

## Client Grievance Policy and Procedures

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### SUMMARY

**Background:** The Ryan White HIV/AIDS Program (RWHAP) legislation for the Part A, MAI, and EHE programs requires, to the maximum extent practicable, that core medical and support services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Miami-Dade County's Office of Management and Budget (OMB) administers Ryan White Part A, MAI, and EHE services to support medical care and support services provided to program-eligible people with HIV (clients). This policy ensures a fair and transparent process for resolving grievances related to service delivery.

**Purpose:** To provide clients with a formal mechanism to address complaints and grievances, ensuring issues are resolved promptly and equitably. This policy also aims to prevent future grievances through proactive measures.

### SCOPE

Applicable to all clients receiving services funded by the Miami-Dade County Ryan White Program, including eligible individuals, their representatives, and stakeholders.

### LEGISLATIVE BASIS

Section 2602(c)(2) of the Ryan White Treatment Modernization Act requires Part A Grantees to establish grievance procedures consistent with HRSA guidelines. This ensures conformity with federal standards for grievance resolution.

### DEFINITIONS

Refer to Appendix A for specific definitions relevant to this policy, including, but not limited to, terms such as "Client," "Contracted Service Provider," "Subrecipient," "Recipient," and "Grievance."

### WHO MAY FILE A GRIEVANCE

Any eligible client of the Miami-Dade County Ryan White Part A, MAI, or EHE Programs who feels aggrieved by services received from or interactions with a Contracted Service Provider (also referred to as Subrecipient) may file a grievance.

### ELIGIBLE GRIEVANCES

All issues, complaints, or disputes arising between clients and Contracted Service Providers within the scope of Ryan White Part A, MAI, or EHE-funded services are eligible for grievance under this policy, including those resulting in a determination of program ineligibility, a denial of core medical or support services to clients, or involuntary disenrollment (see Appendix C).

## PROCEDURES

### Step 1:

#### **Communication with and Distribution of Client Grievance Policy and Procedures**

- Contracted Service Providers are contractually required to develop, maintain, inform clients of, and implement client grievance policy and related procedures.
- Clients must be given a copy of the Contracted Service Provider's grievance policy at the time of intake/registration/enrollment and a copy of the policy must be conspicuously posted at the Contract Service Provider's service site(s). A timely response to complaints and grievances is required.
- Clients must also be given a copy of the Miami-Dade County Ryan White Program Client Grievance Policy and Procedures at the time of intake/registration/enrollment and a copy of this policy must be conspicuously posted at the Contract Service Provider's service site(s). A copy of these policies and procedures will also be available on the County's Ryan White Program website: [www.miamidade.gov/grants/ryan-white-program](http://www.miamidade.gov/grants/ryan-white-program). See Attachment 1, Miami-Dade County Ryan White Program Client Grievance Policy and Procedures Acknowledgment Receipt Form.
- Questions regarding these client grievance policies and procedures must be directed to the appropriate Contracted Service Provider representative or Recipient staff for a response in a timely manner, preferably within two (2) business days. See "Contact Information" section below for Recipient staff contacts.

### Step 2:

**Initial Report of Informal Complaint or Formal Grievance [submission to Contracted Service Provider (i.e., subrecipient)]:** Clients are encouraged to resolve issues informally or formally with the Contracted Service Provider first, following the provider's internal policy and procedures for complaints or grievances. See Attachment 2, How to Report a Problem.

- Informal complaints and formal grievances must be tracked by the Contracted Service Provider, to include, at a minimum, the client's Computer Identification System number (CIS#), type of incident (informal complaint or formal grievance), date of incident, detailed narrative of the incident or occurrence, disposition (status) of the incident or occurrence (e.g., not started, pending, resolved to client's satisfaction, referred to County grievance process, etc.), and closure date (when applicable).
- The Contracted Service Provider must notify the Miami-Dade County Ryan White Program Administrator (see "Contact Information" section below) within three (3) business days of the receipt of **any** Ryan White Program-related informal complaint or formal grievance. This email notification must include the nature of the complaint or grievance, the date of the incident, and the related client CIS#.
  - ❖ However, eligible grievances resulting in the client's determination of ineligibility or a denial of service(s) must be immediately reported to the Recipient via the Secure Message module in the program's data management system, Provide® Enterprise

and will include the client's full name, CIS#, incident date, a detailed narrative of the occurrence, reason for denying the service, and final disposition (if available).

- The number and status of Ryan White Program-related complaints or grievances must also be reported to the Recipient through the Annual Progress Report, during monitoring site visits, or upon request from the Recipient.

### **Step 3:**

#### **Formal Grievance Process (submission to Recipient):**

- **Submission of Grievance:** If "Initial Report to Contracted Service Provider" is unsuccessful (i.e., client is dissatisfied with the decision), the client may submit a completed Client Grievance Form (see Attachment 3) to the Recipient's Program Director or designee within ten (10) business days of the event or decision in question.
- **Receipt and Acknowledgment:** Within two (2) business days of receiving the grievance, the Program Director or designee will acknowledge receipt and provide a summary of the grievance process timeline.
- **Investigation and Resolution:** The Program Director or designee will investigate the concerns and provide a written response to the client within thirty (30) calendar days, outlining findings and any proposed resolution.

### **Step 4 (if needed):**

#### **Appeals Process:**

- **If Dissatisfied:** Clients dissatisfied with the resolution / decision made by the Recipient may appeal in writing (see Attachment 4) within ten (10) business days of receiving the decision. The appeal should include reasons for disagreement and any supporting documentation.
- **Final Decision:** An independent review panel will review the appeal and issue a final written decision within ten (10) business days of receipt.

