

# **Minimum Standards of Care for the Tampa-St. Petersburg Total Service Area**

**2020**



Rob Marlowe, Board Chair  
Elizabeth Rugg, Executive Director  
Naomi Ardjomand-Kermani, Ryan White Planning Manager

## WHO WE ARE

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers, and purchasers.

The Suncoast Health Council, Inc. (SHC) serves Pasco and Pinellas counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers, and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) support the accessibility of health care and social support systems through *comprehensive health planning*; (2) obtain and provide *education* about essential community health challenges and solutions; and (3) participate as collaborative partners to develop and sustain efficient and cost effective *service delivery* systems.

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### **TO LEARN MORE ABOUT THE HEALTH COUNCIL**

Visit our website - [www.SuncoastHealthCouncil.org](http://www.SuncoastHealthCouncil.org)

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## WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

### Mission Statement

The mission of the West Central Florida Ryan White Care Council is to manage a high quality, cost-effective, easily accessible, culturally responsive, and comprehensive continuum of care that improves the lives of all individuals living with and impacted by HIV.

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**West Central Florida Ryan White Care Council  
Minimum Standards of Care\***

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*\*These minimum standards as developed by the Planning & Evaluation Committee have been adopted by the West Central Florida Ryan White Care Council; both pertaining and applicable to the Ryan White Care Act Part A and Part B funds. Minimum standards of care are intended to establish measurable guidelines for providing convenient, accessible, and non-discriminatory services.*

*No standard will be applied retroactively. The Recipient/Lead Agency is responsible for assuring that in addition to these standards, all contracts with providers have provisions requiring the protection of clients' confidentiality and their eligibility for services without regard to gender identity, age, religion, ethnicity, and sexual orientation. The Recipient/Lead Agency shall also require providers to have clear policies and procedures for client grievances and for the assessment of client satisfaction with services.*

*The Recipient/Lead Agency verifies that providers meet the minimum standards established by the West Central Florida Ryan White Care Council. The Recipient/Lead Agency will report significant and/or consistent challenges with West Central Florida Ryan White Care Council approved minimum standards to the Planning & Evaluation Committee. In the event of a local, statewide, or national emergency, these Standards can be amended by both local, statewide, and national authorities.*

**Minimum Standards of Care  
AIDS Pharmaceutical Assistance (local)**

Local Pharmaceutical Assistance Program (LPAP) is operated by a Ryan White HIV/AIDS Program (RWHAP) Part A and/or B recipient or subrecipient as a supplemental means of providing medication assistance when an AIDS Drug Assistance Program (ADAP) has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

RWHAP Part A and/or B recipients using the LPAP service category must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary approved by the local advisory committee/board
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state’s RWHAP Part B ADAP. A statement of need should specify restrictions of the state ADAP and the need for the LPAP
- Implementation in accordance with requirements of the 340B Drug Pricing Program and the Prime Vendor Program

I. Policies and Procedures	
Standard	Measure
<p>A. Agency must have policies and procedures in place that address confidentiality (HIPAA) and release of protected health information including:</p> <ul style="list-style-type: none"> <li>• Agency policy must be in place for protocol violations and breaches as per <a href="#">384.29 Florida legislature</a>.</li> <li>• Agency must provide private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</li> <li>• Utilization of telehealth technology will be based on client need and will be maintained at the same standard as a client’s face-to-face visit.</li> <li>• Agency will have all inactivated client records in a confidential locked location for a period stipulated by law.</li> <li>• Agency will have all activated client records behind two locked doors.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<ul style="list-style-type: none"> <li>All electronic client data will be encrypted in transit and at rest.</li> <li>Must include all regulations and policies according to HIPAA and super confidential information policies as stated by the state of Florida.</li> </ul>	
<p>B. Agency must have policies and procedures in place that address client grievance procedures and eligibility requirements per federal and state law and local regulations.</p> <p>If a grievance is not satisfactorily resolved, at the agency level, the client has a right to file a written grievance, within 30 days to the Lead Agency or Recipient office.</p> <p>The client will be contacted within 10 business days of receipt of written grievance to discuss resolution.</p> <p>If resolution is unable to be resolved satisfactorily at the administrator level, then the client will be provided information on further grievance escalation at that time.</p> <ul style="list-style-type: none"> <li>Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.</li> </ul>	<ul style="list-style-type: none"> <li>Grievance procedure posted in visible location</li> <li>Policy and procedures manual</li> <li>Program monitoring/site visit</li> <li>Client grievance form signed by client</li> </ul>
<p>C. Agency must have a policy and staff training in place that supports cultural and linguistic competency by providing services in a way that is respectful to race, ethnicity, sexual orientation, gender, socioeconomic status, cultural background, disability, and religion.</p>	<ul style="list-style-type: none"> <li>Policy and procedures manual</li> <li>Program monitoring/site visit</li> <li>Training records</li> </ul>
<b>II. Personnel Qualifications</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Agency will ensure that all staff, inclusive of but not limited to, pharmacists, pharmacy technicians; and medical assistants providing pharmacy care or assisting in the provision of pharmacy care are licensed/certified to practice within their concentrated area consistent with</p>	<ul style="list-style-type: none"> <li>Personnel records</li> <li>Program monitoring/site visit</li> <li>Professional License/Certification</li> </ul>

