



**OFFICE OF THE  
INSPECTOR GENERAL  
MIAMI-DADE COUNTY**

**CHRISTOPHER R. MAZZELLA**  
INSPECTOR GENERAL

**ALAN SOLOWITZ**  
DEPUTY INSPECTOR GENERAL

**PATRA LIU**  
ASSISTANT INSPECTOR GENERAL  
LEGAL COUNSEL

July 1, 2004

**Ms. Jennifer Glazer-Moon**  
Director Designee  
Office of Strategic Business Management  
111 NW 1<sup>st</sup> Street  
Miami, Florida 33128

**FILE COPY**

RE: Response to OIG Draft Report

Dear Ms. Glazer-Moon:

Attached please find a copy of the Office of the Inspector General's (OIG) Draft Report regarding false and questionable grant billings by Empower U, Inc. to Miami-Dade County for services allegedly rendered to low income and minority persons with the HIV/AIDS virus. We are providing this Draft Report in accordance with the Board of County Commissioners' mandate of advance notification.

Additionally, a draft report copy is being forwarded to the subject entity, Empower U, Inc., for its response to our findings.

The OIG requests your response to this Draft Report. If you would like your response to be included in the Final Report, you must submit it to the OIG by close of business on July 16, 2004. If you wish, you may provide your response by fax to (305) 579-2656.

Please do not hesitate to call should you have any questions.

Yours truly,

Christopher Mazzella  
Inspector General

Acknowledgment of Receipt or Proof of Service

Date

cc: Ms. Vanessa Mills, Executive Director, Empower U, Inc.  
Ms. Yocasta Juliao, Project Grant Director, OSBM  
Ms. Corrine Brody, Special Assistant  
Strategic Management Initiatives

**APPENDIX 1**



July 30, 2004

Mr. Christopher Mazzella  
Inspector General  
Office of the Inspector General  
Miami-Dade County  
19 West Flagler Street, Suite 220  
Miami, Florida 33130

MDC-OFFICE OF THE  
INSPECTOR GENERAL  
2004 JUL 30 PM 12:50

Dear Mr. Mazzella:

RE: Office of Inspector General Draft Report on False and Questionable Billings by Empower U, Inc. for Services Allegedly Rendered to Low Income and Minority Persons Living with HIV/AIDS Virus.

Enclosed is our response to the above referenced report. We appreciate having the opportunity to review and comment on this draft and request that our response be considered for inclusion in the final document.

Please contact Yocasta Juliao, Project Director, Ryan White Title I Program, at 305-375-4742 should you have any questions regarding this submission.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jennifer Glazer-Moon'.

Jennifer Glazer-Moon  
Director Designate

Enclosure

cc: Corinne Brody, Special Assistant, Strategic Management Initiatives  
Yocasta Juliao, Project Director, Ryan White Title I Program  
Vanessa Mills, Executive Director, Empower U, Inc.



# **Miami-Dade County Office of Strategic Business Management**

## **Response to the Miami-Dade Office of Inspector General**

### **Draft Report on False and Questionable Grant Billings by Empower U, Inc. for Services Allegedly Rendered to Low Income and Minority Persons Living with HIV/AIDS Virus**

---

Empower U, Inc. has been under contract with Miami-Dade County since 2002 to provide Ryan White Title I case management services, including peer education and support, and outreach to persons living with HIV/AIDS. The organization has the unique characteristic of being the only AIDS service provider in our community that is staffed, managed, and governed predominantly by individuals who are infected with the HIV virus (peer-based model).

Since its inception in 1999, Empower U has strived to provide quality HIV/AIDS care and prevention services to communities of color with the goal of eliminating disparities in health outcomes. Currently, in excess of 350 clients are being served, many of whom would not be receptive to services at a non-peer based environment. Empower U service programs effectively engage and retain some of the most complex and needy clients residing in the Liberty City. This is primarily due to the peer-based model and service strategies employed by the agency. The key elements of its service approach are cultural sensitivity, staff with indigenous experience and personal knowledge of HIV disease and treatment protocols, familiarity with the HIV service delivery system, and understanding, at a personal level, of the many mental, physical, and social implications of being HIV positive. Empower U has proven to be effective in implementing this model in the African-American community of Liberty City, which is the most significantly impacted population and geographic sector in Miami-Dade County.

With the support of local, state and federal sources, Empower U service programs and finances have grown exponentially in the last two years; however, the agency's internal controls, management structure and leadership have not been adequately adjusted to support this expansion. As a result, the integrity of the agency's operations, as well as its compliance with contractual requirements, has been compromised causing the concern of the County and other grantors.

The Ryan White Division of the Office of Strategic Business Management (OSBM) has conducted a review of the agency's billing practices, client eligibility screening, and operating procedures. The results of the review are being analyzed and a report of the findings is being drafted. Some of the information collected during the audit confirms that the organization billed the Title I Program for services that were not properly documented and, in some instances, ineligible for reimbursement. These services include case management and peer support provided to clients while they were incarcerated. Although the Title I program allows certain services to be provided to individuals that are institutionalized, these are restricted to service activities that facilitate connection to care upon release. Some of the units of services documented in the agency's client records, however, were not within this allowable scope. Additionally, OSBM has confirmed that some Empower U staff members had in several occasions exchanged passwords and user identification numbers in order to access the Title I

Service Delivery Information System (SDIS). Since the assigned passwords and user IDs were recognized by the SDIS, the system did not deny access to the agency's staff. This resulted in inappropriate billing and subsequent payments by the County that should not have occurred. Other areas reviewed include billing of outreach service units, particularly the appropriateness of requests for travel reimbursement, agency policy for deploying outreach workers, effectiveness of its outreach activities, and overall supervision of outreach staff.

The agency has recognized the urgency in addressing these issues and has proactively submitted to the County a corrective action plan that reflects its commitment to permanently address these concerns. The OSBM audit report will, however, hold the agency financially accountable for grant funds that were inappropriately received from the Ryan White Title I program. A final amount refundable to the County has not yet been determined. Nevertheless, the calculation of this figure will be inclusive of the \$1,809.74 identified by the OIG.

In regards to the OIG recommendation to discontinue the contractual relationship between Empower U and the County, it is being considered; however, a final determination has not yet been made. The completion of the OSBM audit process is still pending and the potential impact on persons living with HIV in the Liberty City area is being analyzed. The agency's response to the findings outlined in the OIG and the OSBM audits will also be taken into account. If the County decides to continue funding the organization, it will only be done with the caveat that extensive and on-going monitoring will be conducted to ensure the full implementation of the approved corrective actions within a specific time period.





OFFICE OF THE  
INSPECTOR GENERAL  
MIAMI-DADE COUNTY

CHRISTOPHER R. MAZZELLA  
INSPECTOR GENERAL

ALAN SOLOWITZ  
DEPUTY INSPECTOR GENERAL

PATRA LIU  
ASSISTANT INSPECTOR GENERAL  
LEGAL COUNSEL

July 1, 2004

Ms. Vanessa Mills  
Executive Director  
Empower U, Inc.  
8309 N.W. 22 Avenue  
Miami, Florida 33147

FILE COPY

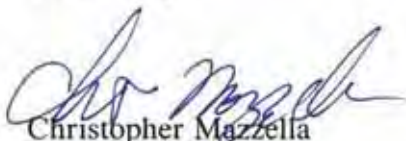
RE: Response to OIG Draft Report

Dear Ms. Mills:

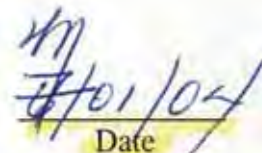
Attached please find a copy of the Office of the Inspector General's (OIG) Draft Report regarding false and questionable grant billings by Empower U, Inc. to Miami-Dade County for services allegedly rendered to low income and minority persons with the HIV/AIDS virus. We are providing this draft report in accordance with the Board of County Commissioners' mandate of advance notification. Please be advised that you may provide a written response to these findings, which will be included with our final report. This response must be received by July 16, 2004, should you elect to respond.

If you wish, you may provide your response by fax to (305) 579-2656.

Yours truly,

  
Christopher Mazzella  
Inspector General

  
Acknowledgment of Receipt or Proof of Service

  
Date

cc: Ms. Jennifer Glazer-Moon, Director Designee  
and Ms. Yocasta Juliao, Project Grant Director  
Office of Strategic Business Management

APPENDIX 2



## Empower U, Inc.

"A not-for-profit minority peer based organization"

---

July 15, 2004

### VIA FACSIMILE & U.S. MAIL

Christopher R. Mazzella, Inspector General  
Miami-Dade County  
Office of the Inspector General  
19 West Flagler Street, Suite 220  
Miami, Florida 33130  
FAX: (305) 579-2656

### **Re: Response to OIG Draft Report**

Dear Mr. Mazzella:

Attached please find Empower U's response to your report regarding false and questionable grant billings by Emower U, Inc to Miami-Dade County for services allegedly rendered to low income and minority persons with the HIV/AIDS virus. If you have any questions about this response, please contact me.

Sincerely,

Vanessa L. Mills, LPN, BSN, MPH  
Executive Director

cc: Yocasta Juliao, Ryan White Title I Project Director  
Miami-Dade County, Office of Strategic Business Management.

Empower "U" Inc. Board of Directors

MDC-OFFICE OF THE  
INSPECTOR GENERAL  
2004 JUL 16 PM 3:14

---

*"Until there's a cure"*

8309 NW 22 Avenue Miami, FL 33147 • Phone (786) 318-2337  
FAX (786) 318-2337 • [www.Empower-U-Miami.org](http://www.Empower-U-Miami.org)



**MEMORANDUM**

To: Mr. Christopher Mazzella, Inspector General

From: Vanessa L. Mills, LPN, BSN, MPH  
Executive Director

Date: July 13, 2004

Re: Response to Office of the Inspector General (OIG) Draft Report: False and Questionable Grant Billings by Empower "U", Inc (EU) to Miami-Dade County for Services Allegedly Rendered to Low Income and Minority Persons with the HIV/AIDS virus

---

This memorandum is in response to the above reference OIG report. The report states that the information in it is based upon a complaint initiated by a former employee, who is later identified as Mark Trimmings. Before addressing the allegations made by Mr. Trimmings, EU feels it is important to explain Mr. Trimmings' history with the organization, because many of EU responses to the allegations will be made in the context of Mr. Trimmings relationship with Vanessa Mills, the organization's Executive Director.

Mr. Trimmings was hired in July 2002, after being fired from another AIDS service organization for improper conduct with a client, after the client filed charges of rape against Mr. Trimmings. Mr. Trimmings admitted to having a sexual relationship with the client, but said he did not rape her. Knowing this, Ms. Mills hired Mr. Mr. Trimmings because she knew him for several years (Mr. Trimmings and Ms. Mills were both members of the Miami-Dade HIV/AIDS Partnership), she believed that Mr. Trimmings was innocent of the charges against him, and he was reputed to be a good peer educator. However, she also made it clear, that should he be convicted of this pending charge, she would have no recourse but to terminate him, based on a conversation she had with the Ryan White Title I Project Director, Ms. Yocasta Juliao.

Mr. Trimmings was convicted of sexual battery in March 2004, after several months of negotiation and plea bargaining with the District Attorney's Office. While Mr. Trimmings was in plea bargaining negotiation, Ms. Mills continuously reminded Mr. Trimmings of the original conditions of his employment. When he was finally convicted, she informed him that she had no choice but to terminate him. However, realizing Mr. Trimmings had a sick child, she agreed to keep him on staff for another month, giving him an opportunity to find other employment. However, during this time, Mr. Trimmings was not to have any unsupervised direct contact with clients. His main function was to train the new case manager. Mr. Trimmings agreed to this arrangement.



