

**Ryan White Program
Service Delivery Guidelines
Fiscal Year 2016
(Year 26)**

**Section II –
Cost and Eligibility Summary**



*Miami-Dade County
Office of Management and Budget
Grants Coordination*

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RYAN WHITE PROGRAM

FY 2016 (YEAR 26)
COST AND ELIGIBILITY SUMMARY



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Effective March 1, 2016

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RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2016 (YR 26)

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SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM % OF 2016 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Food Bank	Food Bank Occurrence	<p>Dollars per Food Bank Occurrence (weekly bag of groceries, including personal hygiene products), Plus a Dispensing Rate</p> <p>Providers will also submit a quarterly reconciliation of actual expenditures for food costs, staffing, and other line items listed on the approved budget.</p>	<p>Food Bank Services may be accessed on an emergency basis ONLY.</p> <p>The provision of this service will be limited to sixteen (16) occurrences in a Ryan White Part A Program fiscal year. One (1) occurrence is defined as all food bank services provided within one (1) calendar week.</p> <p>Standard Provision: Groceries, including personal hygiene products when available, can be picked up on a weekly or monthly basis.</p> <p>Weekly client limit = \$50.00 per week at each pickup.</p> <p>Monthly client limit = \$50.00 per week multiplied by the number of times the original day of pick-up occurs in the month.</p>	250%	<p>I, II, III</p> <p>Client eligibility for this service must be certified by the Medical Case Manager</p> <p>Medical Case Management Referral and has applied for Food Stamps, as appropriate.</p> <p>Clients who receive Food Stamp or SNAP benefits of \$100.00 or less per month may also receive Part A food bank assistance</p>	<p>Yes</p> <p>A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.</p>

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Food Bank (continued)	Additional Food Bank Occurrence	Dollars per Food Bank Occurrence (weekly bag of groceries, including personal hygiene products), Plus a Dispensing Rate	<p>Additional Occurrences: A severe change to the client's medical condition (i.e., new HIV- related diagnosis/ symptom, wasting syndrome, protein imbalance, recent chemotherapy or hospitalization, etc.) may also warrant additional occurrences of food bank services.</p> <p>Provision for Families: Each additional adult who is HIV+ and lives in the same household is eligible to receive an additional \$50 per week in groceries, 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 \$20 per week, subject to the same general provisions above.</p>	250%	<p>For additional occurrences, the client must be reassessed for the "warranting" medical condition every four (4) months.</p> <p>Additional occurrences require a Ryan White Program Nutritional Assessment Letter for Food Bank Services to be completed by a licensed medical provider or registered dietician.</p> <p>For Families: The client must provide proof of dependent's age and place of residence.</p>	<p>Yes</p> <p>A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this service.</p>

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Health Insurance Services [AIDS Insurance Continuation Program/ADAP Premium Plus Insurance Program/ (AICP/APPI)] NOTE: Additional health insurance services components follow this section.	NOTE: AICP assistance has been discontinued by the Florida Department of Health. Clients affected by this change were transitioned to an ACA	N/A	N/A	N/A	N/A	N/A

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Health Insurance Services (Health Insurance Deductibles, including ACA deductibles where applicable)	Number of Health Insurance Deductible payments made on behalf of Ryan White Program Clients, Dollars per Deductible, Unduplicated Number of Clients Served, and Dollars Expended per Client	Dollars Expended per Client per Health Insurance Deductible, plus a Dispensing Rate	Reimbursement will be based on documentation of dollars expended per health insurance deductible. Maximum amount of health insurance deductible assistance a client may receive on an annual basis is \$2,500.	400%	I, II, III	Yes Client must be willing to sign all required forms and to provide eligibility information. A complete financial assessment and disclosure are required.
Health Insurance Services (Prescription Drug Co-payments or Co-insurance)	Dollars per Prescription Drug Co-payment/Co-insurance, Unduplicated Number of Clients Served, and Dollars Expended per Client	Dollars Expended per Prescription Drug Co-payment/Co-insurance, plus a dispensing rate	Reimbursement is based on documentation of dollars expended per prescription drug co-payment/co-insurance. Part A Program assistance is restricted to those medications listed on the most current, local Ryan White Program Prescription Drug Formulary	400%	I, II, III Prescription from a Physician or other Licensed Medical Practitioner for a Ryan White Part A Program-covered medication	

