



**UNITED WE FIGHT.
UNITED WE WIN.**

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"Viera Wetlands Sunrise," Matthew Paulson Photography (2012)

July 27th, 2022

Part B Network Meeting

Yasmin Andre, Director
Doris Huff, Planning & Evaluation
Vera Smith, Accountant

Mikaela Mendoza-Cardenal, CQM
Whitney Marshall, PCS Manager



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Welcome!

Please drop your
name, role, and agency
in the chat 😊



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Central Florida Fentanyl Summit

2022 CENTRAL FLORIDA FENTANYL SUMMIT



21ST AUG

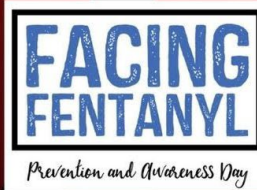
1:00PM-3:00PM

DOORS OPEN AT 12:30PM

Cocoa Beach Country Club
5000 Tom Warriner Blvd.
Cocoa Beach, FL 32931



BLUEPLAID.ORG



DISCUSSIONS

AND INSIGHTS

Including experts from:

- The Blue Plaid Society
- Drug Enforcement Agency
- Brevard County Sheriff's Office
- Brevard Prevention Coalition



GET THE FACTS



KNOW THE RISKS



REGISTER

In 2020, Brevard County had 63 overdose deaths per 100,000 people – more than Dade County (30 deaths) and Orange County (16 deaths) combined

"You don't have to be in active addiction to die. The street drug supply is unpredictable and inconsistent. Assume sudden death risk no matter what drug you are using." BluePlaid.org

Registration link:

<https://www.eventbrite.com/e/central-florida-fentanyl-summit-tickets-381906220787>



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Central Florida HIV Planning Council

Whitney Marshall



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Business Meeting TONIGHT



CFHPC PRESENTS
Planning Council Business Meeting

Wednesday,
July 27th
6:00 – 8:00 pm

**HEART OF FLORIDA
UNITED WAY**
1940 CANNERY WAY,
ORLANDO, FL 32804

The poster features a black background with white and green text. A hand holding a blue pen is writing on a spiral notebook. The background is decorated with stylized green and purple leaves.

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Lake County Town Hall



ENDING THE HIV EPIDEMIC

Lake County Townhall



Thursday
July 28, 2022
4:00 - 7:00PM



Eustis Service Center
301 W. Ward Ave
Eustis, FL 32726

Scan QR Code To Register



Doors Open At 3:30 PM



A Light Dinner Will Be Served



Transportation Available
Contact PCS at 407-429-2216

- *Share your feedback. We want to hear your suggestions.*
- *Learn about the Integrated Plan to end the HIV epidemic*



Central Florida HIV Planning Council
centralfloridahivpc.com

**Thursday, July 28th
from 4:00 PM to 7:00 PM**

**Eustis Service Center
301 W. Ward Avenue
Eustis, FL 32726**

**Transportation for RW clients:
407-429-2216**

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Brevard County Town Hall



Central Florida HIV PLANNING COUNCIL

Ending the HIV Epidemic

BREVARD COUNTY TOWN HALL

11 AUGUST 2022
4pm-7pm

Comprehensive Health Care
1509 N. Harbor City Blvd.
Melbourne, FL, 32935

Doors open @ 3:30 PM
A light dinner will be served
Transportation available via Lyft
Contact PCS at 407-429-2119

Learn about the Integrated Plan to End the HIV Epidemic
Share your feedback! We want to hear from you!

For more info and to register scan the QR code or visit:
brevardtownhalleventbrite.com

