Ryan White Program Service Delivery Guidelines Fiscal Year 2016 (Year 26)

Section III –

- Ryan White Program System-wide Standards of Care
- Ryan White Program Case Management Standards of Service
- Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care
- HAB HIV Performance Measures (web links to the following measures):
  - Core
  - All Ages
  - Adolescent/Adult
  - HIV-Infected Children
  - HIV-Exposed Children
  - Medical Case Management
  - Oral Health Care
  - AIDS Drug Assistance Program (ADAP)
  - Systems-Level
  - Frequently Asked Questions
- Ryan White Program Minimum Primary Medical Care Standards for Chart Review
- Ryan White Program Oral Health Care Standards
- Treatment Guidelines & Additional Service Delivery Standards

MIAMI-DADE COUNTY

Miami-Dade County Office of Management and Budget Grants Coordination

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MIAMI-DADE COUNTY RYAN WHITE PROGRAM
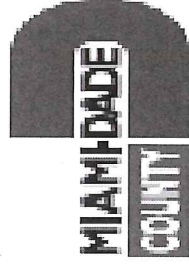
SYSTEM-WIDE STANDARDS OF CARE

Changes effective May 1, 2018
revised 4/30/2018

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MIAMI-DADE COUNTY
RYAN WHITE PROGRAM
SYSTEM-WIDE STANDARDS OF CARE

The following sets of standards are an essential component of the Ryan White Program's quality management program and form the basis for on-going monitoring and evaluation of Ryan White Program-funded service providers by the Miami-Dade County Office of Management and Budget-Grants Coordination and/or its authorized representatives. With the exception of staff qualifications (Standard #2), it is not expected that *newly* contracted organizations be in full compliance with the System-Wide Standards of Care at the time of contract execution. It is assumed, however, that the service provider has read and understands the standards, and by signing a contract the provider is agreeing to make every effort to progress towards full compliance with these standards. The County recognizes that progress towards achieving compliance with the standards will differ from one service provider to another, both in terms of rate of progress and substance. However, all providers are expected to maintain full compliance at all times with documentation of client eligibility *(Standard #3)*.

SYSTEM-WIDE STANDARDS OF CARE

No Barriers to Service

Standard #1

Client access to services, system wide, shall be facilitated and barriers to service eliminated.

Guidelines	Indicator	Data Source
(1.1 – 1.5) Providers shall eliminate barriers to service caused by: (A) hours of operation, (B) language and culture, and/or (C) lagtime. *Exemptions: (A) All services not specified (B) None (C) 1.5 None; (C) 1.6 Prescription Drugs, Medical Case Management, MAI Medical Case Management*	**A: Hours of Service:** 1.1 Medical care, pharmaceuticals, and medical case management shall provide a minimum of 40 hours access to services per week including 4 hours outside of regular business hours (9:00 am – 5:00 pm, Monday-Friday). Outpatient medical care and oral health care providers will offer, post, and maintain daily walk-in slots to accommodate clients with urgent/emergent health issues. 1.2 24-hour on-call access to pharmaceutical services, emergency medical and oral health care, and crisis counseling **B: Language:** 1.3 Agencies must offer and provide language assistance services, including bilingual staff and interpreter services (including Spanish and Haitian Creole) at no cost to each client with limited English proficiency, at all points of contact, in a timely manner during all hours of operation.	➢ Scope of Service Description ➢ Posted hours of service ➢ Scope of Service Description ➢ Posted hours of service ➢ Record Review ➢ Personnel Files ➢ Observation ➢ Written Policies and Procedures ➢ Invoices (reviewed during on-site visit)

Guidelines	Indicator	Data Source
	1.4 Agencies must provide to clients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.	➤ Observation ➤ Personnel Files ➤ Record Review
	1.5 Agencies must assure the competence of language assistance provided to limited English proficient clients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except when requested by the client)	➤ Observation ➤ Personnel Files ➤ Record Review
	1.6 Interpreters for hearing impaired and special assistance for those requiring such (as visually impaired persons) shall be made available	
	1.7 Agencies should ensure that clients receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language	
	C: Lagtime: 1.8 80% of clients will see a core service worker no later than 5 workdays from the client's initial date of contact or date of medical case management referral	➤ Record Review • Intake information including date of initial contact or copy of referral
	1.9 80% of clients initially presenting at an agency that does not provide case management services shall be referred to a Ryan White Part A/MAI-funded medical case management agency no later than 2 workdays from the date of initial contact with the referring agency	• SDIS referral report

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Effective May 1, 2018

Staff Qualifications/Training

Standard #2

Agencies shall ensure that all staff has sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population: agencies must provide initial orientation and training for new staff and ensure all staff participate in ongoing HIV/AIDS trainings, thereby promoting provision of high quality, up-to-date services.

Guidelines	Indicator	Data Source
(2.1 – 2.2) Supervisory staff and core service staff shall meet the qualifications of education and experience required by the Miami-Dade County Office of Management and Budget-Grants Coordination and the Miami-Dade HIV/AIDS Partnership. Agencies should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area. *Exemptions: 2.1 None; 2.2, Food Bank, Transportation Vouchers, Prescription Drugs, Medical Case Management (Refer to Case Management Standards for education/experience requirements).*	2.1 Core service supervisors are licensed and/or have a bachelor's degree in social sciences, counseling or nursing; have management experience; or have equivalent HIV/AIDS or related experience	➤ Personnel Files • Copies of degrees/licenses • Documentation of work experience (letters of recommendation, work references, etc)
	2.2 Core service staff have an associate's degree (AA) in social sciences, counseling or nursing. HIV/AIDS or related experience, including living with HIV, may be substituted on a year-for-year basis. Exempt personnel must be supervised by staff that meets minimum supervisory qualifications (2.1)	➤ Personnel Files • Copies of degrees/licenses • Documentation of work experience, HIV/AIDS experience (letters of recommendation, work references, training certificates, etc.) • Personnel Records
(2.3) Initial orientation and training shall be given to new staff. *Exemptions: None*	2.3 Documentation of initial orientation and training including Ryan White Program services, standards and requirements	➤ Personnel Files • Signed, dated orientation schedule or Orientation Attendance Log • Signed, dated Ryan White Program standards or form acknowledging training/receipt of same • Signed, dated job description

Guidelines	Indicator	Data Source

(2.4)
Staff members will have a clear understanding of their job definition and responsibilities.
Exemptions: None
	2.4 Written job description including responsibilities	➢ Administrative Policies and Procedures
		➢ Personnel Records
		  • Signed, dated agency policies and procedures
		  • Signed, dated letter documenting P&P review, understanding

(2.5 – 2.6) Policies and procedures for service provision shall be in written form and made available to all staff. *Exemptions: None*	2.5 Written Policies and Procedures (P & P's) 2.6 Documentation that staff have read and are familiar with P & P's	➢ Signed, dated training acknowledgement, attendance logs with dates and subject matter of training, agency training logs
(2.7) Training in OSHA and universal precautions appropriate to job duties is provided and staff adheres to these principles. Agencies should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery *Exemptions: None*	2.7 Documentation of training	➢ Signed, dated Ryan White Program standards or form acknowledging receipt/training on same ➢ Personnel Records • Proof of attendance, certificate or other documentation including training subject matter, date(s) of attendance, hours in training
(2.8) Core service staff is knowledgeable about Ryan White Program standards and service requirements. *Exemptions: None*	2.8 Annual update on Ryan White Program standards and service requirements	➢ Agency training record
(2.9) Staff shall remain updated on HIV/AIDS information. *Exemptions: None*	2.9 At least once annually: core service staff shall attend an HIV/AIDS seminar/training appropriate to their level of service delivery	

Guidelines	Indicator	Data Source
(2.10) Personnel working with children are to be screened in accordance with state or local laws. *Exemptions: None*	2.10 Clearance letters for abuse and criminal screening	➤ Personnel files

Documentation Standards

Standard #3

Standardized forms and consistent up-to-date protocols will be utilized across the system to ensure uniform quality of care.

Guidelines	Indicator	Data Source
(3.1 – 3.12) Documentation for intake and service provision shall include, at a minimum, standard forms and required client data. The treatment or care plan shall be unique for each client, culturally sensitive, non-judgmental, personalized and with an appropriate standard of care and with respect to a person's right to privacy.	Record contains: 3.1 Financial assessment and proof of HIV OR a Ryan White Program Certified Referral 3.2 Eligibility screening for third party payers 3.3 Consent for enrollment/treatment OR a Ryan White Program Certified Referral 3.4 Consent to Release and Exchange Information (SDIS) OR a Ryan White Program Certified Referral 3.5 Intake history (Client demographics and personal contact information) 3.6 Documentation that client confidentiality is explained 3.7 Documentation that grievance procedure is explained 3.8 Documentation that choice of providers is explained 3.9 Service provision history 3.10 Treatment/Service Plan documenting reason(s) for treatment, process and progress, outcomes of treatment	➤ Record Review • All required forms are complete, initialed, dated, signed as appropriate • Copies of required eligibility documents are present, current (within 6 months), and legible • Documentation of eligibility screening for third party payers is present • Cases are closed as appropriate

Guidelines	Indicator	Data Source
	3.11 Treatment/Service Plan update at least once per year *Note: Medical Case Managers are required to update Program Certified Referrals (Recertification) every 6 months dependent on service category* 3.12 SDIS Notice of Privacy Practices	
(3.13 – 3.17) Referrals: Providers must maintain adequate documentation on referral activities. *Exemptions: None*	3.13 Inbound referrals for all Ryan White Program Certified Referrals, shall record origin of referral and service requested 3.14 Outbound referrals for all Ryan White Program Certified Referrals shall record the referral destination and service requested, must have an end date, and will note the type of service referred to (e.g., medical, nutrition) 3.15 All inbound referrals filed in client record 3.16 Service referrals not initiated by a medical case manager shall be documented in a progress note or treatment plan 3.17 An "Out of Network (OON) / Non-Certified Referral for Miami-Dade County Ryan White Part A/MAI Program Services" form shall be accompanied by supporting documents (e.g., proof of HIV, proof of residency, proof of income) as relevant, OON Demographics reporting form, and a completed Client Eligibility Documentation Checklist; original referral shall be kept in client's chart and	➢ SDIS Referral Report ➢ Record Review

Guidelines	Indicator	Data Source
(3.18 – 3.20) Providers must avail themselves of all other available resources to provide needed services to HIV/AIDS clients including the Ryan White service network, key points of service entry, city, state and private organizations. *Exemptions: None*	a copy will be given to the service provider by the client and/or by the referring out of network case manager 3.18 Linkage agreements 3.19 Service resources 3.20 Inbound, Outbound Referrals	➤ Administrative Records ➤ Lists of Service Resources ➤ SDIS Referral Report

Quality Assurance/Performance Improvement

Standard #4

Ongoing quality assurance activities with regular feedback to core service staff promote performance improvement and quality care.

