

Committee Reports to the Miami-Dade HIV/AIDS Partnership Presented July 18, 2022

This report contains ten (10) motions and an overview of each committee's activities for the meeting date indicated.

EXECUTIVE – JUNE 29, 2022 *1 MOTION *

- Because the Partnership did not reach quorum in June, the committee approved the June, 2022, Care and Treatment carryover motions as detailed in the *Executive Committee Report to Committees-June 2022*, posted online: <u>aidsnet.org/meeting-documents</u>.
- Members continued to review the impacts of reducing the maximum number of committee members from 24 members. Further discussion is pending.
- Members reviewed and accepted updates to the Code of Conduct (Attachment #1).

1. Motion to adopt the updated Code of Conduct (Attachment #1).

Once approved, all Partnership and Committee members are asked to sign the updated Code of Conduct.

CARE AND TREATMENT - JULY 7, 2022 *8 MOTIONS *

- Members heard updates from the Ryan White Program (RWP) Part A/Minority AIDS Initiative, RWP Part B, AIDS Drug Assistance Program (ADAP), and General Revenue.
- Members reviewed the Medical Care Subcommittee Report. The Subcommittee continued discussing topics related to HIV and aging, and forwarded **four (4) motions** related to other topics:
 - □ Reviewed, edited, and finalized a draft "Dear Colleague" letter regarding gender-affirming care.

2. Motion to accept the "Dear Colleague" letter regarding gender-affirming care, with changes. (Attachment #2).

□ In June, 2022, RWP Part A carryover funds were added to the oral health care service category. The Subcommittee discussed adopting new dental implant codes (Attachment #2) based on available funding. Input from oral health care providers limiting the scope of the implant codes was reviewed.

A Letter of Medical Necessity (Attachment #3) was generated and revised, and the Subcommittee approved five oral health codes for implants, limited to patients who had no teeth and could not keep dentures in place. An effective start date of August 1, 2022, was suggested for use of the codes and the Letter of Medical Necessity, pending Partnership approval.

- 3. Motion to add codes to the Ryan White Oral Health Care Formulary:
 - D6010 (Surgical placement of implant body, second-stage surgery, placement of healing cap);
 - D6191 (Semi-precision abutment-placement);
 - D6192 (Semi-precision attachment-placement);
 - D6110 (Implant/abutment supported removal denture for edentulous archmaxillary); and
 - D6111(Implant/abutment supported removal denture for edentulous archmandibular).

As detailed in the Letter of Medical Necessity for Dental Implants, the implants are not cosmetic. They are for edentulous patients [patients lacking teeth] with insufficient bone support for conventional complete dentures and/or advanced resorption of the bone that supports dentures so they have difficulty keeping them in place. Limit is 8 units. (Attachment #3)

- 4. Motion to accept the Letter of Medical Necessity for Dental Implants with changes. (Attachment #3).
- 5. Motion to have an effective start date of August 1, 2022 [for the above referenced changes], pending approval by the Partnership of the Letter of Medical Necessity for Dental Implants.

-- End of Medical Care Subcommittee Report --

- Members continued to hear Needs Assessment presentations.
- Members discussed the Other Professional Services: Legal Services and Permanency Planning service definition (Attachment #4) and the provision to allow for gender-affirming name change. The County revised the language, and the committee adopted the language, which allows the service to be provided as a billable activity without disclosing a client is transgender.

6. Motion to accept the *Other Professional Services: Legal Services and Permanency Planning* services description with gender-affirming language as presented. (Attachment #4)

- Members reviewed the Miami-Dade County Ryan White Part A FY 2022-23 (YR 32) Formula & Supplemental Grant Funding Allocations Sweeps 2 (SW2) Funding Reallocations (Attachment #5). Recommended reductions totaled \$1,045,848, and requests totaled \$3,583,631. While the full request could not be met with the carryover funding, most requests can be fulfilled. The Food Bank allocation was deliberated separately due to RWP subrecipient conflict of interest [sole provider for the service category]:
 - 7. Motion to allocate \$766,083 of Part A Sweeps 2 funds to the Food Bank service category. (Attachment #5)

