Quality Management Committee Meeting
Monday, February 13, 2023 - **12:30 PM**
Meeting Location: Broward Regional Health Planning Council Conference Room

Chair: Bisiola Fortune-Evans • Vice Chair: Vacant

Meeting Link

https://browardregionalhealthplanningcouncil.my.webex.com/browardregionalhealthplanningcouncil.my/j.php?MTID=m7793c8c16675875d46d7c40bfcd4dbed

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 February 13, 2023
5. **ACTION:** Approval of Minutes from January 23, 2023
6. Standard Committee Items
    a. CQM Work Plan Progress Review - Review QMC's FY2022 CQM Work Plan progress. **(Handout A)**
    b. Review and approve FY2023-2024 Work Plan. **(Handout B)**
       Work Plan Activity 4.1: Review Progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.
7. Unfinished Business
    a. **Action Item 1:** FY 2023-2024 Service Delivery Model Review Presentation **(Handout C)**

Work Plan 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 D)**
   c. CIED Service Delivery Model Request for Approval Form **(Handout E)**
8. New Business
   a. Discussion on virtual QMC meetings when votes are not required.
9. Recipient's Report
10. Public Comment
11. Agenda Items for Next Meeting
   a. Next Meeting Date: March 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

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

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 respektè menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.

8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.

9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.

10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.

11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010

ADAP: AIDS Drugs Assistance Program

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BISS: Benefit Insurance Support Service

BMSM: Black Men Who Have Sex with Men

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CM: Case Management

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

DCM: Disease Case Management

DOH-Broward: Florida Department of Health in Broward County

eHARS: Electronic HIV/AIDS Reporting System

EIIHA: Early Intervention of Individuals Living with HIV/AIDS

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, January 23, 2023
12:30 – 2:30 PM
By WebEx Video Conference

M I N U T E S

QMC Members Present: B. Fortune-Evans, R. Jimenez, V. Biggs, J. Casseus, Z. Muneton

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

Planning Council Support Staff Present: B. Miller, D. Liao, M. Patel, G. Berkeley-Martinez

Guest Present : B. Mester, G. Weismann

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

The *QMC Chair* called the meeting to order at 12:31 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 the 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* and conducted a roll call for the committee members, Recipient staff, PCS staff, and guests. 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 January 23, 2023, Quality Management Committee meeting was proposed by *V. Biggs*. This was seconded by *Z. Muneton* and passed unanimously. The approval for the minutes of the October 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 January 23, 2023, Quality Management Committee agenda. The motion was adopted unanimously.

Mr. Biggs, on behalf of QMC, made a motion to approve the October 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 in accomplishing tasks in the FY2022-2023 CQM Annual Work Plan. *B. Miller* stated that the current work plan is up to date through December 31, 2022. *CQM Support Staff* will continue to update the deliverables as they work through the new workplan. Internal data analysis is being conducted for populations of concern amongst *CQM Support Staff* and *Recipient Staff.* The Quality Network is working on the last checkpoint of its Quality Improvement Projects (QIPs). The network will be presenting its digital poster boards in February 2023. In the next QMC meeting, *CQM Support Staff* will discuss FY22-23 Care Continuum health outcomes, Provider Appreciation Week, and the new workplan for the 2023-2024 fiscal year. Provider Appreciation Week will start February 6th and CQM Support Staff will have online workshops pertaining to topics like client de-escalation methods and implicit bias training for the Ryan White providers.

Agenda Item #7: Unfinished Business

There was no unfinished business to discuss.

Agenda Item #8: Meeting Activities/New Business

The *CQM Support Staff* discussed the suggested edits for the Service Delivery Models (SDM) for the upcoming 2023-2024 fiscal year. The four SDMs proposed to be changed are Centralized Intake and Eligibility Determination (CIED), Food Services, Mental Health, and Substance Abuse - Outpatient. *D. Liao* reviewed the suggested edits for the CIED SDM concerning eligibility determination requirements. The initial eligibility requirement changed from 6 months to a year in terms of updating documentation. A new eligibility determination was also added stating: 1) If a client has documentation certifying their Broward Part B eligibility, their eligibility notice may be accepted in lieu of other requirements 2) If a client has their notice of eligibility from another county outside of Broward County, they will need to provide proof of residency for Broward County to be deemed eligible for Broward Ryan White services.

