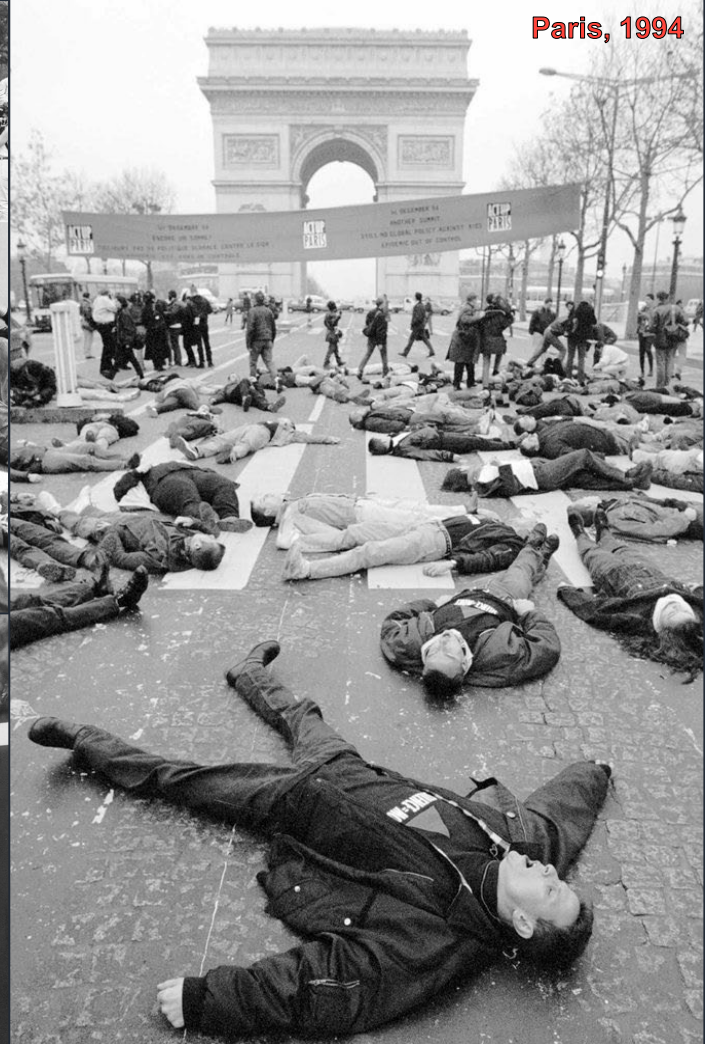


Kendall Morrison in New York City, 1989



Health & Human Services in DC, 1990



Paris, 1994



Latino Caucus at National Institutes of Health, 1990

**LIVE UNITED**

**THIS MONTH IN HISTORY**

Activist Larry Kramer founds the AIDS Coalition to Unleash Power (ACT UP) on March 12, 1987. ACT UP has been described as “the most effective health activist [group] in history,” achieving change through radical direct-action model.

# Part B Network Meeting

## March 29, 2023



Heart of Florida United Way

**LIVE UNITED®**

**VIVIR UNIDOS**

**Welcome!**

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

**Yasmin Andre, Program Director**

**Doris Huff, Planning & Evaluation Manager**

**Vera Smith, Accountant**

**Mika Mendoza, Clinical Quality Manager**

**Whitney Marshall, PCS Manager**



# Agenda

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1. Planning Council Updates
2. Ryan White Updates
  - a. Upcoming AETC webinars
  - b. Verbal Attestation reminder
  - c. Income Assessment Tool check-in
  - d. Delta Dental waiting list
  - e. Mental Health Referral Form
3. Knowledge Building: Quality in HIV Care
4. Evaluation
5. Provider Announcements

TOGETHER WE ARE UNITED

# Central Florida HIV Planning Council

Whitney Marshall



Heart of Florida United Way

# **HIV Needs Survey Extended**

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**<https://survey.zohopublic.com/zs/GBCs5k>**

**Florida Comprehensive Planning Network (FCPN) has voted to extend the HIV Care Needs Survey deadline until April 30<sup>th</sup>, 2023 due to the impact of Hurricane Ian on Florida's West coast.**

**Please share this survey link with your clients.  
Paper surveys are no longer being accepted.**



Upcoming Events

# RW Community Meeting

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**Tuesday, April 18, 2023  
from 6:00 PM to 8:00 PM**

**Topic: Medicaid & HIV**

1940 Cannery Way  
Orlando, FL 32804

Transportation available  
by calling (407) 429-2116

# Upcoming Events

## April Calendar



### APRIL 2023

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4 Membership and PR & Marketing Meeting 2:00 PM	5	6 SSQ and Needs Assessment Meeting 10:00 AM	7	8
9	10	11	12	13	14	15
16	17	18 Ryan White Community Meeting 6:00 PM	19	20 Executive Committee Meeting 10:00 AM	21	22
23	24	25	26 Planning Council Meeting 6:00 PM	27	28	29
30						



• The April meetings will be held at the Heart of Florida United Way. (Location subject to change) Go to [centralfloridahivpc.com/calendar](http://centralfloridahivpc.com/calendar) and click the subscription button to receive updates about the meeting schedule.

**Core Values:**

- Empowerment
- Commitment
- Quality
- Integrity

NOTES



**Planning Council Support**

Phone: (407) 835-0906

Email: [cfhpc@hfuw.org](mailto:cfhpc@hfuw.org)

Website:

[centralfloridahivpc.com](http://centralfloridahivpc.com)



LIVE UNITED

# Ryan White Updates

Yasmin Andre & Mika Mendoza



Heart of Florida United Way

# AETC Upcoming Webinars



## HIV and Infant Feeding in the U.S.

### (Part 1): Where are We Now?

- Friday, April 7 from 12:00 PM to 1:30 PM

## Bridging HIV & SUD: Innovations in the Field

### (Monthly Webinar Series)

- Friday, April 7 from 12:00 PM to 1:30 PM
- First Fridays through September

## Cannabis Use Disorder

- Monday, April 10 from 12:00 PM to 1:00 PM

## Youth & HIV

- Monday, April 10 from 1:00 PM to 2:00 PM

## HIV and Infant Feeding in the U.S. (Part 2):

### Supporting Parents and their Infant

### Feeding Choices, Panel Discussion

- Friday, April 28 from 12:00 PM to 1:30 PM

**Part B is no longer  
accepting verbal attestations  
in lieu of signatures**

- Documents requiring signatures:
  - Intake documents
    - Eligibility Application
    - Initiation of Services
    - Authorization to Disclose (as needed)
  - Redetermination documents
    - Authorization to Disclose (as needed)





# RW Check-In Income Assessment Tool

➤ Completion & upload of the Income Assessment Tool along with proof of income *required as of February 22*

**Questions?**

**Comments.**

**Suggestions!**

Heart of Florida United Way - Ryan White Part B Lead Agency														
Income Assessment Tool														
Client Name: _____ <small>First Last</small>			Staff: _____ <small>First Last</small>			Date: _____		Agency: _____						
<b>Instructions:</b> Complete this Income Assessment Tool using <i>gross income</i> for a period of 30 days for all members of the client's household. If less than one month's proof of income is available, refer to the <u>Part B Eligibility Procedures Manual</u> Section 3, Page 9, for additional guidance. <b>Proof of income must be dated within 90 days of the eligibility assessment.</b>											Did the applicant provide proof of income reflecting total household income earned over a period of 30 days?		<b>Yes</b>	
Household Member	Type of Income	Times Paid per Year	Paystub 1	Paystub Date	Paystub 2	Paystub Date	Paystub 3	Paystub Date	Paystub 4	Paystub Date	Average Pay Amount	Monthly Income	Annual Income	
Applicant		-									No Input	No Input	No Input	
		-									No Input	No Input	No Input	
		-									No Input	No Input	No Input	
		-									No Input	No Input	No Input	
		-									No Input	No Input	No Input	
		-									No Input	No Input	No Input	
<b>Total Household Income</b>											\$	-	\$	-



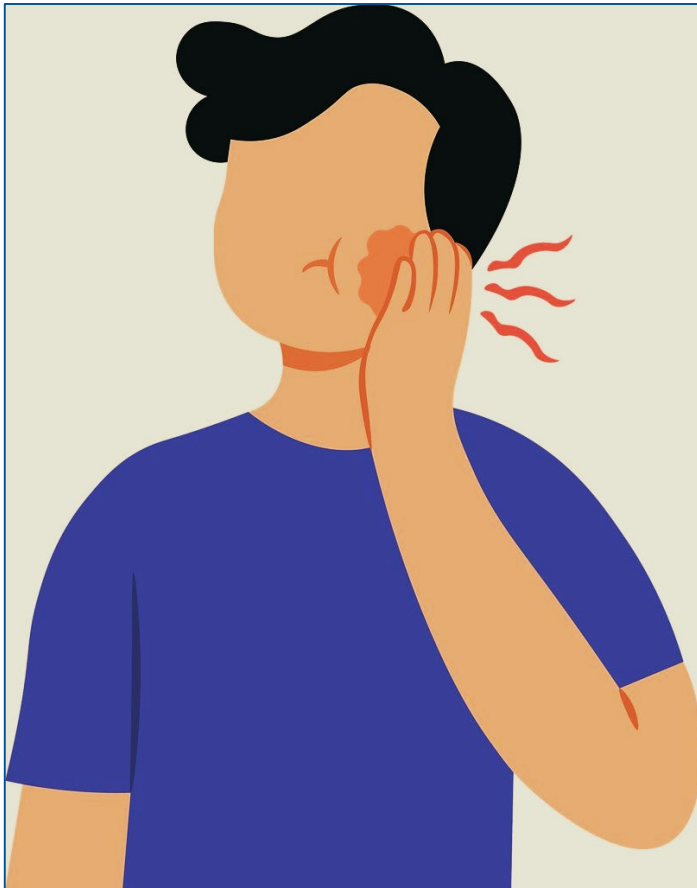
# New Meeting Format

- Network Meeting restructuring
- Still monthly on the fourth Wednesdays at 10:00 AM
- Alternating between 1 hour and 1.5 hours every other month

<b>April</b>	1 hour	Check-ins & Updates
<b>May</b>	1 ½ hours	HIV Disease Education
<b>June</b>	1 hour	Check-Ins & Updates
<b>July</b>	1 ½ hours	Substance Use
<b>August</b>	1 hour	Check-Ins & Updates
<b>September</b>	1 ½ hours	Insurance
<b>October</b>	1 hour	Check-Ins & Updates
<b>November</b>	1 ½ hours	TBD
<b>December</b>	No Meeting	

# Delta Dental Waiting List

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## *There is now a waiting list for Delta Dental*

- Once a spot opens up, waitlist client will be enrolled and a Verification of Enrollment letter will be sent to the referring agency

### **Reminders**

- Clients must access preventive services every six months in order to avoid being disenrolled from Delta Dental
- Once terminated, there is now a 90-day waiting period in order to re-enroll

*Please help your clients keep their dental insurance by coordinating or confirming preventive services appointments!*

# Mental Health Referral Form

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- Introducing Mental Health Referral forms
  - Initial Referral
  - Follow-Up Referral
- Required for all appointments scheduled as of April 1<sup>st</sup>, 2023

**Purpose: Establish a standardized referral process that ensures compliance with service standards and payer of last resort**

# RW Update Mental Health Referral Form

**Ryan White HIV/AIDS Program Part B (Area 7)**  
**Mental Health Referral Form: Initial**

*This form shall be completed by the client's case manager and faxed to the mental health provider. The referring agency and the mental health provider shall maintain a copy in the client's record. The referring agency shall submit a new Initial Referral form to the mental health provider at the beginning of each contract year for clients requiring continued care.*

This referral is valid for up to 15 visits in the contract year for uninsured clients. Insured clients could be eligible for co-pay assistance.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ NOE Exp.: \_\_\_\_\_ Acuity Level:  1  2

Insurance Status:  Insured\*  Medicare  Tricare  Magellan  Aetna  
 Cigna  UHC/Optum  Blue Cross Blue Shield  
\*Attach copy of insurance card to confirm coverage  
 Uninsured

Service Requested:  Counseling  Psychiatry

Reason for Referral:  Active crisis occurring  
 Current or past history of mental illness or symptoms  
 Condition impacting adherence to HIV care  
 Need for continued medication management

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**This referral expires on the 31<sup>st</sup> of March of the current contract year.**

Additional visits must be requested by the mental health provider based on the client's treatment plan and authorized by the case management agency. Case conferencing is required in order to request an additional 11 visits and shall be documented in a case note. The request shall be documented with the completion of the Follow-Up Referral Form.

March 2023

**Ryan White HIV/AIDS Program Part B (Area 7)**  
**Mental Health Referral Form: Follow-Up**

*The mental health provider shall initiate this form following case conferencing with the case manager and then send the form to the case manager for completion. The case manager shall then return the completed form to the mental health provider. The referring agency and the mental health provider shall maintain a copy in the client's record.*

This referral is valid for an additional 11 visits in the contract year, not to exceed 26 total visits.

**Section 1. Request for Additional Visits** (To be completed by the mental health provider)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ NOE Exp: \_\_\_\_\_

Initial \_\_\_\_\_ Provider conducted case conferencing with case manager on: \_\_\_\_\_ Date \_\_\_\_\_

Reason for request based on treatment plan:

\_\_\_\_\_

**Section 2. Authorization for Additional Visits** (To be completed by the case manager)

Initial \_\_\_\_\_ Provider conducted case conferencing with case manager on: \_\_\_\_\_ Date \_\_\_\_\_

Has there been any change to the client's insurance?  Yes\*  No

Medicare  Tricare  Magellan  Aetna

If Yes:  Cigna  UHC/Optum  Blue Cross Blue Shield  
\*Attach copy of insurance card to confirm coverage

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_  
Case Manager Name & Signature

**This referral expires on the 31<sup>st</sup> of March of the current contract year.**

The referring agency shall submit a new Initial Referral form to the mental health provider at the beginning of each contract year for clients requiring continued care.

March 2023

# Mental Health Referral Form

## Initial Referral Form

**Ryan White HIV/AIDS Program Part B (Area 7)**  
**Mental Health Referral Form: Initial**

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This referral is valid for up to 15 visits in the contract year for uninsured clients. Insured clients could be eligible for co-pay assistance.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ NOE Exp.: \_\_\_\_\_ Acuity Level:  1  2

Insurance Status:  **Insured\***  Medicare  Tricare  Magellan  Aetna  
 Cigna  UHC/Optum  Blue Cross Blue Shield  
\*Attach copy of insurance card to confirm coverage  
 **Uninsured**

Service Requested:  Counseling  Psychiatry

Reason for Referral:  Active crisis occurring  
 Current or past history of mental illness or symptoms  
 Condition impacting adherence to HIV care  
 Need for continued medication management

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**This referral expires on the 31<sup>st</sup> of March of the current contract year.**

Additional visits must be requested by the mental health provider based on the client's treatment plan and authorized by the case management agency. Case conferencing is required in order to request an additional 11 visits and shall be documented in a case note. The request shall be documented with the completion of the Follow-Up Referral Form.

March 2023

- Used when:
  - ✓ Client is a new referral to Mental Health
  - ✓ The new contract year has started (April 1<sup>st</sup>)
- For both insured *and* uninsured clients
- Process:
  - Case manager completes form
  - CM sends to mental health provider
  - Provider processes referral and reaches out to client
- Copy must be uploaded to CAREWare

## Follow-Up Referral Form

- Used when:
  - ✓ Client has reached 15 approved visits
- For both insured *and* uninsured clients
- Process:
  - Mental health provider initiates form by completing Section 1
  - MH provider sends to case manager to complete Section 2
  - CM sends completed form back to MH provider
- Copy must be uploaded to CAREWare

**Ryan White HIV/AIDS Program Part B (Area 7)**  
**Mental Health Referral Form: Follow-Up**

The mental health provider shall initiate this form following case conferencing with the case manager and then send the form to the case manager for completion. The case manager shall then return the completed form to the mental health provider. The referring agency and the mental health provider shall maintain a copy in the client's record.

This referral is valid for an additional 11 visits in the contract year, not to exceed 26 total visits.

**Section 1. Request for Additional Visits** (To be completed by the mental health provider)

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ NOE Exp: \_\_\_\_\_

Provider conducted case conferencing with case manager on: \_\_\_\_\_

Initial Date

Reason for request based on treatment plan:

\_\_\_\_\_

**Section 2. Authorization for Additional Visits** (To be completed by the case manager)

Provider conducted case conferencing with case manager on: \_\_\_\_\_

Initial Date

Has there been any change to the client's insurance?  Yes\*  No

Medicare  Tricare  Magellan  Aetna

If Yes:  Cigna  UHC/Optum  Blue Cross Blue Shield

\*Attach copy of insurance card to confirm coverage

Authorized by: \_\_\_\_\_

Case Manager Name & Signature Date

**This referral expires on the 31<sup>st</sup> of March of the current contract year.**

The referring agency shall submit a new Initial Referral form to the mental health provider at the beginning of each contract year for clients requiring continued care.

March 2023

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Knowledge-Building  
**Quality in HIV Care**

**Yasmin Andre & Mika Mendoza**



Heart of Florida United Way

# Knowledge-Building Quality Care Awards

*Congratulations to  
Unconditional Love!*



*Congratulations to  
Center for Multicultural  
Wellness & Prevention!*



*Honorable Mentions:*



**FDOH Lake County & Miracle of Love**



Knowledge-Building  
**Quality in HIV Care**

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**Menti.com**  
**1226 2751**

## Knowledge-Building Quality in HIV Care

**Goal:** Move clients through the continuum of care in an efficient and caring manner that leads to maintained adherence & retention in care



**What examples can you think of that would impact these steps?**

**“If something cannot be measured,  
it cannot be improved.”**

- Need to have timely & reliable data to obtain accurate measurements
- Unreliable data can lead to:
  - Wasted efforts
  - Missed opportunities
  - Unserved populations

## Different ways of measuring quality:

### Structural measures

- Availability of appointments
- Caseload size
- Example: annual Provider Capacity & Capability Survey

### Process measures

- How many screenings were conducted
- Percentage of clients who received a flu shot

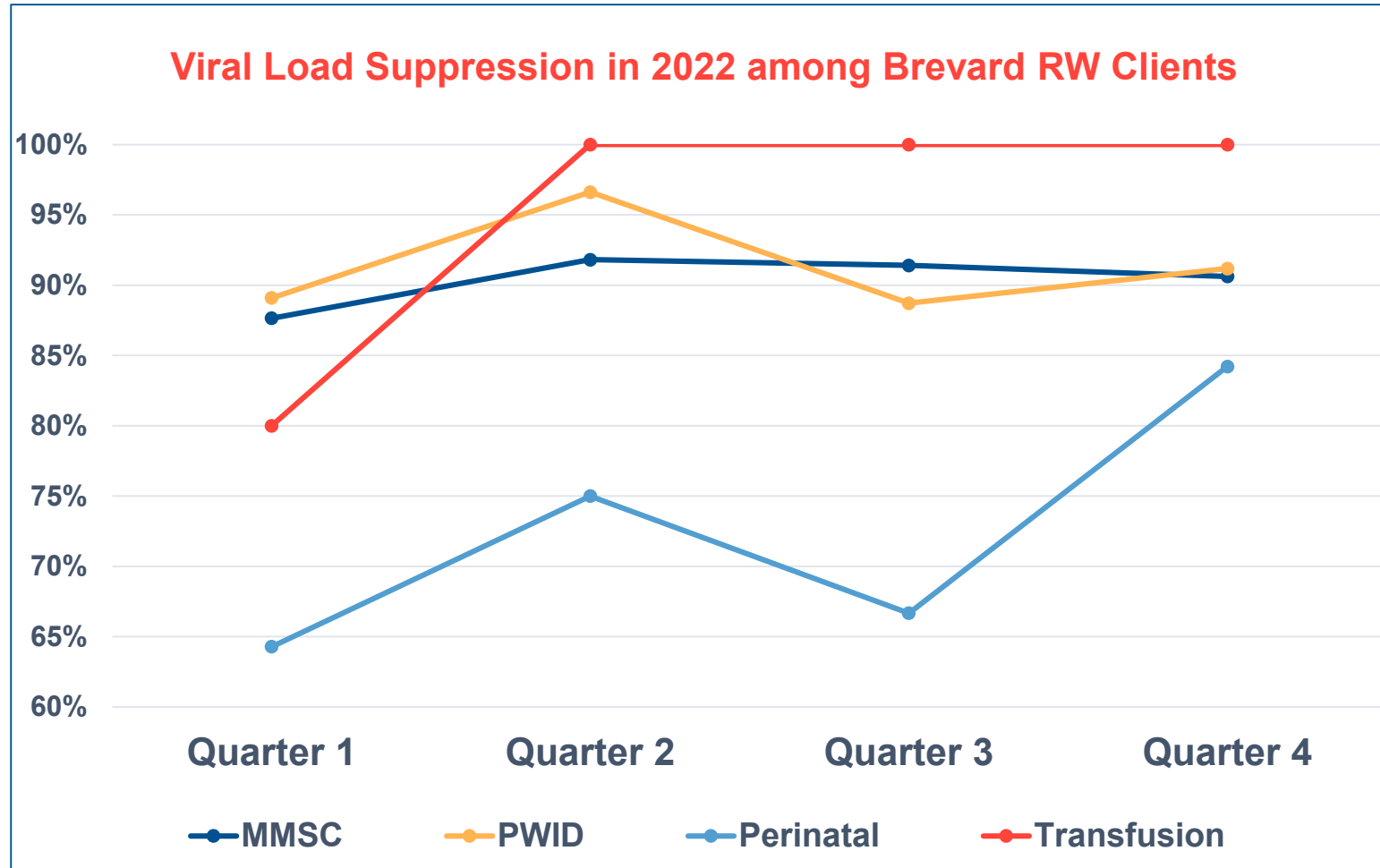
### Performance measures

- A.k.a. outcome measures
- Healthcare outcomes
- Example: viral load suppression; retention in care

### Surveys

- Client satisfaction
- Needs assessments

# Knowledge-Building Measuring Quality Care



## Annual Needs Assessment Survey

- Administered yearly by the Florida Comprehensive Planning Network
- Identifies:
  - Inaccessible services
  - Reasons for missing medications
  - Least needed services
  - Most used services
  - Most important services
  - HIV-related stigma and attitudes
- Used to inform which services are prioritized in the Orlando Service Area

**Everyday tasks require a combination of quality assurance (QA) & quality improvement (QI)**

**QA in case management:**

- ✓ Data integrity
- ✓ Efficient work environment
- ✓ Setting up personal schedules
- ✓ Appropriate documentation
  - Case notes
  - Filling out forms (yourself & client)

**QI in case management:**

- Checking in with clients
- Implementing interventions
- Increase utilization of different services
- Supporting QI projects

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# Evaluation

Mika Mendoza



Heart of Florida United Way

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# Mentimeter

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# Provider Announcements & Updates

Meeting Attendees