



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: June 3 2021 at 9:30 a.m. **Facilitator: Planning Council Support Staff**
Location: [WebEx Virtual Meeting Platform](#) hivpc@brhpc.org
Chair: Andrew Ruffner; **Vice Chair:** Joshua Rodriguez (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 06/03/2021
 - b. Last Meeting Minutes 04/01/2021
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, Health Insurance Continuation Program SDM, Legal Services SDM, and the Universal SDM by CQM Support Staff.



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

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

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 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: July 1, 2021 at 9:30 a.m. via WebEx Videoconference

b. Next Meeting Agenda Items

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/)
(<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 •



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Broward County Board of County Commissioners

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Broward.org

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.

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.

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 prezizyon, 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 respekte 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.

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
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
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

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

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

WMSM: White Men who have Sex with Men

WICY: Women, Infants, Children, and Youth



Meeting of the
System of Care Committee

Thursday, April 1, 2021
9:30-11:30 AM
By WebEx Videoconference

MINUTES

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

Members Absent: H. B. Katz

Members Excused: N/A

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

Planning Council Support Staff Present: G. Martinez, V. Oratien, W. Saint-Fleur, F. Ukpai

Guests Present: S. Cook, B. Mester, N. Markman, V. Biggs, W. J. Wilson

Agenda Item #1: Call to Order

The SOC *Chair* called the meeting to order at 9:34 a.m.

Agenda Item #2: Welcome & Public Record Requirements

The SOC *Chair* called the meeting to order at 9:34 a.m. 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 April 1, 2021 System of Care Committee meeting was proposed by *T. Pietrogallo*, seconded by *D. Shamer*, and passed unanimously. The approval for the minutes of the February 4, 2021 meeting was proposed by *J. Rodriguez*, seconded by *T. Pietrogallo*, and approved with no further corrections.

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

Mr. Rodriguez, on behalf of SOC, made a motion to approve the February 4, 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

Committee members reviewed their progress from the FY2020 SOC Work Plan and discussed what changes should be made to the work plan for FY2021.

The approval of the FY2021-2022 System of Care Committee Work Plan was proposed by *D. Shamer*, seconded by *J. Rodriguez*.

Discussion: At the start of the fiscal year, each Committee of the HIVPC reviews and approves its work plan. The work plan, which serves as a foundational framework for the tasks to be completed annually, is a living document that can be revised as often as needed. The HIVPC Manager noted that each Committee is to review their work plan monthly and make adjustments accordingly. Based on the updates made to each work plan, progress towards activities is monitored and tracked through completion. After much discussion, the Committee voted and approved the work plan with no further edits.

Mr. Shamer, on behalf of SOC, made a motion to approve the FY2021-2022 System of Care Committee Work Plan as presented. The motion was adopted unanimously.

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 Disease Case Management SDM, Centralized Intake and Eligibility Determination SDM, Non-Medical Case Management, and Integrated Primary Care & Behavioral Health 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 that identified within each SDM.

J. Rodriguez, the Part B Recipient, presented Ending the HIV Epidemic (EHE) preliminary findings based on community engagement. The needs assessment, completed by the Florida Department of Health – Broward County, utilized focus groups, community sessions, and informant interviews. Participants included HIV care and treatment continuum providers and priority populations: MSM, Transgender, Latin MSM, Minority youth/adolescents, Black heterosexual women, Bi-sexual minority women, and Black heterosexual men. Key findings highlighted a need to increase physician competencies regarding HIV, pre-exposure prophylaxis (PrEP), and non-occupational post-exposure prophylaxis (nPEP), increase sexual health and PrEP education, and a need to expand access to PrEP and nPEP via telehealth. *Mr. Rodriguez* stated that more community

involvement in the EHE planning process would allow for more opportunities to fill in gaps and increase community buy-in. Lastly, he reiterated the importance of community involvement by noting that 76% of Broward's EHE funding will be directed toward community organizations.

