

**OUTREACH SERVICES**  
**(General HIV/AIDS Population & MAI)**  
*(Year 20 Service Priority #9)*

**I. Definition and Purposes of Outreach Services**

Ryan White Program outreach services target HIV positive clients in need of assistance accessing HIV care and treatment who are:

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

Ryan White Program outreach services are directed to those known to be HIV+ and consist of activities to a) assist HIV+ clients who are lost to care with re-entry into the care and treatment system; b) assist HIV+ clients determined to be at risk of being lost to care with their retention and access to on-going medical care and treatment; and, c) to engage and enroll newly diagnosed clients into the system of care.

Once an HIV+ lost-to-care or at risk of being lost-to-care client is located or an HIV+ client newly diagnosed and/or never in care is located, an SDIS referral must be made to a medical case manager, medical provider, residential substance abuse program, or other core service provider of the client's choice. The outreach worker may assist the client in obtaining necessary documentation to receive services and must 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 medical care and treatment.

**Referrals to Ryan White Program Part A or MAI-funded outreach services may only be initiated if there is a valid outreach-specific consent signed by the client and filed in the client's chart.**

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

1. Outreach workers must work with service providers, including medical case managers, to locate people lost to medical care or medical case management and bring them back to care. The medical case manager, or pharmacy staff, after repeated attempts to contact the client by phone and mail without success, may refer the case through an SDIS certified referral to an outreach worker. A Physician may immediately and directly request outreach assistance for a client who meets any of the conditions indicated directly below in Section A. 2., or similar circumstances (e.g., abnormal lab results, etc.). Such circumstances must be clearly documented in the client's chart and indicating that the assistance of an outreach worker was

requested (i.e., the physician writes a prescription for the needed outreach service and documents such in the client's chart). 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 of at least three (3) repeated attempts by the medical case manager, pharmacy staff, or jail linkage/prison re-entry coordinator to contact the client and the reason why the case is being referred to an outreach worker. A Ryan White Program Certified 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 agencies' client charts.

2. 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 medical case manager for more than three months;
- Checking out of residential substance abuse treatment;
- Not "reporting" to residential substance abuse treatment; and/or
- Missing the first medical care appointment after hospital discharge and/or referral to care;
- Missing picking up prescription medications or prescription referrals from a medical case manager or a pharmacy;
- Missing an appointment with the jail linkage or prison re-entry coordinator;
- Missing a medical or social services appointment that the jail linkage or prison re-entry coordinator has scheduled

Outreach providers must work with, and establish formal linkages with Ryan White Program medical providers and medical case 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.

#### **B. Newly Diagnosed HIV+ or HIV+ Never in Care**

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 eight (8) key points of entry to the

system of care listed below for the purpose of receiving referrals for HIV+ clients identified at key points of entry.

- STD clinics
- HIV counseling and testing sites
- hospitals/emergency room departments
- substance abuse treatment providers
- mental health clinics
- adult and juvenile detention centers
- jail and/or correctional facilities, including, but not limited to, re-entry programs
- homeless shelters

Linkage agreements must include outreach worker's contact information, work schedule availability, geographic areas of the County covered, and a description of outreach 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 an SDIS referral to the core service provider of their choice, be accompanied to the initial appointment and be followed-up to ensure that they are connected to care.

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

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 in order to determine the client's HIV status. This one time referral may be counted and entered into the SDIS in the Outreach Registration screen. This is a **secondary** outreach function that will be monitored by OGC and should not supersede the primary focus of 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. These secondary outreach services must be planned and delivered in coordination with local HIV prevention/education programs, including counseling and testing programs, in order to avoid duplication of effort.

