

# Florida Department of Health HIV Case Management Guidelines



Revised June 2019

*The Florida Department of Health  
HIV Case Management Guidelines  
are dedicated to the memory of  
Shelley Taylor-Donahue,  
who passed away on January 29, 2019.*

*Shelley joined the HIV/AIDS Section in June 2016 as the supervisor of the Community Programs Unit within the Patient Care Program. Earlier in her career, she worked for the Virginia Department of Health's Ryan White Part B Program, a Ryan White Part A Program, and an AIDS service organization, where she served as executive director. Shelley relocated from Virginia to St. Petersburg, Florida, and worked at the Pinellas County Health Department as an HIV contract manager before becoming the HIV/AIDS program coordinator for Area 5.*

*Shelley had a passion for the work she did and was incredibly effective in her job, ensuring persons living with HIV had access to needed services. She was also a warm and caring coworker and friend, and she will be dearly missed.*

# ACKNOWLEDGEMENTS

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A graphic of a bright yellow sun with rays, partially obscured by a white circle representing the sun's disk, set against a light yellow background.

## **SPECIAL THANKS TO**

**Case management staff across Florida, who  
work hard every day to provide compassionate  
care to clients.**

The Florida Health logo, featuring the word "Florida" in a large, orange, sans-serif font and the word "HEALTH" in a smaller, light blue, sans-serif font below it.

**Florida  
HEALTH**

# Florida Department of Health

## HIV Case Management Guidelines

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# Section 1: Introduction

This manual provides universal core HIV case management operating guidelines for HIV case management service providers funded by the Florida Department of Health, HIV/AIDS Section (simply HIV/AIDS Section, henceforth). These guidelines set a minimum service level for providers, regardless of setting or size, delivering HIV case management to eligible persons living with HIV (PLWH) in Florida, as defined by Rule Chapter 64D-4.003, Florida Administrative Code (F.A.C.).

Universal core HIV case management operating guidelines were developed to:

- Clarify and standardize service expectations and required documentation across HIV programs providing case management.
- Clearly define case management.
- Encourage more efficient use of resources.
- Promote quality case management services.
- Simplify and streamline the case management process.

The overall intent of the HIV case management operating guidelines is to assist HIV case management service providers with understanding their case management responsibilities and those of their counterparts in other programs to promote cooperation and coordination of case management efforts.

Case management for PLWH, as set forth in this manual, strives to achieve positive health outcomes in support of the HIV care continuum, including:

- Early access to health care and social services.
- Education about HIV.
- Improved continuity of care.
- Improved integration of services.
- Improved quality of life.
- Personal empowerment.
- Reinforcement of positive health behaviors.

Although these guidelines set minimum requirements for HIV case management programs funded by the HIV/AIDS Section, HIV case management service providers funded by Ryan White Parts A, C, and D may use these guidelines.

## **A. Florida Department of Health (FDOH) Mission**

To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

## **B. Florida's Plan to Eliminate HIV Transmission and Reduce HIV-Related Deaths**

Four key components:

1. Implement routine HIV and Sexually Transmitted Infections (STIs) screening in health care settings and priority testing in non-health care settings.
2. Provide rapid access to treatment and ensure retention in care (Test and Treat).
3. Improve and promote access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP).
4. Increase HIV awareness and community response through outreach, engagement, and messaging.

## **C. HIV Care Continuum**

The ultimate goal of HIV treatment is to achieve viral suppression, which means the amount of HIV in the body is very low or undetectable. This is important for PLWH to stay healthy, have improved quality of life, and live longer. PLWH who maintain viral suppression (viral load of <200copies/mL) have effectively no risk of sexually transmitting HIV to others.

The HIV care continuum reflects the series of steps a person living with an HIV diagnosis takes from initial diagnosis to being retained in care and achieving viral suppression through successful treatment with HIV medications.

Florida's HIV care continuum consists of several stages:

- Diagnosed—PLWH.
- Ever in care—PLWH who have had at least one documented viral load or CD4 lab result, medical visit, or prescription since their HIV diagnosis.
- In care—PLWH who have had at least one documented viral load or CD4 lab result, medical visit, or prescription during the measurement period.
- Retained in care—PLWH who have had two or more documented viral load or CD4 lab results, medical visits, or prescriptions at least three months apart during the measurement period.
- Suppressed viral load—PLWH with a suppressed viral load (<200 copies/mL) on their last viral load lab result during the measurement period.

## **D. Program Goals Related to Case Management**

- Improve and promote access to client-centered services delivered in a culturally competent manner.
- Promote treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments.
- Ensure there are no gaps in care by engaging in care coordination and linkage to care.
- Promote and support independence and self-sufficiency.

## **E. Eligibility Rule, Chapter 64D-4, F.A.C.**

Rule Chapter 64D-4, F.A.C., titled “Eligibility Requirements for HIV/AIDS Patient Care Programs” (known as the “eligibility rule”), defines the standardized eligibility requirements for all HIV patient care programs to ensure services are provided to low-income individuals as intended. The HIV/AIDS Section Patient Care Program eligibility procedures provide standardized and systematic procedures for eligibility staff (including case managers) when determining eligibility for HIV patient care programs. Refer to the *Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual*. The eligibility rule can be found at [flrules.org/gateway/chapterhome.asp?chapter=64D-4](http://flrules.org/gateway/chapterhome.asp?chapter=64D-4).

## **F. Programmatic Authority**

The case management services presented in this manual are provided under the authority and oversight of the HIV/AIDS Section Patient Care Program, which includes the following:

- AIDS Drug Assistance Program (ADAP)
- HIV patient care programs funded by state general revenue
- Federal Ryan White Part B Program
- State Housing Opportunities for Persons With AIDS (HOPWA) Program funded by the U.S. Department of Housing and Urban Development

## **G. Other Programs**

Not included under this authority are the HIV services provided by other local, state, or federal HIV programs, such as Ryan White Parts A, C, D, and F; City HOPWA; Medicaid; Medicare; and other non-FDOH programs. There is, however, nothing to preclude any agency or program from adopting the case management operating guidelines established in this manual.

See Appendix 1 for a description of community resources.

## **H. Allowable Services**

Allowable services are the authorized services provided to clients receiving case management. Services available vary depending on the area and funding. Case managers are responsible for locating service providers and linking clients as appropriate. Examples of allowable services include health insurance premium and cost sharing assistance, mental health services, oral health care, outpatient/ambulatory health services, substance abuse outpatient care, and medical transportation.

See Appendix 2 for the allowable service definitions for eligible clients. Please note that the services listed do not include all the core and support services that are allowable by the Health Resources and Services Administration (HRSA).

## I. Case Management

Effective October 1, 2019, the HIV/AIDS Section requires that **all** case management services be funded under the medical case management service category.

Medical case management has the goal of improving client health outcomes in support of the HIV care continuum, which is achieved by the provision of a range of client-centered activities. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical case management includes all types of case management encounters (e.g., face-to-face, over-the-phone).

Key activities of medical case management include:

- Initial comprehensive assessment of service needs.
- Development of a comprehensive, individualized care plan.
- Timely and coordinated access to medically appropriate levels of health, prevention, and support services and continuity of care.
- Continuous client monitoring to assess the efficacy of the care plan.
- Re-evaluation of the care plan at least every six months, with adaptation as necessary.
- Ongoing assessment of the client's and the client's key family members' needs and personal support systems.
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments and to ensure an understanding of the importance of compliance with medical appointments for monitoring.
- Client-specific advocacy and/or review of service use.

Effective October 1, 2019, the HIV/AIDS Section limits the use of the non-medical case management service category to fund eligibility specialists only. All eligibility staff should be funded exclusively under non-medical case management. For further clarification and definitions, refer to the *Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual* at [floridahealth.gov/diseases-and-conditions/aids/patient-care/documents/eligibility-information/eligibility-manual-6-28-16-c.pdf](http://floridahealth.gov/diseases-and-conditions/aids/patient-care/documents/eligibility-information/eligibility-manual-6-28-16-c.pdf).

Positions that have responsibilities spanning the non-medical case management and medical case management service categories should be split-funded based on the proportion of time spent on each. If a staff member does both eligibility determination and case management, then the time spent on duties associated with eligibility determination should be funded under non-medical case management, and time spent on duties associated with case management should be funded under medical case management.

## Section 2: Confidentiality

Staff must take prudent and reasonable steps to protect confidential client information. This section provides minimum criteria regarding the security of records and the management of confidential information.

### A. Authority

Sections 384.29, 392.65, and 456.057, Florida Statutes (F.S.); the F.A.C.; and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 are the guiding authorities for FDOH security policies.

The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirements of HIPAA. The Privacy Rule addresses the use and disclosure of individuals' health information (called "protected health information") by organizations subject to the Privacy Rule (called "covered entities"). The rule also ensures that individuals understand and control how their health information is used.

### B. Policies and Procedures

All written and verbal communications with clients during and after eligibility must be maintained in strict confidence as required by law. These procedures are the same for eligibility and case management agencies.

The FDOH has written security policies, protocols, and procedures to ensure the security of information and to protect confidentiality, data integrity, and access to information in accordance with the Florida Statutes. These policies are entitled "Department of Health, Information Security and Privacy Policy, DOHP 50-10." To request a copy of DOHP 50-10, agencies may contact their local FDOH contract manager.

- Contracted and subcontracted providers for the HIV/AIDS Section may create their own security policies, protocols, and procedures, however they must be consistent with DOHP 50-10.
- All employees and volunteers with access to client information must receive annual training on confidentiality, the proper exchange of information, and required consent. Documentation of training must be maintained in personnel records.

### C. Forms

The following forms have been developed by the FDOH for securing confidential information. These forms are required for the FDOH and for agencies contracted with the FDOH.

#### **DH 1120, Acceptable Use and Confidentiality Agreement (Attachment 1)**

- Must be completed by the employee and their supervisor after review of each section and must be included in the employee's personnel record.
- Should be completed within the first 30 days of employment and before accessing CAREWare.

**DH 3204, Initiation of Services (Attachment 2)**

- Allows clients to opt in to or out of patient portal communication.
- Allows the agency to obtain or provide necessary information on the client related to treatment, payment, and health care operations.
- Is completed by the client.
- Is in effect indefinitely unless the client revokes the form.

**DH 8006, Notice of Privacy Practices (Attachment 3)**

- Describes how medical information about the client may be used and/or disclosed and how the client can get access to this information.
- Is given to the client when they sign DH 3204 upon initial enrollment and as necessary or requested by the client.

**DH 3203, Authorization to Disclose Confidential Information (Attachment 4)**

- Establishes written documentation of the client's permission to disclose protected health information. Examples of persons to disclose protected health information to include providers, attorneys, caregivers, spouses, and partners.
- Must be renewed annually unless a specific date is inserted.

Information provided to the person on the release should be on a "need to know" basis and be pertinent to the client's care. "Need to know" is defined as:

- The legitimate requirement of a person or organization to know, access, or possess sensitive or classified information that is critical to the performance of an authorized, assigned mission.
- The necessity for access to, or knowledge or possession of, specific information required to carry out official duties.

**D. Phone Calls**

Any phone call in which confidential information is discussed must be made from an area that ensures confidentiality is maintained.

- The employee must determine the identification of the caller and what information may be disclosed.
- Confidential information is discussed by phone only in areas where the conversation cannot be overheard.
- Conversations held over cellular phones are not considered to be secure. Cellular phones should not be used for confidential phone calls unless the client consents.

**E. Mailing**

A secured mail intake site must be used to receive incoming confidential mail.

- Mailrooms and mailboxes must be secured to prevent unauthorized access to incoming and outgoing mail.

- Double enveloping is required when mailing confidential or sensitive information. Only required addresses or logos, which do not denote HIV care, should be included on the exterior envelope. No specific program should be identified. The outside envelope is addressed to the recipient. The inside envelope is marked “confidential” and specifies the recipient.

## F. Faxes

Confidential information may be faxed using appropriate administrative, technical, and physical safeguards. Protected health information may be faxed for treatment, payment, and health care operations or with specific authorization from the client.

- Fax machines designated to receive or transmit confidential information must be maintained in a secured area. If fax machines designated for transmitting confidential information do not have the ability to generate activity reports, a call must be made to confirm receipt.
- A cover sheet marked “confidential” and containing the following paragraph must accompany all confidential transmissions: ***“This transmission may contain material that is CONFIDENTIAL under federal law and Florida Statute. It is intended to be delivered to only the named addressee. Unauthorized use of this information may be a violation of criminal statute. If this information is received by anyone other than the named addressee, the recipient shall immediately notify the sender at the address or the telephone number above and obtain instruction as to the disposal thereof. Under no circumstances shall this material be shared, retained, or copied by anyone other than the named addressee.”***
- Medical information that is faxed must have a permanent copy in the record and documentation in the case notes.

## G. Email

- The FDOH cannot guarantee the security and confidentiality of information clients send unencrypted, and clients should be counseled about this when sending email. Clients should always use approved security standards when sending email to ensure confidentiality.
- FDOH employees should avoid emailing confidential information (or replying to a client’s email containing confidential information) if possible. If not, the confidential information must be encrypted during transmission over any network not owned by the FDOH. If unencrypted email containing confidential information has been sent outside the FDOH network, notify your information security and privacy coordinator immediately.
- If encryption is not possible and the only way to contact a client is through email, a statement must be signed by the client saying that it is okay for confidential information to be emailed to the client from the agency.
- Clients should be informed that email is not secure, especially from a county health department where all emails are considered public record.
- Email usage by staff in community-based agencies should follow FDOH security policies, protocols, and procedures. The agency’s policies and procedures should provide guidance on agency-specific limitations regarding email. Agencies should be sure to have proper forms and documentation to support use of email for the purposes of communicating with clients.

