FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Priority Setting & Resource Allocation Committee Meeting Workshop
Thursday, March 16, 2023 - 9:00 -11:00 AM
Location: Broward Regional Health Planning Council and via WebEx Videoconference
Chair: Brad Barnes • Vice Chair: Vacant

This meeting is audio and video recorded.

Quorum for this meeting is 5
DRAFT AGENDA

<u>**ORDER OF BUSINESS**</u>

I. Call to Order/Establishment of Quorum

II. Welcome from the Chair

    a. Meeting Ground Rules

    b. Statement of Sunshine

    c. Introductions & Abstentions

    d. Moment of Silence

III. Public Comment

IV. Standard Committee Items

    a. Monthly Expenditure/Utilization Report – by service category **(Handout A)**

V. Unfinished Business

    a. None.

VI. New Business

    1. Review Service Categories: PCS Staff **(Handout B)**
    2. Discussion Federal Poverty Level by Service Category: Part A Office **(Handout C)**
    3. Discuss recommendations from the System of Care Committee on How Best to Meet the Need: PCS Staff **(Handout D)**
        a. Justification for recommendations
        b. Discussion for additional revisions to the language

VII. Recipient Report

VIII. Public Comment

IX. Agenda Items for Next meeting

a. Next Meeting Date: April 20, 2023, at 9:00 a.m. Location: WebEx

Next Meeting Agenda Items:
Ryan White Funder and Stakeholders (Parts B, C, D, F, and HOPWA) Presentations
including data related to:
a. Client utilization
b. Funding Allocation
c. Provided services
d. Notable Trends
e. Recommendations for Part A

X. Announcements

XI. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
[HIV Planning Council Website](#)

Please complete your [meeting evaluation](#).
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

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.

Broward County Board of County Commissioners

Lamar P. Fisher (Mayor)• Nan H. Rich (Vice Mayor) • Mark D. Bogen • Beam Furr • Steve Geller • Michael Udine • Tim Ryan • Robert McKinzie • Hazelle P. Rogers

[Broward County Website](#)

Workshop Notes

PSRA Members Present: B. Barnes (PSRA Chair), B. Mester, J. Rodriguez, L. Robertson, R. Jimenez, B. Fortune-Evans, V. Biggs, E. Dsouza
PSRA Members Absent: None

Ryan White Part A Recipient Staff Present: A. Tareq, J. Roy, G. James, W. Cius, T. Thompson, T. Currie.

PCS/CQM Present: G. Berkley-Martinez, M. Patel, B. Miller, D. Liao

Guests Present: R. Honnick, M. Mullings, K. Whyte, J. Wynn, K. Mobley

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The PSRA Chair called the meeting to order at 9:06 a.m. The PSRA Chair welcomed all meeting attendees that were present. Attendees were notified that the PSRA meeting is based on Florida's "Government-in-the-Sunshine Law and meets 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 PSRA Chair, committee members, Recipient staff, PCS staff, CQM Staff, and guests by roll call, and a moment of silence was observed.

2. 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.

3. Meeting Approvals

   None.

4. Unfinished Business

   None.

5. New Business

   For the month of March, the PSRA elected to host an online workshop forum. After the PCS staff reviewed the overview of the PSRA process, Broward County's RWPA presented on the Minority AIDS Initiatives and Ending the HIV Epidemic Activities while the Department of Health presented on Ending the HIV Epidemic Activities. PSRA also reviewed the federal poverty levels for each service category.

6. Recipient's Report
   The RWPA office will be launching a housing initiative in March while focusing on ending this fiscal year by examining additional cost containment strategies.

7. 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.

8. Agenda Items for Next Meeting

The next PSRA meeting will be held on March 16, 2023, at 9:00 a.m. via WebEx Videoconference.

Next Meeting Agenda Items
- Review Service Categories (RW Parts A and B)
- Discuss recommendations from the System of Care Committee on How Best to Meet the Needs
- Review RWPA's Handout Federal Poverty Level (FPL) by Service Category

9. Announcements

None.

