

## OUTREACH SERVICES

*(Year ~~365~~ Service Priorities: #13 for Part A and #~~421~~ for MAI)*

### I. Definition and Purposes of Outreach Services

Ryan White Program **Outreach Services** are support services. Ryan White Part A/MAI Outreach Services in Miami-Dade County will use targeted approaches to locate people with HIV who are in need of assistance accessing HIV care and treatment who are:

- Newly diagnosed with HIV ~~or AIDS~~, not receiving medical care;
- People with HIV, formerly in care, currently not receiving medical care (lost to care);
- People with HIV, at risk of being lost to care; or
- People with HIV, never in care.

Ryan White Program Outreach Services are directed to those persons known to have HIV and consist of activities to: a) engage and enroll newly diagnosed clients into the system of care; b) assist people with HIV who are lost to care with re-entry into the care and treatment system; and c) assist people with HIV who are determined to be at risk of being lost to care with their retention and access to ongoing medical care and treatment.

Outreach programs must be: 1) conducted at times and in places where there is a high probability that people with HIV and/or persons exhibiting high-risk behavior will be nearby; 2) designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness; 3) planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort; and 4) targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.

With implementation of the Early Identification of Individuals with HIV/AIDS (EIIHA) initiative and in collaboration with the Florida Department of Health in Miami-Dade County's (FDOH-MDC) Early Intervention Program, newly diagnosed clients are the primary focus of service provision for Outreach Workers. Clients testing positive at state-licensed testing and counseling sites who sign an outreach consent form at the time they receive their preliminary reactive test result (Referral/Consent for Outreach Linkage to Care) will be contacted by Part A or MAI Outreach Workers for linkage to care either through mMedical—\_Ccase mManagement, or outpatient/Ambulatory Hhealth Services. Outreach Workers will enter all demographic and program-related information in the Provide® Enterprise Miami data management system for every client contacted, including those not eligible for Ryan White Program-funded medical care. Thirty (30) and sixty (60) day follow-ups from the date of initial appointment with a medical provider and/or mMedical Case manager must be documented in the outreach progress note and labeled as a 30- and 60-day follow-up in the Provide® Enterprise Miami

data management system. Once a lost-to-care or at risk of being lost-to-care client is located, or a newly diagnosed and/or never in care person with HIV is located, The Outreach Worker may assist the client in obtaining necessary documentation to receive services and may accompany the person to a point of entry into the system of care. Outreach Workers must follow-up on each referral to ensure that the client is enrolled in mMedical Case Management and/or Outpatient/ambulatory Hhealth Services. The outcome (e.g., connection to care or inability to locate the client) must be documented in the Client Profile in the Provide® Enterprise Miami data management system.

**IMPORTANT NOTE:** Outreach Services (e.g., connecting a newly diagnosed client to outpatient/ambulatory hHealth sServices or Medical Case management services) may be provided to clients with a preliminary positive result while a confirmatory HIV test result is pending, for the purpose of rapidly linking the client to care. However, it is still necessary to obtain a confirmatory HIV test result within thirty (30) calendar days, **Time spent by Outreach Workers with clients who have a preliminary reactive test result and a pending confirmatory HIV test result is limited to a total of up to three (3) encounters within a 30-calendar day period, after which time a confirmatory HIV test result is required to continue serving the client. If the HIV positive status cannot be confirmed or the result is negative, any services provided to the client must be disallowed.**

**Referrals to Ryan White Program ~~Part A or MAI~~-funded Outreach Services from state-licensed counseling and testing sites may only be initiated if there is a valid outreach-specific consent (Referral/Consent for Outreach Linkage to Care) signed by the client and filed in the client’s chart or scanned into the Client Profile in the Provide® Enterprise Miami data management system.**

**IMPORTANT NOTE:** Outreach Workers are required to pick up the Ryan White Program Referral/Consent for Outreach Linkage to Care within 24 hours of notice that a signed consent is waiting AND must make an initial attempt to contact the client within 48 hours (i.e., 2 business days) of such notice. During a public health emergency or extreme weather event the process to pick up the consent forms may be altered by the Florida Department of Health and/or the Miami-Dade County Office of Management and Budget-Grants Coordination. In such cases, outreach service providers will be notified in writing.

