

**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.