

**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)

Attachment C
Effective March 1, 2021

<p style="text-align: center;">RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2021 (YR 31) <u>IMPORTANT: To be eligible for local Ryan White Program Part A and Minority AIDS Initiative (MAI)-funded services, “clients” are people with HIV who physically reside in Miami-Dade County and meet local income level requirements (based on gross household income). The Ryan White Program MUST be the payer of last resort.</u></p>						
SERVICE CATEGORY <i>(listed in alphabetical order)</i>	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

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Emergency Financial Assistance (limited services; allowable prescription drugs only) (including MAI)	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

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Food Bank	Food Bank Occurrence	<p>Dollars per Food Bank Occurrence (weekly bag of groceries, including personal hygiene products), Plus a Dispensing Rate</p> <p>Providers will also submit a quarterly reconciliation of actual expenditures for food costs, staffing, and other line items listed on the approved budget.</p>	<p>Food Bank Services may be accessed on an emergency basis ONLY.</p> <p>The provision of this service 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.</p> <p>Standard Provision: Groceries, including personal hygiene products when available, can be picked up on a weekly or monthly basis.</p> <p>Weekly client limit = \$65.00 per week at each pickup.</p> <p>Monthly client limit = \$65.00 per week multiplied by the number of times the original day of pick-up occurs in the month.</p>	400%	<p>HIV+</p> <p>Client eligibility for this service must be certified by the Medical Case Manager</p> <p>Medical Case Mgmt. referral and has applied for Food Stamps, as appropriate.</p> <p>Clients who receive Food Stamp or SNAP benefits of \$100.00 or less per month per person in the household may also receive Part A Food Bank assistance. (Due to COVID-19, the cap is \$234.00 per person through 6/30/2021.)</p>	<p>Yes</p> <p>A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.</p>

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Food Bank (continued)	Additional Food Bank Occurrence	Dollars per Food Bank Occurrence (weekly bag of groceries, including personal hygiene products), Plus a Dispensing Rate	<p>Additional Occurrences: A severe change to the client’s medical condition (i.e., new HIV-related diagnosis/symptom, wasting syndrome, protein imbalance, recent chemotherapy or hospitalization, etc.) may also warrant additional occurrences of food bank services.</p> <p>Provision for Families: Each additional adult who is HIV+ and lives in the same household is eligible to receive an additional \$65 per week in groceries, subject to the same general provisions above. Each dependent (i.e., minors under 18 years of age and living in the same household as the client who is HIV+) is also eligible to receive \$20 per week, subject to the same general provisions above.</p>	400%	<p>For additional occurrences, the client must be reassessed for the “warranting” medical condition every four (4) months.</p> <p>Additional occurrences require a Ryan White Program Nutritional Assessment Letter for Food Bank Services to be completed by a licensed medical provider or registered dietician.</p> <p>For Families: The client must provide proof of dependent’s age and place of residence.</p>	<p>Yes</p> <p>A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this service.</p>

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Health Insurance 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.

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Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance) (Insurance Deductibles)	Number of Health Insurance Deductible payments made on behalf of Ryan White Program Clients, Dollars per Deductible, Unduplicated Number of Clients Served, & Dollars Expended per Client	Dollars Expended per Client per Health Insurance Deductible, plus a Dispensing Rate	Reimbursement will be based on documentation of dollars expended per health insurance deductible.	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.
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance) (Prescription Drug Co-payments or Co-insurance)	Dollars per Prescription Drug Co-payment/Co-insurance, Unduplicated Number of Clients Served, & Dollars Expended per Client	Dollars Expended per Prescription Drug Co-payment/Co-insurance, plus a dispensing rate	Reimbursement is based on documentation of dollars expended per prescription drug co-payment/co-insurance. Part A Program assistance is restricted to those medications listed on the most current, local RWP Prescription Drug Formulary	400%	HIV+ Prescription from a Physician or other Licensed Medical Practitioner for a Ryan White Part A Program-covered medication	