### **Step 4 (if needed):**

#### **Escalation to assigned HRSA Project Officer**

- If the complainant followed the steps detailed above and still did not have their complaint or grievance resolved to the client's satisfaction, the Recipient will provide the complainant with the contact information to escalate their concern to the program's funder, the U.S. Department of Health and Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, at <https://www.hrsa.gov/about/contact>. The Recipient will also notify the HRSA Project Officer assigned to Miami-Dade County.
- When complaints escalate to HRSA, the Recipient will contact the complainant (if requested) and the subrecipient agency.

## REPORTING AND DOCUMENTATION

All grievances, decisions, and appeals will be documented and maintained confidentially by the Miami-Dade County Ryan White Program (Recipient) in accordance with applicable regulations and program standards.

Each Contracted Service Provider will maintain a central log and file (see sample, Attachment 5) of all Ryan White Program (Part A, MAI, and EHE) Client Grievances and complaints filed or received:

### Central Log:

- Maintain a chronological log of all grievances and complaints.
- Specifically identify if the grievance or complaint was related to “refusal of services.”
- Identify:
  - Date grievance or complaint was file
  - Name of client filing the grievance or complaint
  - Computer Identification System Number (CIS#)
  - Nature of the grievance or complaint
  - Disposition of the grievance or complaint
  - Closure date of the grievance or complaint

### Grievance or Complaint File:

- File to include documentation related to each grievance or complaint.
  - Specifically identify if grievance or complaint was related to “refusal of services.”
- Must include **original** documents, including but not limited to all grievance or complaint forms, letters, correspondence, and/or notes by the grievant or complainant, as well as all agency response memos, letters, or other documents concerning process and remedy.

## PROSPECTIVE IMPLEMENTATION OF DECISIONS OR SETTLEMENTS

Any decision or settlement reached may involve prospective (future) change. It shall not require reversal of decisions previously made. For example, if a settlement requires changes in the Contract Service Provider’s process, the Contract Service Provider must use the new process going forward but is not required to re-do a prior decision.

## DISPUTE PREVENTION AND EARLY RESOLUTION

Miami-Dade County’s Ryan White Program (Part A, MAI, and EHE) recognizes that the best way to deal with grievances is to prevent them and will work with each of its Contracted Service Providers to make reasonable efforts to prevent circumstances or situations within the service delivery processes that could give rise to a complaint or grievance. Regular training (for new hires and annually thereafter; or as programmatic changes occur) at the Recipient and Contracted Service Provider levels is necessary to ensure staff understand and are prepared to follow established policies, processes, and procedures.

## CONTACT INFORMATION

For questions about this Client Grievance Policy or to initiate a formal grievance, please contact:

Program Director:

Daniel T. Wall  
Assistant Director  
Miami-Dade County Office of Management and Budget-Grants Coordination  
111 NW 1<sup>st</sup> Street, 22<sup>nd</sup> Floor  
Miami, FL 33128  
305-375-4742  
[Daniel.Wall@miamidade.gov](mailto:Daniel.Wall@miamidade.gov)

And

Designee:

Carla Valle-Schwenk  
Ryan White Program Administrator, OMB  
Miami-Dade County Office of Management and Budget-Grants Coordination  
Ryan White Program  
111 NW 1<sup>st</sup> Street, 22<sup>nd</sup> Floor  
Miami, FL 33128  
305-375-3546  
[Carla.ValleSchwenk@miamidade.gov](mailto:Carla.ValleSchwenk@miamidade.gov)

Or send an email to:

[RyanWhiteProgram@miamidade.gov](mailto:RyanWhiteProgram@miamidade.gov)

NOTE: Contracted Service Providers and clients are advised not to put personal protected health information (PHI) in the subject line or body of the email message, or in any telephone voice message.

## REVIEW AND UPDATES

This policy will be reviewed annually to ensure compliance with federal guidelines and effectiveness in grievance resolution.

## APPENDICES

- Appendix A: Definitions
- Appendix B: Contract and Monitoring Site Visit wording related to client grievances
- Appendix C: Excerpts from the Miami-Dade County Ryan White Program Service Delivery Manual, Service Definitions, Ryan White Program Client Rights and Responsibilities, and Involuntary Disenrollment of Clients

## **ATTACHMENTS**

- Attachment 1: Client Grievance Policy and Procedures Acknowledgement of Receipt form
- Attachment 2: How to Report a Problem
- Attachment 3a: Client Grievance Form (English)
- Attachment 3b: Client Grievance Form (Spanish) – [TRANSLATION PENDING]
- Attachment 3c: Client Grievance Form (Haitian Creole) – [TRANSLATION PENDING]
- Attachment 4a: Client Grievance Appeal Form (English)
- Attachment 4b: Client Grievance Appeal Form (Spanish) – [TRANSLATION PENDING]
- Attachment 4c: Client Grievance Appeal Form (Haitian Creole) – [TRANSLATION PENDING]
- Attachment 5: Sample Agency Complaint and Grievance Log

## **REFERENCES**

- (1) Miami-Dade County Policies and Procedures
- (2) Miami-Dade County Office of Management and Budget, Grant Coordination/Ryan White Program (OMB) Professional Services Agreement, most current
- (3) Department of Health and Human Services (HHS), Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) National Monitoring Standards, most current
- (4) Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87), as codified at Title XXVI of the Public Health Service Act (Chapter 6A)
- (5) 45 CFR Part 75: Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (federal OMB Uniform Guidance), most current
- (6) HHS Grants Policy Statement, January 1, 2007, as may be amended
- (7) Miami-Dade County OMB Ryan White Program Comprehensive Monitoring Instrument, most current

## **CONTACT**

### **Department/Division/Unit**

Office of Management and Budget/Grants Coordination/Ryan White Program

**RWP Section: ADMINISTRATIVE-Programmatic**  
**RWP Procedure Number: 1b.9**  
**Effective Date: 3/1/2023 (rev. 9/4/2024)**