local, State and federal law., i.e. Florida's Board of Pharmacy.	
<b>III. Program Staff</b>	
<b>Standard</b>	<b>Measure</b>
A. Providers shall maintain records of quarterly quality improvement meetings including pharmacy staff as required by <a href="#">FAC 64B16-27.300</a> , Standards of Pharmacy Practice.	<ul style="list-style-type: none"> <li>• Program monitoring/site visit</li> <li>• Meeting Records</li> </ul>
<b>IV. Client Rights and Responsibilities</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Each agency must maintain their own client rights and responsibilities protocols and documentation in accordance with <a href="#">Rule 64D-4, F.A.C.</a></p> <p>Client rights and responsibilities must be posted publicly in visible location.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<b>V. Client Eligibility</b>	
<b>Standard</b>	<b>Measure</b>
A. Each provider will maintain their own eligibility requirements, but at a minimum, will include standards of Ryan White program Recipient eligibility per <a href="#">Rule 64D-4, F.A.C.</a>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
B. Notice of eligibility every 6 months must be maintained by clients, notify applicable certifying entity of any life changes.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• As entered in program electronic database</li> <li>• Program monitoring/site visit</li> </ul>
<b>VI. Treatment Adherence</b>	
<b>Standard</b>	<b>Measure</b>
A. Providers shall follow nationally accepted treatment guidelines, i.e., Centers for Disease Control (CDC), Infectious Disease Society of America (IDSA), or Department of Health and Human Services (DHHS)	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
B. Patient counseling will be provided by qualified staff as needed. Counseling shall include but not be limited to, administration, drug-drug interaction, side effects, dosage, adherence education and food-drug interactions. Counseling may be offered verbally or written to the patient.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<b>VII. Client Transition &amp; Discharges</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Transition and discharge of services should include a written linkage plan maintained by each agency and must include a list of providers available within a client's county of residence. Clients must be provided with their proof of status, most recent proof of Ryan White eligibility, and their most recent labs.</p> <p>Pediatric client files will be kept open for three (3) months and will be considered a successful transition if seen twice by a provider following transition of services. They must be provided with their current prescriptions, all provider notes, and case manager contact information.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<b>VIII. Case Closure</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Adult client cases will only be closed upon death of a permanent discharge from the clinic.</p> <p>Pediatric client cases will be closed after one (1) year without successful client contact or upon successful transition to adult care.</p> <p>Providers must also maintain agency-specific guidelines and must include the date and reasons for case closure utilizing the OAHS Case Closure Summary Form for all closed cases.</p> <p>*Form attached as Appendix 1.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>

Adopted: 11/06/02

Revised: 12/03/03, 11/1/06, 11/7/07, 6/3/09, 7/2/14, 12/5/18, 9/2/20



**Minimum Standards of Care  
Emergency Financial Assistance**

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Program Guidance: Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of Ryan White HIV/AIDS Program (RWHAP) funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through emergency financial assistance. West Central Florida Ryan White Care Council has chosen to use these services solely for the purposes of the TSA and EMA and have chosen to apply this to emergency short term assistance specifically for Anti-Retrovirals (ARV). For example, when used as a bridge for AIDS Drug Assistance Program (ADAP) services.

I. Policies and Procedures	
Standard	Measure
<p>A. Agency must have policies and procedures in place that address confidentiality (HIPAA) and release of protected health information including:</p> <ul style="list-style-type: none"> <li>• Agency policy must be in place for protocol violations and breaches as per <a href="#">384.29 Florida legislature</a>.</li> <li>• Agency must provide private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</li> <li>• Utilization of telehealth technology will be based on client need and will be maintained at the same standard as a client's face-to-face visit.</li> <li>• Agency will have all inactivated client records in a confidential locked location for a period stipulated by law.</li> <li>• Agency will have all activated client records behind two locked doors.</li> <li>• All electronic client data will be encrypted in transit and at rest.</li> <li>• Must include all regulations and policies according to HIPAA and super confidential information policies as stated by the state of Florida.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<p>B. Agency must have policies and procedures in place that address client grievance procedures and eligibility requirements per federal and state law and local regulations.</p> <p>If a grievance is not satisfactorily resolved, at the agency level, the client has a right to file a written grievance, within 30 days to the Lead Agency or Recipient office.</p> <p>The client will be contacted within 10 business days of receipt of written grievance to discuss resolution.</p> <p>If resolution is unable to be resolved satisfactorily at the administrator level, then the client will be provided information on further grievance escalation at that time.</p> <ul style="list-style-type: none"> <li>• Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.</li> </ul>	<ul style="list-style-type: none"> <li>• Grievance procedure posted in visible location</li> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Client grievance form signed by client</li> </ul>
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<p>C. Agency must have a policy and staff training in place that supports cultural and linguistic competency by providing services in a way that is respectful to race, ethnicity, sexual orientation, gender, socioeconomic status, cultural background, disability, and religion.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Training records</li> </ul>
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**II. Personnel Qualifications**

<b>Standard</b>	<b>Measure</b>
<p>A. Agency will ensure that all staff, inclusive of but not limited to, pharmacists, pharmacy technicians; and medical assistants providing pharmacy care or assisting in the provision of pharmacy care are licensed/certified to practice within their concentrated area consistent with local, State and federal law., i.e. Florida's Board of Pharmacy.</p>	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Program monitoring/site visit</li> <li>• Professional License/Certification</li> </ul>

**III. Program Staff**

<b>Standard</b>	<b>Measure</b>
<p>A. Providers shall maintain records of quarterly quality improvement meetings including pharmacy staff as required by <a href="#">FAC 64B16-27.300</a>, Standards of Pharmacy Practice.</p>	<ul style="list-style-type: none"> <li>• Program monitoring/site visit</li> <li>• Meeting Records</li> </ul>

<b>IV. Client Rights and Responsibilities</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Each agency must maintain their own client rights and responsibilities protocols and documentation in accordance with <a href="#">Rule 64D-4, F.A.C.</a></p> <p>Client rights and responsibilities must be posted publicly in visible location.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<b>V. Client Eligibility</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Each provider will maintain their own eligibility requirements, but at a minimum, will include standards of Ryan White program Recipient eligibility per <a href="#">Rule 64D-4, F.A.C.</a></p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<p>B. Notice of eligibility every 6 months must be maintained by clients, notify applicable certifying entity of any life changes.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• As entered in program electronic database</li> <li>• Program monitoring/site visit</li> </ul>
<b>VI. Treatment Adherence</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Providers shall follow nationally accepted treatment guidelines, i.e., Centers for Disease Control (CDC), Infectious Disease Society of America (IDSA), or Department of Health and Human Services (DHHS)</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<p>B. Patient counseling will be provided by qualified staff as needed. Counseling shall include but not be limited to, administration, drug-drug interaction, side effects, dosage, adherence education and food-drug interactions. Counseling may be offered verbally or written to the patient.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<b>VII. Client Transition &amp; Discharges</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Transition and discharge of services should include a written linkage plan maintained by each agency and must include a list of providers available within a client's county of residence. Clients must be provided with their proof of status, most recent proof of Ryan White eligibility, and their most recent labs.</p> <p>Pediatric client files will be kept open for three (3) months and will be considered a successful transition if seen twice by a provider following transition of services. They must be provided with their current prescriptions, all provider notes, and case manager contact information.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<b>VIII. Case Closure</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Adult cases will be closed upon death or permanent discharge from the clinic.</p> <p>Pediatric client cases will be closed after one (1) year without successful client contact or upon successful transition to adult care.</p> <p>Providers must also maintain agency-specific guidelines and must include the date and reasons for case closure utilizing the OAHS Case Closure Summary Form for all closed cases.</p> <p>*Form attached as Appendix 1.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>

Revised: 9/2/2020

Adopted: 12/5/18

**Minimum Standards of Care  
Health Education and Risk Reduction**

Health Education/Risk Reduction (HERR) is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Services cannot be delivered anonymously. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and Treatment as Prevention (TasP)
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education\*

\*For clarification: Pursuant to [HIV/AIDS Bureau Policy 16-02](#), Treatment Adherence Services during an Outpatient/Ambulatory Health Services visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case management service category.

