Florida HIV/AIDS Patient Care Programs

Part B

<u>**Ryan White Treatment Modernization Act of 2006**</u> This federal legislation, which includes Parts A, B, C, D, and F, represents the largest dollar investment made by the federal government specifically for the provision of services for <u>low-income people</u> living with HIV disease. This legislation is intended to help communities and states increase the availability of primary health care and support services, to reduce more costly inpatient care, increase access to care for underserved populations and improve the quality of life of those affected by the epidemic.

The Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS, as the grantee of **Part B** of the Ryan White Treatment Modernization Act of 2006, allocates funding statewide to each of Florida's Ryan White Part B HIV Care Consortia geographical areas. The Florida Department of Health contracts with Lead Fiscal Agencies to administer Part B services to the HIV infected community, which includes Comprehensive and Supportive case management.

ADAP

AIDS Drug Assistance Program is the largest program funded primarily through Ryan White Part B, and provides HIV/AIDS related pharmaceuticals to low-income or uninsured persons statewide. ADAP is available in each of Florida's 67 counties and is administered by the Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS, Patient Care Programs. ADAP provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. Comprehensive case management coordinates with ADAP for eligibility and adherence treatment.

AICP

AIDS Insurance Continuation Program is funded by several sources, including Ryan White Part B, State of Florida General Revenue, and the State of Florida Tobacco Settlement Trust Fund. AICP assists eligible individuals diagnosed with AIDS or HIV to pay their private health insurance premiums providing medical care, treatment, dental, vision, and mental health services. Comprehensive case management coordinates with AICP for eligibility and referral purposes.

PCN

There are seven HIV/AIDS **Patient Care Network** programs in the state of Florida. The PCN programs are funded with general revenue dollars through the Florida Legislature to provide HIV/AIDS patient care services to eligible persons.

CHDs	Of Florida's 67 **County Health Departments**, 31 receive general revenue funding to provide patient care services. These services include Comprehensive and Supportive case management for the HIV/AIDS Patient Care Programs.
State HOPWA	The state **Housing Opportunities for Persons with AIDS** program is funded by the Department of Housing and Urban Development (HUD) to provide temporary short-term rent, mortgage, and utility (STRMU) assistance as well as permanent housing placement, supportive housing services, resources identification and housing case management to eligible individuals with HIV/AIDS. There are 10 State HOPWA Project Sponsors in Florida providing these services.
Non-Department Programs	There are programs that provide HIV/AIDS services that do not fall under the authority of the Florida Department of Health and are not required to comply with the standards and guidelines presented in this manual. Below are some examples of exempt programs.
Medicaid	**Medicaid** is a state and federally funded program. The Department of Children and Families and the Social Security Administration determine a Medicaid recipient's eligibility. Two groups of people are eligible for Medicaid: • Low-income children and families • Aged, blind and disabled • Most applicants who are Medicaid eligible and participating in Medicaid will not be eligible for ADAP since Medicaid covers these services. • If the services are not covered, these persons can access Patient Care services once determined eligible.
Medicare	**Medicare** is a federal program administered by the Centers for Medicare and Medicaid Services. It offers: • Health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease. Those persons with disabilities are eligible for Medicare after two years of being determined disabled by the Social Security Administration.

Medicare Part D	**Medicare Part D** offers prescription drug coverage for everyone with Medicare Part A and B. Things to know about Medicare Part D: • It is called "Part D" and may help lower prescription drug costs. • Participants who choose Part D will need to pick a drug plan. • As part of that plan, there may be a monthly premium, which will vary. • Medicare Part D is required for those clients who are eligible to receive Part D and seeking assistance with programs funded through the Bureau of HIV/AIDS.
PAC	**The Medicaid Waiver Program (PAC)** is a home and community-based program, which includes a wide range of authorized services for clients with AIDS. • To qualify an individual must have a medical diagnosis of AIDS and be determined disabled according to the Social Security Administration. • Participants in Medicaid's Project AIDS Care (PAC) Waiver Program must have a PAC case manager. PAC clients accessing a Ryan White funded service will be receiving a service not covered by the PAC Waiver program.
VA	**Department of Veteran's Affairs** is a federal agency created to assist all former and present members of the Armed Forces of the United States and their dependents in preparing claims for securing compensation, hospitalization, and other medical benefits for eligible persons.
CMS	**Children's Medical Services** provides children with special health care needs with a family centered, managed system of care. Children with special health care needs are those under age 21 who have serious or chronic physical, developmental, behavioral or emotional conditions require extensive preventive and maintenance care beyond that required by typically healthy children.
KidCare	Florida KidCare is the state of Florida children's health insurance program for uninsured children under age 19. It includes four different parts, or programs (MediKids, Healthy Kids, Children's Medical Services, and Medicaid). When you apply for the insurance, Florida KidCare will check which program your child may be eligible for based on age and family income. Some of the services Florida KidCare covers are: • Doctor visits • Check-ups and shots

- Hospital
- Surgery
- Prescriptions
- Emergencies
- Vision and hearing
- Dental
- Mental health

Hospice

Hospice is a special concept of care designed to provide comfort and support to patients and their families. Patients are referred to hospice when life expectancy is approximately six months or less. Hospice care can continue longer than six months if needed but requires physician certification. If a patient's condition improves during hospice care or if the patient desires, the patient can discontinue hospice care.