**Client Grievance Policy and Procedures**

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**DEFINITIONS**

- (1) "Affected party" means an entity or individual that has standing to file a grievance due to being directly affected by the outcome of a covered process under these grievance procedures (i.e., service providers eligible for Ryan White Part A/MAI/EHE funds, clients, planning council members, etc.).
- (2) "Client" means a program-eligible individual as further defined in definition #12 below.
- (3) "Contract" or "Agreement" means the corresponding solicitation documents, terms and conditions set forth therein, the Scope of Services (Exhibit A), Subrecipient's Budget (Exhibit B), all associated addenda and attachments, and all amendments issued thereto.
- (4) "Contracted Service Provider" or "Subrecipient" mean a legal entity that receives a subaward from a recipient or another subrecipient under an award of financial assistance and is accountable to the recipient (grantee) or other subrecipient for the use of the Federal grant funds provided by the subaward; and shall also mean a legal entity that has completed and continues to comply with the requirements of the Miami-Dade County Business Entity Registration Application process via the County's online Supplier/Vendor Portal and has satisfied all requirements to enter into business agreements with the County.
- (5) "County" means Miami-Dade County, its agents, employees and instrumentalities, including, but not limited to, the Office of Management and Budget-Grants Coordination (OMB). The term COUNTY excludes SUBRECIPIENT.
- (6) "Dispute Prevention" means techniques or approaches used by an organization to resolve disagreements at an early and informal stage, to avoid or minimize the number of disputes that reach the formal grievance process.
- (7) "EHE" means the Ending the HIV Epidemic initiative and its funded services programs.
- (8) "Grievance" means a complaint or dispute that has reached the stage where the affected party seeks a formal approach to its resolution.
- (9) "Grievant" means an entity or eligible individual seeking a formal resolution of a grievance.
- (10) "Party" means one of the participants in the grievance process
- (11) "Program Director" means the Program Director of Miami-Dade County's Office of Management and Budget-Grants Coordination/Ryan White Program (also known as the Assistant Director of the Office of Management and Budget-Grants Coordination, for Ryan White Program services), or the duly authorized representative designated to manage or assist in management of this Agreement. See Contact Information section of corresponding Client Grievance Policy.

- (12) “Program-eligible individuals”, “persons or people with HIV”, “service recipients”, or “clients” mean individuals who meet the requirements of being Human Immunodeficiency Virus positive (i.e., HIV positive; a person with HIV), residing in Miami-Dade County, and having a gross household income not to exceed the indicated Federal Poverty Level guideline per service category who will be eligible for Part A Program-funded services; minority clients who meet the aforementioned requirements will be eligible to receive Minority AIDS Initiative (MAI) Program-funded services; and clients who meet the requirement of being HIV positive will be eligible to receive EHE Program-funded services not offered by Part A or MAI Programs as payer of last resort.
- (13) “Recipient” means Miami-Dade County (the County), which has received a grant award from HRSA and is responsible and accountable for the use of the grant funds provided and for the performance of the grant supported project or activity.
- (14) “Remedy” means the relief or result sought by a grievant in bringing a grievance. It can include a process change, monetary damages, or (in some situations) a reversal of a decision. In the Miami-Dade County Ryan White Programs (Part A, MAI, and EHE) remedies are prospective, which means they apply to future funding-related decisions, but do not apply retroactively to past funding decisions.
- (15) “Standing” means the eligibility of an entity or individual to bring, file, or submit a grievance.
- (16) “The United States Department of Health and Human Services”, “DHHS”, or “HRSA” mean the Department, its agents, employees, and instrumentalities, including but not limited to the Health Resources and Services Administration (HRSA).



RWP Section: ADMINISTRATIVE-Programmatic  
RWP Procedure Number: 1b.9  
Effective Date: 3/1/2023 (rev. 9/4/2024)

### Client Grievance Policy and Procedures

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#### REQUIRED LANGUAGE FOR CONTRACTS & SITE VISIT MONITORING TOOL

##### **FOR PART A/MAI CONTRACTS:**

Article II, Section 2.1 B, Article VI, Section 6.10 D, and Article VII, Sections 7.1 A (8) and C, of the corresponding Professional Services Agreement (contract) with Miami-Dade County for Ryan White Part A/MAI Program Services, as follows (bolded herein for emphasis only) and as may be amended:

##### Article II, Section 2.1B:

2.1 The SUBRECIPIENT, by and through its agents, assigned representatives and Subcontractors agrees:

- B. Where applicable throughout this Agreement and its corresponding exhibits, services designated as Part A services shall be provided to low-income, program-eligible people with HIV who reside in Miami-Dade County as further defined in Article VII, Section 7.1, Exhibit A, and Exhibit B of this Agreement. In addition to the before-mentioned residency requirement, services designated as MAI services shall only be provided to program-eligible minority people with HIV as further defined in Exhibits A and B of this Agreement. Part A services and expenditures must be tracked separately from MAI services and expenditures.

The goal of MAI-funded activities is to achieve viral load suppression for clients who self-identify as a member of a HRSA-defined racial/ethnic community. MAI-funded subrecipients will provide services under this Agreement to improve HIV-related health outcomes for these minority clients by implementing strategies to reduce existing racial and ethnic disparities.

**Furthermore, the Ryan White Part A/MAI Program legislation requires, to the maximum extent practicable, that core medical and support services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Consequently, HRSA expects that Ryan White Part A/MAI Program recipients and subrecipients utilize a grievance process, articulated in writing, to investigate complaints for denial of services. See Section 6.10 D., below.**

##### Article VI, Section 6.10:

6.10 The SUBRECIPIENT shall:

- D. **Establish internal grievance procedures and cooperate with the COUNTY in addressing all complaints or problems identified by clients, staff, or other care providers. The SUBRECIPIENT's internal grievance procedures must afford their clients or other care providers with immediate access to these**

procedures. These procedures shall be made available to clients or other care providers prior to accessing the COUNTY or the Miami-Dade HIV/AIDS Partnership's formal grievance procedures. The SUBRECIPIENT's internal grievance procedures must include, at a minimum, the following: a description of the types of grievances and individuals covered; a non-binding procedure for resolving conflicts; a written response by the SUBRECIPIENT to the client or care provider; a meeting between the grievant and the Executive Director, a member of the Board of Directors, or a designee of the SUBRECIPIENT; and a reasonable timeline for addressing grievances. Grievance procedures must be conspicuously posted at the SUBRECIPIENT site. Documentation of informal complaints and formal grievances from clients, program staff, or other care providers must be tracked and reported to the COUNTY reported to the COUNTY in the Annual Progress Report, referenced in Article VII, Section 7.1 (C) of this Agreement;

...