## H. Off-Site Security

Confidential information shall only be transported by persons authorized to do so in their position description or as authorized by law. In addition:

- Confidential information transported must be secured using physical safeguards and not left unattended or in visible areas of a vehicle.
- All confidential information taken into the field must be tracked. Tracking must include who, what, when, why, where, and expected date of return. FDOH staff must sign out all information removed from a secured area. Sign-out documentation must be retained by the information custodian in accordance with the FDOH Records Management Policy, DOHP 250-6.
- Confidential information carried into the field shall be limited to the minimum required to perform that day's responsibilities.
- Prior permission must be obtained if information will not be returned by the close of the same business day. Confidential information must be secured in a manner that does not risk disclosure.

## I. Work Space

- Staff funded under medical and non-medical case management must be provided with office space that allows business to be conducted in a timely and confidential manner.
- If private office space with a door is not available, the provider must ensure all communications remain confidential.
- Information with employee identifiers, client identifiers, or other confidential content shall not be left unattended or unsecured.
- Consultations involving confidential information must be held in areas with restricted access.
- Confidential information must be printed using appropriate administrative, technical, and physical safeguards to prevent unauthorized viewing.

## J. Storage of Information

- Offices and staff must maintain confidentiality of all data, files, and records, including client records related to services, and shall comply with state and federal laws, including but not limited to Sections 384.29, 392.65, and 456.057, F.S.
- Appropriate storage systems for hardcopy client records are required.
- Storage systems must include, at a minimum, file folders that are kept in locked file cabinets.

## K. Client File Retention

- File retention must follow Florida Department of State Bureau of Archives and Records Management storage and disposition procedures as mandated in Chapters 119 and 257, F.S. Files must also be kept according to HRSA's client file retention policy.
- Upon completion or termination of the contract, the provider will cooperate with the FDOH to duplicate and transfer records or documents during the required retention period.

- If a client file is closed, the file must be retained at the agency for a minimum of seven years before disposal.
- Documents must be shredded when disposing.

## **L. Electronic Files and Computers**

The use of electronic files to gather and collect client information requires specific precautions to avoid a breach of confidentiality and protect the client's right to privacy. DOHP 50-10 includes the following guidance concerning electronic files and information:

- Computer monitors must be protected to prevent unauthorized viewing.
- All computers, including laptops, that access and store confidential information must be password protected. Data must be encrypted in accordance with FDOH information security policies, protocols, and procedures.
- Laptops may be used for storing and accessing HIV information with client identifiers if they adhere to the requirements specified in DOHP 50-10.
- Laptops containing confidential information must be returned to the secured area at the end of the working day and never stored in an unsecured, unauthorized area. These laptops may not be stored in the employee's car, car trunk, or home unless there is prior supervisory approval.
- Deleting files from a computer hard drive is not necessarily sufficient if the computer is to be stored. Hard drives must be wiped clean. If you are unsure how to do this or what it means, consult with your information technology staff.

## **M. Additional Information**

- Agencies need to document that positions have "need to know" access in their written job descriptions.
- All visitors to a restricted area must sign in on a security log.
- Unauthorized persons shall not be left unattended in areas where confidential or sensitive information is maintained.

## Section 3: Staffing

This section describes staff qualification requirements; minimum required staff training, which must be completed within six months of hire and documented in personnel files; and the minimum roles and responsibilities for case managers and case management supervisors funded under the medical case management service category.

### A. Qualifications

An HIV case manager must be able to work with clients and develop a supportive relationship, enable clients to make the best choices for their well-being, and facilitate access to and use of available services. In order to be effective in their work, case managers should have certain skills and a certain level of compassion and caring for others. At a minimum, all case managers hired by case management providers must be able to demonstrate through administrative and communication skills the ability to conduct a comprehensive client assessment, develop a care plan, provide service coordination with other agencies, and complete documentation.

Case managers hired by the case management provider must have at least one of the following staff qualifications:

- A bachelor's degree in psychology, social work, or human services.
- A bachelor's degree in any field of study with at least six months of case management experience.
- Applicable experience, which may be substituted on a year-for-year basis for the required education.
- A registered nursing license in Florida.

Case management supervisors must meet the case manager qualifications and have at least one year of related experience providing case management services to persons with HIV or other chronic illnesses. Supervisory experience is preferred, but not required.

### B. Training Requirements

The following must be completed within 30 days of hire:

- CAREWare training provided either locally or through FDOH.
- Code of ethics training (required annually).
- Confidentiality training with attestation signed by staff member (required annually).
- Initial agency orientation, including job duties and responsibilities and agency policies and procedures.
- Introduction to applicable local, state, and federal resources, including ADAP and HOPWA programs.

The following must be completed within 60 days of hire:

- Core eligibility training.
- HIV 500 training (online or classroom).
- HIV 501 training online component (HIV 501 online update required annually).

The following must be completed within six months of hire:

- AIDS Education and Training Center (AETC) sponsored case management training, including all courses in the medical case management curriculum and the cultural competency curriculum. These trainings are available at [seaetc.com/modules](http://seaetc.com/modules).

All case managers and case management supervisors must complete at least four courses per year of job-related continuing education. Appropriate continuing education opportunities will be identified and tracked by case managers and their supervisors. Documentation of completion of continuing education must be kept in personnel files.

Recommended training topics for job-related continuing education include:

- Documentation
- Health insurance, including Medicaid and Medicare
- HIV 501 training practicum (classroom only)
- HIV 501 training update (classroom only)
- HIV treatment and trends
- Lab interpretation
- Local resources
- Medical terminology
- Medication adherence
- Mental health and substance abuse
- Motivational interviewing
- Social determinants of health
- Time management, self-care, leadership, etc.
- Treatment as prevention

**NOTE:** All required trainings must be made available to staff either internally or through statewide trainings. Documentation of completion of trainings must be kept in personnel files.

## **C. Roles and Responsibilities**

Medical case management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Case managers focus on medical, social, and behavioral needs of clients (mental health, substance use, HIV risk reduction, and self-management skills building) and facilitate access to needed supportive services to assist the client in successfully adhering to their HIV treatment program. Case managers participating on a multidisciplinary team work in partnership with other professionals to assess the needs of the client, the client's family, and the client's support systems to develop an individualized care plan. Case managers also advocate for, arrange, coordinate, monitor, and evaluate a comprehensive package of services to meet specific clients' complex needs.

Medical case management may, as appropriate, also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare, ADAP, pharmaceutical manufacturer patient assistance programs, other state or local health care and supportive services, and insurance plans through the Health Insurance Marketplace/Exchange).

Functional roles of the case manager include:

- Conducting face-to-face assessment and re-assessment (including assessment of adherence to treatment, adherence to appointments, and family planning needs).
- Developing a comprehensive, individualized care plan and re-evaluating at least every six months with adaptations as necessary according to acuity level over the life of the client.
- Providing timely coordination and linkage of the client to appropriate agencies for services and activities required to assist the client in achieving the goals and objectives identified in their care plan.
- Monitoring clients to assess the implementation and efficacy of the care plan and to ensure continuity of care.
- Monitoring HIV medication therapy, including educating the client about risks and side effects, and monitoring client adherence and tolerance of medications.
- Providing treatment adherence support.
- Reviewing and monitoring CD4 and viral load lab values and making sure the most current lab values are recorded in the client file/database.
- Documenting client contact in the case notes, on the required forms, and in the required database(s).
- Case conferencing with other members of the HIV treatment team as appropriate and as required by acuity level.
- Facilitating linkage and re-engagement activities for clients who appear to be out of care.
- Educating clients about HIV and its transmission and complications and about HIV risk reduction.
- Educating clients about insurance and entitlements and providing navigation and enrollment support.
- Advocating for client (i.e., with a landlord, medical team, substance use counselor, etc.).
- Reviewing client utilization of services.

The caseload of a case management supervisor is the combined caseload of all supervised staff. At a minimum, case management supervisors perform the following tasks:

- Conducting interdisciplinary team meetings and/or facilitating meetings with partnered providers regarding client-specific issues.
- Conducting monthly chart reviews for quality management.
- Evaluating staff.
- Filling in for staff members out of the office due to sick leave, annual/vacation leave, etc.
- Hiring and terminating staff.
- Training staff.

## Section 4: Medical Case Management

Medical case management is a proactive and inclusive case management model intended to serve individuals with multiple, complex psychosocial and health-related needs and their families. This section describes the process and required documentation for medical case management, which includes:

- Brief intake/enrollment screening
- Comprehensive needs assessment
- Acuity determination
- Care plan development
- Care plan implementation, client contact, monitoring, and follow up
- Case notes
- Reassessment
- Care plan update
- Case coordination and conferencing
- Case closure
- Client file organization

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical case management includes all types of case management encounters (e.g., face-to-face, over-the-phone).

Activities provided under the medical case management service category have as their objective improving health care outcomes.

### A. Brief Intake/Enrollment Screening Process

The brief intake/enrollment screening allows staff members to gather information to address the client's immediate needs and to promote their engagement and retention in services. The brief intake/enrollment screening can be completed face to face, through telehealth, or by phone.

The brief intake/enrollment screening is also used to screen clients to determine if they need case management services and to assess clients' willingness to engage in case management services.

The brief intake/enrollment screening allows initiation of case management activities and/or service provision until a comprehensive needs assessment can be completed.

Brief intake/enrollment screening documentation includes:

- Basic information
  - Contact and demographic information
  - Eligibility status, if available
  - HIV risk factor
  - Language choice
  - Literacy level
  - Presenting problem
  - Primary care physician

- Overview of status of needs
  - Family planning
  - Finances/benefits
  - HIV status, other medical concerns, and access and adherence to other health care services
  - Housing
  - Pregnancy status

The brief intake/enrollment screening form (Attachment 5) must be completed and included in the client's file and must be scanned into CAREWare and attached under the "Unique IDs" tab, "Attachments" hyperlink.

## **B. Review of Client Grievance Policy**

Case managers must review their agency's client grievance policy with their clients and document completion of review in the case notes.

Agencies must have a formal written grievance policy that aligns with Appendix 3 (HIV/AIDS Section's Client Complaint, Grievance, and Appeal Procedures) and Appendix 4 (Client Complaint, Grievance, and Appeal Flow Chart).

## **C. Comprehensive Needs Assessment**

The comprehensive needs assessment is required for medical case management. It expands on the information gathered in the brief intake/enrollment screening to provide the broader base of knowledge to address complex health care needs.

The comprehensive needs assessment is completed within 30 days of the brief intake/enrollment screening to permit the initiation of case management activities and to meet immediate needs and allow for a thorough collection of pertinent information. The comprehensive needs assessment should be completed face to face, through telehealth, or by phone, depending on the client's preference. A comprehensive needs assessment describes in detail the client's medical, physical, and psychosocial condition and needs. It identifies service needs that are addressed and by whom they are provided, service needs not provided, barriers to care, and services not adequately coordinated. It also evaluates the client's resources and strengths, including their social support network, which can be used during care planning.

The comprehensive needs assessment form (Attachment 6) must be completed and included in the client's file and must be scanned into CAREWare and attached under the "Unique IDs" tab, "Attachments" hyperlink.

## **D. Acuity**

All clients receiving medical case management will receive an acuity assessment.

Each acuity assessment must include the following key areas:

- Basic needs (e.g., financial, nutritional)
- Co-morbidities
- Dental needs

- Family planning
- Health insurance/medical care coverage
- HIV disease state
- Housing/living arrangements
- Mental health
- Risk behaviors
- Self-sufficiency (e.g., activities of daily living, literacy)
- Substance use
- Transportation needs
- Treatment adherence

### **Purpose of the Acuity Scale**

- Helps develop priority areas to be addressed in the care plan.
  - Complete acuity assessment at the time of the initial comprehensive needs assessment and as needed based on acuity (see recommendations below).
  - An acuity level is assigned based on the acuity tool developed and using professional judgment. If there are indicators that are potentially disabling to a client (such as newly diagnosed with HIV, virally unsuppressed, pregnant, currently homeless, or recently released from a correctional facility), then a higher acuity level may be assigned so that higher levels of program support may be provided to stabilize the client.
  - Acuity assessment must be documented in the case notes.
- Helps provide consistency from client to client and is a tool to assist in objectively assessing a client's need, thereby minimizing inherent subjective bias.
- Serves as a tool for the case manager to use that complements the comprehensive needs assessment to determine the level of case management needed.
- Serves as a tool for the case management supervisor to use to assess caseload sizes among staff and make changes accordingly.

### **Recommended Acuity Scale**

- Acuity Level – Low
  - Reassess acuity annually unless client situation changes or service requests become frequent.
  - Recommended minimum contact (phone or face-to-face) every six months.
- Acuity Level – Moderate
  - Reassess acuity every six months.
  - Recommended minimum contact (phone or face-to-face) every three months.
- Acuity Level – High/Urgent
  - Reassess acuity every six months.
  - Recommended minimum contact (phone or face-to-face) every 30 days.

