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

Tuesday, January 16, 2024 – 11:30 AM
Meeting Location: Broward Regional Health Planning Council Conference Room

Chair: Bisiola Fortune-Evans • Vice Chair: Franchesca D'Amore

Workshop Link:

https://browardregionalhealthplanningcouncil.my.webex.com/browardregionalhealthplanningcouncil.my/j.php?MTID=m1bfeeb17cd0ba1defa027e08e03c3b36

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 2634 232 8033)

The purpose of the Quality Management Program for Ryan White Part A in the Broward County EMA is to systematically monitor, evaluate, and continuously improve the quality and appropriateness of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.
This meeting is audio and video recorded.

Quorum for this meeting is 4

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 16, 2024
5. **ACTION:** Approval of Minutes from November 20, 2023 **(Handout A)**
6. Standard Committee Items
    a. Review FY2023-2024 Quality Management Committee Workplan **(Handout B)**
    b. Approve FY2024-2025 Quality Management Committee Workplan **(Handout C)**
    c. Review Clinical Quality Management Workplan Progress Review **(Handout D)**
7. Unfinished Business
    None
8. New Business
    a. Review Service Delivery Models:
        i. Oral Health Care **(Handout E)**
        ii. Mental Health- Trauma-Informed **(Handout F)**
        iii. Legal Assistance **(Handout G)**
        iv. Substance Abuse- Outpatient **(Handout H)**

b. FY22-23 SDM Outcome Overview **(Handout I)**

10. Recipient's Report
11. Public Comment
12. Agenda Items for Next Meeting
    a. Next Meeting Date: February 20, 2024, at 12:30 p.m. via WebEx Videoconference and at BRHPC
13. Announcements

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.

January 2024

Broward HIV Health Services Planning Council Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit http://www.brhpc.org for updates.					
	1 **New Year's Day** 	2	3 **Oral Health Network Meeting** **3:00PM-4:15PM**	4	5 **South Florida AIDS Network Meeting (SFAN)** **9:30AM**	6
7	8	9 **Behavioral Health Network Meeting** **2:00PM-3:15PM** **Community Empowerment Committee Meeting (CEC)** **3:00PM– 5:00PM** **Location: BRHPC/WebEx**	10	11 **Membership/Council Development Committee Meeting** **9:30AM – 11:30AM**	12	13
14	15	16 **Quality Management Committee Meeting** **11:30AM– 2:30PM** **Location: BRHPC/WebEx**	17 **Ad-Hoc By Laws** **2:00PM– 3:00PM** **Location: Poverello/ WebEx**	18 **Priority Setting & Resource Allocation Committee Meeting** **9:30AM -12:30PM** **Executive Committee Meeting** **12:45PM – 2:45PM**	19	20
21	22	23 **Integrated Planning Work Group** **1:00PM– 4:00PM**	24 **Quality Network Meeting** **9:00 AM – 10:15 AM**	25 **HIV Planning Council Meeting** **9:30AM – 11:30AM** **Locations: BRHPC/Webex**	26	27
28	29	30	31			

Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information.

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

January 2024

Broward HIV Health Services Planning Council Calendar

All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Unless otherwise noted, meetings will be held via WebEx.
Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1292 or 1343. Visit http://www.brhpc.org for updates.

TODOS ESTAN BIENVENIDOS!	ALL ARE WELCOME!	BON VINI!
A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:	Unless otherwise noted on the calendar, all meetings are held at:	Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fét:
Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020	Location: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.	To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.	Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and ser- vices provided to all patients receiving Part A and MAI-funded services.

Executive Committee - Sets agenda for Council meetings, addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system-based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

HANDOUT A

FORT LAUDERDALE/BROWARD EMA
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200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Quality Management Committee Meeting

Monday, November 20, 2023 - 12:30 PM
Meeting Location: Broward Regional Health Planning Council Conference Room and via WebEx

DRAFT MINUTES

QMC Members Present: B. Fortune-Evans, R. Jimenez, V. Biggs, Z. Muneton, J. Casseus, F. D'Amore
Ryan White Part A Recipient Staff Present: T. Thompson, B. Miller
Planning Council Support Staff Present: D. Liao, M. Patel, G. Berkeley-Martinez, N. Del Valle
Guest Present : D. Shamer, J. Rodriguez, B. Mester

1. Call to Order, Welcome & Public Record Requirements

The *QMC Chair* called the meeting to order at 12:35 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.