Article VII, Section 7.1:

7.1 The SUBRECIPIENT shall keep adequate, legible records of services provided under this Agreement as required by the COUNTY and by the U.S. Department of Health and Human Services...

A. At a minimum, the following records shall be kept, and uploaded in the Provide® Enterprise Miami data management system under the appropriate placeholder under the View\Scanned Documents link:

(8) In accordance with HRSA Policy Notice No. 16-01 (<https://ryanwhite.hrsa.gov/grants/policy-notice>), Ryan White HIV/AIDS Program recipients and subrecipients may not deny services, including prescription drugs, to a veteran who is eligible to receive Ryan White HIV/AIDS Program services. **Ryan White HIV/AIDS Program recipients and subrecipients may not cite "payer of last resort" language to compel HIV-infected veterans to obtain services from the Veterans Administration health care system or refuse to provide services.** Ryan White HIV/AIDS Program recipients and subrecipients may refer eligible veterans to the Veterans Administration for services, when appropriate and available. However, Ryan White HIV/AIDS recipients and subrecipients may not require eligible veterans to access medical or supportive services in the Veterans Administration health care system nor deny them access to health care and support services funded by the Ryan White HIV/AIDS Program. In addition, this payer of last resort requirement does not apply to clients who are eligible for services covered by Indian Health Services; such clients may choose to access the Ryan White Program first.

C. Based on client-level and service utilization data entered in the Provide® Enterprise Miami data management system, the SUBRECIPIENT shall submit an Annual Progress Report, a qualitative report based on fiscal year billing and service provision data, to the COUNTY on a form to be provided by the COUNTY, at a date to be determined by the COUNTY, within sixty (60) calendar days after the end of the contract period, unless an extension is granted by the COUNTY.

Unless otherwise reduced by the COUNTY in writing, this reporting requirement will include a narrative of accomplishments, challenges, and technical assistance needs encountered during the fiscal year; as well as a reporting of progress made in relation to the National CLAS Standards, the Ryan White Program System-wide Standards of Care, the Medical Case Management Standards of Service, and Affordable Care Act enrollment and tax reconciliation, where applicable, as defined in the most current, local Ryan White Program Service Delivery Manual, incorporated herein by reference, as may be amended. **A reporting of informal complaints and/or formal grievances received and responded to by the SUBRECIPIENT may also be included as part of the Annual Progress Report.** As a component of this report, if the data are not readily available in the Provide® Enterprise data management system, the SUBRECIPIENT may also be required to collect and report to the COUNTY, in a format to be provided by the COUNTY, information on specific client-level outcome measures as established by the COUNTY and the Miami-Dade HIV/AIDS Partnership, and included herewith in Exhibit A as part of the Scope of Service(s).

The SUBRECIPIENT will also submit annually a signed assurance to accompany the Annual Progress Report, in a format provided by the COUNTY for this reporting requirement. This assurance form shall be initialed and appropriately signed by the SUBRECIPIENT's Board President and its Chief Executive Officer, and properly notarized or stamped with a corporate seal. This assurance will indicate that Ryan White Program grant funds were used in accordance with the Uniform Guidance, HRSA policies, and the most current, local Ryan White Program Service Delivery Manual, incorporated herein by reference, and do not include unallowable costs as detailed in Article VI, Section 6.9, of this Agreement.

The MAI-funded SUBRECIPIENT shall enter all client-level and service utilization data in the Provide® Enterprise Miami data management system for eligible minority people with HIV (minority clients) to assist with the reporting of the Annual Progress Report for MAI-funded services.

The COUNTY will be responsible for preparing a summary report to submit to HRSA, based on the client and service data entered in the Provide® Enterprise Miami data management system. This COUNTY generated report will include information on client demographics, service utilization, and specific client-level outcome measures as established by the COUNTY and the Miami-Dade HIV/AIDS Partnership, and included herewith in Exhibit A as part of the Scope of Service(s).

**FOR EHE CONTRACTS:**

Article II, Section 2.1 B, Article VI, Section 6.10 D, and Article VII, Sections 7.1 A (8) and C, of the corresponding Professional Services Agreement (contract) with Miami-Dade County for Ryan White EHE Program Services, as follows (bolded herein for emphasis only) and as may be amended:

2.1 The SUBRECIPIENT, by and through its agents, assigned representatives and Subcontractors agrees:

- B. Where applicable throughout this Agreement and its corresponding exhibits, services designated as EHE services shall be provided to program-eligible people with HIV [with priority to those] who reside in Miami-Dade County as further defined in Article VII, Section 7.1, Exhibit A, and Exhibit B of this Agreement.

The goal of EHE-funded activities in this Agreement is to treat people with HIV rapidly and effectively to reach sustained viral suppression.

