

GIVE. ADVOCATE. VOLUNTEER.
LIVE UNITED



Part B Networking Meeting

February 23rd, 2022

Yasmin Andre, Director

Doris Huff, Planning & Evaluation

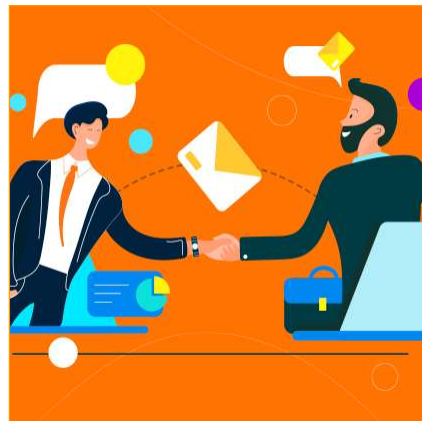
Whitney Marshall, Planning Council Support Manager

Mikaela Mendoza-Cardenal, Clinical Quality Manager

Introductions



- Name
- Pronouns
- Agency
- Role



Upcoming SEAETC Webinars



<https://www.seaetc.com/calendar/>

- [Haitians & the High Cost of HIV Stigma \(presented in Creole\)](#) on 02-28-2022 @ 12:00 PM (one hour)
- [Utilizing Community Health Workers across the HIV Care Continuum](#) on 03-02-2022 @ 1:00 PM (one hour)
- [MCM: Benefits Navigation \(ACA, Medicare/Medicaid, SSI/SSDI\)](#) on 03-08-2022 @ 1:00 PM (four hours)
- [MCM: LGBTQ/MSM Community: Trauma & Its Implications on Health](#) on 03-15-2022 @ 9:00 AM (three hours)
- [MCM: Basic Counseling: Motivational Interviewing](#) on 03-23-2022 @ 9:00 AM (three hours)

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Central Florida HIV Planning Council

Updates

Whitney Marshall

Town Hall Meeting

Integrated Plan to End the HIV Epidemic



TUESDAY, MARCH 15
 DOORS OPEN 5:00 PM
 DINNER SERVED 5:30 PM
 MEETING STARTS 6:00 PM

Town Hall Meeting
 ENDING THE HIV EPIDEMIC

Holden Heights Community Center
 1201 20th Street, Orlando, FL, 32805

Register for Town Hall
 WE WANT TO HEAR FROM YOU!
 Learn about the Integrated Plan to End the HIV Epidemic.
 Share your feedback! We want to hear your suggestions.

Accessibility
 Venue is ADA Accessible. Assistance with transportation, translation services, and assistance to hearing impaired is available upon request. To request these services, please contact Whitney Marshall@hfuw.org or 407-429-2216 no later than March 5, 2022.

Logos: GILEAD, PLANNING COUNCIL, ORANGE COUNTY GOVERNMENT

Holden Heights Community Center

1201 20th Street, Orlando, FL 32805
on Tuesday, March 15th, 2022

- 5:00 PM: Doors open
- 5:30 PM: Dinner served
- 6:00 PM: Meeting begins

For accessibility & transportation requests, please contact PCS Manager Whitney Marshall at 407-429-2216 or whitney.marshall@hfuw.org by March 1st, 2022

Black Women & HIV Research

Speaker Panel



THERA Thursdays

Black Women & HIV Research

Join our esteemed panel of Black women researchers and study participants as we explore the state of Black Women in HIV Research today, discuss strategies for increased representation of Black women in key roles in HIV research, new initiatives developed to increase Black women's engagement in HIV research, and offer strategies for building trust to increase Black women's participation in research studies.

Speakers:

- Rhonda Conerly Holliday, PhD**
Morehouse School of Medicine
- Allison Mathews, PhD**
Wake Forest University
- Leisha McKinley-Beach, MS**
Cush Health Impact

Moderator

- Neena Smith-Bankhead, MS**
Emory University

March 17 | 12 noon CST

HIV Open Innovation Contest Funding Opportunity



THERA
technologies

HIV OPEN INNOVATION CONTEST

Theratechnologies is proud to announce the HIV Open Innovation Contest that aims to empower and equip organizations serving the HIV community by encouraging innovative approaches to improving linkage to care for people living with HIV.



Apply at:

<https://medstro.com/groups/theracontest>

THE CONTEST

- CALL FOR YOUR IDEAS**
Share your organization's proposal for a novel project or program that links and retains people living with HIV (PLWH) in healthcare.
Your proposal can focus on education, outreach, navigation, a mobile app, social media, or any strategy you believe will have impact.
- \$50,000 GRANT TO THE FINAL WINNER**
This 1-time award will go to the top submission selected by a panel of community-based jurors.
- HOW TO APPLY**
Online applications will be accepted until March 18, 2022 at 11:59PM PST.
Email innovation@theratech.com with questions.
The contest is open to any 501c-3 non-profit serving the HIV community. Finalists will be invited to make a virtual presentation.
- TIMING - KEY DATES (2021)**

 - Submission deadline: March 18, 2022
 - Winner Announced: April 2022

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Ryan White Updates

Delta Dental, Recognition Program

Ryan White Updates

Delta Dental



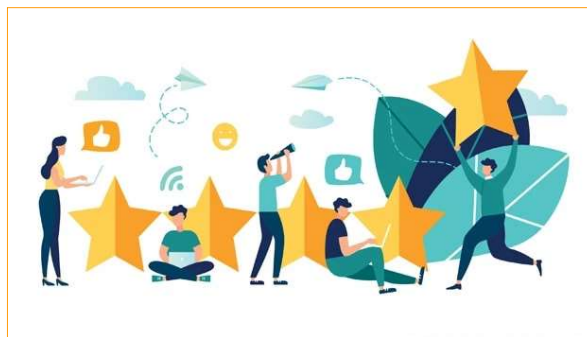
**Enrollment has
officially been filled!**

*Any new enrollments will now
be placed on a waitlist.*



Ryan White Updates

Recognition Program



- Looking for suggestions on how to recognize direct-service staff
- Open to all suggestions
- Keep an eye out for a survey via e-mail!

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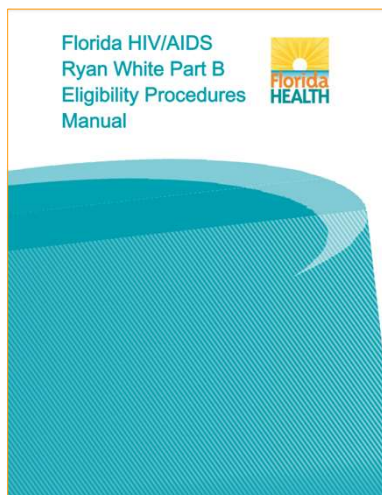


Eligibility Documentation

What's Needed, What's Valid, and Where It Goes

Eligibility Documentation

Overview



- Certain documents are required for **initial enrollment**, **annual redetermination**, and **semi-annual recertification**
- A list of required forms and descriptions of invalid & valid documents can be found in the **Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual**

<https://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/documents/eligibility-information/eligibility-manual-6-28-16-c.pdf>

Eligibility Documentation

Overview



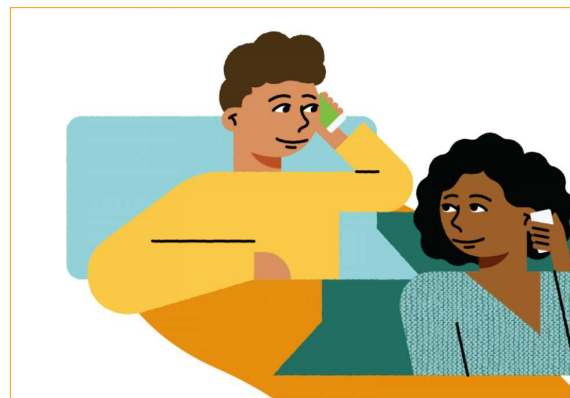
- Case managers and clients each have responsibilities:
 - **Case managers:** official forms, including eligibility application, disclosures, and assessments
 - **Client:** proof of HIV, proof of income, proof of living in Florida, and proof of insurance

Eligibility Documentation

Overview



- The process of collecting these documents requires:
 - Contact with the client
 - Assisting the client when appropriate
 - Uploading all required documents to their correct location (either Custom Forms or Attachments, but not both)
 - Part A documentation does not need to be uploaded to CAREWare



Eligibility Documentation

Commonly Seen Issues



- ☒ Files are missing required documentation altogether
- ☒ Recertifications being completed with no supportive documentation uploaded
- ☒ Expired documentation being used (older than 90 days from date of appointment)
- ☒ Income is calculated with only one paystub on file (need enough paystubs to calculate annual income)



Eligibility Documentation

Eliciting Information



The Importance of Building Rapport

- Take your time before and during the appointment to explain eligibility requirements clearly, including for what each document and form is used and what services are available
- Give the client space to ask questions and air their concerns (e.g., confidentiality issues)
- Create a welcoming physical or digital space through appropriate body language, tone of voice, and word choice

If client is homeless or in a similar situation and unable to obtain documentation, we will address what to do for each document

"Speak in such a way that others love to *listen* to you."

Listen in such a way that others love to *speak* to you."

Zig Ziglar

"People don't know how much you care until they know how much you care."

Theodore Roosevelt

Eligibility Documentation

Retired Forms



Retired NOE Do Not Use

View or edit Retired NOE Do Not Use

Replaced by [Notice of Eligibility \(English\)](#)

Six Month Recertification Review Form

View or edit Six Month Recertification Review Form

Replaced by [Patient Care Core Eligibility Recertification](#)

Eligibility Documentation

Initial, Annual, and Semi-Annual



Initial Enrollment

1. Proof of HIV
2. Initiation of Services (Attachment 2) with Notice of Privacy Practices (Attachment 3)
3. Authorization to Disclose Confidential Information (DH 3203)
4. Eligibility Application (Attachment D)
5. Eligibility Staff Assessment Worksheet (Attachment E)
6. Referral Determination Assessment
7. Proof of Living in Florida
8. Proof of Income (household & individual)
9. Proof of Screening for Third-Party Insurance or Insurance Waiver Form (Attachment I)
10. Notice of Eligibility or Ineligibility

Annual Redetermination

1. Authorization to Disclose Confidential Information (DH 3203)
2. Referral Determination Assessment
3. Proof of Living in Florida
4. Proof of Income (household & individual)
5. Proof of Screening for Third-Party Insurance or Insurance Waiver Form (Attachment I)
6. Notice of Eligibility or Ineligibility

Semi-Annual Recertification

1. Referral Determination Assessment
2. Patient Care Core Eligibility Recertification Form
3. Proof of Income (household & individual)
4. Proof of Screening for Third-Party Insurance or Insurance Waiver Form (Attachment I)
5. Notice of Eligibility or Ineligibility

Eligibility Documentation

Initiation of Services (Attachment 2)



- Completed by the client
- The Initiation of Services (Attachment 2) establishes the client-provider relationship with client's chosen case management agency
- Must be completed **once** during initial enrollment in RWHAP or if client **transfers** case management to another agency

↑ CW: Uploaded to Attachments

Eligibility Documentation

Notice of Privacy Practices (Attachment 3)



- Provided directly to the client for their records
- Must be provided with completion of Initiation of Services form, and at client's request

↑ CW: N/A

Eligibility Documentation

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



- Completed by the client
- The Authorization to Disclose Confidential Information allows for the sharing of personal information between the Agency and Heart of Florida United Way or between the client's medical provider and the Agency
- Must be completed **once** during initial enrollment in RWHAP and during **annual redetermination**

↑ CW: Uploaded to Attachments

Attachment 4
AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:
Person/Facility: _____ Phone #: _____
Address: _____

INFORMATION MAY BE DISCLOSED TO:
Person/Facility: _____ Phone #: _____

METHOD OF DISCLOSURE:
____ Pick up or Client Facility
____ Mail
____ Email Address: (Please write the mailing address for a secured method of communication)

INFORMATION TO BE DISCLOSED: (Check Selected)
____ General Medical Records (including ICD and TB) _____ Progress Notes _____ History and Physical Records
____ Laboratory _____ Health Planning _____ Personal Records _____ Communications
____ Diagnostic Test Reports (Specify Type of Test) _____
____ Other (Specify): _____

I specifically authorize release of information relating to: (Check selected)
____ HIV related to employment process _____ (Please check box to Provide Client Records)
____ Psychiatric, Psychological or Psychotherapy notes _____ (Not) Services _____ (Not)

PERIOD OF DISCLOSURE:
____ Continuum of Care _____ Resident Care _____ Other (Specify): _____

EXPIRATION DATE: This authorization will expire (month, day or year) _____ I understand that if I do not specify an expiration date it will be the date of my next redetermination of eligibility (12 months from the date of my next redetermination).

REDETERMINATION: I understand that upon the client's redetermination I will be notified by the program and the information may not be provided to the program (date, or expiration).

CONDITIONS: I understand that regarding this authorization there is no charge. I indicate that because will be issued if I have a right to file.

REVOCATION: I understand that I have the right to revoke this authorization any time. If I revoke this authorization, I understand that I must do so in writing and that I cannot have any retroactive effect. I understand that this authorization is not applicable to any services provided, Medicaid and Medicare.

Client Legal Representative's Signature _____ Date _____
Printed Name _____ Legal Representative's Relationship to Client _____

Page 14

888333-00000001

Client Name: _____
DOB: _____
Phone: (904) 499-7438 (TDD) 499-7438 (Voice) 499-7438 (Voice)

Eligibility Documentation

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



REQUIRED: Heart of Florida United Way / Ryan White HIV/AIDS Program Part B

Attachment 4
AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:
Person/Facility: **Client's case management agency** Phone #: **321-999-9999**
Address: **Case management agency**

INFORMATION MAY BE DISCLOSED TO:
Person/Facility: **Heart of Florida United Way / Ryan White HIV/AIDS Program Part B** Phone #: **407-429-2189**

Eligibility Documentation

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



OPTIONAL: Client's external medical providers

Used to request labs from providers outside the RWHAP system of care

Attachment 4



AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:

Person/Facility: Client's infectious disease provider Phone #: 321-999-9999

Address: Location where client receives medical services

INFORMATION MAY BE DISCLOSED TO:

Person/Facility: Client's case management agency Phone #: 321-999-9999

Eligibility Documentation

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



OPTIONAL: Client's emergency contacts

Includes anyone present during appointments

Attachment 4



AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

INFORMATION MAY BE DISCLOSED BY:

Person/Facility: Client's case management agency Phone #: 321-999-9999

Address: Case management agency

INFORMATION MAY BE DISCLOSED TO:


Person/Facility: Client's emergency contact (full name and relation to client) Phone #: 321-999-9999

Eligibility Documentation

Eligibility Application (Attachment D)



Application



to Receive Allowable Services for HIV/AIDS Patient Care Programs

- AIDS Drug Assistance Program (ADAP)
- ADAP Premium Plus (Insurance Services)
- State Housing Opportunities for Persons With AIDS (HOPWA)
- Ryan White Part B Consortia and other HIV/AIDS Programs

- Completed by the client
- The Eligibility Application compiles client's eligibility information, asserts that information is true, and details rights & responsibilities
- Must be completed **once** during initial enrollment in RWHAP, if case has been closed for one (1) year, and as official document is updated

↑ CW: Uploaded to Attachments

Eligibility Documentation

Eligibility Staff Assessment Worksheet



- Completed by the case manager
- Similar information as the eligibility application
- Must be completed **once** during initial enrollment in RWHAP and if case has been closed for one (1) year

Find Client > Search Results > Demographics > Custom Forms > Eligibility Staff Assessment Worksheet

Save Back Print

State will add new **Eligibility Staff Assessment Worksheet** Attachment H

To be completed by eligibility staff to document applicants eligibility status during appointments.

Test Client	123 Florida Street
Name of Agency	Address
Case Management Agency	1940 Cannery Way, Orlando, FL 32804
Eligibility Staff	Phone
Case Manager Full Name	321-999-9999

↑ CW: Saved in Custom Forms

Eligibility Documentation

Referral Determination Assessment (RDA)



Referral Determination Assessment

If any of the following conditions apply, please refer client to a Medical Case Manager to complete the acuity assessment in the next section:

- | | |
|--|---|
| <input type="checkbox"/> Newly diagnosed with HIV in the last year and not currently in care | <input type="checkbox"/> Incarcerated within the last 90 days |
| <input type="checkbox"/> Out of care for over 6 months | <input type="checkbox"/> Currently homeless |
| <input type="checkbox"/> Consistently missing medical appointments or medication | <input type="checkbox"/> New to the area/RW |
| <input type="checkbox"/> Viral load above 200 copies/mL | |

- Completed by the case manager
- Score determines whether client is referred to medical case management
- Must be completed during **initial enrollment**, **annual redetermination**, and **semi-annual recertification**

↑ CW: Uploaded to Attachments

Eligibility Documentation

Patient Care Core Eligibility Recertification Form



- Completed by the case manager
- Evaluates changes to client's eligibility on a **semi-annual** basis and identifies category of supporting documents

↑ CW: Saved in Custom Forms

Custom Forms > Patient Care Core Eligibility Recertification

Save Back Print

Patient Care Core Eligibility Recertification

Name Test, Client DOB 01/01/1990

Mailing Address 123 Palm Street

City Palm Bay Zip Code 32904

Primary Phone 321-999-9999 Alternate Phone

Doctor's Name **Infectious Disease Provider**

Case Manager's Name **Full Name** Agency **Case Management Agency**

Eligibility Documentation

Proof of Living in Florida



- Provided by the client
 - Client does **not** need to have a minimum amount of time in Florida to qualify as a resident **or** be a documented immigrant
 - Collected during **initial enrollment**, **annual redetermination**, and **as needed**
- ↑ CW: Uploaded to Attachments
- ↑ CW: Complete Annual Review → Annual Screening → Housing Arrangement

Eligibility Documentation

Proof of Living in Florida



Valid

- ✓ Current state or local Florida photo ID
- ✓ Utility bill with name and street address
- ✓ Housing, rental, or mortgage agreement
- ✓ Recent school records
- ✓ Bank statement with name & address
- ✓ Letter from client (**if homeless**), person with whom client resides, or shelter where client is residing
- ✓ Property tax receipt or W-2 form
- ✓ Unemployment document with address
- ✓ Voter registration card
- ✓ Official correspondence (postmarked within 3 months)
- ✓ Prison records (if released within 3 months)
- ✓ Proof of Florida Medicaid or SNAP benefits
- ✓ Florida Department of Corrections website photo printout
- ✓ Declaration of Domicile (filed through Clerk of Courts)

Invalid

- ☒ Paystubs
- ☒ Expired documents
- ☒ Medical records (labs, hospital records)



Eligibility Documentation

Proof of Screening of Third-Party Insurance



- Provided by the client or verified by case manager
- Collected during **initial enrollment**, **annual redetermination**, and **semi-annual recertification**
- ↑ CW: If insured, upload to Attachments. Insurance Waiver Form is saved to Custom Forms.
- ↑ CW: Complete Annual Review → Insurance Assessments

Eligibility Documentation

Proof of Screening of Third-Party Insurance



If Insured

- Obtain copy of insurance card (front & back), along with summary of benefits (required for ADAP co-pay and premium assistance)
 - Assist client as needed (e.g., helping client request new insurance card, using clinic system to verify insurance, etc.)
- Assist client in verifying whether insurance is active, if necessary
- Determine whether client requires assistance with premiums and/or specialist/medication co-pays through motivational interviewing

If Uninsured

- Determine whether client is eligible for coverage through their employer
 - Letter from employer or personnel handbook describing benefits
- Complete Medicaid pre-screening via MyFlorida.com → Access Your Benefits → Am I Eligible?
- Complete the Insurance Waiver Form and save in Custom Forms
- Assist client with linkage to ADAP
- During open enrollment, assist client with linkage to health insurance enrollment

Eligibility Documentation

Proof of Income (Household & Individual)



- Provided by the client
 - Household members include all taxable members (spouse and dependents)
 - Calculate annual income using gross income for all members
 - Collected during **initial enrollment, annual redetermination, semi-annual recertification and as needed**
- ↑ CW: Uploaded to Attachments
- ↑ CW: Complete Annual Review → Poverty Level Assessment

Eligibility Documentation

Proof of Income (Household & Individual)



Income Counted

- ✓ No income (zero-income affidavit)
- ✓ Paystubs (minimum two paystubs dated within 90 days of recertification)
- ✓ Signed & dated statement on company letterhead
- ✓ IRS 1040 form (with Schedule C or Schedule SE if self-employed), IRS W-2, or IRS W-4 for recent year
- ✓ Self-employment tracking sheet (Attachment J)
- ✓ SSI and SSDI award letters for current year
- ✓ Retirement/military/veteran pension statement
- ✓ Unemployment benefits statement
- ✓ Alimony and/or child support payments
- ✓ Cash assistance by relatives or other individuals
- ✓ Investments
- ✓ Monthly income from public or private welfare agencies (e.g. TANF)

Not Counted

- ☒ Grants, scholarships, and/or fellowships
- ☒ Value of SNAP benefits
- ☒ 401K if not accessed
- ☒ Non-accessible income (e.g., trust funds)
- ☒ Assets, such as the sale of a home (<\$250,000)

Eligibility Documentation

Notice of Eligibility or Notice of Ineligibility



Find Client > Search Results > Demographics > Custom Forms > Notice of Eligibility (English)

Save Back Print

Notice of Eligibility

Client Name: Test, Client Date: 02/23/2022

Address: 123 Palm Street

City: Palm Bay State: Florida ZIP Code: 32904

Client has been determined eligible to receive allowable services from the Florida Department of Health Ryan White Part B Program. Allowable services are based on availability, accessibility, funding, and program qualifications for the AIDS Drug Assistance Program (ADAP) and the State Housing Opportunities for Persons With AIDS (HOPWA) program.

Client's eligibility status for receiving allowable services from the HIV/AIDS Patient Care Program is valid for 183 days from the date of this notice of eligibility. Client eligibility must be determined or verified no later than the expiration date below to continue services. Client must inform eligibility staff within 10 days if there are changes that affect their household size and/or income.

- Generated by the case manager, no client signature required
 - NOE/NOI date must be the date of the actual appointment during which case manager spoke to the client once all documents have been received, verified through case notes and signed documentation
 - Expiration date is calculated by adding 182 days to recertification date
 - Use timeanddate.com for accuracy as other services rely on expiration date
 - NOE/NOI created after initial enrollment, annual redetermination, and semi-annual recertification
- ↑ CW: Saved to Custom Forms
↑ CW: Update Demographics → Eligibility

CAREWare 6

Technical Support



jProg
CAREWare6 Help Desk

cwhelp@jprog.com

Florida Department of Health
HIV Help Desk

Phone: 850-245-4744

HIVAppSupport@flhealth.gov

Eligibility Documentation

Conclusion



Questions or clarifications?

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Evaluation

Evaluation Code



Please go to [menti.com](https://www.menti.com)

Code: 7204 6839

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Provider Announcements & Updates