SCAN ME

**Thursday, August 11th
from 4:00 PM to 7:00 PM**

**Comprehensive Health Care
1509 N. Harbor City Blvd.
Melbourne, FL 32935**

**Transportation for RW clients:
407-429-2216**

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Ryan White Updates

Yasmin Andre

Doris Huff



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MCM Training

**Tuesday, October 4th and
Wednesday, October 5th**
Comprehensive Health Care
1495 N. Harbor Blvd.
Melbourne, FL 32935



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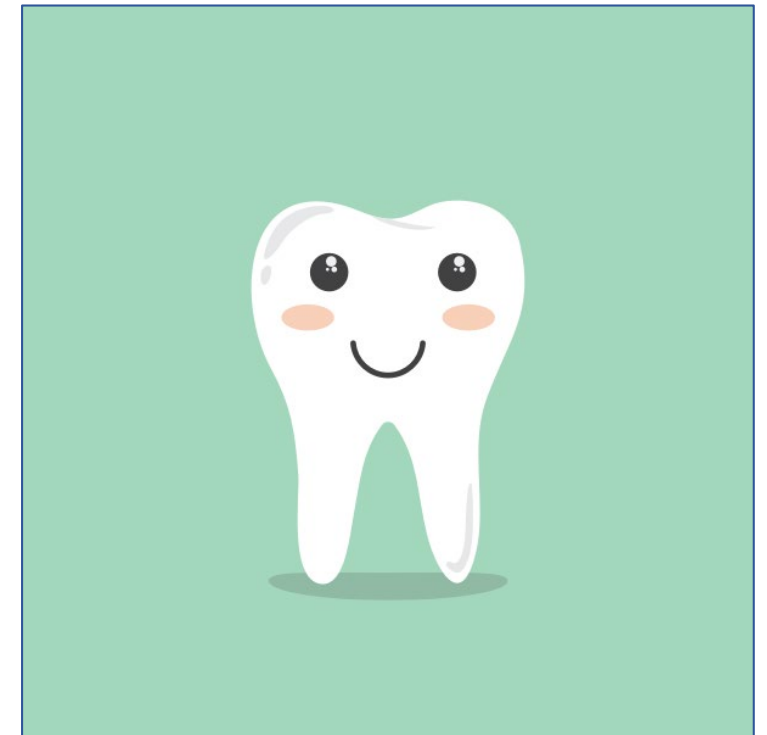
RW Portal

THANK YOU
for your patience and flexibility!

- Area 7 clients still not imported
- Updates will come via e-mail
- Please continue to use CAREWare to complete eligibility
- Reach out to HIVAppSupport@flhealth.gov or HFUW with any questions or concerns

Delta Dental Program Expectations

- Condition of enrollment: **(1) preventative health service every (6) months**
 - Case Managers play an important part in reminding clients of need for regular follow-up
- Clients have until **November 1, 2022**
- Appointments are tracked through Delta weekly billing
- Agencies receive monthly client list tracking non-compliance

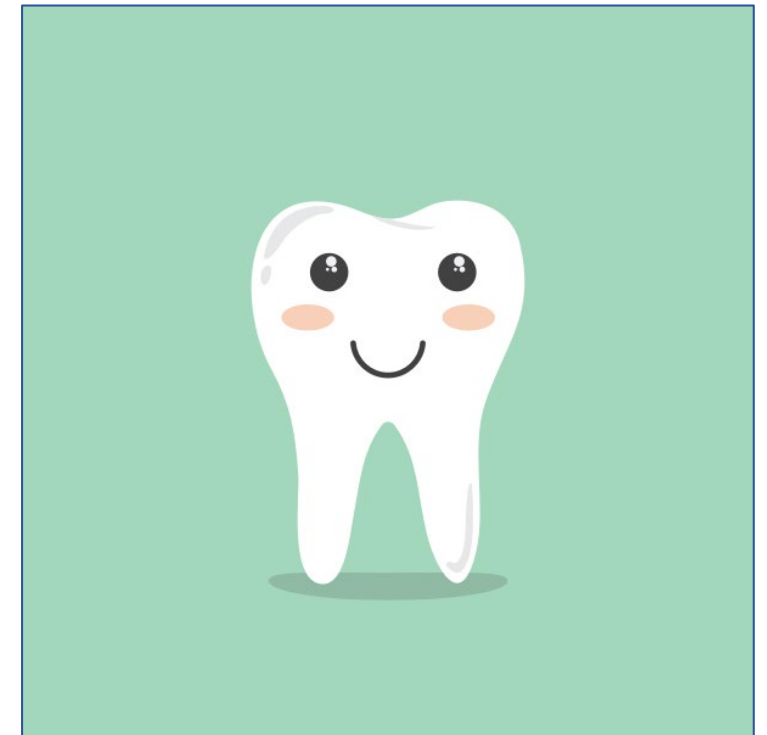


Delta Dental Program Expectations

Current Enrollment: 170 Clients Waitlist: 6 clients

Reminders:

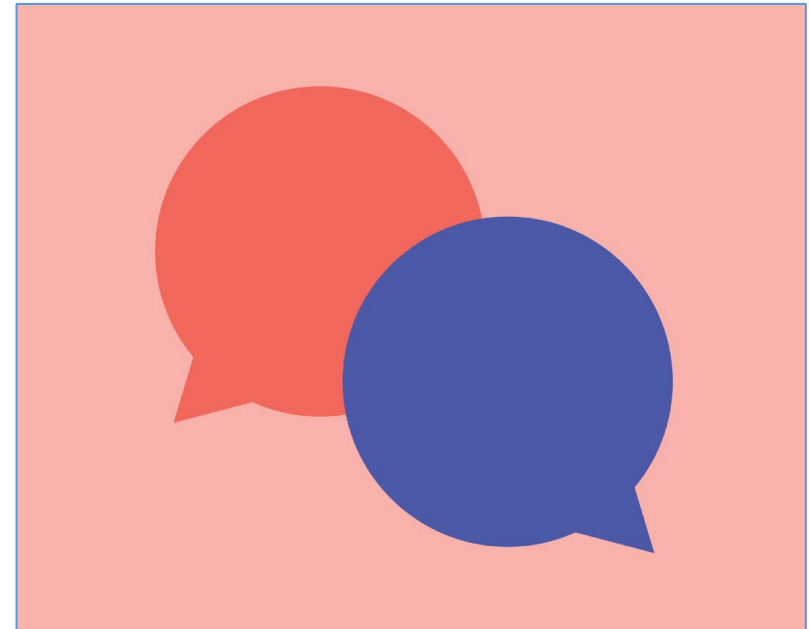
- Please direct questions from dental providers to the Lead Agency.
- Cap-Max-Exceed request must have a Pre-Treatment plan and EOB for submission.
- Cap-Max Exceed request must be submitted ***before*** the dental work is performed.
- Approved Cap-Max-Request Letter sent to agency.



Mental Health Referrals

Service Guidance:

- Payor of last resort always applies
 - Clients with health insurance must access mental health providers contracted with their insurance provider
- Uninsured clients referred to BWCA
- First referral approved for 15 counseling visits
- Second referral approved for 11 visits, if indicated based on treatment plan
- Maximum units allowed: 26 units (visits) per client per year
- Only applies to counseling/therapy, *not* psychiatry



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Upcoming: Resource Hub

Mika Mendoza



Heart of Florida United Way

Project: Part B Resource Hub

- HFUW is developing a Resource Hub for Part B client-facing staff
- Planning to include:
 - All relevant manuals
 - Fillable PDFs of required forms
 - Video recordings of relevant Network Meeting topics
 - Local resource directory

**What would you
like to see on a
Part B Resource Hub?**

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ADAP Announcements

Brianne Kane



Heart of Florida United Way

ADAP Letter

- Letter sent from ADAP to case manager informing agency that client has been
 - Disenrolled from ADAP
 - Not eligible for ADAP services
- Letter sent from ADAP to client when client has been
 - Disenrolled from ADAP services



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Ryan White Grievance Process

Yasmin Andre



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Allowable Training Hours

**Please send a list of all case managers
in attendance at this meeting to qualify
for 1.0 training hours on Grievance
Policies & Procedures**

What is a Grievance?

- *Grievance* means an expression of dissatisfaction about any matter other than an action.
- Grievances may include, but are not limited to:
 - The quality of care or services provided,
 - Aspects of interpersonal relationships such as rudeness of a provider or employee, or
 - Failure to respect the enrollee's rights regardless of whether remedial action is requested.

Important Terms

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



Is a Grievance Process Required?



- [42 CFR § 438.400 - Statutory basis, definitions, and applicability](#)
- [Ryan White CARE Act \(reauthorized 1996, 2000, 2006, and 2009\)](#)
- [Ryan White Part B Manual \(April 2022\)](#)
- [Ryan White National Monitoring Standards for RWHAP Part B Recipients \(June 2022\)](#)
- [2020–2021 Patient Care Program Administrative Guidelines](#)

Why Are They Important?

Grievance processes ensure that:

- A.1. There are structured and ongoing efforts to obtain input from people with HIV in the design and delivery of services.**
- A.2. Services are provided regardless of an individual's ability to pay for the service.**
- A.3. Services are provided regardless of the current or past health condition of the individual to be served.**

What Are We Responsible For?

