



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

Quality Management Committee Meeting

Monday, January 23, 2023 - 12:30 PM

Meeting Location: Broward Regional Health Planning Council Conference Room

HYPERLINK

["https://browardregionalhealthplanningcouncil.my.webex.com/browardregionalhealthplanningcouncil.my/j.php?MTID=ma60d4ca103243486aff89537914f6186"](https://browardregionalhealthplanningcouncil.my.webex.com/browardregionalhealthplanningcouncil.my/j.php?MTID=ma60d4ca103243486aff89537914f6186)

Chair: Bisola Fortune-Evans • Vice Chair: Vacant

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 132 717 8906)

This meeting is audio and video recorded.

Quorum for this meeting is 3

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for January 23, 2023
5. **ACTION:** Approval of Minutes from October 18, 2022
6. Standard Committee Items
 - a. CQM Work Plan Progress Review (Handout A-1) - Review QMC's FY2022 CQM Work Plan progress.
Work Plan Activity 4.1: Review Progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.

7. Unfinished Business
 - None.
8. New Business
 - a. **Action Item 1:** FY 2023-2024 Service Delivery Model Review Presentation (Handout A-2)
Work Plan Activity 2.1: Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.
 - b. Broward County Ryan White Part A Program Centralized Intake and Eligibility Determination (CIED) Service Delivery Model (Handout A-3)
 - c. Broward County Ryan White Part A Program Food Services Service Delivery Model (Handout A-4)
 - d. Broward County Ryan White Part A Program Mental Health Service Delivery Model (Handout A-5)
 - e. Broward County Ryan White Part A Program Substance Abuse – Outpatient Service Delivery Model (Handout A-6)
 - f. CIED Service Delivery Model Request for Approval Form (Handout A-7)
 - g. Food Services Service Delivery Model Request for Approval Form (Handout A-8)
 - h. Mental Health Service Delivery Model Request for Approval Form (Handout A-9)
 - i. Substance Abuse - Outpatient Service Delivery Model Request for Approval Form (Handout A-10)
9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting
 - a. Next Meeting Date: February 20, 2023, at 12:30 p.m. via WebEx Videoconference and at BRHPC
12. Announcements
13. Adjournment

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

Please complete the [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

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared Moskowitz • Nan H. Rich • Tim Ryan
• Torey Alston • Michael Udine

[Broward County Website](#)



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 presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesèsè 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
EFA: Emergency Financial Assistance
EMA: Eligible Metropolitan Area
FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S. Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV
PLWHA: People Living with HIV/AIDS
PrEP: Pre-Exposure Prophylaxis
PRISM: Patient Reporting Investigating Surveillance System
PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*
PSRA: Priority Setting & Resource Allocations
QI: Quality Improvement
QIP: Quality Improvement Project
QM: Quality Management
QMC: Quality Management Committee
RSR: Ryan White Services Report
RWHAP: Ryan White HIV/AIDS Program
RWPA: Ryan White Part A
SA: Substance Abuse
SBHD: South Broward Hospital District (Memorial Healthcare System)
SCHIP: State Children's Health Insurance Program
SDM: Service Delivery Model
SOC: System of Care
SPNS: Special Projects of National Significance
STD/STI: Sexually Transmitted Diseases or Infection
TA: Technical Assistance
TB: Tuberculosis
TGA: Transitional Grant Area
VA: United States Department of Veteran Affairs
VL: Viral Load
VLS: Viral Load Suppression
WMSM: White Men who have Sex with Men
WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/‘Staff’: Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient’s care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.



Meeting of the
Quality Management Committee
Monday, October 17, 2022
12:30 – 2:30 PM
By WebEx Video Conference

MINUTES

QMC Members Present: B. Fortune-Evans, R. Jimenez, V. Biggs, J. Cassues

Ryan White Part A Recipient Staff Present: T. Thompson

Planning Council Support Staff Present: B. Miller, J. Rohoman, W. Rolle, G. Berkeley-Martinez

Guest Present: J. Rodriguez

Agenda Item #1 & 2: Call to Order, Welcome & Public Record

Requirements

The *QMC Chair* called the meeting to order at 12:30 p.m. The *QMC Chair* welcomed all meeting attendees that were present. Attendees were notified that the QMC 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 *QMC Chair*, committee members, Recipient staff, PCS staff, and guests by roll call. The *QMC Chair* noted that the position for Vice-Chair was vacant, and anyone interested could reach out to her or PCS Staff. Lastly, a moment of silence was observed.

Agenda Item #3: 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. No public comments were made.

Agenda Item #4 & #5: Approval of Agenda and Minutes

The approval for the agenda of the October 17, 2022, Quality Management Committee meeting was proposed by *V. Biggs* with the addition of a workgroup discussion under

New Business. This was seconded by *R. Jimenez* and passed unanimously. The approval for the minutes of the July 18, 2022, meeting was proposed by *V. Biggs*, and second by *R. Jimenez*.

Mr. Biggs, on behalf of QMC, made a motion to approve the October 17, 2022, Quality Management Committee agenda with the addition of a workgroup discussion under new business. The motion was adopted unanimously.

Mr. Biggs, on behalf of QMC, made a motion to approve the July 18, 2022, Quality Management Committee meeting minutes as presented. The motion was adopted unanimously.

Agenda Item #6: Standard Committee Items

CQM Support Staff reviewed the progress made in accomplishing tasks in the FY2022-2023 CQM Annual Work Plan. J. Rohoman stated that the current work plan is up to date through September. *CQM Support Staff* will continue to update the deliverables as they work through the new workplan. Workplan Activity 1.1 has been completed as *CQM Support Staff* has pulled and shared FY2022-2023 Quarter 2 data with the Ryan White Networks. *CQM Support Staff* analyzed FY2022-2023 Quarter 2 data and provided the QMC with an analysis under the meeting activities/new business section of the agenda. Overall, the CQM Work Plan progress remains on schedule.

Agenda Item #7: Unfinished Business

There was no unfinished business to discuss.

Agenda Item #8: Meeting Activities/New Business

To begin, *V. Biggs* brought up the idea of meeting virtually to discuss data and go over presentations and all information given to the committee. When it is time to vote, the committee will come together in person to meet quorum and place their votes as indicated by the Sunshine State Law. Members believe this will increase participation and allow for more to get done. The committee inquired if this would be allowed based on the requirements from the Commissioner's Office to which Recipient and Support Staff stated they will follow up with the legalities of this.

Next, *CQM Support Staff* reviewed the health outcomes of the Broward Ryan White Part A program report with the committee. Staff began with a review of terminologies and data that compares the United States, Florida, Broward County, and the Broward Ryan White EMA.

The quarterly data was analyzed and presented by the race/ethnicity, gender, and age subpopulations comparing FY2021 and FY2022-Q2. *CQM Support Staff* went over notable trends with the committee, including that while retention in care seems to be

low, viral suppression is not heavily affected by this change. The committee discussed how this could be due to the way quarterly data is pulled, and how providers are inputting their data.

The *CQM Support Staff* then discussed their recommendations for the Continuum of Care. They highlighted the Black (Non-Hispanic) subpopulation in the Broward EMA, as this subpopulation makes up approximately 48% of the entire clients in the HIV Care Continuum. *CQM Support Staff* recommended further probes into the logistical barriers and health disparities that Black (Non-Hispanic) clients experience within the Broward EMA to address the low retention and viral suppression rates. *CQM Support Staff* stated that they are currently addressing this through the Quality Network's Quality Improvement Projects, which targets priority populations, such as Black (Non-Hispanic) clients.