Guidelines	Indicator	Data Source

(4.1 – 4.4) Supervisory record reviews are conducted regularly, with feedback to core service staff resulting in improved performance. *Exemptions: None*	4.1 Record reviews should be conducted on a quarterly basis
	
	4.2 It is recommended that medical case management supervisors continue to conduct at least 20 record reviews or 10% of Ryan White Part A or MAI population (whichever is less) each quarter to monitor quality of services rendered
	
	4.3 Evidence of feedback between supervisor and employee
	
	4.4 Documentation review ensures Ryan White eligibility standards are met and that case notes are appropriate, timely, and legible
		➤ Supervisor's Records
		  • Documentation of reviews with identifying client information
		  • Documentation of employee feedback
		➤ Record Review
		➤ Review submission
		➤ Personnel file

Guidelines	Indicator	Data Source
(4.5) Medical Services: Quality assurance or patient care review meetings will identify problems to be resolved through action. *Exemptions: None*	4.5 Documentation of quarterly patient care reviews or quality assurance meetings recording attendance, date, subject matter, steps taken to resolve identified problems with time frames for resolution.	➤ Meeting minutes ➤ Attendance logs
(4.6) Non-Medical Services: Quality improvement issues will be addressed through staff meetings. *Exemptions: None*	4.6 Documentation of quarterly quality improvement meetings recording attendance, date, subject matter, steps taken to resolve identified problems with times frames for resolution.	➤ Meeting minutes ➤ Attendance logs
(4.7 – 4.8) Annual client satisfaction survey conducted and results utilized as appropriate to improve service delivery. *Exemptions: None*	4.7 Client satisfaction survey to include: Rating of services, perception of treatment by staff, satisfaction with services provided, fair access to services provided.	➤ Review of client satisfaction survey
	4.8 Written plans and objectives incorporate results as appropriate from client satisfaction surveys.	➤ Client Satisfaction Survey ➤ Administrative records
(4.9 - 4.12) Agencies should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, client satisfaction assessments, and outcome-based evaluations.	4.9 Updated and clearly displayed mission statement to include a commitment to the delivery of culturally and linguistically competent services 4.10 Agency information and educational material available in English, Spanish and Creole translated from the appropriate cultural perspective	➤ Record Review ➤ Personnel file ➤ Quality Management Plan ➤ Client satisfaction survey addresses delivery of services in a culturally and linguistically appropriate manner ➤ Written policies and procedures ➤ Observation

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Guidelines	Indicator	Data Source
	4.11 Appropriate number of bilingual staff (or a current directory of interpreters) able to provide services in the predominant language(s) of the agency's clients 4.12 Percentage of clients served in their preferred language	

Confidentiality

Standard #5

Every agency shall provide staff with initial and ongoing training regarding client confidentiality to ensure client information is protected in accordance with state and federal laws.

Guidelines	Indicator	Data Source
(5.1 – 5.2) Every agency shall have a written Policy and Procedure (P & P) addressing confidentiality. *Exemptions: None*	5.1 Written P & P addressing HIV confidentiality and agency procedures, including policies and procedures that limit access to passwords, electronic files, medical records, faxes, release of client information	➤ Administrative P & P's
	5.2 P & P is signed and dated annually by staff	➤ Personnel files • Signed, dated copy of P & P for all staff
(5.3) Services shall be provided in a confidential setting. *Exemptions: None*	5.3 Areas in which client contact occurs allow exchange of confidential information in a private manner.	➤ Observation
(5.4) All hard copy materials and records shall be securely maintained.	5.4 Records, hard copy materials maintained under double lock in files and in areas secure from public access.	➤ Observation

(5.5) All clients shall be informed regarding their rights to confidentiality. *Exemptions: None*	5.5 Documentation signed and dated by client acknowledging client has been fully informed of his/her right to confidentiality.	➤ Record review
(5.6) No release of client information without a signed, dated client release. *Exemptions: None*	5.6 Signed, dated Release of Information* specific to HIV, TB, STD, substance abuse and mental health OR note reflecting client's unwillingness to sign a Release. * *This release shall be renewed annually.*	➤ Record Review

Program Operating Requirements (POR)

POR #1	Indicator	Data Source
(POR 1.1 – 1.3) Agencies must make available easily understood client-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area. *Exemptions: None*	The following shall be posted in an area to which clients have free access: POR 1.1 Hours of operation POR 1.2 Grievance procedures POR 1.3 Client's Bill of Rights and Responsibilities	➤ Observation

POR #2	Indicator	Data Source
(POR 2.1) Computer and backup systems are kept current. *Exemptions: None*	POR 2.1 Computer and backup systems are updated at least weekly	➤ Record Review ➤ SDIS

POR #3	Indicator	Data Source
(POR 3.1– 3.4) Client participation and education in the treatment process shall be maximized. *Exemptions: None*	Documentation shall reflect: POR 3.1 Client and family (as defined by client) participation in care decisions POR 3.2 Development of client's understanding of treatment options POR 3.3 Client empowerment POR 3.4 Monitoring of client adherence to prescribed plans of treatment and care including medication regimens	➢ Record Review • Progress Notes • Treatment/Care Plans
(POR 3.5) Client education and knowledge lead to improved compliance, health status. *Exemptions: None*	POR 3.5 Documentation of client education and/or resources provided, as appropriate	

POR: Facility/Operation Requirements

POR #4	Indicator	Data Source
(POR 4.1 – 4.7) All provider sites are safe and secure. *Exemptions: None*	POR 4.1 Site is clean and well-maintained, inside and out POR 4.2 Clients have untroubled access coming and going POR 4.3 Security personnel are available as needed POR 4.4 Written policy to refuse service to clients who are being verbally abusive, threatening physical abuse or possessing illegal substances or weapons on provider property POR 4.5 Facility complies with applicable Occupational Safety and Health Administrative (OSHA)	➢ Observation ➢ Personnel Records ➢ Administrative Policies and Procedures ➢ Observation

POR #4	
Indicator	**Data Source**
requirements POR 4.6 Facility complies with the American's with Disability Act's programmatic and accessibility requirements POR 4.7 Facility complies with the Domestic Violence Leave requirements	➢ Observation

POR #5	
Indicator	**Data Source**
(POR 5.1) Client access to care will be facilitated during regular hours and after hours. *Exemptions: As noted in Standard 1.1*	POR 5.1 Written Policies & Procedures (P & P) address contacts (including appointments) during regular hours and walk-ins, emergency and after hours care.	➢ Administrative Policies and Procedures *(Refer to Standard #1.1)*

POR #6	
Indicator	**Data Source**
(POR 6.1 – 6.2) Agencies shall provide an explanation of the agency's grievance procedures and confirm clients' understanding of such. Conflict and grievance resolution processes shall be culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by clients. *Exemptions: None*	POR 6.1 Written P & P's addressing formal and informal grievance procedures for clients POR 6.2 Documentation that client has had grievance procedures, formal and informal explained and/or given to him/her and understands same.	➢ Administrative Policies and Procedures ➢ Record Review

POR #7	Indicator	Data Source
(POR 7.1 – 7.2) Agency policies are known to staff and supervisors. *Exemptions: None*	POR 7.1 Written P & P's addressing agency procedures including a formal grievance procedure for staff.	➤ Administrative Policies and Procedures
	POR 7.2 Documented acknowledgement that staff are familiar with written P & P's, including grievance procedures.	➤ Personnel Records

POR: Accreditation Standards

POR #8	Indicator	Data Source
(POR 8.1) Agency complies with appropriate professional licensing in accordance with professional training and responsibilities of caregivers, the agency's functions, or both, through national associations and/or the Florida Department of Health. *Exemptions: None*	POR 8.1 Current licenses, accreditations are posted and on file	➤ Administrative Records ➤ Observation
(POR 8.2) Staff are licensed as specified in the Ryan White Program Service Descriptions. *Exemptions: None*	POR 8.2 Copies of current licenses are on file	➤ Personnel Records

POR: Client Acknowledgement of Services Received

POR #9	Indicator	Data Source

(POR 9.1)
Client acknowledgement of service(s) received and cost shall be maintained.
	POR 9.1 Client shall acknowledge by signature and date, specified services and cost of services received at each visit.
	Required information includes client name, date of service, definition of unit, service provided, and number of units.
		➢ Record Review
		  • Signed, dated logs with name and services received noted OR
		➢ Billing Review
		  • Signed, dated encounters or superbills with name and services received noted OR
		  • Receipt given to client with a copy in the chart
		  (Refer to POR #1.4)

POR: Service Delivery Information System (SDIS)

POR # 10	Indicator	Data Source
(POR 10.1 – 10.2) Timely entry into the SDIS of new client information, updated client information and of services provided. *Exemptions: None* 10.3 Timely entry of required data (e.g., service utilization data, lab results, demographics, etc.) into the SDIS for all program clients for tracking, billing, and reporting purposes. *Exemptions: None.*	POR 10.1 New client information shall be entered at intake POR 10.2-10.3 Updated client information and service information shall be entered in accordance with time specifications as detailed in the current Ryan White Program contract.	➢ Record Review ➢ SDIS

POR #11	Indicator	Data Source
(POR 11.1) A record (client chart) shall be maintained for each individual client	POR 11.1 An individual record (chart) shall be maintained for each client that records the services provided by the Ryan White Program.	➤ Record Review

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MIAMI-DADE COUNTY RYAN WHITE PROGRAM
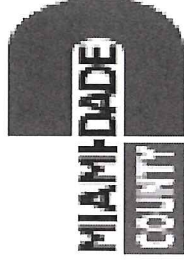
MEDICAL CASE MANAGEMENT STANDARDS OF SERVICE

Changes Effective May 1, 2018
(revised 4/30/2018)

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MIAMI-DADE COUNTY
RYAN WHITE PROGRAM
MEDICAL CASE MANAGEMENT STANDARDS OF SERVICE

In addition to the System-wide Standards of Care applicable to all Part A and Minority AIDS Initiative (MAI)-funded providers, the following program specific standards apply to **medical case management providers only**. These standards are an essential component of the Ryan White quality management program and form the basis for on-going monitoring and evaluation of Part A and MAI-funded medical case management providers by the Miami-Dade County Office of Management and Budget-Grants Coordination.