I. Policies and Procedures	
Standard	Measure
<p>A. Agency must have policies and procedures in place that address confidentiality (HIPAA) and release of protected health information including:</p> <ul style="list-style-type: none"> <li>• Agency policy must be in place for protocol violations and breaches as per <a href="#">384.29 Florida legislature</a>.</li> <li>• Agency must provide private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</li> <li>• Utilization of telehealth technology will be based on client need and will be maintained at the same standard as a client's face-to-face visit.</li> <li>• Agency will have all inactivated client records in a confidential locked location for a period stipulated by law.</li> <li>• Agency will have all activated client records behind two locked doors.</li> <li>• All electronic client data will be encrypted in transit and at rest.</li> <li>• Must include all regulations and policies according to HIPAA and super confidential information</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<p>policies as stated by the state of Florida.</p>	
<p>B. Health Education/Risk Reduction Curriculum: Agency will have a written curriculum to inform clients about:</p> <ul style="list-style-type: none"> <li>• Reducing HIV transmission risks including partner testing</li> <li>• Preventing STIs</li> <li>• The benefits of treatment and information on how to access and retain care</li> <li>• Available resources to help with HIV treatment and prevention</li> <li>• PrEP education</li> <li>• Understanding lab values and medication regimen</li> <li>• Personal HIV disclosure</li> </ul> <p>HRSA-approved curriculum may be adopted for HERR in place of the Agency developing their own curriculum</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<p>C. Agency must have policies and procedures in place that address client grievance procedures and eligibility requirements per federal and state law and local regulations.</p> <p>If a grievance is not satisfactorily resolved, at the agency level, the client has a right to file a written grievance, within 30 days to the Lead Agency or Recipient office.</p> <p>The client will be contacted within 10 business days of receipt of written grievance to discuss resolution.</p> <p>If resolution is unable to be resolved satisfactorily at the administrator level, then the client will be provided information on further grievance escalation at that time.</p> <ul style="list-style-type: none"> <li>• Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.</li> </ul>	<ul style="list-style-type: none"> <li>• Grievance procedure posted in visible location</li> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<p>D. Agency must have a policy and staff training in place that supports cultural and linguistic competency by providing services in a way that is respectful to race, ethnicity, sexual orientation, gender, socioeconomic status, cultural background, disability, and religion.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Training records</li> </ul>

<p>E. Group and individual level evaluation of clients' needs or topics:</p> <ul style="list-style-type: none"> <li>• HERR activities will be driven by an evaluation of participants' interests and needs</li> <li>• Evaluation may be conducted during group discussion or individually with clients</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
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**II. Personnel Qualifications**

<b>Standard</b>	<b>Measure</b>
<p>A. Health Educators must have appropriate skills, education, and relevant experience prior to hire to provide HERR services.</p>	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Program monitoring/site visit</li> </ul>
<p>B. Health Educators and direct supervisors must attend training sessions as required by the Recipient, Health Resources and Services Administration, and/or the Florida Department of Health. Additional training must be coordinated and/or provided by supervisory staff.</p>	<ul style="list-style-type: none"> <li>• Training records</li> <li>• Program monitoring/site visit</li> </ul>

**II. Client Rights and Responsibilities**

<b>Standard</b>	<b>Measure</b>
<p>A. Each agency must maintain their own client rights and responsibilities protocols and documentation.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>

**III. Eligibility and Intake**

<b>Standard</b>	<b>Measure</b>
<p>A. Upon initial contact with client, agency will determine if clients meet criteria for emergency needs, as detailed in the required annual comprehensive assessment and acuity assessment.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<p>B. Provider determines client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must meet the regulations of <a href="#">64D-4</a> and must be consistent with funding requirements.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Proof of income</li> <li>• Program monitoring/site visit</li> <li>• Client record and client satisfaction survey.</li> </ul>
<p>C. Health Educators must provide the client a choice of service providers if available.</p>	<ul style="list-style-type: none"> <li>• Client record signed by client</li> <li>• Program monitoring/site visit</li> </ul>

<b>IV. Active File Maintenance &amp; Case Closure</b>	
<b>Standard</b>	<b>Measure</b>
A. Health Educators must contact clients as needed (based on client need) unless a specific program requirement is set by a program. Health Educators contact requirements are subject to any additional requirements set forth by Rule 64D-4, the Florida Department of Health, and the Health Resources and Services Administration. Contact is defined as phone, face-to-face, leaving a message or a mailing.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
B. Active files must have individualized service plan reviewed by client and case manager semi-annually.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
C. Active files must reflect a face-to-face visit conducted on a semi-annual basis.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
D. Clients will have access to a case manager during normal business hours for the agency.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
E. Case managers must maintain up to date documentation on all activities with, or on behalf of clients.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
F. Case managers must ensure that a copy of a client's record in its entirety is sent to the receiving agency within 10 business days from receipt of original signed release.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> <li>• As entered in program electronic database</li> </ul>
G. Notice of eligibility every 6 months must be maintained by clients, notify applicable certifying entity of any life changes.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• As entered in program electronic database</li> <li>• Program monitoring/site visit</li> </ul>
H. Adult client cases will only be closed upon death of a permanent discharge from the clinic.  Providers must also maintain agency-specific guidelines and must include the date and reasons for case closure.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<b>V. Treatment Adherence</b>	
<b>Standard</b>	<b>Measure</b>
A. Case managers will work collaboratively with client and medical/psychosocial providers to promote adherence to treatment.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>