On April 1, 2004, Mr. Trimmings had an altercation with Ms. Mills in relation to his paycheck. Mr. Trimmings, having exhausted all of his vacation, sick and personal time, was docked for hours missed during the March 16 – 31, 2004 pay period. Mr. Trimmings expressed that he felt he was entitled to be paid for these days. Both Ms. Mills and Ms. Christine Stroy-Martin, the human resources manager, explained to Mr. Trimmings that he had exhausted his paid time off and could not be paid for hours not worked. Ms. Mills immediately called a staff meeting to remind all staff that the organization had recently switched to a paid time off system, in which time was earned and could be taken as they completed each pay period. She also reminded staff that once they had exhausted their allotted paid time off, that any missed hours would be uncompensated. Mr. Trimmings' behavior then became irrational. He began to shout various insults at Ms. Mills and claimed it was he that made this company [EU] what it is today. He also said, "You gonna give me mine. You gonna pay me or you're going to pay in a way you don't even know about." Mr. Trimmings was then asked to leave the office that day. Two days later, he returned, again belligerent and continued to demand that Ms. Mills pay him for those missed days. Ms. Mills informed Mr. Trimmings that she refused to speak to him until he was ready to speak her in a calm and professional manner. Mr. Trimmings continued to scream at her, and Ms. Mills got in her car and left for a meeting. After this incident, Mr. Trimmings called back several other times, and continued to threaten Ms. Mills unless she paid him not only for the missed days, but for unused vacation days he felt he was entitled to as well. After a phone call received from Mr. Trimmings around the middle of April, again making threats, Ms. Mills instructed staff that she would no longer accept Mr. Trimmings' phone calls and that he was not to be allowed on the premises. On (date), Mr. Trimmings made threats against Ms. Mills' life, which is documented with the Miami-Dade County Police Department, Case #249272-C. It should also be noted that on several occasions throughout Mr. Trimmings' employment with EU, he and Ms. Mills have had a history of disagreements and that Mr. Trimmings was written up and disciplined several times.

Please note that this information is not being provided in retaliation or in an effort to discredit Mr. Trimmings, but as background simply information so that it can be understood that Mr. Trimmings is, indeed, a disgruntled employee and had motive to act maliciously against Ms. Mills' and EU.

### **ADDRESSING THE ALLEGATIONS**

Contrary to the information received by the OIG (Page 1, Paragraph 2) by Mr. Trimmings, EU staff was never instructed to falsify encounters with any clients or enhance billing time for actual client encounters, let alone clients who were incarcerated, institutionalized or otherwise lost to care. This practice is unnecessary, as the total time that a case manager or PESN works during the day, including time spent filing, coordinating care, reviewing files, case conference, making referrals, and follow-up are all services that facilitate the coordination of client care, and are therefore, billable. A productive, case manager or peer educator, therefore, has enough work providing coordination of client care, and should not find it necessary to perform any false client billing. Therefore, the statement made by Mr. Trimmings that employees were instructed to bill each day for at least 28-30 unit is partly true (page 8, paragraph 4). Actually, employees were instructed that they should average about 28 units per day over the course of a month. Given that case management/PESN employees worked on a 8½ hours per day schedule, and every



minute of that day, except for time spent at lunch, personal breaks, or in mandatory trainings was billable, it was expected that they would be billing for at least 28 units per day to show their productivity and account for their seven hour work day. If employees were not averaging 28 units per day, it was assumed by management that they were not being productive, and would have to account for the discrepancy in the amount of time shown worked on their timesheets vs. the amount of work billed for during the month. If any employee took this to mean that they should falsely document services that were not rendered in order to achieve these 28 units, this most certainly not Ms. Mills' intent.

It was further alleged that EU billed falsely for travel expense by Outreach Workers. There was no false billing for travel related units, as was found by OSBM staff during their audit. There were times when certain exceptional Outreach staff did not have access to their own vehicles. In these cases Ms. Mills allowed them to use her vehicle. However, she also required them to replace the gas they used while driving her car during the day. Therefore, these individuals were entitled to request mileage reimbursement. Additionally, it has been discovered, through this investigation, however, that some Outreach Workers that presented copies of their driver's licenses and insurance upon hire, have since had them suspended or have allowed their insurance to lapse. However, again, these Outreach Workers were entitled to request mileage reimbursement as they did actually use their cars to perform their job duties. EU has implemented quality assurance policies to avoid this in the future. All staff members that are required to drive as part of their duties must have access to a private vehicle. EU Human Resources department is now required, not only to keep copies of employees' drivers' licenses, registration and insurance on file, but also to periodically check the status to ensure the licenses are valid and registration and insurance coverage is current. Any employee found to have invalid license or expired insurance has 30 days to correct the situation or be subject to disciplinary action up to and including termination. During this 30 day period, the employee will not be allowed to drive, and if this affects the employee's ability to perform their job, they may be suspended without pay until they have a valid license and/or proper insurance.

In addition to the allegations made by Mr. Trimmings, the OIG states that Ms. Mills "lied" in Sec IV, the Miami-Dade Criminal Record Affidavit of the EU Continuation Contract signed on May 6, 2003 and the New Contract signed on January 8, 2004. However, to the best of her recollection, Ms. Mills hadn't been convicted of a crime since 1992. In 1992, Ms. Mills was arrested for cocaine possession and sentenced to probation. Ms. Mills continued to suffer from addiction and was again arrested in July 1994 and December 1994 for violation of probation. However, Ms. Mills thought these arrests were only considered to be violation of her 1992 probation, and not new convictions. Therefore, to the best of her knowledge, in signing these affidavits, Ms. Mills believed that she had not been convicted of a felony within the last ten years. If Ms. Mills were aware that the 1994 arrests resulted in a conviction, she would have checked the appropriate box, and submitted her pending application for clemency. (Please note that Ms. Mills was granted executive clemency by Governor Jeb Bush in December 2003.)

### **THE INVESTIGATION**

The following is the response to those encounters reviewed by the OIG and noted to be false. Before reviewing EU's responses, several things should be noted.



1. Mr. Mark Trimmings had access to Ms. Mills' SDIS access codes in order to assist her in providing case management service (prior to being promoted to the Title II case manager, Mr. Trimmings was a Peer Educator and regularly assisted Ms. Mills with the coordination of care for EU's clients). Ms. Mills would often provide case management services to clients, but was too busy to enter the units into the SDIS. She would give Mr. Trimmings her daily encounter log and instruct him to enter the units into the SDIS. Therefore, Mr. Trimmings had opportunity to enter units of service under Ms. Mills' user number without her knowledge. As per EU's corrective action plan, employee are strictly forbidden from sharing passwords and access codes. Violation of this policy will result in immediate termination. The corrective action plan has been Submitted and reviewed by OSBM and reviewed with EU staff.
2. Additionally, because EU experienced a phenomenal rate of growth in both funding and programs in 2003, and served as lead agency, for National Black HIV/AIDS Awareness & Information Day (of which, Ms Mills was also the Chairperson of the planning committee), Ms. Mills delegated many responsibilities to other EU staff members. One of those duties was to review billing packages prior to sending them to the appropriate funding sources. Prior to the agency's exponential growth, it was Ms. Mills practice to cross reference monthly billing packages with case notes to avoid erroneous billing. In addition, because Ms. Mills used to be the only case manager on staff, she was usually aware of which clients had been incarcerated, institutionalized or lost to care. However, shortly after the start of the Continuation Contract period (which was March 1, 2003), Ms. Mills found that she did not have the time to sufficiently review the billing and trained Mr. Trimmings to do so. Ms. Mills only doubled checked bill runs for data entry errors (i.e. duplications of service, excessive units due to typos). Therefore, coupled with the fact that Mr. Trimmings had access to Ms Mills' SDIS user name and password, and because he also checked the billing, there was less of a chance that false billing would be discovered.
3. The OIG only had an opportunity to review the progress notes entered into the SDIS and not EU's hard copy files. There are several discrepancies between the hard copy files and SDIS entries that would not make any sense if EU was trying to intentionally commit fraud. For example, there are several encounters in the SDIS which state that Ms. Mills met face-to-face with a client in EU's office during a time when the client was in jail. However, these progress notes were not in the client's file. There were, however, notes in the client file that indicated and acknowledged that the client was in jail and indicated that case management staff were performing services in order to either assist the clients' attorney in getting released from jail, or preparing for the clients' release from jail.
4. The progress notes documenting many of the obviously false encounters by Ms. Mills were not consistent with her style of writing (i.e. grammar, syntax, and abbreviations). They were, however, consistent with Mr. Trimmings writing style.



5. Some of the encounters that EU has acknowledged as false encounters were entered by peer educators, Theresa Jones and Kerry Ann Campbell for incarcerated clients. When questioned as to why they did this, Ms. Jones and Ms. Campbell indicated that they were instructed by Mr. Trimmings to do so. Ms. Jones and Ms. Campbell, both fairly new employees simply followed the orders of Mr. Trimmings, who was assigned to train them. Both Ms. Jones and Ms. Campbell have since been provided with intensive training regarding their roles as Peer Educators, ethics, and proper billing procedures, including the fact that they are not to bill for any services that they themselves did not personally provide.
6. There are some billings that EU indicates below that were actually provided to clients while in jail, that the organization has since learned were improperly billed. EU was billing for services, such as when jailed clients called to speak with their case manager or a peer educator about depression, non-adherence with medication, and coping with HIV/AIDS while in jail. It was only after the monitoring audit provided by OSBM that the organization realized that Ryan White Title I will not pay for any case management services, such as those listed above, provided to clients while incarcerated or otherwise institutionalized, with the exception of coordination services in preparation for release from institutions. Case management staff has been informed of this and properly trained. Staff has also been instructed to inform Ms. Mills prior to entering any billing for incarcerated or institutionalized clients to obtain clarification from OSBM on whether or not the encounter can be billed to Ryan White Title I.
7. It should be noted that any questionable encounters dated on or after 3/1/2004 were never submitted to OSBM for payment. This is because Ms. Mills discovered these encounters when she was reviewing the bill run (After Mr. Trimmings departure on April 1, 2004, Ms. Mills began reviewing billing packages again). As Ms. Mills told the OIG, she was alarmed to see her SDIS user ID number on the March bill, as she saw no clients in the month of March. This is because EU had hired two more Title I case managers, so she no longer had to provide direct case management services under Title I. It was, in fact, this discovery that led EU to send an email to Ms. Juliao about the possibility of improper billings and the initiation of the OIG's investigation

CMT TRACKER						PTSY			
Client File	Track File	MMF	CV	Case	Explanation	Date	CV	Days	Explanation
EU 01	12/16/03 - present	12/22/03	ES	4	Valid encounter. File review by CM prior to placing file in inactive status because client was incarcerated.	12/16/03 12/18/03 01/16/03 02/03/04 02/04/04	MT		None. VM did not enter or authorize the entry of this encounter.
		03/11/04	VM	12	Encounter never submitted for payment. See comment #7 on page 5.				
EU 14	09/30/03-12/04/03	10/10/03 10/20/03	ES*	2 4	Valid encounters. File review by CM & attempt to locate client. 2 <sup>nd</sup> encounter details additional attempts to locate client & notes that client in jail as of 9/30/03. *OIG attributes this encounter to VM but actually entered by ES.	10/16/03	TJ	4	Valid encountered. Follow up from CM's 10/10/03 encounter in attempting to locate client. Peer went to client's sister's house.
		11/20/03	VM	3	Valid encounter. Case was transferred from RWT1 to RWT2 because RWT2, which does not reimburse on units of service, but for a case management salary allows 1/3 of the client load to be inactive clients. Is a regular practice of EU to transfer inactive clients to T2, especially those likely to become active again after incarceration/institutionalization.	11/07/03	TJ	4	Peer Educator was instructed by CM (MT) to review client's financial eligibility for vouchers.
		12/11/03	VM	10	None. VM did not enter or authorize the entry of this encounter.	11/17/03	TJ	2	Valid encounter. File review prior to transfer to RWT2 caseload.
						11/19/03	KC*	5	None. KC instructed to enter this encounter by MT. *OIG attributes this encounter to TJ but actually entered by KA.
EU 17	03/09/03-9/23/03 & 12/16/03 - present	04/16/03	VM	13	None. VM did not enter or authorize the entry of this encounter.	3/17/03	TJ	10	None. TJ instructed to enter this encounter by MT.



