Ryan White Program Service Delivery Manual Fiscal Year 2021 (Year 31)

Section II – Cost and Eligibility Summary



Miami-Dade County
Office of Management and Budget
Grants Coordination

RYAN WHITE PROGRAM

FY 2021 (YEAR 31) COST AND ELIGIBILITY SUMMARY



Miami-Dade County
Office of Management and Budget
Grants Coordination

Effective March 1, 2021

(revised 3/8/2021)

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP)	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	PHS Price Plus Flat Fee Dispensing Rate (NOTE: This service is limited to medications found on the most current, local Ryan White Program Prescription Drug Formulary. Prescription drug providers should use the most cost-effective product, either brand or generic, whichever is less expensive at the time of dispensing.)	400%	HIV+ Physician or other Licensed Medical Practitioner's Referral or Prescription, with Letter of Medical Necessity if applicable	Yes

SERVICE	REPORTING	REIMBURSEMENT	REIMBURSEMENT	MAXIMUM %	ELIGIBLE HIV	REQUIRED
CATEGORY	UNIT	UNIT	RATE / CAP	OF 2021	STATUS	MEDICAID/
(listed in			a	FEDERAL	9 2	OTHER
alphabetical	, ** o*		u a n	POVERTY		PAYER
order)				LEVEL		SCREENING
	<u> </u>					
Emergency	Individual Drugs	Public Health Service	PHS Price Plus Flat Fee	400%	HIV+	Yes
Financial	Dispensed,	(PHS) 340B drug price of	Dispensing Rate		2 84	
Assistance	Number of Filled	Injectable/			Physician or other	
	Prescriptions,	Non-Injectable	(NOTE: This service is		Licensed Medical	
(limited services;	Dollar Expended	Medication Plus Flat Fee	limited to medications		Practitioner's	
allowable	per Drug,	Dispensing Rate	found on the most current,		Referral or	
prescription	and	, ·	local Ryan White		Prescription, with	
drugs only)	Unduplicated		Program Prescription		Letter of Medical	
8 8	Number of	, 6	Drug Formulary.		Necessity if	
(including MAI)	Clients Served	8 _ WI	Prescription drug		applicable	
	μ,	1	providers should use the		1 12 1	
" " · · · · · · · · · · · · · · · · · ·		e Total	most cost-effective	No. 1	4	
9 9			product, either brand or		* * *	
= 10	K F A		generic, whichever is less			
· ·	n 'n 4' an 'n		expensive at the time of	n 5		
N			dispensing.)	,	4 75 4	
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SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Food Bank	Food Bank Occurrence	Dollars per Food Bank Occurrence (weekly bag of groceries, including personal hygiene products), Plus a Dispensing Rate Providers will also submit a quarterly reconciliation of actual expenditures for food costs, staffing, and other line items listed on the approved budget.	Food Bank Services may be accessed on an emergency basis ONLY. The provision of this service may be limited to twenty (20) 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. Standard Provision: Groceries, including personal hygiene products when available, can be picked up on a weekly or monthly basis. Weekly client limit = \$65.00 per week at each pickup. Monthly client limit = \$65.00 per week multiplied by the number of times the original day of pick-up occurs in the month.	400%	HIV+ Client eligibility for this service must be certified by the Medical Case Med	Yes A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/
(listed in alphabetical order)		* , a * a * a * a * a * a * a * a * a *		FEDERAL POVERTY LEVEL	2 _N	OTHER PAYER SCREENING
E 1D 1	4.1122 1.12 1	D.II. B. 1D. 1	1 ()) ()	1000/		
Food Bank	Additional Food	Dollars per Food Bank	Additional Occurrences:	400%	For additional	Yes
(continued)	Bank Occurrence	Occurrence (weekly bag	A severe change to the		occurrences, the	
	. 8	of groceries, including	client's medical condition		client must be	A Ryan White
	* 0	personal hygiene	(i.e., new HIV-related		reassessed for the	Program
	5 8	products),	diagnosis/symptom,		"warranting"	Certified
	z"	Plus a Dispensing Rate	wasting syndrome,		medical condition	Referral, or an
	2 7 2		protein imbalance, recent		every four (4)	Out-of-Network
			chemotherapy or		months.	Referral
	2 (0.4)	a	hospitalization, etc.) may			including
	- Y	#1 53 ,	also warrant additional		Additional	appropriate
	y 2		occurrences of food bank		occurrences	backup
	5 0	e a	services.		require a Ryan	documentation,
	·				White Program	is required for
		* * * * * * * * * * * * * * * * * * *	Provision for Families:		Nutritional	this service.
			Each additional adult who		Assessment Letter	
			is HIV+ and lives in the		for Food Bank	
	· n	a	same household is eligible		Services to be	
			to receive an additional		completed by a	
		* -	\$65 per week in groceries,		licensed medical	
			subject to the same		provider or	
	. · · · · · · · · · · · · · · · · · · ·		general provisions above.		registered dietician.	
	# 5 I		Each dependent (i.e.,		registered dietician.	
	a		minors under 18 years of		For Families:	
			age and living in the same		The client must	
			household as the client		provide proof of	
	71 FT 88 TT -		who is HIV+) is also			
	2 H 10 10 11 11 11 11 11 11 11 11 11 11 11		eligible to receive \$20 per		dependent's age	
	1 1 1		week, subject to the same		and place of	
	n v - 5 - 5-		general provisions above.		residence.	