With the exception of staff qualifications *(Standard #1)*, it is not expected that newly contracted organizations be in full compliance with the Medical Case Management Standards of Service at the time of initial contract execution. It is expected, however, that newly contracted service providers read and understand these standards, and by signing a contract the provider is agreeing to make every effort to progress towards full compliance with these standards within the contract year.

The County recognizes that progress towards achieving compliance with the standards will differ from one service provider to another, both in terms of rate of progress and substance. However, all providers are also required to maintain full compliance at all times with the standards for documentation of client eligibility *(Standards #4 & #8)*.

Full compliance with these standards is expected for organizations that have continuation contracts under the local Ryan White Program.

Staff Qualifications

Standard #1: All medical case management supervisors, medical case managers and peer counselors shall have adequate education, knowledge, skills and experience to competently serve the HIV/AIDS client population.

Guidelines (1.1 - 1.13):
All medical case management supervisors, medical case managers and peer counselors must meet the qualifications of education and experience required by the Miami-Dade County Office of Management and Budget-Grants Coordination (OMB).

Indicators:

Medical Case Management Supervisors:

(1.1) Master's degree OR Bachelor's degree is required (a degree in a social science, nursing, health administration, or related field, and 5 years of work experience in HIV/AIDS, is preferred).

(1.2) HIV/AIDS and supervisory experience is preferred.

(1.3) Successful completion of a Ryan White Part A Program Medical Case Management Annual Proficiency Certification on required system-wide training within 6 months of the effective date of Service Delivery Information System (SDIS) User Access initiation and every 1 year thereafter (August).[1]

(1.4) For new hires, as of May 1, 2017, successful completion of the web-based Southeast AIDS Education and Training Center's (SE-AETC) Medical Case Management and Cultural Competency curricula (www.seaetc.com/modules), 13 modules, must be completed before User Access to the SDIS is approved by OMB. A Transcript from the web-based platform documenting the completion of all the modules must be submitted to OMB with the SDIS User Access request letter. Lessons learned from the SE-AETC training modules will be incorporated into the Part A Annual Proficiency Certification process. (NOTE: time spent completing the SE-AETC training modules cannot be billed to the Ryan White Program.)
IMPORTANT NOTE: Any individual in a supervisory role over Ryan White Program medical case managers MUST comply with all mandated educational requirements, regardless of the amount of supervisory time budgeted to the local Ryan White Part A or MAI Program.

Medical Case Managers*:

(1.5) Bachelor's degree is required (this degree in a social science, nursing, health administration, or related field is preferred, OR a Bachelor's degree not in a social science with 1 year of case management experience is required).

(1.6) Knowledge of HIV/AIDS disease and the Miami-Dade County HIV/AIDS service delivery system is preferred.

(1.7) Successful completion of a Ryan White Part A Program Medical Case Management Annual Proficiency Certification on required system-wide training within 6 months of the effective date of SDIS User Access initiation and every 1 year thereafter (August).[1]

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Staff Qualifications (continued)

Medical Case Managers*: (continued)

(1.8) For new hires, as of May 1, 2017, successful completion of the web-based Southeast AIDS Education and Training Center's Medical Case Management and Cultural Competency curricula (www.seaetc.com/modules), 13 modules, must be completed before User Access to the SDIS is approved by OMB. A Transcript from the web-based platform documenting the completion of all the modules must be submitted to OMB with the SDIS User Access request letter. Lessons learned from the SE-AETC training modules will be incorporated into the Part A Annual Proficiency Certification process. (NOTE: time spent completing the SE-AETC training modules cannot be billed to the Ryan White Program.)

Peer Counselors:

(1.9) High school degree.

(1.10) Knowledge of HIV/AIDS services.

(1.11) Training on funding streams for HIV/AIDS services and eligibility criteria for these services.

(1.12) Meet the requirements of a Ryan White Part A Program peer as defined in the corresponding, local Ryan White Program Service Delivery Guidelines.

(1.13) For new hires, as of May 1, 2017, successful completion of the web-based Southeast AIDS Education and Training Center's Medical Case Management and Cultural Competency curricula (www.seaetc.com/modules), 13 modules, must be completed before User Access to the SDIS is approved by OMB. A Transcript from the web-based platform documenting the completion of all the modules must be submitted to OMB with the SDIS User Access request letter. (NOTE: time spent completing the SE-AETC training modules cannot be billed to the Ryan White Program.)

Only an individual in a case management position prior to the original effective date of these standards (August 12, 2002) may substitute applicable experience on a year-by-year basis for the required education.

Data Sources (1.1 - 1.13):

Personnel Files; copies of degrees; documentation, validation of work experience (examples include letters from former employers, documented telephone interviews with former employers); other documentation/notation to support special qualifications (peer, etc.); proof of knowledge about HIV/AIDS services, transcript for the web-based SE-AETC curricula, Ryan White Part A Program Medical Case Manager Proficiency certificate, and/or documentation of agency training on HIV/AIDS services, eligibility for these services, and funding streams.

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Training

Standard #2: To ensure the highest level of medical case management services, medical case management supervisors, medical case managers and peer counselors, through initial and ongoing monthly trainings, shall be continuously updated on changes in HIV/AIDS health care, the community-wide service system (services and limitations), community resources, as well as local, state and federal programs in the area.

Guidelines (2.1 - 2.5):
Medical case management supervisors, medical case managers and peer counselors shall comply with all training requirements mandated and approved by Miami-Dade County OMB management.

Indicators:

(2.1) Medical case management supervisors, medical case managers, and peer counselors shall successfully complete 8 hours of face-to-face basic medical case management training provided by BSR QM staff within 120 calendar days of hire.[2] NOTE: The basic/core training must be completed by the new Medical Case Manager before the Medical Case Manager Proficiency Certification test is administered.

(2.2) Medical case management supervisors and lead case managers approved in a supervisory role must attend a total of four mandatory Ryan White Program Medical Case Management Supervisor Trainings facilitated by Behavioral Science Research during the grant fiscal year (to be scheduled in May, August, November, and February). These trainings are full day, 8 hours each, for a total of 32 hours; subject to a proration of the required number of hours depending on the effective date of SDIS User Access initiation (i.e., date of new access to the SDIS). Up to 8 hours of the 32 hours may be substituted with one or more of the following:

➢ A Ryan White Program-approved training that focuses on access to and quality of HIV services;

➢ A Ryan White Program-approved training that focuses on HIV Antiretroviral Treatment Adherence, Mental Health and Treatment Adherence, Cultural Competency, HIV-related Stigma, HIV Care Continuum, HIV and Hepatitis C (HCV), Linkage to Care, or Retention in Care;

➢ A Southeast AIDS Education and Training Center (SE-AETC) sponsored training program; AND/OR

➢ Other Ryan White Program-approved HIV-related webinars and on-line classes.

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Training (continued)

Indicators (continued):

IMPORTANT NOTE: Any individual in a supervisory role over Ryan White Program medical case managers MUST comply with all mandated training requirements, regardless of the amount of supervisory time budgeted to the local Ryan White Part A or MAI Program.

(2.3) Medical case managers and peer counselors must annually complete a total of 6 hours of Ryan White Program-approved medical case management related training.[1] The total number of hours is subject to a proration of the required number of hours depending on the effective date of SDIS User Access initiation. The local Ryan White Program's E-learning portal (http://www.learningon-line.com/login) will contain study material from Southeast AIDS Education and Training Center (SE-AETC) webinars, recommended monthly webinars, the Ryan White Program Service Delivery Guidelines and the Medical Case Management Standards of Care, SE-AETC Medical Case Management training curriculum modules, and materials shared during medical case management related trainings.

(2.4) Medical case managers and peer counselors shall maintain all updated materials and lists of resources provided at trainings.

(2.5) Medical case management supervisors, medical case managers, and peer counselors are encouraged to review the 13-module web-based Medical Case Management and Cultural Competency curricula provided by SE-AETC (www.seaetc.com/modules). Information from these modules will be included in the annual Ryan White Part A Program

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[1] **Note:** Medical case managers will be permitted to prepare for the Ryan White Part A Program Medical Case Management Proficiency Certification at their discretion (i.e., on their own time). The certification must be completed during the month of August. A maximum of 120 units (i.e., 2 hours) may be billed to the Ryan White Program using the Training (TRN) encounter/billing code for the completion of the certification in August **only**. This will be counted towards the required 15 hours of annual system-wide training. The TRN code cannot be used to record or bill for completion of the SE-AETC training modules.

[2] **Note:** HIV/AIDS basic case management training is not part of the 15 hours system-wide training requirement (Indicator 2.3 above).

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Training (continued)

Data Sources (2.1 - 2.5):
Personnel files; proof of attendance, certificate or other documentation including training subject matter, date(s) of attendance, hours in training; agency training record(s); medical case management training attendance logs as appropriate; quarterly medical case management attendance logs; Ryan White Program Basic Training Certificate; training agendas/materials; on-site inspection/observation.

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No Barriers to Service

Standard #3: Client access to medical case management and peer counseling services shall be facilitated in a timely and orderly manner.

Guidelines (3.1 - 3.4):
Initial intake and financial eligibility assessment initiated; if client wishes to meet with a peer counselor, an appointment is facilitated.

Indicators:

(3.1) Appointment made for intake/financial eligibility assessment.
(3.2) Medical case manager assigned.
(3.3) Upon client request, a meeting with a peer counselor will take place no later than 5 business days from the date of intake.
(3.4) For clients who are new to care, the medical case manager will have documented progress notes detailing issues discussed with and/or actions taken prior to completing a formal intake.

