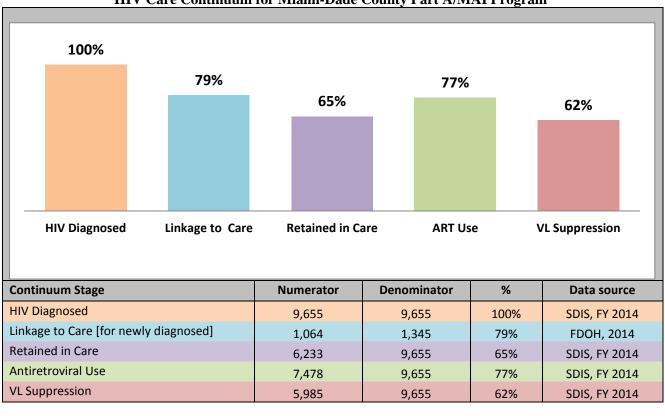
Miami-Dade County Office of Management and Budget Ryan White Part A/MAI Program Service Delivery Guidelines Fiscal Year 2016 (Year 26)



HIV Care Continuum for Miami-Dade County Part A/MAI Program



Effective March 1, 2016



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H89HA00005, CFDA #93.914 - HIV Emergency Relief Project Grants, for \$14,488,164, as of April 25, 2016. Development and distribution of this document was 100% federally funded. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

COVER REVISED 4/28/2016

-- THIS PAGE INTENTIONALLY LEFT BLANK --

<u>RYAN WHITE PROGRAM SERVICE DELIVERY GUIDELINES</u> <u>FY 2016 (YEAR 26)</u>

TABLE OF CONTENTS

Page #

SECTION I: SERVICE DEFINITIONS

I.	GENERAL REQUIREMENTS – All Service Categories	6
II.	MINORITY AIDS INITIATIVE (MAI) REQUIREMENTS – Medical Ca Management, Outpatient Medical Care, Outreach Services, Prescription D Residential Substance Abuse Treatment	
III.	REFERRAL REQUIREMENTS – All Service Categories	10
IV.	ADDITIONAL EXPECTATIONS FOR SERVICE PROVISION TO IMPROVE CLIENT HEALTH OUTCOMES	11
V.	REQUIRED DISCLAIMER FOR HRSA-SUPPORTED PUBLICATIONS	12

[NOTE: Service definitions appear in alphabetical order. The Service Priority number (SP#) is indicated, as established by the Miami-Dade HIV/AIDS Partnership for FY 2016 (YEAR 26).]

Food Bank (SP# 8)	
Health Insurance Services (SP# 4)	
AIDS Insurance Continuation Program / ADAP Premium Plus	
Insurance Program (AICP/ADAP)	18
Insurance Deductibles	18
Prescription Drug Co-Payments and Co-Insurance	18-19
Affordable Care Act (local program information)	19-22
Affordable Care Act (ACA) Premiums (Part A)	22-23
ACA Deductibles (Part A)	23
ACA Prescription Drug Co-payments (Part A)	23-24
ACA Doctor Office Visit, Lab & Diagnostic Co-payments (Part A)	24-25
Part A / ADAP Clients NOT on ADAP ACA Transition List	25-26
ADAP ACA Transition List Clients	26
ADAP ACA Wraparound Co-payments (Part A Assistance)	26-28
Legal Assistance (SP# 12)	29-30

SECTION I: SERVICE DEFINITIONS (continued)

Page

Medical Case Management (SP# 1 for Part A and MAI)	31-43
[General HIV/AIDS Population and Minority AIDS Initiative (MAI) Program	
Medical Case Management	31-32
Peer Education and Support Network	32-33
Mental Health Therapy/Counseling (SP# 5)	44-46
Level I – Licensed Professional Mental Health Counseling	
(Licensed Clinical Psychologist, PhD, EdD, PsyD)	44, 45
Level II – Licensed Professional Mental Health Counseling	
(Master's or Postgraduate & LCSW, LMHC, or LMFT;	
or Florida Registered Intern, Psychology Intern,	
Post-Doctoral Resident, or Fellow, as applicable	
under this service definition and if provided under the	
supervision of a licensed psychologist, LCSW, LMHC,	
or LMFT)	44, 45
Group Counseling (Levels I and II)	45
Oral Health Care (SP# 6)	47-49
Outrations Madical Cana (SD# 2 for Dans A and MAI)	50-58
Outpatient Medical Care (SP# 2 for Part A and MAI) [General HIV/AIDS Population and Minority AIDS Initiative (MAI) Program	
Primary Medical Care	51-53
Outpatient Specialty Care	53-55
	55-55
Outreach Services (SP# 9 for Part A and SP# 4 for MAI)	59-71
[General HIV/AIDS Population and Minority AIDS Initiative (MAI) Program	
Prescription Drugs (SP# 3 for Part A and MAI)	. 72-77
[General HIV/AIDS Population and Minority AIDS Initiative (MAI) Program	
Substance Abuse Counseling – Outpatient Treatment (SP# 7) and	
Residential Treatment (SP# 10 for Part A and SP# 5 for MAI)	.78-83
[General HIV/AIDS Population and Minority AIDS Initiative (MAI) Program for Residential Treatment]	
Outpatient Level I – Professional Substance Abuse Treatment	79-80
Outpatient Level II – Counseling and Support Services	80
Residential Treatment	81-82
Transportation Vouchers (Discounted EASY Tickets) (SP# 11)	84-85