LAST ENCOUNTER				NEXT ENCOUNTER						
Client No.	Date	DOE	DOE	DOE	DOE	DOE	DOE			
EU 17 (cont.)	03/09/03- 9/23/03 & 12/16/03 - present	06/10/03 07/14/03	VM	5	Valid encounter. Phone conversation w/client regarding coordinating release from jail.	4/7/03	TJ	2	Valid encounter. Update of client chart.	
			07/21/03	7	Valid encounter. Phone conversation w/client's attorney to coordinate care upon release from jail.	5/12/03	MT	10	None. Encountered entered by MT.	
			07/22/03 07/28/03	6 2						
EU 20	04/02/03 - 04/09/03	03/05/03 04/14/04	VM	13	Valid encounter. Client not incarcerated during this time.	04/02/03	TJ	3	Valid encounter. TJ assisting w/routine monthly referrals. Did not know client was in jail.	
			12/18/03	12	None. VM did not enter or authorize the entry of these encounters.	04/04/04		2	Valid encounter. TJ updating client chart.	
			12/23/03	11						
			01/08/04	10						
			01/13/04	10						
EU 30	02/08/03 - 04/09/03	02/18/03	VM	10	None. VM did not enter or authorize the entry of these encounters.	04/04/03	TJ	2	Valid encounter. TJ updating client chart.	
			11/28/03	4	Inconclusive. EU unable to find progress note in the SDIS for this encounter.					
			02/10/04	10	None. VM did not enter or authorize the entry of these encounters. *OIG attributes this encounter to ES but actually entered under VM.					
EU 51	11/14/03- present	11/24/03	ES	9	Valid encounter. Case review & looking for client.	02/11/04	TJ	8	Valid encounter. TJ assisting ES looking for client.	
			02/11/04	9	Valid encounter. ES looking for client.					

DOS=Date of Service, CI=Client Identifier, KC=Kerry, JC=Jim Campbell, TJ=Theresa Jones, MJ=Janessa Mills, ES=Elise Salmon, MT=Mark Trimmings

Response to OIG Draft Report, Re: Empower U Billing



As you can see, the majority of the questionable billings noted by the OIG were valid billings. Even though the clients were incarcerated, the services rendered were either coordination of release, client chart update, routine referrals (in which the voucherable services were given to another eligible client when the incarcerated client did not show up to receive the service), or attempts to locate clients that had been lost to care.

Those encounters that were, in fact, improperly billed were either entered by Mr. Trimmings himself under his own code, believed to be entered by Mr. Trimmings under Ms. Mills codes without her authorization or knowledge, or by peer education under the instruction of Mr. Trimmings. EU maintains its belief that Mr. Trimmings maliciously entered false encounters into the SDIS or had peer educators enter false, which resulted in false billing (page 8, paragraph 3). EU believes he did this to create a situation in which he would be able to blackmail the organization to maintain his job security since he knew his job was in jeopardy pending his conviction.

### **THE OIG'S RECOMMENDATION**

In light of circumstances detailed in this memo, and the EU dedication to the HIV/AIDS community, particular those that are the hardest to reach, and most impacted by this disease – low income, disenfranchised minorities -- we are requesting that the OIG reconsider its recommendation to the County Manager to rescind EU Year 14 Continuation contract, and be barred from future funding.

In good faith, EU continues to provide Title I services throughout this investigation, even though the agency was made aware by Ms. Juliao of the possibility that our contracts might not be renewed. This is because EU was founded to help those that other agencies find it difficult to serve. Many of the clients that EU serves have been transferred from other agencies. Though these clients may have behaviors that are hard for some to deal with, they are still very much in need of the services provided by EU. We have also chosen to continue to provide services because we are hopeful and have faith that our good works, efforts to correct the agency's deficiencies, and steps to make restitution would be taken into consideration, and we would be allowed to continue providing needed services to PWAs in Miami-Dade County.

As noted in the OIG's report, this agency "...is unique in relation to other service providers...in that EU is the only peer-based organization, representative of the African-American community." What this statement fails to capture is what that actually means. Being a peer-based organization means that those who work and volunteer at EU are indigenous to those they serve. Two African-American women living with AIDS, Ms. Vanessa Mills and the late Ms. Petera Johnson-Hopson founded EU in 1999 with a vision to increase access to medical care and social support services for people living with HIV/AIDS who historically have been disenfranchised and underserved. They wanted to start an agency that was run by PWAs for PWAs

Many of EU's staff and volunteers not only match the ethnic make up of the clients, but share or have shared the same neighborhoods, experiences, and challenges as well. EU staff has a true understanding of what their clients face trying to live with HIV while being impoverished, and for



many fighting with substance abuse addiction. EU staff uses their HIV+ status and/or former drug addiction as source of encouragement to clients to let them know that there is life after HIV, they can kick their habits, and there is help and hope for them.

It should also be noted that EU has been fully cooperative with both the OIG and OSBM. In fact, it was EU's email to Ms. Juliao alerting her to the fact that we noticed fraudulent encounters in the March 2004 bill run that initiated this investigation. EU is prepared to make full restitution for any improper billings. As stated throughout this memo, it was, at no time, the intention of EU's management to defraud the County or federal government. The organization, however, realizes that it has a responsibility to ensure that the conduct of its employees is ethical and proper, and that the agency is ultimately accountable for anything that goes on within its office.

Even though the EU is dismayed at the actions of Mr. Trimmings, we are ultimately grateful to him as this ordeal has shown us the importance of proper supervision, administration and quality assurance measures and how the lack of these can lead to disaster. Through the monitoring audit conducted by OSBM and conversations with Ms. Juliao during the monitor, EU has come to the realization that the problems encountered were due to a lack of a sufficient infrastructure to ensure quality control and accountability. Over the last year, EU has experience phenomenal growth -- much faster than the expectations of the original founders. Although, the funding for the expansion and addition of programs was granted with sufficient funding for direct services, the resources for administration was lacking. Therefore, the Executive Director, the agency's sole administrative employee, who was also providing direct services and working 16-18 hour days, was not able to deal with the necessary administration, supervision, training and quality control aspects because of lack of resources and staff. The focus of the agency was to get the work done, and although the need for quality controls, supervision and training was also noted, there never seemed to be enough time to address them. The agency grew so fast and EU's place most of its focus on being the best AIDS service organization in Miami-Dade County. And in a way, EU did do just that

- EU has been able to identify and target specific areas of high concentration of HIV infection
- EU has the highest rate of identifying and connecting HIV individuals to care via Outreach
- EU has the highest rate of clients placed in permanent housing
- 90% of the clients under EU's prevention case management program were able to reach at least one of their care plan goals
- EU, through its SINGS program, has help crack smoking women who exchange sex for money to accomplish such goals as getting tested for HIV and other STDs, reducing HIV risk behavior, increase condom use, enter and complete substance abuse treatment, find jobs, and/or achieve housing stability.

However, even with these accomplishment, provision of the direct services overshadowed the need for proper administration and quality control. The building of a strong infrastructure was neglected due to lack of time and resources. It should be noted that this is not a problem that is EU's alone, but is characteristic of a dilemma faced by many small, grassroots organizations.

However, EU is now seeking technical assistance to correct this situation and properly address the organization's administrative and quality assurance needs. With the help and advice of Ms. Juliao, EU has developed an ongoing process of correction active and policy establishment to rectify this situation. A copy of the corrective action plan is attached for the OIG's

In addition, EU has enough secured funding to devote to the development and maintenance of the necessary infrastructure to support our programs. Effective July 1, 2004, EU has hired a full-time Director of Administration, Ms. Christine Stroy-Martin, who will oversee all administrative aspects of the agency including fiscal management, human resources, and quality assurance. In addition, the agency has hired Lincoln Pettaway as the Director of Prevention Programs, and is in the process of hiring a Director of Care & Support Programs. These three positions will provide the necessary support needed by the Executive to see that the programs are not only carried out, but that there is proper supervision, training, and evaluation of staff to ensure the provision of high-quality services.

EU was founded to help those who need the most help, and would like to continue providing these services to the community. The organization understands that in light of this investigation, the agency will probably be subject to an extended period of monitoring and auditing by the County. EU actually welcome this, as it will give us an opportunity to improve our operation, and will help us highlight areas for improvement. The board, staff and clients of EU ask the OIG reconsider its recommendation for contract termination, and give us another chance to strive to be the best AIDS service organization in Miami-Dade County.



## Empower U, Inc Corrective Action Plan

### 1. *Problem Identified (PI)—Security and use of SDIS Codes and Data Entry Procedures.*

#### **Corrective Action:**

- a. An addendum was added to the Empower U, Inc Employee Personal Policy and Procedure Manual page 13, and 14 of 68.
- b. All current employees received the addendum, were trained, and acknowledged receipt of the Confidentiality addendum "SDIS User Name and Password Security".
- c. All new employees will receive "SDIS User Name and Password Security" and training on appropriate use of "SDIS User Name and Password Security".

#### **Data Source**

Personal Policy and Procedure Manual, SDIS, Standards of Care.

#### **Location**

Page 13 of the Personal Policy and Procedure Manual Client Confidentiality and individual employee employment file.

#### **Details of Action:**

- a. **Addendum made to the EU Employee Policy and Procedure Manual**
- b. **Trained RW staff on "Security and use of SDIS Codes and Data Entry Procedures".**

#### **Client Confidentiality**

The principles of confidentiality must be maintained at all times. Confidential information should not be disclosed to others who are not eligible to access the EUI materials. Due to the sensitive nature of the work of EUI, employees must ensure confidentiality and privacy in regards to history, records, nature of business and discussions about clients and individuals recorded in the contracted and corporate databases of EUI.

EUI employees must maintain the confidentiality of all information pertaining to its clients and contracts. Employees, contracted workers, and consultants will keep confidential all information obtained in connection with projects of the corporation. Under no circumstances will any staff or above-mentioned person disclose any individual client names. The Health Information Portability and Privacy Act (HIPPA) and the Florida law provide extra protection for certain kinds of medical information, specifically, but not necessarily limited to AIDS/HIV health information. There are times when it is permissible to disclose personal and health care information. Please see the HIPPA Notice of Privacy Practices located in the appendices.

