chart reviews at least quarterly to ensure appropriate documentation of all services, including referrals, follow-up and reassessment.

**Responsibilities of Staff**

Staff shall provide services to clients as indicated below:

- Discuss client confidentiality, rights and responsibilities, grievance process and freedom of provider list
- Complete screening of eligibility for services
- Re-assess screening at least every six months
- Promote medical adherence, including medication
- Facilitate access to primary medical care, medications, home health care, specialty care
- Facilitate referral to ancillary medical services, (i.e. oral health, physical therapy, home health care, complementary therapies)
- Coordinate medical referrals
- Monitor referral status
- Ensure that client receiving primary medical care will be requested to present viral load and CD4 reports with the intent of collecting data
- Identify, refer, follow-up social support service needs identified during the screening
- Coordinate client care with all appropriate parties
- Document all interventions

**Payer of last resort**

An applicant may not be eligible for services from Ryan White Part A Program if the applicant is already receiving or is eligible for the same benefits/services from other programs. The services provided by Ryan White may be utilized for HIV related services only when no other source of payment exists.

An applicant cannot be receiving services or be eligible to participate in local, state, or federal programs where the same type service is provided or available. This requirement does not preclude an individual from receiving allowable services not provided or available by other local, state, or federal programs, or pending determination of eligibility from other local, state or federal programs. Ryan White Part A services is the payer of last resort. All community resources should be explored with clients prior to obtaining and receiving Ryan White Part A services.

**Professional Requirements and Training****Specialist**

## Education Requirements:

- Earned Bachelor or graduate degree from an accredited institution with a major in either social work or social services field with a minimum of one year of eligibility determination and benefit assistance experience.

## Other Requirements:

- Knowledge of community resources
- Knowledge of target population
- Knowledge of HIV disease and treatment
- Cultural and linguistic competence
- Experience in care coordination

## Skills:

- Client assessment
- Written documentation
- Time management

## Training of the CIED Specialist:

- HIV Basic Training
- Annual HIV Update
- Staff receives Part A case management training

**Intake and Eligibility Coordinator**

## Education Requirements:

- Earned Bachelor or graduate degree from an accredited institution with a major in either social work or social services field with a minimum of one year of eligibility determination and benefit assistance experience.

## Other Requirements:

- Knowledge of community resources
- Knowledge of target population
- Knowledge of HIV disease and treatment
- Cultural and linguistic competence
- Experience in care coordination
- Health and disability benefits policy experience
- Staff management and administration experience

## Skills:

- Client assessment
- Written documentation
- Time management



Training of the Eligibility Coordinator:

- HIV Basic Training
- Annual HIV Update
- Staff receives Part A case management training

**CIED Program Manager**

In addition to the specialist requirements:

- Earned Bachelor or graduate degree from an accredited institution with a major in either social work or social services field with a minimum of one year of eligibility determination and benefit assistance experience
- A minimum of one year supervisory experience in a health or social services setting
- Knowledge of program goals, outcomes, indicators, protocols, quality improvement evaluation, staff training and development
- Experience with chart review
- Experience with assessment of staff performance
- Develop program policy and procedures, conduct staff training and develop automated weekly reports
- Developing staff site assignments
- Quarterly & CADR/RSR reporting

Training:

- Updates on management issues and/or skills
- Other appropriate to the position: HIV 101, Provide Enterprise, SOAR