Next, the Broward Outcomes and Indicators of FY2022-2023 Quarter 2 were reviewed with the committee. The categories that met or exceeded outcome/indicator goals were: Oral Health, ADAP, CIED, Legal Services, Mental Health, Integrated Primary Care & Behavioral Health, MAI HICP, and MAI Non-Medical Case Management. The categories that did not meet one or more or exceed outcome/indicator goals were: Substance Abuse – Outpatient, HICP, Food Services, Non-Medical Case Management, MAI Mental Health, and MAI Substance Abuse – Outpatient.

There was a discussion amongst the committee about the service categories that did not meet their indicators. Recipient staff mentioned that there was a discrepancy in how the data was input due to billing and Provide Enterprise issues that affected the results. *CQM Support Staff* will run the data again and present the new findings, including any changes to the committee next month.

Lastly, *CQM Support Staff* provided updates to the committee regarding the FY 2023-2024 Service Delivery Models. The updates that have been made so far includes CIED, Food Services, and Behavioral Health but they are not permanent until the committee meets again to vote on them.

- The CIED updates reflect the change that states recertification for Ryan White only needs to take place annually, versus every six months. The language will also be updated to state that medical appointments will be made within seven business days, versus one.
- The Food Services update seeks to remove the barrier clients face when accessing food, which states that a nutritional assessment must take place in order to obtain food. The new language states that clients may obtain food regardless of assessment status from the Food Bank, so long as an assessment takes place within 90 days. A registered dietician will also no longer be necessary, and any medical professional who is qualified to do so may perform the assessment. There was discussion over what other EMAs require, and how we as a county can make assessments more readily accessible to our clients.
- After discussion with Recipient Staff, the Behavioral Health Network, and careful review of the HRSA accordance and requirements, the Behavioral Health SDM

was updated to state that a biopsychosocial assessment would be required within thirty (30) days of the first session. There was discussion amongst the committee as to whether the language could be updated to give more time to perform the assessment.

These updates will be further discussed and voted on by the committee at the next Quality Management Committee meeting. Members also requested that providers who are affected by these changes be present during this meeting so the committee can receive their input.

Agenda Item #9: Recipient Report

The Recipient's Office did not have anything to report during the meeting.

Agenda Item #9: Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. No public comments were made.

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

The next QMC meeting will be held on November 21, 2022, at 12:30 p.m.

Agenda Item #11: Announcements

PCS Support Staff shared that there will be another community conversation event called "Leather Kink in Healthcare: What Your Provider Should Know" on Tuesday, October 18, 2022, starting at 7 pm. This event will be at the Eagle Wilton Manors. The purpose of this event is to learn about the leather community and their concerns regarding their healthcare, allowing for outside members and providers to listen and ask questions.

Agenda Item #12: Adjournment

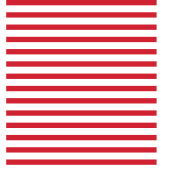
There being no further business, the meeting was adjourned at 2:31 p.m.

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	24	14	21	18	CX	CX	18	C	C	17	C	C	
0	0	0	1	Fortune-Evans, B., Chair	X	X	X	X			X						
0	1	0		Barnes, B.	E	E	X	X	Z-5/26								
0	0	0		Markman, N.	X	X	X	X	Z-5/27								
0	0	1	2	Muneton, Z.	X	X	A	X			X				E		
1	1	0		Shamer, D. V. Chair	X	X	Z-03/14										
0	0	1	3	Casseus, J.	N-4/28						A				X		
0	0	0	4	Jimenez, R.	X	X	X	X			X				X		
0	1	0	5	Biggs, V.	N-5/26						X				X		
Quorum = 4					5	5	4	5	0	0	4	0	0	4	0	0	

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

Handout A-1

Broward EMA CQM Annual Work Plan FY 2022-2023															
Goals and Objectives	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Responsible Party	Comment	
Goal 1: Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.															
1. Analyze and report on performance measures including client demographic and utilization data, HHS/HAB measures, and locally adopted outcomes and indicators.	X			X			X			X		X	CQM Staff, QMC, Quality Network		
2. Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.				X			X			X			CQM Staff, QMC, Quality Network		
3. Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC Committees and Networks to address findings.	X			X			X			X		X	CQM Staff, QMC, Networks		
Goal 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.															
1. Review Service Delivery Models as part of the system-wide Quality Improvement Project (QIP) and ensure standards of care are consistent with current HIV clinical practice standards and PHS guidelines.												X	CQM Staff, QMC, Networks		
2. Determine annual CQM Program goals and identify and leverage strategies to achieve goals.										X	X		CQM Staff, QMC		
3. Identify and conduct systemwide quality improvement activities and operationalize strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff, QMC		
4. Ensure the development, implementation, and evaluation of at least one QIP per agency during the fiscal year.		X	X	X				X	X		X	X	CQM Staff, Quality Network		
5. Organize and conduct evidence-based trainings for providers, staff, the QMC, and the SOC to enhance knowledge on health disparities, HIV treatment and care, person-centered care, client access to eligible services, and quality improvement strategies.			X			X		X			X		CQM Staff		
6. Provide technical assistance to providers as needed.	X	X	X	X	X	X	X	X	X	X	X	X	CQM Staff		
Goal 3: Communicate CQM Program updates, data, and activities to the QMC, Networks, and community stakeholders.															
1. Distribute the annual CQM Program Report.		X											CQM Staff		
2. Disseminate Ryan White Part A Program data and activities to the HIVPC and Committees, providers, and community stakeholders.	X				X			X			X		CQM Staff		
3. Provide Network updates to the QMC and gather feedback/suggestions for the Quality Network.	X			X			X			X			CQM Staff		
4. Provide routine CQM Program updates to the HIVPC.	X			X			X			X			CQM Staff		
5. Plan and implement an annual Network Member Education and Appreciation Week focused on virtual learning and celebration of agency accomplishments.											X		CQM Staff		
Goal 4: Routinely evaluate the CQM Program and identify areas for improvement.															
1. Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	X			X			X			X		X	CQM Staff, QMC		
2. Review CQM Program performance measures for efficacy and relevance and make changes as needed.	X			X			X			X		X	CQM Staff, QMC, Networks		
3. Conduct surveys of all meetings and make suggested improvements.				X			X			X		X	CQM Staff		
4. Collaborate with the Recipient following their review of the agency-specific quality management plans for compliance with HRSA CQM Program guidelines and provide TA when indicated to agencies that require assistance in developing a compliant quality management plan.	X			X									CQM Staff		
5. Survey efficacy of CQM Program communication methods.						X						X	CQM Staff		
Goal 5: Examine current patient satisfaction strategies and initiate a new evaluation system that will allow for consistent review of the patient experience in receiving Ryan White Part A services.															
1. Review consumer feedback data from 2019-present looking for strengths and weaknesses of current evaluation system.	X			X			X			X		X	CQM Staff, Recipient Staff		
2. Incorporate client satisfaction survey feedback data into CQM activities to better practices in the Broward Ryan White EMA.	X											X	CQM Staff, Recipient Staff		
Goal 6: Develop a CQM Quality Improvement Project															
1. Identify and conduct an annual CQM QIP to address systemwide HIV Care Continuum issues and develop strategies to evaluate outcomes.	X			X			X			X		X	CQM Staff		
2. Review progress made and report findings on the CQM QIP to Recipient staff to review agency retention rates.		X		X		X		X		X		X	CQM Staff, Recipient Staff		
3. Conduct process and impact evaluation to determine the efficacy of the CQM QIP				X			X			X		X	CQM Staff		
4. Analyze FY 21-22 data from CQM QIP and report findings to Recipient staff and QMC				X			X			X		X	CQM Staff, Recipient Staff, QMC		
X = goal for objective completion															
■ = in progress															
■ = completed															
■ = planned															



Broward EMA Ryan White Part A Program

FY2023-2024

Service Delivery Model Review

Quality Management Committee Meeting

January 23, 2023



PRESENTED BY

BRIANNE MILLER, MPH, CHES & DANIELLE LIAO, MPH

FY 23-24 Service Delivery Model Review

The purpose of this presentation is to review the suggested edits to Service Delivery Model (SDM) categories for the upcoming 2023-2024 fiscal year.