The Outreach Referral end date is thirty (30) calendar days from the initial referral date. At least one encounter must be provided within this 30-day period. Additionally, an Outreach Episode of Care must be opened in the Provide® Enterprise Miami data management system to coincide with the first date of Outreach Services and the period covered by the related referral. Final Outreach Services must be provided within ninety (90) calendar days of the initial referral date. After the ninety (90) calendar day period, the Outreach Episode of Care must be closed in the Provide® Enterprise Miami data

management system. New and lost to care clients who are served by Ryan White ~~Part A/MAI~~ Program Outreach Workers apart from the FDOH linkage process and are not successfully connected to care within ninety (90) calendar days should have their case closed unless there is a well-documented, reasonable justification for keeping the case open.

Newly diagnosed clients who are referred to the Ryan White ~~Part A or MAI~~ Program through the Florida Department of Health (FDOH) linkage referral process who are not successfully contacted by a Ryan White Program Outreach Worker within thirty (30) calendar days of receiving a signed consent shall be referred to FDOH-MDC Linkage Specialist or Disease Intervention Specialist for appropriate follow up.

#### **A. Newly Diagnosed or Never in Care Person with HIV**

1. Linkage agreements form the basis of collaborative relationships between providers. Outreach providers must have formal referral and linkage agreements with one or more of the eleven (11) key points of entry to the system of care listed below for the purpose of receiving referrals for program-eligible clients identified at key points of entry.

- Florida Department of Health (FDOH) ~~in~~ Miami-Dade County's ~~(M-DC)~~ Sexually Transmitted Disease (STD) clinics
- FDOH state-licensed HIV counseling and testing sites
- Hospitals/emergency room departments/urgent care centers
- Hospital discharge clinics/departments
- Substance abuse treatment providers/programs
- Mental health clinics/programs
- Adult and juvenile detention centers
- Jail and/or correctional facilities, including, but not limited to, re-entry programs
- Homeless shelters
- Detoxification centers
- Federally Qualified Health Centers (FQHCs)

Linkage agreements must include the Outreach Worker's contact information, work schedule availability, geographic areas of the County covered, and a description of the ~~o~~ Outreach ~~s~~ Services offered. Clients referred from a key point of entry will be assisted to obtain necessary documentation for enrollment in the service system, will receive a referral to the primary medical care and/or ~~m~~ Medical ~~C~~ case ~~m~~ Management service provider of their choice, may be accompanied to the initial appointment and must be followed-up to ensure that they are connected to care. Ryan White Program-funded outreach providers shall cooperate with the FDOH-MDC's Early Intervention Counseling and Testing initiatives.”

–Under the EIIHA mandate it is the responsibility of Ryan White Program-funded outreach/linkage to care workers to connect every new positive who has signed a Referral/Consent for Outreach Linkage to Care to mMedical cCase mManagement and/or oOutpatient/aAmbulatory hHealth sServices; this includes connecting clients who are not eligible for Ryan White Program-funded services to appropriate care under other funding sources. The Outreach Worker must provide the client with provider information and track the client to ensure, through 30- and 60-day follow- ups from the date of initial appointment with a medical provider and/or mMedical cCase mManager, that the client is actually linked to a mMedical cCase mManager and/or a medical provider.

## **B. Outreach to People Lost to Care or at Risk of Being Lost to Care**

1. Outreach Workers must work with service providers, including Mmedical Ccase Mmanagers, to locate people lost to medical care or Mmedical Ccase Mmanagement and bring them back to care. The Mmedical Ccase Mmanager, or pharmacy staff, after three (3) repeated attempts to contact the client by phone and/or mail without success, may refer the case through a Ryan White Program In Network Referral in the Provide® Enterprise Miami data management system to an Outreach Worker. Jail linkage and prison re- entry coordinators may refer a client to an Outreach Worker if they have a signed document with permission for a Ryan White Program Part A or MAI Outreach Worker to contact them; such documents must be included with the OON referral and the supporting documentation being sent to the outreach provider. There must be clear documentation in the client chart at the referring agency and recorded in the Ryan White Program In Network Referral, of (a) at least three (3) repeated attempts by the Mmedical Ccase Mmanager, pharmacy staff, or jail linkage/prison re-entry coordinator to contact the client, and (b) the reason why the case is being referred to an Outreach Worker. A Ryan White Program In Network Referral with last known contact information on the client indicating the reason for the outreach referral must be provided to the Outreach Worker and be maintained in both the Mmedical Ccase Mmanagement and outreach client charts. In instances where it is clearly documented that a client has a history of non-compliance or clear documentation of extenuating circumstances, such as homelessness, repeated non-compliance with their treatment regimen, mental health issues, and/or a history of substance abuse, referrals to an Outreach Worker may be made after one or two attempts at contacting the client.
2. A licensed medical provider (MD,DO, APRN, PAs) may immediately and directly request Outreach Worker assistance for a client who meets any of the conditions listed directly below in Section B.3., or for similar circumstances