Article VI, Section 6.10:

6.10 The SUBRECIPIENT shall:

- D. Establish internal grievance procedures and cooperate with the COUNTY in addressing all complaints or problems identified by clients, staff, or other care providers. The SUBRECIPIENT's internal grievance procedures must afford their clients or other care providers with immediate access to these procedures. These procedures shall be made available to clients or other care providers prior to accessing the COUNTY or the Miami-Dade HIV/AIDS Partnership's formal grievance procedures. The SUBRECIPIENT's internal grievance procedures must include, at a minimum, the following: a description of the types of grievances and individuals covered; a non-binding procedure for resolving conflicts; a written response by the SUBRECIPIENT to the client or care provider; a meeting between the grievant and the Executive Director, a member of the Board of Directors, or a designee of the SUBRECIPIENT; and a reasonable timeline for addressing grievances. Grievance procedures must be conspicuously posted at the SUBRECIPIENT site. Documentation of informal complaints and formal grievances from clients, program staff, or other care providers must be tracked and reported to the COUNTY reported to the COUNTY in the Tri-Annual Progress Reports, referenced in Article VII, Section 7.1 (C) of this Agreement;

Article VII, Section 7.1 A (8) and C:

The SUBRECIPIENT shall keep adequate, legible records of services provided under this Agreement as required by the COUNTY and by the U.S. Department of Health and Human Services...

- A. At a minimum, the following records shall be kept, and uploaded in the Provide® Enterprise Miami data management system under the appropriate placeholder under the View\Scanned Documents link:
- (8) In accordance with HRSA Policy Notice No. 16-01 (<https://ryanwhite.hrsa.gov/grants/policy-notice>), Ryan White HIV/AIDS Program recipients and subrecipients may not deny services, including prescription drugs, to a veteran who is eligible to receive Ryan White HIV/AIDS Program services. **Ryan White HIV/AIDS Program recipients and subrecipients may not cite "payer of last resort" language to compel HIV-infected veterans to obtain services from the Veterans Administration health care system or refuse to provide services.** Ryan White HIV/AIDS Program recipients and subrecipients may refer eligible veterans to the Veterans Administration for services, when appropriate and available. However, Ryan White HIV/AIDS recipients and

subrecipients may not require eligible veterans to access medical or supportive services in the Veterans Administration health care system nor deny them access to health care and support services funded by the Ryan White HIV/AIDS Program. In addition, this payer of last resort requirement does not apply to clients who are eligible for services covered by Indian Health Services; such clients may choose to access the Ryan White Program first.

- C. Based on client-level and service utilization data entered in the Provide® Enterprise Miami data management system, the SUBRECIPIENT shall submit Bi-annual Progress Reports, a qualitative report based on billing and service provision data, to the COUNTY on a form to be provided by the COUNTY, at dates to be determined by the COUNTY. Unless otherwise reduced by the COUNTY in writing, this reporting requirement will include a narrative of accomplishments, challenges, and technical assistance needs encountered during the fiscal year; as well as a reporting of progress made in relation to the National CLAS Standards. A reporting of informal complaints and/or formal grievances received and responded to by the SUBRECIPIENT may also be included as part of the Bi-annual Progress Reports. As a component of this report, if the data are not readily available in the Provide® Enterprise data management system, the SUBRECIPIENT may also be required to collect and report to the COUNTY, in a format to be provided by the COUNTY, information on specific client-level outcome measures as established by the COUNTY, and included herewith in Exhibit A as part of the Scope of Service(s).

The SUBRECIPIENT will also submit annually a signed assurance to accompany the second and final of the Bi-annual Progress Reports, in a format provided by the COUNTY for this reporting requirement. This assurance form shall be initialed and appropriately signed by the SUBRECIPIENT's Board President and its Chief Executive Officer, and properly notarized or stamped with a corporate seal. This assurance will indicate that EHE cooperative agreement funds were used in accordance with Uniform Guidance, HRSA policies, and Exhibit A, scope of services, of this Agreement, and do not include unallowable costs as detailed in Article VI, Section 6.9, of this Agreement.

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Excerpts from the Miami-Dade County Ryan White Program (Part A, MAI, and EHE) Site Visit Monitoring Instrument:

- Section IV:
  - #8: Does the Subrecipient have Grievance Procedures posted in an area to which clients have free access?
- Section VI: Review of Documentation of Client Eligibility –
  - Eligibility Worksheet: Is there a signed and dated acknowledgement from the client noting receipt of the agency's Client Grievance Policy?

- Section VII: Review of Subrecipient's Operating Policies –
  - #10: Does the subrecipient have a written Policy and Procedures for informal complaints and formal grievances that includes, at a minimum the following:
    - a. Non-binding procedure for resolving conflicts
    - b. Separate processes for informal complaints and formal grievances
    - c. Reasonable timeline for addressing complaints and grievances
    - d. Description of the types of grievances and individuals covered
    - e. Meeting between the grievant and the Executive Director, or a Board [member]
    - f. Written subrecipient response to the grievant or the grievant's care
    - g. In the event that a client is denied services, regardless of whether the client had a grievance, both verbal or written, these instances must be documented in writing to include, reason and final outcome, and forwarded to the Recipient (Miami-Dade County Ryan White Program).
  - #11: Do the Grievance Policies and Procedures specifically address client grievances or complaints?
  - #12: How many client informal complaints and formal grievances were logged during the grant fiscal year? How many resolved?
  - #13: Do the Grievance Policies and Procedures specifically address staff grievances or complaints?
  - #14: How many staff informal complaints and formal grievances were logged during the grant fiscal year? How many resolved?
  - #15: Does documentation exist regard[ing] each complaint/grievance?
  - #16: Does documentation exist showing resolution of each complaint/grievance?
  - #17: Does documentation exist showing clients were given a copy of the grievance procedures, and they have been explained to them and they acknowledge their understanding?

**Ryan White Program  
Service Delivery Manual  
Fiscal Year 2024  
(Year 34)**

**Section I –  
Service Definitions**



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

## I. GENERAL REQUIREMENTS – All Service Categories

**IMPORTANT NOTES:** Except for Substance Abuse Services (Residential), all Ryan White Program Part A and Minority AIDS Initiative-funded services are restricted to outpatient services only. The Ryan White Program must always be the payer of last resort.

