

# Minutes for Miracle of Love Inc. Quality Management Committee

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## Call to Order

A regular meeting of the Miracle of Love Inc. (MOL) Quality Management Committee (QM Committee) was held on Monday, February 10, 2020 at Heart of Florida United Way – Dr. Phillips Room. It began at 2:07 PM and was presided over by Julian Vega, with Wyatt Haro as Recorder.

## Attendees

Voting members in attendance included Julian Vega, Maylen Peguero, Wyatt Haro, Angus Bradshaw, Alicyn Heinrich, Alycia Calderon-Walker, La Dawn Pierre, Mulan Williams, and Richard Figueroa

Guests in attendance included N/A

Members not in attendance included Vanessa Rivera, Nikia Lafontant, Charles Barrett, Lameisha Kaigler, and Tanya Chinnery

## Approval of Minutes

No motions made to change minutes from January 2020. Minutes approved as is.

## Officers' Reports

Ryan White HIV/AIDS Program Service Report was presented by Angus Bradshaw.

HAB HIV Performance Measure Report was presented by Angus Bradshaw.

## Other Reports

Business Card Revisions was presented by Angus Bradshaw. The following resolution was adopted: upon approval of design, committee may review the design again in three to four months to make revisions.

Incentives for successful completion of Intensive Case Management by Julian Vega.

## Main Motions

**Motion:** Moved by Wyatt Haro and seconded by Alycia Calderon-Walker, that the meeting agenda be modified to reflect Vanessa Rivera's absence, updating chair to Julian Vega and presenter of HAB and RSR reports change to Angus Bradshaw. The motion carried with nine in favor and zero against.

**Motion:** Moved by Angus Bradshaw and seconded by La Dawn Pierre that the HAB HIV Performance Measure Report Review by tabled until March meeting when reports should be available. The motion carried with nine in favor and zero against.

**Motion:** Moved by Angus Bradshaw and seconded by Maylen Peguero that the Appointment Business Card become the official business card of Miracle of Love Inc. The motion carried with nine in favor and zero against.

<b>ROLL CALL VOTE:</b>	Alicyn Heinrich	Aye
	Mulan Williams	Aye
	Richard Figueroa	Aye
	La Dawn Pierre	Aye
	Alycia Calderon-Walker	Aye

Maylen Peguero	Aye
Angus Bradshaw	Aye
Wyatt Haro	Aye
Julian Vega	Aye

**Motion:** Moved by Angus Bradshaw and seconded by Alycia Calderon-Walker that the Appointment Tracker Card become an official document of Miracle of Love Inc, with the following modifications to the design: add ARNP, remove MOL website, replace website with MOL business card heart. The motion carried with nine in favor and zero against.

<b>ROLL CALL VOTE:</b>	Alicyn Heinrich	Aye
	Mulan Williams	Aye
	Richard Figueroa	Aye
	La Dawn Pierre	Aye
	Alycia Calderon-Walker	Aye
	Maylen Peguero	Aye
	Angus Bradshaw	Aye
	Wyatt Haro	Aye
	Julian Vega	Aye

**Motion:** Moved by Maylen Peguero and seconded by Alycia Calderon-Walker for a maximum case load to be set by the committee and added to the Intensive Case Manager Position Description. The motion carried with eight in favor and one against.

<b>ROLL CALL VOTE:</b>	Alicyn Heinrich	Aye
	Mulan Williams	Aye
	Richard Figueroa	Aye
	La Dawn Pierre	Aye
	Alycia Calderon-Walker	Aye
	Maylen Peguero	Aye
	Angus Bradshaw	Aye
	Wyatt Haro	Aye
	Julian Vega	Nay

**Motion:** Moved by Richard Figueroa and seconded by Maylen Peguero that the maximum caseload for the Intensive Case Manager be set at 30. The motion carried with nine in favor and zero against.

<b>ROLL CALL VOTE:</b>	Alicyn Heinrich	Aye
	Mulan Williams	Aye
	Richard Figueroa	Aye
	La Dawn Pierre	Aye
	Alycia Calderon-Walker	Aye
	Maylen Peguero	Aye
	Angus Bradshaw	Aye
	Wyatt Haro	Aye
	Julian Vega	Aye

**Motion:** Moved by Wyatt Haro and seconded by Angus Bradshaw that the committee will review the Intensive Case Manager's performance and determine if caseload adjustment is necessary after three

months, and the committee will review the Intensive Case Manager’s success and determine if the position should be given an extension after six months. The motion carried with nine in favor and zero against.

<b>ROLL CALL VOTE:</b>	Alicyn Heinrich	Aye
	Mulan Williams	Aye
	Richard Figueroa	Aye
	La Dawn Pierre	Aye
	Alycia Calderon-Walker	Aye
	Maylen Peguero	Aye
	Angus Bradshaw	Aye
	Wyatt Haro	Aye
	Julian Vega	Aye

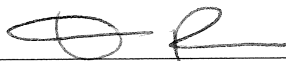
**Motion:** Moved by Wyatt Haro and seconded by Alycia Calderon-Walker to table discussion regarding potential incentives for successful completion of Intensive Case Management by the consumer to the March 2020 Quality Management Committee meeting. The motion carried with nine in favor and zero against.

**Announcements**

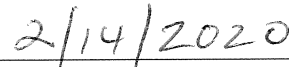
Next regular scheduled meeting will be held on March 9, 2020 at 1:00 PM at Heart of Florida United Way – Dr. Phillips conference room. Richard Figueroa will be joining the meeting via conference call due to scheduling conflicts.

**Adjournment**

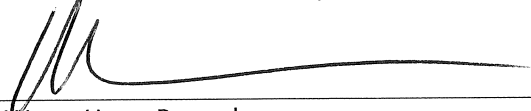
Wyatt Haro moved that the meeting be adjourned, and this was agreed upon at 3:52 PM.



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Vanessa Rivera, Chair  
Miracle of Love Inc. Quality Management Committee



\_\_\_\_\_  
Approval Date



\_\_\_\_\_  
Wyatt Haro, Recorder  
Miracle of Love Inc. Quality Management Committee



\_\_\_\_\_  
Prepared Date

## Summary of Reports/Presentations

### Robert's Rules of Order Review – Maylen Peguero, Parliamentarian

- Presenting a motion
  - Committee member must raise hand and be acknowledged by chairperson
  - Once recognized, a motion can be presented to committee
  - Must be seconded by another committee member
  - Chairperson must acknowledge the presenter and seconder to move forward
  - Once acknowledged, discussion is held
    - Each person must be acknowledged by the chair prior to speaking—this prevents talking over each other
  - From discussion, a vote can be held to approve or deny the motion
- **Additional information** by Angus Bradshaw:
  - Each member has been presented with a Robert's Rules of Order guide
    - If the member has down time at work, take a moment to read over the material
  - There will be a review of Robert's Rules of Order at each committee meeting
- **Additional information** by Wyatt Haro:
  - Meeting is being recorded (device is set to meeting and should pick up everyone)
    - Important to not speak over each other and wait to be recognized
    - Multiple people talking makes it difficult to review the recording and document
  - All the Robert's Rules of Order books have been marked, and are property of Miracle of Love
  - Vice chair is presented with full version of Robert's Rules of Order and will be held by the chair at each meeting, and handed down to each successor