Data Sources (3.1 - 3.4):
Record reviews; intake/eligibility forms; progress notes reflecting date(s) of intake/financial eligibility assessment(s); client records reflect name of assigned medical case manager and date of assignment; dated progress notes reflect date(s) of referral OR date of request for service AND service(s) rendered or refused per progress note from peer counselor documenting appointment completed or declined.

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Proof of Eligibility and Financial Assessment*

Standard #4: A comprehensive eligibility and financial assessment shall be completed taking into account all funding streams and services for which the client may qualify. The client's education and orientation to the local service delivery system and to client rights and responsibilities shall be initiated.

Guidelines (4.1 - 4.11):

Eligibility and financial assessment shall ensure all required documents are present and filed in the eligibility section of the client chart. Documentation of financial and residency eligibility must be appropriate and current (e.g., not more than six months old, unless the document is an annual benefits letter from Medicaid, Social Security Administration, etc.). Clients shall be informed of their right to: confidentiality in accordance with state and federal laws, a choice of providers, an explanation of grievance procedures, privacy in compliance with Health Insurance Portability and Accountability Act (HIPAA) regulations. Clients shall receive a copy of the Client Bill of Rights and Responsibilities.

Indicators:

(4.1) Client Chart/Record Face Sheet (every 6 months and when change occurs).
(4.2) Composite Consent (includes confidentiality, Client Bill of Rights and Responsibilities, grievance, choice of providers) (once).
(4.3) Consent to Release and Exchange Information (SDIS) (once).
(4.4) Proof of HIV (once).
(4.5) Proof of Income (every 6 months and when change occurs).
(4.6) Financial Assessment (every 6 months and when change occurs).
(4.7) Current and valid proof of Miami-Dade County residency (once and when change occurs).
(4.8) Picture ID (for identification purposes only; once).
(4.9) Copy of Social Security Card (if client has Social Security Number) (once).
(4.10) Eligibility screening for third party payers (every 6 months and when change occurs).
(4.11) Documentation from Social Security Administration (SSA) of client's entitlement status, as appropriate (annually with a notation of "no change" at each 6 month update).

Eligibility and financial assessment need not be done by a medical case manager. This function may be performed by a trained eligibility clerk or a peer counselor with the appropriate training to conduct a financial assessment and eligibility screening.

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Proof of Eligibility and Financial Assessment* (continued)

Data Sources (4.1 - 4.11):
Record review; all required forms are complete, initialed, dated and signed as appropriate (*See Standard #5, 5.4 - 5.6*); copies of required eligibility documents are present and legible; documentation of eligibility screening for third party payers is present (*See Standard #11, 11.1 - 11.4*)

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Comprehensive Health Assessment and Plan of Care

Standard #5: The medical case manager shall develop a comprehensive, individualized Comprehensive Health Assessment and Plan of Care (POC) at the time of intake and every 6 months thereafter at a minimum; orientation and education on the service delivery system shall continue; the client shall be assisted to access timely, appropriate services; medication adherence shall be reinforced and medical information necessary to appropriately serve the client shall be obtained; the POC will include activities related to the coordination and follow-up of the client's medical treatment with clearly identified, measurable goals and timelines.

Guidelines (5.1 – 5.6):

(5.1) A comprehensive health assessment and POC shall be completed for all medical case management clients to include:

> ➤ Adherence assessment with appropriate client referrals to existing adherence programs as appropriate;
> ➤ Referrals to the University of Miami for pregnant women shall be made within 24 hours of initial contact with the medical case manager.

(5.2) All referrals shall be documented in the POC (*Applies to the referring agency*).

(5.3) The client will be advised of the peer counselor's availability and be scheduled to meet with the peer unless the client refuses.

(5.4) A current Viral Load (VL) lab result (no older than six months old) must be entered or already in the SDIS at the time of each six month reassessment in accordance with the Viral Load Protocol (11/30/2016). A CD4 lab result is optional following the latest U.S. Department of Health and Human Services (DHHS) treatment guidelines. *NOTE: Billing for Medical Case Management (MCM) and Peer Education and Support Network (PESN) services rendered will not be processed for clients with a missing or outdated (older than 6 months) VL lab result in the SDIS. Once the missing data is entered into the SDIS, the service will be available to be compiled in a bill.*

(5.5) Applications for eligibility under entitlement and benefit programs, including but not limited to Affordable Care Act (ACA) health insurance plans, shall be completed and filed with the appropriate entities.

(5.6) A progress note shall document the comprehensive health assessment and POC.

Indicators:

(5.1) No later than 3 workdays from completion of the eligibility/financial assessment the medical case manager shall complete: a) A Comprehensive Health Assessment, b) a Plan of Care (POC), and c) referrals as appropriate.

(5.2) Referrals documented in the POC will include: a) date and purpose of the referral; b) frequency of the requested service, if applicable; c) provider of the requested service (agency receiving the referral); and d) documentation reflecting follow-up on referrals.

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Comprehensive Health Assessment and Plan of Care (continued)

Indicators: (continued)

(5.3) Progress note(s) reflecting the date(s) of appointment(s) with a peer counselor or documentation that an appointment was refused.

(5.4) The medical case manager shall obtain initial baseline test results and semi-annual Viral Load test results; CD4 results optional in accordance with the latest U.S. Department of Health and Human Services (DHHS) treatment guidelines. The results shall be filed in the client record and information (if entered by a medical case manager or peer counselor) entered into the SDIS within 48 hours of receiving the results if not uploaded automatically into the SDIS.

(5.5) Within 45 calendar days of completing the eligibility and financial screening, dated, signed copies of applications, referrals and progress notes reflecting screening and submission of forms, including ACA forms, where applicable are complete and filed

(5.6) Dated, signed progress note corresponding to completion date of POC.

Data Sources (5.1 - 5.6)
Record Review; SDIS Review; completed, dated Comprehensive Health Assessment; completed, dated, signed POC based on needs identified in the Comprehensive Health Assessment; POC; progress notes (*See Standards #6, 6.2 - 6.5; and #11, 11.1 - 11.4*); Lab Test Results Reporting Form[1] or filed lab results.

[1]***Note:*** *The Lab Test Results Reporting form is required for Ryan White Program clients who do not receive outpatient medical care from a Ryan White Part A/MAI Program medical provider.*

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Referrals/Follow Up

Standard #6: Medical case managers and peer educators shall follow up on referrals to verify clients are receiving necessary services as documented in the Plan of Care and coordinate their efforts with other service providers to ensure service delivery is as seamless as possible to the client. The client's satisfaction with services received shall be assessed.

Guidelines (6.1 – 6.5):

(6.1) The peer counselor shall follow up, either face to face or by telephone, within 1 week of his/her initial meeting with a newly enrolled client.

(6.2) Certified referrals between Ryan White Program providers shall be generated electronically through the SDIS using the Ryan White Program Certified Referral form and recertified as appropriate for the service.

(6.3) Medication referrals shall note the name of the medication, dosage, strength and quantity, number of refills, name of prescribing physician and reasons for overrides as appropriate.

(6.4) Referral follow up for medications and other services shall be done in a timely manner to ensure coordination and benefit of services. All follow up shall be documented in the progress notes.

(6.5) All follow up on referrals shall assess the client's satisfaction with the service.

Indicators:

(6.1) Dated, signed progress note.

(6.2) Ryan White Program Certified Referral.

(6.3) POC, SDIS, progress note.

(6.4) Progress notes shall reflect follow up on medication referrals no later than 5 workdays from the referral date; referrals for other services followed up no later than 10 workdays from the appointment date or service delivery date.

(6.5) Client satisfaction, or lack thereof, documented in progress note.

Data Sources (6.1 - 6.5):
Record review; SDIS review; progress notes; Ryan White Program Certified Referrals; POC *(see Standard #5, 5.2)*

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Updates to Client Records

Standard #7: Appropriate client contact shall be maintained as needed to monitor the client's personal/medical status. Coordination and follow-up of the client's medical treatment shall be conducted. The efficacy of the Plan of Care (POC) shall be assessed to ensure service needs, goals, objectives, and barriers as noted in the POC are addressed. The Comprehensive Health Assessment and POC will be updated every 6 months or more often as needed.

Guidelines (7.1 – 7.3):

(7.1) An update (client contact) shall be documented no less than once every 3 months or more often as client need may dictate.

(7.2) Client medical care and compliance shall be monitored to ensure optimal health results.

(7.3) Financial eligibility, client chart/record face sheet, comprehensive health assessments and plans of care shall be updated no less than once every 6 months, or more often as client need may dictate per documentation.[1]

Indicators:

(7.1) Dated, signed progress note documenting client contact

(7.2) The medical case manager shall obtain lab test results semi-annually; the results shall be filed in the client record and the information (if entered manually) be in SDIS within 48 hours of receiving the lab results; medication adherence counseling shall be provided at least twice annually and more often, as needed, per documentation. *Note: Billing for Medical Case Management (MCM) and Peer Education and Support Network (PESN) services rendered will not be processed for clients with a missing or outdated (older than 6 months) VL lab result in the SDIS. Once the missing data is entered into the SDIS, the service will be available to be compiled in a bill.*

(7.3) Dated and signed as appropriate:
- Client Chart/Record Face Sheet
- Financial Assessments
- Comprehensive Health Assessment and Plans of Care
- Progress Notes
- Lab results

Data Sources (7.1 - 7.3):

Progress notes reflecting client updates, record review, progress notes, filed lab results or electronic lab results, SDIS review, updated forms.

[1]*Note: A six-month reassessment must include, at a minimum, updating the Financial Assessment, the Comprehensive Health Assessment (sections 1-5 and 8), and Plan of Care, as needed. Individual client need may require updating additional sections of the Comprehensive Health Assessment and Plan of Care. A complete assessment process is required once every 12 months.*

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Documentation Standards

Standard #8: To ensure consistency and quality of care across the medical case management service system, standardized forms shall be used and uniform standards of documentation shall be followed.

Guidelines (8.1 – 8.9):

(8.1) Standardized forms shall be used; Agencies shall have forms/services available in English, Spanish and French/Creole.

(8.2) Obtain Composite Consent for Enrollment form (includes the Client Bill of Rights and Responsibilities)(once)

(8.3) Obtain Consent to Release and Exchange Information in the SDIS form (once)

(8.4) Obtain Miami-Dade County Notice of Privacy Practices and Outreach Consent form (once)

(8.5) All client contacts shall be documented in the progress notes no later than 24 hours after provision of service. *Notes entered later than 48 hours after provision of service will be automatically rejected by the SDIS and will require a Miami-Dade County override in order to be entered and billed.*

(8.6) All peer counseling and medical case management units of service billed to the Ryan White Program shall be documented in the client chart.