2. Public Comment

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

3. Meeting Approvals

The approval for the agenda of the November 20, 2023, Quality Management Committee meeting was proposed by R. Jimenez. This was seconded by Z. Muneton and passed

unanimously. The approval for the minutes of the September 18, 2023, meeting was proposed by V. Biggs, seconded by Z. Muneton, and passed unanimously.

Motion #1: R. Jimenez, on behalf of QMC, made a motion to approve the November 20, 2023, Quality Management Committee agenda and seconded by Z. Muneton. The motion was adopted unanimously.

Motion #2: V. Biggs, on behalf of QMC, made a motion to approve the September 18, 2023, Quality Management Committee meeting minutes as presented and seconded by Z. Muneton. The motion was adopted unanimously.

4. **New Business**

a. Review of Service Delivery Models:

From the Recipient Part A Office, B. Miller led the discussion to review updates made from SOC's recommendations for the following Service Delivery Models: Food Services, Non-Medical Case Management and Medical Case Management. After Committee Members finished engaging in a robust discussion, the following motions were made:

Motion #3: F. D'Amore, on behalf of QMC, motioned that under the Food Service Delivery Model, to increase the indicator of viral load suppression to 85%. The motion was seconded by Z. Muneton and adopted unanimously.

Motion #4: V. Biggs, on behalf of QMC, motioned that under the Food Service Delivery Model, to increase the indicator of viral load suppression from 85% to 90%. The motion was seconded by F. D'Amore and adopted unanimously.

Motion #5: F. D'Amore, on behalf of QMC, motioned that under the Non-Medical Case Management Delivery Model, to increase indicator 2.1 of viral load suppression from 82% to 85%. The motion was seconded by R. Jimenez and adopted unanimously.

Motion #6: F. D'Amore, on behalf of QMC, motioned that under the Non-Medical Case Management Delivery Model, to increase indicator 2.1 of viral load suppression from 85% to 90%. The motion was seconded by V. Biggs and adopted unanimously.

Motion #7 V. Biggs, on behalf of QMC, motioned that under the Medical Case Management Delivery Model, to increase the indicator of viral load suppression to 90%. The motion was seconded by S. Muneton and adopted unanimously.

Motion #8: V. Biggs, on behalf of QMC, motioned to approve the recommendations and updates of the Food Service Delivery Model. The motion was seconded by Z. Muneton and adopted unanimously.

Motion #9: F. D'Amore, on behalf of QMC, motioned to approve the recommendations and updates of Medical Case Management Delivery Model. The motion was seconded by V. Biggs and adopted unanimously.

Motion #10: V. Biggs, on behalf of QMC, motioned to approve the recommendations and updates of Non-Medical Case Management Delivery Model. The motion was seconded by F. D'Amore and adopted unanimously.

Agenda Item #11: 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 #12: Agenda Items/Tasks for Next Meeting

- The next QMC meeting will be held on January 8, 2024 at 12:30 p.m.

Agenda Item #13: Announcements

- V. Biggs: requested that the Recipient Part A Office present data to support standard viral suppression rate when reviewing SDMs.

Agenda Item #14: Adjournment

There being no further business, the meeting was adjourned at 2:33 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		17					18		20		
0	0	0	1	Fortune-Evans, B., Chair	X	X	C	E	C	C	C	C	X	C	X		
0	0	0	2	Muneton, Z.	X	X	C	X	C	C	C	C	X	C	X		
0	0	1	3	Casseus, J.	X	A	C	X	C	C	C	C	X	C	X		
0	0	0	4	Jimenez, R.	X	X	C	X	C	C	C	C	X	C	X		
0	1	0	5	Biggs, V.	X	X	C	X	C	C	C	C	X	C	X		
				D'Amore, F., V. Chair											X		
				Quorum = 4	5	4	C	4	C	C	C	C	5	C	6		

	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 B

Quality Management Committee (QMC) Work Plan FY2023-2024

The work plan is intended to help guide the work of the committee and to assist the Quality Management Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".