### Ryan White HIV/AIDS Program Service Report (RSR) – Angus Bradshaw, Committee Champion

- RSR is for 2019 was distributed with meeting agenda
- This RSR is ready to be submitted to HRSA
  - Vanessa received error notices when trying to upload it
  - In her absence, Angus will meet with Alielia Munroe to work out the issues and get uploaded
  - Broken down by category and reflects only the clients that receive Ryan White services at MOL
- Looking at the previous RSR reports, it can be noted that Ryan White has steadily increased in case load
  - 2017: 1,318
  - 2018: 1,587
  - 2019: 1,722
- **Additional information** by Wyatt Haro
  - The RSR report distributed today replaces the RSR that is in the “current year” tab
  - The RSR report in the “current year” tab should be placed in the “previous year” tab
  - The RSR report in the “previous year” tab can be saved or disposed of (should be placed in shredder if disposing of this document)

### Business Card Revision – Angus Bradshaw, Committee Champion

- A discussion was held in reference to useful methods for clients to remain compliant with appointments
- Alicyn and Richard presented Angus with templates that are used at other locations
- This committee is being asked to review the documents, and pending approval of QMC, these will become the official documents of the agency

- Upon approval, Bryan DuBac and Angus Bradshaw will process the ordering of the new documents
- Business Card Preview
  - Business card proof displayed on screens for members (Appendix A of minutes)
    - Front of Card
      - Name
      - Title Line 1
      - Title Line 2 (if necessary)
      - Agency Address
      - Agency Website
      - Contact numbers
      - Email
    - Back of Card
      - Client Name
      - Check day of week
      - Write date
      - Write time
      - Circle AM/PM
      - Social media icons will be moved to the front of the card
  - This format of business card would be given to any person that touches consumers
    - Peers, Case Managers
    - Floor opened to input regarding Outreach Coordinators
      - Mulan Williams suggested that Outreach Coordinators should get the cards as well which can be used for clients that have reactive tests or other scheduled contacts with Outreach Coordinators
  - Floor opened to design modification suggestions by Angus Bradshaw
    - **Point of information** by Alycia Calderon-Walker: Is it correct to assume that the case managers that are at other locations would have their location address on the front of the card?
      - **Information** by Angus Bradshaw:
        - Correct. The case managers location will be on the front of their business card, not the main office address
    - **Additional information** by Angus Bradshaw:
      - The cards will no longer have that “waxy” feel
      - The cards will be the writable paper style
    - **Point of information** by Julian Vega: Are we not going to track meetings/appointments on Saturdays?
      - **Information** by Angus Bradshaw:
        - None of the case managers typically meet on Saturday
    - **Point of information** by Julian Vega: So these will be for only our EMA services?
      - **Information** by Angus Bradshaw:
        - These cards are for the client’s appointment with MOL
      - **Additional information** by Richard Figueroa:
        - This is for MOL appointments, there is another one that they can enter their doctor appointments on

- **Point of information** by Julian Vega: So, in our case [HOPWA], if a client were to walk in and we conducted their “phone interview” there on the spot, we would give them this card for their appointment for intake?
  - **Information** by Maylen Peguero:
    - That is correct
- **Point of information** by Richard Figueroa: Or “contact me on,” rather than appointment on. Advises client to call to set up the appointment since they are constantly changing them.
  - **Information** by Angus Bradshaw:
    - This is going to be your appointment card, so there is no need to contact them twice.
    - **Question asked** by Angus Bradshaw to Richard Figueroa:
      - Why would you “contact them on” and then schedule them?
      - **Response** by Richard Figueroa:
        - Clients can be scheduled six months ahead, but because of their work schedules, they may not know what they may be available for.
        - Was addressing that I [Richard] do not make appointments, I tell them to contact me on a date to set up an appointment.
  - Richard has **withdrawn** his question/modification suggestion
  - **Additional information** by Alycia Calderon-Walker:
    - With the icons being moved, there will be some space where you can write a little note advising the client to contact you on date.
- **POINT OF ORDER** by Wyatt Haro
  - Request all committee member wait to be recognized before speaking as the talking over each other makes it difficult to transcribe and produce minutes
- **Information** by Angus Bradshaw:
  - We can give this version a trial run, and then change it up if it needs to be changed for case managers in the future
  - **Response** by Richard Figueroa: **\*Unintelligible, due to multiple people speaking\***
- **Amendment to motion** by Angus Bradshaw:
  - Upon approval of this version, committee can review card format again in three-four months to make revisions if necessary
- **Point of information** by Julian Vega: HOPWA contacts clients by phone in many cases, and sends a text message with appointment confirmation after phone intake, would it be possible to potentially get this in digital format so that it could be sent through email and/or text?
  - **Information** by Angus Bradshaw:
    - This will be looked into, and does not seem like something difficult to make happen.
  - **Response** by unknown: **\*Unintelligible, due to multiple people speaking\***
  - **Response** by Julian Vega: Having this in an editable digital format would look good. The client may or may not tear it off, but having it in this form would be good:

- **Response** by Richard Figueroa: Will work for consumers that email case managers and have a way to respond with the appointment information
  - **Point of information** by Mulan Williams: Are there text reminders?
    - **Information** by Angus Bradshaw:
      - Some do *[unintelligible due to multiple people speaking]*
    - Additional responses *[unintelligible due to multiple people speaking]*
    - **Information** by Richard Figueroa:
      - We do not have the system that AHF has.
  - **Motion made** by Angus Bradshaw:
    - Motion to make this the new business card of the organization
    - Seconded by multiple committee members
    - **Point of Order** by Wyatt Haro: Requesting a Roll Call vote
- Appointment Tracker
  - Appointment tracker proof displayed on screens for members (Appendix B of minutes)
    - This card will fold (size of a business card) and will allow the consumer to track their medical appointments for case managers to enter into Provide, if necessary.
    - Front of fold: APPOINTMENTS TRACKER
    - Back of fold: MiracleOfLoveInc.org
    - Inside top of fold: Patient Name, Doctor, medical office initials, and date of appointment (in English, Spanish, and Créole)
    - Inside bottom of fold: Additional lines for appointments, RW EXP (Ryan White Expiration), and ADAP EXP (AIDS Drug Assistance Program Expiration)
  - **Acknowledgement** to Alicyn Heinrich and Richard Figueroa for input and examples of these tools
  - The card is kept clean, nondescript, so if the card were to be lost, it would not identify the consumer's status
  - Floor opened to design modifications by Angus Bradshaw:
    - **Point of information** by Richard Figueroa: Would it be possible to add "slash" (/) nurse after doctor [Doctor/Nurse], since sometimes the consumer does not see the doctor, but will see the nurse?
      - **Information** by Angus Bradshaw:
        - We can add "/ARNP" after Doctor
    - **Point of information** by Alicyn Heinrich: Would it be better to remove the website from the card, in case someone were to find the card and google or go to the website?
      - **Information** by Angus Bradshaw:
        - This was considered. Would it be best to remove Miracle of Love from the card?
          - **Responses:**
            - Julian Vega: Yes. From prior discussions we had said it would be best to keep it as generic as possible.
            - **Point of information** by Alycia Calderon-Walker: Would it be a good compromise to replace it with the logo? (i.e., MOL without the "Miracle of Love" part) Something to put on the card for a reminder as to what it is for, rather than being too generic.