Revised: 9/2/20

Adopted:12/5/18



**Minimum Standards of Care  
Health Insurance and Premium Cost Sharing Assistance**

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also may include stand-alone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying stand-alone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client. Cost sharing is not applicable to stand-alone dental insurance. To use Ryan White HIV/AIDS Program (RWHAP) funds for health insurance premium assistance (not stand-alone dental insurance assistance), a RWHAP Part Recipient/Lead Agency must implement a methodology that incorporates the following requirements:
  - RWHAP Recipient/Lead Agency must ensure that clients are buying health coverage that, at a minimum, includes at least one drug in each class of core antiretroviral therapeutics from the Department of Health and Human Services (HHS) treatment guidelines along with appropriate HIV outpatient/ambulatory health services.
  - RWHAP Recipient/Lead Agency must assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

To use RWHAP funds for stand-alone dental insurance premium assistance, an RWHAP Part Recipient/Lead Agency must implement a methodology that incorporates the following requirement:

- RWHAP Part Recipient/Lead Agency must assess and compare the aggregate cost of paying for the stand-alone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing stand-alone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

Since the eligible PLWH (Person Living with HIV) does not access services directly from the health insurance services provider but through a case manager, these minimum standards have been developed to reflect this unique fiscal relationship. The case management relationship ensures PLWH confidentiality and grievance procedures.

I. Policies and Procedures	
Standard	Measure
<p>A. Agency must have policies and procedures in place that address confidentiality (HIPAA) and release of protected health information including:</p> <ul style="list-style-type: none"> <li>• Agency policy must be in place for protocol violations and breaches as per <a href="#">384.29 Florida legislature</a>.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<ul style="list-style-type: none"> <li>• Agency must provide private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</li> <li>• Utilization of telehealth technology will be based on client need and will be maintained at the same standard as a client's face-to-face visit.</li> <li>• Agency will have all inactivated client records in a confidential locked location for a period stipulated by law.</li> <li>• Agency will have all activated client records behind two locked doors.</li> <li>• All electronic client data will be encrypted in transit and at rest.</li> <li>• Must include all regulations and policies according to HIPAA and super confidential information policies as stated by the state of Florida.</li> </ul>	
<p>B. Agency must have policies and procedures in place that address client grievance procedures and eligibility requirements per federal and state law and local regulations.</p> <p>If a grievance is not satisfactorily resolved, at the agency level, the client has a right to file a written grievance, within 30 days to the Lead Agency or Recipient office.</p> <p>The client will be contacted within 10 business days of receipt of written grievance to discuss resolution.</p> <p>If resolution is unable to be resolved satisfactorily at the administrator level, then the client will be provided information on further grievance escalation at that time.</p> <ul style="list-style-type: none"> <li>• Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.</li> </ul>	<ul style="list-style-type: none"> <li>• Grievance procedure posted in visible location</li> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<p>C. Agency must have a policy and staff training in place that supports cultural and linguistic competency by providing services in a way that is respectful to</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Training records</li> </ul>

race, ethnicity, sexual orientation, gender, socioeconomic status, cultural background, disability, and religion.	
<b>II. Client Rights and Responsibilities</b>	
<b>Standard</b>	<b>Measure</b>
A. Each agency must maintain their own client rights and responsibilities protocols and documentation.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<b>III. Active File Maintenance &amp; Case Closure</b>	
<b>Standard</b>	<b>Measure</b>
A. Upon receipt of the request for payment, the service provider will notify the case manager within three working days of the outcome of the request.	<ul style="list-style-type: none"> <li>• Program monitoring/site visit</li> <li>• Client record</li> </ul>
B. The provider will issue payments for approved requests within 30 working days of receipt of an invoice for payment.	<ul style="list-style-type: none"> <li>• Program monitoring/site visit</li> <li>• Client record</li> <li>• Dated payment receipts</li> </ul>
C. The provider will identify error-prone case management agencies and offer individualized on-site training to up to two (2) agencies annually, upon request. The provider will also provide written updates on changes in eligibility or service benefits, procedural changes and other related information to case management agencies on a timely and regular basis.	<ul style="list-style-type: none"> <li>• Program monitoring/site visit</li> <li>• Training records</li> </ul>
D. The provider will establish and maintain a mechanism to assure that upon the PLWH's disenrollment, any unused portion of issued premium payments is reimbursed to the program.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Reimbursement record</li> </ul>

Adopted: 03/05/03

Revised: 8/4/04, 3/7/07, 11/7/07, 6/3/09, 6/1/11, 7/2/14, 12/5/18, 9/2/20

**Minimum Standards of Care  
Medical Case Management Services**

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

\*Pursuant to [HIV/AIDS Bureau Policy 16-02](#).

I. Policies and Procedures	
Standard	Measure
<p>A. Agency must have policies and procedures in place that address confidentiality (HIPAA) and release of protected health information including:</p> <ul style="list-style-type: none"> <li>• Agency policy must be in place for protocol violations and breaches as per <a href="#">384.29 Florida legislature</a>.</li> <li>• Agency must provide private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</li> <li>• Utilization of telehealth technology will be based on client need and will be maintained at the same standard as a client's face-to-face visit.</li> <li>• Agency will have all inactivated client records in a confidential locked location for a period stipulated by law.</li> <li>• Agency will have all activated client records behind two locked doors.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<ul style="list-style-type: none"> <li>All electronic client data will be encrypted in transit and at rest.</li> <li>Must include all regulations and policies according to HIPAA and super confidential information policies as stated by the state of Florida.</li> </ul>	
<p>B. Agency must have policies and procedures in place that address client grievance procedures and eligibility requirements per federal and state law and local regulations.</p> <p>If a grievance is not satisfactorily resolved, at the agency level, the client has a right to file a written grievance, within 30 days to the Lead Agency or Recipient office.</p> <p>The client will be contacted within 10 business days of receipt of written grievance to discuss resolution.</p> <p>If resolution is unable to be resolved satisfactorily at the administrator level, then the client will be provided information on further grievance escalation at that time.</p> <ul style="list-style-type: none"> <li>Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.</li> </ul>	<ul style="list-style-type: none"> <li>Grievance procedure posted in visible location</li> <li>Policy and procedures manual</li> <li>Program monitoring/site visit</li> </ul>
<p>C. Agency must have a policy and staff training in place that supports cultural and linguistic competency by providing services in a way that is respectful to race, ethnicity, sexual orientation, gender, socioeconomic status, cultural background, disability, and religion.</p>	<ul style="list-style-type: none"> <li>Policy and procedures manual</li> <li>Program monitoring/site visit</li> <li>Training records</li> </ul>
<b>II. Personnel Qualifications</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Medical Case Managers (MCM) must have appropriate skills and relevant experience prior to hire to provide medical case management services.</p>	<ul style="list-style-type: none"> <li>Personnel records</li> <li>Program monitoring/site visit</li> <li>Training records</li> <li>Professional License/Certification</li> </ul>
<p>B. MCM must meet staff qualifications as defined by the latest version of the <a href="#">Florida Dept of Health's HIV Case Management Guidelines</a> (FDOH HCMG).</p>	<ul style="list-style-type: none"> <li>Personnel records</li> <li>Program monitoring/site visit</li> <li>Training records</li> <li>Professional License/Certification</li> </ul>