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SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance) (ADAP Premium Plus Program; limited assistance for clients with an ADAP- approved or COBRA policy)	Number of health insurance doctor office visit, lab, or diagnostic, and non-ADAP prescription drug, co-payments made on behalf of ADAP clients with a COBRA insurance policy who are enrolled in the Ryan White Part A Program, Dollars per Co-payment, Unduplicated Number of Clients Served, and Dollars Expended per Client	Dollars expended per client per allowable health insurance co-payment, plus a dispensing rate	Reimbursement will be based on documentation of dollars expended per allowable health insurance co-payment.	400%	HIV+	Yes Client must be willing to sign all required forms and to provide eligibility information. A complete financial assessment and disclosure are required.

SERVICE	REPORTING	REIMBURSEMENT	REIMBURSEMENT	MAXIMUM %	ELIGIBLE HIV	REQUIRED
CATEGORY	UNIT	UNIT	RATE / CAP	OF 2021	STATUS	MEDICAID/
(listed in				FEDERAL		OTHER
alphabetical				POVERTY		PAYER
order)				LEVEL		SCREENING
Health Insurance	Number of	Dollars Expended per	Reimbursement will be	400%	HIV+	Yes
Premium and	Health Insurance	Client per Health	based on documentation			
Cost Sharing	Deductible	Insurance Deductible,	of dollars expended per			Client must be
Assistance for	payments made	plus a Dispensing Rate	health insurance			willing to sign
Low-Income	on behalf of		deductible.			all required
Individuals	Ryan White					forms and to
(Health	Program Clients,					provide
Insurance	Dollars per					eligibility
Assistance)	Deductible,					information.
*	Unduplicated	я				
(Insurance	Number of					A complete
Deductibles)	Clients Served,					financial
	& Dollars					assessment and
	Expended per					disclosure are
	Client					required.
Health Insurance	Dollars per	Dollars Expended	Reimbursement is based	400%	HIV+	
Premium and	Prescription	per Prescription Drug Co-	on documentation of			
Cost Sharing	Drug Co-	payment/Co-Insurance,	dollars expended per		Prescription from a	
Assistance for	payment/Co-	plus a dispensing rate	prescription drug co-		Physician or other	
Low-Income	Insurance,	500 500	payment/co-insurance.		Licensed Medical	
Individuals	Unduplicated	a.			Practitioner for a	
(Health	Number of		Part A Program assistance		Ryan White Part A	
Insurance	Clients Served,		is restricted to those		Program-covered	
Assistance)	& Dollars		medications listed on the		medication	
(Prescription	Expended per		most current, local RWP		C. a sylpholic deposit	
Drug Co-	Client		Prescription Drug			
payments or			Formulary			
Co-insurance)						
				V =		