- **Information** by La Dawn Pierre: Website should definitely be removed. Potentially replace the website with the heart that is on the business card, since it does not say MOL, Miracle of Love, or anything to identify the agency, however, it would be something that the consumer would recognize.
- **Point of information** by Richard Figueroa: Do we use the heart logo anywhere on the website, advertising?
- **Information** by Angus Bradshaw: No. It is only on the business cards.
- **Information** by Alycia Calderon-Walker: This would be something that would bring it together for the client, but remain discreet.
- **Point of information** by Richard Figueroa: Does the patient name have to be there?
  - **Information** by Angus Bradshaw:
    - This is the patient's card and there will be no agency identifying information
- **Motion** made by Angus Bradshaw:
  - Motion to adopt the Appointment Tracker card as an official Miracle of Love document, with the modifications as follows:
    - Add /ARNP to Doctor
    - Remove MiracleOfLoveInc.org
    - Add heart logo from business card on back
  - Seconded by Alycia Calderon-Walker
  - **Point of order** by Maylen Peguero: Requesting a Roll Call vote

#### **Intensive Case Manager Position Description – Angus Bradshaw, Committee Champion**

- Intensive case manager position description has been drafted, but has not been posted
- Description displayed on screens for members (Appendix C of minutes)
  - Committee members asked to review description
  - Maximum case load is not included in this description, but can be added through committee
    - **Point of information** by Wyatt Haro: Would it be best to leave that off because of the discrepancy we discussed prior to the meeting with some of the reports and that may affect the case load?
      - **Information** by Angus Bradshaw:
        - The case load would not change based on the report issues discussed prior to this meeting
  - **Motion** made by Maylen Peguero
    - Motion to add the specific number of clients that the person will be assigned
    - Seconded by Alycia Calderon-Walker
    - **Point of information** by Richard Figueroa: What is the purpose of this position?
      - **Information** by Angus Bradshaw:
        - The intensive case manager will be assigned consumers that are considered high-priority from the non-virally suppressed client list and then when the consumer becomes virally suppressed, they would be



referred to a Medical Case Manager or Referral Specialist, whatever the consumer needs to maintain that viral suppression

- **Point of information** by Richard Figueroa: What exactly will they be doing? Doctor visits, home visits?
  - **Information** by Angus Bradshaw:
    - Whatever the consumer needs to be virally suppressed. Could be weekly meetings, phone calls, going to the consumers home, go to medical visits, etc. It is hand holding for the consumer.
- **Point of information** by Richard Figueroa: So it is what we are trying to do with the Medical Case Managers?
  - **Information** by Angus Bradshaw:
    - Medical Case Managers serve all consumers, virally suppressed or not. The Intensive Case Manager will only be working with consumers that are not virally suppressed, have been out of care for a period of time, high-priority consumers
- **Point of information** by Richard Figueroa: The Medical Case Managers' caseloads are going down, getting smaller. Is that going to continue? The Referral Specialists' caseloads are going up. What are we going to do with the caseloads for the Referral Specialist because we are in need of something to remove some of the stress of dealing with consumers coming in with various needs, since the Referral Specialist is only supposed to do eligibilities? Consumers are coming in with insurance needs, doctor needs, etc. What is going to be done to eliminate that issue?
  - **Information** by Wyatt Haro:
    - It would be beneficial for us to read the description of this position, which will answer many questions we have about it and will give us the information needed to make an informed decision. We are seeing two screens of the eleven screens for this description.
  - **Information** by Maylen Peguero:
    - This person would service the part of the community that are not able to be reached through regular Medical Case Management. This person may go to home visits, medical visits, a phone call or text every day to remind the consumer to take their medication. Once that consumer has reached viral suppression, the consumer would cycle off of the Intensive Case Manager's caseload and go to Medical Case Management and/or Referral Specialist, as needed, and then a new consumer would be added to the Intensive Case Manager.
  - **Information** by Angus Bradshaw:
    - To help clarify the question asked by Richard: Ryan White changed procedures and now puts all virally suppressed consumers with a Referral Specialist and those that are not, with a Medical Case Manager. If a Referral Specialist identifies a consumer that is needing more services, even if the RDA is a one, they are to email Vanessa Rivera to request an override for the consumer to receive Medical Case Management services.

This is not happening as much as it should be. A consumer may be virally suppressed, but still need additional services. Richard now has 700 consumers, and has to be proactive in identifying consumers that need to be with Medical Case Management and off of the Referral Specialists' caseload because they need more than what the Referral Specialist can offer. As the Referral Specialists identify these consumers, the Medical Case Managers caseloads will start to climb again.

- **Point of information** by La Dawn Pierre: This is just a temporary thing, where the caseloads are going to fluctuate regardless?
  - **Information** by Richard Figueroa:
    - We are currently determining what the consumer needs.
  - **Additional point of information** by La Dawn Pierre: So the Medical Case Managers' caseloads will go back up?
    - **Information** by Richard Figueroa:
      - The MCMs are closing relationships, but the consumers are remaining with the RS. Since the consumers are no longer with MCMs, they call the RS for those additional services.
  - **Additional point of information** by Angus Bradshaw: What is the RS supposed to do if the consumer contacts them for additional services?
    - **Information** by Richard Figueroa:
      - Schedule an appointment, reevaluate the consumer needs, and if additional services are needed, request that the consumer be assigned to a MCM
  - **Additional information** by Wyatt Haro:
    - We maintain a list of the consumers that are not virally suppressed, as well as pertinent information about them, including doctor appointments, viral load, when labs were done, their needs, including housing, or special notes such as fallen out of care, etc. This list would be used as a tool to help determine the ICM caseload.
- **Point of order** by Angus Bradshaw: This is to review the description of the position [debated and approved by QMC on January 13, 2020] so that it can be posted and we can begin the process of interviewing candidates
- **Information** by Wyatt Haro: Intensive Case Manager Position Description read aloud, with the exception of the Essential Skills and Experience, General, License, and Physical demands and work environment sections (Full description available Appendix C of minutes)
- **Point of information** by Maylen Peguero: Will the Intensive Case Manager work the regular schedule of Monday – Friday 8:30 AM – 5:00 PM?
  - **Information** by Angus Bradshaw:
    - Ideally, the ICM would work the standard schedule with the ability to flex if needed
- **Point of information** by Julian Vega: Who would the ICM report to?
  - **Information** by Angus Bradshaw:
    - Vanessa Rivera, Director of Client Services