Service Delivery Model Modifications:

Centralized Intake and Eligibility Determination (CIED), Food Services, Mental Health, Substance Use, and Universal SDM.

Unchanging Service Delivery Models:


AIDS Pharmaceutical Assistance, Emergency Financial Assistance, Non-Medical Case Management, Legal Services, Oral Health, Disease Case Management, Health Insurance Continuation Program, Integrated Primary Care & Behavioral Health SDMs are not being changed at this time.





SDM: Centralized Intake & Eligibility Determination

At a Glance:

- **Language change: Initial Eligibility Determination**
 - **If a client comes with eligibility from Broward Part B, the eligibility notice may be accepted in lieu of other requirements. If the client comes with a Notice of Eligibility outside of Broward county, the client needs to provide proof of residency for Broward County.**
- 

Centralized Intake & Eligibility Determination SDM: Overview

Centralized Intake and Eligibility Determination (CIED) is a standalone intake service, which determines initial client eligibility for Ryan White Part A services, recertifies eligibility for Ryan White Part A services, identifies third-party payers for services and other community resources, and provides information and referrals to eligible clients for needed services. The provider must document the minimum eligibility requirements for clients accessing Ryan White Part A services.

Client Orientation

CIED services must ensure that clients are oriented to the Broward Ryan White Part A system of care. This includes providing clients with information regarding Ryan White Part A services and other community resources that the client is eligible for and making referrals when needed.

Community Outreach

As a part of continuous community outreach, the provider must establish an annual marketing plan detailing specific activity utilized to promote Ryan White Part A services. These activities include hosting and/or attending community resource fairs, community meetings, hosting virtual workshops, etc.

Centralized Intake & Eligibility Determination SDM:

IV: Assessment

Initial Eligibility Determination

During the initial intake appointment, clients must complete a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits.

The provider must complete all required fields of the client profile in the designed HIV MIS at the time of intake and include any third-party benefits received. Clients must have a signed and dated **Plan of Care Information System (PCIS) Consent Form** and **Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form** in the designated HIV MIS.

Clients deemed eligible for Ryan White Part A services must have the following dated eligibility documentation and related progress notes documented in the designated HIV MIS:

Centralized Intake & Eligibility Determination SDM:

IV: Assessment

Initial Eligibility Determination

Clients deemed eligible for Ryan White Part A services must have the following dated eligibility documentation and related progress notes documented in the designated HIV MIS:

Old Language:

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine client's federal poverty level and whether they are uninsured or underinsured) (every 6 months)
3. Residency within the County (every 6 months)
4. Insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance) (every 6 months)

New Language:

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine client's federal poverty level and whether they are uninsured or underinsured) (annually)
3. Residency within the County (annually)
4. Insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance) (annually)
5. Should the client come with eligibility from Broward Part B, the eligibility notice may be accepted in lieu of other requirements. If the client comes with a Notice of Eligibility outside of Broward county, the client needs to provide proof of residency for Broward County.

Centralized Intake & Eligibility Determination SDM:

IV: Assessment

Initial Eligibility Determination

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine client's federal poverty level and whether they are uninsured or underinsured) **(annually)**
3. Residency within the County **(annually)**
4. Insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance) **(annually)**
5. **New language: Should the client come with eligibility from Broward Part B, the eligibility notice may be accepted in lieu of other requirements. If the client comes with a Notice of Eligibility outside of Broward county, the client needs to provide proof of residency for Broward County.**


Why Change?

- The suggested edits in this Service Delivery Model reflects the Policy Clarification Notice #13-02 issued by the Health Resources and Services Administration (HRSA) for annual Ryan White recertification.
- Additionally, the process of eligibility and certification that is currently being practiced at the Florida state level will also be applied to the Ryan White Broward County EMA.

SDM: Food Services



At a Glance:

- **Language change: Provision of Food Bank Services & Nutritional Assessment**
 - **Food vouchers do not need a nutritional assessment.**
 - **Clients receiving Food Services can complete nutritional assessment within 90 calendar days with a provider; not limited to a registered dietitian.**
- 

Food Service SDM: Overview

Food Services are provided to clients requiring supplemental nutrition. Food Services must be provided in consultation with a nutritionist or other health professional and must include a nutritional assessment and plan.

The plan identifies dietary factors that impact client health and is individualized and tailored to each client's needs. Food Services provide a nutritious and well-balanced food supplement to a client's nutritional intake and offer the client choice in selecting menu options that support health needs (e.g., nutritional deficiencies, metabolic conditions).

The provision of food services may be in the form of food bank or food vouchers:

- **Food Bank** services are provided at a central distribution center that warehouses and provides nutritious groceries for clients.
- **Food Voucher** services are provided in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients receiving food vouchers must be able to shop for and prepare their meals. Alcohol and tobacco products cannot be purchased with food vouchers.

Food Service SDM:

II. Key Service Components and Activities

Provision of Food Bank Services

Providers of Food Bank services *must maintain a list of available foods for clients to select their weekly food provisions and document the foods selected by the client at each distribution.* Menu and food choice development must occur under the direction of a qualified professional to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible.

Old Language: “Menu and food choice development must occur under the direction **of a Registered Dietician** to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible.”

New Language: “Menu and food choice development must occur under the direction **of a qualified professional** to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible.”

Food Service SDM:

II. Key Service Components and Activities

Provision of Food Bank Services

Old Language: “Menu and food choice development must occur under the direction of a Registered Dietician to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible.”

New Language: “Menu and food choice development must occur under the direction of an identified qualified professional to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible.”

Why Change?

This change will allow more providers to utilize their existing staff to help more Ryan White clients with their food services and address dietary factors that can impact their health. Each client’s menu and food choice development will be individualized and tailored to meet dietary needs.

Food Service SDM:

IV. Assessment

Nutritional Assessment

Old Language: “Clients receiving Food Services must complete a nutritional assessment within **60 days of initial encounter** with the provider, and annually thereafter. The nutritional assessment must be completed by or **under the supervision of a Registered Dietitian**, be signed by the provider and client, and documented in the designated HIV MIS.”

New Language: “Clients receiving Food Services must complete a nutritional assessment within **90 calendar days of initial encounter** with the provider, and annually thereafter. The nutritional assessment must be completed by **an identified qualified professional**, be signed by the provider and client, and documents in the HIV MIS.”


Why Change?

- The increased time to complete the Food Bank nutritional assessment will give the providers more time to assess the food security needs of the Ryan White clients who utilize food bank services.
- To reduce food insecurity barriers Ryan White clients may experience, the Food Bank nutritional assessment has been changed to be completed by **an identified qualified professional**. This change will allow more providers to utilize their existing staff to conduct more assessments, which will yield more clients utilizing food services.



SDM: Mental Health

At a Glance:

- **Language change: Biopsychosocial assessment deadline**
 - **The Mental Health biopsychosocial assessment must be completed within 30 calendar days of the first encounter with a client and be reviewed/signed by a licensed professional.**
- 

Mental Health SDM: Overview

II. Key Service Components and Activities

Mental Health Services (MHS) are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such mental health professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Trauma-Informed Approach to Service Delivery

MHS must be rendered with a trauma-informed approach, acknowledging that traumas may have occurred or be active in clients' lives and can manifest physically, mentally, and/or behaviorally. Trauma-informed services are grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for clients to rebuild a sense of control and empowerment. **Providers must focus on prevention strategies that avoid re-traumatization in treatment, promote resilience, and prevent the development of trauma-related disorders.**

Mental Health SDM:

IV. Assessment & Treatment Plan

Assessment

During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment.