- Hospice addresses all symptoms of a disease, with a special emphasis on controlling a patient's pain and discomfort.

- Hospices use trained volunteers to help with household chores and to give family caregivers respite time. For example, a volunteer can give the family caregiver a chance to run errands or simply take a walk or nap.

- Hospice care neither prolongs life nor hastens death. Hospice staff and volunteers offer a specialized knowledge of medical care, including pain management.

PAP

Patient Assistance Programs are run by pharmaceutical companies to provide free medications to people who cannot afford to buy their medications.

EAP

Expanded Access Programs are designed to make promising products available as early in the drug evaluation process as possible to patients without therapeutic options, either because they have exhausted other options or are intolerant of approved therapies.

TANF

Temporary Assistance for Needy Families are programs that provide food and financial assistance to eligible individuals and are an appropriate referral source for this purpose.

Ryan White Program Service Definition

CORE SERVICES

a. Outpatient/Ambulatory medical care (health services)	Is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. NOTE: Early Intervention Services provided by Ryan White Part C and Part D Programs should be included here under Outpatient/ Ambulatory medical care.
b. AIDS Drug Assistance Program (ADAP treatments)	Is a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.
c. AIDS Pharmaceutical Assistance (local)	Includes local pharmacy assistance programs implemented by Part A or Part B Grantees to provide HIV/AIDS medications to clients. This assistance can be funded with Part A grant funds and/or Part B base award funds. Local pharmacy assistance programs are **not** funded with ADAP earmark funding.
d. Oral health care	Includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.
e. Early intervention services (EIS)	Includes counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

f.	**Health Insurance Premium & Cost Sharing Assistance**	Is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
g.	**Home Health Care**	Includes the provision of services in the home by licensed health care workers such as nurses and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.
h.	**Home and Community-based Health Services**	Includes skilled health services furnished to the individual in the individual's home based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. Inpatient hospital services, nursing home, and other long-term care facilities are **NOT** included.
i.	**Hospice services**	Includes room, board, nursing care, counseling, physician services, and palliative therapeutics provided to clients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal clients.
j.	**Mental health services**	Are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the state to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.
k.	**Medical nutrition therapy**	Is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.
l.	**Medical Case management services (including treatment adherence)**	Are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments are components of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-

	evaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and/or review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.
m. Substance abuse services outpatient	Is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

SUPPORT SERVICES

n. Case Management (non-Medical)	Includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.
o. Child care services	Are the provisions of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups, or training. **NOTE: This does not include childcare while a client is at work.**
p. Pediatric developmental assessment and early intervention services	Are the provision of professional early interventions by physicians, developmental psychologists, educators, and others in the psychosocial and intellectual development of infants and children. These services involve the assessment of an infant's or child's developmental status and needs in relation to the involvement with the education system, including early assessment of educational intervention services. It includes comprehensive assessment of infants and children, taking into account the effects of chronic conditions associated with HIV, drug exposure, and other factors. Provision of information about access to Head Start services, appropriate educational settings for HIV-affected clients, and education/assistance to schools should also be reported in this category.
q. Emergency financial assistance	Is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available. **NOTE: Part A and Part B programs must allocate, track and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formally Policy No. 97-02).**
r. Food bank/home-delivered meals	Includes the provision of actual food or meals. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item. Includes vouchers to purchase food.
s. Health education/risk reduction	Is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information; including information dissemination about medical and psychosocial support services and counseling to help clients with HIV improve their health status.

t.	**Housing services**	Is the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.
u.	**Legal services**	Are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program. It does **not** include any legal services that arranges for guardianship or adoption of children after the death of their normal caregiver.
v.	**Linguistics services**	Include the provision of interpretation and translation services.
w.	**Medical transportation services**	Include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.
x.	**Outreach services**	Are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in, care and treatment services (i.e., case finding), not HIV counseling and testing, nor HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiological data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.
y.	**Permanency planning**	Is the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.
z.	**Psychosocial support services**	Are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.
aa.	**Referral for health care/supportive services**	Is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.

ab. Rehabilitation services	Are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.
ac. Respite care	Is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.
ad. Treatment adherence counseling	Is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

Writing Case Notes

In this era of accountability, case managers are expected to be systematic in providing client services and producing clear and concise notes to document what has transpired during interactions with clients. The following are examples of ways to document such case notes. Additional tips on case note charting and goals to keep in mind when writing notes are listed below.