Acuity assessment forms may be developed locally. Completed forms must be included in the client's file and must be scanned into CAREWare and attached under the "Unique IDs" tab, "Attachments" hyperlink. Also, acuity must be addressed in the case notes.

## E. Care Plan Development

The care plan is a critical component of case management. It guides the client and case manager with a systematic approach to addressing the client's needs. In addition, it serves as a review tool at reassessment to evaluate accomplishments and barriers. The care plan is a working document reflecting changes as goals are reached and/or new ones are added.

The care plan includes:

- Clearly defined priority areas for needed services.
- Specific actions that must be taken to meet goals.
- Relevant agencies and service providers.
- Realistic time periods for completing activities.
- Potential barriers to service use and delivery, with proposed solutions to these problems.

The initial care plan is due at completion of the comprehensive needs assessment. The plan should be updated every six months (at a minimum) or as needed when changes occur. The initial and subsequent annual care plans must be completed face-to-face and signed by both the client and case manager. The six-month care plan can be updated face-to-face, through telehealth, or by phone and does not require client signature.

The care plan includes, at a minimum:

- Client name
- Last medical appointment
- Acuity level
- Care plan time frame
- Date of latest labs
- CD4/viral load
- Case manager name
- Notice of eligibility expiration date
- Identified service needs, service providers, goals/objectives and desired outcomes (action steps), realistic time frames, outcomes, and barriers (if applicable)
- Client's signature and date (initially and at every annual update)
- Case manager's signature and date

The comprehensive care plan (Attachment 7) must be completed and included in the client's file and must be scanned into CAREWare and attached under the "Unique IDs" tab, "Attachments" hyperlink.

## F. Care Plan Implementation, Client Contact, Monitoring, and Follow Up

Most of case management work occurs in the implementation of the care plan. It involves doing the tasks listed in the care plan, including:

- Assisting the client with applications for services.
- Assisting the client with arranging services, making appointments, and confirming appointment attendance.
- Contacting the client in person, by phone, or in writing.
- Encouraging the client to complete tasks.

- Negotiating and advocating as needed.
- Performing other case management activities as needed by the client and as expected and permissible by program initiative.
- Providing education to the client.
- Supporting the client through overcoming barriers and accessing services.

The type and frequency of contact should be based on client acuity. Clients are contacted based on their acuity level and monitored accordingly. Case managers follow up to determine delivery of services.

- The case manager is responsible for oversight of the care plan.
- The case manager is responsible for writing case notes that record the results of the client's goals and outcomes.
- Documentation should be in the client's chart and CAREWare regarding the type and frequency of contact made on the client's behalf or to and from the client.
- Documentation indicates contact with the client and providers after arranging services to determine if services:
  - Are delivered and used by the client.
  - Continue to be appropriate to the client's needs.
- The case manager follows up on any problems with service delivery.
- The client's right to privacy and confidentiality in communication with providers and other approved entities must be ensured. Documentation of the client's consent to consult with other service providers must be obtained.

## **G. Case Notes**

Case managers are expected to be systematic in providing client services and in producing clear and concise notes to document what has transpired during interactions with clients. Case notes must be documented in CAREWare in addition to any other data systems required by the local agency providing medical case management.

Case notes are a section in a client's chart or record where case management team members document all client interactions, including direct client interactions and roles undertaken on behalf of a client. This documentation serves as a legal record of events during a client's participation in the service. It also allows case management team members to compare past status to current status, communicate findings and plans, and support invoicing for services. Case notes are recommended to be written within two business days of an encounter or action and to note the type of encounter (face-to-face, phone, mail, etc.). Case notes must be signed with the case manager's full name and title (or according to the agency's electronic medical record protocol).

### **Goals for Writing Case Notes**

- Be sure you have the right client chart.
- Always remember to reference identified problems from the care plan.
- Another case manager or case management supervisor should be able to continue quality care.

- Avoid slang or curse words unless directly quoting the client. Use quotes from the client that are clinically pertinent, and use descriptive terms.
- Date and sign every entry.
- Document objective facts; avoid documenting subjective opinions, feelings, etc.
- Only use common abbreviations and acronyms.
- Proofread.
- Think about what you are going to write, and formulate before you begin writing.
- Use proper spelling, grammar, and sentence structure.

The following are examples of ways to document case notes.

### **DAP Charting**

**D = Data:** What did the client say during the visit? What did you observe during the visit? Include both non-verbal and intuitive cues.

- Example: Clinic visit with client to complete and update care plan. Client spent most of the visit talking about her medications. She mentioned that she gets sick often and suffers from nausea from time to time for no apparent reason. She said she has tried to follow the directions given by the doctor but is concerned about the recent weight loss she has had and wonders if it is due to the medications.

**A = Assessment:** What is going on? How does the client appear? What is their mental/physical state? Include both non-verbal cues and working hypotheses about their situation.

- Example: Client fidgeted, talked fast, and seemed stressed over her medical condition. During the visit, she spoke little about her family life, and she seemed to be more preoccupied with having her meds changed and getting past the nausea. Not much improvement from her last visit.

**P = Plan:** Response or revision to their overall situation, next visit date, any topics to be covered next session, etc. What is your plan of action, and what are you (or the client) going to do about it? What is your follow-up plan with the client?

- Example: Refer for adherence counseling until client feels better. Assisted client with calling the doctor's office and left a message for the nurse to call the client for side-effect management. Will follow up with client by phone tomorrow to review changes recommended by the provider. Continue to work with client on adherence.

### **SOAP Notes**

**S = Subjective data:** Include information from the client, such as the client's description of pain or acknowledgment of fear. Include subjective input from the client in their participation in the plan of care.

- Example: Client reported difficulties in keeping appointments with providers, including this case manager, ADAP, and the doctor. Client expressed concern with memory issues and transportation challenges. Client still has not made family planning appointment to discuss desire for vasectomy.

**O = Objective data:** Objective data is data that can be measured. Laboratory data, observations of appearance or home environment, and appointments with providers are sources of objective information.

- Example: Client's viral load hasn't decreased since last visit. Client was very sweaty, and his shoe had hole in it.

**A = Assessment:** The assessment is an interpretation of the client's condition or level of progress. The conclusions made in the assessment are more than a restatement of the original problem. The assessment determines whether the problem has been resolved or if further care is required.

- Example: Client is at risk of being non-adherent to medications and other appointments. Client needs reminders to assist with keeping appointments, a pill box to help with medication adherence, and help with transportation.

**P = Plan:** Plans may include specific orders designed to manage the client's problem, collection of additional data about the problem, individual or family education, and goals of care. The plan in each SOAP note is compared with the plan in previous notes. A decision is made to revise or continue previously proposed interventions.

- Example: Provide client with a pill box and have nurse in clinic assist in setting it up. Provide client bus tokens to assist with getting to appointments. Confirmed date/time of next doctor visit and encouraged patient to go to CHD Family Planning clinic. Call client 24 hours prior to visit with case managers and doctor as a reminder.

## H. Reassessment

Reassessments provide an opportunity to review the client's progress, consider successes and barriers, and evaluate the previous time frame of activities. A reassessment is completed at least annually or when changes occur and must be documented in the comprehensive needs assessment form (Attachment 6). Reassessments re-evaluate client functioning, health, and psychosocial status; identify changes since the initial or most recent assessment; and determine new or ongoing needs.

- Each reassessment includes:
  - Updated personal contact information.
  - Insurance status.
  - Other health and social service providers.
  - Updated health history, health status, and health-related needs outlined in the prior comprehensive needs assessment.
  - Additional information, such as:
    - Case manager signature and date.
    - Client strengths and resources.
    - Notes on collaboration with other agencies serving the client.
- The case manager has primary responsibility for the reassessment of the client.
- The reassessment should be completed face to face, through telehealth, or by phone, depending on the client's preference.
- The comprehensive needs assessment form must be completed and included in the client's file and must be scanned into CAREWare and attached under the "Unique IDs" tab, "Attachments" hyperlink.

## I. Care Plan Update

A care plan review must occur every six months by phone, in person, or by telehealth and does not require the client's signature. A care plan must be signed by the client at least annually.

The comprehensive care plan update must be noted on the care plan form and must be scanned into CAREWare and attached again under the "Unique IDs" tab, "Attachments" hyperlink.

## J. Case Coordination and Case Conferencing

Case coordination includes communication, information sharing, and collaboration and occurs regularly with case management and other staff serving the client within and between agencies in the community. Case coordination activities may include directly arranging access to services, reducing barriers to obtaining services, establishing linkages, and other activities recorded in the case notes.

Case conferencing differs from routine case coordination. Case conferencing is a more formal, planned, and structured event separate from regular contacts. The goal is to provide holistic, coordinated, and integrated services across providers and to reduce duplication. Case conferences are usually interdisciplinary and include one or more internal or external providers and (if possible and appropriate) the client and their family members or designated care giver(s).

Case conferences can be used to identify or clarify issues regarding client status, needs, and goals; to review activities, including progress and barriers towards goals; and to resolve conflicts or strategize solutions. Case conferences may be face-to-face or by phone and may be held at routine intervals or during significant changes.

Case managers routinely coordinate all necessary services along the continuum of care, including institutional and community-based services, medical and non-medical services, and social and support services.

- Coordination activities include frequent contact with other service providers and case managers and are documented in the case notes.
- Evidence of timely case conferencing with key providers is found in the client's file through case note documentation.
- The client's right to privacy and confidentiality during contact with other providers is maintained.

## K. Case Closure

Closed cases are not counted in caseloads. A case is closed with supervisor approval and with a final discharge/termination narrative in the client's file.

Some reasons for case closure:

- Client declines case management services.
- Client transfers to another case management provider.
- Client is enrolled in Medicaid or HMO and is not accessing HIV patient care services funded by the FDOH.

- Client is incarcerated in a county, state, or federal facility.
- Client moves from service area.
- Client requests closure.
- Client passes away.
- There has been no contact for six months (with documented attempts).
- Client receives notice of ineligibility for services.
- There is documented cause for termination for violent, abusive, and/or threatening behavior.

Upon termination of active case management services, a client's case is closed and should contain a closure summary documenting the case disposition.

- Closure summary should include the reason for closure.
- Supervisor review is completed in situations where the provider intends to terminate services related to a client who threatens, harasses, or harms staff.
- Supervisor signs off on closure summary indicating approval.

The case closure form (Attachment 8) must be completed and included in the client's file and must be scanned into CAREWare and attached under the "Unique IDs" tab, "Attachments" hyperlink.

## **L. Client File Organization**

Providers of case management must organize their client files (whether electronic or hard copy) in a consistent manner. All client files must contain, at a minimum:

- Brief intake/enrollment screening.
- Case closure summary (if applicable).
- Case conference notes (if applicable).
- Comprehensive needs assessment.
- Documentation of medical visits.
- Lab values.
- Medication list.
- Notice of eligibility.
- Care plan (revised every six months).
- Confidentiality forms.
- Detailed case notes documenting all activities.
- Other documentation an agency deems appropriate.

# Appendix 1: Community Resources

## Affordable Care Act

The **Affordable Care Act (ACA)** was signed into law on March 23, 2010. As of January 1, 2014, the law requires all Americans to obtain health care coverage through an employer, an individual health plan, or programs such as Medicare, Medicaid, or the Children's Health Insurance Program (Florida KidCare) unless they meet an exemption. Individuals who do not meet an exemption and fail to obtain coverage may be subject to a tax assessment.

On October 1, 2013, the federal government opened the Marketplace where individuals can compare and shop for health care coverage.

Each year, an open enrollment period takes place for individuals who are seeking Marketplace coverage. Medicaid and Florida KidCare enrollment takes place year round. If a person applies at the Marketplace and is found potentially eligible for Medicaid or Florida KidCare, their application will be sent to the appropriate agency for processing. The ACA also provides cost sharing and tax credits to assist low-income qualified individuals in purchasing health insurance through the Marketplace.

## AIDS Drug Assistance Program

The **AIDS Drug Assistance Program (ADAP)** is the largest program funded through Ryan White Part B. ADAP is a statewide, federally funded prescription medication program for low-income PLWH. ADAP provides services for persons in need of long-term assistance (more than three months) in obtaining their HIV medication. ADAP may pay health insurance costs instead of buying medications for clients. ADAP assists with some premiums and with out-of-pocket costs for drugs on the ADAP formulary. Out-of-pocket costs can be deductibles, co-pays, or coinsurance. Those seeking ADAP services must submit an initial enrollment eligibility application and recertify into the program every six months.

Medical case management coordinates with ADAP for eligibility and treatment adherence.

For more information on Florida's ADAP, please call 850-245-4422.

## Antiretroviral Treatment and Access to Services

**Antiretroviral Treatment and Access to Services (ARTAS)** is an individual level, multi-session, time-limited intervention designed to link persons who have recently been diagnosed with HIV to medical care and to re-engage those previously diagnosed with HIV that may have fallen out of care. ARTAS utilizes a strengths-based case management model that encourages the client to identify and use personal strengths, create goals for themselves, and establish an effective, working relationship with the ARTAS care coordinator. Care coordinators also identify and discuss strategies to overcome barriers that may prevent the client from accessing medical care.