Lead Agency (HFUW)

1. Have written procedures
2. Assess opportunities for client input
3. Review financials and billing
4. Review limitations on services
5. Investigate complaints
6. Review refused/dismissed clients
7. Review provider policies

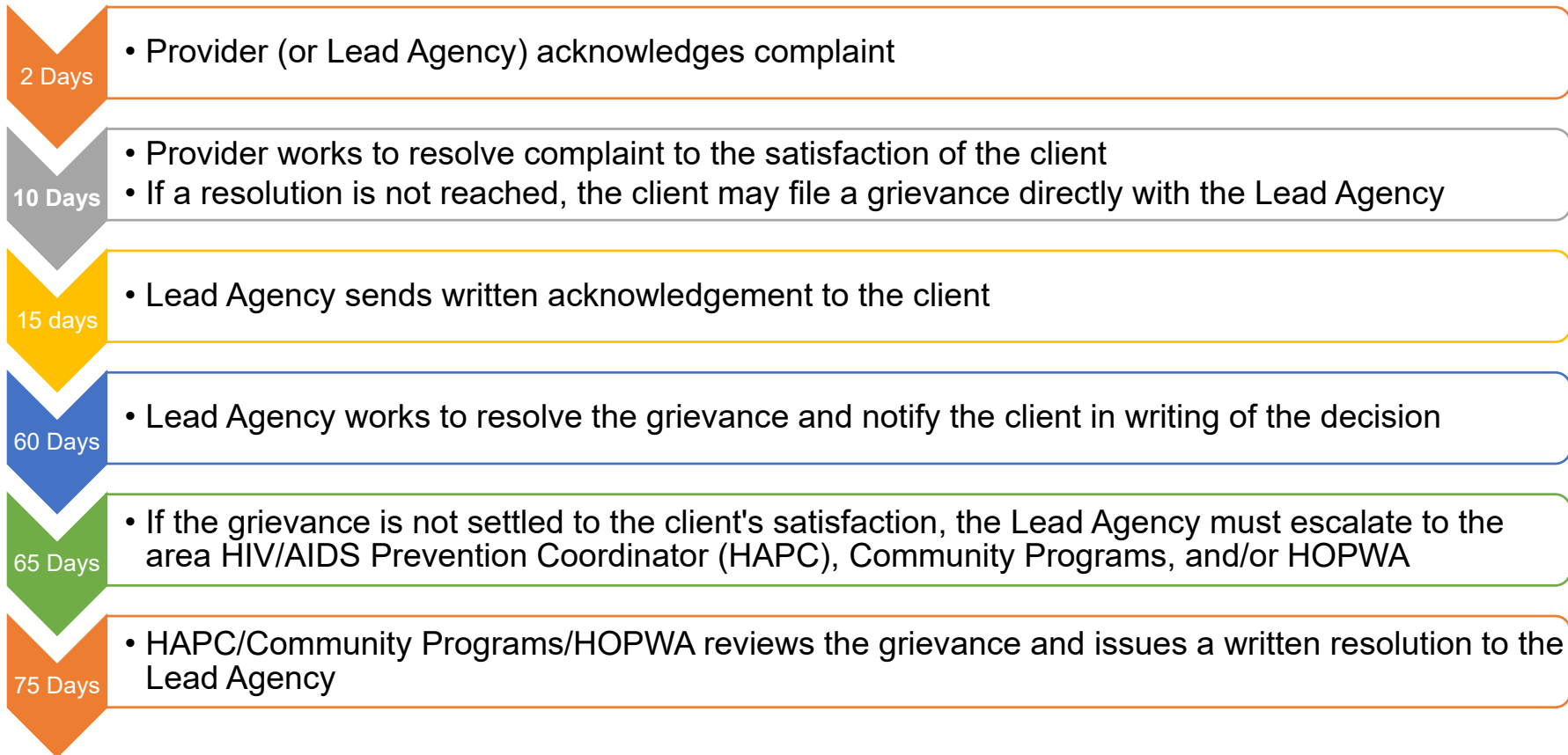
Subrecipient (Provider)

1. Have written procedures
2. Staff training
3. Inform clients and review procedures
4. Grievance forms
5. Resolve complaints prior to escalating
6. Follow specified timeframes

Core Elements of Grievance Policies

- ✓ Fair and reasonable written procedures that promote resolutions at the local level
- ✓ Ensure clients are aware of their right to file a formal grievance or appeal.
- ✓ Requirements for staff training by local agency staff on grievance and appeal procedures.
- ✓ Specific timeframes for resolving complaints, grievances, and appeals.
- ✓ Procedures for obtaining a final review when the grievance or appeal cannot be resolved to the satisfaction of all parties involved.