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Health Insurance Services [Monthly Premium Payments for Enrollment in Federal Health Insurance Exchange Programs (i.e., Affordable Care Act (ACA) Premiums)]	Number of ACA premium payments made on behalf of a Ryan White Program Client, Dollars Expended per ACA health insurance premium, Unduplicated Number of Clients Served, and Dollars Expended per Client	Dollars Expended per ACA Premium per Client, plus a Dispensing Rate.	Reimbursement will be based on documentation of the cost of each ACA health insurance premium. Maximum amount of assistance a client may receive on a monthly basis is \$750.00.	400%	I, II, III	Yes Client must have active health insurance under a cost effective, approved ACA Marketplace plan that has, at a minimum, all medications on the most current Florida ADAP Formulary. Client must be willing to sign all required forms and to provide eligibility information. A complete financial assessment and disclosure are required.

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Health Insurance Services (ACA Deductibles)	Number of ACA Deductible payments made on behalf of a Ryan White Program Client, Dollars Expended per ACA Deductible, Unduplicated Number of Clients Served, and Dollars Expended per Client	Dollars Expended per ACA Deductible per Client, plus a dispensing rate.	Reimbursement will be based on documentation of the cost of each ACA Deductible. Maximum amount of ACA Deductible assistance a client may receive annually is \$2,500.00.	400%	I, II, III	Yes Client must have active health insurance under a cost effective, approved ACA Marketplace plan that has, at a minimum, all medications on the most current Florida ADAP Formulary. Client must be willing to sign all required forms and to provide eligibility information. A complete financial assessment and disclosure are required.

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Health Insurance Services (ACA Co-payments) Includes, where applicable: <ul style="list-style-type: none"> • Prescription Drug co-payments • Doctor / medical practitioner office visit co-payments • Laboratory & Diagnostic co-payments 	Number of allowable ACA Co-payments made on behalf of a Ryan White Program Client, Dollars Expended per ACA Co-payment, Unduplicated Number of Clients Served, and Dollars Expended per Client	Dollars Expended per ACA Co-payment per Client, plus a Dispensing Rate.	Reimbursement will be based on documentation of the cost of each ACA Co-payment. Ryan White Part A Program assistance for doctor/medical practitioner office visit co-payments, as well as laboratory and diagnostic co-payments, is limited to clients who were on the ADAP ACA Transition List (ADAP/Part A ACA Wraparound) or the Part A ACA Assistance Pilot Program; and clients who have an active ACA health insurance policy. ACA prescription drug co-payments also have limitations depending on whether or not the client is on the ADAP ACA Transition List (receiving ADAP/Part A ACA Wraparound assistance for non-ADAP Formulary medications).	400% ADAP ACA Transition List Clients are limited to greater than 100% but less than 250% of the Federal Poverty Level (i.e., 101%-249%)	I, II, III	Yes Client must have active health insurance under a cost effective, approved ACA Marketplace plan that has, at a minimum, all medications on the most current Florida ADAP Formulary. Client must be willing to sign all required forms and to provide eligibility information. A complete financial assessment and disclosure are required.

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Health Insurance Services (ACA Co-payments) (continued)			Doctor/medical practitioner office visit co-payments are also limited to allowable medical conditions (i.e., HIV related, comorbidity related, or related to complications of HIV treatment)			
Legal Assistance	Number of hours of legal consultation and/or advocacy provided by an attorney or paralegal	Cost of one hour of legal consultation and/or advocacy provided by an attorney or paralegal	\$90.00 per Hour	200%	I, II, III	Yes A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.

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Medical Case Management (MCM; including MAI)	Type of One-Minute Activity by a Medical Case Manager or Management Supervisor with or on behalf of Client (Face-to-Face or Other) and Unduplicated Number of Clients Served	One unit equals one minute of actual activity time	\$1.00 / Minute	400%	I, II, III	Yes
Medical Case Management (MCM); Peer Education and Support Network (PESN) (including MAI)	Type of One-Minute Activity by a Peer Educator or MCM Assistant with or on behalf of Client (Face-to-Face or Other) and Unduplicated Number of Clients Served	One unit equals one minute of actual activity time	\$0.50 / Minute	400%	I, II, III	Yes

