

Miami-Dade County Ryan White Part A/MAI Program



RWP
Subrecipient
Forum



Ryan White
Program
Update



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Ryan White Program
Administrator, OMB

February 10, 2025





Topics

- General Updates
- Executive Orders
- Contracts & Amendments
- Reporting
- Client Eligibility & Referrals
- Site Visits
- Complaints & Grievances
- Questions
- Contact Information



General Updates

Incidence and Prevalence; Clients Served; Service Utilization; ACA Updates



Incidence and Prevalence in Miami-Dade County 2019 - 2023



	2019	2020	2021	2022	2023	% Change 2019- 2023
New HIV Cases (Incidence)	1,054	731	869	1,011	1,048	-0.57%
New AIDS Cases (Incidence)	382	303	388	404	359	-6.02%
HIV Prevalence	28,637	28,636	28,856	29,052	29,453	2.85%
Miami-Dade Ryan White Program (RWP) clients in care	9,031	8,127	8,418	8,590	9,060	0.32%

NOTE: Incidence and RWP clients in care in 2020 and 2021 were uncharacteristically low due to COVID-19.

Source: Florida Department of Health, Integrated Epidemiological Profile, EMA 011A (Miami), 2019-2023, as of September 2024 (calendar year data); and Provide® Enterprise Miami data management system, Fiscal Year 2023 Ryan White Program data, as of July 2024

Clients Served & Service Utilization – FY 2024 Part A/MAI (March through December)



RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

December 2025

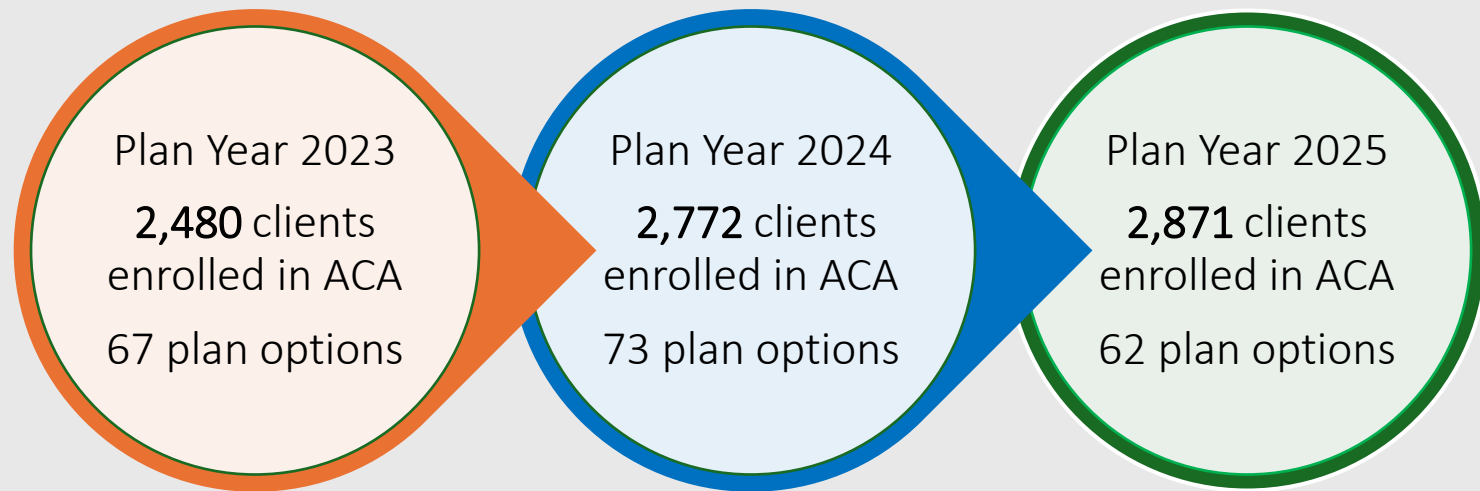
FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	3	31	2	5
Health Insurance Premium and Cost Sharing Assistance	95	3,699	91	1,596
Medical Case Management	8,598	89,394	4,641	8,642
Mental Health Services	20	543	13	103
Oral Health Care	733	8,659	527	2,646
Outpatient Ambulatory Health Services	2,247	25,538	1,276	4,260
Substance Abuse Outpatient Care	1	26	1	8
Support Services				
Food Bank/Home Delivered Meals	1,374	11,084	327	832
Medical Transportation	132	6,167	123	893
Other Professional Services	32	349	13	75
Outreach Services	41	367	17	231
Substance Abuse Services (residential)	606	5,535	25	77
TOTALS:	13,882	151,392		
Total unduplicated clients (month):			5,390	
Total unduplicated clients (YTD):				9,094

ACA Enrollments – Evolving Health Care Landscape



A 15.8% increase in enrollments since 2023!



Executive Orders

Updates and What's Next



Executive Orders – Updates and What’s Next

❖ Updates

- Uncertainty of implementation (orders issued, rescinded, pending lawsuits, etc.)
- No direct communication from HRSA/HAB yet
- Miami-Dade County is closely monitoring these orders for related program impact



❖ What’s Next

- Local Part A, MAI, & EHE programs are **business as usual** until further notice from this office
- HRSA/HAB’s Ryan White Program website has limited content
- Florida ADAP formulary
 - Current online version is dated September 2024 - precedes the recent Executive Orders
- 2027 – 2031 HRSA/CDC Integrated HIV Prevention and Care Plan
 - Technical Assistance webinar was postponed; no new date



Contracts & Amendments

Status; Renewals; and What's Next



Contracts & Amendments: Status, Renewals & What's Next

❖ FY 2024 Amendments

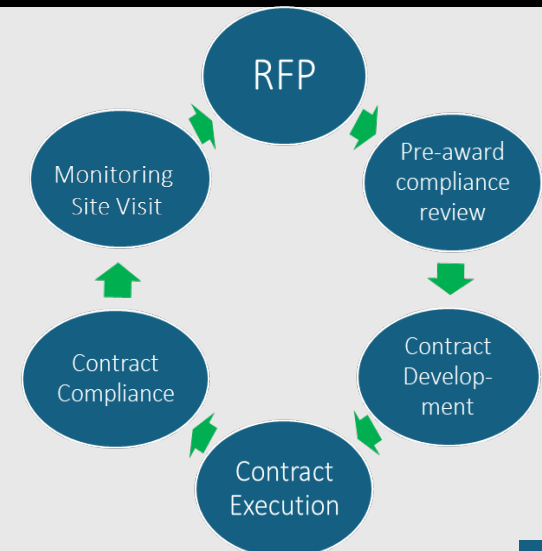
- Some still pending -- Final amendments should go out this week for signatures
- Be on the lookout!
- Must be fully executed by February 28, 2025

❖ FY 2025 Contracts

- Final year under current funding cycle
- Renewal packets out this week
 - Due date 4 weeks from issue date
- Update Scope (contacts, hours, locations, etc.)
- Update Budgets and Budget Narratives

❖ Upcoming RFP

- Hope to have it out by end of April 2025
- Roughly a 6-week turnaround
- Contracts would begin March 1, 2026
- Some new services: non-Medical MCM, housing, etc.
- Online submissions using ZoomGrants





Reporting

RSR, Annual, FLIER; important dates; Imposition of Charges & Program Income



Upcoming Subrecipient Reports



❖ Calendar Year 2024

Report	Due Date	Comment
Ryan White Program Services Report (RSR)	2/17/2025	This is an internal due date to ensure all reports are completed by HRSA's final deadline. Provider Reports must be in Review or Submitted Status by 2/17/2025.

❖ Fiscal Year 2024

Report	Due Date	Comment
Annual Progress Report	60 calendar days after the end of the contract period	This is a general due date. Reporting instructions will be sent out after the end of the contract period (i.e., after 2/28/2025)
Final Line Item Expenditure Report (FLIER)		

FLIER – Imposition of Charges & Program Income



Requirements are included in Professional Services Agreement (contract) and Service Delivery Manual



Instructions are disseminated



Technical assistance is available



Subrecipients report through annual Final Line-Item Expenditure Reports

* NOTE: Clients cannot be denied access to Ryan White Program services based on their inability to pay an imposed charge.

Final Line Item Expenditure Report, example (cont'd)



FY 2022

FINAL LINE ITEM EXPENDITURE REPORT - BUDGET FORM

Part A Continuation Contract

Organization			Service Category					Budget Period			

1	2	3	4	5	6	7	8	9	10	11	12
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Object Class Categories	Ryan White Expenditures		Other Funding Source Expenditures						Total Agency Expenditures For Budget Period	Adjusted Salary Cap **	Percent Charged to Part A (of "Adjusted Salary Cap", where applicable)
	Part A Direct Service	Part A Indirect / Admin. *	Other Part A / MAI	All Other Federal	City and/or State	General Oper. / Private	PROGRAM INCOME (RYAN WHITE ONLY)				
	ACTUAL EXPENDITURES:										

Personnel											
1. Position									\$0		
<i>Fringes</i>									\$0		
2. Position									\$0		
<i>Fringes</i>									\$0		
3. Position									\$0		
<i>Fringes</i>									\$0		



Client Eligibility

Minimum Eligibility Criteria, Notice of Eligibility



Minimum Eligibility Criteria



- ❖ **Proof of HIV** -- *(for Part A/MAI, Part B, ADAP, and EHE)*
- ❖ **Proof of Living in Miami-Dade County** -- *(for Part A/MAI)*
- ❖ **Proof of Financial Eligibility** (at or below 400% of Federal Poverty Level) – *(for Part A/MAI, Part B, and ADAP)*

** NOTE:

- ✓ Lack of supporting documentation may result in monetary penalty (disallowance or repayment) against the organization whose staff completed the Eligibility Assessment with improper or insufficient documentation for referrals issued and services rendered based on the Eligibility Assessment.

Notice of Eligibility (NOE)



- ❖ Complete a NOE at time of annual Eligibility Assessment.
- ❖ A copy of the NOE must be uploaded into Provide Enterprise Miami.
- ❖ NOE is good for 366 calendar days, unless the client has changes to income or where they live.
- ❖ Clients must also disclose changes in other payer sources to ensure the Ryan White Program is payer of last resort.
- ❖ Do not issue a new NOE if there is an existing one that has not expired. Check in PE Miami, then check with Part B and ADAP.

Case Review: Ensuring Clarity Between RWP Eligibility vs. Service Access



- ❖ To be discussed more thoroughly in upcoming MCM training
- ❖ **Minimum Eligibility** (HIV, income, where they live) **vs. Payer of Last Resort** Review for services (other payers: private insurance, Medicaid, Medicare, etc.)
- ❖ Always check if there is an existing and active NOE with Part A, Part B, or ADAP

Case Review: Ensuring Clarity Between RWP Eligibility vs. Service Access (continue)



❖ Timing of NOE:

- **A NOE is valid for 366 calendar days** unless the client no longer meets the minimum eligibility criteria (e.g., moves out of the jurisdiction or has income above 400% of the Federal Poverty Level based on household income).
- If a client presents to their MCM to renew their eligibility **more than 30 calendar days** (e.g., shows up on January 13, 2025) from the time their NOE is set to expire (e.g., February 27, 2025), this will only be considered an interim update (e.g., Eligibility Assessment Interim, an Income Update, Health Benefits Update, or other update) if information changed.
- When a client presents to their MCM to renew their eligibility **within 30 calendar days** (e.g., February 3, 2025) from the time their NOE is set to expire (e.g., February 27, 2025), the MCM may complete a full Eligibility Assessment, and the new expiration date will be 366 calendar days from when the NOE was set to expire (new expiration will be February 27, 2026).
- **If a client's NOE expires**, a new NOE will be completed, and a new eligibility period will be established when they return to complete their reassessment.



Notice of Eligibility



Eligibility Determination Date

Form Completed By:
<input type="checkbox"/> RWP A
<input type="checkbox"/> RWP B

Client First Name	Client Middle Initial	Client Last Name	DOB (MM/DD/YYYY)	Client ID Number*

Client Street Address	City	State	ZIP	Phone Number

This Notice of Eligibility (NOE) signifies that the above client has been determined to meet eligibility requirements for the Ryan White Part (RWP) A or B Program in Florida. Additional documentation may be required to receive specific services based on availability, accessibility, and funding within each program or jurisdiction.

This client's eligibility status for RWP A or B Program in Florida is valid for a maximum of 366 days from the date noted above on this NOE.

Household Size: #	Gross Household Income: \$	FPL: %

This client's eligibility must be recertified no later than (MM/DD/YYYY):

Eligibility Staff Name	Agency Name

Agency Street Address	City	State	ZIP	Phone Number

The client should keep this NOE in a safe place. The client may be asked to provide this NOE to receive services.

*This client ID number is specific to the program/jurisdiction issuing the NOE.

Part A Notice of Eligibility

(Has both the Miami-Dade County and the Florida Department of Health logos)



Form Completed By:
<input type="checkbox"/> RWP A
<input type="checkbox"/> RWP B

Eligibility Determination Date

Client First Name	Client Middle Initial	Client Last Name	DOB (MM/DD/YYYY)	Client ID Number*

Client Street Address	City	State	ZIP	Phone Number

This Notice of Eligibility (NOE) signifies that the above client has been determined to meet eligibility requirements for the Ryan White Part (RWP) A or B Program in Florida. Additional documentation may be required to receive specific services based on availability, accessibility, and funding within each program or jurisdiction.

This client's eligibility status for RWP A or B Program in Florida is valid for a maximum of 368 days from the date noted above on this NOE.

Household Size: #	Gross Household Income: \$	FPL: %

This client's eligibility must be recertified no later than (MM/DD/YYYY):

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Eligibility Staff Name	Agency Name

Agency Street Address	City	State	ZIP	Phone Number

The client should keep this NOE in a safe place. The client may be asked to provide this NOE to receive services.

*This client ID number is specific to the program/jurisdiction issuing the NOE.

Part B Notice of Eligibility

(Only has the Florida Department of Health logo)



More Coordination with Miami-Dade County Ryan White Part B

Food Assistance Referral Form

Food Assistance Referral



Funding Source	Service Category	Type of Service	Eligibility	Other
Part A	Food Bank	Weekly bags of groceries (an occurrence)	0% to 250% of the Federal Poverty Level (FPL)	Allows 20 occurrences in grant fiscal year; 16 additional occurrences if client meets LOMN criteria (i.e., severe change in status: wasting, new opportunistic infection, recent hospitalization, etc.)
Part B	Emergency Financial Assistance	Grocery Gift Certificate	251% to 400% of the FPL	Includes clients who maxed out on allowable Part A occurrences; clients who are homeless and are unable to store or cook food received from the Part A Food Bank; and clients with Medicaid or Medicare food assistance that still have food insecurity. Services are limited to one \$50 grocery gift certificate per week; maximum of \$1,000 per client per Part B fiscal year (April to March). When saving to PE Miami, label form as "Miscellaneous-Food Assistance Referral."

NOTE: Referral forms must be uploaded in the Client Profile, Scanned Documents, in Provide Enterprise Miami.

Food Bank Letter of Medical Necessity for Additional Occurrences

RYAN WHITE PROGRAM

Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services

This letter is required for additional Food Bank occurrences beyond the annual twenty (20) occurrences (visits)

To be completed by licensed medical prescriber or registered dietitian* or licensed nutritionist* (*not associated with the Part A food bank provider)

Client's (Patient's) Full Name: _____

Licensed Medical Prescriber attestation:

As prescriber for this patient, it is my professional opinion that they require an extension of food bank services.

Licensed Medical Prescriber Signature and Date

Printed Name of Licensed Medical Prescriber

License # (MD, DO, PAs, APRN)

OR

Registered dietitian or licensed nutritionist attestation:

As the nutritional professional who has completed an assessment for this patient, it is my professional opinion that they require an extension of food bank services.

Registered Dietitian or Licensed Nutritionist Signature and Date

Printed Name of Registered Dietician or Licensed Nutritionist

Registered Dietitian or Licensed Nutritionist License #

Number of Additional Occurrences Requested [maximum sixteen (16) additional occurrences within the current Ryan White Part A fiscal year]: which will assist with maintaining the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving.

This patient has the following severe change of status (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> New HIV-related diagnosis/symptom (please describe) e.g., OI, AIDS diagnosis, etc. _____ | <input type="checkbox"/> Recent chemotherapy |
| <input type="checkbox"/> Wasting Syndrome | <input type="checkbox"/> Recent hospitalization |
| | <input type="checkbox"/> Other medical reasons: |

Miami-Dade County Part A and B Food Assistance Referral Form

- The start date to enter on the form is the date on or before when the client became eligible to use the form (i.e., when the client met at least one of the criteria listed on the form). Since the form was released late, our local Part A and B programs are allowing providers to backdate the start date within the current grant fiscal year (FY 2024).
- The end date on the form should be the day the client's Part A/B eligibility ends, or February 28/29 of the grant fiscal year, whichever comes first.

Miami-Dade County RWP – Parts A and B Food Assistance Referral Form

Start Date of Referral: _____ End Date of Referral: _____
(Enter last day of the Part A grant year - Feb. 28th - and year)

Client Information:

- Client Name: _____ CIS Number: _____
- Phone Number: _____ Email (optional): _____
- Notice of Eligibility (NOE) Expiration Date *: _____
- Federal Poverty Level (FPL) Percentage *: _____

Referral From (Referring Information):

CLIENT (must include Out of Network Referral forms and supporting documentation)
(See "Client Referral Resources" at [Office of Management and Budget](#) (County RWP website))

OR

AGENCY (complete info below):

- Agency Name: _____
- Referring Medical Case Manager Name: _____
- Phone Number: _____

Referral To (Part B Receiving Agency Information):

- Agency Name: _____
- Receiving Medical Case Manager Name: _____
- Phone Number: _____

Reason for Referral to Part B Program: (Check all that apply. Additional supporting documentation may be requested where necessary to support need.)