Timeframes to Know*



Common Guidance

- An agency's internal grievance procedure will focus on determining ***what is right, not who is right.***
- The grievance procedure should be **reviewed each year** by program staff, administrators, and by clients.
- The process and the procedure should be revised if it is not working.
- Agencies should implement a **standard grievance form** that is accessible and easy to understand by all clients.
- The grievance form and resolution should be filed with the Lead Agency

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Ryan White Part B Grievance Form

STATEMENT OF CONSUMER GRIEVANCE

Your Name (please print) _____

Address _____

Telephone _____

Fax _____

Email _____

Date of Occurrence: _____

Provide a brief description of the situation: _____

Your Suggested Remedy: _____

Signature of Consumer: _____ Date: _____

Resolution: _____

Program Manager and/or Designee: _____ Date: _____

Lead Agency Office Administrator: _____ Date: _____

What to Expect From the Grievance Process

- The Lead Agency will:
 - Enter the grievance into the Grievance & Appeal Log
 - Send written acknowledgement to the client within 5 business days
 - Collect all pertinent facts about the grievance from all parties
 - Ensure that the person conducting the final review of the grievance was not involved in previous levels of decision-making
 - Notify the client of the decision in writing within 60 days

Case Management Expectations

Know
your agency's
Grievance P&Ps

Encourage client
participation in
CAB, satisfaction
surveys,
comment cards,
etc.

Discuss
Grievance P&Ps
with client and
share grievance
form

Encourage client
to engage in the
complaint
process and, if
needed, assist
client with filing a
grievance

Eligibility Documentation Referencing Complaints & Grievances

<p>Notice of Privacy Practices (Attachment 3), page 4</p>	<p style="text-align: center;">COMPLAINTS</p> <p>If you believe your privacy health rights have been violated, you may file a complaint with the: Department of Health’s Inspector General at 4052 Bald Cypress Way, BIN A03/ Tallahassee, FL 32399-1704/ telephone 850-245-4141 and with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775.</p> <p>The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. The Department of Health will not retaliate against you for filing a complaint.</p>
<p>Eligibility Application (Attachment D), Part 5</p>	<p><input type="checkbox"/> I understand I have the right to ask for a fair hearing if I think the decision of my case was unfair or incorrect.</p>

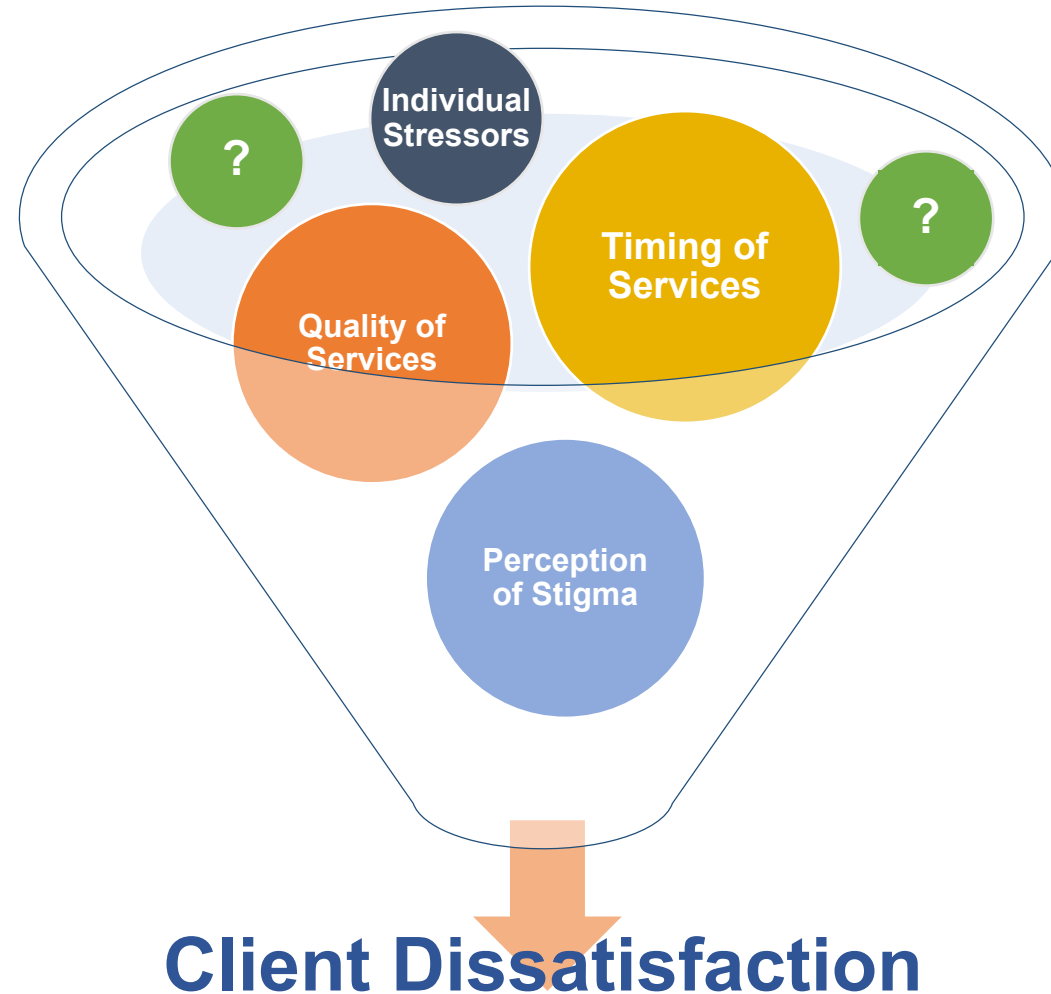
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Client Satisfaction & De-Escalation