The target population for ARTAS is individuals who were recently diagnosed with HIV (typically defined as within 6–12 months) or who were previously diagnosed and have been out of care

for longer than six months. ARTAS consists of up to five client sessions conducted over 90 days or until the client links to medical care. Upon discharge from ARTAS, clients are referred to long-term Ryan White case management.

For more information on Florida's ARTAS, please contact the HIV/AIDS Section's Prevention Program at 850-245-4422.

## **Children's Medical Services**

**Children's Medical Services (CMS)** provides a family-centered, managed system of care to children with special health care needs. Children with special health care needs are those under age 21 who have serious or chronic physical, developmental, behavioral, or emotional conditions that require extensive preventive and maintenance care beyond that required by typically healthy children.

## **County Health Departments**

All of Florida's 67 **county health departments (CHDs)** provide HIV programmatic services ranging from prevention to linkage to patient care services. Refer to your CHD for a full description of services provided to the community.

**HIV/AIDS program coordinators (HAPCs)** are responsible for coordinating the HIV patient care and prevention activities for local HIV programs throughout the state. HAPCs provides technical assistance to local health departments and community partners. They also provide oversight of the prevention, patient care, and surveillance programs in their geographic area. Regional roles and responsibilities include:

- Facilitating local implementation of statewide initiatives, linkage to care, and re-engagement.
- Participating in statewide and local HIV community planning groups.
- Participating in local level strategic planning, such as CHD strategic plans and community health implementation plans.
- Overseeing outcomes and indicators for the program (monitoring and evaluating).
- Monitoring performance indicators for the local CHD and supporting quality improvement and program evaluation.
- Acting as the primary point of contact for all communication to/from the HIV/AIDS Section on all program components.
- Serving as the community liaison with local community groups, sharing relevant communications, and attending local community meetings as appropriate.
- Acting as a change advocate/champion for change.
- Participating in statewide and/or national meetings as required by the HIV/AIDS Section and approved locally.
- Working toward optimizing of limited funds.
- Providing leadership to staff and the community.
- Serving as an HIV subject matter expert for assigned counties.
- Aiding assigned counties with spending all HIV allocated funds.

**Minority AIDS coordinators (MACs)** work in CHDs to assist with minority-focused prevention and patient care activities. The primary responsibilities of this position include coordinating HIV programs and initiatives that impact racial/ethnic minorities in local areas.

MACs coordinate with early intervention coordinators (EICs) to ensure that racial/ethnic populations are being tested for HIV; identify areas minority populations live, work, and visit; assist with addressing barriers to testing; offer suggestions for improving testing; and assist with increasing testing for those who are at high or increased risk of acquiring HIV.

MACs also:

- Coordinate with prevention training consultants (PTCs) to provide education to racial/ethnic communities and assist with community mobilization initiatives, health fairs, and other training opportunities.
- Assist linkage to care coordinators with issues around barriers to care, retention and adherence, and re-engagement to care.
- Work with minority coalitions, planning groups, and organizations to identify community problems, prioritize issues, and identify resources.
- Coordinate technical assistance to community-based organizations, CHDs, and others that provide HIV services to communities of color.
- Examine surveillance data to identify HIV/STD trends and gaps to respond to among racial/ethnic minorities.
- Promote statewide community engagement initiatives and the minority media campaign.

## Florida KidCare

**Florida KidCare** is the umbrella brand for the four government-sponsored health insurance programs (Medicaid, MediKids, Florida Healthy Kids, and the CMS Managed Care Plan) that together provide a seamless continuum of coverage for Florida children from birth through the end of age 18.

When an individual applies for the insurance, Florida KidCare checks which program their child may be eligible for based on age and family income.

## Healthy Start Program

The **Healthy Start Program** includes targeted support services that address identified risks to pregnant women, infants, and children up to age three. The range of Healthy Start services available include:

- Childbirth, breastfeeding, and parenting support and education.
- Home visits.
- Information, referral, and ongoing care coordination and support to ensure access to needed services.
- Smoking cessation, psychosocial, and nutritional counseling.

## Hospice

**Hospice** is designed to provide comfort and support to patients and their families. Patients are referred to hospice when life expectancy is approximately six months or less. Hospice care can continue longer than six months if needed, but requires physician certification. If a patient's condition improves during hospice care, or if the patient desires, the patient can discontinue hospice care.

- Hospice addresses all symptoms of a disease with a special emphasis on controlling a patient's pain and discomfort.
- Hospices use trained volunteers to help with household chores and to give family caregivers respite time.
- Hospice care neither prolongs life nor hastens death.
- Hospice staff and volunteers offer a specialized knowledge of medical care, including pain management.

## Housing Opportunities for Persons With AIDS (HOPWA)

The **State HOPWA Program** is funded by the U.S. Department of Housing and Urban Development (HUD) to provide temporary short-term rent, mortgage, and utility (STRMU) assistance; tenant-based rental assistance (TBRA); transitional housing; permanent housing placement (PHP); supportive housing services; resource identification; and housing case management to eligible PLWH. The HIV/AIDS Section funds 11 State HOPWA Program project sponsors in Florida to provide these services.

For more information on Florida's HOPWA Program, please call 850-245-4422.

**City HOPWA programs** also exist. HUD provides funds directly to Florida's large metropolitan cities, with coverage areas including Miami-Dade County, Broward County, Palm Beach County, the Tampa area, the Orlando area, and the Jacksonville area. As HUD provides HOPWA funds directly to cities within these areas, they do not fall under receive State HOPWA Program funding. Please refer to the project sponsor within each area for more information about their HOPWA program.

## Medicaid

**Medicaid** is a state and federally funded program. The Florida Department of Children and Families and the Social Security Administration determine Medicaid eligibility. Most people who participate in Medicaid will not be eligible for ADAP, since Medicaid covers those services. If the services are not covered, these persons can access patient care services through Ryan White Part B once determined eligible.

The following may be eligible for Medicaid:

- Those who have received an AIDS diagnosis
- Blind or disabled persons
- Elderly persons
- Low-income children and families

## Medicare

**Medicare** is a federal program administered by the Centers for Medicare and Medicaid Services, which offers health insurance for people age 65 or older, under age 65 with certain disabilities, and at any age with end-stage renal disease. Persons with disabilities are eligible for Medicare after two years of being determined disabled by the Social Security Administration.

A Medicare Part D plan, which offers prescription drug coverage, must be selected once eligible for Medicare.

## Patient Assistance Programs

**Patient assistance programs** are run by pharmaceutical companies to provide free or discounted medications to people who cannot afford to buy their medications. Some pharmaceutical companies also offer assistance with co-payments, co-insurance, and deductibles towards their medications for those who are eligible.

## Ryan White HIV/AIDS Program (RWHAP)

This federal legislation, which includes RWHAP Parts A, B, C, D, and F, represents the largest dollar investment made by the federal government specifically for the provision of services for low-income PLWH. This legislation is intended to help communities and states increase the availability of primary health care and support services to reduce more costly inpatient care, increase access to care for underserved populations, and improve the quality of life of those affected by the epidemic.

The HIV/AIDS Section is the recipient of **Part B** funds. These funds are distributed statewide to support access to medical and support services for PLWH in Florida.

For more information on Florida's Ryan White Part B Program, please contact the HIV/AIDS Section's Patient Care Program at 850-245-4422.

## Social Security

**Supplemental Security Income (SSI)** is a federal income supplement program funded by general tax revenues (not Social Security taxes). It is designed to help elderly, blind, and disabled people who have little or no income and provides cash to meet basic needs for food, clothing, and shelter.

**Social Security Disability Insurance (SSDI)** pays benefits to individuals if they worked long enough and paid Social Security taxes. Adult children also may qualify for benefits on an individual's earnings record if they have a disability that started before age 22.

For most people, the medical requirements are the same under both programs, and disability is determined by the same process.

## **Supplemental Nutrition Assistance Program**

The **Supplemental Nutrition Assistance Program (SNAP)**, formerly known as the Food Stamp Program, helps people with low income buy food. Recipients can buy food items such as breads, cereals, fruits, vegetables, meats, fish, poultry, dairy, and plants and seeds.

Those wishing to apply for SNAP can visit the Florida Department of Children and Families ACCESS website or their local SNAP office.

## **Targeted Outreach for Pregnant Women Act**

The **Targeted Outreach for Pregnant Women Act (TOPWA)** was created in 1999 to reach pregnant women living with or at high risk of acquiring HIV. TOPWA programs assist underserved women in accessing the medical or social services needed to lower their risk of acquiring HIV or suffering substance abuse. TOPWA outreach workers go into untraditional venues/locations in high-risk communities to identify and enroll HIV-positive or substance-abusing pregnant women who have not yet accessed adequate care and treatment.

There are funded TOPWA programs located in seven Florida counties: Broward, Duval, Hillsborough, Miami-Dade, Orange, Palm Beach, and St. Lucie. Pregnant substance-abusing women, HIV-positive women, and women at risk of acquiring HIV are eligible to receive TOPWA services. In addition to accessing prenatal care, pregnant women enrolled in TOPWA can receive assistance with HIV testing, enrollment in ADAP or Medicaid, family planning, and HIV prevention and education.

For more information on TOPWA, please contact the HIV/AIDS Section's Prevention Program at 850-245-4422.

## **Temporary Assistance for Needy Families**

**Temporary Assistance for Needy Families (TANF)** is a program that provides food and financial assistance to eligible individuals and is an appropriate referral source for this purpose.

## **Veterans Affairs**

The **U.S. Department of Veterans Affairs (VA)** is a federal agency created to assist eligible former and present members of the U.S. Armed Forces and their dependents in preparing claims for securing compensation, hospitalization, and other benefits.

## **Women, Infants, and Children**

**Women, Infants, and Children (WIC)** is a federally funded nutrition program for women, infants, and children that provides the following at no cost: healthy foods, nutrition education and counseling, breastfeeding support, and referrals for health care and community services.

To apply for WIC contact a local WIC office, or call 1-800-342-3556 and ask for the phone number of the local WIC office.

# Appendix 2: Allowable Service Definitions

## Core Medical Services

Core medical services are a set of essential, direct health care services provided to persons living with HIV.

## **AIDS Pharmaceutical Assistance**

**AIDS pharmaceutical assistance (APA)** provides medication assistance when ADAP has a restricted formulary, waiting list, and/or restricted financial eligibility criteria. Lead agencies funding the APA service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area.
- A recordkeeping system for distributed medications.
- An APA advisory board.
- A drug formulary approved by the local advisory committee/board.
- A drug distribution system.
- A client enrollment and eligibility determination process that includes screening for ADAP and APA eligibility with rescreening at least every six months.
- Coordination with Florida's Ryan White Part B ADAP. A statement of need should specify the restrictions of Florida's ADAP and the need for APA services at the local level.
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program.

## **Early Intervention Services**

**Early intervention services (EIS)** must be provided as a combination of services rather than stand-alone testing, referral, linkage, or outreach services. Except when prevention dollars within the area are sufficient to fully fund testing efforts, lead agencies funding the EIS service category must include the following components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV.
  - Lead agencies must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts.
  - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources.
- Referral services to improve HIV care and treatment services at key points of entry.
- Access and linkage to HIV care and treatment services.
- Outreach services and health education/risk-reduction services limited to those related to a client's HIV diagnosis.

## Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

ADAP may pay health insurance costs instead of buying medications for clients. ADAP assists with some premiums and with out-of-pocket costs for drugs on the ADAP formulary. Out-of-pocket costs can be deductibles, co-pays, or coinsurance. Health insurance assistance funded through ADAP is part of ADAP, not a separate program. ADAP cannot pay out-of-pocket costs for any service except pharmacy costs, nor can ADAP pay for stand-alone dental insurance. However, **health insurance premium and cost sharing assistance** may be able to help with those costs. Health insurance premium and cost sharing assistance provides financial aid to help persons maintain continuity of health insurance or receive medical and pharmacy benefits under a health care coverage program. This service category *may* also include premium assistance for stand-alone dental insurance if certain criteria are met (see below). The service provision consists of one or more of the following:

- Paying health insurance premiums to provide comprehensive HIV outpatient/ambulatory health services and pharmacy benefits that provide a full range of HIV medications.
- Paying stand-alone dental insurance premiums to provide comprehensive oral health care services.
- Paying cost sharing on behalf of the client.

To use HIV Patient Care Program funds for health insurance premium assistance (not stand-alone dental insurance assistance), the lead agency must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that, at a minimum, includes at least one U.S. Food and Drug Administration approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV as well as appropriate HIV outpatient/ambulatory health services.
- Paying for the health care coverage (including all other sources of premium and cost sharing assistance) is more cost effective than paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services.

To use HIV Patient Care Program funds for stand-alone dental insurance premium assistance, the lead agency must assess and compare the aggregate cost of paying for the stand-alone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing stand-alone dental insurance is cost effective in the aggregate.

## Home and Community-Based Health Services

**Home and community-based health services** are provided in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services.
- Day treatment or other partial hospitalization services.
- Durable medical equipment.
- Home health aide services and personal care services in the home.

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services and are not an allowable use of HIV Patient Care Program funds.

## Home Health Care

**Home health care** is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals. The provision of home health care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities. Activities provided under home health care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g., intravenous and aerosolized treatment, parenteral feeding).
- Preventive and specialty care.
- Wound care.
- Routine diagnostics testing.
- Other medical therapies.

