Ryan White Title I
Service Delivery Policies
Fiscal Year 2006-07
(Year 16)

Section II –
Cost and Eligibility Summary

Miami-Dade County
Office of Strategic Business Management

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RYAN WHITE TITLE I

FY 2006-07 (YEAR 16)
COST AND ELIGIBILITY SUMMARY

Miami-Dade County
Office of Strategic Business Management

Effective March 1, 2006

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RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2006-07 (YEAR 16)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Outpatient Medical Care [including Minority AIDS Initiative ("MAI") program]	Client Visit and Unduplicated # of Clients Served	Multiplier applied to reimbursable procedure rate listed in the Year 2006 Medicare Part B Physician and Non-Physician Practitioner Fee Schedule (Participating, Locality 04), dated November 18, 2005, for Evaluation and Management (E&M) codes for outpatient medical care and psychiatric visits only. All other non-E&M procedures will be reimbursed at the 2006 Medicare rate. No multiplier will be applied to non-E&M procedures.	Maximum Multiplier Rate of 1.50 Applied to Medicare Reimbursable Rates for Evaluation and Management codes for outpatient medical care and psychiatric visits only. All other non-E&M procedures will be reimbursed at the 2006 Medicare rate. No multiplier will be applied to non-E&M procedures.	300%	I, II, III Referral from a primary care physician is required for outpatient specialty care, except for psychiatric services which may be requested by a mental health care professional	Y

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Outpatient Medical Care [including Minority AIDS Initiative ("MAI") program] (cont'd)		Laboratory procedures will be reimbursed at rates included in the Calendar Year 2006 Medicare Clinical Laboratory Fee Schedule, dated November 16, 2005. Injectables will be reimbursed at rates included in the January 2006 Payment Allowance Limits for Medicare Part B Drugs fee schedule. No multiplier may be applied to laboratory or injectable fees.	Flat rate only. No multiplier may be applied.			

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Outpatient Medical Care [including Minority AIDS Initiative ("MAI") program] – (cont'd) Consumable Medical Supplies	Number of Patients Served, Consumable Medical Supply Distributions per Patient (for Administering Prescribed Medications Only), and Dollar Amount Spent per Patient	Allowable flat rate listed in the Florida Medicare Durable Medical Equipment [and] Supplies 2006 fee schedule, revised November 16, 2005. If no Medicare Rate is available, providers will be reimbursed at the Medicaid DME for All Medicaid Recipients fee schedule rates, most current as of March 1, 2006. If no Medicare or Medicaid rate is available, providers must submit a request for a Supplementary Reimbursement Rate.	Flat rate only. No multiplier may be applied.			

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Prescription Drugs [including Minority AIDS Initiative ("MAI") program for all components]	Individual Drugs Dispensed, # of Prescriptions Filled, $ Spent per Drug, and Unduplicated # of Clients Served	PHS of Injectable/ Non-Injectable Medication Plus Flat Rate Dispensing Fee AND AWP of Injectable/ Non-Injectable Medication Minus Discount Rate	PHS Price Plus Flat Rate Dispensing Fee AND AWP Minus Applied Discount Rate of No Less Than 7%	300%	I, II, III and Physician's Referral or Prescription, with Letter of Medical Necessity or Prior Authorization Form, if Applicable	Y
Prescription Drugs: Consumable Medical Supplies (for Administering Prescribed Medications only)	Number of Patients Served, Consumable Medical Supply Distributions per Patient (for Administering Prescribed Medications Only), and Dollar Amount Spent per Patient	Multiplier applied to allowable supply and equipment rate listed in the Florida Medicare Durable Medical Equipment [and] Supplies 2006 fee schedule, revised November 16, 2005. If no Medicare Rate is available, providers will be reimbursed at the Medicaid DME for All Medicaid Recipients fee schedule rates, most current as of March 1, 2006	Flat rate only. No multiplier may be applied.	300%	I, II, III and Physician's Referral or Prescription, with Letter of Medical Necessity, if Applicable	Y

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Prescription Drugs: Consumable Medical Supplies (for Administering Prescribed Medications only) (cont'd)		If no Medicare or Medicaid rate is available, providers must submit a request for a Supplementary Reimbursement Rate.	Flat rate only. No multiplier may be applied.			
Case Management (including "MAI" program)	Type of 15 Minute Encounter (Face-to-Face or Other) and Unduplicated # of Clients Served	Cost of 15 Minute Encounter	$12.50 / Encounter	300%	I, II, III	Y
Case Management: Peer Education and Support Network (PESN) (including "MAI" program)	Type of 15 Minute Encounter (Face-to-Face or Other) and Unduplicated # of Clients Served	Cost of 15 Minute Encounter	$6.25 / Encounter	300%	I, II, III	Y