GOAL: By February 2024, systematically monitor, evaluate, and continuously recommend improvements to the quality of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.	**Baseline**	**Target**	**Q1**	**Q2**	**Q3**	**Q4**

Objective 1:Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
1.1 Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.	CQM Staff, QMC, Quality Network	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.				X								
1.2 Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC and PSRA Committee.	CQM Staff, QMC, Quality Network	Increase access to care and improve health outcomes	Idenitify underserved populations and review client-level data (Care Continuum and Broward Outcomes and Indicators) to identify gaps in care and health disparities	X			X								

Objective 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.

Activities	Responsible Party	Outcomes	Action Steps	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
2.1 Receive presentation(s) on targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care.	QMC,SOC, PCS, and CQM Team	Increase access to care and improve health outcomes	Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Ryan White Part A Office. (Integrated Plan 2022-2026, Strategy 2.1.3)							X					

2.2 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.	CQM Staff, QMC, Networks	Increase access to care and improve health outcomes	Perform annual review and make modifications when indicated on the following SDMs: a. Universal Standards b. Legal Services c. Health Insurance Premium & Cost Shairng Assistance - HICP d. Disease Case Management - DCM e. Integrated Primary Care & Behavioral Health - IPCBH f. Non-Medical Case Management g. Food Bank h. Substance Abuse (Outpatient) i. Mental Health Services j. Centralized Intake Eligibility Determination - CIED k. Emergency Financial Assistance - EFA l. AIDS Pharmaceutical Assistance (Local Pharmacy)									X			
2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among RW Part A service providers.	QMC and SOC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding QIPs and if required, make recommendations to improve health outcomes for RWPA clients.	X											
2.4 Develop annual QMC goals and identify objectives, strategies/action steps to achieve goals.	QMC	Completed annual QMC Workplan	Recommend improvement to QMC activities.											X	
Objective 3: Routinely evaluate the CQM Program and identify areas for improvement.															
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
3.1 Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	QMC and CQM team	Identify goals and objectives for upcoming year	Review CQM Workplan every quarter and provide reccomendations to achieve Workplan goals							X				X	

HANDOUT C

Quality Management Committee (QMC) Work Plan FY2024-2025																	
The work plan is intended to help guide the work of the committee and to assist the Quality Management Committee in achieving its objectives in the coming year. For each activity, the time period of activity is highlighted in blue and the completion date is noted with an "X".																	
GOAL: By February 2024, systematically monitor, evaluate, and continuously recommend improvements to the quality of HIV care and services provided to all clients receiving Ryan White Part A and Minority AIDS Initiative (MAI) funded services in Broward County.						**Baseline**	**Target**	**Q1**		**Q2**		**Q3**		**Q4**			
Objective 1:Use client-level demographic, clinical, and utilization data to assess quality of care, identify health disparities, gaps in care, and integration of services.																	
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**		
1.1 Review and analyze findings from the annual needs assessment including focus groups, client and provider surveys, and network member evaluations and recommendations.	CQM Staff, QMC, Quality Network	Increase understanding of needs assesment process	Develop Committee knowledge of Needs Assessment purpose and process.														
1.2 Identify and analyze health disparities and gaps among stages of the HIV Care Continuum and make recommendations to HIVPC and PSRA Committee.	CQM Staff, QMC, Quality Network	Increase access to care and improve health outcomes	Idenitify underserved populations and review client-level data (Care Continuum and Broward Outcomes and Indicators) to identify gaps in care and health disparities														
Objective 2: Implement quality improvement activities that enhance systemwide service delivery and improve client treatment, care, health outcomes, and satisfaction.																	
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**		
2.1 Receive presentation(s) on targeted strategies and interventions for vulnerable populations who may not seek care or who may have fallen out of care.	QMC,SOC, PCS, and CQM Team	Increase access to care and improve health outcomes	Identify ways to engage/ reengage PWH who are not in care or are not virally suppressed and provide recommendations to the QMC and the Ryan White Part A Office. (Integrated Plan 2022-2026, Strategy 2.1.3)														