(8.7) Documentation shall accurately record the time services began and ended and number and type of service units provided (e.g., 1 minute = 1 unit).

(8.8) All documentation shall be complete and legible, dated, signed (manual or electronic signature) and include the name and title of the individual who provided the service and made the entry.

(8.9) Progress notes shall be individualized to clearly describe the nature of the interaction or activities conducted on behalf of the client. **A complete reiteration of details already included in the Plan of Care (POC) should not be included in the progress notes.** The following information should be covered in a progress note, as appropriate: reason for interaction with client, client needs, client's unique circumstances, disease status, and the actions taken to address the needs and/or interventions performed on behalf of the client. For example, rather than repeating the detail from the Plan of Care or a Comprehensive Health or Financial Assessment, simply note that a POC or an assessment was completed or updated on that day. Be sure, however, that the POC and the assessments have sufficient detail to manage the client's case. **The use of copy/paste functions is cautioned.**

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Documentation Standards (continued)

Indicators:

(8.1) Required SDIS forms are complete, dated and signed as necessary, and filed in the client record.

(8.2) Signed, dated Composite Consent for Enrollment

(8.3) Signed, dated Consent for Release and Exchange of Information in the SDIS.

(8.4) Signed, dated Miami-Dade County Notice of Privacy Practices and Outreach Consent.

(8.5 - 8.7) Signed, dated progress notes documenting time and units (e.g., 11:30 am to 11:58 am, FFE, 28 units).

(8.8 - 8.9) All required forms and progress notes.

Data Sources (8.1 - 8.9):
Record review, SDIS review, SDIS printouts, reimbursement requests.

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Quality Assurance/Performance Improvement

Standard #9: Ongoing, systematic record reviews shall be performed with feedback provided to medical case managers resulting in continuously improving quality of service and performance.

Guidelines (9.1 – 9.3):

(9.1) Medical case management supervisors shall implement and document ongoing record reviews as part of quality assurance and performance improvement activities. Review tools developed by the Ryan White Program should be used for this when record reviews are conducted; and should be dated and signed by the supervisor.

(9.2) Quarterly client care review and/or quality improvement meetings shall be documented.

(9.3) Supervisory activities should include consultations with staff and client record reviews. Consultations may be billed to the County using the "Consultation" code (CON). Record reviews may be billed to the County using the "Record Review" code (REV). There is no longer a required number of hours that must be billed for REV or CON. However, documentation must be maintained in the client chart whenever billing for these codes.

Indicators:

(9.1)

- Internal record reviews conducted on a quarterly basis.
- It is recommended that 20 records or 10% (whichever is lower) of the provider's Ryan White Program medical case management client population records are reviewed on a quarterly basis.
- Supervisor reviews that documented information is entered in a timely manner, and is complete, legible and appropriate for the client's circumstances.
- Dated and signed review tools including client identification information.

(9.2) Meeting attendance logs and meeting minutes reflect issues discussed, problems identified, actions for correction and a time frame for completion of same.

(9.3) Documented reviews and progress notes reflecting supervisory oversight and discussion with medical case management staff.

Data Sources (9.1 - 9.3):
Record reviews by the supervisor, and documentation supporting billing codes for "consultation" (CON) and "record reviews" (REV).

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Quality Assurance/Performance Improvement (continued)

Standard #10: The medical case manager shall carry a reasonable case load that allows the medical case manager to effectively plan, provide and evaluate tasks related to client and system of care interventions.

Guidelines (10.1):
(10.1) Case loads shall be reviewed between the supervisor and medical case manager to determine and document caseload size.

Indicators:
(10.1) Case load reviews:

- Case load review at least every 6 months.
- For optimal quality of care, an active case load should not exceed 70 clients, not including clients with situational or minor needs such as referrals for transportation vouchers or other non-recurring needs.
- For optimal quality of care for clients and supervision of medical case managers, active case loads for medical case management supervisors should not exceed 35 clients.

Data Sources (10.1):
SDIS, SDIS case load reports per medical case manager, supervisory logs or records documenting case reviews, case load lists (medical case managers and medical case manager supervisors).

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Service Delivery Information System (SDIS)

Standard #11: Service access for clients, data collection and reporting requirements shall be facilitated by requiring all pertinent client data be entered into the SDIS in a timely manner. *(Refer to Standards #4 through #10 and #13.)*

Guidelines (11.1 – 11.4):
(11.1) All Ryan White Program intake information shall be entered into the SDIS in a timely manner.
(11.2) Financial eligibility shall be completed and entered into the SDIS.
(11.3) Comprehensive Health Assessment shall be completed and entered into the SDIS.
(11.4) POC information shall be completed and entered into the SDIS.

Indicators:
(11.1) Ryan White Program intake information entered into the SDIS at the time of initial contact.
(11.2) Financial eligibility, Comprehensive Health Assessments and POCs entered into the SDIS within 48 hours.
(11.3) Dated and signed financial eligibility, Comprehensive Health Assessments and POC.
(11.4) SDIS print outs.

Data Sources (11.1 - 11.4):
Record review, SDIS review.

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Advance Directives

Standard #12: The client shall be assisted in developing a legally binding advance directive that is on file in the event of personal incapacitation.

Guidelines (12.1):
(12.1) No later than one year from the date of the initial POC completion, the medical case manager will ensure that the client has completed an advance directive and its location is clearly documented; or medical case manager will document that the client refused said service.

Indicators:
(12.1) Advance directive to address the client's care and treatment decisions in the event of incapacitation is indicated in the progress notes or POC. In case of refusal, progress note reflects that the client declined to develop an advance directive.

Data Sources (12.1):
Record review, SDIS review, POC, progress notes, advance directive, client record face sheet.

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Case Closure/Case Transfer

Standard #13: Client records shall be closed with a Case Closure Form; clients who wish to transfer shall be assisted to do so in a timely manner.

Guidelines (13.1 – 13.4):

(13.1) Client records shall be closed with a Case Closure Form for clients with no contact for 6 months, or a Case Transfer Form within 10 business days of a request to transfer.

(13.2) Clients who wish to transfer shall be assisted to do so.

(13.3) Closure/transfer information shall contain an address/phone number/emergency contact where the client may be reached or detail the reason why said information cannot be obtained.

(13.4) Case closures and transfers shall be entered into the SDIS.

Indicators:

(13.1) Client records shall include a Case Closure Form/Case Transfer Form detailing the reasons for closure or transfer.

(13.2) Clients wishing to transfer:

- Copies of client records for transfers shall be mailed or be ready for pick up and Case Transfer Forms completed no later than 10 business days from the date of receipt of a written request from the client or client's legal representative.
- Prior to releasing information a current Consent to Release and Exchange Information in the SDIS must be in the client record.
- Completed Transfer Form.

(13.3) Completed Case Closure or Transfer Form.

(13.4) Data on case closure/transfer in SDIS within 24 hours of completed case action.

Data Sources (13.1 - 13.4):
Record review, SDIS review, progress notes, Case Closure Form/Case Transfer Form, current Consent to Release and Exchange Information in the SDIS

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Program Specific Operating Requirements (PS)

Standard PS #1: Medical case management providers must offer both medical case management and peer education and support network services.

Standard PS #2: Medical case management providers must have trilingual capabilities (English, Spanish, and French/Creole).

Standard PS #3: Medical case management providers shall ensure the provision of interpreters/assistance to the hearing, vision and reading impaired.

Indicators:
(PS #1) Progress notes, reimbursement requests.
(PS #2) Staff interviews, observation.
(PS #3) Providers shall allocate funds in their budgets to ensure provision of interpreters/assistance to the hearing, vision and reading impaired.

Data Sources:
Personnel files, record review, SDIS, observation, agency records, budget review, invoices, administrative review, linkage agreements.

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National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

A list of the Enhanced CLAS Standards as found on the U.S. Department of Health and Human Services, Office of Minority Health's Think Cultural Health website https://www.thinkculturalhealth.hhs. gov/clas), downloaded as of May 2, 2018 appear on the next two pages. With respect to the Miami-Dade County Ryan White Program, the term "health care organizations" in the following document is defined as "health care organizations and other organizations providing services to persons who are living with HIV" that receive funds under the Ryan White Part A and/or Minority AIDS Initiative (MAI) Programs.

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National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

OMH U.S. Department of Health and Human Services Office of Minority Health   www.ThinkCulturalHealth.hhs.gov   THINK CULTURAL HEALTH

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.
— *Dr. Martin Luther King, Jr.*

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is $1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

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HAB HIV Performance Measures

The Health Resources and Services Administration, HIV/AIDS Bureau (HRSA/HAB) has developed several performance measures that can be used by all programs funded by the Ryan White HIV/AIDS Program that provide HIV care or other relevant services. The measures can be used either at the provider or system level. Striving to reach 100% achievement for each performance measure is a laudable goal, but is not required. HRSA/HAB recommends that grantees use national benchmarks and baseline data to set realistic goals for funded agencies. As a result, the Miami-Dade HIV/AIDS Partnership and the County's Ryan White Program have adopted several of these performance measures.

