

**Fiscal Year (FY) 2019 Ryan White Program
Service Delivery Guidelines
Summary of Updates**

The following is a snapshot of changes made to the Service Delivery Guidelines (SDG) from FY 2018 to FY 2019; see the actual Guidelines for details:

Section I: Service Definitions

1) Table of Contents

- a. This section continues to list the service categories in alphabetical order.
- b. The FY 2018 Service Priority numbers (SP#) will continue for FY 2019, due to the contract extension process.
- c. Page numbers for Sections III through XV are in the process of being updated.
- d. **Removed the “Premium and Cost Sharing Assistance for Low Income Individuals” document.**

2) General Requirements

- a) Updated Client Eligibility Criteria:
 - (1) Emphasis was added in bold as a reminder that when looking up the Property Information on the property tax page of the Miami-Dade County Tax Collector website the search **MUST** be conducted using the client’s name, not solely on the address of record. Also, note that the web address changed from <https://www.miamidade.county-taxes.com/public> to <https://miamidade.county-taxes.com/public>. For example, at this web page, in the box below “TaxSys® Search”, type the client’s full, legal name, click the “Property Tax” box, then click “Search”. Print a copy of the search results and maintain a copy in the client’s file. Client’s with rental income must include this in the calculation for the gross household income.
- b) Made a minor change to Section II, Minority AIDS Initiative (MAI). The phrase “treatment guidelines and” was added to the second bullet under the section regarding “overarching goals.”
- c) Updated references to the new FY 2019 Federal Poverty Level (FPL) Guidelines throughout the FY 2019 SDG.
- d) Updated the required disclaimer under “V. Required Disclaimer for HRSA-supported publications,” per HRSA guidance, as follows:

“This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with XX percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.”
- e) Update Section VII, Program Income, to include reference to the Imposition of Charges legislative requirement. Attached please find a related HRSA Webinar, with more information. Subrecipients should develop internal policies and procedures regarding the Imposition of Charges.

- 3) **AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP)**
- a) Removed reference to ViiV Healthcare under the Highly Sensitive Tropism Assay Letter of Medical Necessity entry since ViiV Healthcare’s Tropism Access Program has ended and ViiV no longer pays for the test.
- 4) **Food Bank**
- a) Updated reference to the Part A Program fiscal year.
 - b) Revised the Food Stamp reference to the “new” program name: Supplemental Nutrition Assistance Program (SNAP). Clarified that the \$100 maximum SNAP benefit limitation is \$100 per person in the household.
 - c) **Income eligibility increased to 400% of the Federal Poverty Level, effective July 1, 2019.**
- 5) **Health Insurance Assistance**
- (1) Updated to reflect program changes for the Affordable Care Act (ACA) implementation in calendar year 2019, including, but not limited to, information about the transition of clients to ADAP to pay ACA premiums and the 29 ADAP-approve insurance plans.
- 6) **Medical Case Management, Including Treatment Adherence Services (Medical Case Management) [locally, also includes Peer Education and Support Network (PESN)]**
- a) No significant changes.
- 7) **Medical Transportation (vouchers)**
- a) Bolded emphasis added for the distribution timeframe: **“no later than the 5th business day of the month”**.
 - b) Changed client income eligibility for this service category, at the direction of the Miami-Dade HIV/AIDS Partnership, from 150% of the Federal Poverty Level (FPL) to **250% FPL, effective March 1, 2019.**
 - c) **Income eligibility increased again to 400% of the Federal Poverty Level, effective July 1, 2019.**
 - d) **Clarification of Medical Transportation’s requirement of a three (3) visits (which relates the service to its intent of helping the client remain adherent to HIV treatment):**
 - (1) **Any combination of medical and/or social service appointments totaling three (3) for the month [i.e., a minimum of 3 appointments in a month, ANY combination of medical and/or social service appt. totaling 3 or more; Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings count]**
- 8) **Mental Health Services**
- a) No significant changes.
- 9) **Oral Health Care**
- a) Maintained the changes from FY 2018 regarding the reimbursement structure and the increase in the annual cap to a maximum of \$6,500 per client per grant fiscal year.
 - b) Updated reference to the American Dental Association’s new Current Dental Terminology (CDT) 2019 book.
 - c) Added reference to Medicaid’s expanded dental insurance carriers for its members with Managed Medical Assistance (MMA) or Long-Term Care (LTC) coverage who have LIBERTY Dental, DentaQuest, or MCNA Dental benefits (as may be amended), where screening for public sector funding was indicated.