There was a discussion amongst the committee regarding the need for more communication between the Florida Department of Health (FDOH) and the proper documentation of Part B recipients. Recipient Staff stated that they would follow up with their contact with the FDOH and CIED to inquire about the concerns presented. However, the Recipient Staff stated that any language or changes in the SDMs cannot dictate the actions of the FDOH. The committee also discussed that the CIED SDM language should clarify how the Notice of Eligibility should be accepted. Recipient Staff will get clarification on the requirements from the Florida state level and report back to the *CQM Support Staff* and QMC. *V. Biggs* motioned to table this CIED SDM discussion until the next meeting in February 2023, which was seconded by *Z. Muneton* and passed unanimously.

Next, the *CQM Support Staff* discussed the suggested edits for the Food Services SDM. The new language changed the requirement of a nutritional assessment conducted by a Registered Dietitian to an identified qualified professional. *Recipient Staff* stated that the definition of an "identified qualified professional" is someone who is a licensed professional. Additionally, the nutritional assessment requirement was changed from being completed in "60 days of initial encounter" to "90 calendar days of initial encounter". Lastly, it was stated that Food Vouchers no longer require a nutritional assessment. Another topic of discussion was the inclusion of an Appendix that states who will be considered an identified qualified professional. *CQM Support Staff* will work with the *Recipient Staff* to finalize the SDM regarding this definition. *R. Jimenez* moved to approve the service with the new language. This was seconded by *V. Biggs* and passed unanimously.

Then, the CQM Support Staff discussed the suggested edits for the Mental Health SDM with the committee. In this SDM, the biopsychosocial assessment language requirement will change from being completed within "three counseling sessions" to "…be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client". *V. Biggs* discussed whether the new timeframe to complete the assessment would suffice for the Mental Health providers. Prior to the QMC meeting, he stated that he spoke to two Ryan White Mental Health providers concerning the Mental Health SDM. To his account, the two providers he spoke with expressed difficulty completing the biopsychosocial assessment with their clients. *V. Biggs* recommended that the assessment completion requirement be longer than 30 calendar days. Additionally, he stated that completing the biopsychosocial assessment should be up to the discretion of the Mental Health providers. *Z. Muneton* also expressed that the assessment should be longer than 30 calendar days to give the Mental Health providers more time to work with their clients.

CQM Support Staff stated that since July 2022, the Behavioral Health Network meetings included discussions about the biopsychosocial assessment tool. Only one Ryan White provider in the Behavioral Health Network expressed that they felt the assessment was unnecessary. The *CQM Support Staff* stated that the other providers found the assessment beneficial and gave positive feedback about extending the completion time for the screening tool. Additionally, the *CQM Support Staff* notified the

committee that these changes were approved by the Ryan White Part A Network providers who work in Mental Health and Substance Use. *Chair B. Fortune-Evans* stated that she favored the previous assessment language of the Mental Health SDM. However, if the Mental Health providers agreed to the change, the Chair agreed that the suggested edits would be fine for the new fiscal year. *CQM Support Staff* stated that if the Mental Health providers encounter a barrier, then the Mental Health SDM would be able to be modified to address it.

CQM Support Staff also stated that if any other Mental Health provider has concerns about the biopsychosocial assessment, they should inform the support staff and the *Recipient Staff. The Recipient Staff* stated that to their knowledge, the Mental Health providers did not communicate any issues with completing the assessment beyond 30 days. Additionally, they stated that Substance Abuse providers licensed under chapter 397 in the Florida Department of Children and Families Program (DCF) are required by the Florida state to complete the biopsychosocial assessment, usually within 72 hours of the initial encounter with a client. For Substance Abuse outpatient services, it is required to complete the assessment within approximately 30 days.

The Recipient Staff stated that they have listened to the feedback presented within the meeting, however, they do not recommend extending the completion of the biopsychosocial assessment past 30 calendar days at this time. Lastly, the *Recipient Staff* recommended trainings that could be done in the future to discuss best practices on how to complete biopsychosocial assessments and how to build rapport with clients to yield better engagement with the Mental Health providers. For the Mental Health SDM, *R. Jimenez* moved to approve the SDM with the new language change, which was seconded by *Z. Muneton* with one objection.