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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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<p>Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance)</p> <p>(ACA Co-payments)</p> <p>Includes, where applicable:</p> <ul style="list-style-type: none"> • Prescription Drug co-payments • Doctor / medical practitioner office visit co-payments • Lab & Diagnostic co-payments 	<p>Number of program allowable ACA Co-payments made on behalf of a Ryan White Program Client, Dollars Expended per ACA Co-payment, Unduplicated Number of Clients Served, and Dollars Expended per Client</p>	<p>Dollars Expended per ACA Co-payment per Client, plus a Dispensing Rate.</p>	<p>Reimbursement will be based on documentation of the cost of each ACA Co-payment.</p> <p>Doctor/medical practitioner office visit co-payments are also limited to program-allowable medical conditions (i.e., HIV related, comorbidity related, or related to complications of HIV treatment).</p> <p>Part A assistance with Prescription drug co-payments is for medications on the most current Part A Prescription Drug Formulary.</p> <p>No assistance is provided for clients with prescription drug discount cards.</p>	<p>400%</p>	<p>HIV+</p>	<p>Yes</p> <p>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.</p> <p>Client must be willing to sign all required forms and to provide eligibility information.</p> <p>A complete financial assessment and disclosure are required.</p>

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Medical Case Management (including Treatment Adherence Services) (MCM; including MAI)	Type of One-Minute Activity by a Medical Case Manager or Medical Case Management Supervisor with or on behalf of Client (Face-to-Face or Other) and Unduplicated Number of Clients Served	One unit equals one minute of actual activity time	\$1.15 / Minute	400%	HIV+	Yes
Medical Case Management (incl. Treatment Adherence Services) (MCM): Peer Education and Support Network (PESN), locally (including MAI)	Type of One-Minute Activity by a Peer Educator or MCM Assistant with or on behalf of Client (Face-to-Face or Other) and Unduplicated Number of Clients Served	One unit equals one minute of actual activity time	\$0.65 / Minute	400%	HIV+	Yes

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<p>Medical Transportation (incl. MAI) (Discounted EASY Tickets)</p> <p style="text-align: center;">-- OR --</p> <p>PROPOSED ALTERNATIVE METHOD OF TRANSPORTATION PER RESPONSE TO RFP NO. RW-DS-0320; WITH REPORTING UNIT, REIMBURSEMENT UNIT, & REIMBURSEMENT RATE / CAP TO BE NEGOTIATED WITH COUNTY RWP</p>	<p>Dollars per Medical Transportation voucher, Number of Medical Transportation vouchers, and Unduplicated Number of Clients Served</p>	<p>Dollars per Voucher Cost of a Medical Transportation voucher, Plus a Dispensing Rate Not to Exceed 15%</p>	<p>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)</p>	<p>400%</p>	<p>HIV+</p> <p>Medical Case Management Referral</p> <p>Case Manager re-certification required every 6 months.</p>	<p>Yes</p> <p>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.</p> <p>A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.</p>

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

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Mental Health Services (Level II - Individual and Group) <i>[MS, MA, MSW, or MEd; and licensed by the State of Florida as a LCSW, LMHC, or LMFT; or Florida registered interns as defined by Florida Statute 491.0045, or interns, 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]</i>	½ Hour Counseling Session and Unduplicated Number of Clients Served	Individual: ½ Hour Counseling Session per Client Group: ½ Hour Counseling Session per Counselor	Individual: \$32.50 per unit <i>(MAX: 32 encounters per fiscal year and 5 units or 2 ½ hours per session; 1 encounter = 1 day of service)</i> Group: \$35.00 per unit <i>(minimum of 3 Ryan White Program clients to a maximum of 15 total clients)</i>	400%	HIV+	Yes

