

**Fiscal Year (FY) 2011 Ryan White Program
Service Delivery Guidelines (SDG)
Summary of Updates**

The following is a snapshot of changes made to the Service Delivery Guidelines from FY 2010 to FY 2011; see the actual Guidelines for details:

Section I: Service Definitions

1) General Requirements

- a) Clarification on the intent of the Property Information search, requiring it to be completed at initial intake and at each 6-month re-assessment for all Ryan White Program clients. This is to support review of client's sources of income and must be documented in client chart.
- b) Clarification of Referral process.
- c) Update to Minority AIDS Initiative (MAI) definition and requirements.
- d) Update references to the new FY 2011 Federal Poverty Level (FPL) Guidelines throughout the FY 2011 SDG.

2) Outpatient Medical Care

- a) Update to requirement for posting and providing walk-in slots for access to outpatient medical staff by clients with urgent or emergent health issues.
- b) Update to Fee Schedule references.
- c) Clarification of limitations to some specialty care services: psychiatry, podiatry, acupuncture, and chiropractic services.
 - i) Reference to "psychiatry" was clarified as "clinical psychiatry".
 - ii) Podiatry services may only be provided in relation to a client's HIV diagnosis.
 - iii) Chiropractic services are for pain management in relation to a client's HIV diagnosis.
 - iv) Acupuncture services, per Federal guidelines, are not covered under this service category, as Ryan White Program funds may only be used to support limited acupuncture services for HIV+ clients as part of substance abuse treatment services.

3) Prescription Drugs

- a) Notation added that vaccines were removed from the Ryan White Program Prescription Drug Formulary, and may be available under outpatient medical care services.
- b) Update to language under "Coordination of Care".
- c) Update to Fee Schedule references.
- d) Indication that prescriptions for vitamin supplements that appear on the most current Ryan White Program Prescription Drug Formulary – that are not temporarily suspended – may and should be written for a 90-day supply, and dispensed accordingly.

4) Medical Case Management

- a) Update to definition, incorporating the actual definition from HRSA, the Federal granting agency.
- b) Update to language regarding case closures.
- c) Restrictions on Peer Education and Support Network (PESN, peer) services.
- d) Inclusion of Comprehensive Health Assessment, and schedule for completion.

- e) Addition of new billing code to track services provided to Newly Identified Clients (NIC). (Development of written procedures is currently pending completion.)
- f) Included references to new billing codes developed or clarified during FY 2010: override (OVR) requests and adherence (ADH) counseling.

5) Oral Health Care

- a) Added requirement for posting and providing walk-in slots for access to dental staff by clients with urgent or emergent dental health issues.
- b) Updates to Fee Schedules.
- c) Update to the Current Dental Terminology (CDT) reference.

6) Mental Health Therapy/Counseling

- a) Inclusion of "Licensed Clinical Psychologist" as an acceptable provider of Level I services.

7) Substance Abuse Counseling – Residential

- a) Added a reference to the new reporting requirement for documenting client disposition in the Service Delivery Information System (SDIS) after leaving treatment; will be tied to billing. (NOTE: The discharge reasons will be changed to reflect reasons used by the Department of Children and Families.)

8) Health Insurance

- a) Minor change to AIDS Insurance Continuation Program description.

9) Outreach Services

- a) Added reference to the Program's collaboration with the Miami-Dade County Health Department regarding connecting newly diagnosed (identified) clients to care.
- b) Definition of connection to care was changed to reflect connections to medical care and medical case management services only, not all core services.
- c) Added note that the outreach service category will undergo significant changes during FY 2011. These changes will be necessary to address Federal requirements under the Early Identification of Individuals with HIV/AIDS (EIIHA) Initiative.

10) Psychosocial Support Services

- a) Added clarification about who completes initial assessments and subsequent assignments to Level III and Level IV PSS services, which must be documented in the client chart.
- b) Minor change made to the educational requirement for Pastoral Care to remove the phrase "or a related field" from the allowable educational degree focus.
- c) Added statement that Pastoral Care services must be available to eligible clients regardless of their religious or denominational affiliation.

11) Substance Abuse Counseling – Outpatient, Food Bank, Home Delivered Meals, Transportation Vouchers, Legal Assistance, and Transportation Services (Vans)

- a) No major changes.

Section II – Cost & Eligibility Summary

- 1) Updates made to reflect changes in the Fee Schedules and service definitions as indicated above, where applicable.

Section III – Standards

- 1) System-wide Standards of Care
 - a) Added requirement for posting and providing walk-in slots for access to medical and dental staff by clients with urgent or emergent medical or dental health issues.
 - b) Removed reference to Home Health Care, which is a service category that is not funded in FY 2011.
- 2) Medical Case Management Standards of Service
 - a) Update and clarification made to the requirement for Medical Case Management Supervisor and Medical Case Manager training hours.
 - b) Revised wording for Advance Directives.
- 3) HAB HIV Performance Measures
 - a) The printouts of the actual Performance Measures included in the FY 2010 SDG have been replaced by a 1-page list of the measures and a corresponding internet web link for locating the measures on-line, or requesting a hard copy from the Office of Grants Coordination.
- 4) Additional Guidelines
 - a) Updated references to clinical guidelines and other generally accepted treatment guidelines.
- 5) Culturally and Linguistically Appropriate Services (CLAS), Primary Medical Care, & Oral Health Care Standards
 - a) No changes.

Section IV – Licensing

- 1) Updated educational, supervisory, and staffing requirements for psychosocial support services.
- 2) Added reference to “Licensed Clinical Psychologist” under Mental Health Therapy/Counseling.

Section V – Letters of Medical Necessity (LOMN), Prior Authorization (PA), etc.

- 1) Updated to only include current LOMNs and PAs.
 - b) Discontinued Letter of Nutritional Supplementation in Children.
 - c) Updated Neupogen and Procrit letters to remove reference to Mercy Hospital SIS program.

Section VI – Client Eligibility

- 1) Revised contract shell excerpt related to acceptable documentation to support client financial eligibility.
 - a) Clarification of Property Information search for all Ryan White Part A/MAI Program clients at initial intake and at 6-month re-assessments.
- 2) Updated FY 2011 FPL table.
- 3) Included reference to corrective action or repayment by contracted service providers if the Ryan White Program Certified Referral or General Out of Network (OON) referral plus supporting documents are not found in client charts.