

**Fiscal Year (FY) 2016 Ryan White Program  
Service Delivery Guidelines (SDG)  
Summary of Updates**

The following is a snapshot of changes made to the Service Delivery Guidelines from FY 2015 to FY 2016; see the actual Guidelines for details:

**Section I: Service Definitions**

**1) Table of Contents**

- a) This section continues to list the service categories in alphabetical order.
- b) The FY 2016 Service Priority number (SP#) is indicated for each service, for Part A and MAI, where applicable.
- c) Health Insurance Services was updated to reflect the various components of the service.
- d) Revised Letters of Medical Necessity section.
- e) Added Lab Test Results Reporting Form to the Client Eligibility section.

**2) General Requirements**

- a) Updated Client Eligibility documentation.
- b) Updated references to the new FY 2016 Federal Poverty Level (FPL) Guidelines throughout the FY 2016 SDG.
- c) Moved Referral time limits from “D. Support Services” to “III. Referral Requirements”.
- d) Updated “Section II. Minority AIDS Initiative (MAI) Requirements” to reflect limitation on minority groups to be served with MAI funds in FY 2016. MAI services will be limited to Black/African Americans, Black Haitians, and Hispanics of any race/ethnicity. All other program-eligible clients will continue to be served under Ryan White Part A Program funding.
- e) Updated references in “IV. Additional Expectations” related to the Healthy People 2020 and the National HIV/AIDS Strategy (NHAS) – Updated to 2020.
- f) Updated the required disclaimer for HRSA-supported publications.

**3) Food Bank**

- a) No changes.

**4) Health Insurance Services**

- a) Completely updated to reflect program changes and local implementation of the Affordable Care Act Requirements, the ADAP/AICP program, the ADAP/Part A ACA Wraparound Project and the Part A ACA Pilot Project for Doctor Office Visit, Lab & Diagnostic Co-payments.
  - (i) NOTE: Assistance under the Part A ACA Pilot Project for the referenced co-payments was extended to December 31, 2016.

**5) Legal Assistance**

- a) Added a statement under “A. Program Operation Requirements” indicating that Adoption/Guardianship and Permanency Planning activities do not include any legal services that arrange for guardianship or adoption of children after the death of a client. This is a restriction from HRSA.

- 6) Medical Case Management (MCM) / Peer Education and Support Network (PESN)**
- a) Added references to reports that should be run monthly by Medical Case Managers: Last Known Contact Report, Client Assessment Due report, and the Missing CD4/Viral Load Analysis report.
  - b) Confirmed the goal to enter encounters and progress notes in the SDIS is preferably 24 hours, but encounters not entered within 48 hours (2 business days) will be rejected in the SDIS. This change was effective back in June 1, 2015, and will not be extended to 72 hours.
  - c) Use of the Newly Identified Client (NIC) code was reinstated back in FY 2015.
  - d) Added clarification to several activity billing codes (Collateral, Documentation, Newly Identified Client, and Plan of Care).
  - e) Plan of Care Update (PCU) billing code was discontinued as of March 1, 2016. All Plan of Care activities should now be billed under POC.
  - f) Added to “Rules for Reporting” a requirement that providers of medical case management services must develop a method to track and report client wait time to make an appointment with the medical case manager and upon arrival for the appointment; and make such reports available to OMB-GC (grantee) staff or authorized persons upon request.
- 7) Mental Health Therapy/Counseling**
- a) The opening paragraph description was revised for clarity.
  - b) Staff qualifications for Level II Mental Health Counseling was expanded to include Florida registered interns as defined by Florida Statute 491.0045 (clinical social work intern, mental health counselor intern, or marriage and family therapy intern; or a psychology intern, post-doctoral intern, or fellow satisfying Rule 64B19-11.005 of the Florida Administrative Code. Such interns will provide services under the supervision of a licensed State of Florida LCSW, LMHC, LMFT or licensed psychologist.
- 8) Oral Health Care**
- a) The opening paragraph description was revised for clarity.
  - b) Updated reference to the American Dental Association’s new Current Dental Terminology (CDT) 2016 book.
  - c) Included clarification of required provision of walk-in slots and that clients with urgent/emergent dental issues would be triaged by appropriate dental staff, and clients with substantial issues would be seen same day or within 48 hours (2 business days) depending on the severity of the dental issues.
  - d) Statement that the reimbursement structure for this service category was currently under review. Until a change is announced providers will continue to be reimbursed based on the FY 2015 reimbursement structure for Ryan White Part A oral health care services.
  - e) Added to “Rules for Reporting” a requirement that providers of oral health care services must develop a method to track and report client wait time to make an appointment with the dental provider and wait time upon arrival for the appointment; and make such reports available to OMB-GC (grantee) staff or authorized persons upon request.
- 9) Outpatient Medical Care**
- a) Updated Fee Schedule references.
  - b) Removed references to clinical guidelines and referred reader to Section III of the Service Delivery Guidelines book which includes the Minimum Primary Medical Standards for Chart Review.
  - c) Included a reference regarding limited ability to see a newly identified client that does not have a confirmatory HIV test result. The limit is one medical visit within 30 days of the referral from the medical case manager or the outreach worker.