2.2 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.	CQM Staff, QMC, Networks	Increase access to care and improve health outcomes	Perform annual review and make modifications when indicated on the following SDMs: a. Universal Standards b. Legal Services c. Health Insurance Premium & Cost Shairng Assistance - HICP d. Disease Case Management - DCM e. Integrated Primary Care & Behavioral Health - IPCBH f. Non-Medical Case Management g. Food Bank h. Substance Abuse (Outpatient) i. Mental Health Services j. Centralized Intake Eligibility Determination - CIED k. Emergency Financial Assistance - EFA l. AIDS Pharmaceutical Assistance (Local Pharmacy)												
2.3 Receive presentations on Quality Improvement Projects (QIPs) taking place among RW Part A service providers.	QMC and SOC	Increase knowledge of Ryan White Part A's system of care	Receive presentations regarding QIPs and if required, make recommendations to improve health outcomes for RWPA clients.												
2.4 Develop annual QMC goals and identify objectives, strategies/action steps to achieve goals.	QMC	Completed annual QMC Workplan	Recommend improvement to QMC activities.												
Objective 3: Routinely evaluate the CQM Program and identify areas for improvement.															
Activities	**Responsible Party**	**Outcomes**	**Action Steps**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
3.1 Review progress made on completing the CQM Annual Work Plan and achieving annual CQM Program goals.	QMC and CQM team	Identify goals and objectives for upcoming year	Review CQM Workplan every quarter and provide reccomendations to achieve Workplan goals												

HANDOUT D

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 22-23 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 E

BROWARD COUNTY
RYAN WHITE PART A PROGRAM

Oral Health Care
Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Service Definitions

HRSA Definition[1]

Oral health care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Local Definition

Oral health care encompasses dental screenings, prophylaxes, fillings, simple extractions, as well as periodontal and other advanced treatments. Emergency, diagnostic, preventive, hygiene, basic restorative, limited oral surgical, and limited endodontic services are rendered by general dentists and dental hygienists. Clinical interventions are based on treatment guidelines, recognized clinical protocols, and established legal and ethical standards. Oral health care services provided to eligible individuals living with HIV are based on the following priorities:

- Prevention of oral and/or systemic disease where the oral cavity serves as an entry point
- Elimination of presenting symptoms
- Elimination of infection
- Preservation of dentition and restoration of function

II. Key Service Components & Activities

In addition to the Oral Health Care 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 oral health care services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

Oral health care services must be provided by Florida credentialed dentists and dental hygienists with the appropriate professional degrees. Provision of all oral health care services must be informed by the American Dental Association's (ADA) practice guidelines and in accordance with legal and ethical standards.

Coordination and Referral of Oral Health Care Services

Providers must act as a liaison between clients and other oral health care service providers to obtain and share information to support an optimal level of patient care and service provision, including HIV treatment and care. Clients must receive immediate referrals for emergency treatment, including relief of pain or infection.

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[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.

Oral Health Care Prevention & Early Intervention
Providers must emphasize prevention and early detection of oral disease by educating patients about preventive oral health care practices, including instruction in oral hygiene. Additionally, providers must apply the following educational counseling when applicable:

- Tobacco cessation,
- Risks of unprotected oral sex,
- Complications with body piercing in oral structures, and
- Guidance on general health conditions that could compromise oral health.

Additionally, the impact of proper nutrition on preserving good oral health should be discussed. Basic nutritional counseling may be offered to assist patients in maintaining oral health; when appropriate, a referral to a registered dietitian or other qualified nutrition professional should be made.

III. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Continuity of oral health care.	1.1. 75% of clients have a dental visit at least 2 times within the past 12 months.	1.1.1. Oral health care visits documented in designated HIV Management Information System (MIS).
2. Screening of periodontal health is provided.	2.1. 75% of clients with a history of periodontitis who received an oral prophylaxis, scaling/root planning, or periodontal maintenance visit at least 2 times within the past 12 months.	2.1.1. Periodontal charts and client medical history demonstrating oral prophylaxis, scaling/root planning, or periodontal maintenance in compliance with ADA guidelines[2].