(e.g., abnormal lab results, ~~significant risk~~ significant risk of non-adherence to treatment regimen, etc.). Such circumstances must be clearly documented in the client's chart and indicate that the assistance of an Outreach Worker was requested (i.e., the licensed medical provider writes a prescription for the needed outreach and documents such in the client's medical record).

2.3. Examples of clients considered lost to care or at risk of being lost to care, which require a valid consent for outreach and three (3) documented attempts by the referring agency to reach the client, include:

- Missing two (2) consecutive medical appointments;
- Having no contact with a ~~m~~Medical ~~C~~ase ~~m~~Manager for more than three months;
- Checking out of residential substance abuse treatment without a post-discharge treatment plan;
- Not ~~“~~reporting to ~~”~~residential substance abuse treatment when this referral has been made;
- Missing the first medical care appointment after hospital discharge and/or referral to care;
- ~~Missing~~ Not ~~—~~picking up prescription medications at the pharmacy, or — ~~or~~ prescription referrals from a pharmacy or a ~~M~~medical ~~C~~ase ~~m~~Manager;
- Missing an appointment with the jail linkage or prison re-entry coordinator; and/or
- Missing a medical or social service appointment that the jail linkage or prison re-entry coordinator has scheduled.

**IMPORTANT NOTE:** Clients lost to care or at risk of being lost to care may be contacted after one or two unsuccessful attempts at communication ONLY IF extenuating circumstances as outlined above are clearly documented in the individual client chart and are recorded in the Ryan White Program In Network Referral or OON Referral from the Jail Linkage or Prison Re-entry programs

Outreach providers must work with and establish formal linkages with Ryan White Program medical providers and ~~m~~Medical ~~C~~ase ~~M~~management sites in order to receive outreach referrals from these providers who will identify clients who are lost to care or at risk of being lost to care. Outreach Workers will then try to locate these clients and assist them in returning to ongoing medical care and treatment.

### C. **One Time Referrals**

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If in the course of outreach activities, Outreach Workers encounter a high-risk person with no documentation of HIV+ status, a referral should be made to an HIV testing site and/or appropriate prevention program to determine the client's HIV status. The goal of this one-time referral is to assist with the coordination to an HIV

testing site and for the outreach worker's efforts to be recorded into the Provide® Enterprise Miami data management system in the Outreach Registration screen. This is a **secondary** outreach function that will be monitored by OMB and should not supersede the primary goals of connecting newly diagnosed (newly identified) clients to care, as well as locating and reconnecting to the service system those clients who have been lost to care or who are at risk of becoming lost to care

#### D. Allowable Outreach Activities

1. Ryan White ~~Part A/MAIP~~Program-funded Outreach Workers may provide services to clients in the following situations to link or retain clients in HIV care: 1) for their agency's own clients; 2) upon receipt of a Ryan White Program In Network Referral for a particular client, for whom the referring agency has a valid informed outreach-specific consent signed by the client and filed in the client's chart; 3) upon receipt of a signed, completed Consent/Referral for Linkage to Care from state-licensed Counseling and Testing sites; 4) a prescription from a licensed medical provider; or 4) by a letter or OON Referral from a jail linkage or prison re-entry coordinator as indicated in Section B above.
2. Outreach Workers may engage in the following activities, if the activity is properly documented and filed in the client's chart at the referring agency and at the receiving agency where applicable:
  - Obtain from the client all required consents for the Outreach Worker to access client-related information in the Ryan White Program's Provide® Enterprise Miami data management system;
  - Conduct brief intakes for new clients referred from a state-licensed Counseling and Testing Site, jail linkage or prison re-entry coordinator and enter data into the Provide® Enterprise Miami data management system outreach registration screen;
  - Upon receipt of a proper referral, review data in the Provide® Enterprise Miami data management system for existing clients who are lost to care or are at risk of falling out of care;
  - Complete assessments and document new clients' barriers to accessing care and lost-to-care clients' reasons for falling out of care;
  - Contact the service provider of the client's choice to coordinate appointments and obtain required documentation for services;
  - Accompany newly diagnosed, lost to care, or otherwise unconnected program-eligible people with HIV (clients) to the initial licensed mMedical Provider appointment and/or mMedical case mManagement appointment for the
    - purpose of reconnecting them to care or enrolling them in service;
  - Accompany clients, as necessary, for the purpose of assisting them