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Oral Health Care <i>(dental staff with appropriate credentials, licensing and training, where applicable, including dentists, dental specialists, dental hygienists, dental assistants)</i>	Type of Oral Health Care Procedure Provided during Client Dental Office Visit, and Unduplicated Number of Clients Served	Reimbursement rates are based on the American Dental Association’s 2021 Current Dental Terminology (CDT 2021) codes for dental procedures. Oral Health Care (OHC) services are limited to procedures found on the most current, local Ryan White Program Oral Health Care Formulary.	Reimbursement rates are as indicated in the most current, local Ryan White Program Oral Health Care Formulary, per procedure. These rates are flat fee as determined by the Miami-Dade County Ryan White Program. No multiplier. Max. Annual Limit (per RW Part A Fiscal Year) for this service = \$6,500 per client Very limited exceptions to the annual limit may be approved by the Miami-Dade County Office of Management & Budget-Ryan White Program, with consultation from the Miami-Dade HIV/AIDS Partnership as needed, on a case-by-case basis for the provision of preventative Oral Health Care services only.	400%	HIV+	Yes

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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.

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Outpatient/ Ambulatory Health Services (including MAI) (PHYSICIANS / MEDICAL PRACTITIONERS)	Client Outpatient Medical Visit, Type of Medical Procedures Provided during Visit, and Unduplicated Number of Clients Served	Multiplier applied to reimbursable procedure rate listed in the Year 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

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Outpatient/ Ambulatory Health Services (including MAI) (cont'd) (ASC) (OPPS)	(see previous page)	<p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p>	400%	<p>HIV+</p> <p>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. 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 medical condition (i.e., is in relation</p>	Yes

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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 <i>(listed in alphabetical order)</i> ~	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT RATE / CAP	MAXIMUM % OF 2021 FEDERAL POVERTY LEVEL	ELIGIBLE HIV STATUS	REQUIRED MEDICAID/ OTHER PAYER SCREENING
<p>Outpatient/ Ambulatory Health Services (including MAI)</p> <p>(cont'd)</p> <p>(Labs)</p> <p>(Injectables)</p>	(see previous page)	<p>Laboratory procedures will be reimbursed at rates included in the 2021 Medicare Clinical Diagnostic Laboratory Fee Schedule, for Florida (FL), for Quarter 1, updated January 25, 2021.</p> <p>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.</p>	<p>No multiplier will be applied to laboratory fees.</p> <p>No multiplier will be applied to injectable fees.</p>	400%	<p>HIV+</p> <p>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</p>	Yes

<p style="text-align: center;">RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2021 (YR 31) <u>IMPORTANT: To be eligible for local Ryan White Program Part A and Minority AIDS Initiative (MAI)-funded services, “clients” are people with HIV who physically reside in Miami-Dade County and meet local income level requirements (based on gross household income). The Ryan White Program MUST be the payer of last resort.</u></p>						
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
Outreach Services (including MAI)	<p>Type of 15-Minute Outreach Encounter [Face-to-Face or Other (i.e., Telephone Contact, Referral Activity, etc.)) and Unduplicated Number of Clients Served</p> <p>See full Service Definition for details regarding the minimum required new connections (50%), and the re-connections (50%), to Outpatient/ Ambulatory Health Services and/or Medical Case Management</p>	<p>Equal installments of annual award as may be amended through Reallocations/Sweeps (e.g., 1/12th of award per month)</p> <p>All administrative and/or indirect expenses are capped at 10% of the total award for the service category.</p>	<p>Performance-based</p> <p>Performance will be reviewed quarterly. Penalties will be applied to subsequent monthly payments within the grant fiscal year where the subrecipient fails to connect at least 50% of the newly diagnosed clients contacted or re-connect at least 50% of the return to care clients contacted to Outpatient/Ambulatory Health Services and/or Medical Case Management services.</p> <p>See the local FY 2021 Service Delivery Guidelines, Section I, Service Definition. Outreach Services, for a breakdown of the penalties.</p>	<p>N/A</p> <p>(NOTE: to be eligible for Part A or MAI services, outreach clients must have gross household income at or below 400% of the federal poverty level.)</p>	HIV+	Yes

