



LIVE UNITED[®]

THIS MONTH IN HISTORY
Ryan White passes away on April 8, 1990 at the age of 18.

“I’m just one of the kids, and all because the students at Hamilton Heights High School listened to the facts, educated their parents and themselves, and believed in me.”

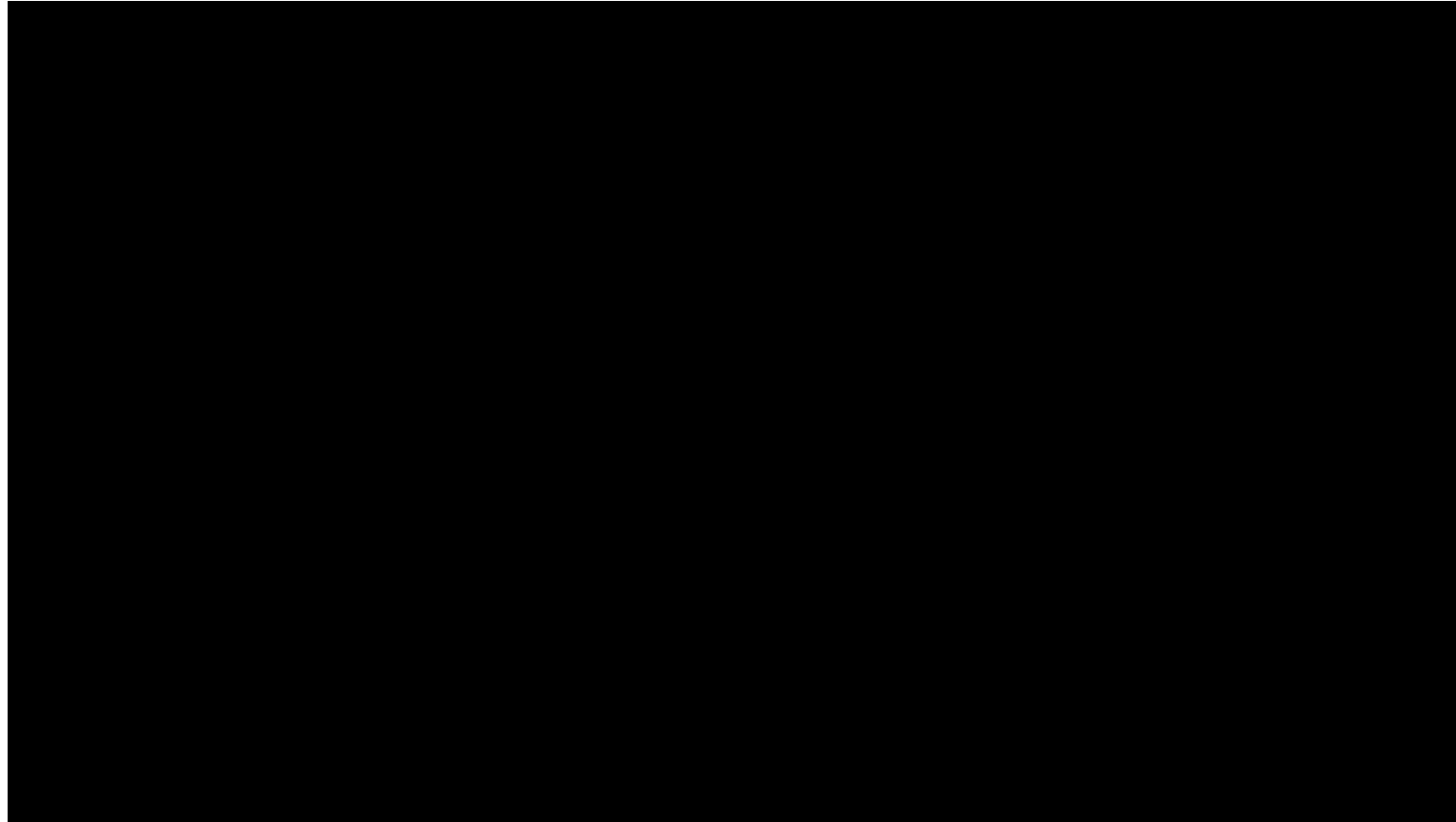
Part B Network Meeting

April 26, 2023



Heart of Florida United Way

Remembering Ryan White: Interview with Jeanne White-Ginder



0:54 to 2:32

LIVE UNITED[®]

VIVIR UNIDOS

Welcome!

***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

1. May Network Meeting
2. Brevard World AIDS Day Planning
3. Planning Council Updates
4. Ryan White Updates
 - a. Upcoming AETC webinars
 - b. Check-In: Mental Health Referral Form
 - c. Reminder: Proof of HIV
 - d. Reminder: Coding
 - e. Reminder: Case Notes
 - f. Reminder: Training Requirements
5. Delta Dental Utilization Report
6. Food Bank & Home-Delivered Meals
7. Evaluation
8. Provider Announcements

May Network Meeting

- Topic was selected from your Menti responses
- Mike Alonso will be providing a presentation on myths in HIV transmission and care
- Please submit your top 3 questions anonymously in this month's Menti survey



LIVE UNITED®

VIVIR UNIDOS

Brevard World AIDS Day

- Monthly planning meetings for the Brevard World AIDS Day event are underway!
- Contact Amaya Viñuela for more info at Amaya.vinuela@flhealth.gov
- Next meeting:

Tuesday, May 23rd from 3:30 to 4:30 PM

**Conference Room at
the DOH Viera Clinic
2555 Judge Fran Jamieson Way
Melbourne, FL 32940**



LIVE UNITED

Central Florida HIV Planning Council

Whitney Marshall



Heart of Florida United Way

HIV Needs Survey Extended

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

Florida Comprehensive Planning Network (FCPN) has voted to extend the HIV Care Needs Survey deadline until April 30th, 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



Tuesday, May 16, 2023
from 6:00 PM to 8:00 PM

Topic:
Research & Healing:
What's Next for HIV Treatment
and How Do We Heal from Stigma


1940 Cannery Way
Orlando, FL 32804

Transportation available for clients
by calling (407) 429-2116



Upcoming Events

April Calendar

Central Florida HIV Planning Council

Today < > May 2023 ▾   [Subscribe](#) [Month](#) [Week](#) [Schedule](#)

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2 ● 2pm Membership	3	4 ● 10am SSQ & Need	5	6
7	8	9	10	11	12	13
14	15	16 ● 6pm Ryan White C	17	18 ● 10am Executive Cc	19	20
21	22	23	24	25	26	27
28	29	30	31 ● 6pm Planning Cou			

Events shown in time zone:  (GMT-04:00) America, New York 

LIVE UNITED

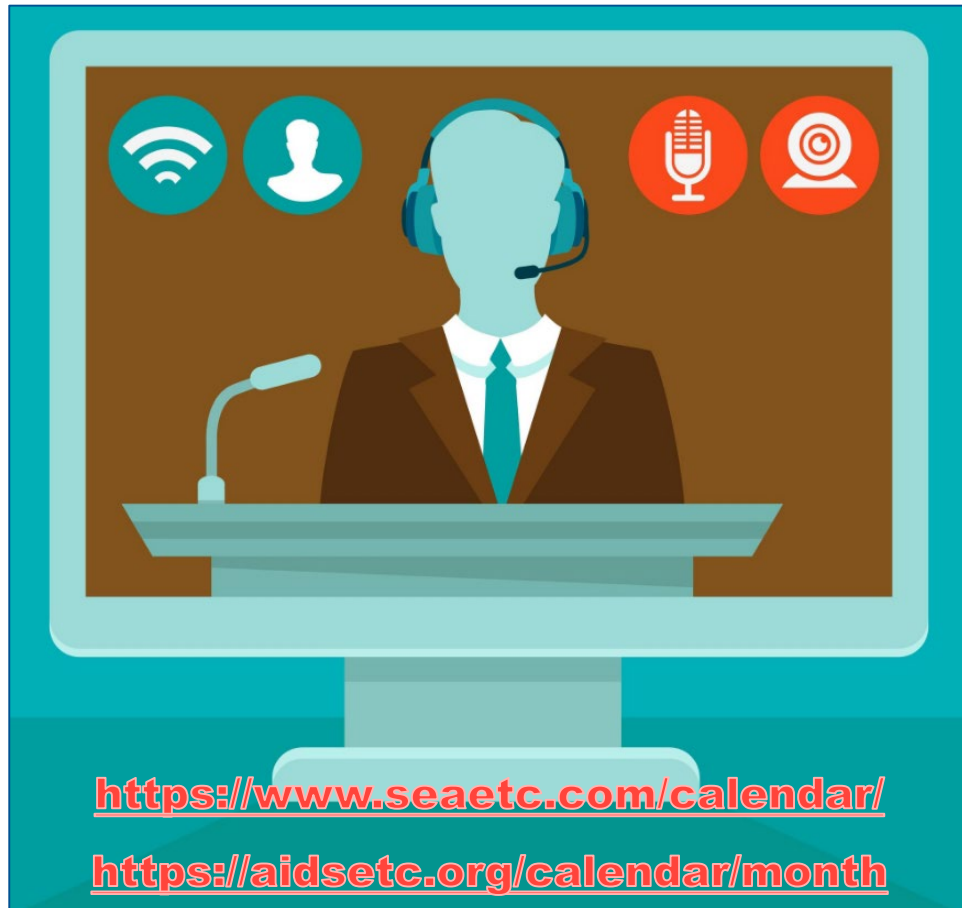
Ryan White Updates

Doris Huff and Mika Mendoza



Heart of Florida United Way

AETC Upcoming Webinars



[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

[NO SHAME: Addressing Health Disparities in South Florida's Black Communities](#)

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

[People Who Use Drugs & HIV](#)

- Monday, May 8 from 1:00 PM to 2:00 PM

[HIV & Oral Health Webinar Series Part 6: HIV, Oral Health, and Health Equity for Older People](#)

- Wednesday, May 10 from 12:00 PM to 1:00 PM

[Science, Social, and the Sacred: The Intersection of Faith and HIV](#)

- Thursday, May 11 from 11:00 AM to 12:30 PM

[Providing Affirming Care to Transgender and Gender Diverse People](#)

- Wednesday, May 17 from 12:00 PM to 1:00 PM

RW Reminder Proof of HIV

DH1628 Laboratory Request Form – Lab (Gold) Copy 4

Barcode: 0501800000 (1)

SITE ADDRESS (2) SITE NUMBER (3) LOCAL USE (5) LAB COPY PLEASE SEE BACK FOR INSTRUCTIONS (7)

Counselor ID (4) PRE-TEST COUNSEL DATE (6)

8 BLOOD ORAL DBS CD4# V LOAD RAPID TEST REACTIVE

Last Name (9) First Name (10) M.I. (11)

Address (12) City (13) State (14) Zip Code (15)

County (16) Additional Locating Information (17)

Phone 1 (18) Phone 2 (19) Last 4 of Social Security # (20) Medicaid # (21)

Date of Birth (22) Ethnicity (23) Race (24) Self-Reported Gender (25) Birth Sex (26) Pregnant (27) In Prenatal Care (28)

Country of Birth (29)

Testing History Questions: Previous HIV Test? (30) Result of Last HIV Test (31) Risk Factors (32) Past 12 months (33) Ever (34)

Are you testing today for? (35) PEP (36) ePEP (37)

Have you ever taken any Antiretroviral or HIV medicine? (38) First day of PEP (39) Last day of PEP (40)

Has the client: (41) had vaginal/anal sex with an MSM? (FEMALE only) (42) had an anonymous partner? (43) had sex for drugs, money or other items? (44) had an STD diagnosis? (45) used injection drugs? (46) If YES, did they share injection equipment? (47)

Test Kit Lot Number (48) Test Kit Expiration Date (49) Test Kit Lot Number (50) Test Kit Expiration Date (51)

REFUSED CONFIRMATORY TEST (52) Result Given? (53) YES (54) NO (55)

DH Form 1628, 05/16, (10/13 edition may be used) (Stock number 5740-000-1628-3) Return Appointment Date (56) State of Florida Department of Health Bureau of Laboratory Services

Invalid Documents

- DH 1628 testing form
- Undetectable labs
- Labs without client or lab information
- Labs not reflecting viral load or HIV status

RW Reminder **Coding Services**

Medical Case Management

Use the appropriate MCM## codes for non-eligibility tasks performed for all level 2 clients. If specific task is not on the list, please use:

- MCM03 – F2F Service Coordination / Referral
- MCM53 – Non F2F Service Coordination / Referral

Non-Medical Case Management

Use the appropriate CM### codes for tasks relating to eligibility assessments for all clients, e.g.:

- Completing eligibility
- Reminder calls to schedule eligibility appointment
- Rescheduling appointments if client does not have documents

Referral Specialist

Use the appropriate REF## codes for non-eligibility tasks performed for all level 1 clients. If specific task is not on listed, please use:

- REF99 – Referral Service Unspecified (specify task in comments)

For referrals to Peer Support:

- REF11 – Psychosocial Support Referral

For referrals to Medical CM:

- REF12 – Treatment Adherence Referral

Coding Services

Medical Case Management Override

- Clients whose acuity score designates them as NMCM must have an override as approved by the Lead Agency on file using the Referrals tab
- Override must be requested by supervisor
- Supporting documentation:
 - Case note written by case manager explaining reason for override request
 - Completed acuity assessment

- Case notes must be in a standardized format
- Reviewed in January 2022
 - PPT on Resource Hub
- Audited files will be reviewed for proper case note format

DAP Format

- **Three components:**
 - **Data:** What occurred & who was present, when & where did it happen
 - **Assessment:** Why & how an action/behavior happened, why & how an outcome was either achieved or missed
 - **Plan:** Proposed resolutions, assignment of tasks, follow-up

Training Requirements

- 15 hours required annually for case management and EIS staff
- Please make sure your training certificates are downloaded or given to a supervisor



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: Medicare Tricare Magellan Aetna
 Insured* 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 31st 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: _____

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 31st 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

➤ Completion & upload of the Mental Health Referral form required for all mental health services as of April 1st, 2023

Questions?

LIVE UNITED

Delta Dental Utilization Report

Yasmin Andre



Heart of Florida United Way

Delta Dental Utilization Report

- Provided by Delta Dental
- Reviewing:
 - Distribution of services
 - Diagnostic & preventative
 - Basic
 - Major
 - Cleanings
 - Cost savings
 - Additional Delta services



Distribution of Services

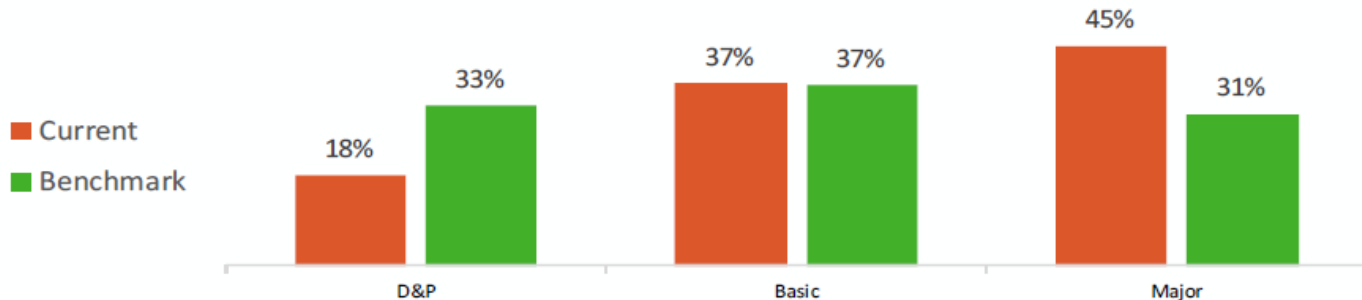
– Excluding orthodontics

Paid Period: Jan 2022 - Dec 2022

The percentage of approved dollars spent on D&P procedures is below the Book of Business benchmark by 14.2% in the current year.



% of Approved Amount



Distribution of Services by Approved Amount

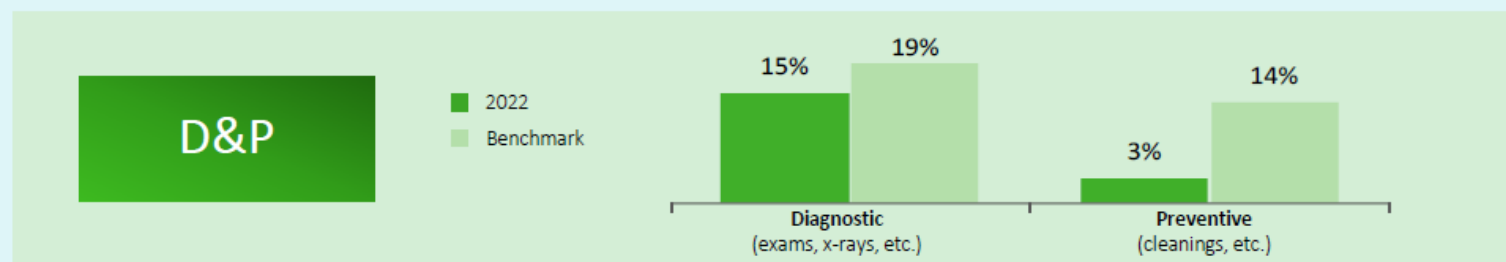
Type of service	2022	Benchmark
D&P	18.4%	32.6%
Basic	36.9%	36.6%
Major	44.6%	30.8%

Distribution of Services

– Excluding orthodontics

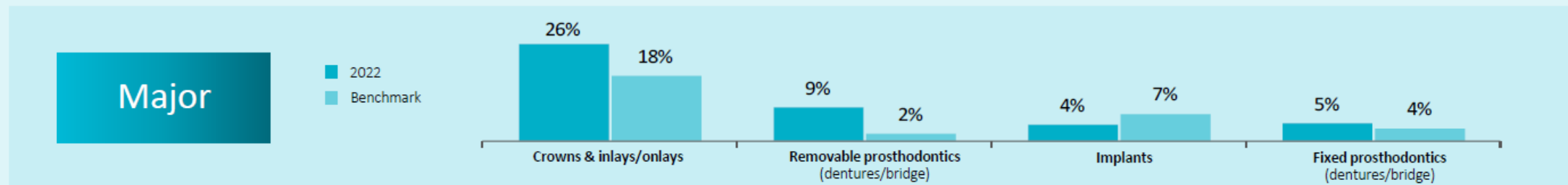
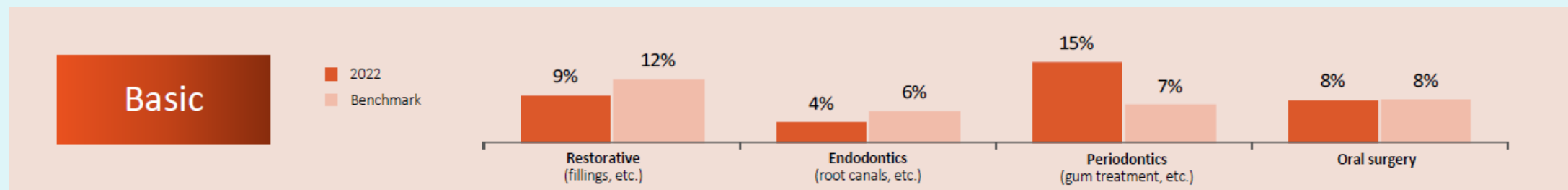
Paid Period: Jan 2022 - Dec 2022

Percent of Approved Amount



Benchmark Comparisons

- Preventive – 129% below
- Periodontics – 72% greater
- Crowns – 37% greater



Cleanings

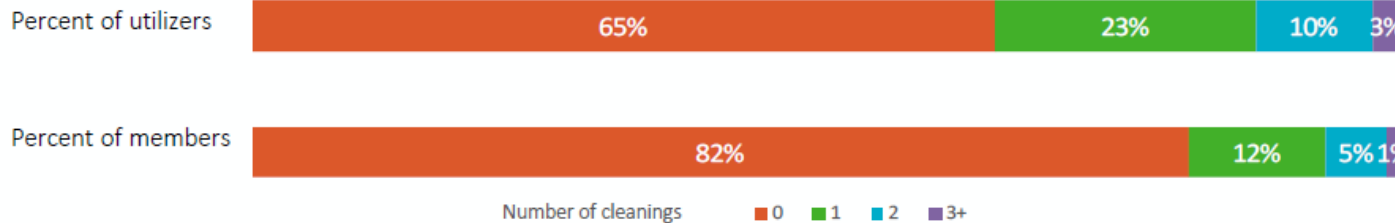
Incurred Period: Jan 2022 - Dec 2022

Paid Period: Jan 2022 - Jan 31, 2023

Submitted Cleanings by Unique Members

Cleanings	Unique members		Utilizers
No utilization	109	47.8%	-
0*	77	33.8%	64.7%
1	27	11.8%	22.7%
2	12	5.3%	10.1%
3+	3	1.3%	2.5%
Total	228	100.0%	100.0%

*Procedure count of 0 represents enrollees who utilized procedures other than cleanings.



18%
of members had their teeth
cleaned in the current year.

Of utilizers,
35%
received at least one cleaning.

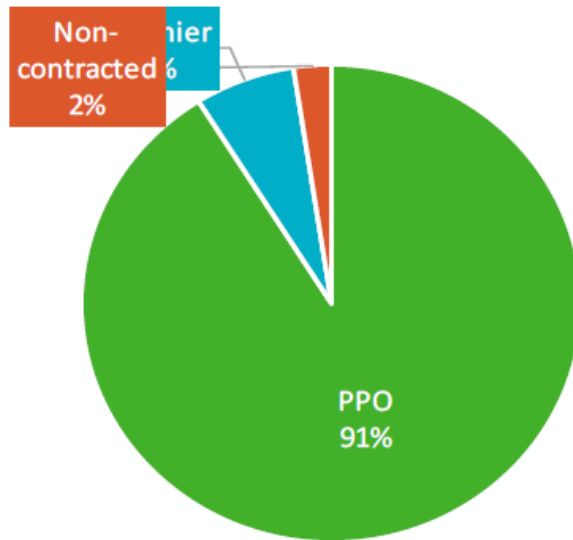


Cost Savings

– Excluding orthodontics

Paid Period: Jan 2022 - Dec 2022

Percent of Approved Procedures



42%
PPO
discount

27%
Premier
discount

40%
net
effective
discount

\$83K
PPO
savings

\$3K
Premier
savings

\$86K
total
savings

98% of approved procedures were provided in-network resulting in \$86K in savings from provider discounts.



Member support in wellness

Wellness and other resources

Delta Dental's value-added services

We've got you covered

Amplifon

- 62% average savings off retail hearing aid pricing
- Choice of top hearing aid brands
- Thousands of hearing care providers

Qualsight

- Access to 40-50% off traditional LASIK pricing
- 1,000+ LASIK locations
- Experienced credentialed LASIK surgeons
- Pre- and postoperative visits are included

BrushSmart™

A free oral wellness program exclusively for members

Members that sign up receive:



Immediate
access to
special offers



Unlimited
discount
redemption

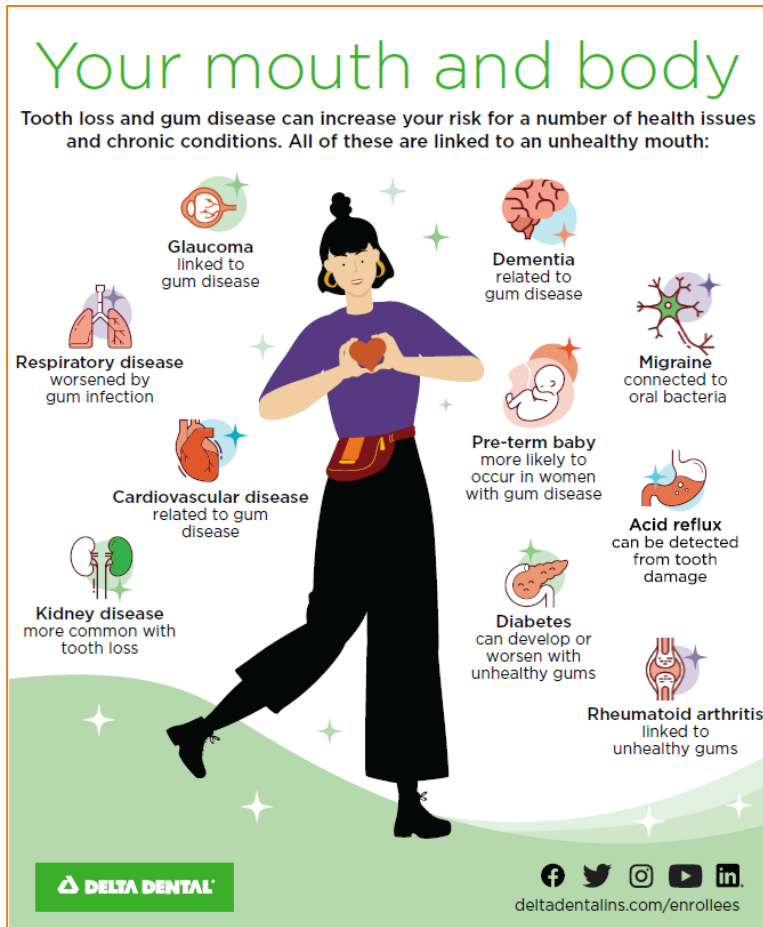


Wellness
education and
resources

Sign up is simple. Visit BrushSmart.org



Delta Dental Flyers



Informational flyers will be available on Resource Hub under Meeting Materials

- Your Mouth & Body
- Tobacco & Your Mouth
- Dentures 101
- 6 Reasons to Get a Dental Cleaning