Mika Mendoza



How do grievances arise?



Agency Responsibilities to Ensure Client Satisfaction

- Very important to encourage a receptive agency environment
 - Satisfaction surveys & grievance forms easily accessible by client
 - Availability of supervisors to clarify misunderstandings and mediate conflict
 - Understanding of current Ryan White polices & procedures by all client-facing staff

Positive client-staff relationship helps in avoiding possible grievances!



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Case Manager Responsibilities to Ensure Client Satisfaction

**The Power
of Talking**

**The Power
of Listening**

The Power of Talking



Be extremely clear about:

Process

What is happening?

Expectations

What tasks have to be completed in order for this to happen?

Responsibilities

Who is doing what task?

The Power of Listening

Avoid Assumptions

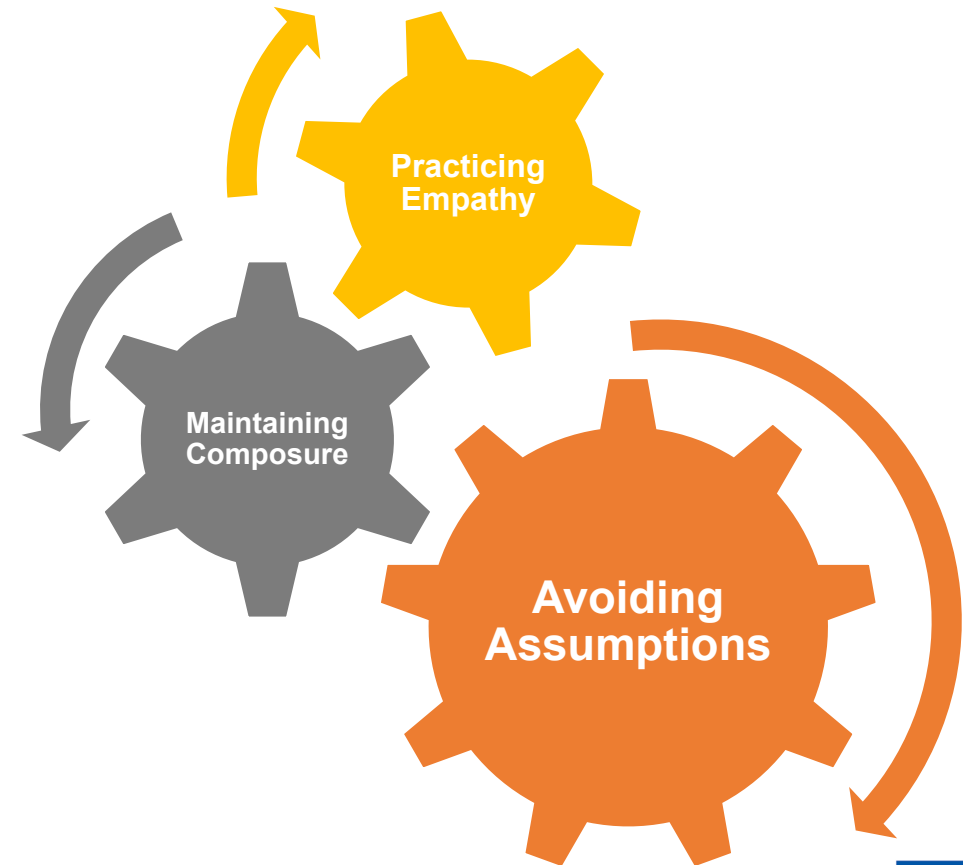
- Make sure everyone is on the same page regarding process by frequent check-ins

Maintain Your Composure

- Pay attention to nonverbal and verbal cues from both client and yourself
- Control the emotional tone of the interaction
- Don't take things personally!