- A. **Service Delivery Standards:** All subrecipients (providers) will adhere to the most current, local *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 Medical Case Management Standards of Service*, *Primary Medical Care Standards for Chart Review*, and *Oral Health Care Standards*); and Public Health Service Clinical Guidelines for the Treatment of AIDS-Related Disease, HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients, etc.), as may be amended. Please refer to Section III of this FY 2022 Service Delivery Manual for details, as may be amended.
- B. **Client Eligibility Criteria:** Please be advised that the list of acceptable client eligibility documentation indicated in Section VI, Client Eligibility Requirements, of this Ryan White Program Service Delivery Manual, is subject to change as Miami-Dade County works with the Florida Department of Health and other Part A jurisdictions in Florida to develop reciprocal eligibility between Ryan White Programs in Florida. Use the version of the Client Eligibility Documentation Checklist found in Section VI of this Manual until July 31, 2022; and the new version beginning August 1, 2022, as may be amended.

Providers must document that clients who receive Ryan White Program-funded services have a local Ryan White Program In Network Referral (formerly known as the Ryan White Program Certified Referral) or have documentation on file that the client:

- Is HIV positive or has AIDS; a confirmatory HIV test result is required, unless otherwise specifically noted herein;
  - **IMPORTANT NOTE:** For the purpose of linkage to care for a newly diagnosed client who has a preliminary reactive test result and a pending confirmatory HIV test result only, such clients may receive limited Medical Case Management (including Treatment Adherence Services and peer support), Outpatient/Ambulatory Health Services, or Outreach Services while the confirmatory HIV test result is pending. These limitations are further detailed under the corresponding service definitions in Section I of this local FY 2022 Ryan White Program Service Delivery Manual. This is necessary to reduce a related barrier in accessing care in a timely manner for this population. Services funded by Ryan White



Program dollars will either continue or cease for the client depending on the results from the confirmatory HIV test.

- Has a documented gross household income that does not exceed 400% of the 2022 Federal Poverty Level (FPL);
  - 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 (<https://miamidade.county-taxes.com/public>) 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 (i.e., to account for rental income). Documentation to support the completion of this search (showing additional properties or no properties) must be filed in the client's chart. **The review must be conducted using the client's full, legal name not solely on the client's address of record.**

Supporting documentation should be sufficient and appropriate to determine if the client has more than one property in their name (i.e., the second property generating income). If the client has rental income, the rental income must be counted towards the gross household income for eligibility.

When conducting the search, Subrecipient staff should use the client's full legal name with middle name and multiple last names in the property search wherever possible. If the search results print to one page, simply printing the page, writing "No accounts matched the search", and scanning the page to the Provide® Enterprise Miami data management system would suffice for documentation.

Where there are multiple pages of search results, Subrecipient staff would need to do their due diligence in reviewing the results and determining if the client has more than one property in the client's name. If Subrecipient staff reviews the search results and has a Supervisor confirm there are no multiple properties for the client, then a signed note from the supervisor on page one of the search results will suffice for supporting documentation. A copy of the signed and notated pages must be scanned and save in the client's record in Provide® Enterprise Miami data management system.

In cases where the property search produces multiple results with the same "owner name", Subrecipient staff should document the number of exact matches found during the property search and that

the client reviewed the results and denies ownership of any of the properties listed. Subrecipient staff should also review the client's name on the valid (not expired) Florida Driver's License, Florida Identification Card, utility bills, and/or lease/rental agreement, to ensure the client's name is reported consistently on official documents.

- Is a current and permanent physical resident of Miami-Dade County;
- Is documented as having been properly screened for Medicaid, Medicaid Managed Medical Assistance (MMA) or Long-term Care (LTC), Medicare, other public sector funding, and private insurance, as appropriate. While clients qualify for and can access Medicaid, Medicaid MMA or LTC, 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:
  - Ryan White HIV/AIDS Program legislation, codified in Title XXVI of the Public Health Service Act, stipulates that funds received will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, by another payment source. At the individual client level, this means recipients (the County) must assure that funded subrecipients (service providers) make reasonable efforts to secure non-Ryan White HIV/AIDS Program funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of Ryan White HIV/AIDS Program funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is aggressively and consistently pursued [e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, other local or State-funded HIV/AIDS programs, and/or private sector funding, including private insurance].
  - An exception of this requirement extends to clients who have Veterans Administration (VA) benefits and clients who have Indian Health Services benefits, who are otherwise eligible for Ryan White Program services and choose to access the Ryan White Program first.

- In addition to each subrecipient's internal **Client Rights and Responsibilities statement**, following the Florida Patient's Bill of Rights and Responsibilities (Section 381.026, Florida Statutes), and the local Ryan White Program's Client Rights and Responsibilities, it is expected that each client served by the local Ryan White Program understands that they have the right to:
  - Be treated with courtesy and respect, with appreciation of client's individual dignity, and with protection of client's need for privacy [and confidentiality; as well as receive courteous, considerate care and professional services];
  - Receive a prompt and reasonable response to questions and requests;
  - Know who is providing medical [and dental] services and who is responsible for client's care;
  - Know what [core medical and] support services are available, including whether an interpreter is available if client does not speak or read English;
  - Know what rules and regulations apply to client's conduct;
  - Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis;
  - Refuse any treatment, except as otherwise provided by law;
  - Be given full information and necessary counseling on the availability of known financial resources for care;
  - Know whether the health care provider or facility accepts the Medical assignment rate, if the client is covered by Medicare [or understands what is covered by the local Ryan White Program, including whenever a charge applies (i.e., imposition of charges) for the client to pay];
  - Receive prior to treatment, a reasonable estimate of charges for medical care [if applicable in accordance with sliding fee schedule and imposition of charges requirements];
  - Receive a copy of an understandable itemized bill and, if requested, to have the charges explained;
  - Receive medical treatment or accommodations [or any other Ryan White Program-funded services], regardless of race, national origin, creed, religion, disability, [age, ethnicity, gender, gender identification, sexual orientation, marital status], or source of payment;
  - Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment [subject to funding source limitations, such as the Ryan White Program's limitation for outpatient services];
  - Know if medical treatment is for purposes of experimental research and to give client consent or refusal to participate in such research;