Lastly, the *CQM Support Staff* discussed the suggested edits for the Substance Abuse – Outpatient SDM. In this SDM, the biopsychosocial assessment language requirement will also change from being completed within "three counseling sessions" to "…be completed in the designated HIV MIS within 30 calendar days of the first encounter with a client". There was no discussion about the SDM with the committee. For Substance Abuse Outpatient, *V. Biggs* moved to approve the service with the new language, which was seconded by *Z. Muneton* and passed unanimously.

For the next QMC meeting, the *CQM Support Staff* will add an agenda item to "Old Business" to discuss utilizing virtual and in-person meetings for the new fiscal year.

Agenda Item #9: Recipient Report

The *Recipient's Office* announced that *S. Beebee* and *V. Hornsey* are no longer with the county therefore they can be removed from the attendee list.

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 February 13, 2023, at 12:30 p.m.

Agenda Item #11: Announcements

There were no public announcements for this meeting.

Agenda Item #12: Adjournment

There being no further business, the meeting was adjourned at 1:58 p.m.

Consumer	PLWHA	Absences	Count		Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
					Meeting Date	23	13											
0	0	0	1		Fortune-Evans, B., Chair	X												
0	0	0	2		Muneton, Z.	X												
0	0	0	3		Casseus, J.	X												
0	0	0	4		Jimenez, R.	X												
0	1	0	5		Biggs, V.	X												
					Quorum = 3	5												

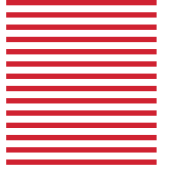| Legend:	
X - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - canceled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	Z - resigned
CX - canceled due to quorum	R - removal letter

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	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

HANDOUT B

Broward EMA CQM Annual Work Plan FY 2023-2024

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	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

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**
- **CIED services must schedule Ryan White Part A core medical and support services appointments for new clients within <u>five</u> business days.**

SDM: Centralized Intake & Eligibility Determination

At a Glance:

- Language change: Initial Eligibility Determination
- If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.

- An eligibility notice from a Florida state county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida state counties only)

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.

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

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.

Old Language:

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.

New Language:

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

Centralized Intake & Eligibility Determination SDM:

IV: Assessment

Old Language:

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.

New Language:

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

Why Change?

- Feedback from CIED stated that more time to assist Ryan White clients with scheduling their core medical and support services appointments will yield higher engagement in care.

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. If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.
6. An eligibility notice from a Florida state county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida state counties only)

<u>Initial Eligibility Determination:</u>

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. **If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.**
6. **An eligibility notice from a Florida state county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida state counties only)**

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.

Any Questions?
Thank you!

BROWARD COUNTY
RYAN WHITE PART A PROGRAM
Centralized Intake and Eligibility Determination
Service Delivery Model

Table of Contents

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	1.1.1. Client appointment record in designated HIV Management Information System (MIS). 1.1.2. Progress notes in designated HIV MIS.

	management appointment scheduled within <mark>five</mark> business days.	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.

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 <mark>five</mark> business days. 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 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:

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. <mark>If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.</mark>
6. <mark>An eligibility notice from a Florida state county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida state counties only)</mark>

Recertification

Clients must complete recertification for Ryan White Part A services every <mark>year</mark> after initial eligibility determination is completed, or sooner if determinants of eligibility change. The provider must contact clients to schedule <mark>their annual</mark> 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.

Standard	Measure
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 E

Service Delivery Model Request for Approval Form

Date	2/13/23
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.

Assessment

CIED services must schedule Ryan White Part A core medical and support services appointments for new clients within five business days. 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. 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. If a client has Ryan White Part B certification and is deemed eligible for Ryan White Part A services, their Part B eligibility notice may be accepted for Part A certification in lieu of other requirements.
6. An eligibility notice from a Florida state county, outside of Broward County, may be accepted in lieu of other requirements for Ryan White Part A services if: a client provides proof of residency in Broward County and deemed eligible for Ryan White Part A services (applicable to Florida state counties only)

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:

- Feedback from CIED stated that more time to assist Ryan White clients with scheduling their core medical and support services appointments will yield higher engagement in care.
- 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	Reason(s) for denial:
☐ Approved ☐ Denied	

Chair/ V. Chair Signature: X _____ Date: _____	
HIV Planning Council:	

Service Delivery Model Request for Approval Decision
   ☐   Approved
   ☐   Denied
Chair/ V. Chair Signature:
 	
  X _____
 	
Date: _____
	Reason(s) for denial: