

## Ryan White Program - Outreach concerns

### Message from Miami-Dade County Office of Management and Budget - Grants Coordination/Ryan White Program (3/13/20)

Due to the concerns raised by several providers regarding Ryan White Part A/MAI Outreach efforts in attempting to locate lost to care clients during this COVID-19 pandemic, please be advised that this office will take this into consideration when reviewing performance during this first quarter of FY 2020. Ensure that outreach staff properly document in the Outreach Progress Notes for each client where circumstances prevented the outreach worker from executing an action or activity to contact a client and connect them to care. For example, if the last known address or location is an area where COVID-19 is identified or visitors are restricted from access, this would be an allowable reason to counter any possible performance penalty.

Any organizations referring client cases to the Ryan White Program Outreach teams should keep this in mind, as this situation may delay outreach efforts.

As stated in the corresponding Request for Proposals document, attached are details related to reimbursement, performance and related penalties for under-performing in this services category.

As a reminder, only outreach-related activities specified in our local Service Delivery Guidelines (See Section I, Service Definitions, pages 87-101, at [www.miamidade.gov/grants/ryan-white-program](http://www.miamidade.gov/grants/ryan-white-program)) are billable. General street outreach is not allowed.

Please share this information with your outreach team. Take appropriate measures and precautions to ensure your staff are safe.

We will be sending more information next week related to any other program issues affected by COVID-19. In the meantime, here is the information from HRSA again:

HRSA's Ryan White HIV/AIDS Program recipients provide a comprehensive system of HIV primary medical care, medication, and essential support services to the most vulnerable people with HIV, and many are well positioned to play an important role in delivering critical services and assisting local communities during an emergency. We encourage Ryan White HIV/AIDS Program recipients to be proactive in their emergency preparedness planning and to coordinate with existing partners at the state and local level in the development of preparedness and response plans, while also taking into consideration the need to maintain their ongoing capacity to provide access to HIV care and treatment services to low-income people with HIV.

- Up-to-date information on the status of the virus outbreak is available from the [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov).
- The CDC has developed [clinical evaluation criteria for providers](#), as well as information about [COVID-19 symptoms, prevention, and treatment](#) (including educational materials in Chinese and Spanish). Along with limiting your exposure to sick individuals, [hand washing](#) is one of the best precautions you can take to help prevent the spread of the disease.

**3.19.11 Outreach Services (Part A and MAI)**

Ryan White Program Outreach Services are support services. These services have as the principal purpose identifying people with HIV who either do not know their HIV status, or who know their status but are not currently in care.

Ryan White Part A/MAI Outreach Services in Miami-Dade County will target clients who are:

- Newly diagnosed with HIV or AIDS, not receiving medical care;
- HIV+, formerly in care, currently not receiving medical care (lost to care);
- HIV+, at risk of being lost to care; or
- HIV+, never in care.

Local Ryan White Program Outreach Services that are directed toward people who know their HIV status consist of activities to: a) engage and enroll newly diagnosed clients into the system of care; b) assist HIV+ clients who are lost to care with re-entry into the care and treatment system; and c) assist HIV+ clients determined to be at risk of being lost to care with their access to and retention in ongoing medical care and treatment.

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach activities that exclusively promote HIV prevention education are not allowed.

**New for FY 2020:**

- 1) Proposals will also be accepted where outreach activities target people who do not know their HIV status, for the purpose of connecting them to medical care, and only if:
  - Data is used to identify target populations and places that have a high probability of reaching a person with HIV who 1) has never been tested and is undiagnosed; 2) has been tested, diagnosed as HIV positive, but has not received their test results; or 3) has been tested knows their HIV status, but is not receiving medical care.
  - Such services are conducted at times and in places where there is a high probability that people with HIV will be identified; and
  - Such services must be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.
- 2) Payment for this service category will no longer be cost-based reimbursement with monthly submission of documentation of expenses. Beginning FY 2020, reimbursement will be performance-based. Initially, payment will be made in equal monthly installments of the contract award for this service, as may be amended through Reallocation/Sweeps awards or reductions (see Section 3.18 above). Subrecipients' performance under this service category will be reviewed quarterly to ensure effective service delivery; whereby at least 50% of the clients contacted through Outreach Services during the quarter must be connected for the first time (for new to care clients) or re-connected (for lost to care clients) to Outpatient/Ambulatory Health Services and/or Medical Case Management services. Failure to reach this 50% quarterly performance goal will result in penalties (i.e., payment reductions), as follows:

% of Unduplicated Outreach Clients who were Connected / Re-connected to Care During the Quarter Reviewed	% of Quarterly Reimbursement Totals Subrecipient is Authorized to Retain (i.e., no penalty applied) *
50% or more	100%
45 – 49%	90%
40 – 44%	80%
35 – 39%	70%
30 – 34%	60%
25 – 29%	50%
20 – 24%	30%
0 – 19%	0%

**\* IMPORTANT NOTES:**

- 1) Adjustments (e.g., reductions, disallowances, etc.) will be made to reimbursements in monthly invoices following the quarter reviewed. Any adjustment will be made to one or more monthly reimbursement invoices in the subsequent months of the same grant fiscal year until the full amount of the penalty is recouped. For example, if only 36% of the outreach clients contacted/served in Quarter 1 – March to May – were connected to medical care and/or medical case management, Subrecipient would keep 70% of the amount reimbursed during that period and the amount of the penalty (i.e., 30% of amount reimbursed during the quarter) would be deducted from invoices between June and February until the full amount of the penalty is recouped.
- 2) Special circumstances (e.g., new hires, complexity of care for subpopulation served, etc.) may be considered at the County's sole discretion for adjustments to any penalty reductions indicated in the table directly above.
- 3) Each Outreach Worker must be an approved user/provider in the local Ryan White Part A Program's MIS system (e.g., Provide Enterprise) BEFORE their first service date. Approvals will no longer be made retroactively for this service category.
- 4) Reallocations/Sweeps actions will also be prospective, not retroactive.
- 5) If an Outreach Services budget includes a staff vacancy and that vacancy is not filled by the end of the next quarter reviewed, a proportionate amount will be deducted from the total award to reduce the amount allocated to the vacant position.
- 6) Sweeps requests for additional funds cannot be used to cover prior penalties.
- 7) These new percentage rates (see table directly above) will be closely monitored by the Recipient (i.e., Miami-Dade County) for effectiveness and may be subject to change.

The maximum anticipated annualized funding amount for **Outreach Services** is estimated to be approximately **\$264,769 under Part A** and approximately **\$39,816 under MAI**. Separate service narratives, line item budgets, narrative budget justifications, and price forms must be submitted for these two distinct funding streams (Part A versus MAI).