- **Point of information** by Wyatt Haro: Would the ICM be in direct contact with HOPWA if the consumer needed housing assistance, or would it be the standard referral and wait?
  - **Information** by Angus Bradshaw:
    - The ICM would refer to HOPWA
- **Information** by Alicyn Heinrich:
  - Because this position will be so involved, it would be helpful to have the maximum number of clients. The candidates will have an idea of what to expect rather than wondering if the caseload will be way too high and too much work.
- **Point of information** by Richard Figueroa: Some consumers have appointments at 7:00 AM, 7:30 AM, 8:00 AM. Will the ICM be able to come in early and leave early?
  - **Information** by Angus Bradshaw:
    - The ICM will have the ability to flex as needed. This person should be helping to remove the barriers of the consumers, and if time is a barrier for the consumer, the ICM will have the ability to remove that barrier. It is important for the documentation to reflect that every effort has been made to get the consumer seen.
- **Point of information** by Alicyn Heinrich: Is this position a contracted position? Is there a timeframe on this position, or will it come up for renewal?
  - **Information** by Angus Bradshaw:
    - It can be renewed. It would be reviewed semi-annually to review the caseloads, is this something that is working. From prior discussion, committee alluded to review after six months.
  - **Additional point of information** by Alicyn Heinrich: Will this information be made clear to the people that are applying?
    - **Information** by Angus Bradshaw: Yes
- **Point of information** by Alycia Calderon-Walker: In our previous discussions it was said that this position was being created to help with the numbers of consumers that are not virally suppressed. Once the agency reaches the target numbers, is this position something that will be discussed in terms of keeping it?
  - **Information** by Angus Bradshaw:
    - Yes. It will be up for the committee to review the position and the employee to determine if the position should continue, should be reassigned to Medical Case Management and only given intense cases, etc.
- **Point of information** by Wyatt Haro: Would the ICM attend Quality Management Committee meetings and provide the committee with reports on their status with cases.
  - **Information** by Angus Bradshaw:
    - The ICM will report directly to Vanessa Rivera, but ICM would meet with the QCM to report their findings, barriers, etc. Although the ICM will report to Vanessa Rivera for day-to-day business, the position and performance is overseen by the Quality Management Committee.
- **Point of information** by La Dawn Pierre: This position is an excellent idea. It is important for this person to not have barriers, such as with scheduling, it should be as flexible as possible. Example is TOPWA, where the team will do things with clients after hours, over the weekend, and will flex out their hours, as long as we are meeting the time expected by Tallahassee. Want to be sure that there are no restraints and barriers on them so that they can get the job done.
- **Point of information** by Julian Vega: For a person that may not have worked with units in the past, are they going to be able to focus on the consumer rather than focusing on units?

- **Information** by Angus Bradshaw:
      - Most case managers are accustomed to units. Unless we get someone that is new, they will most likely have experience with units. Ideally, we are seeking a person that has experience, since they will need skills for ICM.
  - **Point of information** by Maylen Peguero: One of the biggest barriers is transportation. Would the ICM have the ability to remove that barrier by transporting the consumers, at first, and then transition them into using their bus pass?
    - **Additional point of information** by Wyatt Haro: Since a case manager would not be able to transport a client of the opposite sex alone, would it be possible for the ICM to utilize Uber or Lyft to have the client transported to the appointment and the ICM to meet them there?
    - **Information** by Angus Bradshaw:
      - We would not modify the agency transportation policy, however, we would make available for the ICM an agency funded Uber account to have the client transported.
      - **Additional information** by Mulan Williams:
        - It is a good idea to use Uber for transportation. Some of the clients that have a closer relationship will call and ask for a ride to a doctor's appointment.
        - **Additional information** by Angus Bradshaw:
          - No employee should be paying for a client to use Uber or Lyft out of pocket. We do have an account that can be used to provide the service and the expense is billed directly to that employee's program.
- **Chair** calls for end to discussion and motion to be voted on
  - **Motion** to add a maximum caseload to the Intensive Case Manager Position Description
  - **Voice vote** held with dissent
  - **Point of information** by Mulan Williams to Julian Vega: Asking for explanation to dissenting vote.
    - **Information** by Julian Vega:
      - Opposed to adding a maximum caseload on the job description. Personal opinion.
  - **Point of information** by Mulan Williams: What if there are more clients that need the assistance than the maximum caseload assigned to the Intensive Case Manager?
    - **Information** by Angus Bradshaw:
      - The caseload maximum sets a limit to the number of consumers that the ICM can work with at one time. Additional consumers will be waitlisted until such time one of the open consumers rolls off of ICM and back to MCM or RS.
  - **Information** by La Dawn Pierre:
    - In favor of setting a maximum caseload because the intent is to remove barriers. If the caseload is too large, then that becomes a barrier. To efficiently provide the services to the consumer, we need to have a maximum.
  - **Point of information** by Mulan Williams: Do we need more than one person?
    - **Information** by Angus Bradshaw:
      - Financial limitations. Need to start with one and determine if this method is workable and then visit options in the future if it is successful.

- **Point of order** by Wyatt Haro: Requesting Roll Call vote
- **Additional information** by Alycia Calderon-Walker: Putting the maximum caseload on the job description would be beneficial to attracting a more seasoned candidate. A novice would see the caseload and determine that they would not be able to handle that and not apply.
- **Point of information** by Julian Vega: With this program, it is possible that one consumer is able to achieve viral suppression much faster than another. How would we determine how many would be the maximum? If the ICM could handle a larger caseload, are we limiting it?
  - **Information** by Maylen Peguero:
    - The ICM will have a rolling case load. Once one consumer is virally suppressed, then that consumer would be replaced with a new consumer, leaving the ICM with their maximum caseload at all times, rather than asking them to successfully suppress all consumers before receiving additional consumers.
    - **Additional information** by Alycia Calderon-Walker:
      - It is like taking the training wheels off. Once they where they need to be, they are redistributed back to the MCM or RS.
  - **Additional point of information** by Julian Vega: Some months the ICM could have a larger caseload than others?
    - **Information** by Alycia Calderon-Walker:
      - The ICM would touch on that consumer and then move them to MCM or RS. It is a backup method to take down the number of virally suppressed clients.
  - **Additional point of information** by Julian Vega: For clarification, these clients are our clients and are in Provide? Concerned about eligibility lapses, enrollment, etc. if the ICM would be using another system.
    - **Information** by Angus Bradshaw: Current clients or Ryan White program in Provide.
- **Motion to Amend** by Wyatt Haro:
  - Motion to have committee choose a maximum caseload for Intensive Case Manager, without adding to job posting
  - **Motion dies** – no second
  - **Information** by Angus Bradshaw:
    - Not having the caseload on the job description would create an influx of calls to Bryan (Human Resources) asking about the caseload
- **Point of information** by Wyatt Haro: Two questions: How do we determine what the caseload should be? Who would be involved in the determination of whether a consumer is ready to be moved from ICM to MCM or RS—committee, the ICM, Vanessa?
  - **Information** by Angus Bradshaw:
    - Committee would be determining the criteria for the caseload. Committee would review the list of consumers not virally suppressed, and determine what qualifies for ICM, such as: out of care, viral load and last labs. Then discharge criteria can be modified by committee.
- **Point of information** by Richard Figueroa: Will the ICM be doing eligibility or will that be completed by the Referral Specialist?
  - **Information** by Angus Bradshaw:

- As part of removing the barriers for the consumer, we want to reduce the number of people involved in handling their case. The ICM will handle all matters regarding Ryan White program.
  - **Point of information** by Wyatt Haro: Regarding units, if the ICM is a contract position, they will still need to bill units?
    - **Information** by Angus Bradshaw:
      - The position will not bill units to Ryan White, however, their performance and progress is documented through unit input.
  - **Information** by Angus Bradshaw:
    - The current standards for Ryan White Medical Case Manager is 25-75 (minimum to maximum)
    - **Point of information** by Wyatt Haro: How often are the MCMs and RSs supposed to have contact with their consumers?
      - **Information** by Angus Bradshaw:
        - MCM contact with consumer is based on the need
        - RS contact is every six months – for eligibility
- **Motion** made by Richard Figueroa:
  - Motion to limit the Intensive Case Manager case limit to 25.
  - Seconded by Maylen Peguero
  - **Point of information** by Angus Bradshaw: Are you proposing that the max is 25?
    - **Information** by Richard Figueroa:
      - We can set the max by how many consumers the ICM would handle per day
  - **Point of information** by Alicyn Mulder: What is the current caseload of the HSN HOPWA case managers? Their services are intensive case management
    - **Information** by Maylen Peguero:
      - Currently the HSN HOPWA case managers have 15 consumers each
      - **Additional point of information** by Angus Bradshaw: How are they billing, unit wise?
        - **Information** by Maylen Peguero:
          - They are doing well—not at 540, but over 500.
  - **Point of information** by Wyatt Haro: What would be an ideal number for a case manager? Richard stated 25, why?
    - **Information** by Richard Figueroa:
      - The MCMs are going to that range currently to see if they can manage the viral load. Maylen’s team has 15 each.
      - **Additional information** by Maylen Peguero:
        - It is important to note that our team does not go with the consumers to their doctor’s appointments. So if the consumers are needing to have contact with the consumer at doctor’s appointments, lab appointments, and need constant reminders via text message or emails to take their medications, that is another contact, another unit. The ICM could probably handle a caseload of 30—since consumers will not have appointments every day.
        - **Additional information** by Richard Figueroa:
          - It is every one to three months when their viral load is elevated
  - **Motion to amend** by La Dawn Pierre:

- Motion to amend current motion to 30 as the maximum caseload
  - **Motion to amend accepted** by Richard Figueroa
- **Point of information** by Wyatt Haro: Richard stated that the MCMs are trying to work to a caseload of 25, should the ICM should see less than an MCM since the ICM will be more involved, including after-hours, weekends? Why would we give the ICM more work than an MCM?
  - **Information** by Richard Figueroa:
    - The Ryan White program is working to get the caseload for MCM bumped up to 75.
    - **Additional point of information** by Wyatt Haro: MCM target caseload is 75?
      - **Information** by Richard Figueroa:
        - That is correct.
- **Point of information** by Julian Vega: Did we state that the ICM would be working weekends?
  - **Information** by Richard Figueroa:
    - Sending a reminder for their medications on the weekend.
    - **Additional information** by Wyatt Haro:
      - The ICM may work after-hours or weekends to remove the time barrier from a consumer. If the consumer works a 9:00 AM – 5:00 PM job, they may not be able to get the time off, and they may need their eligibility done outside of those hours.
      - **Additional information** by Alycia Calderon-Walker:
        - The ICM would be seen as a “floater” with their hours, within reason, so that the barriers a consumer is facing, as referenced by La Dawn earlier, can be removed
        - **Additional information** by Richard Figueroa:
          - The ICM will need to be very flexible
          - **Additional information** by Angus Bradshaw:
            - The flexibility of the candidates will have to be determined during the interview process. Bryan and Angus would determine if the candidate is structured and able to meet the flexibility necessary.
    - **Additional point of information** by Alicyn Heinrich: Realistically, will the ICM be working a lot of hours on the weekends?
      - **Information** by Angus Bradshaw:
        - It will more likely be the ICM staying later in the day, than giving up a weekend day.
  - **Information** by Julian Vega:
    - Comfortable with a max caseload for the ICM being between 20-30 consumers, but Vanessa Rivera should be involved in the final decision of determining the max caseload.
    - **Information** by Angus Bradshaw:
      - Vanessa has already expressed her opinion on the caseload at 30. That is something Vanessa is comfortable with.
      - Comfortable with 30 consumers as max caseload
  - **Point of information** by Julian Vega: Would it be possible to add a stipulation that would allow us to modify the max caseload, in case there is a need to?

- **Additional point of information** by Wyatt Haro: If the ICM is amazing, doing a great job, and could realistically take on more clients, could the committee choose to raise that max, or in a reverse of the situation, they cannot handle 30, can we lower it?
      - **Information** by Angus Bradshaw:
        - The “up to 30” would cover a decrease if that were necessary. To raise it, there would need to be some justification (i.e., the ICM has 30 consumers and is only making 300 units).
        - **Point of information** by Wyatt Haro: Could it be noted somewhere that the caseload could be adjusted at the discretion of the QMC?
          - **Information** by Angus Bradshaw:
            - There can be some verbiage added to the position description that notes the committee will review performance at some point.
    - **Point of information** by Richard Figueroa: For clarification, does setting a maximum caseload at 30 mean that the verbiage of 540 units would be removed and replaced?
      - **Information** by Angus Bradshaw:
        - The unit requirement will remain. There will be an additional bullet point that will stipulate the maximum caseload.
    - **Motion** made by Wyatt Haro
      - Motion made to bring current motion of maximum caseload of 30 to a vote
      - Seconded by La Dawn Pierre
      - **Roll Call** vote
    - **Information** by Richard Figueroa:
      - Keep in mind that the MCM will still be working with the non-virally suppressed consumers as well.
  - **Motion** made by Wyatt Haro:
    - Motion to review Intensive Case Manager caseload/performance
      - **Motion to amend** by Angus Bradshaw:
        - Motion to amend current motion to include the review period of six months
          - **Motion to amend** by Richard Figueroa:
            - Motion to amend current motion to amend to change review period to three months
      - **Point of information** by Alycia Calderon-Walker: Request for clarification: The ICM would have a performance review at three months and then the position would be reviewed at six months?
        - **Information** by Angus Bradshaw:
          - The current motion is to review the performance of the ICM and determine if caseload limits should be adjusted at three months. The position is automatically up for review after six months.
      - **Point of information** by Wyatt Haro: Would it be more informative to review the performance at six months since the caseload will be rolling? We would have more data and be able to make an informed decision.
        - **Information** by Maylen Peguero:
          - Three months would provide sufficient data, because it is not only looking at the viral load, but doctor’s appointments, adherence to ART, etc.
          - **Additional information** by Angus Bradshaw:



- Three months evaluation would be focused more on the productivity of the ICM and not the success of the clients (i.e., billing of units, case notes, etc.). The six month evaluation would look at the success of the clients to determine if the position should be extended. In addition, Vanessa, Wyatt, and Angus will be reviewing data monthly.
- **Motion** made by Wyatt Haro:
  - Motion to withdraw initial motion and new motion made to review intensive case manager position performance and determine if a caseload adjustment is needed at three months and review intensive case manager position success to determine if position should be continued at six months.
  - Seconded by Angus Bradshaw
  - **Point of information** by Mulan Williams: Are the clients new or old clients? Are the clients being asked currently about why they are in their situation?
    - **Information** by Angus Bradshaw:
      - The Intensive Case Manager position is designed to get that information—identify the barriers the consumer faces. This committee does not have the information on the consumers’ barriers that are on the current list, it will be the job of the ICM to identify those barriers and eliminate them.
    - **Additional point of information** by Mulan Williams: The current staff at MOL are not able to identify these barriers?
      - **Point of order** by Angus Bradshaw: This is not the current topic being discussed.
      - **Information** by Richard Figueroa:
        - Ryan White staff has an idea of the barriers of the clients—not getting reminders, not getting the attention they need, etc.
  - **Point of information** by Richard Figueroa: Will the ICM be given a company phone?
    - **Information** by Angus Bradshaw:
      - The ICM will be issued an agency phone.
  - **Additional information** by La Dawn Pierre:
    - The ICM is being brought in to work on the list of non-virally suppressed clients. The need and barriers of each of these clients is different, and the ICM will have to figure out what the root of the problem is and remove that barrier. The ICM will be able to provide holistic care, identifying all needs and having the flexibility to remove those barriers
    - **Additional point of information** by Mulan Williams: The ICM position is not permanent, what happens to the consumers once the position is over and they have been returned to MCMs and RSs—and the future, new clients that come in that may be in the same situation, will the MCMs and RSs be able to identify these barriers and remove them?
      - **Information** by La Dawn Pierre:
        - That is something that would be considered down the road. The focus is on one problem at-a-time, and once we work on this one, we can then focus on the next one.
        - **Additional information** by Angus Bradshaw:
          - The goal is to enable the MCMs to do this work, and it will be possible as their caseloads are reduced, but

currently there is an influx of consumers that are not virally suppressed and need attention now.

- **Additional information** by Wyatt Haro:
  - Currently we are working to clean the caseloads, reviewing consumers that need more attention, those that do not, and transitioning from the previous focus to the new focus of viral suppression. The ICM helps us manage the changes within the Ryan White programs.
- **Chair** calls for end to discussion and motion to be voted on
- **Motion** made by Wyatt Haro
  - Motion made to move the previous question and bring the original motion to a vote
  - Seconded by Alycia Walker-Calderon
  - **Roll Call** vote requested by Parliamentarian
- Presented draft of position is located in Appendix C and finalized version is located in Appendix D

#### **Incentives for successful completion of Intensive Case Management – Julian Vega, Vice Chair**

- For the consideration of the committee: Provide an incentive (reward) for a client that reaches viral suppression and is discharged from Intensive Case Management, such as a \$50 Walmart gift card, from SMART Ride funds. This refers back to the question asked by Mulan Williams (The current staff at MOL are not able to identify these barriers?), the case managers were not able to complete these tasks and we are going forward with bringing on an Intensive Case Manager to correct this. The recognition for the client, which does not have to be monetary, can be an incentive to achieve viral suppression.
- **Information** by Richard Figueroa:
  - A method that could be considered is the TOPWA point program
  - **Point of information** by Wyatt Haro: Who would be responsible to track the points?
    - **Information** by Richard Figueroa:
      - TOPWA uses a point card. The ICM could use the same system.
      - **Additional point of information** by Wyatt Haro: The point system would be only for Intensive Case Management?
        - **Information** by Julian Vega:
          - It would be only for the Intensive Case Manager position
- **Information** by Mulan Williams:
  - Huge fan of incentives, however, in this situation, the incentive should be that the consumer is virally suppressed, educated on what to do. The Intensive Case Manager should also be able to speak in Ebonics. Consumers will stop going to the doctor because they do not understand the terms being used. Consumers may not understand what “suppressed” means and would need someone that can work with them without the consumer feeling like they are being “talked down” to.
  - **Additional information** by La Dawn Pierre:
    - Agree with Mulan regarding the need for the ICM to be able to speak Ebonics. Disagree with Mulan regarding incentives. Incentives have been proven to work, not just for TOPWA, but in other programs, giving a \$10 gift card for getting a Hepatitis shot, or one for getting an HIV test. The committee would have to determine the incentives—the ICM only having 30 clients will be able to keep up with the points. TOPWA is able to keep up with points of over 100 clients. The appointment tracker can be used—the

- client attends this amount of doctor's appointments, they get this amount of points. People like free stuff, and the consumers will attend their appointments to get something for free. Incentives have been proven to get clients adherent. Tallahassee and Sunshine Health have requested information on how to implement the point system since TOPWA has over a 90% compliance rate.
- **Point of information** by Wyatt Haro: Would the incentive program be effective in keeping a client adherent after they were returned to an MCM or RS, even if the MCM or RS does not have the incentive program?
    - **Additional point of information** by Richard Figueroa: Referring to a term in Spanish, "mal acostumar," which in English loosely translates to "spoiled," what would happen if the MCM and RS do not have the point system? The consumer becomes spoiled in ICM but then does not get the rewards in MCM or RS services. In TOPWA they finish the program and move on, but this would continue indefinitely.
      - **Information** by La Dawn Pierre:
        - It is about keeping the consumer compliant and teaching them what needs to be done to stay virally suppressed—they may need that push. The ICM would have to communicate the importance of adherence and explain that although the consumer will not always be receiving an incentive, it is important to maintain their health. The consumer is not "given" an incentive, it is earned by them. The ICM would have to ensure that the consumer is educated on how to maintain their health, and the reason to do so may be that the consumer has kids and wants to be around for them, etc. The incentive would be a tool to help the ICM.
        - **Additional information** by Alycia Calderon-Walker:
          - Reflecting back on what was stated by Mulan Williams earlier about the reward being undetectable: the incentive helps change the consumers' way of thinking so that the incentive to remain adherent is being healthy. Even if a consumer is going to an appointment or seminar to earn the incentive, they are absorbing some of the information and habits.
  - **Information** by Angus Bradshaw:
    - The incentive program could become a drain to SMART Ride funds since the ICM is going to be using SMART Ride funds to help eliminate the barriers faced by the client, whether it be that they need an Uber, pots and pans in the house, lunch, etc. The demand of funds to remove barriers and then to add an additional expense of covering an incentive program would not be feasible. The ICM using SMART Ride funds to remove the barriers would be the incentives, since these are not things that are covered by the grant funding. It should also be noted that any employee can request SMART Ride funds to assist a client.
    - **Additional information** by Julian Vega:
      - This was not something that had been considered, and the use of the SMART Ride funds to remove those barriers should be seen as incentives.
      - **Additional information** by La Dawn Pierre:
        - If this would be the case, where there is not an actual incentive program, then it is important for the ICM to communicate to the clients that what they are getting is an incentive. If the ICM has to get an Uber,

buy pots and pans, purchase lunch, this is an incentive and the ICM needs to use that verbiage to communicate that to the client, and ensure that the client understands that these are for compliance.