Practice Empathy

- Be aware of cultural differences and needs
- Consider where the client is coming from and their individual stressors



Escalation & Safety

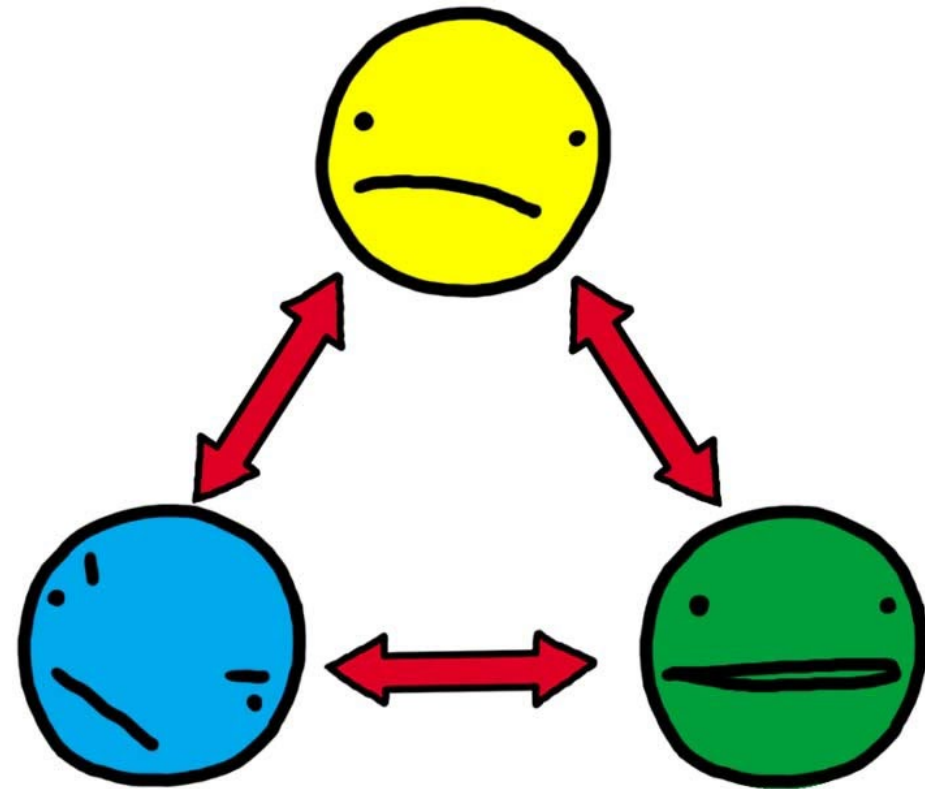
Escalation

A rapid rise in emotions that could potentially result in negative consequences, such as being *barred* from receiving care services or *police intervention*.

Safety is always the priority!

Why Does Escalation Happen?

- Lack of sensitivity from staff
 - Feeling brushed off, not being heard, or hearing directly offensive comments
- Individual stressors:
 - Structural barriers, such as homelessness, poverty, transportation
 - Personal concerns, such as employment, housing, or social situation
 - Health issues, such as chronic pain, mental illness, or substance dependency
- Client feels compelled to perform suffering to expedite services



Three Levels of Awareness

Client Awareness

Behavioral history of violence

Recent changes to client's present situation

Is client presenting changes in behavior?

Transference

Self Awareness

What are my triggers?

What am I feeling emotionally and physically?

How should I respond right now?

Do I need support?

Counter-transference

Risk factors, like lanyards, jewelry, scarves, etc.

Environmental Awareness*

Who else is in the building for support?

What areas are staff-only and not client-accessible?

Where are individuals in relation to the exit?

Are there any potential weapons accessible?