The Broward County Ryan White Part A Office provided an overview of Ending the HIV Epidemic (EHE) from a federal perspective and the EHE activities slated to be implemented on a local level by the RWPA Office. *W. Cius, the Program Project Coordinator for the Ending the HIV Epidemic Initiative at the Broward County Ryan White Part A Office*, presented national EHE information to include the aim of the initiative, phase efforts, and key EHE initiative strategies. *Mr. Cius* noted that Broward County had been identified as one of the seven counties in Florida as a priority Phase 1 county. Phase I of the initiative focuses on a rapid infusion of additional resources, expertise, and technology into the 57 geographic focus areas. Ending the HIV Epidemic: A Plan for America is working to reduce new HIV transmissions by 75 percent by 2025 and by 90 percent by 2030. To achieve its goal, the initiative focuses on four key strategies under the following four pillars: diagnose, treat, prevent, and respond. *Mr. Cius* outlined each strategy and emphasized that Phase 2 of the initiative will be more widely disseminated into other jurisdictions across the nation. In Phase 3 of the initiative, efforts will involve providing care and treatment and intensive case management to keep the number of new HIV infections below 3,000 per year.

Neil Walker, the Interim Program Project Coordinator at the Broward County Ryan White Part A Office, outlined the EHE efforts that will be achieved in Broward County through the RWPA. Mr. Walker provided the historical context of what has taken place locally with EHE. It was noted that the RWPA office received 13.8% of the funding amount applied for and an adjustment in services to be implemented occurred. *Mr. Walker* stated that a training curriculum had been developed, and providers and community stakeholders will be trained for EHE services. Service Delivery Models (SDM) for EHE services have also been developed. The RWPA Office has created an SDM for each service category to guide providers in the service provision and expectations from the Part A Program. Lastly, the RWPA Office will utilize a module in Provide Enterprise designed to manage EHE data in addition to a component to allow providers to bill for EHE services.

Mr. Walker examined the services that will be funded under EHE. The RWPA Office utilized needs assessment data, highly detectable viral load study data, epidemiological data, and RWPA data to determine which services to fund under EHE. Through EHE, the RWPA Office will fund Disease Case Management, Food Services, Medical Transportation, and Disease Intervention Specialist service for eligible individuals within the EMA. Although the RWPA Office funds services under the same service categories, under EHE, the nature of the services differs. It was specified that although RWPA's focus for EHE is on Pillar 2, the Treat pillar, collaborative efforts between both Part A and the Department of Health will allow for all four pillars of the EHE plan to be achieved. Mr. Walker discussed client eligibility, direct service providers and outlined the next steps for the EHE program and what is to be expected in Year 2. Planning Council members and guests engaged in a question-and-answer segment and provided feedback on service implementation within the EMA.

Agenda Item #8: Recipient Report

The Recipient's Office is in the process of executing and finalizing EHE agreements and activities and providing additional contracts to service providers.

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 May 6, 2021, at 9:30 a.m. via WebEx Videoconference.

Agenda Items for Next Meeting:

- How Best to Meet the Needs Recommendations

Agenda Item #11: Announcements

- World AIDS Museum and Educational Center: On April 8th, WAM will be holding the Youth HIV Awareness Day event produced by World AIDS Museum, Care Resource, Planned Parenthood, and SunServe at 3:30 p.m. Youth volunteers from each organization will be presenting a short informational piece about a specific topic relating to HIV and Youth. Then there will be an open discussion with the program participants. Links to both events can be found on WAM's social media accounts.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 11:39 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									
0	0	0	1	Chrispin, E.		E		X									
1	1	1	2	Katz, H.B.		X		A									
0	1	0	3	Pietrogallo, T.		X		X									
0	0	0	4	Rodriguez, J. <i>Vice Chair</i>		X		X									
0	0	0	5	Ruffner, A. <i>Chair</i>		X		X									
0	0	1	6	Shamer, D.		A		X									
Quorum = 4					0	4	0	5	0	0	0	0	0	0	0	0	

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



SERVICE DELIVERY MODEL UPDATES PART 2

PRESENTED BY:

CLINICAL QUALITY
MANAGEMENT SUPPORT
STAFF

Contents

I. Service Delivery Model Recap

II. Service Delivery Model Overview:

1. Universal
2. AIDS Pharmaceutical Local
3. Emergency Financial Assistance
4. Health Insurance Continuation Program
5. Legal Services

III. Committee Feedback

IV. Resources

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 Delivery 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**

Universal

OVERVIEW

- The Universal 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).
- Implemented to support the delivery of high-quality services to individuals receiving Broward County RWHAP services
- Providers must also adhere to:
 - Applicable service category specific SDMs
 - Health Resources and Services Administration RWHAP legislation and policies
 - Community Partnerships Division Provider Handbook
 - Individual contracts
 - Applicable contract adjustments.