**Violation and breach of this policy "client confidentially" is ground for immediate termination**

#### **a) Addendum 1: SDIS User Name and Password Security ( April 1, 2004)**

**To ensure security of client level information entered into the Ryan White System Delivery Information System (SDIS) all Ryan White staff members whose job function require entering data into the SDIS system are required to attend a SDIS training offered by the Ryan White Grantee before using the SDIS client data entry system. Each Employee will be assigned an SDIS user**



number and will select a user name and password. This user number identifies work activities performed by Ryan White staff members under the Ryan White Contract. For security purposes each SDIS User accesses the data base system using there personal user name and password. For Security Purposes, periodically the SDIS system will ask you to change/renew your password.

It is the responsibility of each user to maintain the integrity of his/her user identification and personal password. **DO NOT WRITE DOWN YOUR USER NAME AND PASSWORD, FOR SECURITY PURPOSES YOU MUST REMEMBER IT.**

It is the policy of Empower U to strictly prohibit sharing of passwords. In addition employees are not allowed to sign on to the system and allow other users to perform any data entry or activity using another employee's user name and password word.

Violation and breach of this policy "client confidentially-SDIS System" has zero tolerance and will result in immediate termination.

### ***Client Records and Security of Data***

#### **a. Organization's Confidential Policies & Procedures**

1. Empower U's staff, volunteers and Board members must sign a confidentiality statement in accordance with the statues of Federal and Florida Law. Confidentiality statements are read and signed by all staff, volunteers and Board members, and also witnessed by the appropriate supervisor and/or administrator.
2. Violation of this agreement will result in immediate termination of employment and/or punitive action pursuant to Florida Law.
3. Empower U provides a written Notice of Privacy Practices and rights to all staff and clients.
4. Any information gathered on behalf of the client is handled under super confidentiality policy whether the information maintain in written records or electronic (computer) data bases.
5. All information which identifies a client or relates to a client is maintained within the client's file.
6. All client files are labeled and identified with a unique Empower U ID number.
7. All files are stored in a secured locked file cabinet within a locked room and labeled as confidential.
8. Files are available for viewing only by the appropriate Empower U staff. Expressed written consent to release information must be obtained from the client or his/her legal representative, authorizing the provision of services and the release of the client's medical and/or other pertinent information in accordance with state and Federal regulation unless otherwise provided under the law.

#### **Addendum 1.1: SDIS User Name and Password Security ( April 1, 2004)**

9. All computers files and information systems including but not limited to THE RYAN WHITE SERVICE DELIVERY INFORMATION SYSTEM (SDIS) are secured and password protected. Authorized users are assigned an individual user name and password for security of electronic data. ***SHARING YOUR USER NAME OF PASSWORD OR USING ANOTHER INDIVIDUALS' USER NAME AND PASSWORD IS STRICTLY PROHIBITED AND IS A ZERO TOLERANCE POLICY.***



# Employee Receipt

## Employee Policy and Procedure Handbook Addendum

I, \_\_\_\_\_, am an employee of Empower U, Inc, and have received a copy of **Addendum 1.1: SDIS User Name and Password Security (April 1, 2004) of Empower U, Inc. Personal Policy and Procedures Manual.**

My signature below acknowledges that I have received SDIS training and that I have a personalized user name and password.

1. I understand that sharing my SDIS user name and password with another employee or using another employee's SDIS user name and password is strictly prohibited and such use will result in immediate termination.
2. I further understand that improper or false documentation of service delivery (i.e., progress notes, care plans, financial assessments, medical information, etc.) in the SDIS system is strictly prohibited and will result in immediate termination.
3. I understand that improper billing of service rendered in the system is strictly prohibited and will result in immediate termination [i.e., excessive units of service, billing outside of the scope of services ( examples include but are not limited to billing on clients institutionalized, outreach for clients connected to care)]

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Authorized Administrative Staff

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Administrative Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

A copy of the CAP-Addendum will be place in your individual employee file.

This policy has been included in the Empower U Employee Policy and Procedure Manual and The Empower U Operating Policy and Procedure Manual: Section: Data Security Policy



**II. Problem Identified-- (7) Receipt for Services Rendered not issued at the time of each encounter with a client.**

**Corrective Action(s):**

- a) Revised the Empower U, Inc. Client Acknowledgement/ Receipt of Case Management/PESN Service Provided.
- b) Case Management/PESN Training—**Topic:** Consistent use of Receipt for Service Rendered (included use of service codes FFE, TEC, HOM, ADH, C&R, and ITP, time service began and end, and signature of client acknowledge for each day time service is rendered)
- c) Monthly administrative cross reference of units of service rendered and reimbursements request

**Data Source(s)**

Empower U, Inc Case Management Receipt for Services Rendered Form (revised) and Monthly Reimbursement Request

**Location (s):**

Individual Client File, Section 5, Progress Notes and Receipt for Services. Ryan White Case Management Standards of Care, EU Contract, RW Services Delivery Guidelines Letter E, Units of Service for Reimbursement

**Attachments:** *Revised Client Acknowledgement/ Receipt of Case Management/PESN Service Provided.*

- III.**
- a) *Problem Identified (PI-1) – Units of services for case management PESN and outreach service are not documented properly and do not substantiate the number of units billed*
  - b) *Problem Identified (PI-2)—outreach forms are not being consistently completed by outreach workers.*
  - c) *Problem Identified (PI-3) – some outreach encounters lack supporting documentation*
  - d) *Problem Identified (PI-4) –case notes do not support the need for case management clients to been referred for outreach service.*
  - e) *Problem Identified (PI-5)—in some case outreach encounter forms are signed by someone other than the outreach worker indicated on the Title I Bill.*

**Corrective Action(s):**

- a) (PI-1) Case Management/PESN and Outreach Service Training—**Topic:** Documentation of service rendered “Nuts and Bolts of Documentation”
- b) (PI-3) Outreach Encounter Form Revised ( see attached Revised EU Outreach Encounter Form)
- c) Monthly administrative cross reference of units of service rendered and reimbursements
- d) Repayment/Recaptured of Reimbursement Request(s).

**Data Source**

SDIS client progress note, SDIS units of service, monthly reimbursement request, individual client file, Section 5— Progress Notes and Section 6— Receipt for Services,

**Location**

RW Case Management Standards of Care, Case Management Handbook, and EU Quality Assurance Manual, RW Service Delivery Guidelines ( Case Management/PESN Service and Outreach Service)



## *Nut and Bolts of Documentation: The Client Progress Notes*

### **(PI-1) Case Management/PESN**

- 1) **All client service activity will be recorded in SDIS system-** (Electronic Client Progress Notes) and copy of the SDIS progress note will be printed and placed in the client's individual file (Section 5). Case Managers and Peer Educators must record all activity conducted with a client in the client progress note using the SDIS system and then print a copy and place in the client's individual file
- 2) **Date and time on all Client Progress Notes** –The progress note will include the date and time the service begins and ends. The date and time of activity are recorded in the body of the progress note before beginning the detailed description of the encounter. The beginning and ending time will reflect the total time spent providing service.
- 3) **Detailed description of units of service rendered**—the type of units of service rendered will be recorded in the body of the progress note for cross reference with the client receipt for service rendered. (i.e., FFE, TEC, or HOM) and describe in detail each type of unit of service rendered to the client.
- 4) **SOAPIE Format**—The progress note will be in a narrative form. Empower U client progress notes will be documented using the Subjective, Objective, Assessment, Plan, Implementation, and Evaluation/follow-up (SOAPIE) format. This format provides documentation of the client's Subjective viewpoint of need/complaint; the case manager's Objective professional explanation of the need; an Assessment of the client's eligibility and need or lack of for the service requested; an outline of the Plan/referral to access service needed or other resource if service appropriate; details on Implementation of the Plan; and Evaluation/Follow-up of the plan.
- 5) **Receipt for units of service delivered** will be recorded on the client's receipt for service rendered which will be signed by the client at the time of service delivery. Any service such as TEC or C&R performed after the face to face encounter will be signed by the client on the next visit.
- 6) **Correct spelling, use of grammar, and punctuation** are required.
- 7) **Signing of Progress Notes**—All progress notes must be recorded in the SDIS system in the manner described above. Case Management Staff is prohibited from recording/documentation in behalf of co-workers. Once recorded in the SDIS all progress notes must be printed immediately and placed on the client files in the progress note section. Each individual note must be signed by the staff member performing and recording service described in the progress note. Signing on behalf of other staff members is strictly prohibited.

### **Attachment: Example of Client Progress Note**

## *Nut and Bolts of Documentation: The Client Outreach Encounter Form*

### **Outreach Service**

- 1) Revised the Empower U, Inc Outreach Daily Encounter Form
- 2) (PI-2) Outreach Training “Nuts and bolts of Documentation”
  - a. Documentation of units of service
  - b. Consistently completing the encounter form
  - c. Follow-up documentation
- 3) (PI-5) Outreach Training—“Title I Outreach Service Description”
  - a. Outreach scope of service (Where outreach ends)
- 4) Outreach Data Entry Training—“Identifying outreach worker number with outreach worker encounters”

## **IV. Service Codes**



- 1) *Problem Identified (PI-10): The agency is misusing case management service codes (for example ITP, Intranural Treatment Planning, is being used to report on time spent documenting progress notes).*
- 2) *Problem Identified (PI-11): Excessive number of units of services is being recorded for reimbursement for most case management encounters this relates to inappropriate use of units of services codes.*

### **Corrective Action(s):**

- a) Case Management/PESN—Topic: “Nuts and Bolts of Documentation—Using Ryan White Title I Service Codes
- b) Outreach Service Training—Topic: “Nuts and Bolts of Documentation—Using Ryan White Title I Service Codes
- c) Outreach Encounter Form Revised ( see attached Revised EU Outreach Encounter Form)
- d) Monthly administrative cross reference of units of service rendered and reimbursements
- e) Repayment/Recaptured of Reimbursement Request(s).

### **Data Source**

SDIS client progress note, SDIS units of service, monthly reimbursement request, individual client file, Section 5— Progress Notes and Section 6— Receipt for Services, outreach daily encounter form

### **Location**

The Ryan White Case Management Standards of Care, Case Management Handbook, the EU Quality Assurance Manual, and Outreach Manual.

### **Case Management/PESN—**

(PI 10) Topic: 1—“Nuts and Bolts of Documentation—Using Ryan White Title I Service Codes”

(PI 11) Topic: 2 “Nuts and Bolts of Documentation—Unduplicated Units of service when using Ryan White Title I Service Codes”

### **Topic 1—Nuts and Bolts of Documentation—Using Ryan White Title I Service Codes”**

**Face to Face Encounter (FFE)**—the face to face encounter will be used to document the time the client is with the case manager/Peer i.e., while sitting in the office with the Case manager or being accompanied to an appointment with the peer.

**Telephone Encounter (TEC)**-This code will be used exclusively for time spent by the case manager/PESN using the telephone.

**Coordination and Referral:** The C&R code will be used to document time spent coordinating care and or referring the client for service(s). This time may include preparing the referral in the SDIS, printing the referral and placing in the appropriate section of the client file, making telephone calls before initiating the referral to ensure services are available, screening the client for eligibility etc. Time spent recording client activity may be documented using the C&R code.

**Adherence: (ADH) -** This code will be used exclusively for time spent providing information about medication regimens and can include providing clients information about HIV indicators i.e., viral load and CD4 counts, how HIV weakens the immune system , how medication work, the side effects a client may experience, the efficacy of medication, and the importance of adherence to medication regimens. Adherence may be providing using audio and/or visual aids.