### **D. Outreach Activities**

1. Outreach workers may engage in the following activities, if documented and filed in the client's chart at the referring agency and at the receiving agency where applicable: 1) for their agency's own clients; 2) upon receipt of a Ryan White Program Certified 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) a prescription from a physician; or 4) by a letter or referral from a jail linkage or prison re-entry coordinator as indicated in Section A.1. above:

- obtain from the client all required consents for the outreach worker to access client-related information in the Ryan White Program's Service Delivery Information System (SDIS);
- conduct brief intakes for new clients and enter data into the SDIS outreach registration screen;
- review data in the SDIS for existing clients who are lost to care or are at risk of falling out of care;
- assess and document the client's barriers to accessing 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 HIV+ clients to the initial physician appointment, medical case management appointment, and/or intake at a residential substance abuse facility of the client's choice 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;
- make home visits to meet with a client for the purpose of connecting them to care;
- as a safety issue, 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. 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 Service Delivery Information System (SDIS) the encounter should only be counted/recorded by the main outreach worker/agency that received the referral;
- provide education on available care and treatment options and services available to HIV+ individuals 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 high percents of HIV+ clients as identified by the counseling and testing facility and verified by the Ryan White Part A Program.

2. **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 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.

**Outreach Workers may not conduct random searches in the SDIS for clients who are not enrolled at the Outreach Workers' assigned agency, or for clients for whom they do not have a Ryan White Certified Referral. Searches conducted in the SDIS to identify clients lost to care must be initiated by the medical case manager or medical staff of the referring agency.**

**Ryan White Program outreach activities are not to be used for the recruitment of clients to the outreach worker's agency.**

3. **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;
- the 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;
- 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
- if lost to care or identified as at risk of being lost to care, a copy of the initiating agencies' referral to outreach;
- an individualized assessment of the client's barriers to care;

- documentation that explanation of service system and choice of provider agency were provided;
- a copy of an SDIS referral or documented attempt to make a referral by the outreach worker to a medical case management agency, medical provider, residential substance abuse program and/or other core service provider, of the client's choice;
- documentation of 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 SDIS, 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, medical case manager, or other core service provider; etc.) or if the case was closed with a statement as to why it was closed.

## **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 a High School diploma or GED. All staff providing outreach services must be certified through the State of Florida's Department of Health HIV/AIDS 104 course. Outreach workers must also receive training related to Limited English Proficiency (LEP). Outreach workers must attend periodic training provided by the Ryan White Program's Quality Management and Training Program provided by Behavioral Science Research (BSR).

Outreach providers must ensure that outreach workers are knowledgeable about resources and providers of medical care, substance abuse treatment, medical case management, and other core 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 consent forms available for signature by clients lost to care or at risk of being lost to care.

2. **Hours.** Outreach services must be offered during non-traditional business hours up to 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.
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 sub-populations (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.
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.

Outreach workers may also record and bill for time spent attending authorized Ryan White Program trainings (TRN), such as monthly case management and case management supervisor trainings, outreach worker trainings, Service Delivery Information System trainings, and quarterly Ryan White Program Provider Forums. (NOTE: The TRN code may not be used to bill for any training that is not a Ryan White Program training; for example: use of the TRN code cannot be used to bill for staff attendance at Miami-Dade County HIV/AIDS Partnership and Committee meetings, appreciation luncheons, agency-specific staff development activities, HIPAA refresher training, confidentiality training, 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.

5. **Connection to Care.** Providers are expected to demonstrate through documentation on file at the provider agency that at least twenty-five (25) percent of people contacted and billed for are actually brought into or returned to medical care and/or other core services or that a case was closed, on a quarterly basis. Connections to care will also be monitored by the County on a quarterly basis through the Service Delivery Information System (SDIS) and/or analysis of outreach data conducted by Behavioral Science Research Corporation, as a Quality Management Program activity.

- B. Rules for Reimbursement:** Providers will be reimbursed on the basis of a line-item budget for Part A and MAI-funded outreach services. Ryan White Program outreach services will be paid on the basis of full-time equivalent (FTE) employees at a salary to be negotiated between the service provider and the County, as well as on the basis of other direct and administrative costs. Reimbursement of salaries will be based on the approved budget and productivity as recorded by hours spent doing outreach activities, people contacted, their risk factors, and the number of people connected to care. All administrative and/or indirect expenses allocated to this service category (other than those associated with the delivery of outreach services to clients) are capped at 10% of the total budget.
- C. Additional Rules for Reporting:** Monthly activity reporting for this service will be on the basis of an outreach contact.

**Reimbursement requests will be continuously evaluated on the basis of productivity in particular, people contacted and connected to medical care, medical case management, substance abuse treatment facility, and/or other core services. A sufficient level of outreach services must be provided and a corresponding bill generated through the SDIS 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.**