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance) (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.	400%	HIV+	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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SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance) (ACA Copayments)	Number of program allowable ACA Co-payments made on behalf of a Ryan White Program Client, Dollars Expended per ACA Copayment, Unduplicated	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. Doctor/medical practitioner office visit co-payments are also limited to programallowable medical conditions (i.e., HIV related, comorbidity	400%	HIV+	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
Includes, where applicable: Prescription Drug copayments Doctor / medical practitioner office visit copayments Lab & Diagnostic copayments	Number of Clients Served, and Dollars Expended per Client	-	related, or related to complications of HIV treatment). Part A assistance with Prescription drug copayments is for medications on the most current Part A Prescription Drug Formulary. No assistance is provided for clients with prescription drug discount cards.		·	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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SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Medical Case	Type of One-	One unit equals one	\$1.15 / Minute	400%	HIV+	Yes
Management	Minute Activity	minute of actual activity	41110 / 1/1111000	10070	****	105
(including	by a Medical	time	a San San San San San San San San San Sa	1 2 19 3 T		
Treatment	Case Manager or		* 4	12		×
Adherence	Medical Case	* * 7		5 4 8		9
Services)	Management	74		* **		8
561 (1665)	Supervisor with			. 1 a 1		x ' c
(MCM;	or on behalf of					* 2
including MAI)	Client	B 2 2				
	(Face-to-Face or					
	Other)		₩ (+ 0 (+	2		
	and	5 ×	10.			No.
	Unduplicated	9 0 0		5 H		
	Number of	N 2 ^H &		* *		
	Clients Served	4 11 12		14 V		A 16
	Sheme Berrea	o sy the	n 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1	P = 1		
Medical Case	Type of One-	One unit equals one	\$0.65 / Minute	400%	HIV+	Yes
Management	Minute Activity	minute of actual activity	a			
(incl. Treatment	by a Peer	time				
Adherence	Educator or					
Services)	MCM Assistant	2			5	
(MCM):	with or on behalf	2	S 10 00 00 00 00 00 00 00 00 00 00 00 00	,	11 11	
	of Client (Face-	at the state of th		1 1 1 1 1 1 1	H 200	
Peer Education	to-Face or Other)	10 ° ×	, a		-	
and Support	and	23 N		- 87		
Network	Unduplicated			a a		
(PESN), locally	Number of	- 1031 g				
(including MAI)	Clients Served		× 21			

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Medical Transportation (incl. MAI) (Discounted EASY Tickets) OR - PROPOSED ALTERNATIVE METHOD OF TRANSPORTA- TION PER RESPONSE TO RFP NO. RW-DS-0320; WITH REPORTING UNIT, REIMBURSE- MENT UNIT, REIMBURSE- MENT UNIT, CAP TO BE NEGOTIATED WITH COUNTY RWP	Dollars per Medical Transportation voucher, Number of Medical Transportation vouchers, and Unduplicated Number of Clients Served	Dollars per Voucher Cost of a Medical Transportation voucher, Plus a Dispensing Rate Not to Exceed 15%	Cost of a Medical 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 subrecipient's approved line item budget)	400%	HIV+ Medical Case Management Referral Case Manager recertification required every 6 months.	Yes Clients must be screened for eligibility of Miami-Dade County Golden Passport Program, Patriot Passport Program, Special Transportation Services (STS), Miami-Dade Transit Transportation Disadvantaged Program, Medicaid (including MMA & LTC), 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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SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Mental Health Services (including MAI for both Level I and Level II) (Level I -	½ Hour Counseling Session and Unduplicated Number of Clients Served	Individual: ½ Hour Counseling Session per Client	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)	400%	HIV+	Yes
Individual and Group) (PhD, EdD, or PsyD; and licensed by the State of Florida as a Licensed Clinical Psychologist, LCSW, LMHC, or LMFT)		Group: ½ Hour Counseling Session per Counselor	Group: \$35.00 per unit (minimum of 3 Ryan White Program clients to a maximum of 15 total clients)			