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Mental Health Therapy/ Counseling (Level I - Individual and Group) (PhD, EdD, or PsyD; and licensed by the State of Florida as a Licensed Clinical Psychologist, LCSW, LMHC, or LMFT)	½ Hour Counseling Session and Unduplicated Number of Clients Served	Individual: ½ Hour Counseling Session per Client Group: ½ Hour Counseling Session per Counselor	Individual: \$32.50 per unit (MAX: 32 encounters per fiscal year and 5 units or 2 ½ hours per session; 1 encounter = 1 day of service) Group: \$35.00 per unit (minimum of 3 Ryan White Program clients to a maximum of 15 total clients)	400%	I, II, III	Yes

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Mental Health Therapy/ Counseling (Level II - Individual and Group) <i>[MS, MA, MSW, or MEd; and licensed by the State of Florida as a LCSW, LMHC, or LMFT; or Florida registered interns as defined by Florida Statute 491.0045, or interns or fellows satisfying Rule 64B19-11.005 of the Florida Administrative Code, if appropriately supervised; see Section 1 of this Service Delivery Guidelines book for details]</i>	½ Hour Counseling Session and Unduplicated Number of Clients Served	Individual: ½ Hour Counseling Session per Client Group: ½ Hour Counseling Session per Counselor	Individual: \$32.50 per unit <i>(MAX: 32 encounters per fiscal year and 5 units or 2 ½ hours per session; 1 encounter = 1 day of service)</i> Group: \$35.00 per unit <i>(minimum of 3 Ryan White Program clients to a maximum of 15 total clients)</i>	400%	I, II, III	Yes

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Oral Health Care (NOTE: This service is limited to procedures found on the most current, local Ryan White Program Oral Health Care Formulary.) <i>(dental staff with appropriate credentials and/or licensing)</i>	Type of Oral Health Care Procedure Provided during Client Dental Office Visit, and Unduplicated Number of Clients Served	NOTE: The reimbursement structure for this service category is currently under review. Until this review is complete, reimbursement rates will remain the same as indicated in the FY 2015 Ryan White Program Oral Health Care Formulary. Accordingly, a multiplier will be applied to procedure reimbursement rate as listed in the State of Florida Medicaid Dental Services Fee Schedule, dated for January 1, 2016, wherever indicated for adult services at this time. Reimbursement rates are based on the American Dental Association's 2016 Current Dental Terminology (CDT 2016) codes for dental procedures.	Maximum Multiplier Rate of 3.0 Maximum Annual Limit (per Ryan White Part A Program Fiscal Year) for Oral Health Care Services = \$5,000 per client Very limited exceptions to the annual cap may be approved by the Miami-Dade County Office of Management & Budget-Grants Coordination/Ryan White Program, with consultation from the Miami-Dade HIV/AIDS Partnership's ad hoc Oral Health Care Workgroup as needed, on a case-by-case basis for the provision of preventative oral health care services only.	400%	I, II, III	Yes

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Outpatient Medical Care (including MAI) (PHYSICIANS / MEDICAL PRACTITIONERS)	Client Outpatient Medical Visit, Type of Medical Procedures Provided during Visit, and Unduplicated Number of Clients Served	Multiplier applied to reimbursable procedure rate listed in the Year 2016 Florida Medicare Part B Physician Fee Schedule (Participating, Locality/Area 04), modified January 8, 2016, for Evaluation and Management (E&M) codes for outpatient medical care and psychiatric visits only. Inpatient and emergency room services are not covered.	Maximum multiplier rate of 1.50 will be applied to Medicare reimbursable rates for Evaluation and Management codes for outpatient medical care and psychiatric visits only. NOTE: Consumable Medical Supplies (CMS) are limited to those supplies that are required in order to administer prescribed medications. However, CMS are only available through the local Part A Program's prescription drug service category. No multiplier will be applied to non-E&M procedures.	400%	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	Yes