10. Adjournment

There being no further business, the workshop was adjourned at 10:52 A.M.

PSRA Attendance for CY 2023

| Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	19	16											
0	1	0	1	Barnes, B., Chair	X	X											
0	0	0	2	Fortune-Evans, B.	X	X											
0	0	0	3	Mester, B.	X	X											
0	1	0	4	Robertson, L.	X	X											
0	0	0	5	Dsouza, E.	X	X											
0	0	0	6	Rodriguez, J.	X	X											
0	1	0	7	Biggs, V.	X	X											
0	0	0	8	Jimenez, R.	X	X											
				Quorum = 5													

Ft. Lauderdale/Broward EMA
Ryan White Part A and MAI
FY 22-23 Allocations

	Service Category		Contract/ Allotted Amount	Expended Amount As of JAN Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (6)		5,470,122	5,214,013	95%	256,109	474,001	5,688,014	346,608	(217,892)
	AIDS Pharmaceutical Assistance (2)		581,344	580,324	100%	1,020	52,757	633,081	141,071	(51,737)
	Oral Health Care	Routine (4)	1,722,475	1,457,672	85%	264,803	132,516	1,590,187	-	132,288
		Specialty (1)	552,489	463,835	84%	88,654	42,167	506,002	-	46,487
	Medical Case Management	Case Management (7)	1,572,766	1,509,673	96%	63,093	137,243	1,646,916	46,088	(74,150)
	Disease Case Management (5)		763,617	722,247	95%	41,370	65,659	787,905	16,125	(24,288)
	Mental Health- Trauma-Informed (2)		183,939	167,570	91%	16,369	15,234	182,804	-	1,135
	Health Insurance Premium & Cost Sharing Assistance		692,279	592,277	86%	100,002	53,843	646,120	-	46,159
	Substance Abuse-Outpatient (1)		225,998	225,990	100%	8	20,545	246,535	9,282	(20,537)
Support Services	Case Management	Centralized Intake and Eligibility Determination (1)	228,488	220,524	97%	7,964	20,048	240,571	-	(12,083)
	Food Services	Food Bank (1)	1,000,000	999,971	100%	29	90,906	1,090,878	793	(90,878)
		Food Voucher (1)	142,586	142,566	100%	21	12,961	155,526	9,261	(12,940)
	Legal Assistance (1)		129,151	122,143	95%	7,008	11,104	133,247	-	(4,096)
	Emergency Financial Assistance (1)		115,872	115,872	100%	-	10,534	-	-	-
	Total Part A Funds		**13,381,126**	**12,534,676**	**94%**	**846,450**	**1,139,516**	**13,674,192**	**569,227**	**(282,532)**
	* Some of the providers have not billed for month of January and some have billed February.									

	Service Category	Contract/ Allotted Amount	Expended Amount As of JAN Invoice	Expended %	Unexpended Amount	Average Monthly Expenditures	FY 2022-23 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars
Core Medical Services	MAI Ambulatory (1)	116,092	8,881	8%	107,211	807	9,688	-	106,404
	MAI Medical Case Management (2)	173,103	141,997	82%	31,106	12,909	154,906	-	18,197
	MAI Mental Health (1)	29,805	26,137	88%	3,668	2,376	28,513	-	1,292
	MAI Substance Abuse-Outpatient (1)	628,657	584,808	93%	43,849	53,164	637,972	-	(9,315)
Support Services	MAI Centralized Intake and Eligibility Determination (1)	640,956	392,014	61%	248,942	35,638	427,651	-	213,305
	Total MAI Funds	**1,588,613**	**1,153,835**	**73%**	**434,778**	**104,894**	**1,258,729**	**-**	**329,884**
	* Some of the providers have not billed for month of January and some have billed February.								
	* Added additional $492,884 in MAI service category from FY21-22 carryover.								
	Total Part A and MAI Funding	**14,969,739**	**13,688,511**	**91%**	**1,281,228**	**1,244,410**	**14,932,921**	**569,227**	**47,351**
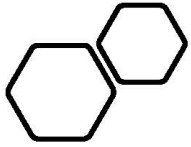
Broward County RYAN WHITE Part A Service Categories Overview