10) Other Professional Services (Legal Services and Permanency Planning)

- a) **Income eligibility increased to 400% of the Federal Poverty Level, effective July 1, 2019.**

11) Outpatient/Ambulatory Health Services

- a) Changed reference to the Allowable Medical Conditions list, removing the date of last update, and replacing that phrase with, "A list of the most current..., as may be amended."
- b) Removed reference to ViiV Healthcare's assistance in paying for the Trofile Tropism Assay, since they discontinued paying for the test on July 1, 2018 due to the low volume of requests.
 - (1) The local Ryan White Program is working with the Florida Department of Health to determine a payer source for this test and develop a process to cover the test, only when medically necessary and appropriate.
- c) Updated Fee Schedule references. Related email sent to providers of this service category on 2/25/2019.
- d) Removed the following restriction from this service category guideline: "Treatment of Gender Identity Disorder/Gender Dysphoria (e.g., Delestrogen, and its administration, etc.) are not considered related to HIV, a co-morbidity, or a complication of HIV treatment, and, therefore, is not covered by the Ryan White Program."
 - (1) HRSA has informed us that, based on a discussion at the clinical portion of the National Ryan White Conference in December 2018, that "ADAPs can cover hormone therapy. As long as the medication is FDA approved, ADAPs have the option of covering. It is also allowable for LPAPs to cover if the ADAP formulary does not have the drug. The other service category that can cover ongoing medication costs would be Outpatient/Ambulatory Health Services if the clinic dispenses the medications as part of medical care. It would depend on how the clinic structures the service, but it is allowable." Partnership committees are currently reviewing this issue to determine how best to implement this change locally, as well as recommendations on how to ensure that services to the transgender community are welcoming, gender-affirming, discrete, and respectful.

12) Outreach Services

- a) No significant changes.
- b) **IMPORTANT NOTE:** Due to the nature of the extension contracts for FY 2019, there will be **no** change to the reimbursement structure for this service category for the period of March 1, 2019 through February 29, 2020. Outreach services will continue to be paid based on a line item budget. This is expected to change with the next Request for Proposals process.

13) Substance Abuse Services – [includes Substance Abuse Outpatient Care and Substance Abuse Services (Residential)]

- a) **Income eligibility increased to 400% of the Federal Poverty Level, effective July 1, 2019, for residential substance abuse treatment.**

Section II: Cost & Eligibility Summary

This document was updated to reflect the changes to the fee schedules, reimbursement process updates, and income eligibility noted above.

Section III: Standards

- a) **Posted Primary Medical Standards transmittal letter (dated 7/15/19)**
- b) **Updated Primary Medical Standards (Revised 5/24/19 Approved 7/15/19)**
- c) **Updated Medical Colleague letter – Mental Health Services**

Section IV: Licensing & Accreditation Requirements

- a) No changes.

Section V: Letters of Nutritional Assessment and Medical Necessity

- a) Updated "Letter of medical Necessity for the Highly Sensitive Tropism Assay required to prescribe Maraviroc (Selzentry)" revised 4/29/2019, to remove reference to ViiV Healthcare's Tropism Access Program that has been discontinued.
- b) Updated F.A.C. 64B8-9.013 Standards for the Prescribing of Controlled Substances for the Treatment of Acute Pain (Effective 02/21/2019).
- c) Updated F.A.C. 64B15-14.005 Standards for the Prescribing of Controlled Substances for Treatment of Acute Pain (Effective 01/01/2019).
- d) A can no longer cover the UltraMeal Advance Protein Powder and the IgG Pure, but the 2-page Letter of Medical Necessity for Nutritional Supplements is still required to access these supplements at Miami Beach Community Health Center through a subcontract they have with the Florida Department of Health in Miami-Dade County.

Section VI: Client Eligibility

- a) Updated Excerpt from the FY 2019 Professional Services Agreement (Effective 3/1/19).
- b) Updated Client Eligibility Documentation Checklist (Effective 4/29/19)
- c) Updated Out of Network (OON)/Non-Certified Referral Demographics (Effective 4/29/19)
- d) Removed "The Village South" from the Out of Network Registration Contact Information.
- e) Replaced the HHS Federal Poverty Guidelines with the revised 2019 version (Effective 2/20/19).
- f) Updated the Head of Household Letter of Support by removing all references to the Notary Public (Effective 4/29/19).
- g) Updated the JHS/JMH financial screening page (Effective 3/1/19)
- h) Included new Self-Declaration of Income page (Effective 4/30/19).

Section VII: Essential Functions for Peer Counselors

- a) No changes.

Section VIII: Allowable Medical Conditions

- a) See local Ryan White Program website for most current version.

Section IX: Local Implementation of the Affordable Care Act Requirements

- a) Updated ACA Assessment Enrollment Status Tool for 2019.
- b) Updated Affordable Care Act Client Acknowledgment Form (Revised 10/31/2018).
- c) Removed Affordable Care Act (ACA) Exemption Checklist.
- d) Updated Decline Affordable Care Act Marketplace Enrollment (Revised 10/31/2018).
- e) Waiting on final revisions (from Clarisol) for the Updated version Reconciliation of Advance Premium Tax Credits document (Revised 03/27/2019)
- f) Waiting on final revisions (from Clarisol) for the Recouping Health Insurance Premium Refunds document (Revised 04/02/2019).

Section X: Viral Load

- a) See local Ryan White Program website for most current version.

Section XI: NIC – Newly Identified Client

- a) See local Ryan White Program website for most current version.

Section XII: GR Short-term Medication Assistance

- a) See local Ryan White Program website for most current version.

Section XIII: Outreach Linkage to Care

- a) See local Ryan White Program website for most current version.

Section XIV: Test & Treat/Rapid Access (TTRA) Protocol

- a) Updated cover sheet.

Section XV: Medical Transportation Acknowledgment

- a) Created cover sheet for section XV (pending).
- b) Continue to update the “Summary of Updates” upon completion of each revision.