<p>C. MCM must complete the case management series from the Florida AIDS Education &amp; Training Center and obtain certification within 90 days of hire and maintain certification by completing the required CEU's as defined by the FDOH HCMG.</p>	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Program monitoring/site visit</li> <li>• Training records</li> <li>• Professional License/Certification</li> </ul>
<p>D. Case managers and direct supervisors must attend training sessions as required by the Recipient, Health Resources and Services Administration, and/or the Florida Department of Health. Additional training must be coordinated and/or provided by supervisory staff.</p>	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Program monitoring/site visit</li> <li>• Training records</li> <li>• Professional License/Certification</li> </ul>
<b>II. Client Rights and Responsibilities</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Each agency must maintain their own client rights and responsibilities protocols and documentation.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<b>III. Eligibility and Intake</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Upon initial contact with client, agency will determine if clients meet criteria for emergency needs, as detailed in the required annual comprehensive assessment and acuity assessment.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<p>F. Provider determines client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must meet the regulations of <a href="#">64D-4</a> and must be consistent with funding requirements.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Proof of income</li> <li>• Program monitoring/site visit</li> <li>• Client record and client satisfaction survey.</li> </ul>
<p>G. Case managers must provide the client a choice of service providers if available.</p>	<ul style="list-style-type: none"> <li>• Client record signed by client</li> <li>• Program monitoring/site visit</li> </ul>
<b>IV. Active File Maintenance &amp; Case Closure</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Case managers must contact clients as needed (based on client need) unless a specific program requirement is set by a program. Case Manager contact requirements are subject to any additional requirements set forth by Rule <a href="#">64D-4</a>, the Florida Department of Health, and the Health Resources and Services Administration. Contact is defined as</p>	<ul style="list-style-type: none"> <li>• Client record</li> </ul>

phone, face-to-face, leaving a message or a mailing.	
B. Active files must have individualized service plan reviewed by client and case manager semi-annually.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
C. Active files must reflect a face-to-face visit conducted on a semi-annual basis.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
D. Clients will have access to a case manager during normal business hours for the agency.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
E. Case managers must maintain up to date documentation on all activities with, or on behalf of clients.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
F. Case managers must ensure that a copy of a client's record in its entirety is sent to the receiving agency within 10 business days from receipt of original signed release.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> <li>• As entered in program electronic database</li> </ul>
G. Notice of eligibility every 6 months must be maintained by clients, notify applicable certifying entity of any life changes.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• As entered in program electronic database</li> <li>• Program monitoring/site visit</li> </ul>
H. Adult client cases will only be closed upon death of a permanent discharge from the clinic.  Pediatric client cases will be closed after one (1) year without successful client contact or upon successful transition to adult care.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
I. Providers must also maintain agency-specific guidelines and must include the date and reasons for case closure.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<b>V. Treatment Adherence</b>	
<b>Standard</b>	<b>Measure</b>
A. Case managers will work collaboratively with client and medical/psychosocial providers to promote adherence to treatment.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<b>VI. Client Transition &amp; Case Closure</b>	
<b>Standard</b>	<b>Measure</b>
A. Client transition of services are completed at the request of the client and when incarcerated.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Client record</li> </ul>

<p>Case closures are completed: at the request of the client if client declined service; or when client is ineligible for services. Client case is discharged if client's behavior is violent and/or abusive and upon death of client.</p> <p>Pediatric client cases will be closed after one (1) year without successful client contact or upon successful transition to adult care.</p> <p>Providers must document client transition of care, and case closure/discharge on the Case Closure Summary Form in addition to the case notes. The Case Closure Summary Form must be reviewed and signed off by case manager supervisor.</p>	
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Adopted: 04/03/02  
Revised: 12/03/03, 12/6/06, 11/7/07, 6/3/09, 7/2/14, 12/5/18, 9/2/20



**Minimum Standards of Care  
Mental Health Services**

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

I. Policies and Procedures	
Standard	Measure
<p>A. Agency must have policies and procedures in place that address confidentiality (HIPAA) and release of protected health information including:</p> <ul style="list-style-type: none"> <li>• Agency policy must be in place for protocol violations and breaches as per <a href="#">384.29 Florida legislature</a>.</li> <li>• Agency must provide private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</li> <li>• Utilization of telehealth technology will be based on client need and will be maintained at the same standard as a client's face-to-face visit.</li> <li>• Agency will have all inactivated client records in a confidential locked location for a period stipulated by law.</li> <li>• Agency will have all activated client records behind two locked doors.</li> <li>• All electronic client data will be encrypted in transit and at rest.</li> <li>• Must include all regulations and policies according to HIPAA and super confidential information policies as stated by the state of Florida.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<p>B. Agency must have policies and procedures in place that address client grievance procedures and eligibility requirements per federal and state law and local regulations.</p> <p>If a grievance is not satisfactorily resolved, at the agency level, the client has a right to file a written grievance,</p>	<ul style="list-style-type: none"> <li>• Grievance procedure posted in visible location</li> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<p>within 30 days to the Lead Agency or Recipient office.</p> <p>The client will be contacted within 10 business days of receipt of written grievance to discuss resolution.</p> <p>If resolution is unable to be resolved satisfactorily at the administrator level, then the client will be provided information on further grievance escalation at that time.</p> <ul style="list-style-type: none"> <li>• Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.</li> </ul>	
<p>C. Agency must have a policy and staff training in place that supports cultural and linguistic competency by providing services in a way that is respectful to race, ethnicity, sexual orientation, gender, socioeconomic status, cultural background, disability, and religion.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Training records</li> </ul>