Old Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within three counseling sessions and reviewed and signed by a licensed professional.”

New Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional.”

Treatment Plan

Providers must work with each client to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment. The treatment plan must be goal-oriented with measurable objectives. The provider must assist the client to define goals and document the progress and assistance provided to the client. Treatment plans become effective on the date the plan is signed and dated by the licensed professional and the client.

Mental Health SDM:

IV. Assessment & Treatment Plan

Assessment

Old Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within three counseling sessions and reviewed and signed by a licensed professional.”

New Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional.”

Treatment Plan Review

A formal review of the treatment plan must be conducted every six months, at a minimum. Treatment plans may be reviewed more than once every six months when significant changes occur. **The treatment plan review requires the participation of the client and the treatment team members identified in the client’s individualized treatment plan. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the treatment plan review.** Any modifications or additions to the treatment plan made during the review must be documented. The treatment plan must be signed and dated by a licensed professional and the client.

Mental Health SDM:

IV. Assessment & Treatment Plan

Assessment

Old Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within three counseling sessions and reviewed and signed by a licensed professional.”

New Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional.”


Why Change?

- The increased time to complete the biopsychosocial assessment will aid Mental Health providers to build rapport and cultivate trust with clients who utilize mental health services.
- Mental health providers will have more time to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment, which will positively yield higher engagement and client retention.
- By extending the biopsychosocial assessment deadline, Mental Health providers will have more flexibility to deliver trauma-informed care with clients who may need additional sessions to complete the assessment.



SDM: Substance Abuse - Outpatient

At a Glance:

- **Language change: Biopsychosocial assessment deadline**
 - **The Substance Abuse – Outpatient biopsychosocial assessment must be completed within 30 calendar days of the first encounter with a client and be reviewed/signed by a licensed professional.**
- 

Substance Abuse - Outpatient SDM:

II. Key Service Components and Activities

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care include screening, assessment, diagnosis, and/or treatment of substance use disorder, including:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Outpatient drug-free treatment and counseling
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

These services will be provided by appropriately credentialed and/or licensed treatment professionals. Substance Abuse – Outpatient services include psychological assessment and evaluation, drug testing, diagnosis, treatment planning with written goals, crisis counseling, periodic reassessments, outpatient day treatment, intensive day/night treatment, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate to improve adherence to treatment and improve client health outcomes.

Substance Abuse - Outpatient SDM:

II. Key Service Components and Activities

Outpatient Care

Outpatient substance abuse care treats and ameliorates negative symptoms from Substance Use Disorders (SUDs) and restores effective functioning in persons diagnosed with substance-use dependency or addiction.

Intensive Outpatient Services

Intensive outpatient services provide essential addiction education and treatment to clients with SUDs and have gradations of intensity.

Day Treatment

Day treatment services differ from intensive outpatient services in the intensity of clinical services that are directly provided. Day treatment is appropriate for clients who are living with unstable medical and psychiatric conditions.

Substance Abuse - Outpatient SDM:

IV. Assessment & Treatment Plan

Assessment

During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment.

Old Language: “The biopsychosocial assessment must be completed in the designated HIV MIS **within three counseling sessions** and reviewed and signed by a licensed professional.”

New Language: “The biopsychosocial assessment must be completed in the designated HIV MIS **within 30 calendar days of the first encounter** with a client and be reviewed and signed by a licensed professional.”

Treatment Plan

Providers must work with each client to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment. The treatment plan must be goal-oriented with measurable objectives. The provider must assist the client to define goals and document the progress and assistance provided to the client. Treatment plans become effective on the date the plan is signed and dated by the licensed professional and the client.

Substance Abuse - Outpatient SDM:

IV. Assessment & Treatment Plan

Assessment

Old Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within three counseling sessions and reviewed and signed by a licensed professional.”

New Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional.”

Treatment Plan Review

A formal review of the treatment plan must be conducted every six months, at a minimum. Treatment plans may be reviewed more than once every six months when significant changes occur. **The treatment plan review requires the participation of the client and the treatment team members identified in the client’s individualized treatment plan. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the treatment plan review.** Any modifications or additions to the treatment plan made during the review must be documented. The treatment plan must be signed and dated by a licensed professional and the client.

Substance Abuse - Outpatient SDM:

IV. Assessment & Treatment Plan

Assessment

Old Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within three counseling sessions and reviewed and signed by a licensed professional.”

New Language: “The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional.”

Why Change?

- The increased time to complete the biopsychosocial assessment will aid Ryan White providers to build rapport and cultivate trust with clients who utilize substance use services.
- Ryan White providers will have more time to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment, which will positively yield higher engagement and client retention.
- By extending the biopsychosocial assessment deadline, Ryan White providers will have more flexibility to develop a tailored treatment plan with clients who may need additional sessions to complete the assessment.



Any Questions? Thank you!

The services provided by Broward Regional Health Planning Council, Inc. is a collaborative effort between Broward County and Broward Regional Health Planning Council, Inc. with funding provided by the Broward County Board of County Commissioners under an Agreement.

Handout A-3



BROWARD COUNTY RYAN WHITE PART A PROGRAM

Centralized Intake and Eligibility Determination
Service Delivery Model

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I. Service Definition

Centralized Intake and Eligibility Determination (CIED) is a standalone intake service, which determines initial client eligibility for Ryan White Part A services, recertifies eligibility for Ryan White Part A services, identifies third-party payers for services and other community resources, and provides information and referrals to eligible clients for needed services. The provider must document the minimum eligibility requirements for clients accessing Ryan White Part A services.

II. Key Service Components & Activities

In addition to the CIED Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the [Broward County Ryan White Part A Universal SDM](#). Providers must also adhere to standards and requirements set forth in the [Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers](#), individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of CIED services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

CIED services must be provided at centralized offices and with staff stationed at Ryan White Part A core medical and support service sites. There must always be a dedicated live telephone operator during business hours. Routine service hours must include evening hours (after 5:00 pm) and weekends to accommodate the needs of clients, including those hospitalized to coordinate services upon discharge. CIED services must also include the provision of home visits for clients who have difficulty ambulating.

Client Orientation

CIED services must ensure that clients are oriented to the Broward Ryan White Part A system of care. This includes providing clients with information regarding Ryan White Part A services and other community resources that the client is eligible for and making referrals when needed. The provider must maintain an updated list of Ryan White Part A providers and service locations to distribute to clients.

Community Outreach

As a part of continuous community outreach, the provider must establish an annual marketing plan detailing specific activity utilized to promote Ryan White Part A services. These activities include hosting and/or attending community resource fairs, community meetings, hosting virtual workshops, etc.

III. Broward Outcomes & Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Increase access, retention, and adherence to primary medical care.	1.1. 95% of Part A clients who have not had a primary medical care visit within the last six months at the time of recertification shall have a primary medical care or disease case management appointment scheduled within one business day.	1.1.1. Client appointment record in designated HIV Management Information System (MIS). 1.1.2. Progress notes in designated HIV MIS. 1.1.3. Referral record in designated HIV MIS.

	1.2. 80% of clients will not experience a lapse in Ryan White Part A eligibility.	1.2.1. Client appointment record in designated HIV MIS.
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IV. Assessment

The provider must develop and implement a documented policy for verifying and documenting client’s Ryan White Part A eligibility, screening for duplication of services, and ensuring Ryan White is the payer of last resort. If a client is eligible for third-party benefits, the provider must assist them in applying for those benefits and develop a benefits service plan. The service plan will ensure that there is follow-up on outstanding benefits applications, steps are taken to resolve benefits issues, and clients have the appropriate referrals in place.

CIED services must schedule Ryan White Part A core medical and support services appointments for new clients within one business day. Emergency transportation services must be available, including bus passes, to ensure engagement in care.