**Home Visits (HOM)** Case managers will be required to provide Home Visit Service to the clients (with permission) at a minimum of every quarter to assess the client needs if indicated in the client



comprehensive assessment and care plan. Home visit time will be recorded as follows: The record will include the time the case manager leaves the office to the client's home, the time of arrival to the client's home, the interval of time spent with the client in the home, and a description of the service delivered during the interval the case manager is in the client home, departure from the clients home, and arrival time back in the office. Unless the visit is pre-approved all visits will begin from the office location. ( Any home visits that originates before the case manager arrives at the office will be begin when the case manager arrives at the client's home and mileage therefore will begin when departing from the client's home. In addition visits occurring at the end of the work day will not include mileage when leaving the clients home. ) Mileage will be recorded using the standard mileage log provide by the Grantee (OSBM)

Intramural Treatment Planning (ITP)—this code will be used exclusively for time the case manager and peer and/or supervisor spends on case conference discussing and planning interventions for the clients care. The client's progress notes will reflect the points of interest discussed during the case conference.

(PI 11) Topic: 2 "Nuts and Bolts of Documentation—Unduplicated Units of service when using Ryan White Title I Service Codes—"One hour is One Hour"

1. Reinforcement of service codes
2. Breaking out of time spent by service codes.
3. Time cannot be duplicated.

## V. Client Eligibility

- a) **Problem Identified (PI-8)**—Client eligibility documentation is missing in some cases. Proof of residency collected by the agency is questionable for some clients served. Proof of financial eligibility in several instances is too old and some case not acceptable to Title I.
- b) **Problem Identified (PI-9)**—Financial eligibility are not being updated every six months.

### Corrective Action(s):

- a) Case Management Training (s)-- " Documentation of Client Eligibility"
- b) Recording all financial data in the SDIS. Using the SDIS will queue the Case Manager when files need to be updated.
- c) Review and update of existing file to bring into compliance

### Data Source:

Ryan White Service Delivery Guidelines, Case Management Handbook, Individual client documents indicating of Proof of HIV status, financial Eligibility (paycheck stub, SSI etc) and Proof of Dade County Residency (Drivers License, utility bill, etc) .

### Location:

Ryan White Service Description, Case Management Standards of Care Individual Client File: (Section 1: Medical Information, Section 2: Proof of Dade County Residency, and Section 3: Financial Eligibility and Screening for Other Programs.)

All clients must meet the minimum eligibility requirement before receiving Ryan White Case Management Service. In addition, some Ryan White services provided require that client meet specific level of HIV infection such a HIV + Symptomatic or AIDS which must be document in the clients file record before client will be referred for such service.



It is the responsibility of the client to present this information before receiving service. It is the responsibility of the case manager to collect this information, place it in the appropriated section of the client file and not to bill Ryan White until it is properly documented that the client is eligible for services.

*(PI-8) Corrective Action: Training— Client Medical Eligibility: Proof of HIV Status*

Data Source: Individual client documents indicating of Proof of HIV status, Ryan White Case Management Manual, Ryan White Service Description.

Location: Client file Action taken: Internal Case Management Training: Topic

Action taken: Internal Case Management Training

Action taken: Review and update of existing file to bring into compliance

*Acceptable proof of Medical Eligibility*

1. **Laboratory Report** with either (a) or (b)
  - a. Repeatedly reactive ELISA with a confirmatory Western Blot
  - b. Positive HIV RNA PCR (The HIV RNA PCR is not the same as the client viral load) CD4 white blood cell counts are not confirmatory of and HIV diagnosis. Decreases as well as increases in these white blood cell counts can be indicative of other immune system disorders
2. **Doctors letter**
  - a. Must indicated the client HIV status and be on the doctor's letter head and signed by the physician.

*(PI-8) Corrective Action: Training— Client Financial Eligibility*

Data Source: Individual client documents indicating of Proof of financial eligibility for Ryan White Service. Ryan White Case Management Manual, Ryan White Service Description.

Location: Client file

Action taken: 1) Internal Case Management Training: Topic Acceptable proof of Medical Eligibility.

Action taken: 2) Review of existing files to ensure compliance.

Individual must provide financial eligibility documentation before receiving Ryan White Case Management Service. Individual must have proof that family income is below 300 percent of the Federal Poverty Level (FPL).

*Acceptable Proof of Financial Eligibility:*

1. **Disability award letter, paycheck receipt, Affidavit of third party contribution.**
2. **Last Resort: Notarized Affidavit of Income if income is not formally documentable.**

*(PI-8) Corrective Action: Training— Client Residency Eligibility*

Data Source: Individual client documents indicating residency in Miami-Dade County, the Ryan White Case Management Manual, and Ryan White Service Description.

Location: Client file

Action taken: Internal Case Management Training Topic: Acceptable proof of residency eligibility. Review of existing files to ensure compliance.

Individuals must provide proof that they are residents of Miami-Dade County before receiving Ryan White Case Management Service in Miami-Dade County.

*Acceptable Proof of Residency Eligibility:*

1. State of Florida Picture ID with Dade-County address
2. State of Florida Drivers License with Dade-County address
3. Declaration of Domicile



4. Homeless Shelter Verification
5. Camillus House Identification

*(PI-9) Corrective Action: Training— Client File Update*

Data Source: Individual client file, Case Management Standards of Care, The Case Management Manual, Case Management Quality Assurance Manual

Location: Client file and SDIS

Action taken: Internal Case Management Training Topic: 100 percent (100%) use of the SDIS and Standard Case Management Forms generated from the SDIS in the client file. Action Taken: Review of existing files and data entry of manually recorded documentation into the SDIS.

**To insure accurate recording and updating of client information to maintain compliance with the Case Management Standards of Care for outcome measure i.e., viral load and CD4 counts, financial eligibility, and keeping care plans updated all data pertaining to these matter shall be entered electronically in the SDIS. It is the policy of EU to enter all client data into the SDIS and maintain a copy of the information in the individual clients file.**

All client care plan and financial data will be update every 6 months a required. Other data such as viral load and CD4 indicators will be requested from the clients medical provider quarterly and enter into the SDIS system at the time of acquisition.

During the intake process all client medical, financial, comprehensive assessment, and care plan information will be entered into the SDIS. Empower U case managers will use this system which signals case managers to update information.

*(PI-9) Corrective Action Review and update of existing file to bring into compliance*

1. All Empower U client files are currently being reviewed. All client level information is being entered into the SDIS to facilitate timely update of client information i.e., viral load and CD4 counts from the quarterly annual lab reports, financial data, and care plans. Case Managers will use the SDIS to maintain compliance with updating client file. Empower U is requesting client to provide updated information. Non-compliance case will be closed.

*Screening for other service Ryan White as the Payee of last Resort:*

Corrective Action: Training— Client Eligibility for Service: Ryan White Payee of Last Resort

Medicaid

1. Before receiving case management service all clients will be screened for Medicaid case management service. Clients who are eligible to receive other case management funded service will not be provided Ryan White Case Management service.
2. Documentation of screening for Medicaid case management service will be included in the clients initial progress note and in the 6 month eligibility screening progress note

Medication

1. All clients will be screened for the AIDS Drug Assistance Program (ADAP). While clients qualify for ADAP assistance they will not be referred for Title I medication, unless it is documented in the progress note that a) the client is waiting for updated laboratory results and not referring the client will result in disruption of the treatment regimen or b) the medication is not on the ADAP formulary.
2. Newly diagnosed clients who are prescribed medication but do not have viral loads and CD4 counts required for ADAP enrollment will be referred back to the physician prescribing the medication for indicators. (The case manager will discuss with the physician the urgency of



starting the regimen before obtaining the viral load and CD4 indicators needed for ADAP enrollment).

3. Clients who have Medicaid or private insurance will not be referred to Ryan White for Medications unless it is documented in the progress note 1) the medication is not covered by Medicaid or Private Insurance.
4. All clients who have private insurance will be screened and referred to AICP if eligible to continue their COBRA insurance.

#### Transportation

1. All clients requesting transportation service will be screened for eligibility for other funded transportation service. While clients qualify for other transportation service i.e., Golden bus pass, Medicaid bus pass, the Transportation Disadvantaged bus pass, or STS transportation they will not be eligible for a Title I bus pass.

#### Food Bank

1. All clients requesting food bank service will be screened for eligibility for other funded food service. While client qualify for other service they will not be referred to Title I food banks. Clients who meet eligibility for food bank service will adhere to the emergency definitions outline is the Title I Year 14 Service Delivery Guideline.

#### Home Delivered Meals

1. All clients requesting Home Delivered Food service will be screened for eligibility for other funded food service. While client qualify for other service they will not be referred to Title I Home Delivered Meals Service. Clients who meet eligibility for Home Delivered Meals service will adhere to the emergency definitions outline is the Title I Year 14 Service Delivery Guideline including definition of HOMEBOUND.

#### *VI. Problem Identified (PI 12) -The agency has improperly billed for clients who at the time of service was institutionalized.*

##### Corrective Action(s)

- a) Internal Case Management/PESN Training—Topic: Case Management Scope of Service  
***Highlight of Topic: Ryan Case Management Service wills not/can not is provide to any individual that is institutionalized. Limited service may be provided when coordinating care for discharge from institution back into the community. Institutions include jails, hospitals, residential substance abuse treatment centers, nursing homes, and adult living facilities.***

#### *VII. Problem Identified: Outcome measures and performance expectation need to be clearly identified for Title I staff and all staff.*

##### Corrective Action(s)

Data Source: Job Description and Empower U, Inc Personal Policy and Procedure Manual

Location: Individual employee employment file

- 1) *Each existing staff member will be given a revised job description which includes specific performance and outcome and expectations.*
- 2) *Each employee will receive individual review of their revised job description performance and outcome expectations with emphasis on outcomes, expectation, and procedure for when performance standards and outcomes are not meet.*
- 3) *Each employee will receive the specific to their individual job description and scope service which they have been hired to provide. .*
- 4) *All employees will be required to sign a receipt for revised job description acknowledging understanding of the new policy.*



5) The long term policy will be incorporated into the personal policy and procedures manual (addendum and individual job description) as follows:

- Goal Expectation specific to job performance
- Objectives
- Training
- Outcome Evaluation

**Sample Client Progress Note:**

**June 20, 2004 9:00 A.M. to 10:30 AM. ( Total time spent providing service 1 hour 30 min)**

**Subjective:** "I need to get this prescription filled.....the Pinedale clinic won't fill it... can you help me"

**Objective:** Client arrived in the office for a walk-in appointment. During face to face encounter Client gave case manager two prescriptions with the following HAART medications: Crixivan 300 mg PO TID, Epivir 150 mg PO BID, Zerit 40 mg PO BID, Bactrim DS 1 PO QD. **Assessment:** Client has been on HAART for 6 month. The client stated he is completely out of medications. The client is currently enrolled in the ADAP program and is eligible for ADAP assisted medications. CM called the ADAP clinic to check the status of current enrollment. The client is unable to access ADAP at this time until enrollment is updated. **Plan:** Called the MD office to get the results of the client latest viral load and CD4 Count. Last viral load and CD4 done last week but results are not back from the laboratory.

**Plan :** Refer the client to RW Title I prescription drugs re: client cannot access ADAP because lab is older than 4 Months. Provide the client adherence teachings, stressing the importance of keeping ADAP enrollment active and of getting prescriptions filled before the running out of medications.