WE UNITED

Ryan White Update

Food Bank & Home-Delivered Meals

Yasmin Andre & Mika Mendoza



Food Bank & Home-Delivered Meals **Standards Overview**

Client Eligibility

1. Clients must be at or below 200% FPL
2. Clients must show proof of denial or ineligibility for SNAP
3. Clients receiving a supermarket gift card must:
 1. Purchase only allowable items
 2. Return the receipt in order to receive another card
4. Clients may only receive up to \$35 of Food Bank services each month
5. Clients must sign the Food Rights & Responsibilities (R&R) at each supermarket gift card distribution

Agency Procedures

1. Case managers must properly document client's income with valid proof and using the Income Assessment Tool
2. Cards cannot be mailed to the client or given to anyone other than the client
3. Case managers must explain the Food R&R and all associated limitations to clients
 1. Provide client with a copy of R&R and allowable personal hygiene items list
4. Case managers must review receipt to ensure all items purchased are allowable
5. Case managers must complete and upload the R&R and the Supermarket Gift Card Distribution form to CAREWare the same day as distribution
6. Agencies must establish a process to ensure clients do not have unauthorized accesses (e.g., going to a different case manager to get a second food card)

Supporting Documentation

The following documents must be uploaded to CAREWare:

- Documentation of SNAP denial/ineligibility from Department of Children & Families with client's information
 - Letter must be dated within 12 months
 - If requesting override: letter detailing the amount of SNAP benefits received
- Receipt(s) detailing purchases
 - Must reflect correct card number
 - Must reflect that the full card amount was used
- Forms
 - Food Bank & Home-Delivered Meals Client Rights & Responsibilities
 - Supermarket Gift Card Distribution form

Food Bank & Home-Delivered Meals
Override Request

Available only for clients who are ineligible for Food Bank due to receiving insufficient SNAP benefits

1. Client must provide letter stating amount of SNAP benefits
2. Case manager must complete the Food Insecurity Assessment on the Supermarket Gift Card Distribution form
3. Supervisor must approve the override by initialing the Distribution form before case manager distributes card to client

Client Rights & Responsibilities

To be completed by client (initialed, signed, and dated)
and case manager (signed and dated)

- Frequency:
 - Required at each supermarket gift card issuance
 - Required annually for clients only accessing food pantry
- Describes:
 - Service funding process
 - Eligibility requirements
 - Receipt requirement
 - List of non-allowable items
 - Card restrictions

Food Card Distribution Form

To be completed by case manager who is distributing the card

- Client information
- Checkboxes confirming case manager verified eligibility
- Photocopy of card
- Name of case manager that distributed the card
- Food Insecurity Assessment for override requests
 - Must be initialed by a supervisor



Food Bank & Home-Delivered Meals

Allowable Personal Hygiene Products

Clients are able to purchase certain personal hygiene products

- Thoroughly review list with the client and provide them a copy
- Does not have to be signed
- Confirm approval of items not on the list with a supervisor

Noncompliance with Requirements

Examples:

- Lost the receipt
 - Can be requested from Publix (client must go to location and talk to customer service desk)
 - Tip: if client creates a Publix account, they can have access to e-receipts
- Purchased non-allowable item
 - Suspended from gift card services for 12 months from last service
 - Can still access food pantry
- Lost the card
 - Suspended from gift card services for 12 months from last service
 - Can still access food pantry

In all cases, documentation is required in case notes

Food Bank & Home-Delivered Meals Publix Receipts

Hello, Mikaela
 CHANGE
 My Account
 Profile
 Wallet
 Interests
 Gift Card & Balance
 My History
 Order History
 Order Favorites
E-Receipts
 Other
 Settings

✕ Receipts

E-Receipts

View digital images of your store receipts and easily add previously purchased items to your shopping list.

GET STARTED

✕

Do You Want An Extra Copy Of Your Receipts?

E-Receipts are saved online automatically, but you can change that setting anytime.

To receive an extra copy of your receipts, select your preference(s) below.