Initial Eligibility Determination

During the initial intake appointment, clients must complete a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits. The provider must complete all required fields of the client profile in the designated HIV MIS at the time of intake and include any third-party benefits received. Clients must have a signed and dated [Plan of Care Information System \(PCIS\) Consent Form](#) and [Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form](#) in the designated HIV MIS. Clients deemed eligible for Ryan White Part A services must have the following dated eligibility documentation and related progress notes documented in the designated HIV MIS:

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine client’s federal poverty level and whether they are uninsured or underinsured) (annually)
3. Residency within the County (annually)
4. Insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance) (annually)
5. Should the client come with eligibility from Broward Part B, the eligibility notice may be accepted in lieu of other requirements. If the client comes with a Notice of Eligibility outside of Broward county, the client needs to provide proof of residency for Broward County.

Recertification

Clients must complete recertification for Ryan White Part A services every **year** after initial eligibility determination is completed, or sooner if determinants of eligibility change. The provider must contact clients to schedule **their annual** recertification appointment date at least 45-days prior to their eligibility expiration date. Recertification appointment date reminders must be made via text, email, or telephone to clients both two weeks prior and 24-hours prior to their scheduled recertification date, at minimum.

Clients will need to provide a self-attestation form every year. This self-attestation form is utilized across the state and attests to address, income, and eligibility of third-party payers.

The provider must offer clients the option to recertify through the online Ryan White Part A Client Recertification Portal. The provider will set up user accounts for clients and provide technical

assistance as needed. A user guide for using the Ryan White Part A Client Recertification Portal can be found here: [Recertification Portal User Guides \(English, Spanish, & Creole\)](#).

V. Standards for Service Delivery

Table 2. CIED Standards for Service Delivery

Standard	Measure
1. Provider completes client profile in the designated HIV MIS and collects required forms at initial intake appointment.	1.1. Client profile completed in the designated HIV MIS. 1.2. PCIS Form signed and dated by client in the designated HIV MIS. 1.3. Broward County Ryan White Part A Program Client Rights and Responsibilities Agreement Form signed and dated by client in the designated HIV MIS.
2. Client completes a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits.	2.1. Dated eligibility documentation in the designated HIV MIS. 2.2. Documentation of third-party benefits eligibility in the designated HIV MIS.
3. Each client is informed about Ryan White services, third-party benefits, and other community resources, and is referred as applicable.	3.1. List of Ryan White Part A providers and service locations distributed to client. 3.2. Referral record in the designated HIV MIS.
4. Provider assists clients eligible for third-party benefits in applying for those benefits and develops a benefits service plan.	4.1. Documentation of third-party benefits eligibility in the designated HIV MIS. 4.2. Benefits service plan and progress notes in the designated HIV MIS.
5. Client completes recertification for Ryan White Part A services annually after initial eligibility determination is completed, or sooner if determinants of eligibility change.	5.1. Dated eligibility documentation in the designated HIV MIS.
6. Provider schedules annual recertification appointments at least 45-days prior to client's eligibility expiration date.	6.1. Client appointment record in the designated HIV MIS.
7. Provider conducts recertification appointment date reminders via text, email, or telephone to clients both two weeks prior and 24-hours prior to their scheduled recertification date, at minimum.	7.1. Client progress notes in the designated HIV MIS.
8. Provider offers client the option to recertify through the online Ryan White Part A Client Recertification Portal.	8.1. Client progress notes in the designated HIV MIS.

Handout A-4



BROWARD COUNTY
RYAN WHITE PART A PROGRAM
Food Services
Service Delivery Model

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I. Service Definitions

HRSA Definition¹

Food bank/home delivered meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Local Definition

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

The provision of food services may be in the form of food bank or food vouchers. **Food Bank** services are provided at a central distribution center that warehouses and provides nutritious groceries for clients. **Food Voucher** services are provided in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients receiving food vouchers must be able to shop for and prepare their meals. Alcohol and tobacco products cannot be purchased with food vouchers.

II. Key Service Components and Activities

In addition to the Food Services Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the [Broward County Ryan White Part A Universal SDM](#). Providers must also adhere to standards and requirements set forth in the [Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers](#), individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of Food Services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category, including state and local health codes. Additionally, providers must provide services in accordance with the USDA Dietary Guidelines and standards of Dietitians in AIDS Care and the American Dietetic Association.

Provision of Food Bank Services

Providers of Food Bank services must maintain a list of available foods for clients to select their weekly food provisions and document the foods selected by the client at each distribution. Menu and food choice development must occur under the direction of an identified qualified professional to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible. Providers must ensure that the

¹ Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

client's food selections are in the food pick-up/delivery package. Clients must confirm receipt of all food distributions as evidenced by the client signature and date of pick up.

Provision of Food Voucher Services

Providers of Food Voucher services must develop and implement policies and procedures for receiving, distributing, and tracking the food voucher inventory. Policies and procedures must ensure that no prohibited items are purchased, purchases support the client's nutritional needs, and no cash is exchanged between the vendor and the client. Food vouchers must clearly state that the use of food vouchers to purchase alcohol, tobacco, lottery, and non-food products is prohibited. Providers must document client acceptance and understanding of the Food Voucher Policy, as evidenced by client signature, in the designated HIV Management Information System (MIS).

Food vouchers must be tracked using a voucher identification number. Clients must return receipts showing purchases made with the numbered food voucher distributed to them. Providers must confirm the purchases made meet food voucher guidelines before another voucher is issued. The provider must implement a corrective action for clients who purchase ineligible items. Corrective actions may include warnings and suspension from the Food Voucher Program. Providers must document food vouchers distributed to each client by identification number and returned receipts in the designated HIV MIS.

III. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Increased access, retention, and adherence to primary medical care.	1.1. 85% of clients are retained in primary medical care.	1.1.1. Client appointment record in designated HIV MIS.
2. Increased viral suppression.	2.1. 80% of clients on ART for more than six months will have a viral load less than 200 copies/mL.	2.1.1. Client viral load test result in designated HIV MIS. 2.1.2. Client prescription of ART documented in designated HIV MIS.

IV. Assessment

Nutritional Assessment

Clients receiving Food Services must complete a nutritional assessment within 90 calendar days of initial encounter with the provider, and annually thereafter. The nutritional assessment must be completed by an identified qualified professional, be signed by the provider and client, and documents in the HIV MIS. The nutritional assessment must include, at minimum:

- Type of food or meal services being requested, i.e., grocery/pantry bags or food vouchers
- Medical issues that require a therapeutic or modified diet due to diabetes, renal (kidney) disease, high blood pressure, food allergies or intolerances, metabolic complications, and other medical conditions that impacts nutritional need
- Current weight and history of significant weight loss or gain in the past six months

- List of current medications (HIV-related and other, including vitamins and minerals, and herbal and complementary/alternative therapies)
- Daily physical activity level
- Interest in or need for nutritional education
- Access to adequate and safe food storage and meal preparation

V. Standards for Service Delivery

Table 2. Food Services Standards for Service Delivery

Standard	Measure
1. Clients complete a nutritional assessment, by or under the supervision of an identified qualified professional within 90 calendar days of initial encounter.	1.1. Nutritional assessment signed and dated by the provider and client in the designated HIV MIS.
2. Foods selected by clients align with the needs identified in the nutritional assessment and are culturally/ethnically appropriate, when possible.	2.1. Receipt of food distribution with client signature and date in the designated HIV MIS. 2.2. Nutritional assessment signed and dated by the provider and client in the designated HIV MIS.
3. Clients confirm receipt of all food distributions as evidenced by the client signature and date of pick up.	3.1. Receipt of food distribution with client signature and date in the designated HIV MIS.
4. Clients receive nutritional education by or under the supervision of an identified qualified professional when needed.	4.1. Documentation of need for nutritional education and education provided in the designated HIV MIS. 4.2. Referral documented in the designated HIV MIS if the need for Medical Nutrition Therapy is identified.
5. Clients demonstrate acceptance and understanding of the Food Voucher Policy prior to receiving Food Voucher services.	5.1. Food Voucher Policy signed and dated by the client in the designated HIV MIS.
6. Clients utilize food vouchers to purchase foods that support the client's nutritional needs.	6.1. Receipt showing purchases made with the numbered food voucher in the designated HIV MIS.
7. Providers confirm purchases made with food vouchers meet set guidelines before another voucher is issued.	7.1. Receipt showing purchases made with the numbered food voucher in the designated HIV MIS.