Instructed client to bring CD4 and Viral Load from his doctor and soon as they are available to Case Manger so that the ADAP enrollment can be updated. **Implementation:** Prepared an SDIS certified case management referred and quad referral to Mercy Hospital. Adherence teaching done with the client on taking medication as prescribed, importance of not missing doses to minimize the change of developing resistance, attending medical appointments regularly and getting lab work done in a timely manner to keep ADAP enrollment updated. **Evaluation:** This case require follow-up on receipt of viral load and CD4 count for processing the client ADAP enrollment as well as follow-up of referral quod to Mercy Hospital to ensure client received medications. [Example (Unit set1: 1 hour and 30 minute time spent rendering service): **FFE: 2 unit, ADH: 1 unit, TEC 1 unit and C& R 2 units ( 1 hour and 30 minutes)**]

.....*Ms. He Documented, He Done*

**Note:**

Units of service may differ from case manager to case manager. [Example (Unit set2: 1 hour and 30 minute time spent rendering service):the about service delivery could be recorded as FFE 4 units and C&R 2 Units ( The case manager may include the Telephone call and adherence counseling a part of time spent face to face) ]

Example (Unit set3: 1 hour and 30 minute time spent rendering survive):FFE 3, TEC 1 unit, and C&R 2 units which equals the same time of 1 hour and 30 minutes.

**Note: All sets of Units of service provided are equivalent, i.e., 1 hour and 30 minutes is equal to 1 hour and 30 minutes, not more. Time can not be duplicated or overlap.**

**Receipt For Services Rendered**

Date of service	Brief written description of service rendered (for details see progress note)	Units of Service	Cost per Unit (Circle one)	Signature PESN/Case Manager and Client Signature
Date 6/20/04	Start Time:9AM    End Time: 10:30 Am  Face to Face encounter: Facilitated prescription medication.	FFE 3    ITP _____ TEC _____    POC _____ C&R 2    HOM _____ ADH 1	\$12.00 \$6.18	<i>Ms. I document,</i> <i>CM</i>  <i>Ms. I received this</i> <i>service</i>
Date _____	Start Time _____    End Time _____	FFE _____    ITP _____ TEC _____    POC _____ C&R _____    HOM _____ ADH _____	\$12.00 \$6.18	
Date _____	Start Time _____    End Time _____	FFE _____    ITP _____ TEC _____    POC _____ C&R _____    HOM _____ ADH _____	\$12.00 \$6.18	
Date _____	Start Time _____    End Time _____	FFE _____    ITP _____ TEC _____    POC _____ C&R _____    HOM _____ ADH _____	\$12.00 \$6.18	
Date _____	Start Time _____    End Time _____	FFE _____    ITP _____ TEC _____    POC _____ C&R _____    HOM _____ ADH _____	\$12.00 \$6.18	
Date _____	Start Time _____    End Time _____	FFE _____    ITP _____ TEC _____    POC _____ C&R _____    HOM _____ ADH _____	\$12.00 \$6.18	

**Print Client Name:** \_\_\_\_\_ **Case Number** \_\_\_\_\_

**My signature acknowledges that I have received the service above and have been given a copy of services rendered.**



**EMPOWER "U", INCORPORATED**  
**FIRST CONTACT OUTREACH ENCOUNTER**

LOCATION: \_\_\_\_\_

Date \_\_\_\_\_ Total Encounter Time \_\_\_\_\_ to \_\_\_\_\_ Total Units \_\_\_\_\_ Location \_\_\_\_\_

Service Code OFFE (10179 Face to Face) OTEC (10181 Telephone Contact) ORFL (10182 Referral) OTVL(10183 Travel)  
 # of Units Time: from \_\_\_\_\_ to \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

Note: Total encounter must equal total (Time: from \_\_\_\_\_ to \_\_\_\_\_) for all FFE, TEC, ORFL, and TRVL

**PERSONAL DATA**

1 Date of Birth \_\_\_\_\_  
 MONTH DAY YEAR  
 2 Name \_\_\_\_\_  
 3 SS# \_\_\_\_\_ (optional)  
 4 County of Birth \_\_\_\_\_  
 5 Primary Language \_\_\_\_\_

**BARRIERS**

- Stigma of getting tested
- Can't afford it
- Fear of knowing being HIV +

**DEMOGRAPHIC DATA**

Gender Age  
 Male/age \_\_\_\_\_  
 Female/age \_\_\_\_\_  
 Transgender/age \_\_\_\_\_  
 Other/age \_\_\_\_\_  
 Race /Ethnicity/Language  
 African American  
 Haitian  
 Hispanic  
 White, non-Hispanic  
 Other \_\_\_\_\_  
 Never been Tested  
 Afraid of needles  Other \_\_\_\_\_

**HIV TESTING HISTORY**

1 Have you every been tested for HIV?  
 Yes  No  
 How long ago? \_\_\_\_\_  
 2 If yes, WHAT WAS THE RESULTS  
 I tested HIV+  I tested HIV -  I did not get my results

2a If tested Negative, Would you like a referral for PCM  
 Yes  No Date of Referral \_\_\_\_\_

3. Do you have any proof you tested positive?  
 Orasure,  lab paper,  doctor note,  other paper  
 Don't have any papers  
 3a. If you never tested, tested negative >3 months ago, or did not get the results, would you like to be tested today?  
 Yes  No

If yes complete the last section "HIV testing sting Section"

**ASSESSMENT AND REFERRALS FOR THE HIV POSITIVE CLIENT**

What year did you test positive? \_\_\_\_/\_\_\_\_ Do you have a doctor?  Yes  No  
 Do you have insurance?  Medicaid  Private Insurance/HMO  No coverage  Medicare  
 Other  
 If no, why not? \_\_\_\_\_ (write in the note)  
 If yes, who is your doctor? \_\_\_\_\_  
 Where do you get medical care?  
 JMH  VA  Private MD  Clinic  Other \_\_\_\_\_  
 Do you go to the doctor regularly?  Yes  No  I go to the ER  
 When was the last time you saw a doctor?  < 1 Mths  1-2 Mts  3 to 4 Mts  6 to 12 Mts  >1 year  
 Date of last appointment? \_\_\_\_\_ can't remember   
 Did you keep you recent appointment?  Yes  No  
 Do you know your CD4 \_\_\_\_\_ or Viral Load \_\_\_\_\_ Don't Know   
 When is your next appointment? \_\_\_\_\_  Don't have one  scheduled  
 If Female, are you pregnant?  Yes  No. Do you have a Gynecologist?  Yes  No  
 If yes, when was the last time you visited a Gynecologist \_\_\_\_\_  
 3 to 4 months ago  5 to 12 months ago  more than 1 year  
 Are you getting Ryan White Services?  Yes  No  
 Do you have a case manager?  Yes  No  
 When was the last time you saw a case manager?  
 1 to 4 wks  5 to 12 wks  12 wks or more  
 Where do you live? (SHELTER, FAMILY OR FRIENDS, TRANSITIONAL HOUSING, PERSONAL HOME)

Complete all referral on the Empower U, Inc Referral Form  
 Referral (if possible take the client re: client rarely go when given a referral)  
 Medical doctor \_\_\_\_\_  
 Case management enrollment \_\_\_\_\_  
 Substance abuse treatment \_\_\_\_\_  
 Other \_\_\_\_\_  
 See referral form for detail  
 Traveled with client to:  
 \_\_\_\_\_ Medical doctor/Emergency room etc.  
 \_\_\_\_\_ Case management to enroll or reconnect  \_\_\_\_\_  
 Substance abuse treatment center ex: Village, St. Luke's, BetterWay, Central Detox)  
 \_\_\_\_\_ Other place you took the client ex: Mission, Becham Hall, Camillus, Salvation, Food bank, etc?  
 Follow-up: See Empower U outreach follow-up form.  
 Medical appointment follow-up \_\_\_\_\_  
 CM appointment follow-up \_\_\_\_\_  
 Substance abuse treatment follow-up \_\_\_\_\_  
 Other appointment in follow-up \_\_\_\_\_

HIV TESTING: Pre test counseling?  Yes  No Consent form signed?  Yes  No DATE TESTED \_\_\_\_\_

CLIENT TEST SCAN NO. \_\_\_\_\_ DATE POSTED \_\_\_\_\_ / POS / NEG.

Risk behavior assessed?  IDU  MSM  Heterosexual  Sex worker  
 Cocaine  Crack  Heroin  ClubRx (ecstasy, Meth)  Alcohol  Other \_\_\_\_\_  
 When was the last time you had unprotected sex? < month, 1-6 month, 7-12 month, > 1 year  
 When was the last time you used drugs? < month, 1-6 month, 7-12 month, > 1 year  
 How many days a week? \_\_\_\_\_ Do you want help?  
 Within the past year, have you been tested for a STD?  yes  no  
 If yes, which one:  Syphilis  Gonorrhea  Hep C  Other STD

Are you currently diagnosed with an STD?  Syphilis  Gonorrhea  Hep C  Other STD  No STD's

**The Use of Condoms during sexual intercourse**

Vaginal	Always	Sometimes	Never	N/A
Oral	Always	Sometimes	Never	N/A
Anal	Always	Sometimes	Never	N/A



Progress Note  
(Must be a detailed description of all services rendered, i.e., TEC, FFE, TVL, and

**EMPOWER "U", INC.**  
**FIRST CONTACT OUTREACH ENCOUNTER PROGRESS NOTE**

Contact Information for follow-up Is it ok to call you: \_\_\_\_\_

Address: \_\_\_\_\_ Is it ok to come : \_\_\_\_\_

Phone: \_\_\_\_\_

Progress Note

Is the client positive? \_\_\_\_\_

Does the client have income: \_\_\_\_\_

Is the client a resident of Dade County? Yes or No ( Did the Client have proof, yes or no) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outreach worker signature: \_\_\_\_\_ Client Signature \_\_\_\_\_



**VIII. Problem Identified:** Some employees do not have valid divers license, valid vehicle registrations and/or vehicle insurance

**Data Source:** Job Description and Empower U, Inc Personal Policy and Procedure Manual

**Location:** Individual employee employment file

**Correction Action(S)**

- 1) All employees who do not have valid divers license, valid vehicle registrations and/or vehicle insurance will be given 30 days to correct this deficiency.
- 2) For employees whose job description require valid divers license, valid vehicle registrations and/or vehicle insurance to perform part of their job function who do not correct this deficiency will be subject to disciplinary action up to an including termination.
- 3) Employees will be responsible for maintaining valid driver's license, valid vehicle registrations and/or vehicle insurance.
- 4) New policy added to the employee and procedure manual: New employees must provide a valid divers license, valid vehicle registrations and/or vehicle insurance upon hire. Employees will be responsible for maintaining a valid driver's license, valid vehicle registrations and vehicle insurance. On a monthly basis for quality assurance, human resource assigned staff will check all staff whose job descriptions require maintaining valid driver's license, valid vehicle registrations and vehicle insurance. Employees who have failed to maintain compliance will be subject to suspension and given 30 days to comply. Non-compliance after 30 days is grounds for disml.

Active

# Employee Receipt

## Employee Policy and Procedure Handbook Addendum

### Valid Divers License, Valid Vehicle Registrations and Vehicle Insurance

I, \_\_\_\_\_, am an employee of Empower U, Inc. On June 21, 2004, I received a copy of **Addendum 1.2: VALID DRIVER'S LICENSE, VALID VEHICLE REGISTRATIONS, AND VEHICLE INSURANCE.**

**My signature below acknowledges that I received a detailed explanation of the policy and was shown my job description which included this requirement. In addition my signature acknowledges my agreement to abide by this policy outlined in the Addendum below.**

- 1) I have been given 30 days to comply with the Empower U, Inc vehicle policy outlined in my job description. **( If not currently in compliance)**
- 2) After 30 days If I do not have a valid divers license, valid vehicle registrations and/or vehicle insurance to perform my job duties outline in my job description I will be subject to disciplinary action up to an including termination.
- 3) I further agree that once I have a have a valid diver's license, valid vehicle registrations and/or vehicle insurance to perform my job description duties I will am responsible for maintaining them.
- 4) I understand that my failure to maintain have a valid divers license, valid vehicle registrations and/or vehicle insurance to perform my will subject me to disciplinary action up to an including immediate termination.