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Mental Health Services (Level II - Individual and Group) [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, postdoctoral residents, 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]	1/2 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%	HIV+	Yes

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SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Oral Health Care	Type of Oral	Reimbursement rates are	Reimbursement rates are	400%	HIV+	Yes
Orar Frounti Care	Health Care	based on the American	as indicated in the most	40070	III V	103
(dental staff with	Procedure	Dental Association's 2021	current, local Ryan White	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
appropriate	Provided during	Current Dental	Program Oral Health Care			
credentials,	Client Dental	Terminology (CDT 2021)	Formulary, per procedure.			127
licensing and	Office Visit.	codes for dental	These rates are flat fee as	a a se		
training, where	and	procedures.	determined by the Miami-			
applicable,	Unduplicated	procedures.	Dade County Ryan White			g
including	Number of	Oral Health Care (OHC)	Program. No multiplier.	e ii , i , -		2 5
dentists, dental	Clients Served	services are limited to				n
specialists,	Chents berved	procedures found on the	Max. Annual Limit (per	F 40 90		
dental hygienists,		most current, local Ryan	RW Part A Fiscal Year)	3		¹⁷ a
dental assistants)		White Program Oral	for this service = \$6,500			9) [
demai desistants)		Health Care Formulary.	per client			۵
		Ticatti Care I officially.	Very limited exceptions	***		7.
" " " " " " " " " " " " " " " " " " "			to the annual limit may be	M		v - 1
			approved by the Miami-	17 4 7 7		= 2
W 14		0 E	Dade County Office of			
0			Management & Budget-	E ins		
		. · · · · · · · · · · · · · · · · · · ·	Ryan White Program,			,
Tare or			with consultation from the	' n		
2 100		Maria de la companya del companya de la companya de la companya del companya de la companya de l	Miami-Dade HIV/AIDS	2 1 20 2		
24		· ·	Partnership as needed, on	, a		1
. 8			a case-by-case basis for	· · · · · · · · · · · · ·		* n = r
- ×		"a 20 11 11 11	the provision of			
			preventative Oral Health			
		S. J. P.	Care services only.	0.0		2 2 2 2 2

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Other Professional Services (Legal Services & Permanency Planning)	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	400%	HIV+	Yes A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Outpatient/ Ambulatory Health Services (including MAI) (PHYSICIANS / MEDICAL PRACTITION- ERS)	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 2021 Florida Medicare Part B Physician Fee Schedule (Participating, Locality/Area 04), modified January 5, 2021, for Evaluation and Management (E&M) codes for outpatient medical care and psychiatric visits only. Inpatient and emergency room services are not covered. All other non-E&M procedures will be reimbursed at the applicable 2021 Medicare rate, no multiplier, per the corresponding Ryan White Program Service Delivery Guidelines, Section I, for Outpatient/Ambulatory Health Services.	Maximum multiplier rate of 2.5, will be applied to Medicare reimbursable rates for Evaluation and Management codes for outpatient medical care and psychiatric visits only. No multiplier for non-E&M procedures. 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 AIDS Pharmaceutical Assistance (LPAP) service category.	400%	HIV+ 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