to obtain necessary documents for entry into the service system;

- Contact clients who have a history or are at risk of falling out of care (i.e. substance abuse history, homelessness, mental illness) during the 30- and 60-day follow-up period with the end of increasing retention in care;
- Conduct home visits to meet with a client for the purpose of connecting them to care;

➤ **IMPORTANT NOTES:**

- If ~~a the Part A/MAI~~ Ryan White Program funded outreach service provider has an established agency policy not to send staff to conduct home visits, and it is determined that a home visit is necessary for successful linkage, the client's case **must** be transitioned to ~~another Part A/MAI~~ funded Ryan White Program outreach provider that is able to conduct home visits;
  - In cases of transfer due to the home visits, the new outreach provider agency replaces the previous outreach provider agency;
  - Maintain tracking and contact logs for new to care and lost to care clients;
  - As a safety precaution, Ryan White Program Outreach Workers who must locate clients in high-risk areas or very rough neighborhoods may go out in two-person teams. In this scenario, both Outreach Workers should document the activity in the client chart or outreach log, making note that they went to a high-risk area, with one of the Outreach Workers clearly stating that they went along as a safety back-up and should use the OSFT safety back-up code to record the service. Both Outreach Workers may reflect the time they spent on the encounter and have their agency or respective agencies report for the time and be reimbursed accordingly. However, in the Provide® Enterprise Miami data management system the encounter should only be counted/recorded (i.e., OFFE, OTEL, ORFL, etc.) by the main Outreach Worker/agency that received the referral;
- **IMPORTANT NOTE:** If a Peer Educator is the safety back-up, the Peer Educator must use the corresponding safety encounter code, PSFT, under the PESN billing category.
- Provide education on available care and treatment options and services for people with HIV who receive outreach services via a

Ryan White Program In Network Referral, Jail linkage referral, Department of Corrections Certification or a Referral Consent Linkage to Care form with the goal of directly empowering and enabling the client to access existing HIV/AIDS service programs, including Counseling & Testing sites;

- Provide out-stationed linkage and coordination to care services at key points of entry, including but not limited to counseling and testing facilities and other facilities with a high percentage of people with HIV as identified by the counseling and testing facility and verified by the Ryan White ~~Part A/MAI~~ Program;
- Coordinate and participate in planned outreach/testing initiatives in cooperation with the FDOH-MDC;
- Conduct 30- and 60-day follow-ups from the date of initial appointment with a medical provider or ~~M~~medical ~~c~~Case ~~M~~anager to ensure the client (regardless of whether the client is receiving services through the Ryan White Program) remains connected to care.

#### E. Inappropriate Outreach Activities

Funds awarded under Part A and MAI of the Ryan White HIV/AIDS Treatment Extension Act of 2009 may not be used for outreach programs that exclusively promote HIV education and prevention programs, condom distribution, and/or case finding that have as their main purpose broad-based or general HIV prevention education. Additionally, broad-scope awareness activities about HIV services that target the general public (i.e., poster campaigns for display on public transit, TV or radio public service announcements, health fairs directed at the general public, etc.) will not be funded.

Ryan White ~~Part A/MAI~~ Program funds may not be used to pay for HIV counseling or testing under this service category. Ryan White ~~Part A/MAI Program~~ Outreach Services must be planned and delivered in coordination with local HIV prevention programs to avoid duplication of effort.