DAP Charting	"D" Data: What did the client say during the visit? What did you observe during the visit? Include both non-verbal and intuitive senses.
	"A" - Assessment –What is going on? How does the client appear? What is their mental/physical state? Include both non-verbal, working hypotheses, and gut hunches about his/her situation.
	"P" – Plan: Response or revision to his/her overall situation; next visit date, any topics to be covered next session, etc. What is your plan of action; what are you (or the client) going to do about it? What is your follow-up plan with the client?

Sample	**(D)** Clinic-visit with client to complete and update care plan. Client spent most of the visit talking about her medications. She mentioned that she gets sick often and suffers from nausea from time to time for no apparent reason. She said she has tried to follow the directions given by the doctor, but is concerned about the recent weight loss she has had and wonders if it is due to the medications.
	(A) Client fidgeted, talked fast, and seemed stressed over her medical condition. During the visit she spoke little about her family life, she seemed to be more preoccupied with having her meds changed and getting past the nausea. Not much improvement from her last visit.
	(P) Will follow up with client to ensure she relates info to her doctor during her next visit and refer for adherence counseling until client feels better. Continue to work with client on adherence.

SOAP Notes	**S – Subjective Data** Includes information from the client, such as the client's description of pain or the acknowledgment of fear. Including subjective input from the client in his participation in the plan of care.

O – Objective data
Objective data is data that can be measured. Laboratory data, observations of appearance or home environment, and making appointments with providers are sources of objective information.

A - Assessment
The assessment is an interpretation of the client's condition or level of progress. The conclusions made in the assessment are more than a restatement of the original problem. The assessment determines whether the problem has been resolved or if further care is required.

P - Plan
Plans may include specific orders designed to manage the client's problem, collection of additional data about the problem, individual or family education, and goals of care. The plan in each SOAP note is compared with the plan in previous notes. A decision is made to revise, modify, or continue previously proposed interventions.

Sample

(S) Client reported difficulties in keeping appointments with providers including this case manager, ADAP, and the doctor. Client expressed concern with memory issues and transportation challenges.

(O) Client was polite and joking throughout meeting. He was neatly dressed, well spoken but had to stop to think about what he was saying as he had trouble staying focused.

(A) Client is at risk of being non-adherent to medications and other appointments. Client needs reminders to assist with keeping appointments, a pillbox to help with medication adherence and help with transportation.

(P) Provide client with a pillbox and have nurse in clinic assist in setting it up. Provide client bus tokens to assist in getting to appointments. Call client 24 hours prior to visit with case managers as a reminder.

Writing Goals

Some goals to keep in mind when writing notes: Is the goal…
- Measurable
- Observable
- Time-limited
- Target-dated
- Realistic (achievable)
- Relevant (to the problem)
- Appropriate
- Consistent with the client's values
- Should be able to describe what the client should be able to do to demonstrate improvement/system relief

Additional tips

- Think about what you are going to write and formulate before you begin writing.
- Be sure you have the right chart.
- Date and sign every entry.
- Proofread.
- Think about how the client comes through on paper.
- Watch abbreviations and acronyms.
- Errors should have a line through incorrect information. Write error, initial and date. DO NOT use white out.
- Write neatly and legibly; print if handwriting is difficult to read. **Typed case notes are preferable.**
- Use proper spelling, grammar and sentence structure.
- Don't leave blank spaces between entries; can imply vital information left out.
- Put client name/case number on each page.
- Avoid slang, curse words.
- Another provider should be able to continue quality care.
- Use quotes from client that are clinically pertinent, use descriptive terms.
- Describe what you observed, not your opinion of what you observed or think.
- Reference identified problems from the treatment plan.

Initial/Brief Assessment

Yes

Comprehensive Case Management Needs?

No → Supportive Case Management needs? — No → Advise client to return if needs arise.

Yes

Client ready for Comprehensive Case Management?

No → Client ready for Supportive Case Management services? — No → Options:
- Referral
- Continued attempts to engage
- No Action

Yes

Enrollment into Comprehensive Case Management

Enrollment into Supportive Case Management.

Development of Comprehensive Service Plan

Yes

Service(s) and follow up provided

Service(s) still needed? — No → Inactivate or Close Case

Reassessment

Services and follow up provided

Need/Ready for Comprehensive Case Management?

Reassessment

Services still needed? — No → Inactivate or Close Case

No

Need Supportive Case Management Services?

Comprehensive Case Management needs?