- **Motion** made by Wyatt Haro:
  - Motion to table the discussion regarding incentives until the March meeting where evidence can be presented about effectiveness of incentives, and ideas of appropriate incentives can be presented for this committee to make an informed decision.
  - Seconded by Alycia Calderon-Walker

**APPENDIX A**  
**BUSINESS CARD REVISION PROOF**

**2 pages inserted**

PROOF  
First Last Name

Title Line 1

Title Line 2

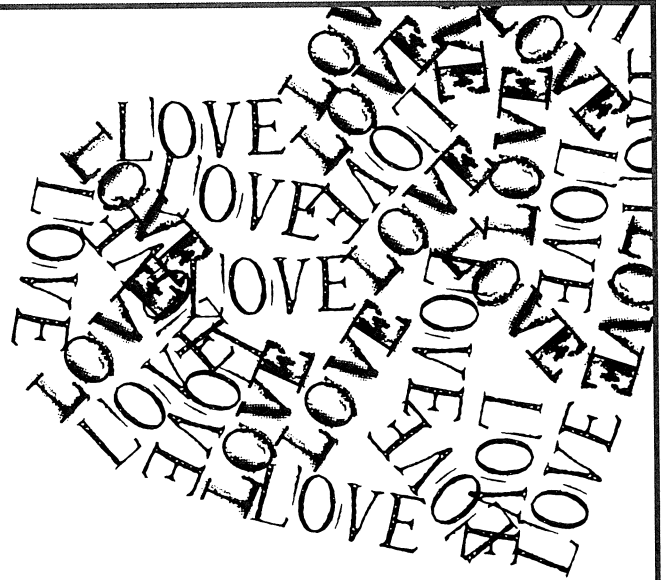
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Orlando, FL 32804  
MiracleOfLoveInc.org

o: 407-843-1760

c: 123-456-7890

f: 407-843-1767

email@miracleofloveinc.org



PROOF

## Appointment:

\_\_\_\_\_ has an appointment on

Mon.    Tues.    Wed.    Thurs.    Fri.

Date \_\_\_\_\_ Time \_\_\_\_\_ A.M.  
P.M.

*If unable to keep appointment, kindly give 24 hour notice.*



**APPENDIX B**  
**APPOINTMENT TRACKER PROOF**

**2 pages inserted**



PROOF

MiracleOfLoveInc.org

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# APPOINTMENTS TRACKER

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Patient Name

Doctor  
Médico  
Doktè

Initial  
Inicial  
Inisyal

Day, Date, Time  
Día, Fecha, Hora  
Jou, Dat, Tan

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RW EXP

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ADAP EXP

PROOF

**APPENDIX C**  
**INTENSIVE CASE MANAGER**  
**POSITION DESCRIPTION**  
4 pages inserted

**POSITION DESCRIPTION**  
**Ryan White Medical Case Manager**

**FLSA Status: Non -Exempt Employee**  
**Reports to: Director of Client Services**

**Position Summary**

This position provides high quality, client-centered intensive supportive services to clients in Ryan White (RW) program. Providing RW case management services, including assessing client's needs, conducting psychosocial evaluations, developing individual treatment plans, and maintaining documentation of services and staff activities. Providing education and support to clients and family members. Making appropriate referrals and consultations both within and outside the agency. Monitoring all aspects of clients care. Preparing and maintaining client records.

**Position Responsibilities**

Provides a range of client-centered services that links clients with health care, psychosocial and other services to insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and inpatient case management that prevents unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.

Key Intensive Case Manager activities include:

- Provide intensive case management services with clients including assistance with receiving appropriate mental health/substance abuse treatment, applying for benefits, and establishing/maintaining housing, and entering education or job placement.
- Gain basic information through the use of professional interviewing techniques.
- Initial comprehensive assessment of the client's needs and personal support systems
- Development of a comprehensive, individualized service plan
- Coordination of the services required to implement the plan
- Client monitoring to assess the efficacy of the plan
- Coordinate patient prescription distribution with local pharmaceutical companies that are in compliance with the Ryan White Program or complete ADAP eligibility with clients that meet program requirements designed by Orange County Health Department.
- Periodic re-evaluation and revision of the plan as necessary over the life of the client: This may include client-specific advocacy and/or review of utilization of services
- Develop and maintain working relationships with other agencies including the Corrections/Jail staff and officials, Boards of Mental Health, County Attorney and Public

Defenders offices, City Prosecutor's offices, Department of Social Services, Security, law enforcement, and other agencies.

- Make professional decisions, recommendations, and maintain confidentiality.
- Recognize that individuals with co-occurring disorders are expected, not the exception, and are welcome into treatment

Maintains all required and appropriate documentation for client records and progress notes for assigned cases in accordance with Miracle of Love, Inc. policy and procedures and Orange County Board of County Commissioners requirements.

Meets services productivity (direct client services) standard of **540 units per month** for the provision of Case Management services in accordance with applicable quality criteria, which are supported by appropriate record documentation, which meet specifications, documentation, requirements with Miracle of Love's standards.

**Essential Skills and experience:**

- Florida Department of Health 500 and 501 HIV/AIDS certification
- BS degree
- Clean criminal history
- Ability to complete assessments and develop plans for individual cases.
- Ability to follow through on all phases of the assigned areas of treatment plans/ plan of care for clients.
- Ability to be an active listener to others and to establish and maintain effective working relationships demonstrating understanding, patience and tact in dealing with clients, personnel and the general public. Demonstrate leadership qualities and the ability to plan, organize and coordinate work assignments.
- Ability to communicate effectively verbally and in writing.
- Ability to establish and maintain therapeutic relationships, empathizes, and communicates with clients and family members.
- Ability to maintain complete and up-to-date record documentation

**Other Job-Specific**

- Completes preliminary assessment process for persons seeking services from Miracle of Love, Inc. to collect information concerning presenting problem, demographic information, and medical history. Documents assessment in accordance with client.
- Initiates admission certification review for all prospective new clients and initiates continued review for all active clients as indicated in accordance with client requirements and agency procedures.
- Completes and documents medical forms, psychosocial assessments, and diagnostic summaries in accordance with agencies specifications. Completes and /or makes referrals for assessments and evaluation processes in accordance with

client needs and/ or treatment team objectives.

- Develops and updates individualized treatment plan/ plan of care for assigned cases in accordance with client record and agency procedures.
- Make appropriate referrals and initiates consultations with Miracle of Love's component and other agencies and organizations in accordance with client's needs. Documents activities in accordance with clients.
- Staff appropriate clients with the program supervisor on an initial and periodic basis on accordance with clients.
- Responds to public information requests including giving information by phone as well as one-on-one contact. Visits agencies, organizations and individuals requesting information as directed by the supervisor.
- Completes on-call assignments and provides back up coverage as requested by supervisor in accordance with agency procedures and schedules.
- Monitors client's participation in planned services. Initiates revisions to treatment plan/plan of care the closing/transferring of cases in accordance with Miracle of Love's policy and procedures.
- Completes Miracle of Love's discharge/transfer summaries for assigned cases in accordance with client. Audits clinical records upon closing/ transfer to ensure full compliance with Miracle of Love's standards. Initiates corrective action as needed.
- Maintains documentation of all staff activity in accordance with Miracle of Love's policy and procedures and client specifications.
- Attends and participates in staff meetings as required.

**General:**

- Performance Improvement: Initiates efforts to improve job, program, or Agency performance and quality of services. As appropriate, participates in Miracle of Love, Inc. performance improvement initiatives or activities (e.g., work teams, committees, etc.).
- Initiative/ Acceptance of responsibility: Demonstrates self motivation and self-reliance. Performs additional responsibilities as needed/required.
- Attitude/Customer Relations: Maintains friendly, productive work atmosphere with co-workers Demonstrates positive customer relation skills and shows respect and courtesy for clients, other employees, and the public.
- Attendance: Observes assigned work hours, use and scheduling of leave, and punctuality.
- Training and Education: Maintains compliance with required training in accordance with established time frames. Seeks opportunities to increase knowledge and competencies, which benefit the position, program or Agency.