Handout A-5



BROWARD COUNTY RYAN WHITE PART A PROGRAM

Mental Health
Service Delivery Model

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I. Service Definitions

HRSA Definition¹

Mental Health Services (MHS) are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such mental health professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Local Definition

MHS are psychotherapeutic services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State of Florida to render such services. These services are grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for clients to rebuild a sense of control and empowerment.

II. Key Service Components and Activities

In addition to the Mental Health Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the [Broward County Ryan White Part A Universal SDM](#). Providers are subject to [Florida's Statute Title XXIX, Chapter 394](#)². Per Florida Law, professional staff providing treatment, counseling, or support group facilitation must be a licensed professional or supervised by a licensed professional. Providers must also adhere to standards and requirements set forth in the [Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers](#), [Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook](#), individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of MHS are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

Trauma-Informed Approach to Service Delivery

MHS must be rendered with a trauma-informed approach, acknowledging that traumas may have occurred or be active in clients' lives and can manifest physically, mentally, and/or behaviorally. Trauma-informed services are grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for clients to rebuild a sense of control and empowerment. Providers must focus on prevention strategies that avoid re-traumatization in treatment, promote resilience, and prevent the development of trauma-related disorders.

¹ Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

² FLA. STAT. § 394.

III. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Improvement in client’s symptoms and/or behaviors associated with primary mental health diagnosis.	1.1. 85% of clients achieve treatment plan goals by designated target date.	1.1.1. Treatment plan documented in the designated HIV Management Information System (MIS).
2. Increased access, retention, and adherence to primary medical care.	2.1. 85% of clients are retained in primary medical care.	2.1.1. Client appointment record in designated HIV MIS.

IV. Assessment and Treatment Plan

Assessment³

During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment. **The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional.** The biopsychosocial assessment, at minimum, must include the following:

- Presenting problems
- Primary care post-traumatic stress disorder (PC-PTSD) screening⁴
- Biological factors
- Psychological factors
- Social factors
- Summary of findings
- Diagnostic impression
- Treatment recommendations

When clinically indicated, additional assessments may be completed as indicated within the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

Treatment Plan³

Providers must work with each client to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment. The treatment plan must be goal-oriented with measurable objectives. The provider must assist the client to define goals and document the progress and assistance provided to the client. Treatment plans become effective on the date the plan is signed and dated by the licensed professional and the client.

³ Agency for Health Care Administration. *Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook*. 2014. <https://www.flrules.org/gateway/readRefFile.asp?refId=7455&filename=ACHA%20behavioral%20health%20handbook.pdf>

⁴ Health Resources and Services Administration. *Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)*. <https://www.hrsa.gov/behavioral-health/primary-care-ptsd-screen-dsm-5-pc-ptsd-5>.

Treatment plans must contain, at minimum, the following components:

- The client's diagnosis code(s) consistent with assessments
- A list of the services to be provided to client (treatment plan development and review, and evaluation/assessment services provided to establish a diagnosis; however, information gathered by the provider for the development of the treatment plan need not be listed)
- The amount, frequency, and duration of each service to be provided to the patient as part of the six-month in duration treatment plan (e.g., four units of therapeutic behavioral on-site services two days per week for six months). It is not permissible to use the terms "as needed," "p.r.n.," or to state that the client will receive a service "x to y times per week"
- Goals that are individualized, strength-based, and appropriate to the client's diagnosis, age, culture, strengths, abilities, preferences, and needs, as expressed by the client
- Measurable objectives with target completion dates identified for each goal
- Dated signature of the client or client's parent, guardian, or legal custodian (if client is under 18 years of age)
- Dated signature of licensed provider
- A signed and dated statement by the licensed professional stating services are medically necessary and appropriate to the client's diagnosis and needs
- Discharge criteria (individualized, measurable criteria that identify the client's readiness to transition to a new level of care or out of care)

Treatment Plan Review³

A formal review of the treatment plan must be conducted every six months, at a minimum. Treatment plans may be reviewed more than once every six months when significant changes occur. The treatment plan review requires the participation of the client and the treatment team members identified in the client's individualized treatment plan. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the treatment plan review. Any modifications or additions to the treatment plan made during the review must be documented. The treatment plan must be signed and dated by a licensed professional and the client.

The formal treatment plan review must contain, at minimum, the following components:

- Current diagnosis code(s) and justification for any changes in diagnosis
- Client progress toward meeting individualized goals and objectives
- Client progress toward meeting individualized discharge criteria
- Updates to aftercare plan
- Findings/interpretive summary
- Recommendations
- Dated signature of the client or client's parent, guardian, or legal custodian (if client is under 18 years of age)
- Dated signature of licensed professional who participated in the review of the plan
- A signed and dated statement by the licensed professional stating services are medically necessary and appropriate to the client's diagnosis and needs

V. Standards for Service Delivery

Table 2. Mental Health Standards for Service Delivery

Standard	Measure
1. Client is asked to give express and informed consent for treatment.	1.1. Signed informed consent form in the client file.
2. Provider conducts a biopsychosocial assessment with each client prior to the development of a treatment plan within 30 calendar days of the first encounter.	2.1. Completed biopsychosocial assessment signed by licensed professional in the designated HIV MIS.
3. Provider works with each client to develop a detailed treatment plan.	3.1. Treatment plan signed and dated by licensed professional and client in the designated HIV MIS.
4. Provider conducts a formal treatment plan review at least every six months.	4.1. Updated treatment plan with signature and date of licensed professional and client in the designated HIV MIS.
5. Assistance provided to client and progress made toward achieving treatment plan goals is documented in the client file within three business days of meeting with the client.	5.1. Documentation of client communication, services provided, and progress made towards treatment plan goals in the designated HIV MIS.
6. All client communication is documented in client file and include: a date, length of time spent with client, person(s) included in the encounter, summary of what was communicated, and provider signature.	6.1. Detailed documentation with provider signature of all client communication in the client file.
7. Progress notes in the client file are linked to a treatment plan goal.	7.1. Progress notes in the designated HIV MIS.

Handout A-6



BROWARD COUNTY
RYAN WHITE PART A PROGRAM
*Substance Abuse – Outpatient
Service Delivery Model*

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I. Service Definitions

HRSA Definition¹

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care include screening, assessment, diagnosis, and/or treatment of substance use disorder, including:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Outpatient drug-free treatment and counseling
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

Local Definition

Substance Abuse – Outpatient services are medical or other treatment and/or counseling services provided to clients to address substance use disorders (SUDs) (i.e. recurrent use of alcohol, opiates, stimulants, or other controlled or uncontrolled substances causing clinically significant distress or impairment in physical, social or occupational functioning). These services will be provided by appropriately credentialed and/or licensed treatment professionals. Substance Abuse – Outpatient services include psychological assessment and evaluation, drug testing, diagnosis, treatment planning with written goals, crisis counseling, periodic reassessments, outpatient day treatment, intensive day/night treatment, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate to improve adherence to treatment and improve client health outcomes.