IV. Assessment and Treatment Plan

Assessment
New clients presenting for non-emergency oral health care services must receive a comprehensive oral examination within 15 business days of the initial referral/visit to the provider. The comprehensive oral evaluation must include the following:

- Documentation of client's presenting complaint
- Caries charting

[2] *American Dental Association Clinical Practice Guidelines*. American Dental Association (ADA). [Online]. July 1, 2020. https://ebd.ada.org/en/evidence/guidelines

- Full mouth radiographs (or panoramic and bitewings) and selected periapical films
- Complete periodontal exam or periodontal screening record (PSR), which includes: full-mouth periodontal charting; presence, degree, and distribution of plaque and calculus; gingival health/disease; bone height and/or bone loss; mobility and fremitus; and presence, location, and extent of furcation involvement
- Head and neck exam
- Complete intra-oral exam, including evaluation for HIV-associated lesions
- Pain assessment

All oral examination findings must be documented in the client file. In addition, full medical status information from the client's medical provider, including most recent lab work results, must be obtained and considered by the provider. The medical history and current medication list must be updated regularly to ensure all medical and treatment changes are noted.

Treatment Plan
Providers must develop a comprehensive phase I treatment plan in conjunction with the client. Components of treatment plans must include, at minimum: diagnosis, prevention, maintenance, and/or elimination of oral pathology that results from dental caries or periodontal disease. This includes basic restorative treatment including fillings; basic periodontal therapy (non-surgical); basic oral surgery that includes simple extractions and biopsy; non-surgical endodontic therapy.

All treatment plans must be reviewed with and signed by the client and documented in the client file following the initial comprehensive oral examination. Treatment plans must include an appropriate dental check-up schedule and be reviewed and/or updated at least annually. The client's ability to adhere to treatment for an extended amount of time or return for sequential visits should be determined when a treatment plan is prepared or upon dental procedure initiation. Phase I treatment plans must be completed within 12 months from the date the client consented to treatment.

Client treatment plans may include services that are not covered by RWHAP funds. Providers must consult clients to discuss non-covered services that may be available through other payment sources.

Providers must consider each client's primary reason for the visit, concerns, and expectations when developing the treatment plan. Treatment priority must be given to the management of pain, infection, traumatic injury, or the emergency condition. Providers must manage client pain, dental anxiety, and behavior during treatment to facilitate safety and efficiency. Emergency services should be the foremost priority in provision of oral health care. Emergency need entails life-threatening, or potentially disabling conditions. Providers must document the disposition of the emergency, the dental site, and the specific treatment involved in the client file.

Adherence to Treatment
Providers must assist clients in adhering to an oral health care treatment plan. Clients with physical, behavioral or social needs that could potentially impair adherence to the oral health care treatment plan must be referred to other Ryan White Part A providers to support client adherence to oral health care treatment plan. The provider and client must sign all treatment plans and updates to treatment plans.

V. Standards for Service Delivery

Table 2. Oral Health Care Standards for Service Delivery

Standard	Measure
1. Provider reviews client medical and dental health history annually and updates the client file as needed.	1.1. Documentation of medical and dental health history in the client file.
2. New clients presenting for non-emergency oral health care services must receive a comprehensive oral examination within 15 business days of the initial referral/visit to the provider.	2.1. Documentation of completed comprehensive oral evaluation in the client file.
3. Provider develops treatment plan, in conjunction with the client, based on client oral evaluation.	3.1. Signed and dated treatment plan documented in the client file.
4. Treatment plans must be reviewed and/or updated at least annually	4.1. Signed and dated treatment plan documented in the client file.
5. A six-month recall schedule must be used to monitor changes in oral health care. If a patient's CD4 count is below 100, a three-month recall schedule should be considered.	5.1. Recall schedule documented in the client file.
6. Caries identified in the phase I treatment plan are treated within 12 months.	6.1. Documentation of treatment plan updates in the client file.
7. Provider refers clients to specialty oral health care services in accordance with client needs and treatment plan.	7.1. Documentation of specialty oral health care needs documented in the client treatment plan and file. 7.2. Referral documented in the designated HIV MIS.
8. Provider follows up on specialty care referrals within 30 days of referral.	8.1. Referral documented in the designated HIV MIS. 8.2. Referral follow up and communication documented in the client file.
9. Provider conducts oral health care education with clients annually.	9.1. Documentation of oral health education in the client file.
10. Provider reviews client medical history and vital signs prior to performing surgical procedures and whenever local anesthesia is provided. This includes, but is not limited to: Blood pressure, pulse/heart rates, basic vital signs, and CBC values.	10.1. Documentation of review of medical history and vital sign values in the client file.