\_\_\_\_\_  
**Print Employee Name**

\_\_\_\_\_  
**Authorized Administrative Staff**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Administrative Staff Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

A copy of the CAP-Addendum will be place in your individual employee file.

This policy has been included in the Empower U Employee Policy and Procedure Manual and The Empower U Operating Policy and Procedure Manual: Section: Data Security Policy



# Living with HIV/AIDS

## A mother's story

By Hansen Sinclair  
hsinclair@miamiherald.com

Just by looking at her, you would think Vanessa Mills is your typical, everyday, successful Black woman. In her 48 years on this earth, Mills has attended Rutgers University in New Jersey; obtained numerous higher-level degrees; given birth to two sons of whom she speaks highly, and established her own organization.

What makes Mills so special? She accomplished all of this while living with HIV/AIDS.

Mills was diagnosed with HIV in 1991. At the time, she was a nurse working in Miami. She is not sure how she contracted it, but she is guessing that she

got stuck by a needle used on a patient with Hepatitis-C. This happened between 1987 and 1988. She did not get tested until a few years later.

"I got tested in 1990 because of symptoms I had," Mills said. "One major hint was night sweats. I would wake up with my entire bed drenched. And being a nurse, I knew I felt infected. I didn't receive my results for a year, not until the health department called my mother in Georgia. That's when I finally said it out loud to my mom...and myself."

Another way Mills may have contracted the disease was through drug use.

"Looking back on my life I realize now that we have to educate people. Please visit [HIV/AIDS3A](http://HIV/AIDS3A.com)



VANESSA MILLS

## HIV/AIDS victim lives life, inspires others

### HIV/AIDS

continued from LA

about the dangers and the correlation between HIV and drugs," Mills said.

Mills was born in Fulston, Georgia. She moved to New Jersey when she was 12.

"Coming from a small town it was a great change for me," Mills said. "I was always on the intelligent side. Now I was going to school up north where there was better education, and I didn't have to learn from second-hand books anymore."

At 28, Mills left Rutgers University in New Jersey and moved to Miami. Here she worked as a nurse while pregnant with her first son. Mills does not remember being infected with HIV around that time, and is confident she was not.

Almost 10 years later, after finding out she was infected with the virus, Mills said she went through an extremely

emotional phase in her life.

"If it wasn't for my family, I don't know what I would have done," Mills said. "My family was very supportive and helped me through my dark time."

Mills said she also found the strength to go on with her life through her church and support of the congregation of Mount Tabor Missionary Baptist Church. One person, Mills said who gave her a chance to "reacclimate myself" with living was Pat Kelly, from M.O.V.E.R.S. (Minorities Overcoming the Virus through Education Responsibility and Spirituality), the largest Black community organization in Miami-Dade.

Mills started working with Kelly as a case manager in 1994, but wanted to become more involved.

She developed the idea of Empower "U" along with co-founder Petera Johnson, who passed away in 2002.

"To me, Petera will always

remain ageless," Mills said. "She was the more outgoing one. She was really a public person and a true advocate of AIDS awareness."

Mills said the idea of Empower "U" came about because as a Black woman living with AIDS, she felt it was her duty to empower other Black women living with the disease. She later realized that she could not choose her target, but had to let the targets come her.

"It's like one of my first meetings with the organization," she started. "I had breakfast ready for the meeting: bagels and cream cheese and orange juice. And someone said, 'Where's the bacon, the grits, the eggs?' Right then I knew I could not shape my organization, but had to cater to the people."

What started out as a tool to help Black women deal with living with HIV/AIDS has now turned into more of a community support team. Mills and

her staff go out into the community teaching about prevention and coping with the disease.

"We go everywhere; the corners, the crackhouses and now we are zeroing in on the club scene," Mills said.

Mills said what makes the staff at Empower "U" so unique is that 50 percent of the staff is living with HIV/AIDS.

"We know how to handle people because we are going through what they are going through. We understand everything and can empathize with them," she said.

Although Mills is living with AIDS, she has been undetected since 1994.

"With medication and the proper diet you can live a normal 'healthy' life," she said.

Empower "U," 8808 N.W. 22nd Ave. offers free HIV/AIDS testing from 8 a.m. to 5 p.m. All results are confidential.

For more information contact Vanessa Mills at 786-318-2357.



# FROM THE DEAD ZONE

by k a t h y g l a s g o w

**A** messa Mills regularly drives her black Jeep to places in Miami not hospitable to lone women or a lone man, for that matter: a trash-bocked lot on NW 47th Avenue, a dilapidated wood-frame house on 81st Street, a garage behind a mostly vacant strip center. Mills will park and walk down an alley or behind an abandoned cargo container, to where she expects to find a girl she knows. More often than not the girl will be where Mills encountered her the week before, head bobbing and mouth twitching a little from the crack, waiting in the company of four or five other people, all of whom Mills knows by street name.

This is another day at the office for Mills, a skinny, intense woman with braided hair, lopsided smile, and mournful eyes. Another day to fortify herself with the hard lessons she learned years ago as she was hauling herself out of these very places. Mills understands it won't work to try to change the people she encounters here. But now she can be an ally who, when the time is right, can lend a hand, prod this young black woman to face the truth — that she's not just courting her own premature death, but helping AIDS decimate her own people.

In another fifteen or twenty minutes, the girl, Tonya, will run silver gloss over her lips, shove some fancy clips in her hair, and prance out to the sidewalk (followed at a discreet distance by her man) to begin work in the midmorning heat.

Mills greets the group and gives a quick toss of the chin. "Hey, Tonya, I needta talk to you." And they'll stroll over to a shady spot near the Jeep, where the girl relates her latest personal and health difficulties and why she wasn't around a few days earlier when Mills came by to take her to her doctor's appointment. She was in jail, Tonya relates, and

no doubt it's true. Back when Mills was using, she spent quite a few nights locked up.

Mills hands her several condoms, which she shows down her tank top. Mills adds she'll come back tomorrow to drive the girl to the clinic, and again Monday morning for the SINGS (Sisters In Need Gathering Strength) workshop, a breakfast and support group that meets weekly (lured, Mills acknowledges, by the free food) at an unmarked strip center storefront on NW 22nd Avenue. And she will hug Tonya, climb back into her car, and head a few blocks away to find another woman who is reluctant to be found. Another one skeletal with AIDS, another African-American woman who is getting tired of being on the street, tired of feeling so bad and working so hard for nothing more than one rock after another, knowing she'll only get sicker if she doesn't do something to help herself, but with no idea where to begin to break the cycle.

This is what Mills and her business partner, Perera Johnson-Hobson, specialize in, reaching into unsalvageable lives and occasionally saving them. Their fledgling non-continued on page 25





"You ain't this big." Vanessa Nalls, bottom, jokes while educating her staff in a day's outreach work.



of all blacks of all (published weekly by the Miami Herald) to 10,500 percent of all cases in Miami-Dade County, despite constituting just 20 percent of the population. For other ethnic groups in the county is so affected: in fact, the incidence of AIDS among Hispanics, while increasing, is relatively low (57 percent of the Miami-Dade population accounts for 52 percent of AIDS cases). Similarly African Americans are contracting AIDS at a faster rate than other ethnic groups: In 2001, 168 out of 100,000 blacks had the disease, according to county health department statistics, while the rate was 31 and 25 per 100,000 for Hispanics and whites, respectively.

From the beginning of the epidemic in the early Eighties, people of color in general have had higher infection rates than whites. Nevertheless the greater number of AIDS cases initially was among white, middle-class gay men, who quickly mobilized to form strong advocacy, treatment, and education networks. It wasn't until the mid-Nineties that the public began to learn about the severity of the crisis among heterosexual minorities. Yet the overall amount of money spent on HIV/AIDS treatment and prevention, \$14.7 billion nationwide (according to government figures), has remained stable for the past several years.

—David A. Clark, author of *Blacks, Whites, and AIDS*

**"It's always the squeakiest wheel that gets the most grease," says Philip A. Hilton.**

**Dead Zone** continued from page 23

profit, Empower U, Inc., housed in that anonymous storefront on NW 23rd Avenue, is one of several small AIDS service organizations that have lately emerged in Miami's poorest African-American neighborhoods. The work, these street-level outfits do is labor-intensive, frequently discouraging and potentially dangerous. It's also, in the opinion of most AIDS activists, the only way to get at an array of social and economic conditions that encourage the epidemic that is ruining black lives at a frightening pace.

The so-called dead zone at the heart of Miami, mainly the ZIP codes 33142 and 33147, encompassing parts of Allapattah and Model City, is where the AIDS epidemic has hit harder than anywhere else in Florida. Miami, after all, claims the nation's highest

reduced AIDS spending). Thus in many areas competition for funding, always highly political, inevitably has pitted ethnic groups against each other. Meanwhile more minority-sensitive efforts and billions of dollars have barely slowed the HIV infection rate, which in many areas continues to rise among blacks and Hispanics. (On South Beach, the rate of new infections among young white men is as high as in Liberty City, according to the nonprofit South Beach AIDS Project.)

The picture is complicated in racially polarized Miami-Dade, where white Hispanics predominate numerically, politically, and economically. Here an ethnic group that

is disadvantaged and offer in the rest of the nation is ruling elite. As such Hispanics advantage when it comes AIDS funding. For example the 2002 Miami-Dade Health Needs Assessment by firm Williams, Stern & Associates last year received 30 percent of the total AIDS services paid for by a program, Ryan White Title I. (The report noted Hispanics make up 20 percent of the county's reported AIDS cases. At the same time both black and Hispanic AIDS patients have smaller percentages of





Patricia Goodbrock, left, and Rev. Juanita Valencia have been fighting the AIDS fight virtually unnoticed for almost twenty years.

### Dead Zone

continued from page 28

began funding programs targeting African Americans, Native Americans, and other minorities including Hispanics.

Though the MAI account for only a fraction (about two million dollars) of the public money going to AIDS programs in Miami-Dade, it has meant crucial support for several African-American organizations and the Center for Haitian Studies. Most of Empower D's budget comes from two MAI grants totaling \$105,340. It's the nonprofit's first government funding. Other organizations with a white Hispanic client base received more than \$500,000 in MAI funds.

Many in the African-American AIDS community were angered by an action taken several months ago by the City of Miami which administers the \$12 million federal Housing Opportunities for People With AIDS, or HOPWA, program for Miami-Dade County. The city unilaterally diverted \$500,000 in HOPWA funds to three agencies — the largest chunk, \$182,000, to a for-profit Hispanic company, Sabel Consulting and Management Corporation. — to conduct AIDS education programs. That is not forbidden by the HOPWA regulations, but it did

community relations about Empower D may have to look with yet more urgency now that the Bush administration is questioning the legality of the Minority AIDS Initiative. In light of recent court rulings dismantling affirmative action policies, the qualifications for receiving MAI funds may be eased, thus potentially

**\*If you look at the numbers, the people getting sick and dying quicker are of African descent.\***



After ten years in the trenches, Patrice Johnson-Hobson, left, and Vanessa Mills finally latched onto the funding to run their own program.

allowing nonuniversity organizations to compete. However, according to some AIDS experts familiar with the issue, nothing has yet been decided in Washington (officially with the U.S. Department of Health and Human Services, which administers the MAI, did not return numerous phone calls). The administration has also ordered the U.S. Centers for Disease Control and

Prevention to reinstate the AIDS initiative. The city and HUD are currently negotiating the reinstatement.

