

I. GENERAL REQUIREMENTS – All Service Categories

[IMPORTANT NOTE: Except for residential substance abuse treatment services, all Ryan White Program Part A and Minority AIDS Initiative-funded services are restricted to outpatient services only.]

A. Service Delivery Standards: All providers will adhere to the *Ryan White Program System-wide Standards of Care* and other applicable standards and guidelines that are relevant to individual service categories (i.e., *Ryan White Program Case Management Standards of Service*, Public Health Service Clinical Guidelines for the Treatment of AIDS-Related Disease, HAB HIV Core Clinical Performance Measures for Adults/Adolescent Clients, etc.), as may be amended. Please refer to Section III of this book for details.

B. Client Eligibility Criteria: Providers must document that clients who receive Ryan White Program-funded services have a Ryan White Program Certified Referral or have documentation on file that the client:

- Is HIV positive or has AIDS
- Has a documented gross household income that does not exceed 400% of the 2011 Federal Poverty Level (FPL) for core services (see below for definition);
 - Income level caps for support services vary and can be found in the individual service definitions located in this book.
 - Although the Ryan White Program has no cash asset qualifications, providers are required to check for Property Information on the property tax page of the Miami-Dade County Tax Collector website (www.miamidade.gov/proptax/) to ensure that all Ryan White Program-eligible clients are screened at initial intake and at each 6-month re-assessment to ensure that they do not have additional income from rental property. Clients who have more than one property listed in their name must have their gross household income adjusted accordingly. Documentation to support the completion of this search (showing additional properties or no properties) must be filed in the client's chart.
- Is a current, permanent resident of Miami-Dade County;
- Is documented as having been properly screened for Medicaid, Medically Needy, Medicaid Project AIDS Care (PAC) Waiver, Medicare, other public sector funding, and private insurance, as appropriate. While clients qualify for and can access Medicaid, Medicaid PAC Waiver, Medicare, other public funding, or private insurance for services, they will not be eligible for Ryan White Program-funded services, except for those services, tests, and/or procedures, etc., related to the client's HIV disease that are not covered by other funding sources.

- The Ryan White Program is the payer of last resort; with the exception of client's who have Veteran's Administration benefits, are otherwise eligible for Ryan White Program services, and choose to access the Ryan White Program first.

PLEASE NOTE: Some service categories (i.e., home-delivered meals, legal assistance, transportation services, etc.) may have more restrictive client eligibility criteria. Carefully review each service category description for additional information.

Additionally, Ryan White Program clients must be re-assessed for income and Miami-Dade County residency eligibility every six (6) months as mandated in the *Ryan White Program Case Management Standards of Service*, unless otherwise specified.

CLIENT ELIGIBILITY DOCUMENTATION, INCLUDING SPECIFIC DOCUMENTATION REQUIRED FOR THE SERVICE CATEGORY (E.G., PHYSICIAN'S CERTIFICATION OF HOMEBOUND STATUS, LETTER OF MEDICAL NECESSITY, ETC.), MUST BE MAINTAINED IN EACH ORGANIZATION'S CLIENT CHARTS AND IS SUBJECT TO AUDIT BY THE OFFICE OF GRANTS COORDINATION (OGC). FAILURE TO MAINTAIN CLIENT ELIGIBILITY DOCUMENTATION MAY RESULT IN FORFEITURE OF REIMBURSEMENT FOR SERVICES RENDERED.

- C. Core Services:** These services, as defined in the Ryan White HIV/AIDS Treatment Extension Act of 2009, include outpatient medical care; prescription drugs; oral health care; health insurance premium and cost-sharing assistance for low-income individuals; medical nutrition therapy; mental health services, substance abuse outpatient care; and medical case management, including treatment adherence services. Ryan White Program clients may access any of these services without restriction as long as Ryan White Program eligibility has been determined either via a Ryan White Program Certified Referral or an Out-of-Network (OON) referral, also known as the "General Certified Referral for Ryan White Program Services," that is generated by a non-Ryan White Program case manager. An OON referral must be accompanied by appropriate Ryan White Program supporting documentation of client eligibility for services and this documentation must be kept in the client chart at the Ryan White Program referral site.

D. Support Services: These services, as defined in the Ryan White HIV/AIDS Treatment Extension Act of 2009, include outreach; medical transportation; legal services; food and meal programs; psychosocial support; and residential substance abuse treatment/counseling. Except in certain outreach scenarios (see revised Outreach Services definition), clients may only receive these support services if they have a Ryan White Program Certified Referral or an OON referral. The Health Resources Services Administration (our federal funder) expects that clients receiving a support service are documented as being engaged in on-going medical care and treatment. Referrals must specify an end date that is detailed in each of the corresponding, specific service category definitions (e.g., food and meal programs – referral expires after 3 months; residential substance abuse treatment/counseling – after 4 months; and legal services – after 1 year). OON referrals are good for up to six months, regardless of the service; then a re-certification is required.