**II. Personnel Qualifications**

<b>Standard</b>	<b>Measure</b>
<p>A. Agency will ensure that all staff, inclusive of but not limited to, psychiatrists, psychologists, and licensed clinical social workers, providing treatment and counseling services individually or in a group setting are licensed/certified to practice within their concentrated area consistent with, local, State and federal law.</p>	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Program monitoring/site visit</li> <li>• Professional License/Certification</li> </ul>

**III. Program Staff**

<b>Standard</b>	<b>Measure</b>
<p>A. License-eligible staff delivering mental health services will receive direct, professional supervision by a licensed mental health provider of the type of care they are providing to individual patients/clients.</p>	<ul style="list-style-type: none"> <li>• Personnel Records</li> </ul>
<p>B. Services can be provided by both a licensed mental health provider as well as a licensed-eligible registered intern.</p>	<ul style="list-style-type: none"> <li>• Personnel Records</li> </ul>

<b>II. Client Rights and Responsibilities</b>	
<b>Standard</b>	<b>Measure</b>
A. Each agency must maintain their own client rights and responsibilities protocols and documentation.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<b>III. Eligibility and Intake</b>	
<b>Standard</b>	<b>Measure</b>
A. Upon initial contact with client, agency will determine if clients meet criteria for emergency needs, as detailed in the required annual comprehensive assessment and acuity assessment.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
B. Provider confirms client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must meet the regulations of 64D-4 and must be consistent with funding requirements.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> <li>• Client record and client satisfaction survey.</li> </ul>
C. Mental health providers must provide the client a choice of service providers if available.	<ul style="list-style-type: none"> <li>• Client record signed by client</li> <li>• Program monitoring/site visit</li> </ul>
<b>IV. Assessment &amp; Treatment</b>	
<b>Standard</b>	<b>Measure</b>
A. The provider must provide mechanisms for urgent care evaluation and triage.	<ul style="list-style-type: none"> <li>• Policies and procedures manual</li> </ul>
B. The provider will develop and maintain client specific collaboration with primary medical care service providers.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
C. The provider will maintain an initial mental health assessment of each participating client that consists of presenting problem(s), psychosocial history, mental status examination, differential diagnoses, treatment recommendations and signature of the licensed or license-eligible professional conducting the assessment.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>
D. At minimum, provider will complete an annual psycho-social assessment with the patient, either in-person or by way of telehealth.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>

<b>V. Service Coordination/Referral</b>	
<b>Standard</b>	<b>Measure</b>
A. The provider will establish procedures for continuity of mental health/psychiatric care to their patients/clients in all settings in which they may need care.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
B. The provider will provide referrals for continuity of substance abuse care to their patients/clients as needed.	<ul style="list-style-type: none"> <li>• Client record</li> </ul>

Adopted: 06/07/00

Revised: 12/03/03, 3/7/07, 11/7/07, 6/3/09, 7/2/14, 12/5/18, 9/2/20

## Minimum Standards of Care Oral Health

Oral Health Care services provide outpatient diagnostic, preventive, and therapeutic services by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

The following minimum standards are in place to describe and establish measurable guidelines to offer clients the most convenient, accessible, and non-discriminatory oral health services.

I. Policies and Procedures	
Standard	Measure
<p>A. Agency must have policies and procedures in place that address confidentiality (HIPAA) and release of protected health information including:</p> <ul style="list-style-type: none"> <li>• Agency policy must be in place for protocol violations and breaches as per <a href="#">384.29 Florida legislature</a>.</li> <li>• Agency must provide private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</li> <li>• Utilization of telehealth technology will be based on client need and will be maintained at the same standard as a client's face-to-face visit.</li> <li>• Agency will have all inactivated client records in a confidential locked location for a period stipulated by law.</li> <li>• Agency will have all activated client records behind two locked doors.</li> <li>• All electronic client data will be encrypted in transit and at rest.</li> <li>• Must include all regulations and policies according to HIPAA and super confidential information policies as stated by the state of Florida.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<p>B. Agency must have policies and procedures in place that address client grievance procedures and eligibility requirements per federal and state law and local regulations.</p> <p>If a grievance is not satisfactorily resolved, at the agency level, the client</p>	<ul style="list-style-type: none"> <li>• Grievance procedure posted in visible location</li> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<p>has a right to file a written grievance, within 30 days to the Lead Agency or Recipient office.</p> <p>The client will be contacted within 10 business days of receipt of written grievance to discuss resolution.</p> <p>If resolution is unable to be resolved satisfactorily at the administrator level, then the client will be provided information on further grievance escalation at that time.</p> <ul style="list-style-type: none"> <li>• Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.</li> </ul>	
<p>A. Agency must have a policy and staff training in place that supports cultural and linguistic competency by providing services in a way that is respectful to race, ethnicity, sexual orientation, gender, socioeconomic status, cultural background, disability, and religion.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Training records</li> </ul>
<p>B. Provider shall have a policy in place to address dental emergencies.</p>	<ul style="list-style-type: none"> <li>• Written documentation on file</li> </ul>
<p><b>II. Personnel Qualifications</b></p>	
<p><b>Standard</b></p>	<p><b>Measure</b></p>
<p>A. Agency will ensure that all staff, inclusive of but not limited to, general dental practitioners, dental specialists, dental hygienists, and auxiliaries, providing dental care are licensed/certified to practice within their concentrated area consistent with State and local law.</p>	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Program monitoring/site visit</li> <li>• Professional License/Certification</li> </ul>
<p><b>II. Client Rights and Responsibilities</b></p>	
<p><b>Standard</b></p>	<p><b>Measure</b></p>
<p>A. Each agency must maintain their own client rights and responsibilities protocols and documentation.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<p><b>III. Eligibility and Intake</b></p>	
<p><b>Standard</b></p>	<p><b>Measure</b></p>
<p>A. Provider confirms client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must meet the regulations of <a href="#">64D-4</a> and must be consistent with funding requirements.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> <li>• Client record and client satisfaction survey.</li> </ul>