Complete documents of the following HRSA/HAB HIV Performance Measures, as may be amended, can be found at http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html:

- **HAB HIV Performance Measures (web links to the following measures):**
    - **Core**
    - **All Ages**
    - **Adolescent/Adult**
    - **HIV-Infected Children**
    - **HIV-Exposed Children**
    - **Medical Case Management**
    - **Oral Health Care**
    - **AIDS Drug Assistance Program (ADAP)**
    - **Systems-Level**
    - **Frequently Asked Questions**

Copies of these documents can also be requested by contacting:

Carla Valle-Schwenk
Program Administrator
Miami-Dade County Office of Management and Budget
Grants Coordination/Ryan White Program
111 NW 1st Street, 22nd Floor
Miami, FL 33128
PHONE: 305-375-4742
FAX: 305-375-4454
EMAIL: cvalle@miamidade.gov

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Miami-Dade County Ryan White Program

Minimum Primary Medical Care Standards for Chart Review

Medical Care Subcommittee
Miami-Dade HIV/AIDS Partnership

Statement of Intent: *All local Ryan White Program-funded practitioners are required by contract to adhere, at a minimum, to the Public Health Service (PHS) Guidelines.*

Requirements

1. **Requirements for Practitioners** (Physicians, Nurse Practitioners, and Physician Assistants):

   - Practitioner must be a Physician (MD or DO), Nurse Practitioner, or Physician Assistant with current and valid license to practice medicine within the State of Florida
   - Practitioners must have a minimum experience treating 20 HIV+ clients over the past two years
   - Practitioners are strongly encouraged to complete at least 30 hours of HIV-related Continuing Medical Education (CME) Category 1 credits within a period of two years. When a new practitioner is working with a contracted practitioner, new practitioner is encouraged to comply within one year.
   - New practioners should be linked to existing Ryan White Program providers, AETC or through an AAHIVM specialist to support the new provider.
   - New providers will receive a chart review within 6 months.
   - Treat and monitor patients in adherence with current DHHS Guidelines and other standards of care, to include, but not limited to:
     a. DHHS Clinical Guidelines
        http://www.aidsinfo.nih.gov/Guidelines/
     b. US Preventive Taskforce
        http://www.uspreventiveservicestaskforce.org/BrowseRec/Index
     c. American Cancer Society Guidelines for the Early Detection of Cancer
        http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp
     d. European AIDS Clinical Society (EACS) guidelines on the prevention and management of metabolic diseases in HIV
        http://www.eacsociety.org/guidelines/eacs-guidelines/eacs-guidelines.html
     e. ACC/AHA Guideline on the Treatment of Blood Cholesterol
        http://circ.ahajournals.org/content/129/25_suppl_2/S1
     f. CDC Recommended Adult Immunization Schedule
        http://www.cdc.gov/vaccines/schedules/hcp/adult.htlm
     g. Incorporating Recommendations for HIV Prevention with Adults and Adolescents with HIV in the US
        http://stacks.cdc.gov/view/cdc/26062

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h. Although not paid for by the Ryan White Program, below are PrEP, nPEP and PEP guidelines:
   http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm
   https://aidsinfo.nih.gov/contentfiles/healthcareoccupexpogl.pdf
   http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf

- Follow an action plan to address any areas for improvement that are identified during quality assurance reviews.

Minimum Standards of Which Practitioners Will Be Measured

Assessments and Referrals

2. **Initial** - At initial visit:
   a. Comprehensive initial history
   b. Mental health and substance abuse assessment
   c. Physical examination, including review of systems
   d. Vital signs, including weight, BMI, height (no shoes)
   e. Gynecological exam including pap smear and pelvic for females
   f. Rectal examination and stool guaiac testing
   g. Sexual transmitted infection assessment as appropriate including at a minimum GC, Chlamydia at anatomical sites of potential exposure, RPR, and for females trichomoniasis NAAT of vaginal secretions.
   h. Age appropriate cancer screening
   i. Adherence to medications
   j. Risk reduction
   k. Safer sex practices-discussions may include PrEp, PEP, nPep and should include condom usage
   l. Preconception counseling for men and women
   m. Birth Control assessment

3. **Interim Monitoring and Problem-Oriented visits** - At every visit:
   a. Vital signs, including weight/BMI
   b. Physical examination related to specific problem, as appropriate
   c. Interval changes in vital signs addressed, especially trend in weight over time
   d. Adherence to medications
   e. Risk reduction
   f. Safer sex practices-discussions may include PrEp, PEP, nPep and should include condom usage

4. **Annual** - At each annual visit:
   a. Update comprehensive initial history, as appropriate
   b. Physical examination, including review of systems
   c. Vital signs, including weight, BMI, height (no shoes)
   d. Interval changes in vital signs addressed, especially trend in weight/BMI over time
   e. Mental health and substance abuse assessment
   f. Gynecological exam including pap smear and pelvic for females
   g. Rectal examination and stool guaiac testing
   h. Sexual transmitted infection assessment
   i. Age appropriate cancer screening
   j. Adherence to medications

    k. Risk reduction
    l. Safer sex practices-discussions may include PrEp, PEP, nPep and should include condom usage
    m. Preconception counseling for men and women

Assess and document health education on:
    n. Nutritional assessment/care
    o. Oral health care
    p. Mental Health assessment (particularly clinical depression)/care
    q. Exercise
    r. Drugs/Alcohol/Tobacco (including smokeless) assessment/care
    s. Domestic violence
    t. Birth control
    u. Advance Directives (completion or review)

5. **Additional Charting/Documentation at least annually:**
    a. Problem list complete and up-to-date
    b. Medications list complete with start and stop dates, dosages
    c. Allergies list complete and up-to-date
    d. Immunization list complete and up-to-date

Assessments to be included at Incremental Visits

HIV Specific

6. **CD4 T-cell count** [i,ii] - Entry into care, follow-up before ART every 3-6 months, ART initiation or switch, treatment failure, or if clinically indicated. For patients documented as adherent after two (2) years on ART with consistently suppressed viral load with CD4 counts of 300-500 cells/mm^3 test every 12 months, for those who have CD4 counts > 500 cells/mm^3, per PCP discretion, CD4 monitoring is optional. In accordance with the HRSA HAB performance measures, the local program defines consistently suppressed viral load as <200 copies/ml.

7. **HIV RNA** [i,ii] - Entry into care, follow-up before ART every 3-6 months, ART initiation or switch, 2-8 weeks post-ART initiation, treatment failure, or if clinically indicated. For patients documented as adherent with suppressed HIV Viral Load and stable clinical and immunologic status for > 2-3 years, can extend interval monitoring to every 6 months.

8. **ARV therapy is recommended and discussed** [i,ii] - Risks and benefits are discussed and if treatment initiated, follow-up with adherence. If declined, refusal is documented in record.

9. **Treatment of opportunistic infections and prophylaxis for opportunistic infections** [i,ii] - Specifically, but not limited to, Mycobacterium avium complex (MAC), Pneumocystis Jiroveci Pneumonia (PCP), and Toxoplasmosis (Toxo) prophylaxis per DHHS Guidelines[i].

10. **Resistance testing** [i,ii] - Entry into care, ART initiation or switch, treatment failure, or if clinically indicated. For treatment-naïve patients, if resistance testing was performed at entry into care, repeat testing is optional post-ART initiation; for patients with viral suppression who are switching therapy for toxicity or convenience, resistance testing will not be possible and therefore is not necessary. Genotype testing conducted at entry into care, prior to start of antiretroviral (ARV) therapy and when failing therapy (HIV viral load ≥ 1,000).

Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee   Page 3 of 8
Minimum Primary Medical Care Standards for Chart Review   Revised 2/26/2016

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11. **HLA-B*5701** [i,ii] - If considering start of abacavir and document in record carrying data forward to most current volume *(Currently not paid for by the Ryan White Program due to payer of last resort restrictions; must access test through ViiV Healthcare's HLA Aware Program)*.

12. **Tropism testing** [i,ii] - If considering use of CCR5 antagonist (HIV viral load must be ≥ 1000) or if clinically indicated. If performed, record carried forward to most current volume *(Currently not paid for by Ryan White Program due to payer of last resort restrictions; must access tropism test through ViiV Healthcare's Tropism Access Program)*.

STI Screenings

13. **Anal HPV Screening** [ii] - Men who have sex with men (MSM), women with a history of receptive anal intercourse or abnormal cervical Pap test, and all HIV-infected persons with genital warts should have anal Pap tests.

14. **Syphilis, N. gonorrhoeae** (GC), **C. trachomatis** (Chlamydia) [i,ii] - Screening should be performed at least annually for all sexually active patients, more frequently might be appropriate depending on individual risk behaviors, the local epidemiology of STDs, and whether incident STDs are detected by screening or by the presence of symptoms. Women or men who have sex with men (MSM) who engage in receptive anal intercourse - screen for rectal gonorrhea and Chlamydia. Women or MSMs who engage in receptive oral intercourse - screen for pharyngeal gonorrhea (Chlamydia not recommended). For MSMs with multiple or anonymous partners, or have sex during illicit drug use, or use methamphetamine, or have sex partners with these risk factors, screening is recommended at 3-6 month intervals.[iii] Assume that all adult patients are sexually active unless noted in history or progress note that patient denies being sexually active. Testing at anatomic site of exposure, is the preferred approach including self collection.

General Health including Labs

15. **ALT, AST, T. bili, D. bili** [i,ii] - Entry into care, follow-up before ART every 6-12 months, ART initiation or switch, 2-8 weeks post-ART initiation, or if clinically indicated.

16. **Basic chemistry** [i,ii] - Entry into care, follow-up before ART every 6-12 months, ART initiation or switch, 2-8 weeks post-ART initiation, or if clinically indicated. Serum Na, K, HCO3, Cl, BUN, creatinine, glucose (preferably fasting). It is suggested to monitor phosphorus while on tenofovir; determination of renal function should include estimation of creatinine clearance using Cockroft & Gault equation[iv] or estimation of glomerular filtration rate based on MDRD equation.

17. **CBC w/ differential** [i,ii] - Entry into care, follow-up before ART every 3-6 months, ART initiation or switch, 2-8 weeks post-ART initiation if a zidovudine-containing regimen, or if clinically indicated.

18. **Fasting Glucose** (12 hours fasting) **OR Hemoglobin A1c** [i,ii] - Entry into care, follow-up before ART annually if normal, ART initiation or switch, every 3-6 months if abnormal or borderline at last measurement, every 6 months if normal at last measurement, or if clinically indicated.

19. **Fasting Lipid Profile** [i,ii] (12 hours fasting) - Entry into care, follow-up before ART annually if normal, ART initiation or switch, consider 2-8 weeks post-ART initiation, every 6 months if abnormal or borderline at last measurement, every 12 months if normal at last measurement, or if clinically indicated.

20. **Urinalysis** [i,ii] - Entry into care, at time of ART initiation or change, every 6 months in patients with HIV-associated nephropathy and in patients on a tenofovir-containing regimen, or if clinically indicated[vi].