## Medical Case Management, Including Treatment Adherence Services

**Medical case management** is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical case management includes all types of case management encounters (e.g., face-to-face, over-the-phone).

Key activities include:

- Comprehensive assessment of service needs.
- Development of a comprehensive, individualized care plan.
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care.
- Continuous client monitoring to assess the efficacy of the care plan.
- Re-evaluation of the care plan at least every six months, with adaptation as necessary.
- Ongoing assessment of the client's and the client's key family members' needs and personal support systems.
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments and to ensure an understanding of the importance of compliance with medical appointments for monitoring.
- Client-specific advocacy and/or review of service use.

In addition to providing the medically oriented activities above, medical case management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, pharmaceutical manufacturers' patient assistance programs, other state or local health care and supportive services, and insurance plans through the Health Insurance Marketplace).

Effective October 1, 2019, the HIV/AIDS Section requires that **all** case management services be funded under the medical case management service category.

## Medical Nutrition Therapy

**Medical nutrition therapy** services must be pursuant to a medical provider's referral and based on a nutritional plan developed by a registered dietitian or other licensed nutrition professional.

Medical nutrition therapy includes:

- Nutrition assessment and screening.
- Dietary/nutritional evaluation.
- Food and/or nutritional supplements per medical provider's recommendation.
- Nutrition education and/or counseling.

These activities can be provided in individual and/or group settings and outside of HIV outpatient/ambulatory health services.

## Mental Health Services (Outpatient)

**Mental health services** are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling 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 professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

## Oral Health Care

**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.

## Outpatient/Ambulatory Health Services

**Outpatient/ambulatory health services** provide diagnostic and therapeutic activities directly to a client by a licensed health care provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, mobile vans, and urgent care facilities for HIV-related visits. Telehealth services may also be considered outpatient medical care.

Allowable activities include:

- Medical history taking.
- Physical examination.
- Diagnostic testing (including HIV confirmatory and viral load testing) and laboratory testing.
- Treatment and management of physical and behavioral health conditions.
- Behavioral risk assessment, subsequent counseling, and referral. (Behavioral risk assessment and/or counseling provided outside an outpatient/ambulatory health service visit is considered a mental health service.)
- Preventive care and screening.
- Pediatric developmental assessment.
- Prescription and management of medication therapy.
- Treatment adherence.

- Education and counseling on health and prevention issues.
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology.

## **Substance Abuse Outpatient Care**

**Substance abuse outpatient care** is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under the substance abuse outpatient care service category include:

- Screening
- Assessment
- Diagnosis
- Treatment, including:
  - Pre-treatment/recovery readiness programs
  - Harm reduction
  - Behavioral health counseling
  - Outpatient drug-free treatment and counseling
  - Medication assisted therapy
  - Neuropsychiatric pharmaceuticals
  - Relapse prevention

## **Support Services**

### **Emergency Financial Assistance**

**Emergency financial assistance (EFA)** provides limited one-time or short-term payments to assist clients with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (groceries and food vouchers), transportation, and medication not covered by ADAP or the APA service category. Additionally, the EFA service category may be used to provide limited one-time or short-term payments to assist clients with an urgent need to pay for allowable costs required to improve health outcomes, which are associated with other eligible/allowable service categories listed in this appendix. EFA *must* occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted.

It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of funds to the EFA service category will be as the payer of last resort and for limited amounts, uses, and periods of time. EFA funds used to pay for otherwise allowable services on a short-term basis must be accounted for under the EFA service category. Continuous provision of an allowable service to a client must not be funded under the EFA service category.

## Food Bank/Home Delivered Meals

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

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

## Health Education/Risk Reduction

**Health education/risk reduction** is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Health education/risk-reduction services cannot be delivered anonymously.

Topics covered may include:

- Risk-reduction strategies to reduce transmission, such as PrEP for clients' partners and treatment as prevention.
- Health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid, and Medicare).
- Health literacy.
- Treatment adherence.

## Housing

**Housing** should only be used as a last resort if a client is not qualified for Florida's State HOPWA Program and should not supplant HOPWA. Transferring the client from one HIV Patient Care Program funding source (such as HOPWA) to another (such as Ryan White Part B and/or general revenue) is not a substitute for assisting the client towards financial independence and self-sufficiency.

Allowable housing services include housing referral services and transitional, short-term, or emergency housing assistance. The housing service category should be used to cover transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment that extends beyond a one-time payment and when there is a need for additional housing services. Clients receiving housing services must have their housing needs assessed annually and an individualized written housing plan of care developed monthly to determine if there is a need for new or additional housing services and to guide the client's linkage to permanent housing. The housing service category can be used for clients that are on a waitlist for HOPWA TBRA as funding allows.

Housing activities also include housing-related referral services (and fees associated with these services), including housing assessment, search, placement, and advocacy services, which must be provided by case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access them.

## Linguistic Services

**Linguistic services** include interpretation and translation activities (both oral and written) to clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the health care provider and the client. These services are to be provided when they are necessary to facilitate communication between the provider and client and/or support delivery of HIV Patient Care Program eligible services. Linguistic services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services.

## Medical Transportation

**Medical transportation** is the provision of nonemergency transportation that enables a client to access or be retained in core medical and support services. Medical transportation may be provided through:

- Contracts with providers of transportation services.
- Mileage reimbursements (through a non-cash system) that enable clients to travel to needed medical or other support services. Mileage reimbursements should not in any case exceed the established rates for state programs.
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle.
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed).
- Voucher or token systems.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients.
- Direct maintenance expenses (tires, repairs, etc.) of a privately owned vehicle.
- Any other costs associated with a privately-owned vehicle, such as lease or loan payments and insurance, license, or registration fees.

## Non-Medical Case Management Services

Effective October 1, 2019, the HIV/AIDS Section limits the use of the non-medical case management service category to fund eligibility specialists only. All eligibility staff should be funded exclusively under non-medical case management. For further clarification and definitions, refer to the *Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual* at [floridahealth.gov/diseases-and-conditions/aids/patient-care/documents/eligibility-information/eligibility-manual-6-28-16-c.pdf](http://floridahealth.gov/diseases-and-conditions/aids/patient-care/documents/eligibility-information/eligibility-manual-6-28-16-c.pdf).

## Outreach Services

**Outreach services** provides the following activities:

- Identification of people who do not know their HIV status.
- Linkage or re-engagement of PLWH into HIV Patient Care Program services, including provision of information about health care coverage options.

Outreach services must:

- Use data to target populations and places that have a high probability of reaching PLWH who:
  - Have never been tested and are undiagnosed.
  - Have been diagnosed as HIV positive but have not received their test results.
  - Know their HIV-positive status but are not in medical care.
- Be conducted at times and in places where there is a high probability that PLWH will be identified.
- Be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, and TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HIV Patient Care Program services. Ultimately, HIV-negative people may receive outreach services and should be referred to risk-reduction activities. When these activities identify someone living with HIV, they should be linked to HIV Patient Care Program services.

Outreach services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care. Outreach services must not include outreach activities that exclusively promote HIV prevention education. Lead agencies and subcontractors may use outreach services funds for HIV testing when HIV Patient Care Program resources are available and where the testing would not supplant other existing funding.

## **Psychosocial Support Services**

**Psychosocial support services** provide group or individual support and counseling to assist clients with addressing behavioral and physical health concerns. Psychosocial support service activities may include:

- Bereavement counseling.
- Child abuse and neglect counseling.
- HIV support groups.
- Nutrition counseling provided by a non-registered dietitian.
- Pastoral care/counseling services if available to all eligible clients regardless of their religious denominational affiliations.

## **Referral for Health Care and Support Services**

**Referral for health care and support services** directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist clients with obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, pharmaceutical manufacturers' patient assistance programs, and other state or local health care and supportive services or Health Insurance Marketplace plans).

## **Substance Abuse Services (Residential)**

**Substance abuse services (residential)** are provided in a residential setting for the screening, assessment, diagnosis, and treatment of substance use disorders. Activities provided under the substance abuse services (residential) service category include:

- Pre-treatment/recovery readiness programs.
- Harm reduction.
- Behavioral health counseling.
- Medication assisted therapy.
- Neuropsychiatric pharmaceuticals.
- Relapse prevention.
- Detoxification, if offered in a separate licensed residential setting (including a separately licensed detoxification facility within an inpatient medical or psychiatric hospital).

Substance abuse services (residential) are permitted only when the client has received a written referral from their clinical provider as part of a substance use disorder treatment program funded under the HIV Patient Care Program. Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HIV Patient Care Program. HIV Patient Care Program funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license.

# Appendix 3: Florida Department of Health, HIV/AIDS Section, Client Complaint, Grievance, and Appeal Procedures

## Introduction

The following procedures apply to programs operated under the auspices of the HIV/AIDS Section, including, but not limited to, Ryan White Part B, HOPWA, and patient care general revenue funded services. This document is intended to guide lead agencies/project sponsors and/or providers in developing and refining their own grievance policies and procedures and is not intended for distribution to clients. However, local policies and procedures must, at a minimum, contain the following core elements:

- Fair and reasonable written procedures that promote resolutions at the local level.
- Procedures that ensure clients are aware of their right to file a formal grievance or appeal. This includes posting information in a prominent place about clients' right to file a grievance or appeal and providing written notices that include this information in other languages to meet the needs of clients with limited English proficiency.
- Requirements for staff training by local agency staff on grievance and appeal procedures.
- Specific timeframes for resolving complaints, grievances, and appeals (see below).
- Procedures for obtaining a final review by an independent third party when the grievance or appeal cannot be resolved to the satisfaction of all parties involved.

## Definitions

- a. A complaint is any verbal or written expression of dissatisfaction by an individual regarding the administration or provision of services. A complaint is an opportunity to resolve a problem without it becoming a formal grievance or appeal.
- b. An action is any denial, limitation, reduction, suspension, or termination of a service.
- c. A grievance expresses dissatisfaction about any matter other than an action.
- d. An appeal is a request for review of an action.
- e. A dismissal is a formal action to cease delivering services and close the case record of an active client.
- f. A service provider is any entity other than the lead agency/project sponsor that provides a service (e.g. subcontracted transportation or case management provider).

## Complaint Procedures

Providers and clients are encouraged to resolve complaints informally at the lowest organizational level possible before initiating formal grievance or appeal procedures. Complaints, whether received by a service provider, project sponsor, or lead agency, should be acknowledged within two business days.

- If the complaint is resolved to the satisfaction of the client within 10 business days, no further action is needed.
- If the complaint cannot be resolved to the client's satisfaction within 10 business days, the client will have the option to file a formal written grievance or appeal with the lead

agency/project sponsor. If the client is unable to file a grievance or appeal in writing, the lead agency/project sponsor will assist the client in doing so.

## **Grievances and Appeals**

Lead agencies/project sponsors and service providers must ensure that prospective clients are informed of grievance and appeal policies and procedures at their first meeting with a case manager. At a minimum, clients must be reminded of these policies and procedures at every eligibility redetermination. Clients must be told that the documents can also be made available in alternate formats (e.g., foreign languages, Braille) to accommodate their needs, as required by contract. Lead agencies/project sponsors should make certain that the contract manager is notified of any grievances and appeals upon receipt.

Information about the grievance and appeal process, and how a client may start the process, must be posted in prominent areas, such as lobbies or waiting rooms. Grievance and appeal procedures must clearly identify a specific staff position or positions that a client may contact for assistance in initiating the process. Contact information must also be provided in written notices and posted documents.

## **Grievance Procedures**

Grievances received by the service provider:

- Complaints that are not resolved to the client's satisfaction within 10 business days that are not about an action, such as a denial of services, will become a grievance and should be sent to the lead agency/project sponsor for resolution. The service provider must continue to work with the client and the lead agency/project sponsor for resolution.
- The client may file a grievance directly with the lead agency/project sponsor.

Grievances received by the lead agency/project sponsor:

- The lead agency/project sponsor receiving the grievance must enter it into the grievance and appeal log and send a written acknowledgment to the client within five business days of receipt.
- The lead agency/project sponsor is responsible for collecting all pertinent facts about the grievance from both parties.
- The individual(s) conducting the final review of a grievance must not have been involved in previous levels of review or decision making. Additionally, all decision makers must have expertise in the program requirements involved in each grievance.
- The lead agency/project sponsor will have 60 business days to resolve the grievance and notify the client in writing of the decision.
- If the grievance is settled to the client's satisfaction, no additional action is required.
- If the grievance is not settled to the client's satisfaction, the lead agency/project sponsor must notify their area's HAPC and designated community programs coordinator/state HOPWA housing coordinator within five business days to seek a resolution.

The HAPC and community programs coordinator/state HOPWA housing coordinator will review the grievance and issue a written resolution to the lead agency/project sponsor within 10 business days.

## Appeal Procedures

Complaints about an action, such as a denial of services, that are not resolved to the client's satisfaction within 10 business days will become an appeal and should be sent to the lead agency/project sponsor for resolution. The service provider must continue to work with the client and the lead agency/project sponsor for resolution.