Presented By: Planning Council Support Staff
March 16, 2023
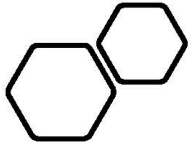
PART I

Core Medical Services

Core Medical Services at a Glance

1. AIDS Drug Assistance Program Treatments
2. AIDS Pharmaceutical Assistance
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals (HICP)
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice
8. Medical Case Management (Disease Case Management), including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

AIDS Drug Assistance Program (ADAP) Treatments

- Provides HIV-related medications to low-income clients living with HIV; can also provide access to medications by using program funds to purchase health insurance coverage and through medication cost sharing;

- **Administered by the state through RWHAP Part B, but Part A program can contribute funds**

AIDS Pharmaceutical Assistance [Local Pharmaceutical Assistance Program – LPAP]

- Serves as a supplemental local source of medication assistance that can be used when ADAP has a restricted formulary, a waiting list, or restricted financial eligibility criteria

- **Currently funded by Ryan White Part A**

Early Intervention Services

- Includes a combination of services designed to identify individuals with HIV and help them access services
- Can serve newly diagnosed as well as PLWH who know their status but are not in care

- Is the only RWHAP service category that can pay for HIV testing
- **Currently funded by Ryan White Part C**

**Health Insurance Premium &
Cost Sharing Assistance for
Low-Income Individuals**

- Provides financial assistance to enable PLWH to maintain health insurance or standalone dental insurance by paying their premiums or other cost-sharing expenses, including co-pays, deductibles, and funds to contribute to a client's Medicare Part D true out-of-pocket costs (TrOOP)
- **Currently funded by Ryan White Part A and Part B**

Home & Community-Based Health Services

- Provides services in the home or in community settings based on a medical care team's written plan of care; services may include mental health, developmental, and rehabilitation services; day treatment or partial hospitalization; durable medical equipment; and/or home health aide and personal care services in the home

- **Currently funded by Ryan White Part B**

Home Health Care

- Supports medical-related services provided in the home by licensed medical professionals, such as administration of prescribed treatments, preventive and specialty care, and routine diagnostic testing
- **Not Funded**

Hospice Services

- Provides end-of-life services to clients in the terminal stage of HIV-related illness, at home or in a residential facility

- **Not Funded**

Medical Case Management (Disease Case Management), including Treatment Adherence Services

- Provides client-centered activities designed to improve health outcomes, such as assessment of service needs, development and updating of an individualized care plan, coordinated access to medical care and support services, continuous client monitoring, treatment adherence counseling, and sometimes assistance in accessing public and private benefits for which the client may be eligible

- **Currently funded by Ryan White Part A**

Medical Nutrition Therapy

- Provides nutritional assessment and screening, evaluation, education and/or counseling, and food and/or nutritional supplements, all based on a medical provider's referral and on a nutritional plan developed by a registered dietitian or other licensed nutrition professional

- **Currently funded by Ryan White Part B**

Mental Health Services

- Provides psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling in an individual or group setting by a licensed mental health professional (usually a psychiatrist, psychologist, or licensed clinical social worker)

- **Currently funded by Ryan White Part A**

Oral Health Care

- Supports outpatient diagnostic, preventive, and therapeutic oral health services by dental health care professionals based on an oral health treatment plan

- Broward County RWPA Oral Health Care services funding is separated into two components:
    - ❖ Routine Maintenance Care; and
    - ❖ Specialty Care.