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Outpatient Medical Care (including MAI) (cont'd)	(see previous page)	Medical Procedures performed at Ambulatory Surgical Centers (ASCs) will be reimbursed at rates found in the 2016 Florida Medicare ASC Fee Schedule, by HCPCS Codes and Payment Rates, for Core Based Statistical Area (CBSA) Miami (33124), modified January 20, 2016.	No multiplier will be applied to the Medicare ASC Reimbursement Rates. Billing is restricted to organizations with on-site or affiliated ASCs only.	400%	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	Yes
(ASC)		Medical Procedures performed at Outpatient Hospital centers will be reimbursed at rates found in the approved Medicare Addendum B Outpatient Prospective Payment System (OPPS) by HCPCS Code for Calendar Year (CY) 2016 Fee Schedule (January 2016), dated December 14, 2015.	No multiplier will be applied to the Medicare OPPS Reimbursement Rates. Billing is restricted to organizations with on-site or affiliated outpatient hospital centers only.		Any referral to specialty medical care and outpatient hospital or ambulatory surgical centers on behalf of a Ryan White Program client must include documentation or a notation that the service requested is a Ryan White Program-allowable medical condition (i.e., is in relation to a client's HIV	
(OPPS)						

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Outpatient Medical Care (including MAI) (cont'd)	(see previous page)	(see previous page)	(see previous page)	(see previous page)	diagnosis, a related co-morbidity, a condition aggravated or exacerbated by HIV, or a complication of HIV treatment). Please refer to the OMB-GC/RW's clarification letter and electronic mail message regarding notations of HIV-related outpatient medical care referrals, dated December 20, 2013 March 3, 2014, and October 28, 2015, respectively, and including the list of Sample Conditions (see Section VIII of this FY 2016 Ryan White Program Service Delivery Guidelines book for a copy of this list).	(see previous page)

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Outpatient Medical Care (including MAI) (cont'd) (Labs) (Injectables)	(see previous page)	Laboratory procedures will be reimbursed at rates included in the 2016 Medicare Clinical Diagnostic Laboratory Fee Schedule, for Florida (FL), dated December 15, 2015. Injectables will be reimbursed at rates included in the 2016 Medicare Part B Drug Average Sales Price (ASP) Drug Pricing Files, Payment Allowance Limits for Medicare Part B Drugs, dated January 7, 2016.	No multiplier will be applied to laboratory fees. No multiplier will be applied to injectable fees.	400%	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	Yes

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Outreach Services (including MAI)	<p>Type of 15-Minute Outreach Encounter [Face-to-Face or Other (i.e., Telephone Contact, Referral Activity, etc.)] and Unduplicated Number of Clients Served</p> <p>See the full Service Definition for details regarding the minimum required new connections (50%), and the re-connections (50%), to outpatient medical care and/or medical case management</p>	<p>Line Item Budget</p> <p>Reimbursement will be based on a line item budget (for actual expenses incurred per month by the outreach service provider, as allowable per the provider's contract).</p>	<p>Outreach services will be paid based on full-time equivalent (FTE) employees providing direct services as outlined in the corresponding service definition, as well as on the basis of other allowable direct and indirect/administrative costs.</p> <p>Reimbursement of salaries will be based on the approved budget and productivity as recorded by hours spent doing allowable outreach activities, HIV+ people contacted, their risk factors, and the Number of HIV+ people connected to care. All administrative and/or indirect expenses (other than those associated with the delivery of outreach services) are capped at 10% of the total award for the service category.</p>	N/A	I, II, III	Yes

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Prescription Drugs (including MAI for all components)	Individual Drugs Dispensed, Number of Filled Prescriptions, Dollar Expended per Drug, and Unduplicated Number of Clients Served	Public Health Service (PHS) 340B drug price of Injectable/ Non-Injectable Medication Plus Flat Fee Dispensing Rate OR Average Wholesale Price (AWP) of Injectable/ Non-Injectable Medication Minus Discount Rate	PHS Price Plus Flat Fee Dispensing Rate OR AWP Minus Applied Discount Rate of No Less Than 10% (NOTE: This service is limited to medications found on the most current, local Ryan White Program Prescription Drug Formulary. Prescribers should use the most cost-effective product, either brand or generic, whichever is less expensive at the time of dispensing.)	400%	I, II, III Physician or other Licensed Medical Practitioner's Referral or Prescription, with Letter of Medical Necessity if applicable	Yes