<u>SECTION II: RYAN WHITE PROGRAM COST & ELIGIBILITY</u> <u>SUMMARY (YEAR 26)</u>	II, 1-24
<u>SECTION III: SERVICE DELIVERY STANDARDS & TREATMENT</u> <u>GUIDELINES</u>	III, 1-58
Ryan White Program System-wide Standards of Care	1-18
Ryan White Program Case Management Standards of Service	19-36
Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care (for all Part A and MAI providers)	37-39
HAB HIV Performance Measures (web links to the following measures, as may be amended):	40
Systems-LevelFrequently Asked Questions	
Ryan White Program Minimum Primary Medical Care Standards for Chart Review (local)	41-48
Ryan White Program Oral Health Care Standards (local)	49-54
Treatment Guidelines & Additional Service Delivery Standards	55-58

SECTION IV: LICENSING & ACCREDITATION REQUIREMENTS IV, 1-2

SECT	TION V: LETTERS OF NUTRITIONAL ASSESSMENT &	
	ICAL NECESSITY	
(in alp	phabetical order by service category) V, 1	l-15
Food	Bank	
a.	Ryan White Program Nutritional Assessment Letter for Food Bank Services (NOTE: Only required for food bank services beyond initial sixteen (16) occurrences per grant fiscal year)	1
Outpa	atient Medical Care	
a.	Letter of Medical Necessity for Antiretroviral Phenotype Resistance Assays For Experienced Patients (<i>note: not required for virtual phenotype tests</i>)	2
Presc	ription Drugs	
	Letter of Medical Necessity for Aptivus (Tipranavir)	3
	Letter of Medical Necessity for Fuzeon (Enfuvirtide) Letter of Medical Necessity for the Highly Sensitive Tropism Assay [Lab Test - required to prescribe Maraviroc (Selzentry); only when test is NOT	4
	covered by ViiV Healthcare or any other source]	5
	Letter of Medical Necessity for Neupogen (Filgrastim)	6
e. f.	Letter of Medical Necessity for Procrit or Epogen (Epoetin Alpha)	7
1.	Letter of Medical Necessity for Roxicodone (Oxycodone) and Percocet (Oxycodone/APAP)	8
	• F.A.C. Standards for Use of Controlled Substance	9-11
g.	Letter of Medical Necessity for Sporanox (Itraconazole)	12
h.	Letter of Medical Necessity for Testosterone Supplementation	13
i.	Nutritional Supplements Referral – Physician Letter of Medical Necessity for	
	Supplementation in ADULTS:	
	Criteria for Dispensing Nutritional Supplements	
	(Physician form – Page 1 of 2)	14
	• Criteria for Dispensing Nutritional Supplements (Dietitian form – Page 2 of 2)	15
	(Dietitian form – $r age 2 of 2$)	15
SECT	TION VI: CLIENT ELIGIBILITY REQUIREMENTSVI	1_16
<u>SEC I</u>	TON VI. CLIENT ELIGIDILITT REQUIREMENTS	, 1-10
a.	Acceptable documentation for client eligibility (contract excerpt)	1-5
b.	Out of Network Referral Form	6
с.	Eligibility Documentation Checklist	7-8

<mark>Revised 4/20/2016</mark>

FY 2016 (Year 26)

SECTION VI: CLIENT ELIGIBILITY REQUIREMENTS (continued)

Page

d.	Lab Test Results Reporting Form (required for clients who do not receive medical care from a local Ryan White Part A/MAI medical provider)	9
e.	2016 HHS Federal Poverty Guidelines	10-11
	Regular and Affordable Care Act income groupings)	
f.	Head of Household Letter of Support (template)	12
g.	Eligibility Specialist Referral Process (for Ryan White Program-funded services provided under contract with the Public Health Trust/South Florida AIDS Network)	13-14
h.	Statement of No Income and Local Residency (for Adolescents and Young Adults 18 to 25 years only, as appropriate), including instructions	15-16
SECI RELA	NTIAL FUNCTIONS VII, <u>TON VIII: ALLOWABLE MEDICAL CONDITIONS LIST (FOR HIV-</u> <u>ATED SERVICES)</u> VIII <u>TON IX: LOCAL IMPLEMENTATION OF THE AFFORDABLE CARE</u>	, 1-6
ACT	REQUIREMENTS IX, 1	l - 11
a. b. c. d.	ACA Exemption Checklist ACA Decline form, when applicable (when a client chooses not to enroll, ONLY AFTER the benefits of obtaining health insurance and the tax penalties for not enrolling have been fully explained	1-3 4-5 6
e. f.	to the client)	7

-- THIS PAGE INTENTIONALLY LEFT BLANK --