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Outpatient/ Ambulatory Health Services (including MAI) (cont'd) (ASC)	(see previous page)	Medical Procedures performed at Ambulatory Surgical Centers (ASCs) will be reimbursed at rates found in the 2021 Florida Medicare ASC Fee Schedule, by HCPCS Codes and Payment Rates, for Core Based Statistical Area (CBSA) Miami (33124), modified January 5, 2021.	No multiplier will be applied to the Medicare ASC Reimbursement Rates. Billing is restricted to OMB-GC-approved organizations with on-site or affiliated ASCs only.	400%	HIV+ 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	Yes
(OPPS)		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) 2021 Fee Schedule (corrected February 22, 2021.	No multiplier will be applied to the Medicare OPPS Reimbursement Rates. Billing is restricted to OMB-GC-approved organizations with on-site or affiliated outpatient hospital centers only.		professional Referrals 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	

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SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Outpatient/ Ambulatory Health Services (including MAI) (cont'd)	(see previous page)	(see previous page)	(see previous page)	(see previous page)	to a client's HIV diagnosis, a related co-morbidity, a condition aggravated or exacerbated by HIV, or a complication of HIV treatment). Please refer to the most current Allowable Medical Conditions, as may be amended. (See Section VIII of the corresponding Ryan White Program Service Delivery Guidelines book for a copy of this list.)	(see previous page)

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SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/
(listed in alphabetical order) -				FEDERAL POVERTY LEVEL		OTHER PAYER SCREENING
Outpatient/ Ambulatory Health Services (including MAI)	(see previous page)	Laboratory procedures will be reimbursed at rates included in the 2021 Medicare Clinical Diagnostic Laboratory	No multiplier will be applied to laboratory fees.	400%	HIV+ Referral from a primary care physician is	Yes
(cont'd) (Labs)		Fee Schedule, for Florida (FL), for Quarter 1, updated January 25, 2021.			required for outpatient specialty care, except for psychiatric services which may be	
(Injectables)		Injectables will be reimbursed at rates included in the 2021 Medicare Part B Drug Average Sales Price (ASP) Drug Pricing Files, Payment Allowance Limits for Medicare Part B Drugs, updated March 4, 2021.	No multiplier will be applied to injectable fees.		requested by a mental health care professional	

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/
(listed in alphabetical order)	* " " 1			FEDERAL POVERTY LEVEL		OTHER PAYER SCREENING
Outreach	Type of 15-	Equal installments	Performance-based	N/A	HIV+	Yes
Services	Minute Outreach	of annual award as may be	g II			
(including MAI)	Encounter	amended through	Performance will be	(NOTE: to be		2
	[Face-to-Face or	Reallocations/Sweeps	reviewed quarterly.	eligible for Part		
	Other (i.e.,	(e.g., 1/12 th of award	Penalties will be applied	A or MAI		
	Telephone	per month)	to subsequent monthly	services,		
	Contact, Referral	- 1	payments within the grant	outreach clients		1
	Activity, etc.)]	s "	fiscal year where the	must have gross		9
	and	0. ·	subrecipient fails to	household		¥.
	Unduplicated	n v	connect at least 50% of	income at or		9
	Number of		the newly diagnosed	below 400% of		
	Clients Served	* * * * * *	clients contacted or re-	the federal		
		x 2	connect at least 50% of	poverty level.)	* -3**	·*
	See full Service		the return to care clients			= 25 a
	Definition for	All administrative	contacted to	V 97		n ,
	details regarding	and/or indirect expenses	Outpatient/Ambulatory			B (4
	the minimum	are capped at 10%	Health Services and/or			· .
	required new	of the total award	Medical Case		- g	E 2
	connections	for the service category.	Management services.	K 27 % 12 %		-
	(50%), and the	ي ،	5			%X
	re-connections		See the local FY 2021		A 8 6	
0.00	(50%), to		Service Delivery	- v		70 ×
2 2	Outpatient/		Guidelines, Section I.	2 2 2		
	Ambulatory	20 E	Service Definition.		n "	
8 ° × 1	Health Services		Outreach Services, for a			* * 8
	and/or Medical		breakdown of the	,	ar to	
	Case	1 2 4	penalties.			12 ° 15
72	Management		ponditios.		2 0 8	2