- **Currently funded by Ryan White Part A**

Outpatient/ Ambulatory Health Services (OAHS)

- Supports diagnostic and therapeutic services, such as primary care, diagnostic testing including laboratory testing, treatment adherence, and specialty services provided directly to a client by a licensed healthcare provider in an outpatient medical setting
- **Currently funded by Ryan White Part A**

Substance Abuse Outpatient Care

- Provides outpatient services for the treatment of drug or alcohol use disorders, including both drug-free treatment and counseling and medication-assisted therapy

- Includes harm reduction; can include syringe access services that meet current appropriations law and applicable HHS-, HRSA-, and HAB-specific guidance; does not include the purchase of syringes

- **Currently funded by Ryan White Part A**

PART II

Ryan White HIV/AIDS Program Support Services

Support Services at a Glance

1. Child Care Services
2. Emergency Financial Assistance (EFA)
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing Services
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [Included Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (Residential)

Child Care Services

- Pays for intermittent services for children living in the household of clients with HIV so they can attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions

- Can be provided by a licensed or registered childcare provider or informal childcare provided by a neighbor, family member, or other person

- **Not Funded**

Emergency Financial Assistance (EFA)

- Provides limited one-time or short-term payments to assist RWHAP clients with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an ADAP or LPAP, or another RWHAP-allowable cost
- **Currently funded by Ryan White Part A and Part B**

Food Bank/Home Delivered Meals

- Provides food items, hot meals, or a voucher program to purchase food
- Can be used for essential non-food items limited to personal hygiene products and household cleaning supplies, plus water filtration/purification systems in communities with water safety issues
- **Currently funded by Ryan White Part A: Food Bank and Food Vouchers**
- **Currently funded by Ryan White Part B: Home Delivered Meals**

Health Education & Risk Reduction (HERR)

- Provides education to PLWH about HIV transmission and how to reduce risk, and information about services to improve their health status

- Includes treatment adherence services provided as a stand-alone activity

- **Not Funded**

Housing Services

- Provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care

- May include core medical or support services

- Also includes housing referral services, including assessment, search, placement, and housing advocacy services, and related fees

- **Funded under Ryan White Part A Ending the HIV Epidemic Program**

Linguistic Services

- Provides oral interpretation and written translation services by qualified providers when necessary to facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services

- **Not Funded**

Medical Transportation

- Provides nonemergency transportation services so clients can access or be retained in core medical and support services; can use various methods, including contracts with transportation providers, non-cash mileage reimbursement, purchase or lease of organizational vehicles for client transportation, voucher or token systems, and organization and use of volunteer drivers

- **Currently funded by Ryan White Part B**

Non-Medical Case Management Services

- Supports client-centered activities focused on improving access to and retention in needed core medical and support services
- Provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and other needed services, and sometimes help in accessing public and private programs for which clients may be eligible, based on activities such as an initial assessment of service needs, development and regular re-evaluation of an individualized care plan, client monitoring, and timely and coordinated access to medically appropriate levels of health and support services and continuity of care

- **Currently funded by Ryan White Part A and Part B**

**Other Professional Services
[Includes Legal Services and
Permanency Planning]**

- Supports professional and consultant services, including legal services, permanency planning, and income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits

- **Currently Funded by Ryan Part A (Legal Services)**

Outreach Services

- Identifies PLWH who either do not know their HIV status or know their status but are not currently in care, and carries out activities to link or re-engage PLWH who know their status into RWHAP services, including the provision of information about health care coverage options

- **Not Funded**

Psychosocial Support Services

- Provides group or individual support and counseling services to assist clients to address behavioral and physical health concerns, including support groups, nutrition counseling provided by a non-registered dietitian, and other types of counseling

- Does <u>not</u> require that services be provided by a licensed mental health professional (See Mental Health Services)

- **Not Funded**

Referral for Healthcare and Supportive Services

- Supports referral of clients to needed core medical or support services in person or through telephone, written, or other types of communication; may also include referrals to assist clients in obtaining access to public or private benefits programs for which they may be eligible

- **Not Funded**

Rehabilitation Services

- Provides HIV-related therapies, including physical, occupational, speech, and vocational therapy, intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis

- **Not Funded**

Respite Care

- Provides periodic non-medical care for clients in community or home-based settings, designed to provide care for an HIV- infected client to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV
- **Not Funded**

Substance Abuse Services (Residential)

- Provides services for the treatment of drug or alcohol use disorders in a residential setting, including screening, assessment, diagnosis, and treatment, based on a written referral from the clinical provider as part of a RWHAP-funded substance abuse disorder treatment program

- Includes detoxification if offered in a separate licensed residential setting

- **Currently funded by Ryan White Part B**

Ryan White Services

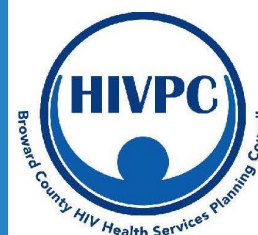| Ryan White Services	Ryan White Part A	Ryan White Part B	Ryan White Part C	EHE Part A
Core Medical Services:				
AIDS Drugs Assistance Program Treatments (ADAP)		☑		
AIDS Pharmaceutical Assistance (Local)	☑			
Early Intervention Services			☑	
Health Insurance Premium & Cost-Sharing	☑	☑		
Home and Community-Based Health		☑		
Home Health Care				
Hospice Services				
Medical Case Management (Disease Case Management); including Treatment Adherence	☑			
Medical Nutrition Therapy		☑		
Mental Health Services	☑			
Oral Health Care [Routine & Speciality Care]	☑			
Outpatient/Ambulatory Health Services	☑			
Substance Abuse Services - *Outpatient*	☑			
Support Services:				
Child Care Services				
Emergency Financial Assistance		☑		
Food Bank/Home-Delivered Meals	☑	☑		
Health Education/Risk Reduction				
Housing Services				☑
Linguistics Services (Integration and				
Medical Transportation Services		☑		
Non-Medical Case Management	☑	☑		
Other Professional Services (Includes **Legal Services** and Permanency Planning)	☑			
Outreach Services				
Psychosocial Support Services				
Referral for Health Care/Supportive Services				
Rehabilitation Services				
Respite Care				
Substance Abuse Services - *Residential*		☑		

References

1. Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18). Available at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

2. Frequently Asked Questions for Policy Clarification Notice 16-02. Available at: https://hab.hrsa.gov/sites/default/files/hab/Global/faq_ser- vice_definitions_pcn_final.pdf

3. Broward County FL Dept of Health, Ryan White Part B Report to the HIV Health Services Planning Council.

SERVICE CATEGORIES

FPL ACTUALS BY SERVICE CATEGORY FY22-23 (As of 12/31/2022)										
	0-49	50-100	101-150	151-200	201-250	251-285	286-299	300-349	350-399	400%	Total YTD
AIDS Pharmaceutical Assistance	61%	12%	9%	5%	6%	2%	0%	3%	1%	1%	310
Ambulatory OP	50%	13%	11%	9%	7%	4%	1%	3%	2%	0%	2912
CIED	28%	18%	17%	13%	8%	5%	2%	5%	4%	1%	3178
DCM	40%	23%	15%	10%	5%	3%	0%	2%	2%	1%	517
Food Bank	26%	30%	18%	11%	6%	3%	1%	3%	2%	0%	1721
Food Voucher	30%	30%	17%	9%	7%	3%	1%	2%	2%	0%	781
Insurance Support	10%	14%	17%	15%	15%	9%	4%	9%	7%	1%	726
Legal	28%	20%	29%	7%	11%	0%	2%	3%	1%	0%	105
Mental Health	47%	14%	15%	12%	6%	2%	1%	2%	1%	0%	174
NMCM	36%	23%	13%	10%	7%	4%	1%	3%	2%	0%	2305
Oral Health	23%	18%	17%	14%	11%	5%	2%	6%	3%	0%	1931
Substance Abuse	71%	24%	3%	2%	0%	0%	0%	0%	0%	0%	66
Total (Duplicated)	33%	20%	15%	11%	8%	4%	2%	4%	3%	0%	14726

How Best to Meet Priority Needs

HRSA Requirements

Broward County HIV Health Services Planning Council

Broward County Health Care Services Ryan White Part A Program

Broward County Board of County Commissioners

HRSA Requirements

- The planning council has the right to provide directives to the recipient on how best to meet its identified service priorities.