<p>B. Oral health providers must provide the client a choice of service providers if available.</p>	<ul style="list-style-type: none"> <li>• Client record signed by client</li> <li>• Program monitoring/site visit</li> </ul>
<b>IV. Assessment &amp; Treatment</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Providers shall follow nationally accepted treatment guidelines, i.e., American Dental Association, Centers for Disease Control (CDC), Infectious Disease Society of America (IDSA), or Department of Health and Human Services (DHHS).</p>	<ul style="list-style-type: none"> <li>• Written documentation on file as examined by the Recipient/Lead Agency.</li> </ul>
<p>B. Dental care shall have the primary focus of alleviating discomfort, keeping teeth and gums healthy, preventing infection, and maintaining the ability to eat nutritional foods with the goal of optimizing overall health. Procedures that are for cosmetic purposes only will not be covered.</p> <p>Treatment must be completed within a reasonable and customary time frame.</p>	<ul style="list-style-type: none"> <li>• Written documentation on file as examined by the Recipient/Lead Agency.</li> </ul>
<p>C. A treatment plan shall, at a minimum, include a thorough dental examination, x-rays and cleaning, and follow-up. Follow-up services shall include cleaning services, education, preventative home care instructions, and any additional services necessary to maintain dental health.</p>	<ul style="list-style-type: none"> <li>• Written documentation on file as examined by the Recipient/Lead Agency.</li> </ul>

Adopted: 05/01/02

Revised: 12/03/03, 12/6/06, 11/7/07, 6/3/09, 7/2/14, 12/5/18, 9/2/20

## Minimum Standards of Care Outpatient/Ambulatory Health Services

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

I. Policies and Procedures	
Standard	Measure
<p>A. Agency must have policies and procedures in place that address confidentiality (HIPAA) and release of protected health information including:</p> <ul style="list-style-type: none"> <li>• Agency policy must be in place for protocol violations and breaches as per <a href="#">384.29 Florida legislature</a>.</li> <li>• Agency must provide private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</li> <li>• Utilization of telehealth technology will be based on client need and will be maintained at the same standard as a client's face-to-face visit.</li> <li>• Agency will have all inactivated client records in a confidential locked location for a period stipulated by law.</li> <li>• Agency will have all activated client records behind two locked doors.</li> <li>• All electronic client data will be encrypted in transit and at rest.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>



<ul style="list-style-type: none"> <li>• Must include all regulations and policies according to HIPAA and super confidential information policies as stated by the state of Florida.</li> </ul>	
<p>B. Agency must have policies and procedures in place that address client grievance procedures and eligibility requirements per federal and state law and local regulations.</p> <p>If a grievance is not satisfactorily resolved, at the agency level, the client has a right to file a written grievance, within 30 days to the Lead Agency or Recipient office.</p> <p>The client will be contacted within 10 business days of receipt of written grievance to discuss resolution.</p> <p>If resolution is unable to be resolved satisfactorily at the administrator level, then the client will be provided information on further grievance escalation at that time.</p> <p>Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.</p>	<ul style="list-style-type: none"> <li>• Grievance procedure posted in visible location</li> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Client grievance form signed by client</li> </ul>
<p>C. Agency must have a policy and staff training in place that supports cultural and linguistic competency by providing services in a way that is respectful to race, ethnicity, sexual orientation, gender, socioeconomic status, cultural background, disability, and religion.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Training records</li> </ul>
<b>II. Personnel Qualifications</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Agency staff are trained and knowledgeable about primary medical care, HIV disease and treatment and available resources that promote the continuity of client care.</p>	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Program monitoring/site visit</li> <li>• Professional License/Certification</li> </ul>

<p>B. Agency will ensure that all staff, inclusive of but not limited to, physicians, physicians' assistants, nurse practitioners, registered nurses, licensed practical nurses, and medical assistants providing primary care or assisting in the provision of primary care are licensed/certified to practice within their concentrated area consistent with city, county, state and federal law.</p>	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Program monitoring/site visit</li> <li>• Professional License/Certification</li> </ul>
<b>III. Client Rights and Responsibilities</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Each agency must maintain their own client rights and responsibilities protocols and documentation in accordance with <a href="#">Rule 64D-4, F.A.C.</a></p> <p>Client rights and responsibilities must be posted publicly in visible location.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<b>IV. Client Eligibility</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Each provider will maintain their own eligibility requirements, but at a minimum, will include standards of Ryan White program Recipient eligibility per <a href="#">Rule 64D-4, F.A.C.</a></p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
<p>B. Notice of eligibility every 6 months must be maintained by clients, notify applicable certifying entity of any life changes.</p>	<ul style="list-style-type: none"> <li>• Client record</li> <li>• As entered in program electronic database</li> <li>• Program monitoring/site visit</li> </ul>
<b>V. Treatment</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Providers shall follow nationally accepted HIV treatment guidelines, according to RWHAP legislation, i.e., Department of Health and Human Services (DHHS), Centers for Disease Control (CDC), Infectious Disease Society of America (IDSA).</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<b>VI. Client Transition &amp; Discharges</b>	
<b>Standard</b>	<b>Measure</b>
<p>A. Transition and discharge of services should include a written linkage plan maintained by each agency and must include a list of providers available within a client's place of residence. Clients must be provided with their proof of status, most</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<p>recent proof of Ryan White eligibility, and their most recent labs.</p> <p>Pediatric client files will be kept open for three (3) months and will be considered a successful transition if seen twice by a provider following transition of services. They must be provided with their current prescriptions, all provider notes, and case manager contact information.</p>	
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**VII. Case Closure**

<b>Standard</b>	<b>Measure</b>
<p>A. Adult client cases will only be closed upon death of a permanent discharge from the clinic.</p> <p>Pediatric client cases will be closed after one (1) year without successful client contact or upon successful transition to adult care.</p> <p>Providers must also maintain agency-specific guidelines and must include the date and reasons for case closure utilizing the OAHS Case Closure Summary Form for all closed cases.</p> <p>*Form attached as Appendix 1.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>

Adopted: 07/11/01  
 Revised: 12/03/03, 3/7/07, 11/7/07, 6/3/09, 7/2/14, 12/5/18, 9/2/20

**Minimum Standards of Care  
Substance Abuse Services Outpatient**

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
  - o Pretreatment/recovery readiness programs
  - o Harm reduction
  - o Behavioral health counseling associated with substance use disorder
  - o Outpatient drug-free treatment and counseling
  - o Medication assisted therapy
  - o Neuro-psychiatric pharmaceuticals
  - o Relapse prevention

The following minimum standards are in place to describe and establish measurable guidelines in order to offer clients the most convenient, accessible and non-discriminatory substance abuse treatment and counseling services.