The remaining allocation recommendations are as follows:

- 8. Motion to allocate Part A Sweeps 2 funds:
 - \$5,815,461 to Medical Case Management;
 - \$8,577,172 to Outpatient/Ambulatory Health Services;
 - \$132,385 to Mental Health Services;
 - \$84,492 to AIDS Pharmaceutical Assistance;
 - \$3,088,975 to Oral Health Care;
 - \$335,776 to Health Insurance Services;
 - \$1,969,744 to Substance Abuse Residential;
 - \$44,128 Substance Abuse Outpatient Care;
 - \$194,149 to Medical Transportation;
 - \$9,853 to Emergency Financial Assistance;
 - \$264,696 to Outreach Services; and
 - \$154,449 to Other Professional Services (Legal)
 - (Attachment #5)
- Members reviewed the *Miami-Dade County Ryan White Part A FY 2022-23 (YR 32) Minority AIDS Initiative (MAI) Grant Funding Allocations Sweeps 2 (Sw2) Funding Reallocations* (Attachment 6). Recommended reductions totaled \$18,179, and the only request was \$6,883 under Clinical Quality Management. The Committee voted to allocate the requested funds.
 - 9. Motion to allocate MAI Sweeps 2 funds of \$6,883 to Clinical Quality Management. (Attachment #6)

JOINT INTEGRATED PLAN REVIEW TEAM (JIPRT) – MAY 9, 2022 (Prevention Committee and Strategic Planning Committee)

 Members completed review of the collected responses for 2022-2026 Integrated HIV Prevention and Care Plan: Community Engagement Feedback for Goal Development, which incorporates community feedback in the outline of objectives and strategies provided by the State of Florida Department of Health.

COMMUNITY COALITION – JUNE 27, 2022

- Members promoted the Partnership at a National HIV Testing Day events throughout the county in lieu of their June 27 meeting.
- A flyer for the upcoming dinner series is available at this meeting. →

HOUSING COMMITTEE

• The committee has not met since the last Miami-Dade HIV/AIDS Partnership meeting.



NEXT MEETINGS

Members are expected to RSVP.

Please review materials in advance, as posted at <u>www.aidsnet.org/meeting-documents</u>/, and available from staff.

See www.aidsnet.org/calendar/ for more details or contact staff at hiv-aidsinfo@behavioralscience.com.

5	Monday	Tuesday	Wednesday	Thursday	Friday	9			
	1 To request material in accessible format, a sign time Translation) services, and/or any offer - Dade HV/AID Parthenthin meeting, please cor 1076 or send an e-mail to <u>hiv-aidairto(libeha/i</u> initiate your request. TTY use	accommodation to participate in th stact Marlen Meizoso or Christina B	is or any other Miami- lontempo at (305) 445- ndar days in advance to	4 Miami-Dade HN/AIDS Patheship Care 4. Treatment Committee 10:00 AM - 12:00 PM Miami-Dade County Main Library 101 West Figger Street, Auditorium, Miami, FL 33130	5	6			
7	8 Miami-Dade HIV/AIDS Partnership Joint Team Meeting: Strategic Flanning Committee and Prevention Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	9	10 Miami-Dade HIV/AIDS Partnership's New Member Orientation & Training 2:00 PM - 5:00 PM Via Zoom Meeting ID: 863 7776 7456 Passcode: 708747	11	12 Print It 📮 Post It Pass It Around ¶				
14	15 Miami-Dade HIV/AIDS Partnership 10:00 AM – 1:00 PM Miami-Dade County Main Library 101 West Flagter Street Auditorium, Miami, FL 33130 Ryan White Program Medical Case Manager Basic Training 10:00 AM – 5:00 PM Zoom Meeting	16	17	18 Miami-Dade HIV/AIDS Partnership Houring Committee 2:00 PM – 4:00 PM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Cables, FL 33134	19 Clinical Quality Management Committee 5:30 AM - 11:30 AM Zoom Meeting	20 Southe HIV/All Awaren Day			
21	22	23	24 Miami-Dade HIV/AIDS Partnership Executive Committee 10:00 AM - 12:00 PM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	25	26 Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee 9:30 AM - 11:30 AM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Cabler, FJ 33134	27			
		2							
28	29 National Faith HIV/AIDS Awareness Day Miami-Dade HIV/AIDS Partnership Community Coalition Roundtable Dinner 5:30 PM30 PM Prideliner 5:36 PM30 PM Miami, FL 33138	30 Minority AIDS Initiative Clinical Quality Management Team 9:30 AM - 11:30 AM Zoom Meeting	31 Ryan White Program Medical Care Manager Supervisor Training 10:00 AM – 4:00 PM Zoom Meeting MDC RWP Monthly Research Symposium: Effective Women Centered Care Practices from Ryan White Program Client and Provider Perspective 12:00 PM - 1:00 PM Via Zoom Meeting ID: 817 7037 3251 ~ Pastoode: 615937	Training 10:00 AM – 4:00 PM ting HIV/AIDS Partnersho meeting: are held vi WP Monthly Research Symposium: When Centered Care Practices White Program Client and Provider With Program Client and Provider Scan the QR Code with your phone's camera a the Table Phone Program Client and Provider Scan the QR Code with your phone's camera a the Table Phone Ph					