- Express complaints regarding any violation of the client's rights [without fear of reprisal; and receive a copy of the subrecipient's complaint and grievance procedures]; and
- Be involved in the decision-making process.
- **Clients are responsible for:**
  - Providing correct, truthful, and complete information as requested for the purpose of enrollment to receive services, assessing needs, developing a plan of care, and coordination of care efforts;
  - Following instructions provided by client's care team;
  - Assisting client's physician and medical case manager in developing [and adhering to] a plan of care;
  - Keeping appointments or canceling no later than 24 hours in advance of the appointment;
  - Respecting others;
  - Being compliant with taking prescribed medications, and notifying the medical case manager or medical provider in a timely manner if there are problems with medications;
  - Following service provider rules and regulations; and
  - Knowing program requirements, limitations, and restrictions; or requesting same from service provider prior to service delivery.
- **Involuntary Disenrollment of Clients:**
  - In support of a service provider's (subrecipient's) internal policies and procedures related to client rights and responsibilities, a client may be involuntarily disenrolled (dismissed) from the local Ryan White Part A/MAI Program, or from a specific subrecipient agency, for the following reasons:
    - Fraudulent use of program assistance;
    - Falsification of documents or purposeful omissions of information required to confirm program eligibility for services;
    - Persistent noncompliance with the medical case manager and client's plan of care; or
    - Disruptive, unruly, abusive or uncooperative behavior to the extent that continued enrollment seriously impairs the service provider's ability to furnish services to either the client or other clients. Such behavior includes, but is not limited to, threats or acts of violence, verbal abuse and harassment, criminal activity, and destruction or theft of property.
  - This disenrollment provision **does not apply** to clients with medical or mental health diagnoses if the client's negative behavior is attributable to such diagnoses.

- An involuntary disenrollment **must be documented** in the client record/chart (i.e., in the Client Profile in Provide® Enterprise Miami data management system). This documentation must clearly indicate: 1) the client received at least one (1) verbal **and** one (1) written warning of the full implications of their actions; 2) that service provider staff attempted to educate the client regarding their rights and responsibilities; 3) that service provider staff offered assistance that would enable the client to comply with the organization's rules of conduct; and 4) that appropriate staff determined the client's behavior is not attributable to the client's medical or mental health condition.
- If involuntary disenrollment is warranted and appropriate after completing the four (4) aforementioned steps, service provider staff must attempt to connect the client to another service provider agency to ensure continuity of care. Depending on the circumstances, the service provider is expected to make every effort to connect the client to another agency to ensure continued access to HIV medical care.
- In all cases of involuntary disenrollment/dismissal, the County's Ryan White Program Administrator must be notified of such via a telephone call; then the County will provide further instructions.

**IMPORTANT NOTE:** Some service categories 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 Medical Case Management Standards of Service*, unless otherwise specified. (NOTE: The recertification period for ADAP and Part A is expected to be updated within this grant fiscal year, with no less than 30 calendar days' notice.)

**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 THE CLIENT'S RECORD (CLIENT PROFILE) IN THE PROVIDE® ENTERPRISE MIAMI DATA MANAGEMENT SYSTEM. THIS DOCUMENTATION IS SUBJECT TO REVIEW BY THE OFFICE OF MANAGEMENT AND BUDGET-GRANTS COORDINATION (OMB). FAILURE TO MAINTAIN CLIENT ELIGIBILITY DOCUMENTATION MAY RESULT IN FORFEITURE OF REIMBURSEMENT FOR SERVICES RENDERED.**



**ATTACHMENT 1**

**MIAMI-DADE COUNTY  
RYAN WHITE PROGRAM (Part A, MAI, and EHE)  
CLIENT GRIEVANCE POLICY AND PROCEDURES  
ACKNOWLEDGMENT OF RECEIPT**

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\_\_\_\_\_  
Name of Client *(please print legibly)*

**By my signature below, I acknowledge that I have been given a copy of the Miami-Dade County Ryan White Program Client Grievance Policy and Procedures.**