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<p>Prescription Drugs:</p> <p>Consumable Medical Supplies [for Administering Prescribed Medications only (e.g., insulin injections in diabetics, etc.)]</p>	<p>Number of Clients Served, Consumable Medical Supply Distributions per Client (for Administering Prescribed Medications Only), and Dollar Amount Expended per Client</p>	<p>Allowable flat rate listed in the Medicare Durable Medical Equipment and Supplies Fee Schedule, for Florida (FL), revised for January 2016.</p> <p>If no Medicare Rate is available for approved DME and consumable medical supplies, providers will be reimbursed at the Medicaid DME for Recipients of All Ages fee schedule rates, dated July 2, 2014; most current. In such case, providers must submit a request to the County for a Supplemental Reimbursement Rate.</p>	<p>No multiplier will be applied to approved consumable medical supplies.</p> <p>(NOTE: This service is limited to consumable medical supplies found on Attachment B of the most current, local Ryan White Program Prescription Drug Formulary.)</p>	<p>400%</p>	<p>I, II, III</p> <p>Physician or other Licensed Medical Practitioner's Referral or Prescription, with Letter of Medical Necessity if Applicable</p>	<p>Yes</p>

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RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2016 (YR 26)

IMPORTANT: To be eligible for local Ryan White Program Part A and Minority AIDS Initiative (MAI)-funded services, the HIV+ client must be a permanent resident of Miami-Dade County and meet local income level requirements.

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM % OF 2016 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Substance Abuse Counseling – Outpatient (Level I - Individual and Group) (PhD or Master's level in an appropriate counseling field; and preferably licensed as certified addiction profession (CAP), LCSW, LMHC, LMFT, or Licensed Clinical Psychologist)	Number of ½ Hour Counseling Sessions and Unduplicated Number of Clients Served	Individual: ½ Hour Counseling Session per Client & Family Member Group: ½ Hour Counseling Session per Counselor	Individual: \$30.00 per unit Group: \$34.00 per unit (minimum of 3 Ryan White Program clients to a maximum of 15 total clients)	400%	I, II, III	Yes

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RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2016 (YR 26)

IMPORTANT: To be eligible for local Ryan White Program Part A and Minority AIDS Initiative (MAI)-funded services, the HIV+ client must be a permanent resident of Miami-Dade County and meet local income level requirements.

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM % OF 2016 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Substance Abuse Counseling – Outpatient (Level II - Individual and Group) (non-certified personnel supervised by professionals with appropriate Level I substance abuse counseling credentials)	Number of ½ Hour Counseling Sessions and Unduplicated Number of Clients Served	Individual: ½ Hour Counseling Session per Client and/or Family Member, as appropriate Group: ½ Hour Counseling Session per Counselor	Individual: \$27.00 per unit Group: \$30.00 per unit (minimum of 3 Ryan White Program clients to a maximum of 15 total clients)	400%	I, II, III	Yes

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RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2016 (YR 26)

IMPORTANT: To be eligible for local Ryan White Program Part A and Minority AIDS Initiative (MAI)-funded services, the HIV+ client must be a permanent resident of Miami-Dade County and meet local income level requirements.

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM % OF 2016 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Substance Abuse Counseling – Residential (including MAI)	Number of Days of Residential Substance Abuse Treatment per Client and Unduplicated Number of Clients Served	Cost of One Day of Residential Counseling Treatment Per Client	Up to a maximum of \$150.00 per client per day (NOTE: rate is set upon request to and approval by Miami-Dade County Office of Management & Budget-Grants Coordination/Ryan White Program)	300%	I, II, III	Yes A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.
			[up to a maximum of 120 days within a 12-month period; 12-months begins on the 1 st day of client's residential treatment regardless of Part A / MAI provider]			
			[rate includes the cost of family member(s) participating in the substance abuse counseling session provided during day of treatment]			

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RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2016 (YR 26)

IMPORTANT: To be eligible for local Ryan White Program Part A and Minority AIDS Initiative (MAD)-funded services, the HIV+ client must be a permanent resident of Miami-Dade County and meet local income level requirements.

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM % OF 2016 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Transportation Vouchers (Discounted EASY Tickets)	Dollars per Transportation Voucher, Number of Transportation Vouchers, and Unduplicated Number of Clients Served	Dollars per Voucher Cost of a Transportation Voucher, Plus a Dispensing Rate Not to Exceed 15%	Cost of Vouchers Cost of a Transportation Voucher, Plus a Dispensing Rate Not to Exceed 15% (except as adjusted internally by the Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program for reimbursement purposes only, as calculated per the service provider's approved line item budget)	150%	I, II, III Medical Case Management Referral Case Manager re-certification required every 6 months.	Yes 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. A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.

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