



# BROWARD COUNTY RYAN WHITE PART A PROGRAM

## Universal Service Delivery Model

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## I. Introduction

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

## II. Intake Procedure

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

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

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

**Table 1. Intake Procedure Standards**

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

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

### III. Linkage and Retention

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

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

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

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

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

#### Referrals

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

#### No-Shows

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

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

**Case Closures**

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

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

**Table 2. Linkage and Retention Standards**

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

**IV. Personnel Standards**

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