APPROVAL OF REPORTS *1 MOTION *

10. Motion to accept the Membership, Grantee/Recipient, and Committee Reports as presented.

Attachment #1



CODE OF CONDUCT

This Code of Conduct shall apply to all members of the Partnership and to the Partnership's standing committees, sub-committees, and workgroups, which are collectively referred to herein as the "Partnership."

Meetings are conducted according to Robert's Rules of Order. The length of time Partnership members are allowed to speak may be limited. Use of cell phones is also restricted.

Each Partnership member shall cooperate with the presiding officer in preserving order and decorum as set forth in the Partnership Bylaws. No member shall delay or interrupt the proceedings, or disturb any member while the member is speaking, except that the presiding officer may interrupt for the purpose of calling a member or members to order.

Members should be aware that they serve the interest of the Miami-Dade HIV/AIDS community as a whole. Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner. Accordingly, members are prohibited from lobbying the Partnership or any member of the Partnership regarding any matter that is of a personal nature.

Members, when voting on allocation of funding, must vote in accordance with the Miami-Dade County Commission on Ethics and Public Trust's Advisory Opinion 05-50, which states in pertinent part: ". . .the Partnership member may vote on funding recommendations affecting a service category in which they are a provider as long as the member is not the sole provider in the particular category and the recommendation does not provide amounts or percentages among the providers in a particular service category." In the event a member has a conflict, the member <u>must declare the conflict and shall abstain from the vote and step outside of meeting room prior to the vote. The member will complete Form 8B while outside the room and return the form to staff support personnel. The member shall return to the room after the remaining members have voted. Form 8B will be included with minutes of the meeting.</u>

All members must comply with Florida's Government in the Sunshine Law and Public Records Act as further described in the Partnership Bylaws.

Presiding Officers' Duties:

- 1. The presiding officers are responsible for the orderly conduct of business at each meeting and shall preserve order and decorum.
- 2. The presiding officers shall ensure Partnership business is conducted efficiently by enforcing the rules of debate; the presiding officer shall not monopolize discussion.

Governance Rules:

- 1. Remarks are addressed through the presiding officer, not to individual members or members of the public without the presiding officer's consent.
- 2. Members of the Partnership may speak in turn as recognized by the presiding officer.
- 3. Members of the public may be permitted to address the Partnership as appropriate and as recognized by the presiding officer.

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- 4. When more than one individual requests the floor, the presiding officer shall establish a queue.
- 5. Time limits for speaking may be established by the presiding officer.
- 6. The presiding officer may restrict an individual from speaking when the individual's comments are repetitive or not germane to the issue. Restrictions shall not be applied so as to limit the public's right to participate.
- 7. Partnership members may overturn a decision of the presiding officer by a majority vote.