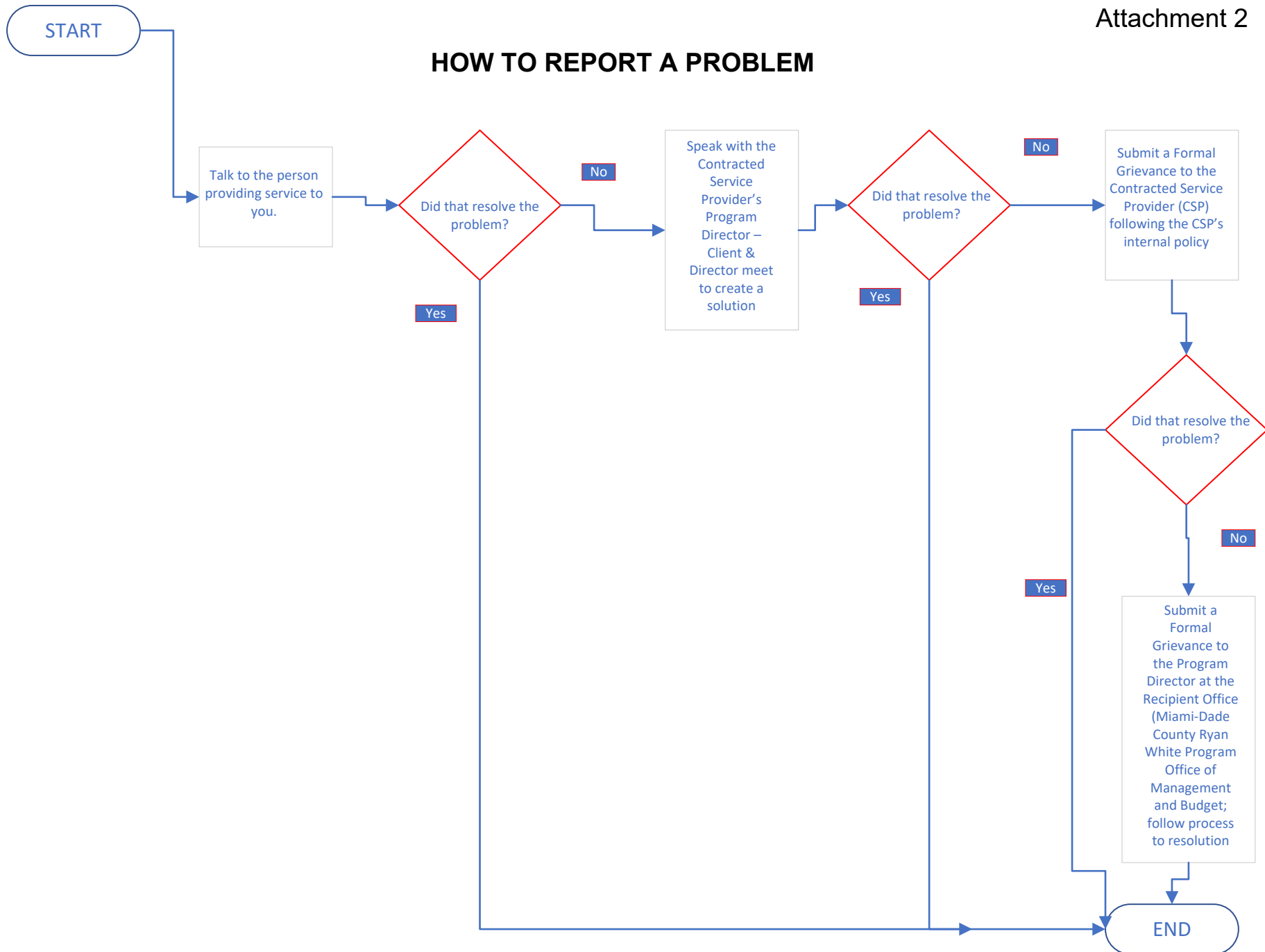
\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

For Office Use Only:

CIS#: \_\_\_\_\_

## HOW TO REPORT A PROBLEM





**ATTACHMENT 3**

**MIAMI-DADE COUNTY  
RYAN WHITE PROGRAM (Part A, MAI, and EHE)  
CLIENT GRIEVANCE FORM**

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Name of the person filing the grievance (*please print legibly*)

---

Name of the Agency involved in the grievance

---

Street Address of the person filing the grievance

---

City, State, ZIP Code of the person filing the grievance

---

Daytime Telephone of the person filing the grievance

---

Cell/Mobile Telephone (optional)

---

Email Address of the person filing the grievance (optional)

**How would you like us to communicate with you?**

☐ Daytime Phone   ☐ Cell/Mobile Phone   ☐ Email   ☐ U.S. Mail   ☐ Other (*specify*): \_\_\_\_\_

**What was the date of the incident or alleged deviation from established policy:** \_\_\_\_\_

**Which policy or procedure(s) do you feel were not followed? Please describe the problem and how you were directly affected (*please add additional pages as needed*):**

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**By signing below, I attest that the information provided is true and correct, under penalty of perjury.**

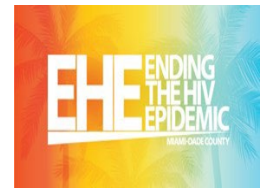
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Signature (of person requesting the grievance)

---

Date





**ATTACHMENT 4**

**MIAMI-DADE COUNTY  
RYAN WHITE PROGRAM (Part A, MAI, and EHE)  
CLIENT GRIEVANCE APPEAL FORM**

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*(Please type or print legibly)*

---

Name of the person requesting the appeal (please print)

---

Name of the Agency involved in the grievance

---

Street Address of the person requesting the appeal

---

City, State, ZIP Code of the person requesting the appeal

---

Daytime Telephone (of the person requesting appeal)    Cell/Mobile Telephone (optional)

---

Email Address of the person requesting the appeal (optional)

**How would you like us to communicate with you?**

☐ Daytime Phone    ☐ Cell/Mobile Phone    ☐ Email    ☐ U.S. Mail

☐ Other *(please specify)*: \_\_\_\_\_

**Required documentation for the appeal:**

- ☐ Copy of the original Client Grievance Form
- ☐ Copy of the original Final Decision Form
- ☐ Additional pages stating reason for the appeal

**By signing below, I attest that the information provided is true and correct, under penalty of perjury.**

---

Signature (of person requesting the appeal)

Date

**RWP Section: ADMINISTRATIVE-Programmatic**  
**RWP Procedure Number: 1b.9**  
**Effective Date: 10/1/2024**

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**Client Grievance Policy and Procedures**

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Sample Complaint and Grievance Log

Agency Name

Ryan White Program (Part A, MAI, and/or EHE)

Complaint and Grievance Log

<b>Date of Receipt of Grievance or Complaint</b>	<b>Client or Entity Name</b>	<b>Computer Identification System # - (CIS#)</b>	<b>Assigned Grievance Tracking Number</b> <i>(date following by a number)</i>	<b>Date of Issue of Grievance Acknowledgment</b>	<b>Date of Issue of Final Grievance Response</b>	<b>Disposition</b> <i>- Closed</i> <i>- Appealed to RWP Recipient</i>	<b>Complaint or Grievance Related to "Refusal of Services"?</b> <i>(yes or no)</i>
Example: 02/05/2024	John Doe	CISxxxxxx	02/05/2024-01	02/06/2024	02/27/2024	Closed	No