- Client exhausted the allowable occurrences through Part A Food Bank program at Food for Life Network (FFLN) (used both 20 occurrences plus 16 additional occurrences; OR used 20 occurrences and is not eligible for additional 16 occurrences) and still needs food assistance.
- Client is not eligible for Part A Food Bank services at FFLN because their gross household income is above 250% FPL.
- Client has Medicaid and/or Medicare or other food assistance benefits (e.g., SNAP), but still has food insecurity.
- Client is homeless, unstably housed, or otherwise has gross household income below 250% of the FPL and is unable to store or cook food received from the food bank (e.g., FFLN). [NOTE: Provide® Enterprise Miami (PE Miami) Client Profile must reflect client's housing status.]

Additional Notes or Details: (attach additional pages or documents as appropriate)



FY 2024 Site Visits

Highlights; Preliminary Findings



Site Visit Summary



- ❖ OMB/RWP staff are still conducting site visits for the grant fiscal year
 - ✓ Reports will be forthcoming, if not received yet
- ❖ Subrecipient staff are doing much better, but we are still seeing some problems with documentation and following procedures.
- ❖ Preliminary findings:
 - ✓ Insufficient documentation (progress log, medical appointments, distribution logs, etc.) to support services rendered
 - ✓ Copy/paste progress logs are often generic, not specific to the client, and lack detail to support the services rendered
 - ✓ Illegible documents are uploaded as proof of eligibility
 - ✓ Missing ACA Acknowledgment form
 - ✓ Lack of documentation to support imposition of charges, clients' inability to pay the charge, and program income, where applicable
 - ✓ Lack of annual federal exclusion reviews (OIG and SAM.gov) of staff whose salary is covered in whole or in part under federal grants



Client Complaints & Grievances

Concerns; MDC RWP Client Grievance Procedures



Client Complaints & Grievances



❖ Summary of Concerns

Problem	Ways to Mitigate
<p>Some clients feel some staff are not fit for the task of serving RWP clients. Other clients stated they are not consistently told what services are available from the Ryan White Program.</p>	<ul style="list-style-type: none"> • Ensure staff understand the needs and challenges of people with HIV, especially as related to their position; and that staff are properly trained. • See the “For People with HIV” and “Provider’s Hub” tabs at the Miami-Dade HIV/AIDS Partnership’s website (www.aidsnet.org) • Also see the Miami-Dade County Ryan White Program Allowable Conditions List at the County’s RWP website (https://www.miamidade.gov/global/management/ryan-white-program.page) (scroll down to Allowable Medical Conditions List) -- <i>(note: the County webpages have a new look!)</i>
<p>Clients feel that their calls are not returned in a timely manner, especially from their Medical Case Manager (MCM).</p>	<ul style="list-style-type: none"> • Return calls within 24 hours • Ensure there is a backup if staff are scheduled to be out
<p>Clients and subrecipients with open referrals are not told when their MCM changes.</p>	<ul style="list-style-type: none"> • Update the Client Profile Care Team tab with the name and contact information of the new or temporary Medical Case Manager and notify agencies that have an open referral within 48 hours of the change. • List of MCM Supervisors and Lead MCMs, with contact information, was shared with subrecipients within the local Ryan White Program network.

Client Complaints & Grievances

❖ Summary of Concerns (continued)

Problem	Ways to Mitigate
Some clients feel misunderstood, mistreated, their information is inappropriately shared, or like a number.	<ul style="list-style-type: none">• Have staff actively listen to clients• Practice empathy and compassion without judgment• Stay calm• Ensure staff do not get aggressive or antagonistically defensive in written or verbal communication with clients• Contact supervisor• Maintain confidentiality in mailed items (medications, correspondence, etc.), in conversations with and on behalf of clients, etc.
Some clients feel it takes too long to get an appointment.	<ul style="list-style-type: none">• Let's strive for:<ul style="list-style-type: none">✓ Medical appointments for newly diagnosed same day or within 7 days✓ Routine follow-up appointments within 30 days✓ Dental Care within 2-4 weeks (urgent cases should not wait this long)✓ Specialty care with 60 days (urgent cases should not wait this long)

OTHER SUGGESTIONS??

Client Complaints & Grievances



❖ Miami-Dade County Ryan White Program Client Grievance Policy and Procedures:

- ✓ Read them
- ✓ Share with staff that interact with RWP clients
- ✓ Post notice in plain sight for clients
- ✓ Inform clients of rights, responsibilities, and grievance procedures
- ✓ Fully implement the procedures



Any More Questions







Contact Information



Part A/MAI Program Staff Contact Information



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Patricia Flor Medina
Ryan White Compliance
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**Thank you for
sharing your
time with us
today!**