II. Key Service Components & Activities

In addition to the Substance Abuse – Outpatient Service Delivery Model (SDM), all providers must adhere to the minimum requirements set forth in the [Broward County Ryan White Part A Universal SDM](#). Providers are subject to [Florida’s Statute Title XXIX, Chapter 394](#)². Per Florida Law, professional staff providing treatment, counseling, or support group facilitation must be a licensed professional or supervised by a licensed professional. Providers must also adhere to standards and requirements set forth in the [Broward County, Human Services Department, Community Partnerships Division Provider Handbook for Contracted Services Providers, Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook](#), individual contracts, and applicable contract adjustments. Providers must refer to their individual contract for service-specific client eligibility requirements. Providers of Substance Abuse – Outpatient services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

Outpatient Care

Outpatient substance abuse care treats ameliorate negative symptoms from SUDs and restores

¹ Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02. Health Resources and Services Administration (HRSA)/ HIV/AIDS Bureau (HAB). [Online] October 22, 2018. https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

² FLA. STAT. § 394.

effective functioning in persons diagnosed with substance-use dependency or addiction. Outpatient care is appropriate as an initial level of care for clients with less severe disorders, in early stages of change (as a “step down” from more intensive services), or stable and ongoing monitoring or disease management. Outpatient care is provided less than nine hours weekly.

Intensive Outpatient Services

Intensive outpatient services provide essential addiction education and treatment to clients with SUDs and have gradations of intensity. At a minimum, intensive outpatient services provide a support system including medical, psychologic, psychiatric, laboratory, and toxicology services within 24 hours via telehealth or within 72 hours in-person. Intensive outpatient services are provided from 9 – 19 hours weekly.

Day Treatment

Day treatment services differ from intensive outpatient services in the intensity of clinical services that are directly provided. Day treatment is appropriate for clients who are living with unstable medical and psychiatric conditions. Day treatment, at a minimum, meets the same treatment goals as described in *Intensive Outpatient Services*, with psychiatric and other medical consultation services available within eight hours via telehealth or within 48 hours in-person. Day treatment services must be continuously provided at a minimum from 9:00 a.m. until 10 p.m. during a single 24-hour period.

III. Broward Outcomes & Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Improvement in client’s symptoms and/or behaviors associated with primary substance abuse diagnosis.	1.1. 85% of clients achieve treatment plan goals by designated target date.	1.1.1. Treatment plan documented in designated HIV Management Information System (MIS).
2. Increased access, retention, and adherence to primary medical care.	2.1. 85% of clients are retained in primary medical care.	2.1.1. Client appointment record in designated HIV MIS.

IV. Assessment and Treatment Plan

Assessment

During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment. The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional. The biopsychosocial assessment, at minimum, must include the following:

- Presenting problems

- Primary care post-traumatic stress disorder (PC-PTSD) screening³
- Biological factors
- Psychological factors
- Social factors
- Summary of findings
- Diagnostic impression
- Treatment recommendations

When clinically indicated, additional assessments may be completed as indicated within the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

Treatment Plan

Providers must work with each client to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment. The treatment plan must be goal-oriented with measurable objectives. The provider must assist the client to define goals and document the progress and assistance provided to the client. Treatment plans become effective on the date the plan is signed and dated by the licensed professional and the client. Treatment plans must contain, at minimum, the following components:

- The client’s diagnosis code(s) consistent with assessments
- A list of the services to be provided to client (treatment plan development and review, and evaluation/assessment services provided to establish a diagnosis; however, information gathered by the provider for the development of the treatment plan need not be listed)
- The amount, frequency, and duration of each service to be provided to the patient as part of the six-month in duration treatment plan (e.g., four units of therapeutic behavioral on-site services two days per week for six months). It is not permissible to use the terms “as needed,” “p.r.n.,” or to state that the client will receive a service “x to y times per week”
- Goals that are individualized, strength-based, and appropriate to the client’s diagnosis, age, culture, strengths, abilities, preferences, and needs, as expressed by the client
- Measurable objectives with target completion dates identified for each goal
- Dated signature of the client or client’s parent, guardian, or legal custodian (if client is under 18 years of age)
- Dated signature of licensed provider
- A signed and dated statement by the licensed practitioner stating services are medically necessary and appropriate to the client’s diagnosis and needs
- Discharge criteria (individualized, measurable criteria that identifies the client’s readiness to transition to a new level of care or out of care)

Treatment Plan Review

A formal review of the treatment plan must be conducted every six months, at a minimum. Treatment plans may be reviewed more than once every six months when significant changes occur. The treatment plan review requires the participation of the client and the treatment team members identified in the client’s individualized treatment plan. Activities, notations of discussions, findings, conclusions, and recommendations must be documented during the

³ Health Resources and Services Administration. *Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)*. <https://www.hrsa.gov/behavioral-health/primary-care-ptsd-screen-dsm-5-pc-ptsd-5>.

treatment plan review. Any modifications or additions to the treatment plan made during the review must be documented. The treatment plan must be signed and dated by a licensed practitioner and the client.

The formal treatment plan review must contain, at minimum, the following components:

- Current diagnosis code(s) and justification for any changes in diagnosis
- Client progress toward meeting individualized goals and objectives
- Client progress toward meeting individualized discharge criteria
- Updates to aftercare plan
- Findings/interpretive summary
- Recommendations
- Dated signature of the client or client’s parent, guardian, or legal custodian (if client is under 18 years of age)
- Dated signature of licensed practitioner who participated in the review of the plan
- A signed and dated statement by the licensed practitioner stating services are medically necessary and appropriate to the client’s diagnosis and needs

V. Standards for Service Delivery

Table 2. Substance Abuse – Outpatient Service Delivery Standards

Standard	Measure
1. Client is asked to give express and informed consent for treatment.	1.1. Signed informed consent form in the client file.
2. Provider conducts a biopsychosocial assessment with each client prior to the development of a treatment plan within 30 calendar days of the first encounter.	2.1. Completed biopsychosocial assessment signed by licensed practitioner in the designated HIV MIS.
3. Provider works with each client to develop a detailed treatment plan.	3.1. Treatment plan signed and dated by licensed practitioner and client in the designated HIV MIS.
4. Provider conducts a formal treatment plan review at least every six months.	4.1. Updated treatment plan with signature and date of licensed practitioner and client in the designated HIV MIS.
5. Assistance provided to client and progress made toward achieving treatment plan goals is documented in the client file within three business days of meeting with the client.	5.1. Documentation of client communication, services provided, and progress made towards treatment plan goals in the designated HIV MIS.
6. All client communication is documented in client file and include: a date, length of time spent with client, person(s) included in the encounter, summary of what was communicated, and provider signature.	6.1. Detailed documentation with provider signature of all client communication in the designated HIV MIS.
7. Progress notes in the client file are linked to a treatment plan goal.	7.1. Progress notes in the designated HIV MIS.

Handout A-7

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	1/23/23
Service Delivery Model	Centralized Intake and Eligibility Determination (CIED)
Status	Revision to CIED Model

Background/summary of service delivery model:

Centralized Intake and Eligibility Determination (CIED) is a standalone intake service, which determines initial client eligibility for Ryan White Part A services, recertifies eligibility for Ryan White Part A services, identifies third-party payers for services and other community resources, and provides information and referrals to eligible clients for needed services. The provider must document the minimum eligibility requirements for clients accessing Ryan White Part A services.

Client Orientation

CIED services must ensure that clients are oriented to the Broward Ryan White Part A system of care. This includes providing clients with information regarding Ryan White Part A services and other community resources that the client is eligible for and making referrals when needed. The provider must maintain an updated list of Ryan White Part A providers and service locations to distribute to clients.

Community Outreach

As a part of continuous community outreach, the provider must establish an annual marketing plan detailing specific activity utilized to promote Ryan White Part A services. These activities include hosting and/or attending community resource fairs, community meetings, hosting virtual workshops, etc.