21. **Purified Protein Derivative** (PPD) [vi] - QuantiFERON TB Gold or Tuberculin Skin Test (TST), placed by the Mantoux method, should be performed as close to diagnosis of HIV infection and annually thereafter. If tested when CD4 < 200, repeat after CD4 increases to above 200. Annual PPD is recommended if patient is deemed high risk (repeated or ongoing exposure to known active TB, after incarceration, after living in congregate setting, active drug user or other risk factor for TB). If PPD positive or has had active Tuberculosis documented with adequate treatment, annual chest X-ray should be performed. If chest X-ray cannot be afforded, cough screen questionnaire may be used as suggested by David Ashkin, MD.

22. **Bone Densitometry** [iv] - Follow algorithm (Page 8 of this document). Age 40-50 calculate FRAX to determine earlier screening and use "secondary causes" check box when using FRAX calculator. FRAX calculator: http://www.shef.ac.uk/FRAX/. All greater than or equal to 50 men and postmenopausal women need DEXA.

23. **Colon and Rectal Cancer Screening** [v] - Colorectal cancer screening recommended for individuals between 50-75 years of age. For those with several first-degree relatives who had prostate cancer at an early age, this discussion should take place at age 40. Local preference is Immunochemical Fecal Occult Blood Test (iFOBT) once a year; iFOBT + flexible sigmoidoscopy OR double-contract barium enema every 5 years or colonoscopy every 10 years (if no findings).

24. **Hepatitis A Screening** [vii] - Unless Hepatitis C infected, may consider administering immunization when CD4 cell count greater than 200 cells/mm[3.] At initial screening, Hepatitis A total antibody (HAVAb) or IgG (not IgM).

25. **Hepatitis B Screening** [i] - At initial screening, Hepatitis B core antibody (HBcAb) total or IgG (not IgM), Hepatitis B surface antibody (HBsAb), and Hepatitis B surface antigen (HBsAg). If HBsAg is positive, evaluate Hepatitis B Viral Load by DNA PCR, and obtain Hep Be Ag and Ab.

26. **Hepatitis C Screening** [i] - At initial screening, Hepatitis C antibody (HCVAb) with reflex to HCV PCR. If HCVAb with reflex to HCV PCR is positive evaluate Hepatitis C (HCV) Viral Load, genotype, and include treatment plan in record; If negative and active Injection Drug User or other HCV risk factor, repeat HCVAb with reflex to HCV PCR at least annually but no more than quarterly; If there is an unexplained chronic LFT elevation, Hepatitis C viral load should be evaluated (even if HCVAb with reflex to HCV PCR is negative).

27. **Gynecological Exam** [ii, viii] (females), Including Pap smear and pelvic - Starting within 3 years of sexual activity onset or at age 21, at initial evaluation, or upon entry to prenatal care, and another Pap smear 6 months later. If both smears are negative, annual screening is recommended thereafter in asymptomatic women. More frequent screenings

recommended - every 6 months - for women with symptomatic HIV infection, prior abnormal Pap smears, or signs of HPV infection.

28. **Mammogram** [ix] (females) - Starting at age 40, screening recommended annually.

29. **Pregnancy test** [i,ii] (females) - If starting an efavirenz-containing regimen or if clinically indicated.

30. **Prostate-specific antigen (PSA) Screening** [x] (males) - PSA testing is an individualized decision to be made by clinician and patient based on current guidelines.

Immunizations

31. **Hepatitis A vaccination** [i,ii] - Offer vaccination if not immune. Assess for response 30 days after vaccination by performing Hep A antibody IgG or Hep A Total antibody. Document in record carrying data forward to most current volume.

32. **Hepatitis B vaccination** [i,ii] - Offer vaccination if not immune. Double dose is considered. Assess for response 30 days after vaccination by performing Hepatitis B surface antibody quantitative (Hep B SAb Quant). Document in record carrying data forward to most current volume.

33. **Human Papillomavirus (HPV) Vaccine** [xii] - Routine HPV vaccination at age 11 or 12 years. The vaccination services can be started beginning at age 9 years. Vaccination is also recommended for females aged 13 through 26 years and for males aged 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series. Males aged 22 through 26 years may be vaccinated. ACIP recommends vaccination of men who have sex with men and immunocompromised persons through age 26 years if not vaccinated previously *(Currently not paid for by Ryan White Program)*.

34. **Influenza vaccination** [i,ii] - Offer TIV annually and document in record.

35. **Pneumococcal polysaccharide (PPSV 23) and Pneumococcal conjugated (PCV13) vaccination** [i,ii,xi] - Should receive a dose of PCV13 (Prevnar 13), followed by a dose of PPV23 (Pneumovax) at least 8 weeks later. If previously vaccinated with PPV23, give PCV13 at least 1 year after PPV23. Administer to patients with CD4 cell count ≥200/ul. A second PPSV23 dose is recommended 5 years after the first PPSV23 and then again at age 65. At age 65, adults who have not received PCV13 nor PPSV23, should be given PCV13 followed by one PPSV23 6-12 months later. If at age 65 or older, PPSV23 has been given, administer PCV13 at least one year after the PPSV23 received at or after age 65.

36. **Tetanus, diphtheria, pertussis (Td/Tdap)** [xi] - Substitute 1-time dose of Tdap, for adults age 19-64 who have not received a dose of Tdap previously, for Td booster; then boost with Td every 10 yrs. Document in record carrying data forward to most current volume

37. **Varicella** [xi] - Test for immunity and vaccinate per guidelines.

[i] Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents http://www.aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf. Accessed on November 11, 2015.

[ii] Primary Care Guidelines for Management of Persons Infected with HIV: 2013 Update by the HIV Medicine Association of the Infectious Disease Society of America. (Clin Infec Dis January 2014, vol. 58) Accessed August 21, 2015.

[iii] *Counseling for Patients with HIV Infection and Referral to Support Services,* page 18, *Sexually Transmitted Diseases Treatment Guidelines, 2006,* http://www.cdc.gov/MMWR/PREVIEW/MMWRHTML/rr5511a1.htm. Accessed July 21, 2009

[iv] Recommendations for Evaluation and Management of Bone Disease in HIV. Clinical Infectious Disease 2015:60; 1242-1251.

[v] Adult Prevention and Treatment of Opportunistic Infections Guidelines Working Group. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. March 24, 2009. MMWR 2009; 58 (early release) pp 1-198. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e324a1.htm. Accessed July 21, 2009.

[vi] For patients with renal disease, consult "Guidelines for the Management of Chronic Kidney Disease in HIV-Infected Patients: Recommendations of the HIV Medicine Association of the Infectious Diseases Society of America" (Clin Infect Dis 2005; 40: 1559-85).

[vii] Routine pelvic examination and cervical cytology screening. ACOG Committee Opinion No. 431. American College of Obstetricians and Gynecologists. Obstet Gynecol 2009;113:1190–3.

[viii] https://aidsinfo.nih.gov/contentfiles/lvguidelines/AA_Tables.pdf Accessed August 21, 2015.

[ix] http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp. Accessed July 21, 2009.

[x] http://www.aidsetc.org/pdf/workgroups/pcare/pcwg-heptools.pdf. Accessed July 21, 2009.

[xi] http://www.cdc.gov/vaccines/schedules/hcp/adult.htlm. Accessed February 24, 2016.

[xii] Human Papillomavirus Vaccination: Recommendations of the Advisory Committee on Immunization Practices (ACIP), March 27, 2015 MMWR 2015: 64 pp 300-304. Available at: http://www.cdc.gov/mmwr/pdf/wk/mm6411.pdf#page=12. Accessed February 22, 2016.

NOTE: Inclusion of the BONE DENSITOMETRY ALGORITHM (Extract from pg 1244 CID 2015:30 (15 April)) is not included at this time as it is pending approval of usage, due to copyright restrictions.

Miami-Dade County Ryan White Program
Oral Health Care Standards

Standard 1: Oral health care providers shall ensure that all staff has sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population: initial orientation and training for new staff shall be provided and all staff shall participate in ongoing HIV/AIDS trainings.

	Standards of Care	Measure
Standard 1.1	All oral health care staff will possess appropriate licenses, credentials and expertise; experience working with HIV/AIDS clients is desirable.	• Copy of current license for each staff person, with provider number, as required by Florida law: copies of current required operational licenses as required by Florida law. • Documentation of work experience (letters of recommendation, work references, etc.)
Standard 1.2	Policies and procedures.	Written policies and procedures manuals.
Standard 1.3	Newly hired staff will receive orientation within one month of hire, including training on Ryan White Program eligibility and service requirements.	Documentation of completed orientation on file including documentation of training on Ryan White Program eligibility and service requirements.
Standard 1.4	Ongoing annual HIV/AIDS staff training.	Documentation of all completed annual trainings on file.

Standard 2: Clients receiving services meet Ryan White Program eligibility requirements and are informed of their rights per Ryan White Program standards.

	Standard	Measure
Standard 2.1	Ryan White Program client eligibility screening and demographics present.	• Proof of HIV status, financial eligibility, permanent residency in Miami-Dade County OR • Current (not > 6 mos.) Ryan White Program Certified Referral. • Demographics include at a minimum: address, phone number, emergency information, age, race/ethnicity and gender.

Miami-Dade County Ryan White Program
Oral Health Care Standards

Standard 2.2	Ryan White Program required documents present, signed, and dated.	• Signed and dated *Consent to Release and Exchange Information in the System Delivery Information System (SDIS)* OR current (not > 6 mos.) Ryan White Program Certified Referral • Documentation that *Outreach Consent/Miami-Dade County Notice of Privacy Practices* and *Composite Consent* were provided.
Standard 2.3	General Consent for Treatment	Signed general consent for treatment present.

Standard 3: All clients shall have a completed initial medical history with updates as appropriate; medical conditions and allergies are noted; an oral health history is taken.

	Standard	**Measure**
Standard 3.1	Initial Comprehensive Medical History	• There is an initial comprehensive medical history including medications and conditions affecting diagnosis and management of oral health care. • The initial comprehensive medical history is signed and dated by the client and dentist.
Standard 3.2	Medical History is updated at least once a year.[a]	Medical history is updated every 6 months or at the next appointment after six months.
Standard 3.3.	Medical conditions and allergies are noted.	• Medical conditions and/or medications requiring an alert are flagged. • Allergies/ no known allergies (NKA) are noted.
Standard 3.4	An oral health history is taken and updated at least once a year.[a]	Oral health history is taken that includes problems with or reactions to anesthesia, specific or chief complaints (if any), problems with previous treatment (if any).