Appeals received by the lead agency/project sponsor:

- The lead agency/project sponsor will enter the appeal into the grievance and appeal log and send a written acknowledgment to the client within five business days of receipt.
- The lead agency/project sponsor is responsible for collecting all pertinent facts about the appeal from both parties .
- The individual(s) conducting the final review of an appeal must not have been involved in previous levels of review or decision making. Additionally, all decision makers must have expertise in the program requirements involved in each appeal.
- The lead agency/project sponsor will have 60 business days to resolve the appeal and notify the client in writing of the decision.
- If the appeal is settled to the client's satisfaction, no additional action is required.
- If the appeal is not settled to the client's satisfaction, the lead agency/project sponsor must notify their area's HAPC and designated community programs coordinator/state HOPWA housing coordinator for the area within five business days to seek a resolution.

The HAPC and community programs coordinator/state HOPWA housing coordinator will review the appeal and issue a written resolution to the lead agency/project sponsor within 10 business days.

The following provisions apply only to the state HOPWA Program:

- Active HOPWA clients will receive a continuation of their services following a request for an appeal.
- Clients receiving a continuation of services pending an appeal determination will only receive services up to the amount of time approved during their initial assessment for meeting program requirements. Clients will not receive HOPWA services in excess of 21 weeks, per federal regulations.

## Program Dismissal

The HIV/AIDS Section recognizes the importance of delivering care to its clients. Program dismissal should be implemented only for serious or persistent violations and after intervening steps have been exhausted. Prior to dismissal, the state program office must be notified in writing, and all information related to the dismissal must be submitted for review and approval.

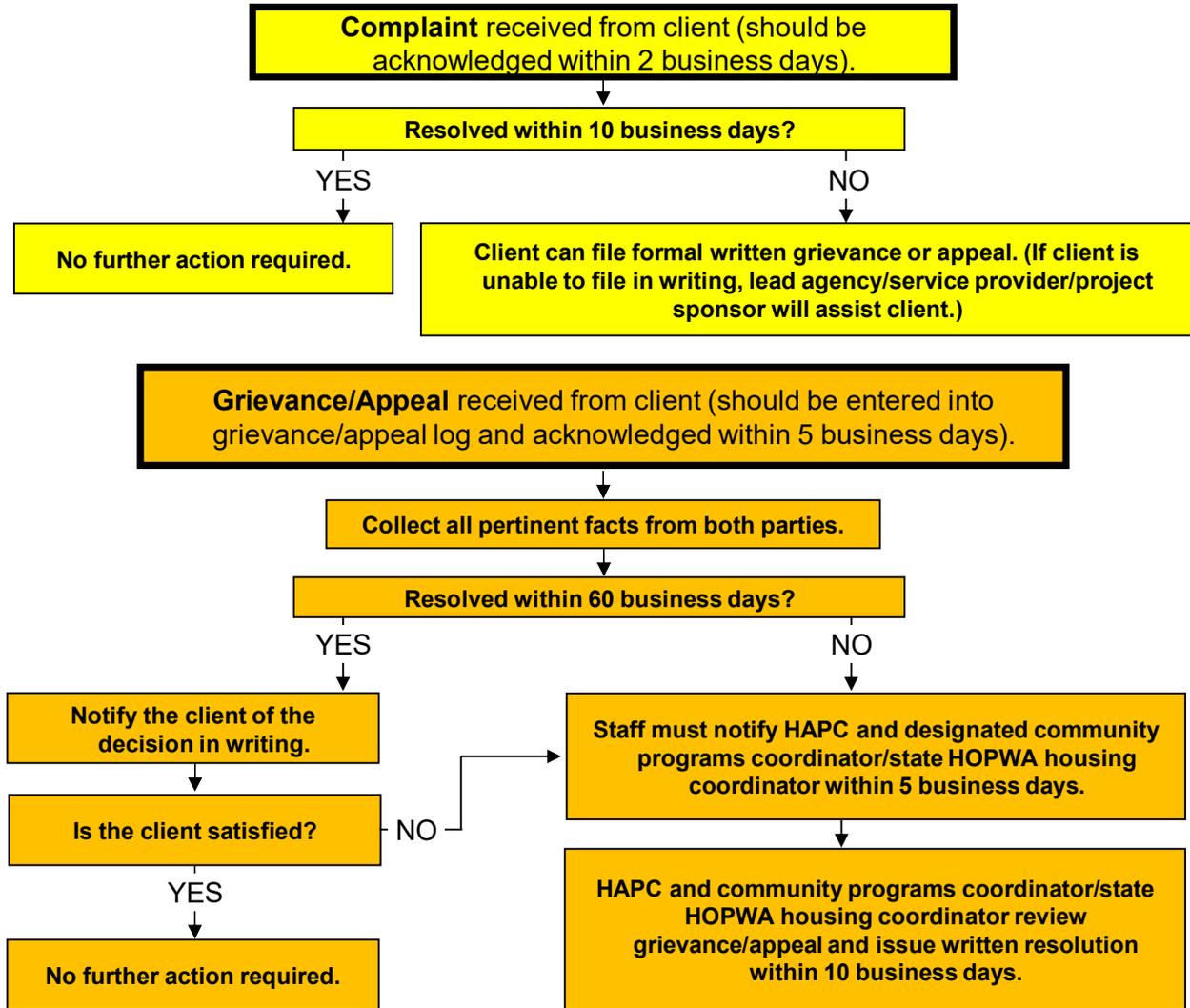
- Immediate program termination may be warranted in instances of fraud, bribery, threats of violence, or any other corrupt or criminal acts in connection with the program. Acts of fraud include fabrication, misrepresentation, impersonation, and other false actions that affect a determination of eligibility to receive services. Threats of violence include verbal and non-verbal actions that threaten the safety of the client, other clients, staff, and landlords or neighbors of clients receiving HOPWA services.
- A client terminated from the program due to criminal behavior or activity may be readmitted into the program upon submission of court documents demonstrating that the

client was acquitted of all charges related to the incident that led to termination. Compelling evidence of changes in circumstances (e.g., completion of probation) and client behavior may also factor into a client's readmission into the program. However, readmission shall be contingent upon availability of program funds and the client's program eligibility at the time of a request for readmission.

- Notice of dismissal must be provided in writing to the client within five business days of the state program office's approval of termination. The notice must be delivered by mail and should include substantiated reasons for dismissal.
- A client who has received a notice of dismissal has the right to initiate an appeal in accordance with policies and procedures outlined in this document.

**Please note:** This document shall not supersede state or federal regulations.

# Appendix 4: Client Complaint, Grievance, and Appeal Flow Chart



Please note that although they share the same procedures, grievances and appeals are not the same thing.

**Definitions**

**Complaint:** Any verbal or written expression of dissatisfaction by an individual regarding the administration or provision of services

**Grievance:** Formal expression of dissatisfaction about any matter other than an action

**Appeal:** Request for review of an action

**Action:** Any denial, limitation, reduction, suspension, or termination of a service

## Attachments

Attachment	Name	Requirements
1	DH 1120, Acceptable Use and Confidentiality Agreement	FDOH form required. No modifications allowed.
2	DH 3204, Initiation of Services	FDOH form required. No modifications allowed.
3	DH 8006, Notice of Privacy Practices	FDOH form required. No modifications allowed.
4	DH 3203, Authorization to Disclose Confidential Information	FDOH form required. No modifications allowed.
5	Brief Intake/Enrollment Screening	Case management manual form elements required. Modifications allowed to include additional information.
6	Comprehensive Needs Assessment	Case management manual form elements required. Modifications allowed to include additional information.
7	Comprehensive Care Plan	Case management manual form elements required. Modifications allowed to include additional information.
8	Case Closure Form	Case management manual form elements required. Modifications allowed to include additional information.



## Acceptable Use and Confidentiality Agreement

**SECTION A** The Department of Health (Department) worker and the supervisor or designee must address each item and initial.

### Security and Confidentiality Supportive Data

**W S**

- I have been advised of the location of and have access to the Florida Statutes and Administrative Rules.
- I have been advised of the location of and have access to the core Department of Health Policies, Protocols and Procedures and local operating procedures.

### Position-Related Security and Confidentiality Responsibilities

I understand that the Department of Health is a unit of government and generally all its programs and related activities are referenced in Florida Statutes and Administrative Code Rules. I further understand that the listing of specific statutes and rules in this paragraph may not be comprehensive and at times those laws may be subject to amendment or repeal. Notwithstanding these facts, I understand that I am responsible for complying with the provisions of policy DOHP 50-10. I further understand that I have the opportunity and responsibility to inquire of my supervisor if there are statutes and rules which I do not understand.

- I have been given copies or been advised of the location of the following specific Florida Statutes and Administrative Rules that pertain to my position responsibilities:

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- I have been given copies or been advised of the location of the following specific core DOH Policies, Protocols and Procedures that pertain to my position responsibilities:

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- I have been given copies or been advised of the location of the following specific supplemental operating procedures that pertain to my position responsibilities:

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- I have received instructions for maintaining the physical security and protection of confidential information, which are in place in my immediate work environment.

- I have been given access to the following sets of confidential information:

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### Penalties for Non Compliance

- I have been advised of the location of and have access to the DOH Employee Handbook and understand the disciplinary actions associated with a breach of confidentiality.
- I understand that a security violation may result in criminal prosecution and disciplinary action ranging from reprimand to dismissal.



## Acceptable Use and Confidentiality Agreement

- I understand my professional responsibility and the procedures to report suspected or known security breaches.

The purpose of this Acceptable Use and Confidentiality Agreement is to emphasize that access to all confidential information regarding a member of the workforce or held in client health records is limited and governed by federal and state laws. Confidential information includes: the client's name, social security number, address, medical, social and financial data and services received. Data collection by interview, observation, or review of documents must be in a setting that protects the client's privacy. Information discussed by health team members must be held in strict confidence, must be limited to information related to the provision of care to the client, and must not be discussed outside the department.

\_\_\_\_\_  
DOH Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor or Designee Signature

### Understanding of the Florida Computer Crimes Act, if applicable.

The Department of Health has authorized you to have access to sensitive data through the use of computer-related media (e.g., printed reports, microfiche, system inquiry, on-line update, or any magnetic media).

Computer crimes are a violation of the department's disciplinary standards and in addition to departmental discipline, the commission of computer crimes may result in felony criminal charges. The *Florida Computer Crimes Act, Chapter 815, F.S.*, addresses the unauthorized modification, destruction, disclosure or taking of information resources.

I have read the above statements and by my signature acknowledge that I have read and been given a copy of, or been advised of the location of, the *Florida Computer Crimes Act, Chapter 815, F.S.* I understand that a security violation may result in criminal prosecution according to the provisions of *Chapter 815, F.S.*, and may also result in disciplinary action against me according to Department of Health policy.

The minimum information resource management requirements are:

- Personal passwords are not to be disclosed. There may be supplemental operating procedures that permit shared access to electronic mail for the purpose of ensuring day-to-day operations of the department.
- Information, both paper-based and electronic-based, is not to be obtained for my own or another person's personal use.
- Department of Health data, information, and technology resources shall be used for official state business, except as allowed by the department's policy, protocols, and procedures.
- Only approved software shall be installed on Department of Health computers (DOHP 50-10.2).
- Access to and use of the Internet and email from a Department of Health computer shall be limited to official state business, except as allowed by the department's policy, protocols, and procedures.
- Copyright law prohibits the unauthorized use or duplication of software.

\_\_\_\_\_  
DOH Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor or Designee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

W=Worker      S=Supervisor



## INITIATION OF SERVICES

### **PART I CLIENT-PROVIDER RELATIONSHIP CONSENT**

Client Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

I consent to entering into a client-provider relationship. I authorize Department of Health staff and their representatives to render routine health care. I understand routine health care is confidential and voluntary and may involve medical office visits including obtaining medical history, examination, administration of medication, laboratory tests and/or minor procedures. I may discontinue the relationship at any time.

### **PART II DISCLOSURE OF INFORMATION CONSENT** (treatment, payment or healthcare operations purposes only)

I consent to the use and disclosure of my medical information; including medical, dental, HIV/AIDS, STD, TB, substance abuse prevention, psychiatric/psychological, and case management; for treatment, payment and health care operations.

### **PART III COMMUNICATIONS**

I understand the Florida Department of Health (FDOH) uses a patient portal to communicate with me about my health care. In order to receive electronic communications about my health care, I need to provide my email address to the department and then I will be contacted by email to create a portal account.

I understand that I must agree to the terms and conditions of use associated with the portal when I create my account. I understand that the portal is password protected and that I am responsible for maintaining the confidentiality of my username and password and for all activities that are conducted through my portal account. I understand that I will receive emails letting me know that FDOH has sent information to the portal.

\_\_\_\_\_ Initial here to authorize and give expressed consent to the FDOH to make your health care information available to you through the portal.

Email Address: \_\_\_\_\_

I understand that I have a right to stop participation in the portal at any time by either removing my email address or closing my portal account.

\_\_\_\_\_ Initial here to remove your email address from the FDOH system and stop receiving information through the portal.

### **PART IV MEDICARE PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE, AND PAYMENT REQUEST** (Only applies to Medicare Clients)

As Client/Representative signed below, I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize the above agency to release my medical information to the Social Security Administration or its intermediaries/carriers for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician's services to the above named agency and authorize it to submit a claim to Medicare for payment.

### **PART V ASSIGNMENT OF BENEFITS** (Only applies to Third Party Payers)

As Client /Representative signed below, I assign to the above named agency all benefits provided under any health care plan or medical expense policy. The amount of such benefits shall not exceed the medical charges set forth by the approved fee schedule. All payments under this paragraph are to be made to above agency. I am personally responsible for charges not covered by this assignment.