I. Policies and Procedures	
Standard	Measure
<p>A. Agency must have policies and procedures in place that address confidentiality (HIPAA) and release of protected health information including:</p> <ul style="list-style-type: none"> <li>• Agency policy must be in place for protocol violations and breaches as per <a href="#">384.29 Florida legislature</a>.</li> <li>• Agency must provide private, confidential office space for seeing clients (e.g. no half-walls or cubicles, all rooms must have doors).</li> <li>• Utilization of telehealth technology will be based on client need and will be maintained at the same standard as a client's face-to-face visit.</li> <li>• Agency will have all inactivated client records in a confidential locked location for a period stipulated by law.</li> <li>• Agency will have all activated client records behind two locked doors.</li> <li>• All electronic client data will be encrypted in transit and at rest.</li> <li>• Must include all regulations and policies according to HIPAA and</li> </ul>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>

<p>super confidential information policies as stated by the state of Florida.</p>	
<p>B. Agency must have policies and procedures in place that address client grievance procedures and eligibility requirements per federal and state law and local regulations.</p> <p>If a grievance is not satisfactorily resolved, at the agency level, the client has a right to file a written grievance, within 30 days to the Lead Agency or Recipient office.</p> <p>The client will be contacted within 10 business days of receipt of written grievance to discuss resolution.</p> <p>If resolution is unable to be resolved satisfactorily at the administrator level, then the client will be provided information on further grievance escalation at that time.</p> <p>Clients are informed of the client confidentiality policy and grievance policy at first face-to-face contact.</p>	<ul style="list-style-type: none"> <li>• Grievance procedure posted in visible location</li> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> </ul>
<p>C. Agency must have a policy and staff training in place that supports cultural and linguistic competency by providing services in a way that is respectful to race, ethnicity, sexual orientation, gender, socioeconomic status, cultural background, disability, and religion.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Program monitoring/site visit</li> <li>• Training records</li> </ul>
<p><b>II. Personnel Qualifications</b></p>	
<p><b>Standard</b></p>	<p><b>Measure</b></p>
<p>A. Agency will ensure that all physicians, or those under the supervision of physician or other qualified personnel providing substance abuse treatment services are licensed/certified to practice within their concentrated area consistent State and local law.</p>	<ul style="list-style-type: none"> <li>• Personnel records</li> <li>• Program monitoring/site visit</li> <li>• Professional License/Certification</li> </ul>
<p>B. Qualified professionals who possess current professional licensure or who are authorized by the state and/or their agency will participate in the care and treatment of clients as required by law.</p>	<ul style="list-style-type: none"> <li>• Training records</li> <li>• Program monitoring/site visit</li> </ul>
<p><b>III. Client Rights and Responsibilities</b></p>	
<p><b>Standard</b></p>	<p><b>Measure</b></p>
<p>A. Each agency must maintain their own client rights and responsibilities protocols and documentation.</p>	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>

<b>IV. Eligibility and Intake</b>	
<b>Standard</b>	<b>Measure</b>
A. Upon initial contact with client, agency will determine if clients meet criteria for emergency needs, as detailed in the required annual comprehensive assessment and acuity assessment.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>
B. Provider confirms client eligibility for services. Client eligibility will be reassessed every 6 months. The process to determine client eligibility must be completed in a time frame so that screening is not delayed. Eligibility assessment must meet the regulations of 64D-4 and must be consistent with funding requirements.	<ul style="list-style-type: none"> <li>• Client record</li> <li>• Program monitoring/site visit</li> <li>• Client record and client satisfaction survey.</li> </ul>
C. Substance abuse providers must provide the client a choice of service providers if available.	<ul style="list-style-type: none"> <li>• Client record signed by client</li> <li>• Program monitoring/site visit</li> </ul>
<b>V. Assessment &amp; Treatment</b>	
<b>Standard</b>	<b>Measure</b>
A. Treatment incorporates an initial assessment of client that consists of medical history and a psychosocial history with treatment recommendations.	<ul style="list-style-type: none"> <li>• Policy and procedure manual</li> <li>• Client record</li> </ul>
B. Outpatient treatment incorporates continuum of care strategies to provide a safe environment for a client to return to after detox or other initial intervention.	<ul style="list-style-type: none"> <li>• Policy and procedure manual</li> <li>• Client record</li> </ul>
C. The need for mental health treatment can not preclude a client from receiving substance abuse counseling/treatment.	<ul style="list-style-type: none"> <li>• Policy and procedure manual</li> <li>• Client record</li> </ul>
<b>VI. Service Coordination/Referral</b>	
<b>Standard</b>	<b>Measure</b>
A. The provider will provide referrals for continuity of mental health, and/or psychiatric care to their patients/clients as needed.	<ul style="list-style-type: none"> <li>• Policy and procedures manual</li> <li>• Client record</li> <li>• Program monitoring/site visit</li> </ul>

Adopted: 06/07/00

Revised: 12/03/03, 3/7/07, 11/7/07, 6/3/09, 7/2/14, 12/5/18, 9/2/20

**Appendix 1**

**Case Closure Summary Form**

<b>Name</b>		<b>Client ID</b>
<b>Date Case Opened</b>	<b>Date Case Closed or Inactivated</b>	
<b>Reasons for Closure</b>		
[Control]	Death of client (case CLOSED)	
[Control]	Notice of Ineligibility that client is no longer eligible for HIV/AIDS Patient Care services (case CLOSED)	
[Control]	Closure at client's request (case CLOSED)	
[Control]	Client has transferred to another medical provider (case INACTIVATED)	
[Control]	Client moved from service area (case INACTIVATED)	
[Control]	Client is incarcerated in a State or Federal facility (case INACTIVATED)	
[Control]	Client lost to care or does not engage in service (case INACTIVATED)	
[Control]	Agency terminates or dismisses client (Behavior issues) (case CLOSED)	
[Control]	Mutual agreement to terminate services (case CLOSED)	
[Control]	Other (please explain):	
<b>Narrative</b>		
<p>If applicable, the patient was provided with their most recent lab results, their most recent Notice of Eligibility, and their proof of HIV+ status for the purposes of continuity of care / establishment of services elsewhere.</p>		

Authorized Signature		Date
Printed Name		

Supervisor Signature		Date
Printed Name		