*Home/outreach visits require higher level of environmental awareness

Pre-Escalation: Knowing Your Client

- Document history of:
 - Substance dependency, psychiatric hospitalizations, and relevant medication needs
- Assess client behavior for:
 - History of violence (best predictor), agitation, and impulsivity on intake and as needed
- Relay **all** concerns to management
- Document **all** concerns in case notes



Pre-Escalation: Assessing Aggression

Ask yourself:

Is client reacting emotionally (*reactive aggression*) or is client trying to achieve something through their behavior (*proactive aggression*)?

Reactive Aggression

- Ensure staff and client safety
- Provide understanding and support
- Remove or reduce stimulus
- Assist client with coping and self-regulation skills through service linkage

Proactive Aggression

- Ensure staff and client safety
- Contain and negotiate
- Engage and reason
- Assist client with coping and self-regulation skills through service linkage

Pre-Escalation: Elements of Violent Situations



De-Escalation: It Starts with You

ACT CALM – fake it if you have to!

- Neutral facial expression
- Appropriate level of eye contact
- Relaxed body language
- Minimal gestures or fidgeting - especially pointing or shaking your finger!
- Practice active listening
- Encourage client to sit, but stand up if they stand up
- Avoid physical touch
- Reach out to appropriate staff
- Be aware of physical layout

De-Escalation: Verbal Tactics

“You’re being lazy... You’ll never get ahead if you don’t change...”

“Here’s why you’re wrong...”

“You need to... you have to... you should...”

“If you don’t comply, you can find another agency...”

“It’s not so bad...”

“You’re being unrealistic...”

Barriers to communication:

- Pre-judging client’s intent
- Not giving full attention
- Critical and discouraging language
- Giving orders or preaching
- Threatening to cut off services
- Minimizing feelings
- Arguing with the client

De-Escalation: Verbal Tactics

“The eligibility process does require a lot of documentation...”

“I understand that you are upset, but it is not okay to threaten staff...”

“Please tell me more so I can understand how to help you...”

“All clients in the Ryan White system need to provide these documents...”

“If you can’t get this document, could you get this document instead?”

“Let’s call Mr. Smith and see if he can help us with this situation...”

**Treat client with respect and dignity
*at all times***

- Use client’s name
- Find a point of agreement
- Avoid becoming defensive
- Respond to statements selectively
- Position yourself as an ally
- Represent external rules as institutional, not personal
- Provide alternatives or work-around solutions

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De-Escalation: Trust Your Gut

If you feel that de-escalation tactics are not working, know and follow your agency's procedures and GET HELP IMMEDIATELY

De-Escalation: Case Studies

1. Client has come to the Case Manager's office to renew her eligibility. She is refusing to provide updated income because she does not want to tell her boss that she has HIV. Client angrily says she will not provide a paystub. You explain that client's services will expire and client begins to cry and says she will sue the agency.
2. Client has arrived at the clinic without an appointment and he is demanding to see the doctor. The doctor is not in the office today. When the front desk informs client that he needs to come back, client becomes angry and begins to raise his voice demanding to see the doctor. Client knocks a stack of pamphlets onto the floor. Front desk calls the Case Manager to assist with the situation.

Summary

- Grievances can be avoided by:
 - Encouraging a receptive agency environment
 - Establishing realistic expectations of service provision
 - Providing knowledge & reasoning behind policies
- Client dissatisfaction can escalate into unpredictable situations if staff does not act in the pre-escalation phase
- Maintain awareness of the client, yourself, and your environment
- **DOCUMENT EVERYTHING**
- Use combination of verbal & nonverbal skills to diffuse situations
- Call for help as needed

Resources

- <https://www.thebodypro.com/article/de-escalating-conflict-hiv-care-community-health>
- <https://www.crisisprevention.com/Blog/lgbt-elders-and-person-centered-dementia-care>
- https://cdn.ymaws.com/www.naswma.org/resource/resmgr/imported/Safety_CT_DSS_WorkerSafetyTrainingPowerPoint-5.pdf
- https://cdn.ymaws.com/www.naswma.org/resource/resmgr/imported/Safety_Safety%20Training%20and%20Crisis%20Response.pdf
- <https://www.etr.org/blog/deescalation-techniques-coping-with-students-clients-coping-with-our-lives/>
- http://www.ceicmh.org/component/docman/doc_view/452-de-escalation-skills?Itemid=144
- https://www.prideinc.org/_html/pdfs/SpringCT2013VerbalDe-Escalation.pdf

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Evaluation

Mika Mendoza



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Mentimeter

Menti.com code:
7990 2060

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Provider Announcements & Updates

Meeting Attendees