SERVICE CATEGORY (listed in	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER
alphabetical order)				POVERTY LEVEL	a ok _a n 2	PAYER SCREENING
Substance Abuse	Number of ½	Individual:	Individual:	400%	HIV+	Yes
Outpatient Care	Hour Counseling Sessions and	½ Hour Counseling Session	\$30.00 per unit	*	,	100
(including MAI)	Unduplicated Number of	per Client & Family Member	To a superior of the superior	e e		
(Level I -	Clients Served	-" #	an e e			
Individual and		Group:	Group:	90		
Group)	- '-	½ Hour Counseling	\$34.00 per unit	* 2		
	n n	Session	(minimum of 3 Ryan	1 1 1	# T	
(PhD or	× 1	per Counselor	White Program clients to	W 11	Tig.	
Master's level in	, *		a maximum of 15 total	y = 10	4	
an appropriate counseling field;		OR	clients)		a	
and preferably	e o	IF APPROVED FOR			9Ä	
licensed as		ALTERNATIVE		75		
certified		METHOD OF	<i>y</i>	V 4	0.5	
addiction	0.8 0.8	SUBSTANCE ABUSE	5.7			
profession	a	OUTPATIENT CARE	4.			
(CAP), LCSW,		PER RESPONSE TO		4		
LMHC, LMFT,	30 30 30 30 30 30 30 30 30 30 30 30 30 3	RFP NO.	1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1 , e 1	92.5	e	
or Licensed) (4) (4) (4) (4) (4) (4) (4) (4	RW-DS-0320,		2 00	a *	
Clinical	128 p	REPORTING UNIT, REIMBURSEMENT			8 W 8	
Psychologist)		UNIT, & REIMBURSE-	1	G .		
1 sychologist)	S 10 6	MENT RATE / CAP			2 . * 3	
		WILL BE NEGOTIATED	A	*	190	
	2 0	WITH COUNTY RWP				
				2 2 1 1 2	e n n n we	

SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Substance Abuse Outpatient Care	Number of ½ Hour Counseling Sessions and	Individual: ½ Hour Counseling Session	Individual: \$27.00 per unit	400%	HIV+	Yes
(including MAI) (Level II -	Unduplicated Number of Clients Served	per Client and/or Family Member, as appropriate				
Individual and		Group:	Group:	100	in a second	
Group)	, i	1/2 Hour Counseling	\$30.00 per unit		**	
	√° a	Session	(minimum of 3 Ryan	e a company of	0	
(non-certified	. "	per Counselor	White Program clients to			
personnel	S 20 0		a maximum of 15 total	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
supervised by		OR	clients)	× ,		
professionals	- w 3 section		3 20 1	^	K 8	
with appropriate	× .	IF APPROVED FOR	a 18		· · · · · · · · · · · · · · · · · · ·	
Level I substance		ALTERNATIVE	, .o .	· · · · · · ·	4	
abuse outpatient		METHOD OF SUBSTANCE ABUSE	*			
care credentials)	8.	OUTPATIENT CARE	5 8 6 5	, "	N	
	New Array	PER RESPONSE TO	and the second s		± 00 0	
	8	RFP NO.	* · · ·		*	
	, av	RW-DS-0320,	. 91			
	n 2 1	REPORTING UNIT,		*		
	9	REIMBURSEMENT				
	1 to 1 to 2 to 2	UNIT, & REIMBURSE-		9 9 A		
		MENT RATE / CAP WILL BE NEGOTIATED	<i>5</i>			
	* *,	WITH COUNTY RWP		1 1	ii	
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	7			70.7		
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SERVICE CATEGORY (listed in alphabetical order)	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
Substance Abuse Services - Residential	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 \$210.00 per client per day (The actual rate is set upon request to and approval by Miami-Dade County Office of Management & Budget-Grants Coordination/Ryan White Program) [up to a maximum of 120 days within a 12-month period; 12-months begins on the 1st 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]	400%	HIV+	Yes A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.