General Conduct:

- 1. Partnership members shall adhere to the Rules of decorum set forth in the Partnership's Bylaws.
- 2. Electronic communication devices shall be set on mute or vibrate.
- 3. At no time shall the presiding officer, a Partnership member engage in any personally offensive or abusive remarks.
- 4. Members shall inform themselves on issues, listen attentively to discussion, and review relevant materials distributed prior to meetings.
- 5. There shall be no interruptions and no private conversations while business is conducted.
- 6. The presiding officer shall call any member to order who violates any section of this Code of Conduct. If a member is called to order while speaking, that person shall cease speaking until the question of order is determined.

Staff support personnel and County employees are present to assist the process, the presiding officer and Partnership members. Support personnel and County employees are entitled to be treated with courtesy and respect. Accordingly, the presiding may issue warnings to Partnership members and may also take other appropriate action to ensure compliance with this Code of Conduct and the Partnership's Bylaws.

Members shall agree:

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- 1. To refrain from engaging in improper or illegal voting on Partnership matters.
- 2. To refrain from engaging in improper or illegal representation as an agent of the Partnership on fiscal, legal and/or other Partnership matters.
- 3. To refrain from engaging in fighting, threatening behavior and other gross violations of proper conduct at Partnership or committee meetings.
- 4. To refrain from receipt of gifts, favors or promises of future benefits.
- 5. To refrain from engaging in any breach of the public trust.
- 6. To comply with the attendance requirements and other Partnership requirements, as provided for in Sections 2-11.39 and 2-1102 of the Code of Miami-Dade County and further set forth herein.
- 7. To refrain from engaging in any negligent or criminal activities in the performance of any duty assigned to them by law.
- 8. To comply with the Partnership's Bylaws.

Any violation of this code of conduct may result in the Partnership taking appropriate action against the Partnership member, including but not limited to making a recommendation to the County Mayor for the removal of Partnership member.

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CODE OF CONDUCT AFFIRMATION

I affirm that I have read, understand, and shall abide by the Miami-Dade HIV/AIDS Partnership Code of Conduct.

Signature

Date

Please return this page to Staff and retain the Code of Conduct for your records.

Miami-Dade HIV/AIDS Partnership/Code of Conduct <u>– Updated July 2022</u>

I



June 24, 2022

Dear Colleagues:

On behalf of the Medical Care Subcommittee of the Miami-Dade HIV/AIDS Partnership, I offer this correspondence for your consideration. This subcommittee is charged with reviewing medical care, oral health care, and provision of prescription drugs for over 8,000 clients served by the Miami-Dade County Ryan White HIV/AIDS Program (RWHAP) every year. In our capacity overseeing these vital medical services, we agree and support gender-affirming care for transgender people who come to us for HIV care, and we wish to raise several issues that must be addressed if we are to provide effective services to our transgender clients. We hope that by addressing these issues, we can improve access to care, retention in care, and positive outcomes for transgender clients with HIV.

Care and Treatment Issues

- Some Ryan White Program subrecipients and their staff members may not be thoroughly familiar with hormone replacement for gender affirmation, or the availability of payor sources such as Part A, ADAP, or General Revenue.
- Gender affirming care requires access to mental health clinicians well versed in transgender care. We need to develop a resource guide that identifies trans-friendly providers, with experience.
- Gender affirming hormone therapy must be provided in the context of accurate information about the interactions of these medications with other prescriptions used by the client, or with illicit substances.
- Providers of residential care for substance use disorder should be aware of the special needs of clients in the process of gender transition, so that clients who are transitioning while receiving help for substance use disorders receive care that takes into account mental health needs, substance use patterns, and the requirements of sobriety.
- It is important to have a peer or a designated transgender champion at each subrecipient service site since this allows for a relatable experience for clients.