- d) The Outpatient Specialty Care section was revised to include the same specialties that are indicated on the Program's Allowable Medical Conditions List (for HIV-related services) (see Section VIII) of the SDG.
- e) Added clarification on the limitations for optometry and ophthalmology services.
- f) Added to "Rules for Reporting" a requirement that providers of outpatient medical care must develop a method to track and report client wait time to make an appointment with the medical provider and wait time upon arrival for the appointment; and make such reports available to OMB-GC (grantee) staff or authorized persons upon request.

**10) Outreach Services**

- a) Included a reference regarding limited ability to see a newly identified client that does not have a confirmatory HIV test result. The limit is 3 encounters within 30 days.
- b) Updated references to procedures for newly diagnosed clients who are referred to the Ryan White Part A/MAI Program through the Florida Department of Health linkage referral process. If these clients are not linked to care within 30 days, the client should be referred to a FDOH Disease Intervention Specialist.
- c) Clients not successfully connected through all outreach and FDOH efforts should have their case closed in the SDIS unless there is a well-documented, reasonable justification to keep the case open.
- d) Section "D. Allowable Outreach Activities" was updated for clarity.
- e) A statement was added that if a Part A/MAI outreach provider has an established agency policy not to send staff to conduct home visits, and it is determined that a home visit is necessary for successful linkage, the client's case should be transitioned to a Part A/MAI-funded outreach provider that IS able to conduct home visits.

**11) Prescription Drugs**

- a) Added a statement that Prescription Drug services under Part A/MAI cannot be used on an emergency basis (defined as a single occurrence of short duration).
- b) Updated reference to the Medicare Part D and Low Income Subsidy Federal Poverty Level ranges.

**12) Substance Abuse Counseling**

- a) Updated general description under "I. Substance Abuse Counseling – Outpatient".
- b) Added clarifier that residential substance abuse treatment is not a pre-requisite to access outpatient substance abuse counseling. However, clients graduating from residential substance abuse counseling are encouraged to transition to outpatient substance abuse treatment/counseling services.

**13) Transportation Vouchers**

- a) Added a clarification that service providers will monitor client attendance at monthly medical and/or social service appointments. Clients who are non-compliant may lose access to Part A-funded transportation voucher services.

**Section II – Cost & Eligibility Summary**

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

### **Section III – Standards**

- 1) System-wide Standards of Care
  - a) No significant changes.
- 2) Medical Case Management Standards of Service – Updated in its entirety, with significant changes throughout which should be reviewed thoroughly and carefully.
  - a) One major change is to the training component.
- 3) HAB HIV Performance Measures
  - a) No changes.
- 4) Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards, Minimum Primary Medical Care Standards for Chart Review, & the Oral Health Care Standards
  - a) All three of these documents underwent significant updates. Please review them in detail.
- 5) Additional Guidelines
  - a) Updated references to clinical guidelines and other generally accepted treatment guidelines. All references are current as of April 25, 2016.

### **Section IV – Licensing**

- 1) The Mental Health Therapy/Counseling section was revised to include the supervised interns as allowable service providers under Level II counseling.

### **Section V – Letters of Medical Necessity (LOMN)**

- 1) All LOMNs are up-to-date. The most currently revised LOMN was for Testosterone Supplementation, revised as of 11/9/2015.

### **Section VI – Client Eligibility**

- 1) Revised contract shell excerpt related to acceptable documentation to support client financial eligibility for FY 2016.
- 2) Revised the Out of Network (OON) Referral cover page. Note that OON Referrals are only valid for 6 months, regardless of the service.
- 3) Added a Lab Test Results Reporting form, required for any clients who do not receive medical care from a local Part A/MAI medical provider. This is necessary in order to be able to track Viral Load test results, at a minimum, for reporting to HRSA of changes to client health outcomes.
- 4) Updated FY 2016 FPL tables.
- 5) Revised Eligibility Documentation Checklist. No changes to the Head of Household (HOH) letter template or to the Statement of No Income and Local Residence form (for clients up to 25 years of age, where applicable)

### **Section VII – PESN Essential Functions**

- 1) No changes.

**Section VIII – Allowable Medical Conditions List (for HIV-related services)**

1) Revised Allowable Medical Conditions List, as approved by the Miami-Dade HIV/AIDS Partnership on 10/13/2015, is included.

**Section IX – Local Implementation of the Affordable Care Act Requirements**

1) Most documents were updated. Please review this section thoroughly.