Miami-Dade County Ryan White Part A/MAI Program



RWP Subrecipient Forum





Ryan White Program Update

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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	FUNDING SOURCE(S) INCLUDED:						
FOR THE PERIOD OF:	December 2025	Ryan White Part A					
			Ryan White M				
SERVICE CATEGORIES		Servi	ice 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 Outnationt Care		1	26	1	8		

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			

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

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



FISCAL YEAR (FY) 2022 FINAL LINE ITEM EXPENDITURE REPORT (FLIER) CERTIFICATION FOR PART A AND MINORITY AIDS INITIATIVE (MAI) FUNDING

REPORTING PROGRA	AM INCOME:	<u>.</u>						
PART 1: In accordance v	vith Ryan White	Program legisl	ation and HRSA I	Policy				
1) Is this subrecipient orga	nization a Public	Health Service (PHS) 340B covere	d entity?				
Check one:	Yes	□No	Not Applicable					
1a) If this organization is a 3 Program that makes this or			White Program the	sole Federal				
Check one:	Yes	□ No	☐ Not Applicable					
federal award? Difference between third p	arty reimburseme	ent and 340B drug	purchase price (not	rebates)?				
Check one:	Yes	□ No	☐ Not Applicable					
Funds received by billing p White Program clients?	oublic or private he	ealth insurance for	services provided to	eligible Ryan				
Check one:	Yes	□No	☐ Not Applicable					
Fees, payments, or reimbursement for the provision of a specific service, such as patient care reimbursements received under Medicare, Medicaid, or Children's Health Insurance Program?								
Check one:	Yes	□ No	☐ Not Applicable					
Charges imposed on clie Parts A, B, and C?	nts for services, a	s required by Ryar	White Program leg	islation for				

REPORT (FLIER) CERTIFICATION FOR PART A AND MINORITY AIDS INITIATIVE (MAI) FUNDING REPORTING PROGRAM INCOME: (continued) PART 2: If you responded "Yes" to any item on the previous page, your organization should have Program Income to report. Please identify the receipt and use of this program income below: 1) The Source(s) of Program Income (e.g., income from fees for services performed, etc.) RECEIVED: (attach additional pages as needed) Source Amount \$ \$ \$ \$ Total Amount of Program Income RECEIVED * 2) How the Program Income was USED to further support your organization's Ryan White Part A, and MAI where applicable, funded programs: (attach additional pages as needed) Cost Category / Line Item Service Category** Amount \$ \$ \$ \$ \$ \$ Total Amount of Program Income USED***: NOTES (this page): * Total Program Income RECEIVED must match the amount reported under Column 9 of the

corresponding Final Line Item Expenditure Report budget form, across all funded service categories.

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



FINAL LINE ITEM EXPENDITURE REPORT - BUDGET FORM									Part A	FY 2022 Continuation Contract	
				THE CINC III	TETH ENDITOR	ile ner om 'e	JOBOLI I OIIII			T GIVE	DOMINGUIOTI CONTIGOT
	Organization			Se	ervice Catego	гу				Budget Perio	d
1	2	3	4	5	6	7	8	9	10	11	12
			Expenditures			nding Source E					
	Object Class Categories	Part A	Part A	Other	All Other	City	General	PROGRAM	Total	Adjusted	Percent
		Direct Service	Indirect / Admin.*	Part A / MAI	Federal	andlor	Oper./		Agency Expenditures		Charged to Part A
ACTUAL EXP	FNDITURES:					State	Private	(RYAN WHITE ONLY)	F ir Budget Period	Cap **	(of "Adjusted Salary Cap", where applicable)
Personnel	EIDTOILE.										
1. Position									\$0		
Fringes									\$0		
2. Position									\$0		
Fringes									\$0		
3. Position									\$0		
Fringes									\$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.

Part A Notice of Eligibility

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

Notice of Eligibility



Form Completed By:

Eligibility Determin	ation Dat	e			RWP A
				_	
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 B Notice of **Eligibility**

(Only has the Florida Department of Health logo)



Eligibility Determin	nation Dati	-				□ RWP A □ RWP B
Client First Name	Client Middle Initial		Client Last Name		ов олууу)	Client ID Number*
Client Stre	et Addres	8	City	State	ZIP	Phone Number

Form Completed By:

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.

CITY

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.

Harrachald Steer #	Second Invested Income.	501 · N
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.

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) be completed by licensed medical prescriber or registered dietitian* or lice

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				
SCIVICCS.				
Licensed Medical Dyscavibar Signature and Date				
Licensed Medical Prescriber Signature and Date				
Printed Name of Licensed Medical Prescriber	License # (MD, DO, PAs, APRN)			
Filmred Name of Ercensed Medical Frescriber	Litelise # (MD, DO, FAS, AFKIN)			
	OR			
Registered dietitian or licensed nutritionist attest	tation:			
	n assessment for this patient, it is my professional opinion			
that they require an extension of food bank services	•			
Registered Dietitian or Licensed Nutritionist Sign	nature and Date			
Printed Name of Registered Dietician or	Registered Dietitian or Licensed			
Printed Name of Registered Dietician or Licensed Nutritionist	Registered Dietitian or Licensed Nutritionist License #			
Licensed Nutritionist	Nutritionist License #			
Number of Additional Occurrences Requested [max	Nutritionist License # simum sixteen (16) additional occurrences within the			
Number of Additional Occurrences Requested [max	Nutritionist License #			
Number of Additional Occurrences Requested [max current Ryan White Part A fiscal year]:	Nutritionist License # ximum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by			
Number of Additional Occurrences Requested [max	Nutritionist License # ximum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by			
Number of Additional Occurrences Requested [max current Ryan White Part A fiscal year]:	Nutritionist License # ximum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by			
Number of Additional Occurrences Requested [max current Ryan White Part A fiscal year]:	Nutritionist License # simum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by ent is currently not receiving.			
Number of Additional Occurrences Requested [man current Ryan White Part A fiscal year]:	Nutritionist License # simum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by ent is currently not receiving.			
Number of Additional Occurrences Requested [mancurrent Ryan White Part A fiscal year]: vproviding a balanced, adequate diet, which the patie	Nutritionist License # simum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by ent is currently not receiving. us (check all that apply):			
Number of Additional Occurrences Requested [man current Ryan White Part A fiscal year]:	Nutritionist License # simum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by ent is currently not receiving.			
Number of Additional Occurrences Requested [mancurrent Ryan White Part A fiscal year]:	Nutritionist License # kimum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by ent is currently not receiving. Is (check all that apply): Recent chemotherapy			
Number of Additional Occurrences Requested [man current Ryan White Part A fiscal year]:v providing a balanced, adequate diet, which the patie. This patient has the following severe change of statute New HIV-related diagnosis/symptom (please	Nutritionist License # simum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by ent is currently not receiving. us (check all that apply):			
Number of Additional Occurrences Requested [mancurrent Ryan White Part A fiscal year]:	Nutritionist License # kimum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by ent is currently not receiving. Is (check all that apply): Recent chemotherapy			
Number of Additional Occurrences Requested [maxcurrent Ryan White Part A fiscal year]:	Nutritionist License # ximum sixteen (16) additional occurrences within the which will assist with maintaining the patient's health by ent is currently not receiving. us (check all that apply): Recent chemotherapy Recent hospitalization			

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 KWP – 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:	(Enter last day of the Part A grant year - Feb. 28" - and year
Client Name:	CIS Number:
Phone Number:	Email (optional):
 Notice of Eligibility (NOE) Expirati 	on Date *:
 Federal Poverty Level (FPL) Perce 	ntage *:
Referral From (Referring Information):	
-	eferral forms and supporting documentation) ice of Management and Budget (County RWP website)
☐ AGENCY (complete info below):	
Agency Name:	
 Referring Medical Case Manager N 	Name:
Phone Number:	
Referral To (Part B Receiving Agency Info	ormation):
Agency Name:	
 Receiving Medical Case Manager 	Name:
Phone Number:	
Reason for Referral to Part B Program: (C may be requested where necessary to supp	Check all that apply. Additional supporting documentation ort need.)
Network (FFLN) (used both 20 occur	ices through Part A Food Bank program at Food for Life rences plus 16 additional occurrences; <u>OR</u> used 20 onal 16 occurrences) and still needs food assistance.
☐ Client is not eligible for Part A Food Bank is above 250% FPL.	services at FFLN because their gross household income
☐ Client has Medicaid and/or Medicare or food insecurity.	other food assistance benefits (e.g., SNAP), but still has
the FPL and is unable to store or cook	otherwise has gross household income below 250% of food received from the food bank (e.g., FFLN). [NOTE:

Additional Notes or Details: (attach additional names or documents as announciate)

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

Concerns; MDC RWP Client Grievance Procedures



Summary of Concerns

Problem	Ways to Mitigate
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.	 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) (note: the County webpages have a new look!)
Clients feel that their calls are not returned in a timely manner, especially from their Medical Case Manager (MCM).	 Return calls within 24 hours Ensure there is a backup if staff are scheduled to be out
Clients and subrecipients with open referrals are not told when their MCM changes.	 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.



Summary of Concerns (continued)

Problem	Ways to Mitigate	
Some clients feel misunderstood, mistreated, their information is inappropriately shared, or like a number.	 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.	 Let's strive for: ✓ 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??		



- 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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Thank you for sharing your time with us today!