**Outreach Workers may not conduct random searches in the Provide® Enterprise Miami data management system for clients who are not enrolled at the Outreach Workers' assigned agency, or for clients for whom they do not have a Ryan White Program In Network Referral. Searches conducted in the Provide® Enterprise Miami data management system to identify clients lost to care must be initiated by the Medical Case Manager or medical or pharmacy staff of the referring agency.**

**Ryan White Program-funded outreach activities are not to be used for general recruitment of clients to the Outreach Worker's agency.**

## **F. Documentation of Outreach Activity**

— All Outreach Workers must maintain documentation which includes the following:

- Name of Outreach Worker;
- Name, signature, and consent of client;
- Client's date of birth;
- Client's gender;
- Client's race and ethnicity;
- Client's address or follow-up information;
- Date of diagnosis and site of diagnosis;
- Date of the encounter;
- Type of encounter (i.e., telephone, face-to-face, collateral, travel, referral, or coordination of care);
- Description of the encounter with a client and/or work done on behalf of the client;
- Time spent on the encounter in minutes;
- Total units documented;
- For newly diagnosed clients, a Referral/Consent for Linkage to Care;
- For clients lost to care, a Ryan White Program signed outreach consent to be contacted (found at the top of the County's Notice of Privacy Practices form);
- Site where client was identified (i.e., last known contact information, a specific geographic region, and/or key point of entry into the system of care in Miami-Dade County);
- One-time referral to a testing site for a high-risk client without documentation of HIV status;
- Document "initial contact" and all "follow-up" contacts;
- Maintain call logs and tracking logs for new-to-care and lost-to-care clients;
- If lost to care or identified as at risk of being lost to care, a copy of the initiating agency's referral to outreach;
- An individualized assessment of the client's barriers to care or reasons for falling out of care;
- Documentation that explanation of service system and choice of provider agency were provided;
- A copy of a Provide® Enterprise Miami In Network referral or documented attempt to make a referral by the Outreach Worker to a Medical Case Management agency and/or medical provider of the client's choice;
- Documentation of 30- and 60-day (calendar days) follow-up on referrals to ensure that the client is enrolled in medical care and treatment;

- Final disposition of the client must be documented in the Provide® Enterprise Miami data management system, the client’s chart or service log indicating whether or not the client was connected to care (i.e., referral was made; client was taken to a medical provider or Medical Case Manager) or if the case was closed with a statement as to why it was closed; and
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- Contact with the referring agency to communicate the client's final disposition.

## II. Outreach Worker Incentives, Program Operation Requirements, and Staff Training Requirements

As incentives for productivity, providers are encouraged to provide Outreach Workers with educational training opportunities. The Ryan White Program also has educational and training requirements for Outreach Workers to improve productivity.

### A. Program Operation Requirements:

1. **Staff Training.** Outreach Workers must possess at least a High School diploma or GED. All staff providing Outreach Services must complete the FDOH's "HIV/AIDS 101 – Know Your HIV Status" video training [this training is available on-line at <https://knowyourhivstatus.com/hiv-resources/>] and FDOH's [HIV/AIDS 500 and 501 Online Prerequisite Courses available at - https://www.testmiami.org/providers.html](https://www.testmiami.org/providers.html). ~~Outreach Workers must attend periodic training provided by the Ryan White Program's Clinical Quality Management and Training Program provided by BSR.~~ In addition, effective ~~June 1, 2018~~<sup>xx,2026</sup>, any new hire Outreach Worker or Outreach Supervisor under the Ryan White ~~Part A or MAI Programs~~ must complete all ~~13-9~~ of the Southeast AIDS Education and Training Center (SE-AETC)'s (SE-AETC) ~~IMPART Learning Management Systems web-based Medical Case Management Curriculum and Cultural~~ <https://www.seaetc.com/find-impart-courses/medical-case-managment-mcm-curriculum>) ~~mpetency Curriculum modules~~ as required and as may be amended by the local ~~Ryan White Part A Program~~ **Recipient prior to** being approved for Provide® Enterprise Miami User Access. ~~These curricula modules are indicated on the local Ryan White Program's AETC Training Module Checklist and the modules can be accessed at the following website: https://www.seaetc.com/modules/.https://seaetc.reach360.com/login or other AETC curriculum as determined by the recipient.~~ Time spent completing the SE-AETC training modules **cannot** be charged to the local Ryan White Part A/MAI Programs.