<p style="text-align: center;">RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2021 (YR 31) <u>IMPORTANT: To be eligible for local Ryan White Program Part A and Minority AIDS Initiative (MAI)-funded services, “clients” are people with HIV who physically reside in Miami-Dade County and meet local income level requirements (based on gross household income). The Ryan White Program MUST be the payer of last resort.</u></p>						
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 (including MAI) (Level I - Individual and Group) (PhD or Master's level in an appropriate counseling field; and preferably licensed as certified addiction profession (CAP), LCSW, LMHC, LMFT, or Licensed Clinical Psychologist)	Number of ½ Hour Counseling Sessions and Unduplicated Number of Clients Served	<p>Individual: ½ Hour Counseling Session per Client & Family Member</p> <p>Group: ½ Hour Counseling Session per Counselor</p> <p style="text-align: center;">-- OR --</p> <p>IF APPROVED FOR ALTERNATIVE METHOD OF SUBSTANCE ABUSE OUTPATIENT CARE PER RESPONSE TO RFP NO. RW-DS-0320, REPORTING UNIT, REIMBURSEMENT UNIT, & REIMBURSEMENT RATE / CAP WILL BE NEGOTIATED WITH COUNTY RWP</p>	<p>Individual: \$30.00 per unit</p> <p>Group: \$34.00 per unit (minimum of 3 Ryan White Program clients to a maximum of 15 total clients)</p>	400%	HIV+	Yes

Attachment C
Effective March 1, 2021

<p style="text-align: center;">RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2021 (YR 31) <u>IMPORTANT: To be eligible for local Ryan White Program Part A and Minority AIDS Initiative (MAI)-funded services, “clients” are people with HIV who physically reside in Miami-Dade County and meet local income level requirements (based on gross household income). The Ryan White Program MUST be the payer of last resort.</u></p>						
SERVICE CATEGORY <i>(listed in alphabetical order)</i>	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 (including MAI) (Level II - Individual and Group) <i>(non-certified personnel supervised by professionals with appropriate Level I substance abuse outpatient care credentials)</i>	Number of ½ Hour Counseling Sessions and Unduplicated Number of Clients Served	<p>Individual: ½ Hour Counseling Session per Client and/or Family Member, as appropriate</p> <p>Group: ½ Hour Counseling Session per Counselor</p> <p>-- OR --</p> <p>IF APPROVED FOR ALTERNATIVE METHOD OF SUBSTANCE ABUSE OUTPATIENT CARE PER RESPONSE TO RFP NO. RW-DS-0320, REPORTING UNIT, REIMBURSEMENT UNIT, & REIMBURSEMENT RATE / CAP WILL BE NEGOTIATED WITH COUNTY RWP</p>	<p>Individual: \$27.00 per unit</p> <p>Group: \$30.00 per unit <i>(minimum of 3 Ryan White Program clients to a maximum of 15 total clients)</i></p>	400%	HIV+	Yes

<p style="text-align: center;">RYAN WHITE PROGRAM COST AND ELIGIBILITY SUMMARY – FY 2021 (YR 31) <u>IMPORTANT: To be eligible for local Ryan White Program Part A and Minority AIDS Initiative (MAI)-funded services, “clients” are people with HIV who physically reside in Miami-Dade County and meet local income level requirements (based on gross household income). The Ryan White Program MUST be the payer of last resort.</u></p>						
SERVICE CATEGORY <i>(listed in alphabetical order)</i>	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	<p>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)</p> <p>[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]</p> <p>[rate includes the cost of family member(s) participating in the substance abuse counseling session provided during day of treatment]</p>	400%	HIV+	<p>Yes</p> <p>A Ryan White Program Certified Referral, or an Out-of-Network Referral including appropriate backup documentation, is required for this support service.</p>