Email Receipts

Print receipts in-store

These settings can be changed at any time.

NEXT

✕

Enter Your Number At Checkout

This is your account phone number:

Phone Number

A message will be sent to this device for verification

Enter this phone number on the PIN pad at checkout before you pay, so we know it's you.

These settings can be changed at any time.

NEXT

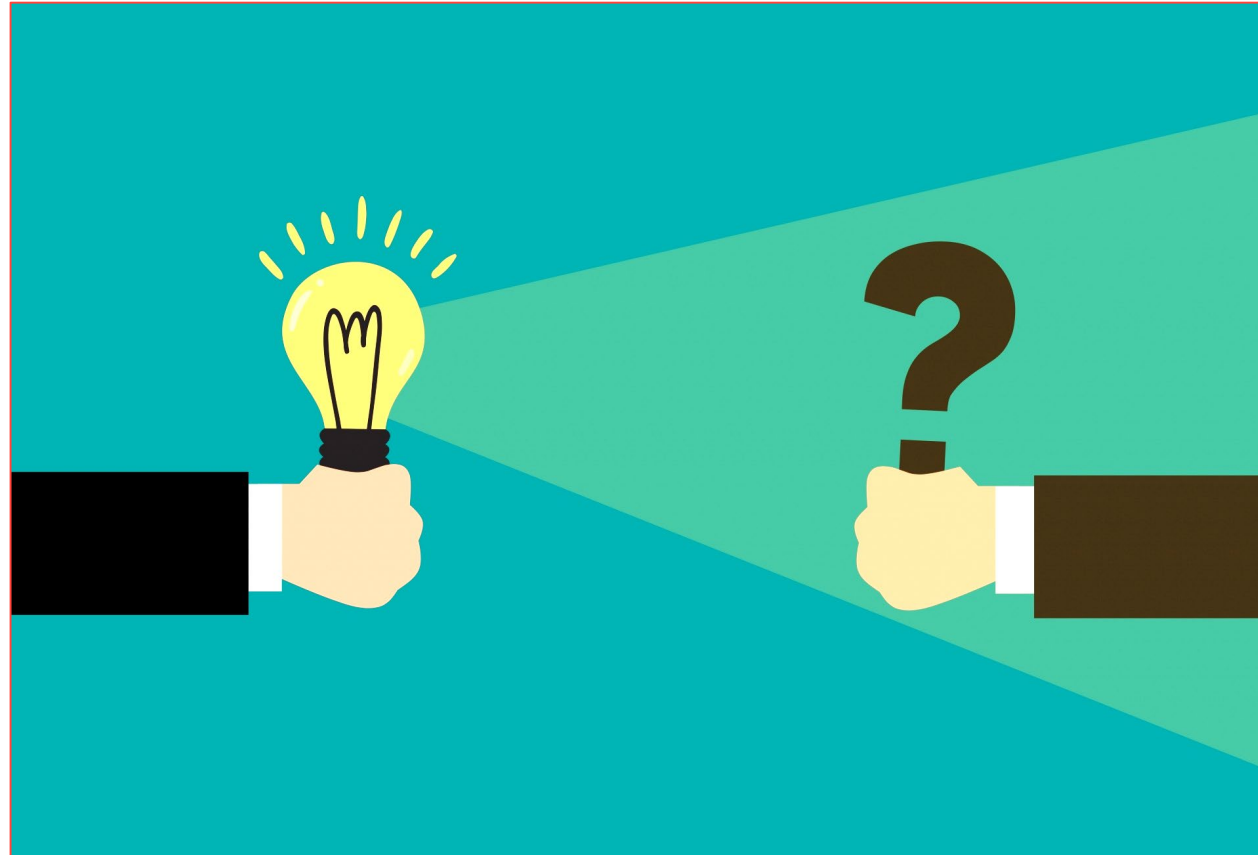
View Your E-Receipts

E-Receipts will show up immediately after you enter your phone number on the PIN pad at checkout.

Your item list will be ready after 24–48 hours.

FINISH

Food Bank & Home-Delivered Meals Q&A



LIVE UNITED

Evaluation

Mika Mendoza



Heart of Florida United Way

LIVE UNITED®

VIVIR UNIDOS

Mentimeter



Menti.com
1816 3127

LIVE UNITED

Provider Announcements & Updates

Meeting Attendees