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Dental Care	Client Visit and Unduplicated # of Clients Served	Multiplier applied to procedure rate listed in the State of Florida Medicaid Dental Services Fee Schedule , most current as of March 1, 2006; reimbursement rates based on the American Dental Association's CDT-2005 Current Dental Terminology, © 2004, codes for dental procedures	Maximum Multiplier Rate of 3.0 Maximum Annual Limit (Fiscal Year) for Dental Care Services: $3,000 per client, no exceptions	Basic Services: 300% Specialized Services: 300%	I, II, III I, II, III	Y
Substance Abuse Counseling – Residential	# of Days per Client and Unduplicated # of Clients Served	Cost of One Day of Residential Counseling Treatment Per Client	$125.00 per Day [includes the cost of family member(s) participating in the substance abuse counseling session provided during day of treatment]	300%	I, II, III	Y
Substance Abuse Counseling – Outpatient: Level I Individual and Group	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $29.00 per unit Group: $32.00 per unit	300%	I, II, III	Y

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Substance Abuse Counseling – Outpatient: Level II Individual and Group	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $26.00 per unit Group: $29.00 per unit	300%	I, II, III	Y
Mental Health Therapy/ Counseling: Level I Individual and Group (PhD, EdD, PsyD, MS, MA, MSW; licensed)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $32.50 per unit (MAX: 32 encounters per fiscal year and 5 units or 2 ½ hours per session) Group: $35.00 per unit	300%	I, II, III	Y
Mental Health Therapy/ Counseling: Level II Individual and Group (MS, MA, MSW, MEd; and licensed as a LCSW, LMHC, or LMFT)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $32.50 per unit (MAX: 32 encounters per fiscal year and 5 units or 2 ½ hours per session) Group: $35.00 per unit	300%	I, II, III	Y

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Mental Health Therapy/ Counseling: Level III Individual and Group (Postgraduate degree in a related field)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $25.00 per unit (MAX: 32 encounters per fiscal year and 5 units or 2 ½ hours per session) Group: $27.00 per unit	300%	I, II, III	Y
Mental Health Therapy/ Counseling: Pastoral Care Individual and Group (Master's or Doctoral Degree in a Related Field)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $25.00 per unit Group: $27.00 per unit	300%	I, II, III	Y
Mental Health Therapy/ Counseling: Level IV Individual and Group (Trained and Supervised Peers)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $15.00 per unit Group: $20.00 per unit	300%	I, II, III	Y

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AIDS Insurance Continuation Program	Dollars per Insurance Premium, Unduplicated # of Clients Served, and Dollars Expended per Client	Dollars Expended per Insurance Premium Per Client Plus a Dispensing Rate of $15 per month	Reimbursement will be based on documentation of dollars expended per insurance premium plus a dispensing rate. Maximum amount of assistance a client may receive on a monthly basis in $650.	300% Liquid Assets (cash) $4,500; or $5,500 if married or a recognized couple Health Insurance under a group, individual, or COBRA policy	I, II, III	Client must have insurance under a group, individual or COBRA policy. Client must be willing to sign all required forms and to provide eligibility information. A complete financial assessment and disclosure are required.
Insurance Deductibles	Dollars per Deductible, Unduplicated # of Clients Served, and Dollars Expended per Client	Dollars Expended per Client per Deductible Plus a Dispensing Rate	Reimbursement will be based on documentation of dollars expended per deductible plus a dispensing rate. Maximum amount of assistance a client may receive on an annual basis is $2,500.	300%	I, II, III	Y A complete financial assessment and disclosure are required.

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Prescription Drugs Co-payments & Co-insurance	Dollars per Co-payment, Unduplicated # of Clients Served, and Dollars per Client	Dollars Expended per Co-payment Plus a Dispensing Rate	Reimbursement will be based on documentation of dollars expended per co-payment plus a dispensing rate. Assistance is restricted to those medications listed on the current approved Ryan White Title I Prescription Drugs Formulary	300%	I, II, III Physician's Prescription	Y A complete financial assessment and disclosure are required.

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Outreach Services (including "MAI" program)	Type of 15 Minute Outreach Encounter [Face-to-Face or Other (i.e., Telephone Contact, Referral Activity, etc.)] and Unduplicated # of Clients Served	Line Item Budget	Reimbursement will be based on a line item budget (actual expenses incurred per month by the outreach service provider). Outreach services will be paid based on full-time employees (FTEs) at a salary to be negotiated between the provider and the County, as well as on the basis of other direct and administrative costs. Reimbursement will be based on the approved budget & productivity as recorded by hours spent doing outreach activities, people contacted, their risk factors, & the # of people actually connected to care (i.e., medical care, case management, substance abuse treatment, etc.). All indirect expenses (other than those associated with the delivery of outreach services) are capped at 10%.	N/A	I, II, III	Y

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Food Bank	Client Visit	Line Item Budget	Reimbursement will be Based on Documented Invoices from Vendors Food Bank Services may be accessed on an emergency basis ONLY. The provision of this service will be limited to twelve (12) occurrences in a Ryan White Title I fiscal year. One (1) occurrence is defined as one (1) calendar week. **General Provision:** Groceries, including personal hygiene products when available, can be picked up on a **weekly or monthly basis. Weekly** client limit = $30 per week at each pickup. **Monthly** client limit = $30 per week multiplied by the number of times the original day of pick-up occurs in the month.	150%	II, III Client eligibility for this service must be certified by the Case Manager Case Management Referral and has applied for Food Stamps.	Y