### **PART VI MY SIGNATURE BELOW VERIFIES THE ABOVE INFORMATION AND RECEIPT OF THE NOTICE OF PRIVACY RIGHTS**

\_\_\_\_\_  
Client/Representative Signature

\_\_\_\_\_  
Self or Representative's Relationship to Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (optional)

\_\_\_\_\_  
Date

### **PART VII WITHDRAWAL OF CONSENT**

I, \_\_\_\_\_ WITHDRAW THIS CONSENT, effective \_\_\_\_\_  
Client/Representative Signature Date

\_\_\_\_\_  
Witness (optional) Date

Client Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Original to file Copy to client

DOB: \_\_\_\_\_



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

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### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Protected health information includes demographic and medical information that concerns the past, present, or future physical or mental health of an individual. Demographic information could include your name, address, telephone number, social security number and any other means of identifying you as a specific person. Protected health information contains specific information that identifies a person or can be used to identify a person.

Protected health information is health information created or received by a health care provider, health plan, employer, or health care clearinghouse. The Department of Health can act as each of the above business types. This medical information is used by the Department of Health in many ways while performing normal business activities.

Your protected health information may be used or disclosed by the Department of Health for purposes of treatment, payment, and health care operations. *Health care professionals use medical information in the clinics or hospital to take care of you. Your protected health information may be shared, with or without your consent, with another health care provider for purposes of your treatment. The Department of Health may use or disclose your health information for case management and services. The Department of Health clinic or hospital may send the medical information to insurance companies, Medicaid, or community agencies to pay for the services provided you.*

Your information may be used by certain department personnel to improve the department's health care operations. The department also may send you appointment reminders, information about treatment options or other health-related benefits and services.

Some protected health information can be disclosed without your written authorization as allowed by law. Those circumstances include:

- Reporting abuse of children, adults, or disabled persons.
- Investigations related to a missing child.
- Internal investigations and audits by the department's divisions, bureaus, and offices.
- Investigations and audits by the state's Inspector General and Auditor General, and the legislature's Office of Program Policy Analysis and Government Accountability.
- Public health purposes, including vital statistics, disease reporting, public health surveillance, investigations, interventions, and regulation of health professionals.
- District medical examiner investigations;

- Research approved by the department.
- Court orders, warrants, or subpoenas;
- Law enforcement purposes, administrative investigations, and judicial and administrative proceedings.

Other uses and disclosures of your protected health information by the department will require your written authorization. These uses and disclosures may be for marketing and for research purposes, certain uses and disclosure of psychotherapist notes, and the sale of protected health information resulting in remuneration to the Department of Health.

This authorization will have an expiration date that can be revoked by you in writing.

#### INDIVIDUAL RIGHTS

You have the right to request the Department of Health to restrict the use and disclosure of your protected health information to carry out treatment, payment, or health care operations. You may also limit disclosures to individuals involved with your care. The department is not required to agree to any restriction.

You have the right to be assured that your information will be kept confidential. The Department of Health will make contact with you in the manner and at the address or phone number you select. You may be asked to put your request in writing. If you are responsible to pay for services, you may provide an address other than your residence where you can receive mail and where we may contact you.

You have the right to inspect and receive a copy of your protected health information that is maintained by the Department of Health within 30 days of the Department's receipt of your request to obtain a copy of your protected health information. You must complete the Department's Authorization to Disclosure Confidential Information form and submit the request to the county health department or Children's Medical Services office. If there are delays in getting you the information, you will be told the reason for the delay and the anticipated date when you will receive your information.

Your inspection of information will be supervised at an appointed time and place. You may be denied access as specified by law.

If you choose to receive a copy of your protected health information, you have the right to receive the information in the form or format you request. If the Department cannot produce it in that form or format, it will give you the information in a readable hard copy form or another form or format that you and the Department agree to.

The Department cannot give you access to psychotherapy notes or certain information being used in a legal proceeding. Records are maintained for specified periods of time in accordance with the law. If your request covers information beyond that time the Department is required to keep the record, the information may no longer be available.

If access is denied, you have the right to request a review by a licensed health care professional who was not involved in the decision to deny access. This licensed health care professional will be designated by the department.

You have the right to correct your protected health information. Your request to correct your protected health information must be in writing and provide a reason to support your requested correction. The Department of Health may deny your request, in whole or part, if it finds the protected health information:

- Was not created by the department.
- Is not protected health information.
- Is by law not available for your inspection.
- Is accurate and complete.

If your correction is accepted, the department will make the correction and tell you and others who need to know about the correction. If your request is denied, you may send a letter detailing the reason you disagree with the decision. The department may respond to your letter in writing. You also may file a complaint, as described below in the section titled Complaints.

You have the right to receive a summary of certain disclosures the Department of Health may have made of your protected health information. This summary does not include:

- Disclosures made to you.
- Disclosures to individuals involved with your care.
- Disclosures authorized by you.
- Disclosures made to carry out treatment, payment, and health care operations.
- Disclosures for public health.
- Disclosures to health professional regulatory purposes.
- Disclosures to report abuse of children, adults, or disabled.
- Disclosures prior to April 14, 2003.

This summary does include disclosures made for:

- Purposes of research, other than those you authorized in writing.
- Responses to court orders, subpoenas, or warrants.

You may request a summary for not more than a 6 year period from the date of your request.

If you received this Notice of Privacy Practices electronically, you have the right to a paper copy upon request.

The Department of Health may mail or call you with health care appointment reminders.

## DEPARTMENT OF HEALTH DUTIES

The Department of Health is required by law to maintain the privacy of your protected health information. This Notice of Privacy Practices tells you how your protected health information may be used and how the department keeps your information private and confidential. This notice explains the legal duties and practices relating to your protected health information. The department has the responsibility to notify you following a breach of your unsecured protected health information.

As part of the department's legal duties this Notice of Privacy Practices must be given to you. The department is required to follow the terms of the Notice of Privacy Practices currently in effect.

The Department of Health may change the terms of its notice. The change, if made, will be effective for all protected health information that it maintains. New or revised notices of privacy practices will be posted on the Department of Health website at <http://www.floridahealth.gov/about-the-department-of-health/about-us/patient-rights-and-safety/hipaa/index.html> and will be available by email and at all Department of Health buildings. Also available are additional documents that further explain your rights to inspect and copy and amend your protected health information.

#### COMPLAINTS

If you believe your privacy health rights have been violated, you may file a complaint with the: Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775.

The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Department of Health will not retaliate against you for filing a complaint.

#### FOR FURTHER INFORMATION

Requests for further information about the matters covered by this notice may be directed to the person who gave you the notice, to the director or administrator of the Department of Health facility where you received the notice, or to the Department of Health's Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141.

#### EFFECTIVE DATE

This Notice of Privacy Practices is effective beginning July 1, 2013, and shall be in effect until a new Notice of Privacy Practices is approved and posted.

#### REFERENCES

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule." 45 CFR Parts 160 through 164. *Federal Register* 65, no. 250 (December 28, 2000).

"Standards for the Privacy of Individually Identifiable Health Information; Final Rule" 45 CFR Part 160 through 164. *Federal Register*, Volume 67 (August 14, 2002).

HHS, Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the Health Information Technology for Economic and Clinical Health Act and the Genetic Information and Nondiscrimination Act; Other Modifications to the HIPAA Rules, 78 Fed. Reg. 5566 (Jan. 25, 2013).



AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:

Person/Facility: Phone #: Address:

INFORMATION MAY BE DISCLOSED TO:

Person/Facility: Phone #:

METHOD OF DISCLOSURE:

Pick up at Clinic/Facility Address: Fax #: Email Address: (please note that emailing may not be a secured method of communication)

INFORMATION TO BE DISCLOSED: (Initial Selection)

General Medical Record(s), including STD and TB Progress Notes History and Physical Results Immunizations Family Planning Prenatal Records Consultations Diagnostic Test Reports (Specify Type of test(s)) Other: (specify)

I specifically authorize release of information relating to: (initial selection)

HIV test results for non-treatment purposes Substance Abuse Service Provider Client Records Psychiatric, Psychological or Psychotherapeutic notes Early Intervention WIC

PURPOSE OF DISCLOSURE:

Continuity of Care Personal Use Other (specify)

EXPIRATION DATE: This authorization will expire (insert date or event). I understand that if I fail to specify an expiration date or event, this authorization will expire twelve (12) months from the date on which it was signed.

REDISCLOSURE: I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.

CONDITIONING: I understand that completing this authorization form is voluntary. I realize that treatment will not be denied if I refuse to sign this form.

REVOCAION: I understand that I have the right to revoke this authorization any time. If I revoke this authorization, I understand that I must do so in writing and that I must present my revocation to the medical record department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company, Medicaid and Medicare.

Client/Legal Representative Signature

Date

Printed Name

Legal Representative's Relationship to Client

\_\_\_\_\_  
Witness (optional)

\_\_\_\_\_  
Date

If you are a legal representative of the person whose information you are requesting, you must provide documentation proving your legal authority to the request this information (for example, power of attorney, healthcare surrogate form, order, appointment of a guardianship, order appointing personal representative, letters of administration).

**Client Name:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Original:** To File   **Copy:** To Client   **Copy:** To Accompany Disclosure

## Brief Intake/Enrollment Screening

<b>Enrollment Date</b>		<b>Social Security Number</b>		<b>Date of Birth</b>		<b>Unique Client ID</b>		
01/01/2000		000-00-0000		01/01/2000				
<b>Legal Last Name</b>			<b>Legal First Name</b>			<b>Middle Initial and/or Maiden Name</b>		
<b>Preferred Pronoun</b>			<b>Preferred Name</b>			<b>OK to receive mail?</b>		
						Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>Street Address</b>			<b>City/State</b>			<b>ZIP</b>		<b>County</b>
Homeless? <input type="checkbox"/>								
<b>Mailing Address (if different than above)</b>			<b>City/State</b>			<b>ZIP</b>		<b>County</b>
<b>Phone Number</b>		<b>Type</b>			<b>Text OK?</b>		<b>VM Message OK?</b>	
		Home <input type="checkbox"/>	Work <input type="checkbox"/>	Cell <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Emergency Contact: Name/Address</b>			<b>Relationship</b>		<b>Phone Number</b>		<b>Aware of Status?</b>	
							Yes <input type="checkbox"/>	No <input type="checkbox"/>
							Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Household Members: Name/Address</b>			<b>Relationship</b>		<b>Phone Number</b>		<b>Aware of Status?</b>	
							Yes <input type="checkbox"/>	No <input type="checkbox"/>
							Yes <input type="checkbox"/>	No <input type="checkbox"/>
							Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Employer Name</b>			<b>Phone Number</b>		<b>OK to Contact at Work?</b>			
					Yes <input type="checkbox"/>		No <input type="checkbox"/>	N/A <input type="checkbox"/>
N/A <input type="checkbox"/>								
<b>Gender</b>								
Male <input type="checkbox"/>	Female <input type="checkbox"/>		Transgender M to F <input type="checkbox"/>		Transgender F to M <input type="checkbox"/>		Transgender Other <input type="checkbox"/>	
	If female, pregnant? <input type="checkbox"/>							
Sex at Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>					
<b>Ethnicity</b>								
Non-Hispanic <input type="checkbox"/>								
Hispanic <input type="checkbox"/>	If Hispanic, subgroup:		Mexican, Mexican American, Chicano/a <input type="checkbox"/>		Puerto Rican <input type="checkbox"/>	Cuban <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>Race</b>								
American Indian or Alaska Native								
Asian <input type="checkbox"/>	If Asian, subgroup:	Asian Indian <input type="checkbox"/>		Chinese <input type="checkbox"/>	Filipino <input type="checkbox"/>	Korean <input type="checkbox"/>		
Black <input type="checkbox"/>		Japanese <input type="checkbox"/>		Korean <input type="checkbox"/>	Vietnamese <input type="checkbox"/>	Other <input type="checkbox"/>		
Native Hawaiian or Pacific Islander <input type="checkbox"/>	If NH or PI, subgroup:	Native Hawaiian <input type="checkbox"/>		Guamanian or Chamorro <input type="checkbox"/>	Samoan <input type="checkbox"/>	Other <input type="checkbox"/>		
White <input type="checkbox"/>								

Literacy					
Primary Language:	English <input type="checkbox"/>	Need an interpreter? <input type="checkbox"/>	Difficulty speaking primary language? <input type="checkbox"/>	Difficulty writing primary language? <input type="checkbox"/>	Spanish <input type="checkbox"/>
	Other <input type="checkbox"/>				
Have you been told you have a Developmental/Disability/Cognitive Impairment? <input type="checkbox"/>					If yes, specify:
		If Services are in place, specify:			
HIV Status		HIV Risk Factors			
HIV Positive (not AIDS) <input type="checkbox"/>	Dx date:	MSM <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	IDU <input type="checkbox"/>	Perinatal <input type="checkbox"/>
HIV Positive (AIDS unknown) <input type="checkbox"/>	Dx date:	Receipt of blood or tissue <input type="checkbox"/>			
CDC-defined AIDS <input type="checkbox"/>	Dx date:	Hemophilic coagulation disorder <input type="checkbox"/>			
Unknown or not reported/identified <input type="checkbox"/>		Other (specify:)			
Eligibility Status					
Notice of Eligibility: Yes <input type="checkbox"/>		Expiration Date:			
Referred to Eligibility, if yes what agency:					
Medical History					
Primary Physician:		Address		Phone	
Primary Physician:		Address		Phone	
Current Medications including Over-the-Counter (OTC)					
Viral Load Count		Viral Load Date		CD4 Count	
Insurance and Other Coverage					
Have any type of insurance:		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
If yes, check all types that you currently have		Medicaid <input type="checkbox"/>	Medicare A/B <input type="checkbox"/>	Medicare D <input type="checkbox"/>	Private Ins. <input type="checkbox"/>
Other coverage:					
Issues with understanding, navigating and using insurance benefits					
Needs help with health insurance enrollment					
Presenting Problem/Immediate Case Management Needs					