Outreach providers must ensure that Outreach Workers are knowledgeable about resources and providers of medical care, substance abuse treatment, ~~M~~medical ~~C~~case ~~M~~management, and other core medical and support services. At a minimum, the outreach provider should have reference material on hand which provides information on services offered, intake requirements, hours

of operation, and contact personnel information. Outreach Workers must also have on hand Ryan White Program consent forms available for signature by clients lost to care or at risk of being lost to care.

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2. **Hours.** Outreach Services must be offered during non-traditional business hours, 10 hours at a minimum per week, per agency. Traditional business hours are defined as 9:00 a.m. to 5:00 p.m., Monday through Friday. Each Ryan White Program-funded outreach provider must have written procedures in place to address on-call coverage to reach an Outreach Worker after traditional business hours. The written procedures should include steps for contacting an on-call medical provider and/or Medical case manager, where immediate intervention is necessary.
3. **Cultural Sensitivity.** Providers are encouraged to be creative in developing outreach programs that are culturally sensitive and that meet the specific needs of the identified target subpopulations (i.e., substance abusers, illiterate persons, hard of hearing, sex workers, etc.). It is desirable that Outreach Workers reflect the community in which they are working and/or are targeting.
4. **Documentation of Units of Service.** Providers are required to document in the client's chart each unit (15-minute encounter) of outreach service performed (including the time spent) as a face-to-face encounter, telephone contact, collateral encounter on behalf of the client, coordination of care, travel, or referral activity on behalf of a client. Use the appropriate code from the following table to record outreach services (listed in alphabetical order by code):

Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
<b>Collateral Contacts</b>	<b>OCOL</b>	<p>Use this code to record all activities related to <b>coordination of care</b> for clients, including communication with other care providers, such as telephone contacts or other electronic methods of communication (e.g., email or fax). This code also includes other coordination of care activities that are conducted for or on behalf of the client, such as <b>referral activities</b> that are not face-to-face with the client and obtaining completed documents for the client from another (outside) care provider.</p> <p>This code should NOT be used for internal agency activities that are unrelated to the coordination of care for clients with outside providers. Examples of inappropriate use of this code include pulling a chart to copy documents for a client's personal use or filing for chart maintenance.</p>

<b>Outreach Services</b>		
<b>Activity</b>	<b>Encounter/ Activity Billing Code</b>	<b>Comment, Limitation, etc.</b>
<b>Consultation</b>	<b>OCON</b>	Only Outreach Supervisors may use this OCON code. This code shall be used to record activities associated with consulting with outreach staff on Ryan White Program-related client, supervisory, or quality management issues.
<b>Documentation</b>	<b>ODOC</b>	Use this code to record activities related to documenting any encounter in the Provide® Enterprise Miami data management system, such as the client’s care plan, progress note, face-to- face encounter, telephone contact, etc. This service code also includes time spent filing or organizing the client chart or pulling the chart to make copies that are unrelated to coordination of care for the client.  <b>IMPORTANT NOTE:</b> See subsection II.D. below regarding “Applicability to Local Ryan White Program Requirements” for staff supervising Ryan White Program-funded Outreach Workers.
<b>Face to Face Encounter</b>	<b>OFFE</b>	This encounter is defined as any time the Outreach Worker or Outreach Supervisor has direct contact with the client in person. The OFFE encounter includes activities that are conducted face-to-face with the client where no other encounter code is appropriate. OFFE may also include referral activities if done face-to-face with the client.
<b>Chart Review Activity</b>	<b>OREV</b>	Only Outreach Supervisors may use this OREV code. This code should be used to record activities associated with chart review processes to ensure that outreach staff is in compliance with this service definition, and with the Ryan White Program System-wide Standards of Care. As of May 1, 2018, there is no longer a required number of hours of OREV code use. <b>IMPORTANT NOTE:</b> See subsection II.D. below regarding “Applicability to Local Ryan White Program Requirements” for staff supervising Ryan White Program-funded Outreach Workers.

<b>Outreach Services</b>		
<b>Activity</b>	<b>Encounter/ Activity Billing Code</b>	<b>Comment, Limitation, etc.</b>
<b>Referral Activity</b>	<b>ORFL</b>	Use this code to record outreach referral activities that do not fit in any other outreach encounter/ activity in this list.
<b>Safety Back-up</b>	<b>OSFT</b>	Ryan White <del>Part A/MAI</del> Program-funded Outreach Workers who as a safety precaution accompany a Ryan White Program Outreach Worker when locating clients in high-risk areas or very rough neighborhoods, as indicated in Section I.D.1 above, should use the OSFT safety back-up code to record the service. In this scenario, if applicable, both Outreach Workers should document the activity in the client chart or outreach log, making note that they went to a high- risk area, with one of the Outreach Workers clearly stating that they went along as a safety back-up. Both Outreach Workers may reflect the time they spent on the encounter and have their agency or respective agencies bill for the time and be reimbursed accordingly. However, in the Provide® Enterprise Miami data management system the other outreach billing code (i.e., OFFE, OTEL, ORFL, etc.) should only be counted or recorded by the main Outreach Worker/agency that received the referral.
<b>Outreach Telephone Encounter</b>	<b>OTEL</b>	Use this code to record telephone contacts.
<b>Outreach Contact Travel Time</b>	<b>OTVL</b>	Use this code to document travel time with or on behalf of the client that is specific to care coordination, linkage to care, retention or retention in care activities. In such cases, documentation in the client chart must include reason for travel in relation to care coordination, linkage to care, or retention in care.
<b>Data to Care</b>	<b>D2C</b>	Activities related to Date to Care project.
<b>Take Control Miami events</b>	<b>TCM</b>	Use this code to record outreach activities conducted at authorized “Take Control Miami” events.

Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Training	TRN	<p>Use this code to record and bill for time spent attending authorized Ryan White Program trainings (TRN), such as Outreach Worker trainings, County-approved Provide® Enterprise Miami data management system trainings, and Ryan White Program Subrecipient (Service Provider) Forums.</p> <p>The TRN code may <b>not</b> be used to bill for any training that is not a Ryan White Program training; for example: use of the TRN code <b>cannot</b> be used to bill for staff attendance at Miami-Dade County HIV/AIDS Partnership and Committee meetings, on-site BSR technical assistance visits; appreciation luncheons, agency-specific staff development activities, HIPAA refresher training, confidentiality training, AETC training modules, or other employer-required training. Travel time is not included when billing the TRN code. Billing staff, data entry staff, and other administrative staff may not use the TRN code.</p>

**4.5. Connection to Care.** Providers are expected to document the client’s connection(s) to care in the Provide® Enterprise Miami data management system as evidenced by documentation on file at the outreach provider agency that at least fifty percent (50%) of people contacted and billed for are actually returned to primary medical care and/or mMedical Case Management services or that a case was closed, and at least fifty percent (50%) of the people contacted and billed for are new to primary medical care and/or mMedical Case Management services, on a quarterly basis. Connections to care will also be monitored by the County on a quarterly basis through the Provide® Enterprise Miami data management system and/or analysis of outreach data conducted by BSR, as a Clinical Quality Management Program activity.

**B. Rules for Reimbursement:** Providers will be reimbursed 1/12<sup>th</sup> of the contract total, subject to penalties for non-performance (i.e., reduced payment based on not meeting the required percentage of connections to care), as detailed below. Under this service category, Payment Requests

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(invoices) submitted (via mail, email or the Provide® Enterprise Miami data management system) without any recorded services will not be processed for payment without the County’s prior approval. In months where this occurs, the County will automatically apply a 1/12<sup>th</sup> penalty for the month without services and will not take into consideration this month for purposes of the quarterly performance review.

Reimbursement will be performance-based. Initially, payment will be made in equal monthly installments of the contract award for this service, as may be amended through Reallocation/Sweeps awards or reductions. Subrecipients’ performance under this service category will be reviewed quarterly to ensure effective service delivery; whereby at least 50% of the clients contacted through Outreach Services during the quarter must be connected for the first time (for new to care clients) or re-connected (for lost to care clients) to outpatient/Ambulatory h–Health Services and/or medical Case management services. Failure to reach this 50% quarterly performance goal will result in penalties (i.e., payment reductions), as follows:

<b>% of Unduplicated Outreach Clients who were Connected / Re-connected to Care During the Quarter Reviewed</b>	<b>% of Quarterly Reimbursement Totals Subrecipient is Authorized to Retain (i.e., no penalty applied) *</b>
<u>50% or more</u>	<u>100%</u>
<u>45 – 49%</u>	<u>90%</u>
<u>40 – 44%</u>	<u>80%</u>
<u>35 – 39%</u>	<u>70%</u>
<u>70%</u>	
<u>30 – 34%</u>	<u>60%</u>
<u>25 – 29%</u>	<u>50%</u>
<u>20 – 24%</u>	<u>30%</u>
<u>0 – 19%</u>	<u>0%</u>

**IMPORTANT NOTES:**

- 1) Adjustments (e.g., reductions, disallowances, etc.) will be made to

reimbursements in monthly invoices following the quarter reviewed. Any adjustment will be made to one or more monthly reimbursement invoices in the subsequent months of the same grant fiscal year until the full amount of the penalty is recouped. For example, if only 36% of the outreach clients contacted/served in Quarter 1 – March to May – were connected to medical care and/or medical case management, the subrecipient would keep (retain) 70% of the amount reimbursed during that period and the amount of the penalty (i.e., 30% of amount reimbursed during the quarter) would be deducted from invoices between June and February until the full amount of the penalty is recouped.

- 2) Special circumstances (e.g., new hires, complexity of care for subpopulation served, ~~COVID-19 restrictions~~, etc.) may be considered at the County's sole discretion for adjustments to any penalty reductions indicated in the table directly above.
- 3) Each Outreach Worker must be an approved user/provider in the local Ryan White ~~Part A~~ Program's MIS system (e.g., Provide® Enterprise Miami data management system) BEFORE their first service date. Approvals will no longer be made retroactively for this service category.
- 4) Reallocations/Sweeps actions will also be prospective, not retroactive.
- 5) If an Outreach Services budget includes a staff vacancy and that vacancy is not filled by the end of the next quarter reviewed, a proportionate amount will be deducted from the total award to reduce the amount allocated to the vacant position.
- 6) Sweeps requests for additional funds cannot be used to cover prior penalties.

- 7) These new percentage rates (see table directly above) will be closely monitored by the Recipient (i.e., Miami-Dade County) for effectiveness and may be subject to change.

**C. Additional Rules for Reporting:** Monthly activity reporting for this service will be on the basis of an outreach contact in comparison with the amount of time and effort billed to the program for each Outreach Worker.

**Reimbursement requests will be continuously evaluated on the basis of productivity; in particular, people contacted and connected to primary medical care or mMedical Case Management services. A sufficient level of Outreach Services must be provided and a corresponding bill generated through the Provide® Enterprise Miami data management system on a monthly basis in order for reimbursement to be approved by the County. The County maintains the right to assess the sufficiency of the services provided before reimbursement for services is made.**

**Outreach staff must follow all applicable requirements of this service category in the Provide® Enterprise Miami data management system which include the following: managing an Outreach Episode of Care; ensuring that an In Network or OON referral is opened for a client;**

**updating all client appointments evidencing connections to care; creating progress notes which fully document the client encounter; opening the Client Service Profile Record under the correct funding source; ensuring only eligible clients are served.**

It is required that all staff working on Outreach Services review and become familiar with the Provide® Enterprise Miami user guides (manuals) titled “Outreach Services Program” and “Referrals: In Network Service and Out of Network” as part of their new outreach staff orientation and prior to providing outreach services. This practice will guide staff as they navigate and follow the requirements of this service category in the Provide® Enterprise Miami data management system with the goal of limiting unbillable services, which can affect the amount of reimbursement approved by the County if the service(s) entered cannot count towards the performance standards detailed above.

- D. Applicability to Local Ryan White Program Requirements:** If a staff person has a Ryan White Program outreach service caseload, even one client, they will be required to adhere to the local Ryan White Program Service Delivery Manual, System-wide Standards of Care, and Clinical Quality Management Program activities. This requirement is applicable whether or not the outreach staff person appears on the program’s line item budget and regardless of the percentage of time and effort spent performing Ryan White Program outreach activities. Similarly, if provider’s staff

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supervises any Ryan White Program outreach staff, whether or not they are on the budget for such, they also must follow the requirements in the local Ryan White Program Service Delivery Manual, System-wide Standards of Care, and Clinical Quality Management Program activities.