HANDOUT F

BROWARD COUNTY
RYAN WHITE PART A PROGRAM
Mental Health
Service Delivery Model

BROWARD COUNTY FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Service Definitions

HRSA Definition[1]

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.

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[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

Assessment[3]

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) screening[4]
- 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[3]

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.

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[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 Review[3]

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 G

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

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Service Definitions

HRSA Definition[1]

Other Professional Services allow for the provision of professional and consultant services rendered by members of professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

• Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:

- Assistance with public benefits such as Social Security Disability Insurance (SSDI)
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP

Preparation of:

- Healthcare power of attorney
- Durable powers of attorney
- Living wills

• Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:

- Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
- Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Local Definition

Legal Services provide legal representation to eligible clients for preplanning activities, including durable powers of attorney documents, do not resuscitate orders, living wills, and trusts. Legal Services also provide interventions to ensure access to eligible benefits and prevent denial of access to housing or eviction caused by discrimination or breach of confidentiality related to HIV status. This includes assistance with public benefits, which encompasses legal intervention following denial of Social Security benefits. The provision of Legal Services also includes the preparation of advance directives concerning guardianship of the eligible individual and the guardianship or adoption of the eligible person's children but does not cover legal services or proceedings, which occur after the eligible person's death. Legal services may also include income

[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.

tax preparation services to assist clients in filing Federal tax returns in accordance with Affordable Care Act requirements.

II. Key Service Components and Activities

In addition to the Legal 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. Funds may be used to support and complement pro bono activities. All legal assistance must be provided under the supervision of an attorney licensed by the Florida Bar Association. Only civil cases are covered under this service category. Providers of Legal services are expected to comply with applicable State and/or Federal standards and guidelines relevant to services delivered within this service category.

III. Broward Outcomes and Indicators

Table 1. Outcomes, Indicators, and Measure

Outcomes	Indicators	Measure
1. Support access to benefits for which the client is eligible.	1.1. 80% of clients whose cases are accepted for representation at a Social Security Administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability.	1.1.1. Legal assessment 1.1.2. Documentation of cases in client file

IV. Assessment and Service Plan

Assessment

Providers must develop and utilize a legal needs assessment to assess clients for legal needs. The completed legal needs assessment must be signed and dated by the provider and client and documented in the client profile, and any applicable data must be entered in the designated HIV Management Information System (MIS). The legal needs assessment should be a comprehensive tool that screens for legal necessities, including but not limited to:

- Public benefits eligibility
- Permanency planning needs
- Experiences of discrimination
- Experiences of confidentiality breach
- Financial needs
- Housing needs
- Domestic violence history
- Family law issues

- Tax law issues

Service Plan
Providers must work with the client to develop a service plan upon completion of the legal needs assessment. The service plan must meet the client's legal needs and contain the following components, at a minimum:

- Specific legal needs and desired resolutions/outcomes
- Type of service provided to meet client's legal needs (legal advice, legal consulting, representation in court and/or administrative proceedings, and/or referrals to pro-bono attorneys or other providers/programs)
- Estimated date of legal need resolution
- Client participation (including any actions client must take to assist in the resolution of legal issues)

Providers must review client service plans at least quarterly, or as needed in the event of a change in client legal needs. The service plan review includes:

- Review of status of legal needs, including progress made on addressing previously identified legal needs in the service plan
- Coordination with client regarding next steps to resolve the legal needs
- Updating the service plan based on status of legal needs

V. Standards for Service Delivery

Table 2. Legal Services Standards for Service Delivery

Standard	Measure
1. Client completes the legal needs assessment.	1.1. Completed legal needs assessment in the client file.
2. Provider develops a service plan with each client that meets the needs identified in the legal needs assessment.	2.1. Service plan documented in the client file.
3. Provider reviews client service plans at least quarterly, or as needed in the event of a change in client legal needs.	3.1. Updated service plan documented in the client file.
4. Client receives disposition or resolution of legal needs.	4.1. Documentation of disposition or resolution of legal needs in the client file.
5. All assistance provided to clients and progress made toward meeting service plan needs must be documented in the client file within three business days of client contact.	5.1. Documentation of all assistance provided to client in the client file.

HANDOUT H

BROWARD COUNTY
RYAN WHITE PART A PROGRAM

Substance Abuse – Outpatient
Service Delivery Model

BROWARD COUNTY
FLORIDA
Health Care Services
Ryan White Part A Program

Table of Contents

I. Service Definitions

HRSA Definition[1]

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 / mitigates 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) screening[3]
- 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 I

SDM
Presentation

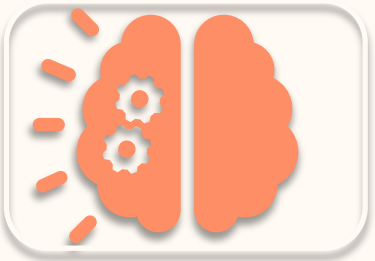
Presented by Broward County
Ryan White Part A Office

Fiscal Year 2022-2023

Legal Services

Oral Health

Mental Health



Substance Abuse

Legal Services Outcomes FY 2022-2023

Indicator		Numerator	Denominator	Percentage
1.1	60% of clients whose cases are accepted for representation at the Social Security Appeals Council will win approval of cash benefits and/or medical benefits or will have their case remanded for a hearing before an Administrative Law Judge.	Clients in the denominator who won their case.	Clients who received legal services for representation at a Social Security Appeals Council hearing during the reporting period.	0 %
1.2	80% of clients whose cases are accepted for representation at a Social Security administrative Law Judge hearing will win approval of cash benefits and/or medical benefits thus improving their financial stability.	Clients in the denominator who won their case.	Clients who received legal services for representation at a Social Security Administrative Law Judge hearing during the reporting period.	100%
		12	12	

Oral Health Outcomes FY 2022-2023

Indicator		Numerator	Denominator	Percentage
1.1	75% of clients have a dental visit at least two (2) times within the past 12 months.	Clients in the denominator who had at least two (2) Oral Health Care services within the preceding 12 months of the end of the reporting period.	Clients who received Oral Health Care services during the reporting period	95.10%
		2,040	2,145	
1.2	75% of clients with a history of periodontitis received an oral prophylaxis, scaling/root planning, or periodontal maintenance visit at least two (2) times within the past 12 months.	Clients in the denominator who received oral prophylaxis, scaling/root planning, or periodontal maintenance visit within the preceding 12 months of the end of the reporting Period.	Clients who received oral health care during the reporting period and had greater than zero (0) Number of Teeth with Pocket Depth > 5mm at start AND/OR diagnosis of ICD-10 code K05.6	99.71%
		1,397	1,401	