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Food Bank (continued)	Client Visit	Line Item Budget	**Additional Occurrences:** A severe change to the person's medical condition (i.e., new HIV related diagnosis/ symptom, wasting syndrome, protein imbalance, recent chemotherapy, etc.) may also warrant additional occurrences of food bank services. **Provision for Families:** Each additional adult who is HIV+ and lives in the same household is eligible to receive an additional $30 per week, subject to the same general provisions above. Each dependent (i.e., minors under 18 years of age and living in the same household as the client who is HIV+) is also eligible to receive $10 per week, subject to the same general provisions above.		**Additional occurrences** require a Ryan White Title I Nutritional Assessment Letter for Food Bank Services to be completed by an independent physician or registered dietician not associated with the Title I food bank provider. The client must be reassessed for the "warranting" medical condition every four (4) months. **For Families:** The client must provide documentation to prove the dependent's age and place of residence.	

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Home Delivered Meals	A Home Delivered Meal	Cost per Meal	$5.00 / Meal (Frozen or Hot) (rate must include cost of nutritional counseling)	300%	III Physician's Certification, and **Homebound and Impaired Status [**as defined by Florida Medicaid Waiver (PAC Waiver)] Case Management Re-certification required every 3 months.	Y

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Home Health Care	Hours of In-Home Services and Unduplicated # of Clients Served	Multiplier applied to: Respiratory Therapy Services: Florida Medicaid Therapy Services Coverage and Limitations Handbook Procedure codes, most current as of March 1, 2006 All other services: Most current State of Florida Medicaid Waiver (PAC Waiver) procedures codes No multiplier applied: Physical, Occupational, and Speech Therapy Services: procedure codes listed in the AHHIF's LUPA Visit Payment Cost Calculations for MSA 5000 (Miami-Dade County), dated January 1, 2006	Maximum Multiplier Rate of 2.0 applied to: Respiratory Therapy Services: Florida Medicaid Therapy Services Coverage and Limitations Handbook Procedure rates, most current as of March 1, 2006 All other services: State of Florida Medicaid Waiver (PAC Waiver) rates current as of March 1, 2006; if no Medicaid rate, then may submit a supplementary request No multiplier applied: Physical, Occupational, and Speech Therapy Services: procedure rates listed in the AHHIF's LUPA Visit Payment Cost Calculations for MSA 5000 (Miami-Dade County), dated January 1, 2006	300%	III Physician's Referral and Homebound Status** [**as defined by State of Florida Medicaid Waiver (PAC Waiver)] Must be re-certified by a physician every 6 months.	Y

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Home Health Care: Consumable Medical Supplies	Number of Patients Served, Consumable Medical Supply Distributions per Patient, and Dollar Amount Spent per Patient	Allowable flat rate listed in the Florida Medicare Durable Medical Equipment [and] Supplies 2006 fee schedule, revised November 16, 2005. If no Medicare Rate is available, providers will be reimbursed at the Medicaid DME for All Medicaid Recipients fee schedule rates, most current as of March 1, 2006 If no Medicare or Medicaid rate is available, providers must submit a request for a Supplementary Reimbursement Rate.	Flat rate only. No multiplier may be applied. Flat rate only. No multiplier may be applied. Flat rate only. No multiplier may be applied.	300%	I, II, III and Physician's Referral or Prescription	Y
Legal Assistance	Attorney Hour	Cost of One Attorney Hour	$85.00 per Hour	200%	I, II, III	Y
Day Care Services: Standard	One Hour	Number of Filled Day Care Slots per Hour	$3.75 per Hour / Child	300%	I (Children birth to and including age 5)	Y

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Day Care Services: Intensive	One Hour	Number of Filled Day Care Slots per Hour	$7.00 per Hour / Child	300%	II, III (Children birth to and including age 5)	Y
Utilities Assistance	Dollars Spent per Utility Payment, Unduplicated # of Clients Served, and Dollars per Client	Dollars per Client Plus a Dispensing Charge Not to Exceed 15%	Cost of Utility Payments Plus a Dispensing Charge Not to Exceed 15% Maximum Utility Payments: Title I maximum $100 per month; combined maximum Title I and HOPWA utility assistance of $1,200 per year per client.	150%	III Case Management Referral Case Manager re-certification required every 6 months.	Y May only be accessed after client has exhausted HOPWA's 21-week utility assistance benefits, or if client is denied HOPWA benefits. Clients must be screened for eligibility under the Life Line Program for telephone services.
Transportation Services (Vans)	One-Way Trip	Cost of One-Way Trip	$12.00 per One-Way Trip	150%	I, II, III	Y

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Transportation Vouchers (Passes and/or Tokens)	Dollars per Voucher, # of Vouchers, and Unduplicated # of Clients Served	Dollars per Voucher Plus a Dispensing Charge Not to Exceed 15%	Cost of Vouchers Plus Dispensing Charge Not to Exceed 15%	150%	III Case Management Referral Case Manager re-certification required every 6 months.	Y Clients must be screened for eligibility of Miami-Dade County Golden Pass Program, Special Transportation Services (STS), Miami-Dade Transit Transportation Disadvantaged Program, Medicaid, etc.

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