E. Performance Improvement and Outcome Measures: All providers will develop internal performance improvement programs and collaborate with the Miami-Dade County Ryan White Program Quality Management Program contracted to Behavioral Science Research Corporation (BSR). Providers will be evaluated against the outcome measures contained in Miami-Dade County Professional Service Agreements (contracts), the Health Resources and Services Administration's HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Groups 1, 2, and 3; HAB Performance Measures for Medical Case Management, Oral Health Care, Systems-Level, and Pediatrics; Ryan White Program Minimum Primary Medical Care Standards for Chart Review; Ryan White Program Oral Health Care Standards; and/or the Performance Improvement Plan (PIP) and its addenda; where applicable. They will be responsible for collecting and reporting on specific data to measure performance and outcomes, as detailed in the documents listed above.

Outpatient medical care, prescription drug, medical case management, oral health care, substance abuse counseling, outreach, and mental health therapy/counseling providers must participate in external quality assurance reviews, utilizing individual standardized tools as developed by the Ryan White Program, the Performance Improvement Advisory Team (PIAT), and the Miami-Dade HIV/AIDS Partnership (Partnership). As individual standardized tools are developed by the Ryan White Program, the PIAT, and the Partnership for Ryan White Program-funded support services, providers will be required to utilize such tools and participate in related external quality assurance reviews.

F. Reporting: Providers must report monthly activity according to the recorded number of client visits, dates of services, type of procedures (if applicable), units of service provided, and unduplicated number of clients served. See individual service category definitions for additional reporting requirements, where applicable.

II. MINORITY AIDS INITIATIVE (MAI) REQUIREMENTS (as may be amended) – The following requirements will apply to the following services if funded with MAI resources: outpatient medical care, prescription drugs, medical case management, residential substance abuse treatment/counseling, and outreach services.

Funding available under the MAI for outpatient medical care (primary and specialty care), prescription drugs, medical case management, residential substance abuse treatment/counseling, and outreach services are identical to general Part A-funded services, except that MAI-funded services provide culturally sensitive services that target minority communities exclusively.

MAI funds are designated to reduce the HIV-related health disparities and improve the health outcomes for HIV+ minority populations such as Black/African Americans (including but not limited to Haitians), Hispanics, Native Americans, etc. The overarching goal of the MAI is to improve health outcomes by preventing transmission or slowing disease progression for disproportionately impacted communities by:

- Getting persons living with HIV disease into care at an earlier stage in their illness,
- Assuring access to treatments that are consistent with established standards of care, and
- Helping individuals and families to remain in care.

Providers qualify as “Minority Community Based Organizations” by being a non-governmental agency serving a clientele that is composed of 85% or more of racial/ethnic minority populations.

In addition, per Federal requirements, organizations funded to provide MAI services must meet the following criteria:

- 1) Are located in or near to the targeted community they are intending to serve;
- 2) Have a documented history of providing services to the targeted community(ies);
- 3) Have documented linkages to the targeted populations, so that they can help close the gap in access to service for highly impacted minority communities; and
- 4) Provide services in a manner that is culturally and linguistically appropriate.

- 5) Understand the importance of cross-cultural and language appropriate communications and general health literacy issues (including cultural competency, limited English proficiency, and health literacy) in an integrated approach to develop the skills and abilities needed by HRSA-funded providers and staff to effectively deliver the best quality health care to the diverse populations they serve.

Providers must clearly specify the target population(s) to be served [i.e., Black/African American (including but not limited to Haitians), Hispanic, Native Americans, etc.]. If more than one racial/ethnic group is targeted, the percentage that each group will represent of the total number of clients to be served must be identified.

III. REFERRAL REQUIREMENTS – All Ryan White Program-funded providers may accept Ryan White Program Certified Referrals for service if the referral is current, signed and dated (by hand or electronically) and includes the title of the referring medical case manager, and indicates the referral’s end date, which may be different depending on the service category. The Ryan White Program Certified Referral verifies that all client eligibility documentation (HIV status, financial income level verification, and current permanent Miami-Dade County residency) and all required consents (Notice of Privacy Practices, SDIS Consent to Release and Exchange Information, and the Composite Consent) have been gathered by the referring Ryan White Program-funded medical case manager and can be found in the client chart at the referring agency’s location. Ryan White Program Certified Referral forms must also be kept on file in the client’s chart at each site where a referral has been received. Failure of the referring agency to maintain appropriate eligibility documentation in the client chart, or of the receiving agency to maintain the actual Ryan White Program Certified Referral in the client chart, is subject to corrective action and fiscal repayment to the County.

A General or Out-of-Network (OON) referral may be generated by a non-Part A or non-MAI-funded case manager [Medicaid Project AIDS Care (PAC) Waiver, etc.]. However, all supporting eligibility documentation and consent forms required by Miami-Dade County must accompany the referral and be kept in the client chart at the referral site. For these referrals, a brief intake must be entered into the Service Delivery Information System (SDIS) in order that the Part A or MAI-funded organization may generate reimbursement requests (billing) for services rendered. For the agency receiving an OON referral, failure to maintain the actual OON referral and its allowable supporting documentation and consent forms on file in the client’s chart is also subject to corrective action and fiscal repayment to the County. Under no circumstances can an agency receiving an OON referral require that the client be assigned a Part A or MAI-funded medical case manager.