- The council may direct the recipient to fund services in particular parts of the EMA.
- To use specific service models.
- It may tell the recipient to take specific steps to increase access to care (for example, require that Medical Case Management providers have a bilingual staff or that primary care facilities be open one evening or weekend a month).
- It may also require that services be appropriate for subpopulations—for example, it may specify funding for medical services that target young gay men of color.

HRSA Requirements

- The planning council **cannot** pick specific agencies to fund or make its directives so narrow that only one agency will qualify.
- The planning council may review sections of the Request for Proposals (RFP) the recipient develops for RWHAP Part A services, to ensure that directives are appropriately reflected, but it cannot be involved in any aspect of contractor selection (*procurement*) or in managing or monitoring RWHAP Part A contracts. *These are recipient responsibilities.*

Resources: HRSA Ryan White Part A Manual/ Ryan White Planning Council Primer 2018 (pg. 22)

QUESTIONS?

DISCUSSION

Broward County Ryan White Part A
HIV Health Services Planning Council
"HOW BEST TO MEET THE NEED LANGUAGE"
System of Care Committee's Recommendations for
FY 2024-2025

Service Category	Recommendations	Justifications
All Services	1. Ensure that client-level data entered into the Provide Enterprise System are verified and accurate.	To create accountability and ensure the entry of accurate data and documents into Provide Enterprise System.
• Outpatient Ambulatory Health Services • Case Management Non-Medical • Centralized Intake and Eligibility	Educate clients about: 1. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and 2. Private Insurance/ACA Options.	To educate clients to avoid penalties and loss of benefits.

Broward County Ryan White Part A
HIV Health Services Planning Council
"HOW BEST TO MEET THE NEED LANGUAGE"
System of Care Recommendations for
FY 2024-2025

ALL SERVICES
Recommended Language

1. Develop a formal client orientation program that includes a visual tour and access procedures explained by a Community Health Worker or Peer when they are linked to treatment. (2021-2022 Broward County HIV Community Needs Assessment).
2. Develop and ensure that all Part A Providers receive Educational Tools that support a more caring and culturally competent workforce (2021-2022 Broward County HIV Community Needs Assessment and CEC Community Conversations).
3. Ensure collaboration and sharing of knowledge between Providers and Peers in delivering HIV treatment and care. (2021-2022 Broward County HIV Community Needs Assessment).
4. Increase after-hours/ non-traditional hours across all services to ensure clients have access to care (CEC)
5. Ensure Part A Providers document collaborative agreements with all other organizations within their continuum of care, and across systems to help clients address all their needs.
6. Provide Care Coordination across multiple service categories.
7. 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.
8. 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.
9. Enhance the emphasis on adherence and retention in medical care inclusive of sub-populations not achieving viral load suppression, 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
10. Integrate care collaboration with members of the client's service providers.
11. Collect accurate client-level data on stages of the HIV Care Continuum to identify gaps in services and barriers to care.
12. Ensure that client-level data entered into the Provide Enterprise System are verified and accurate.
13. Implement formal policies addressing referrals amongst internal and external providers to maximize community resources.
14. Co-locate services where applicable, to facilitate a medical home for Part A clients.