KEY FEATURES

- Intake procedure standards
 - Client eligibility is verified prior to providing a service
 - Providers must schedule a Centralized Intake and Eligibility Determination (CIED) appointment using the designated HIV MIS for clients with expired eligibility or within 30 days of eligibility expiration.
- **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

AIDS Pharmaceutical Local

SERVICE

- The AIDS Pharmaceutical Assistance (local) program (LPAP) is operated by the Ryan White HIV/AIDS Program (RWHAP) Part A
- LPAP is a supplement to the AIDS Drug Assistance Program (ADAP), operated by RWHAP Part B, when ADAP has a:
 - Restricted formulary
 - Waiting list
 - Restricted financial eligibility criteria.
- AIDS Pharmaceutical Assistance (local) includes local pharmacy assistance programs implemented by Part A to provide HIV/AIDS medications to clients.
- Clients meet the Ryan White Part A medical and financial eligibility criteria of less than or equal to 400% of the federal poverty level to obtain medications.

KEY FEATURES

- The LPAP program is:
 - Not funded by the ADAP earmark funding
 - Does not take the place of the ADAP program
 - May not be used to make direct payments of cash/vouchers to a client
 - Shall not impose charges on clients with incomes below 400% of the Federal Poverty Level (FPL)
- LPAP is operated with **the Ryan White Drug Formulary**
 - Ryan White Drug Formulary: a working document for practitioners to reference, which lists the medications that are available for the treatment of Ryan White eligible patients. Tier I is a list of Ryan White Part A approved medications and Tier II is a list of the ADAP medications.

Emergency Financial Assistance

SERVICE

- Emergency Financial Assistance (EFA) provides wrap around pharmaceutical assistance to individual clients with limited frequency and for **limited periods of time**.
- The EFA program is operated by the RWHAP Part A
- Supplemental means of providing medication assistance to clients when ADAP has:
 - Restricted formulary
 - Waiting list
 - Restricted financial eligibility criteria.
- The EFA program is not:
 - funded by the ADAP earmark funding
 - Does not take the place of the ADAP program
 - May not be used to make direct payments of cash/vouchers to a client
 - Shall not impose charges on clients with incomes below 400% of the FPL

KEY FEATURES

- Provides limited one-time or short-term payments to assist clients with emergent needs for paying for medication not covered by an ADAP or LPAP.
- Can occur as a direct payment to an agency or through a voucher program.
- Direct cash payments to clients are not permitted.

Health Insurance Continuation Program

SERVICE

- Health Insurance Continuation Program (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
 - Ryan White Part A-approved insurance premiums *when not covered under Florida Ryan White Part B*

KEY FEATURES

- Providers must examine documentation to ensure copayments and deductibles are valid based on insurance plan benefits package and policies.
- 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.

Legal Services

SERVICE

- Legal Services provides legal representation to eligible clients for:
 - **Preplanning** activities, including:
 - Durable powers of attorney documents
 - Do not resuscitate orders
 - Living wills
 - Trusts
 - Preparation of **advance directives** concerning:
 - Guardianship of the eligible individual
 - Guardianship or adoption of the eligible person's children
 - Denial of access to **housing or eviction** caused by **discrimination** or breach of confidentiality related to HIV status.
 - Public benefits, including denial of Social Security benefits.
 - Affordable Care Act Requirements
 - **Tax preparation** services to assist clients in filing Federal tax returns

KEY FEATURES

- Does not cover legal services or proceedings which occur after the eligible person's death
- Funds may be used to support and complement pro bono activities
- Only civil cases are covered under this service category
- Providers must work with the client to develop a service plan upon completion of the legal needs assessment that contains at least:
 - 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 • 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
 - Coordination with client regarding next steps to resolve the legal needs
 - Updating the service plan based on current status of legal needs

Committee Feedback



Resources

- Service Standards: Ryan White HIV/AIDS Programs
- Planning Council Primer, Page 25

**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
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Black heterosexual men and women ○ 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
<ul style="list-style-type: none"> • 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

<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • No Recommended language for FY2021-2022
SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (<400%FPL)
Recommended Language
<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none">• No Recommended language for FY2021-2022