Miami-Dade County Ryan White Program
Oral Health Care Standards

Standard 4: Documentation across providers shall reflect, at a minimum, services provided including procedure codes, treatment plans, examinations, charting grids, informed consents, refusal of treatment, and periodontal maintenance.

	Standard	Measure
Standard 4.1	Treatment assessment and planning developed and/or updated at least once a year. [a]	Completed treatment plan is in the progress notes OR a treatment plan form is completed.* *If clients access oral health services for episodic care only, documentation in treatment notes will reflect clients were advised to return for examination and a treatment planning appointment. If client does not present for this appointment, documentation in client's chart of advice to return for planning may serve as treatment plan.*
Standard 4.2	Documentation reflects services provided.	Documentation, at a minimum, includes: • Date of service • Tooth number, if appropriate • Service description • Procedure code billed • Anesthetic used including strength and quantity • Materials used, if any • Prescriptions or medications dispensed, including name of drug, quantity, and dosage • Education provided • Signature and title

Standard 4.3	A comprehensive examination is provided* *Not applicable for episodic care, follow up, or problem-focused examinations. **OR** A problem-focused oral examination is performed.	Comprehensive Examination includes: • Cavity charting • Complete periodontal exam or periodontal screening record • Documentation of restorations & prosthesis • Full mouth radiographs • Pre-existent conditions • Disease presence • Structural anomalies • Oral hygiene instruction • Prescriptions or medications dispensed including name of drug, quantity, and dosage • Education provided Problem-focused examination includes: • Chief complaint is documented • Problem-focused evaluation is performed • Prescriptions or medication dispensed include name of drug, quantity, and dosage • Radiographs as necessary • Specific oral treatment plan • Education provided • Return for further evaluation documented
Standard 4.4	Charting grids are completed as appropriate.	Charting of the examination findings/treatment is completed in the appropriate tooth grids.
Standard 4.5	Informed specific consents are present for each oral surgery procedure.	A signed, informed, specific consent is present for all oral surgery procedures that includes the risks, benefits, alternatives, and consequences of not having the procedure.

Standard 4.6	Refusal of treatments/radiographs is documented.	• Client refusal for treatment/radiograph is documented (form or in progress note) with dentist (DDS) signature, client signature or initials and date; signature and date of witness are present. • Reason for DDS refusal to perform a requested treatment is documented; signature and date of witness are present.
Standard 4.7	Periodontal screening or examination is done at least once a year.[a]	Charting of the examination findings/treatment is documented in the client record.
Standard 4.8	Periodontal maintenance is regularly performed.* *Not applicable for clients who are "No shows" AND "No show" is documented; not applicable for episodic care.	Periodontal maintenance is performed according to the treatment plan or at the next appointment, if later than six months.
Standard 4.9	Oral health education offered at least once a year.[a]	Education documented in the client record.

Standard 5: Client care and referrals shall be coordinated with other care providers, as appropriate.

	Standard	**Measure**
Standard 5.1	Treatment provided for oral opportunistic infection (when indicated) is coordinated with client PCP.* *Not applicable if no oral opportunistic infection (OI) Dx/treatment documented.	Documentation reflects treatment provided for oral OI and coordination with PCP.
Standard 5.2	Referral and coordination of care.* *Not applicable if no condition documented and no referral made. Tobacco use and referral.* *NA for clients not using tobacco products. Nutritional problems and referral.* *Not applicable when no indication of nutritional problems.	• Documentation in client record of the condition and referral to a specific specialty or ancillary service provider. • Documentation of heavy tobacco use and referral to a tobacco counseling program. • Documentation of nutritional problems and referral to a nutritionist for nutritional counseling.

Miami-Dade County Ryan White Program
Oral Health Care Standards

Standard 6:   Clients shall receive education in preventive oral health practices; tobacco, and nutritional counseling as appropriate.

	Standard	**Measure**
Standard 6.1	Education will be provided in preventive oral health practices[1] including hygiene, nutritional education[2] as related to oral health care and education, as appropriate, concerning tobacco use[3]. [1]Not applicable for episodic care. [2]Not applicable for episodic care. [3]Not applicable if no indication of tobacco use; not applicable for episodic care.	• Documentation of education in preventive oral health practices including hygiene is provided every six months or at next appointment if later than six months. • Documentation of nutritional education as related to oral health. • Documentation of education, as appropriate, concerning tobacco use.

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[a]   Reflects Health Resources and Services Administration (HRSA) HIV/AIDS Bureau Core Performance Measures for Oral Health Care

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Applicable service categories are listed in alphabetical order:

MENTAL HEALTH THERAPY/COUNSELING

Guidelines (Mental Health Therapy/Counseling Levels I and II): Providers will adhere to generally accepted clinical guidelines for mental health therapy/counseling of persons living with HIV or AIDS. The following are examples of such guidelines:

- American Psychiatric Association (APA). HIV Psychiatry – Training and Education, as well as Resources [e.g., Fact Sheets: HIV and Clinical Depression; HIV and Anxiety; HIV and Cognitive Disorders; HIV and Delirium; HIV and Substance Use; HIV and People with Severe Mental Illness (SMI); and Pain in HIV/AIDS]; and Publications (including links to other related books and journals, such as the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – DSM-5). Available at:
  https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychiatry and
  https://www.psychiatry.org/psychiatrists/search-directories-databases/publications.
  Accessed 4/25/2016.

- American Psychiatric Association. Latest Published APA Practice Guidelines on HIV/AIDS, 2010; and The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition, 2016. Available at:
  https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines and
  http://psychiatryonline.org/guidelines.aspx.
  Accessed 4/25/2016.

OUTPATIENT MEDICAL CARE (INCLUDING MINORITY AIDS INITIATIVE)

Guidelines: Providers will adhere to the following clinical guidelines for treatment of HIV/AIDS specific illnesses (which can be found at www.aidsinfo.nih.gov/guidelines/, unless otherwise noted below):

- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Last updated January 28, 2016; PDF pp 1-277.
  Available at: https://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf.
  Accessed 4/25/2016.

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OUTPATIENT MEDICAL CARE (INCLUDING MINORITY AIDS INITIATIVE) (continued)

- Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Last updated March 1, 2016; PDF pp 1-334. Available at: https://aidsinfo.nih.gov/contentfiles/lvguidelines/pediatricguidelines.pdf. Accessed 4/25/2016.

- Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. Last updated August 6, 2015; PDF pp 1-264. Available at: https://aidsinfo.nih.gov/contentfiles/lvguidelines/perinatalgl.pdf. Accessed 4/25/2016.

- Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents. Guidelines for the prevention and treatment of opportunistic infections in HIV-infected adults and adolescents: recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. Last updated June 17, 2013; PDF pp 1-412. Available at: https://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf. Accessed 4/25/2016.

- Panel on Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Department of Health and Human Services. Last updated November 6, 2013; PDF pp 1-384. Available at: https://aidsinfo.nih.gov/contentfiles/lvguidelines/oi_guidelines_pediatrics.pdf. Accessed 4/25/2016.

- U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. Clinical Care Guidelines/Protocols, including the following, as appropriate: A Guide to the Clinical Care of Women with HIV (2013), Guide for HIV/AIDS Clinical Care (2014), A Guide for Evaluation and Treatment of Hepatitis C in Adults Coinfected with HIV (2011), A Guide to the Primary Care of People with HIV/AIDS (2006), Pocket Guide to Adult HIV/AIDS Treatment (2006), and Health Care and HIV: Nutritional Guide for Providers and Clients (2002). Available at: http://hab.hrsa.gov/deliverhivaidscare/clinicalguidelines.html. Accessed 4/25/2016.

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OUTPATIENT MEDICAL CARE (INCLUDING MINORITY AIDS INITIATIVE) *(continued)*

- Additional Education Materials (e.g., fact sheets, glossary, and infographics) on HIV Overview, Prevention, Treatment, Pregnancy, Side Effects, and Special Populations, found at https://aidsinfo.nih.gov/education-materials/. Accessed 4/25/2016.

- In addition, providers will adhere to other generally accepted clinical practice guideline standards, as follow:

Standards:
- Providers will inform clients as to generally accepted clinical guidelines for HIV+ pregnant women, treatment of AIDS specific illnesses, clients infected with tuberculosis, hepatitis, or sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

- Providers will screen for TB and make necessary referrals for appropriate treatment. In addition, providers will follow Universal Precautions for TB as recommended by the CDC. Providers will also screen for hepatitis, sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

SUBSTANCE ABUSE TREATMENT/COUNSELING – RESIDENTIAL & OUTPATIENT (INCLUDING MINORITY AIDS INITIATIVE)

Guidelines: Providers will adhere to generally accepted clinical guidelines for substance abuse treatment of persons living with HIV/AIDS. The following are examples of such guidelines:

- American Society of Addiction Medicine. *Principles of Addiction Medicine*, Fifth Edition; June 6, 2014.
  Available at: http://www.asam.org/publications/principles-of-addiction-medicine.
  Accessed 4/25/2016.

- American Society of Addiction Medicine (ASAM). *ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. October 24, 2013.
  Available at: http://www.asam.org/publications/the-asam-criteria.
  Accessed 4/25/2016.

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SUBSTANCE ABUSE TREATMENT/COUNSELING – RESIDENTIAL & OUTPATIENT (INCLUDING MINORITY AIDS INITIATIVE) (continued)

- American Society of Addiction Medicine. Public policy statements on HIV/AIDS and Addiction, including, but not limited to, *Primary Medical Care for HIV Infected Patients in Addiction Treatment (2000)*, and other policy statements related to the substance abuse treatment of clients living with HIV/AIDS.
  Available at: http://www.asam.org/advocacy/find-a-policy-statement.
  Accessed 4/25/2016.

- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.

- Rules governing the provision of substance abuse treatment services consistent with the regulations promulgated by the State of Florida's Alcohol Prevention and Treatment (APT) and Drug Abuse Treatment and Prevention (DATAP) programs, as may be amended.

- Rules governing the provision of residential and outpatient substance abuse treatment services with regards to licensure and regulatory standards that are consistent with the administrative regulations promulgated in Chapter 65D-30, Substance Abuse Services Office, of the Florida Administrative Code under the State of Florida Department of Children and Families, as may be amended.

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