CORE MEDICAL SERVICES
Outpatient Ambulatory Health Services (OAHS)
Services Criteria: (≤ 400% FPL)
Recommended Language

1. Educate clients about:
    a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
    b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and
    c. Private Insurance/ACA Options.
2. Create more information about the food services eligibility for medical providers, clinical teams, and case managers. (2021-2022 Broward County HIV Community Needs Assessment).
3. 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.
4. Integrated Primary Care & Behavioral Services funded agencies to provide Outpatient Ambulatory Medical Care, Behavioral Health, and Care Coordination services.
5. Providers are responsible for providing assessments, brief therapy interventions, and referrals for clients that require a higher level of care.
6. Integrate care provider collaboration with members of the client's treatment team outside of the organization.
7. Establish shared clinical outcomes and data sharing to maximize coordination and tracking of client health outcomes.
8. Care Coordinators will monitor the 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.
9. Provide after-hours services availability to include Crisis Intervention.
10. Coordinate referrals with other service providers; conduct follows with clients to ensure linkage to referred services.
11. Ensure providers are knowledgeable regarding the management of patients co-infected with HIV and Hepatitis C Virus (HCV).
12. Incorporate prevention messages into the medical care of PLWHA.
13. 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. No recommended language for FY2024-2025.
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. No recommended language for FY2024-2025
2. Make provision for the increased demand for services due to an 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 FY2024-2025
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, deductibles, and co-payments.

Mental Health Service (MH)
Services Criteria: (≤ 400% FPL)
Recommended Language

1. No recommended language for FY2024-2025
2. Report clients who have fallen out of care to the medical team when there is a missed mental health appointment to quickly reengage the client in care for mental health services.
3. Integrated service may be impacting utilization in this service category.
4. 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.
5. 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 FY2024-2025
2. Provide case managers and other service providers with information on the linkage between HIV treatment and management and the various support services. (2021-2022 Broward County HIV Community Needs Assessment).
3. Educate clients beginning at age 64 and at least four months before they turn 65 about Medicare enrollment guidelines, especially those pertaining to late enrollment penalties. (CEC Community Conversations -Long Term Survivors Awareness Day)

4. Coordinate referrals with other service providers; conduct follow-ups with clients to ensure linkage to referred services.
5. Report changes in viral load status as clients progress through the program.

Substance Abuse/Outpatient
Services Criteria: (≤ 400% FPL)
Recommended Language

1. No recommended language for FY2024-2025
2. Ensure that substance abuse treatment services are offered to all consumers with an active substance use disorder. (2021-2022 Broward County HIV Community Needs Assessment).

SUPPORT SERVICES
Case Management (Non-Medical)
Services Criteria: (≤ 400% FPL)
Recommended Language

1. Educate clients about:
    a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness Day),
    b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and
    c. Private Insurance/ACA Options.
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% of Non-Medical Case Management funded personnel to 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. Educate clients about:
    a. Medicare enrollment guidelines, especially those pertaining to late enrollment penalties beginning at age 64 and at least four months before they turn 65. (CEC Community Conversations -Long Term Survivors Awareness

Day),

    b. Social Security Disability Insurance (SSDI) and potential Medicare benefits that are effective within 48 months of a client receiving SSDI, and

    c. Private Insurance/ACA Options.

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 by HIV.
4. Maintain collaborative agreements with treatment adherence programs and other key entry points to facilitate rapid eligibility determination for the newly diagnosed and clients who have fallen out of care.
5. Distribute the client handbook to provide an overview of the purpose of Ryan White Part A services and includes the following:
6. Client rights and responsibilities,
7. Names of providers complete with addresses and phone numbers, and
8. Grievance procedures.
9. Always offer a dedicated live operator phone line during normal business hours.
10. Ensure that intake data collected for transgender clients are sufficient to make full use of transgender-related categories in PE.
11. 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 FY2024-2025
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 FY2024-2025
2. Create more information about the food services eligibility for medical providers, clinical teams, and case managers.
3. Increase communication with the client's primary care physicians and nutrition counselors to ensure client's nutrition needs are being met.
4. Provide workshops and training forums focused on improving Clients' knowledge of healthy eating and nutrition as related to management of their health.

Legal Services
Services Criteria: (≤ 400% FPL)
Recommended Language

No recommended language for FY2024-2025

END OF PACKET