Nevertheless support for AIDS treatment, research, and prevention programs appears halting in Washington. AIDS funding has remained flat and some existing programs and policies are under attack from conservative interests.

"You've got more organizations and there are more (people with AIDS) coming into the medical care system, so you're actually looking at an overall decrease in money," explains Patrice Johnson-Hobson, executive director of Empower Florida AIDS Action, a statewide lobbying group. "It's gone past being a racism issue; it's a federal funding issue, and I don't know if there will ever be enough now to go

back to last month by the Associated Press deleting information about condoms and sex education from the CDC Website. The government scrutiny of prevention programs, which one San Francisco official called a "witch hunt," was spurred by revelations that AIDS aid was used by the organization for shopping spree and tickets to Disney World. Some lawmakers have also questioned the use of CDC money for sexually explicit educational seminars and workshops.

Those laboring in Miami's inner-city trenches don't have to worry about expanding workshops for their clients — it's hard enough just finding them to tell them the results of their HIV tests. The Florida Department of Health, with the support of the CDC, sends hundreds of outreach workers into the streets each month, often in large vans equipped with educational literature, condoms, oral HIV testing kits, nurses, and counselors. The

HIV test is now usually performed in about five minutes with the subject standing right there at the street corner, market, or bus stop. The worker hands him a swab, sort of like a Q-tip, which he holds in his mouth in a plastic tube filled with a preservative solution. The sealed tube is sent to a lab. The results come back in two weeks, and the workers who administered the test go back out with the good or bad news. In a lot of subjects, most of whom are also drug users, the usual home lives are too hectic, however, to have disappeared.

In a matter of weeks, when a new instant-testing kit comes on the market, the results will come back in only about an hour, thus largely solving the problem of low "returns" in AIDS tests and revolutionizing the entire testing process.

For the past four years, despite — perhaps because of — aggressive testing, the number of new HIV or AIDS cases in Florida has remained at about 3000. That's





Vanessa Mills helps coordinate food distribution, as well as condoms and AIDS tests

## Dead Zone continued from page 33

some condoms, the workers try to get them to fill out a so-called contact sheet for the health department (or ask questions and fill in the sheet themselves, seeking facts and figures about a person's social, economic, medical, and sexual history). Not everyone wants to fill out the form, and sometimes, finding themselves in the midst of a milling crowd of drunk or drugged street entrepreneurs, workers simply don't have the opportunity to fill every line and check every box.

Petera Johnson-Hobson, a 40-year-old former cruise-ship singer with a beauty-queen smile and smoky voice, rides out one morning with some of her new outreachers to a spot in Liberty City near D.A. Dorsey Educational Center. On a corner in the shade, a group of teens (AIDS is rising most precipitously among 16- to 25-year-olds) appears to be waiting for a bus. Johnson-Hobson, even in jeans and T-shirt exuding some glimmer of her past glamour, bounds energetically toward the young people, starting to speak before coming to a stop on the curb. "Hey y'all, we're talking about HIV prevention. Our community still hasn't addressed it like we should."

One kid gets on a bicycle and rides slowly off; a few act as though no one is talking, but two girls in tight, faded bell bottoms and tiny T-shirts pay close attention. "You wanta be tested, sweetie?" Johnson-Hobson asks.

"Even though I use condoms I still got reason to be worried," one of the girls confesses, fingering a smooth curl of black hair at her neck. While an Empower U worker fills out a health department sheet on her, her friend watches languidly as Johnson-Hobson gets into a detailed discussion with an older man who's wandered over to the corner. In contrast to the neatly, fashionably dressed teenagers with clean, sulky faces, this man looks exhausted and wears a soiled white dress shirt and too-long khaki pants with dirt stains on the knees. "Say," he says quietly to Johnson-Hobson, after pocketing two long strips of colored condoms. "What about oral sex?"

Johnson-Hobson doesn't blink.

"Now you really need to take precautions," Johnson-Hobson affirms, flashing her smile. "Weekend's coming up, you want to have a good time, but you gotta be careful."

"What if I don't have no female condom?"

"You can also use Saran Wrap, you know," Johnson-Hobson replies.

"I take it —"

"—and you put it there, over the vagina, it's very thin, still got your sensation —"

"the incidence of  
aids for  
hispanics is  
still rising.  
that's how  
i got a grant  
for \$100,000."

"Um hm," the man says. "Thank you. I appreciate that." And he ambles across the street, into a little market.

At the front door of the market, a jittery young man in baggy jean shorts is having a long one-sided conversation with another Empower U worker, who listens respectfully. He's already given the kid several belts of condoms. "Look here, it's a jungle out here," the youngster exclaims, nodding his head and rubbing his hands together, sweaty and shiny under the bright sun. "If you don't play fair you got bad karma."

The worker purses his lips in agreement, keeping an eye on his outreach partner talking to a woman and her daughter a few parking spaces away. It is time to move on to another street corner, but his jittery friend is still getting to the point of his discourse.

"Look here," says the man, "I need me two dollars."

At that, Johnson-Hobson appears and





## Activist Helping Clear a New Path in HIV Prevention

As an acute care nurse, Vanessa Mills used to take care of one patient at a time. Lately, though, she has decided to focus on entire groups of people using what she has learned through her studies in the Robert R. Stempel School of Public Health at Florida International University.

In 1999, she formed a non-profit organization called Empower U, which she describes as "founded by HIV-positive people for HIV-positive people." The 48-year-old mother of two and new grandmother was diagnosed herself with HIV in 1991.

In the last two years, she has realized considerable success with her grant writing and today employs 13 people who provide HIV testing, counseling, care and prevention work in South Florida's poorest communities.



Alumna Vanessa Mills '04

"We target neighborhoods where drug use is prevalent," says Mills. "We look for hot spots, we literally count crack houses, abandoned houses with broken windows. We watch out for drug transactions and sex workers getting in and out of cars."

And that's where Empower U sets up shop. Last year, for example, the organization tested 228 neighborhood residents for HIV; 19 of them tested positive for the disease. "We connect them to care," says Mills. "And we work with them to stop them from transmitting HIV to anyone else."

One of her public health professors at FIU, Tim Patton, says that her approach has really impressed him.

"She has a basic philosophical difference with most programs out there," Patton explains. "Most are focused on medical services for HIV patients. Vanessa is going out of her way to make the point that people with HIV can help stop the spread of the disease."

Empower U is one of seven HIV-related programs in Miami-Dade County currently being reviewed by the Centers for Disease Control and Prevention (CDC) for a new initiative for community-based HIV prevention projects. A positive review from the CDC could lead to nearly \$2.5 million dollars in funding over the next five years.

Not bad for an organization that began with a \$9,040 sub contract in December 2001. In less than two years, the agency's annual funding has grown to almost \$500,000. The staff has also grown from the two founders – Mills and her best friend, the late Petera Johnson – to 13 individuals, including outreach workers, case managers, peer educators, housing specialists and an administrative consultant.

"Finally we are looking at people with HIV as central to halting the spread of the infection," says Mills. "Sounds simple but you can only get HIV from someone who has it. That's the key." Empower U also offers confidential testing and counseling services in the community.

[search](#)

[MORE NEWS:](#)  
[ALUMNI NEWS](#)  
[ATHLETICS NEWS](#)  
[EVENTS CALENDAR](#)

[PHOTO ARCHIVES](#)  
[RELEASE ARCHIVES](#)

[OTHER NEWS:](#)  
[FIU NEWSLETTER](#)  
[FIU MAGAZINE](#)  
[DIVERSITY MAGAZINE](#)



go where she wanted to go in life, she had to be educated. In 1986, she began working per diem at many hospitals in Miami-Dade and Broward Counties . In 2002, she earned her nursing degree from Barry University . In the fall of that same year she enrolled in the Master's of Public Health program at FIU.

When she received her Master's degree on April 26 th, her children—Glenn Alvin, 22, and Sean Christopher, 8—were there to cheer her on.

"Even though my mommy works a lot, I know she is helping people," said Sean. "I'm so proud of her."

Mills and her family live in Liberty City .

[Athletics](#) | [Biscayne Bay Campus](#) | [Cultural Life](#) | [Giving to FIU](#) | [University Technology Services](#) | [Libraries](#)  
[Online Campus and WebCT](#) | [Outreach and Distance Learning](#) | [News](#) | [Institutional Research](#) | [Hurricane Info](#)  
[Text Only](#) | [FIU em Português](#) | [FIU en Español](#) | [About this Site](#) | [Webmaster](#)



STATE OF FLORIDA



TOM GALLAGHER, CHIEF FINANCIAL OFFICER  
CHARLES H. BRONSON, COMMISSIONER OF AGRICULTURE  
MRS. JANET H. KEELS, COORDINATOR

PHONE: 850/488-2952

OFFICE OF EXECUTIVE CLEMENCY  
2601 BLAIRSTONE ROAD  
BUILDING C, ROOM 229  
TALLAHASSEE, FLORIDA 32399-2450

JEB BUSH, GOVERNOR, CHAIRMAN  
CHARLIE CRIST, ATTORNEY GENERAL

December 16, 2003

Ms. Vanessa Mills  
10033 NW 26<sup>th</sup> Avenue  
Miami, Florida 33147

Dear Ms. Mills:

Enclosed is a copy of the Order of the Board which grants you a full pardon with the right to own, possess or use firearms.

Sincerely,

Janet H. Keels  
Coordinator

JHK/nw

*Congratulations!  
Don't forget what the Governor  
told you - cut down on your  
work hours and spend more time  
with your family! You only get  
one chance at life - enjoy it!  
Best wishes,  
Janet Keels*



**Liberty City**

HEALTH SERVICES CENTER  
Jackson Health System



1320 N.W. 62nd Street  
Miami, Florida 33147  
305-835-2200  
Fax: 305-696-6910

December 22, 2003

**EMPOWER "U" Inc.**

**Attn: VANESSA MILLS, Executive Director**  
**8309 N. W. 22<sup>nd</sup> Avenue**  
**Miami, FL 33147**

Dear Ms. Mills,

**The Public Health Trust/Liberty City Health Services Center Special Care Department and patients would like to thank you for the Christmas donations for our Annual Christmas Toys Drive.**

**With your Christmas donations will bring a joyous and happiness to our patients as they celebrate Christmas with their family members.**

**It's agencies like yours who help provide for our needy communities and make a difference in their lives.**

**Our staff to yours, we wish Season's Greetings and Happy Holidays. We would like to take this opportunity again to thank you for all that has been done to make this Annual Christmas Toys Drive a great success. The Public Health Trust/Liberty City Health services Center Special Department thank you for your support.**

Sincerely,

A handwritten signature in cursive script that reads "Regina Williams".

**Regina Williams, BS**  
**Event Coordinator**

A handwritten signature in cursive script that reads "Charles Jackson, MSW".

**Charles Jackson, MSW**  
**Assistant Event Coordinator**

*Greetings Ms. Mills,*

*I was moved by the article I read in the Miami Times on your achievements. I would like to commend you for your great courage and wish you the best in all of your endeavors.*

*May God bless and protect you on your noble journey.*

A handwritten signature in cursive script, appearing to read 'Yolky Raberson', with a long horizontal flourish extending to the right.

*State Representative, District 104*