Training

- Continuous training is needed for all providers from the top down, to ensure lessons are reinforced, and care is delivered in an appropriate manner.
- Front desk staff and medical case managers need to be thoroughly trained in how to respond to transgender clients.
- The Recipient shall identify an entity to provide guidance, training, and/or educational resources to support staff to raise awareness and increase competency around transgender care.

Non-Matching and Changed Names

- Non-matching names (and non-matching documents) are a problem with insurance. Clients are registered in the ADAP Program using the legal name shown in their official document (Florida Driver's License or similar). Sometimes there are discrepancies as the Florida Department of Health in Miami-Dade County Pharmacy receives prescriptions that have a different name than the one in the ADAP system (preferred name instead of legal name; unreported legal name change; other reasons).
- Some electronic medical records offer a "preferred name" field. This should be offered/used in electronic medical records and client data management systems." The "preferred name" should be used on the medication label, where legally allowed.
- The service delivery manual for the Ryan White program reflects name and gender identity changes as an allowable service under the other professional services category.

We appreciate your consideration of these recommendations.

Sincerely,

Signature

Robert Goubeaux, MD, Medical Care Subcommittee Chair

Attachment: Transgender-affirming organizations which may serve as resources, and which maintain directories of transgender-affirming providers.



Pridelines

https://pridelines.org/

TransSOCIAL, Inc.

https://www.transsocial.org/

TransSOCIAL Resource Guide

https://static1.squarespace.com/static/5b5dfce450a54f067497b8e1/t/61fc23df0040e11037a67ca9/1643914219731/TransSOCIAL.SoFloTransResourceGuide.Jan2022.Small.pdf

TransInclusive Group

https://www.transinclusivegroup.org/

This is not an exhaustive list of trans-affirming organizations. If you are interested in being included in their directories, please contact the organizations directly.

RYAN WHITE PROGRAM Letter of Medical Necessity for Dental Implants

Client's Full Name	Prescriber Full Name
Preferred Name	Prescriber License # (D.M.D, D.D.S.)
Date of Birth	Prescriber Telephone #

I certify my client fully meets the following criteria for the use of dental implants:

- The use of these implants is not cosmetic;
- This patient is edentulous and advanced resorption of the bone that supports dentures makes keeping dentures in place difficult; and
- The procedure will improve quality of life.

I understand:

- Approval under this form is limited to codes D6010, D6191, D6192, D6110, or D6111;
- These dental codes are restricted up to 8 units;
- Usage of this letter serves as an override to the annual oral health care cap;
- This approval is subject to Part A funding availability;
- This form should be included in the client's dental file and uploaded into scanned documents in Provide; and
- I must attach the treatment plan to this form.

Prescriber Signature and Date

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

OTHER PROFESSIONAL SERVICES: LEGAL SERVICES AND PERMANENCY PLANNING

(Year 32 Service Priority: #13for Part A only)

Other Professional Services (Legal Services and Permanency Planning) are support services. Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Locally, this service category is limited to the provision of Legal Services and Permanency Planning to people with HIV or AIDS who would not otherwise have access to these services, with the goal of maintaining clients in health care. Legal Services are available to eligible individuals with respect to powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program, especially but not limited to assistance with access to benefits and health care-related services.

A. Program Operation Requirements: Funds may be used to support and complement pro bono activities.

Funds may also be used to support program-allowable services (e.g., legal assistance, filing fees, and fingerprinting fees, etc. to support legal name and identity changes) for gender affirming care. This support for gender affirming care aims to facilitate access to benefit programs and services for which a client may be eligible. This gender affirming care support may be included in one or more of the service areas listed below.

All legal assistance under Ryan White Part A Program funding will be provided under the supervision of an attorney licensed by the Florida Bar Association. Only civil cases are covered under this Agreement. Therefore, the service provider will assist eligible Ryan White Program clients with civil legal HIV-related issues which will benefit the overall health of the client and/or the Ryan White Program care delivery system in the following service areas:

- Collections/Finance issues related to unfair or illegal actions by collection agencies related to health care debt (e.g., bankruptcy due to health care debt).
- Employment Discrimination Services issues related to discrimination while at work, unfair terminations, unfair promotion policies, or hostile work environment as related to HIV diagnosis or status.