Mental Health Outcomes FY 2022-2023

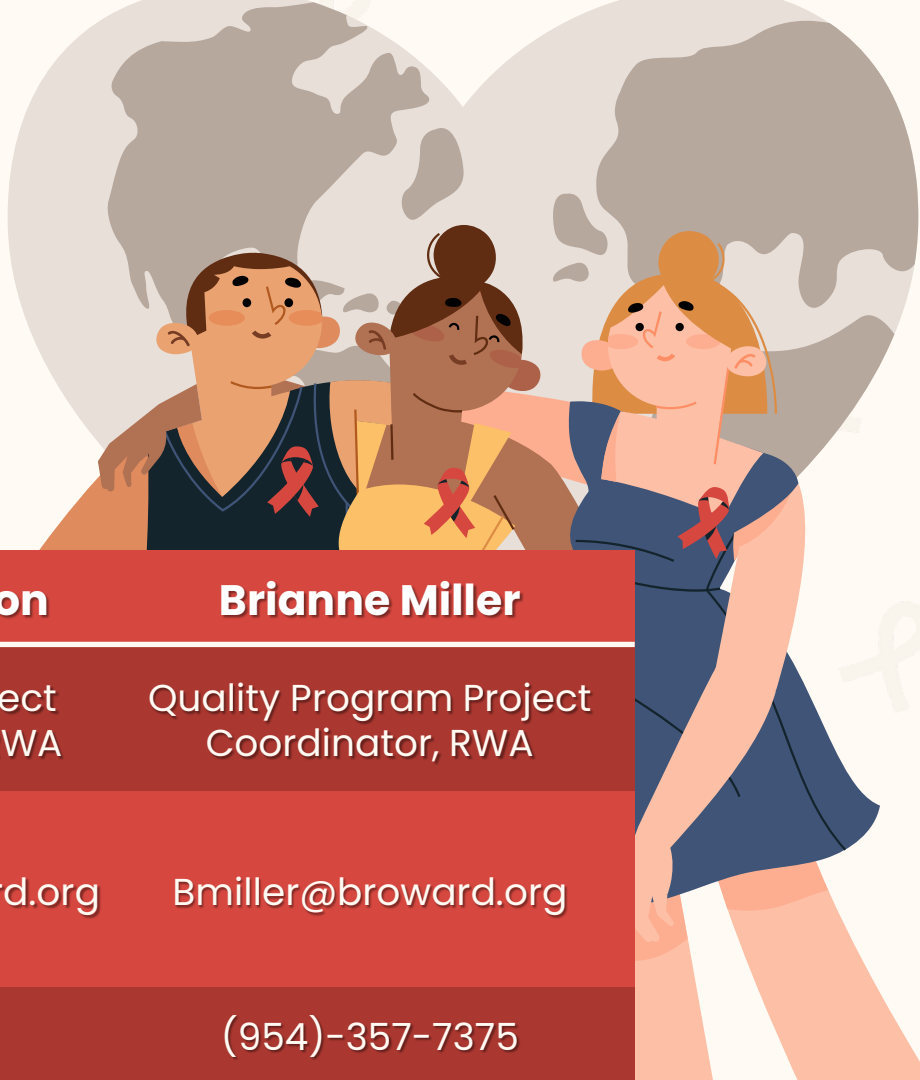
Indicator		Numerator	Denominator	Percentage
1.1	85% of clients achieve treatment plan goals by designated target date.	Clients in the denominator whose closed treatment plan goal was successful and completed by the target date.	Clients who received Mental Health service(s) during the reporting period, and had at least one (1) treatment plan goal closed during the reporting period	0 %
1.2	85% of clients are retained in primary medical care.	Clients in the denominator who had a documented "Kept" medical appointment during the first six (6) months of the reporting period and also a "Kept" medical appointment during the second six (6) months of the reporting period	Clients who received Mental Health services during the reporting period who are not new to care (first service was over a year from the end date of the reporting period)	85.98%
		319	371	

Substance Abuse – Outpatient Outcomes FY 2022-2023

Indicator		Numerator	Denominator	Percentage
1.1	85% of clients achieve treatment plan goals by designated target date.	Clients in the denominator whose closed treatment plan goal was successful and completed by the target date.	Clients who received Substance Abuse--Outpatient services during the reporting period, and had at least one (1) treatment plan goal closed during the reporting period.	0 %
1.2	85% of clients are retained in primary medical care.	Clients in the denominator that had a documented "Kept" medical appointment during the first six (6) months of the reporting period and also a "Kept" medical appointment during the second six (6) months of the reporting period.	Clients that received Substance Abuse--Outpatient services during the reporting period who are not new to care (first service was over a year from the end date of the reporting period).	75.00%
		72	96	

THANKS!

Do you have any questions?



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End of Packet