# Attachment 6

## Comprehensive Needs Assessment

<b>Client:</b>	<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Client ID</b>	
Assessment Date	MCM Name				
<b>Medical Care</b>				<b>No Change?</b>	<input type="checkbox"/>
New to Care <input type="checkbox"/>	Returning to Care <input type="checkbox"/>	Established in Care <input type="checkbox"/>			
None <input type="checkbox"/>	Publicly funded clinic <input type="checkbox"/>	Private Practice <input type="checkbox"/>		Veterans Affairs <input type="checkbox"/>	
Hospital Outpatient <input type="checkbox"/>		ER <input type="checkbox"/>		Other <input type="checkbox"/>	
<b>Medical Care Providers</b>				<b>No Change?</b>	<input type="checkbox"/>
Primary Physician	Address	Phone	Specialty	Last Seen	Next Appt.
<b>History of Hospitalizations (Include Psychiatric and Substance Abuse)</b>				<b>No Change?</b>	<input type="checkbox"/>
Illness		Date	Where		
<b>Other Illnesses and Opportunistic Infections</b>				<b>No Change?</b>	<input type="checkbox"/>
Have you been diagnosed with an Opportunistic Infection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
Have you been diagnosed with an STD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
Have you been tested for TB? Please provide date/results.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
Have you been tested for Hepatitis A, B, C, and if yes, when?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
If female, are you pregnant? If yes, when is your due date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
If female, when was your last pap smear (gynecological exam)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
Other medical issues, such as high blood pressure, diabetes, etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>		
If so, describe					
<b>Current Health Status</b>				<b>No Change?</b>	<input type="checkbox"/>
What is your latest Viral Load?			Date		
What is your latest CD4 count?			Date		
<b>Current Medications including over the counter (OTC)</b>				<b>No Change?</b>	<input type="checkbox"/>
Medication	Dosage	Frequency	Prescribed for		
Any known drug allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe		
<b>Pharmaceutical Providers</b>				<b>No Change?</b>	<input type="checkbox"/>
Name/Address			Phone	Fax	

<b>Medication Adherence</b>		<b>No Change?</b> <input type="checkbox"/>	
Do you take medications (including antiretroviral) as directed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe
Do you require assistance taking your medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe
Do you have any problems with provider appointments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Describe
Describe any problems or assistance you need with medications			
<b>Oral Health</b>		<b>No Change?</b> <input type="checkbox"/>	
When was your last dental exam?	Your Provider?		
Dental concerns or issues?			
<b>Mental Health Screening</b>		<b>No Change?</b> <input type="checkbox"/>	
Do you have a history of mental health diagnosis?	If yes, describe		
Have you ever been prescribed medication for a mental health condition?	If so, what condition		
Diagnosis	Treatment	Date	Provider
Are you taking medication for a mental health condition now?	If so, what medication(s)		
Have you ever been hospitalized for a mental health condition?	If so, explain		
Have you had any of the following in the past year?	Depression <input type="checkbox"/>	Anxiety <input type="checkbox"/>	Insomnia <input type="checkbox"/>
	Forgetfulness <input type="checkbox"/>	Delusions <input type="checkbox"/>	Dementia <input type="checkbox"/>
	Withdrawal/isolation <input type="checkbox"/>	Suicidal thoughts <input type="checkbox"/>	Other <input type="checkbox"/>
Who is your current mental health provider, if you have one?			
Would you like to be connected with a counsellor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Suicide Assessment</i>			
Have you ever attempted to hurt yourself or others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you currently have thoughts of hurting yourself or others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, do you have a specific plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have the means to carry out the plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b><i>If there is a "yes" answer to any of last 3 questions, case manager must follow the agency emergency crisis protocol for appropriate response.</i></b>			
<b>Substance Abuse/Addiction History and Screening</b>		<b>No Change?</b> <input type="checkbox"/>	
Are you currently using any substances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you have used substances within the past 6 months, please explain.			
Do you need assistance with any substance abuse issues now?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Nutrition</b>		<b>No Change?</b> <input type="checkbox"/>	

Do you have a good appetite?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you lost or gained weight in the last 6 months? (>/<10lbs)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you currently seeing or do you need to see a nutritionist?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Housing</b>			<b>No Change?</b> <input type="checkbox"/>	
What are your current living arrangements?	<input type="checkbox"/> Rent home/apartment	<input type="checkbox"/> Transitional living facility/half-way house	<input type="checkbox"/> Homeless, on street/in car	
	<input type="checkbox"/> Living with family	<input type="checkbox"/> Nursing Home/medical facility, etc.	<input type="checkbox"/> Homeless, in shelter	
	<input type="checkbox"/> Own home	<input type="checkbox"/> Other	<input type="checkbox"/> Homeless, living with others	
Are you receiving housing assistance (HOPWA, public housing, Section 8)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you need help finding affordable housing or shelter?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have any concerns about current housing? If so, explain.				
<b>Household</b>			<b>No Change?</b> <input type="checkbox"/>	
How long have you been living at your current residence?		Comment		
How many adults live with you?		Comment		
How many children live with you?		Comment		
Is your name on the lease/mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment	
Are there any household pets? Describe.				
Are all other household members aware of your status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment	
Do you have a living will and/or other advanced directives?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment	
If you become unable to care for yourself, is there someone to help you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comment	
<b>Literacy</b>			<b>No Change?</b> <input type="checkbox"/>	
Primary Language:	English <input type="checkbox"/>	Need an interpreter? <input type="checkbox"/>	Difficulty speaking primary language? <input type="checkbox"/>	
	Spanish <input type="checkbox"/>			Difficulty writing primary language? <input type="checkbox"/>
	Other <input type="checkbox"/>			
Have you been told you have a Developmental/Disability/Cognitive Impairment?	<input type="checkbox"/>	If yes, specify:		
		If Services are in place, specify:		
<b>Education</b>			<b>No Change?</b> <input type="checkbox"/>	
Your highest level of education achieved				
Do you have other training? Describe.				
<b>Insurance and Other Coverage</b>			<b>No Change?</b> <input type="checkbox"/>	
Have any type of insurance:		No <input type="checkbox"/>	Yes <input type="checkbox"/>	
		Don't Know <input type="checkbox"/>		
If yes, check all types that you currently have	Medicaid <input type="checkbox"/>	Medicare A/B <input type="checkbox"/>	Medicare D <input type="checkbox"/>	
	Private Ins <input type="checkbox"/>	Veterans Affairs/TriCare, Champa <input type="checkbox"/>		
Other coverage				

Issues with understanding, navigating and using insurance benefits					
Needs help with health insurance enrollment					
<b>Eligibility Period (See NOE for details)</b>					<b>No Change?</b> <input type="checkbox"/>
From	to	Redetermination due by			
Client is eligible and enrolled in		Ryan White <input type="checkbox"/>	ADAP <input type="checkbox"/>	HOPWA <input type="checkbox"/>	
<b>Daily Living Activities</b>					<b>No Change?</b> <input type="checkbox"/>
Do you need help with:	Yes	No	Comments (How much, how often, who helps)	Referral Needed	
				Yes	No
Personal care: Dressing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Personal care: Bathing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Personal care: Eating	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Personal care: Toileting	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Preparing Meals	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Light housekeeping	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Heavy chores	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Managing personal finances	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Keeping track of appointments	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Support</b>					<b>No Change?</b> <input type="checkbox"/>
Relationship (Spouse, partner, parent, child, sibling, friend, relative, pet, other)	Aware of HIV Status		Type of Support (ex. emotional/moral, financial, transportation, shelter, medical/adherence)	Signed release?	
	Yes	No		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Are you getting services from any other agencies?					
<b>Legal Issues</b>					<b>No Change?</b> <input type="checkbox"/>
Do you have	Trust <input type="checkbox"/>	Will <input type="checkbox"/>	Physicians Directive <input type="checkbox"/>	Durable Power of Attorney <input type="checkbox"/>	
	Health Care Power of Attorney <input type="checkbox"/>	Living Will <input type="checkbox"/>	Guardian/Conservator for self/dependents <input type="checkbox"/>		
Power of Attorney	Name			Phone	
Legal Status	Arrest <input type="checkbox"/>	Conviction(s) <input type="checkbox"/>	Restraining Order <input type="checkbox"/>		

Name Change <input type="checkbox"/>		Immigration <input type="checkbox"/>		
Change in legal status of relationship like marriage, separation or divorce <input type="checkbox"/>		Describe <input type="checkbox"/>		
<b>Sexual History/Risk Assessment</b>			No Change? <input type="checkbox"/>	
Are you sexually active?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is/are your partner(s) aware of your status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is/are any of your sex partner(s) HIV positive? (Discuss test/treatment PrEP as needed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you using safe sex practices? Explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you having sex under the influence of drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you disclose HIV status to sexual partners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have past or current experiences with sexually transmitted infections in addition to HIV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If so, have you been treated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If no, date of your last test				
Do you use needles for drugs, tattoos, piercings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
Do you share needles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
Have all your needle sharing partners been informed about your HIV status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>	
How do you protect yourself and drug using partners?				
<b>Information Services</b>			No Change? <input type="checkbox"/>	
Service Need	Date Identified	Referral Needed		Referral Details
		Yes	No	
General HIV/AIDS Education Materials		<input type="checkbox"/>	<input type="checkbox"/>	
Specific OI/Treatment Modalities Information		<input type="checkbox"/>	<input type="checkbox"/>	
Safer Sex Practices		<input type="checkbox"/>	<input type="checkbox"/>	
Living with HIV/AIDS Education Materials		<input type="checkbox"/>	<input type="checkbox"/>	
Social Security and other Public Assistance		<input type="checkbox"/>	<input type="checkbox"/>	
Family Planning/Women's Health		<input type="checkbox"/>	<input type="checkbox"/>	
Other		<input type="checkbox"/>	<input type="checkbox"/>	
Assessment <input type="checkbox"/>	Case Manager Signature			Date
Reassessment <input type="checkbox"/>				

## RYAN WHITE CLIENT INDIVIDUALIZED CARE PLAN

Client Name: \_\_\_\_\_ Svc Plan Timeframe: \_\_\_\_\_  
 Acuity Level: \_\_\_\_\_ NOE Exp. Date: \_\_\_\_\_  
 MCM Name: \_\_\_\_\_ Last Medical Appt: \_\_\_\_\_  
 Date of Latest labs: \_\_\_\_\_  
 CD4/Viral Load: \_\_\_\_\_

#	Identified Service Need	Service Provider	Goals/Objectives & Desired Outcomes (Action Steps)	Realistic Time Frames	Outcome	Barriers (If Applicable)
1						
2						
3						
4						
5						

**Summary of Care (if applicable):**

**Demographic**

**Medical**

**Social**

**Barriers**

**Client Statement:**

I have participated in the creation of my care plan and understand that I have to take responsibility for my plan in order to succeed. I agree to work on the above stated goals with the assistance of my case manager. I will work to notify my case manager of any changes in my medical or social welfare that will hinder these goals.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Case Management Case Closure Summary

<b>Name</b>		<b>Client ID</b>
<b>Date Case Opened</b>	<b>Date Case Closed</b>	
Summarize services rendered to the client/family and reasons why case is being closed. Comment on this progress made toward goals in the care plan. Where necessary, include provisions for continued services listing agencies and contact persons.		
<b>Reasons for Closure</b>		
<input type="checkbox"/>	Death of client	
<input type="checkbox"/>	Notice of Ineligibility that client is no longer eligible for HIV/AIDS Patient Care services.	
<input type="checkbox"/>	No contact for 6 months or more	
<input type="checkbox"/>	Closure at client's request	
<input type="checkbox"/>	Client declines case management services	
<input type="checkbox"/>	Client has transferred to another case management provider	
<input type="checkbox"/>	Client moves from service area	
<input type="checkbox"/>	Client is incarcerated in a State or Federal facility	
<input type="checkbox"/>	Client lost to care or does not engage in service	
<input type="checkbox"/>	Agency terminates or dismisses client (Behavior issues)	
<input type="checkbox"/>	Mutual agreement to terminate services	
<input type="checkbox"/>	Client is no longer in need of services	
<input type="checkbox"/>	Client is transferred to a program that provides comparable services.	
<b>Narrative</b>		
In this field if applicable, please provide information regarding client's progress towards goals and whether client is aware of case closure, if s/he has been notified of closure and if this is a transfer discharge, plans for follow-up.		

Case Manager Signature		Date
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Supervisor Signature		Date
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