- Health Care Related Services issues related to ensuring that the client is treated in a fair manner, and issues relating to breach of confidentiality by divulging HIV status or other confidential medical/income information without client consent.
- Health Insurance Services issues related to seeking, maintaining, and purchasing of private health insurance.
- Government Benefit Services issues related to obtaining or retaining public benefits which the client has been denied and is eligible to receive, including but not limited to Social Security Disability and Supplemental Income Services (SSDI and SSI) benefits, Unemployment Compensation, as well as welfare appeals, and similar public/government services.
- Rights of the Recently Incarcerated Services issues related to a client's right to access and receive medical treatment upon release from a correctional institution.
- Adoption/Guardianship Services issues relating to preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.
- Permanency Planning this component helps clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including: the provision of social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney. This sub-component includes preparation of advance directives, healthcare power of attorney, durable powers of attorney, and living wills.

IMPORTANT NOTES:

- Adoption/Guardianship is related to Permanency Planning under HRSA Policy Clarification Notice #16-02; however, for local tracking purposes, it has been identified as a separate billable component.
- Adoption/Guardianship and Permanency Planning activities do not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver. Proper planning must occur prior to the death of the client (i.e., parent/guardian).
- HRSA's Program Letter titled "Gender-Affirming Care in the Ryan White HIV/AIS Program," dated December 16, 2021 (<u>https://ryanwhite.hrsa.gov/grants/program-letters</u>), addresses the importance of and allowable uses of funds to support gender-affirming care.

Providers should demonstrate experience in providing similar services and the ability to meet the multi-lingual needs of the HIV/AIDS community.

- **B. Rules for Reimbursement:** The unit of reimbursement for this service is *one hour* (*or fraction thereof*) of legal consultation and/or advocacy provided by an attorney or paralegal at a rate not to exceed \$90.00 per hour. Gender affirming care support does not have a separate billing code, as it is a component in one or more of the service areas listed in Section A, directly above.
- C. Additional Rules for Reporting: Monthly activity reporting for this service will be on the basis of *one hour of legal consultation and/or advocacy* provided by an attorney or paralegal. Legal Services and Permanency Planning providers must submit an annual written assurance that: 1) Ryan White Program funds are being used only for Legal Services and Permanency Planning directly necessitated by an individual's HIV status; 2) Ryan White Program funds are not used for any criminal defense or for class action suits unrelated to access to services eligible for Ryan White Program funding; and 3) the Ryan White Program was used as the payer of last resort.
- **D. Special Client Eligibility Criteria:** A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service and must be updated annually. Providers must also document that program-eligible people with HIV (clients) receiving Ryan White Part A Program-funded Other Professional Services (Legal Services and Permanency Planning) are permanent residents of Miami-Dade County and have gross household incomes that do not exceed 400% of the 2022 Federal Poverty Level (FPL).
- E. Additional Rules for Documentation: Client charts must include a description of how the Legal Service or Permanency Planning services are necessitated by the individual's HIV status, the provision of services, client eligibility (Ryan White Program In Network Referral or Out of Network Referral with supporting documentation), and the hours spent in the provision of such services.