**License:** Must possess a valid Florida driver's license or have access to reliable transportation.

**Physical demands and work environment**

- *Physical demands:* While performing the duties of this job, the employee is occasionally required to walk, sit; use hands to fingers, handle or feel objects tools, or controls; reach with hands and arms; balance; stoop; talk or hear. The employee must occasionally lift

and/or move up to 15 pounds. Specific vision abilities required by the job included close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus. Physical or mental ability to carry out the activities of position responsibilities.

- *Work environment:* While performing the duties of the job, the employee is exposed to bodily fluids, weather conditions prevalent at the time of duty. The noise level is usually minimal to moderate.

**I have read and understand this explanation and job description.**

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISORY SIGNATURE**

\_\_\_\_\_  
**DATE**

**APPENDIX D**  
**INTENSIVE CASE MANAGER**  
**POSITION DESCRIPTION – FINAL VERSION**  
**4 pages inserted**



**POSITION DESCRIPTION****Intensive Ryan White Medical Case Manager****FLSA Status: Contract****Reports to: Director of Client Services****Position Summary**

This position provides high quality, client-centered intensive supportive services to clients in Ryan White (RW) program. Providing RW case management services, including assessing client's needs, conducting psychosocial evaluations, developing individual treatment plans, and maintaining documentation of services and staff activities. Providing education and support to clients and family members. Making appropriate referrals and consultations both within and outside the agency. Monitoring all aspects of clients care. Preparing and maintaining client records.

**Position Responsibilities**

Provides a range of client-centered services that links clients with health care, psychosocial and other services to insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and inpatient case management that prevents unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.

Key Intensive Case Manager activities include:

- Provide intensive case management services with clients including assistance with receiving appropriate mental health/substance abuse treatment, applying for benefits, and establishing/maintaining housing, and entering education or job placement.
- Maintain a tentative case load of 30 individuals.
- Gain basic information through the use of professional interviewing techniques.
- Initial comprehensive assessment of the client's needs and personal support systems
- Development of a comprehensive, individualized service plan
- Coordination of the services required to implement the plan
- Client monitoring to assess the efficacy of the plan
- Coordinate patient prescription distribution with local pharmaceutical companies that are in compliance with the Ryan White Program or complete ADAP eligibility with clients that meet program requirements designed by Orange County Health Department.
- Periodic re-evaluation and revision of the plan as necessary over the life of the client: This may include client-specific advocacy and/or review of utilization of services

- Develop and maintain working relationships with other agencies including the Corrections/Jail staff and officials, Boards of Mental Health, County Attorney and Public Defenders offices, City Prosecutor's offices, Department of Social Services, Security, law enforcement, and other agencies.
- Make professional decisions, recommendations, and maintain confidentiality.
- Recognize that individuals with co-occurring disorders are expected, not the exception, and are welcome into treatment

Maintains all required and appropriate documentation for client records and progress notes for assigned cases in accordance with Miracle of Love, Inc. policy and procedures and Orange County Board of County Commissioners requirements.

Meets services productivity (direct client services) standard of **540 units per month** for the provision of Case Management services in accordance with applicable quality criteria, which are supported by appropriate record documentation, which meet specifications, documentation, requirements with Miracle of Love's standards.

**Essential Skills and experience:**

- Florida Department of Health 500 and 501 HIV/AIDS certification
- BS degree
- Clean criminal history
- Ability to complete assessments and develop plans for individual cases.
- Ability to follow through on all phases of the assigned areas of treatment plans/ plan of care for clients.
- Ability to be an active listener to others and to establish and maintain effective working relationships demonstrating understanding, patience and tact in dealing with clients, personnel and the general public. Demonstrate leadership qualities and the ability to plan, organize and coordinate work assignments.
- Ability to communicate effectively verbally and in writing.
- Ability to establish and maintain therapeutic relationships, empathizes, and communicates with clients and family members.
- Ability to maintain complete and up-to-date record documentation

**Other Job-Specific**

- Completes preliminary assessment process for persons seeking services from Miracle of Love, Inc. to collect information concerning presenting problem, demographic information, and medical history. Documents assessment in accordance with client.
- Initiates admission certification review for all prospective new clients and initiates continued review for all active clients as indicated in accordance with client requirements and agency procedures.
- Completes and documents medical forms, psychosocial assessments, and

diagnostic summaries in accordance with agencies specifications. Completes and /or makes referrals for assessments and evaluation processes in accordance with client needs and/ or treatment team objectives.

- Develops and updates individualized treatment plan/ plan of care for assigned cases in accordance with client record and agency procedures.
- Make appropriate referrals and initiates consultations with Miracle of Love's component and other agencies and organizations in accordance with client's needs. Documents activities in accordance with clients.
- Staff appropriate clients with the program supervisor on an initial and periodic basis on accordance with clients.
- Responds to public information requests including giving information by phone as well as one-on-one contact. Visits agencies, organizations and individuals requesting information as directed by the supervisor.
- Completes on-call assignments and provides back up coverage as requested by supervisor in accordance with agency procedures and schedules.
- Monitors client's participation in planned services. Initiates revisions to treatment plan/plan of care the closing/transferring of cases in accordance with Miracle of Love's policy and procedures.
- Completes Miracle of Love's discharge/transfer summaries for assigned cases in accordance with client. Audits clinical records upon closing/ transfer to ensure full compliance with Miracle of Love's standards. Initiates corrective action as needed.
- Maintains documentation of all staff activity in accordance with Miracle of Love's policy and procedures and client specifications.
- Attends and participates in staff meetings as required.

### **General:**

- Performance Improvement: Initiates efforts to improve job, program, or Agency performance and quality of services. As appropriate, participates in Miracle of Love, Inc. performance improvement initiatives or activities (e.g., work teams, committees, etc.).
- Initiative/ Acceptance of responsibility: Demonstrates self motivation and self-reliance. Performs additional responsibilities as needed/required.
- Attitude/Customer Relations: Maintains friendly, productive work atmosphere with co-workers Demonstrates positive customer relation skills and shows respect and courtesy for clients, other employees, and the public.
- Attendance: Observes assigned work hours, use and scheduling of leave, and punctuality.
- Training and Education: Maintains compliance with required training in accordance with established time frames. Seeks opportunities to increase knowledge and competencies, which benefit the position, program or Agency.

**License:** Must possess a valid Florida driver's license or have access to reliable transportation.

### **Physical demands and work environment**

- *Physical demands:* While performing the duties of this job, the employee is occasionally

required to walk, sit; use hands to fingers, handle or feel objects tools, or controls; reach with hands and arms; balance; stoop; talk or hear. The employee must occasionally lift and/or move up to 15 pounds. Specific vision abilities required by the job included close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus. Physical or mental ability to carry out the activities of position responsibilities.

- *Work environment:* While performing the duties of the job, the employee is exposed to bodily fluids, weather conditions prevalent at the time of duty. The noise level is usually minimal to moderate.

**I have read and understand this explanation and job description.**

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SUPERVISORY SIGNATURE**

\_\_\_\_\_  
**DATE**