Initial Eligibility Determination

During the initial intake appointment, clients must complete a benefits assessment, including initial eligibility determination for Ryan White Part A services and other third-party benefits. Clients deemed eligible for Ryan White Part A services must have the following dated eligibility documentation and related progress notes documented in the designated HIV MIS:

1. HIV status (proof of HIV diagnosis) (once) OR Rapid Test Documentation (30-day provisional)
2. Income level (to determine client's federal poverty level and whether they are uninsured or underinsured) (annually)
3. Residency within the County (annually)
4. Insurance eligibility with third party payers (to determine whether client is eligible for Medicaid, Medicare, or has private insurance) (annually)
5. Should the client come with eligibility from Broward Part B, the eligibility notice may be accepted in lieu of other requirements. If the client comes with a Notice of Eligibility outside of Broward county, the client needs to provide proof of residency for Broward County.

Recertification

Clients must complete recertification for Ryan White Part A services every year after initial eligibility determination is completed, or sooner if determinants of eligibility change. The provider must contact clients to schedule their annual recertification appointment date at least 45-days prior to their eligibility expiration date.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- The suggested edits in this Service Delivery Model reflects the Policy Clarification Notice #13-02 issued by the Health Resources and Services Administration (HRSA) for annual Ryan White recertification.
- Additionally, the process of eligibility and certification that is currently being practiced at the Florida state level will also be applied to the Ryan White Broward County EMA.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

Service Delivery Model Request for Approval Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason(s) for denial:
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Chair/ V. Chair Signature: X _____	
Date: _____	

HIV Planning Council:

Service Delivery Model Request for Approval Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied Chair/ V. Chair Signature: X _____	Reason(s) for denial:
Date: _____	

Handout A-8

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	1/23/23
Service Delivery Model	Food Services
Status	Revision to Food Services Model

Background/summary of service delivery model:

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

The provision of food services may be in the form of food bank or food vouchers. **Food Bank** services are provided at a central distribution center that warehouses and provides nutritious groceries for clients. **Food Voucher** services are provided in the form of a certificate/gift card for a grocery store, allowing clients to purchase nutritious food. Clients receiving food vouchers must be able to shop for and prepare their meals. Alcohol and tobacco products cannot be purchased with food vouchers.

Provision of Food Bank Services

Providers of Food Bank services must maintain a list of available foods for clients to select their weekly food provisions and document the foods selected by the client at each distribution. Menu and food choice development must occur under the direction of a qualified professional to ensure food packages contain a variety of nutritious foods, align with the nutritional needs of the client, and are culturally/ethnically appropriate, when possible.

Nutritional Assessment

Clients receiving Food Services must complete a nutritional assessment within 90 calendar days of initial encounter with the provider, and annually thereafter. The nutritional assessment must be completed by an identified qualified professional, be signed by the provider and client, and documents in the HIV MIS.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- The increased time to complete the Food Bank nutritional assessment will give the providers more time to assess the food security needs of the Ryan White clients who utilize food bank services.
- To reduce food insecurity barriers Ryan White clients may experience, the Food Bank nutritional assessment has been changed to be completed by an identified qualified professional. This change will allow more providers to utilize their existing staff to conduct more assessments, which will yield more clients utilizing food services.
- Lastly, this change to the Food Services SDM will allow more providers to address the dietary factors that impact the health of the Ryan White clients who utilize Food Services. Each client's menu and food choice development will be individualized and tailored to meet dietary needs.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee	
Service Delivery Model Request for Approval Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied Chair/ V. Chair Signature: X _____ Date: _____	Reason(s) for denial:

HIV Planning Council:	
Service Delivery Model Request for Approval Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason(s) for denial:

Chair/ V. Chair Signature:

X

Date: _____

Handout A-9

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	1/23/23
Service Delivery Model	Mental Health
Status	Revision to the Mental Health Model

Background/summary of service delivery model:

Mental Health Services (MHS) are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such mental health professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Trauma-Informed Approach to Service Delivery

MHS must be rendered with a trauma-informed approach, acknowledging that traumas may have occurred or be active in clients' lives and can manifest physically, mentally, and/or behaviorally. Trauma-informed services are grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both providers and survivors; and creates opportunities for clients to rebuild a sense of control and empowerment. Providers must focus on prevention strategies that avoid re-traumatization in treatment, promote resilience, and prevent the development of trauma-related disorders

Assessment and Treatment Plan

During the first encounter with a client, the provider must establish a provisional diagnosis and treatment plan goal. Prior to the development of a comprehensive treatment plan, providers must conduct a biopsychosocial assessment. The biopsychosocial assessment must be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client and be reviewed and signed by a licensed professional.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- The increased time to complete the biopsychosocial assessment will aid Mental Health providers to build rapport and cultivate trust with clients who utilize mental health services.
- Mental health providers will have more time to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment, which will positively yield higher engagement and client retention.
- By extending the biopsychosocial assessment deadline, Mental Health providers will have more flexibility to deliver trauma-informed care with clients who may need additional sessions to complete the assessment.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee	
Service Delivery Model Request for Approval Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied Chair/ V. Chair Signature: X _____ Date: _____	Reason(s) for denial:

HIV Planning Council:	
Service Delivery Model Request for Approval Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason(s) for denial:

Chair/ V. Chair Signature:

X

Date: _____

Handout A-10

Fort Lauderdale/Broward County EMA

Service Delivery Model Request for Approval Form

Date	1/23/23
Service Delivery Model	Substance Abuse
Status	Revision to Substance Abuse Model

Background/summary of service delivery model:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care include screening, assessment, diagnosis, and/or treatment of substance use disorder, including:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Outpatient drug-free treatment and counseling
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

Outpatient Care

Outpatient substance abuse care treats ameliorate negative symptoms from SUDs and restores effective functioning in persons diagnosed with substance-use dependency or addiction. Outpatient care is appropriate as an initial level of care for clients with less severe disorders, in early stages of change (as a “step down” from more intensive services), or stable and ongoing monitoring or disease management. Outpatient care is provided less than nine hours weekly.

Intensive Outpatient Services

Intensive outpatient services provide essential addiction education and treatment to clients with SUDs and have gradations of intensity. At a minimum, intensive outpatient services provide a support system including medical, psychologic, psychiatric, laboratory, and toxicology services within 24 hours via telehealth or within 72 hours in-person. Intensive outpatient services are provided from 9 – 19 hours weekly.

Day Treatment

Day treatment services differ from intensive outpatient services in the intensity of clinical services that are directly provided. Day treatment is appropriate for clients who are living with unstable medical and psychiatric conditions. Day treatment, at a minimum, meets the same treatment goals as described in *Intensive Outpatient Services*, with psychiatric and other medical consultation services available within eight hours via telehealth or within 48 hours in-person. Day treatment services must be continuously provided at a minimum from 9:00 a.m. until 10 p.m. during a single 24-hour period.

How this service delivery model addresses identifying, engaging, and retaining clients in care and ensures all steps of the HIV Care Continuum are met:

- The increased time to complete the biopsychosocial assessment will aid Ryan White providers to build rapport and cultivate trust with clients who utilize substance use services.
- Ryan White providers will have more time to develop an individualized treatment plan based on the needs identified in the biopsychosocial assessment, which will positively yield higher engagement and client retention.
- By extending the biopsychosocial assessment deadline, Ryan White providers will have more flexibility to develop a tailored treatment plan with clients who may need additional sessions to complete the assessment.

THIS SECTION IS INTENDED FOR STAFF USE ONLY.

Quality Management Committee

Service Delivery Model Request for Approval Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reason(s) for denial:
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Chair/ V. Chair Signature: X _____	
Date: _____	

HIV Planning Council:

Service Delivery Model Request for Approval Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied Chair/ V. Chair Signature: X _____	Reason(s) for denial:
Date: _____	