MIAMI-DADE COUNTY - RYAN WHITE PART A

FY 2022-23 (YR 32) FORMULA & SUPPLEMENTAL GRANT FUNDING ALLOCATIONS

SWEEPS 2 (SW2) - FUNDING REALLOCATIONS

YR 32 RANKING ORDER ¹	SERVICE CATEGORIES	CORE/SUPPORT	YR 32 ALLOCATIONS ²		SW2 RECOMMENDED REDUCTIONS		SW2 ADDITIONAL FUNDING REQUESTS		PROPOSED ALLOCATIONS AFTER SW2 ³	
1	MEDICAL CASE MANAGEMENT	CORE	\$	5,869,052	\$	(200,000)	\$	746,409	\$	5,815,461
2	OUTPATIENT/AMBULATORY HEALTH	CORE	\$	8,847,707	\$	(300,000)	\$	929,465	\$	8,577,172
3	MENTAL HEALTH SERVICE	CORE	\$	132,385			\$	10,309	\$	132,385
4	AIDS PHARMACEUTICAL ASSISTANCE	CORE	\$	88,255	\$	(3,763)			\$	84,492
5	ORAL HEALTH CARE	CORE	\$	3,088,975			\$	531,372	\$	3,088,975
6	HEALTH INSURANCE SERVICES	CORE	\$	595,700	\$	(259,924)			\$	335,776
7	SUBSTANCE ABUSE RESIDENTIAL	SUPPORT	\$	2,169,744	\$	(200,000)			\$	1,969,744
8	FOOD BANK	SUPPORT	\$	529,539			\$	1,281,093	\$	766,083
	SUBSTANCE ABUSE OUTPATIENT CARE	CORE	\$	44,128					\$	44,128
10	MEDICAL TRANSPORTATION	SUPPORT	\$	154,449	\$	(3,761)	\$	43,461	\$	194,149
11	EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	\$	88,253	\$	(78,400)			\$	9,853
	OUTREACH SERVICES	SUPPORT	\$	264,696	Ť	(10,100)			\$	264,696
	OTHER PROFESSIONAL SERVICES (LEGAL)	SUPPORT	\$	154,449					\$	154,449
10	SUBTOTAL		φ \$	22,027,332	\$	(1,045,848)	\$	3,542,109	Ψ \$	21,437,363
			\$	600,000	¥.	(1,040,040)	\$	41,522	\$	641,522
	ADMINISTRATION (10%) ⁴		\$	2,453,209			ψ	41,322	φ \$	2,453,209
	GRAND TOTAL		φ \$	2 ,433,209 25,080,541	\$	(1,045,848)	\$	3,583,631	φ \$	2,453,209 24,532,094

DIRECT SERVICES:

\$ (22,027,332) YR 32 RFP Award Allocation

\$ 21,478,885 YR 32 Direct Services Available Funds

\$ (548,447) DIFFERENCE (Reduction Needed)

<u>YR 32 Current Award</u> (Breakdown by Funding Source)
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Formula Funding	\$	16,141,380		
upplemental Funding	\$	4,121,835	-	
FY'20 Supplementa	\$	4,268,879	<u>\$24,532,094</u>	*
MAI Funding	3	1,089,480		
FY'20 MA	I \$	1,623,771	_	
YR 32 Total Award	\$	27,245,345		

NOTES:

¹ YR 32 ranking order is based on the Needs Assessment's allocation as provided in the FY 2022 Notice of Funding Opportunity (NOFO).

² Provisional award letters currently include contract base amounts approved by the Board of County Commissioners through Resolution NO. R-246-20, as a result of RFP RW-DS-0320. CORE Services Total = \$18,666,202 (85%); SUPPORT Services Total = \$3,361,130. (15%).

³ If the SW2 recommendations are adopted, the CORE Services Total = \$18,078,389 (84%); SUPPORT Services Total = \$3,358,974 (16%); CLINICAL QUALITY MANAGEMENT (2.6%).

⁴ Administration includes Partnership (Planning Council) and Program Support Costs.

MIAMI-DADE COUNTY RYAN WHITE PART A

FY 2022-23 (YR 32) MINORITY AIDS INITIATIVE (MAI) GRANT FUNDING ALLOCATIONS

SWEEPS 2 (SW2) - FUNDING REALLOCATIONS

RANKING ORDER ¹	SERVICE CATEGORIES	CORE/SUPPORT	PRE/SUPPORT		SW2 RECOMMENDED REDUCTIONS		SW2 ADDITIONAL FUNDING REQUESTS	ALI	PROPOSED ALLOCATIONS AFTER SW2 ³	
1	MEDICAL CASE MANAGEMENT	CORE	\$	903,920				\$	903,920	
2	OUTPATIENT/AMBULATORY HEALTH	CORE	\$	1,362,753	\$	(6,092)		\$	1,356,661	
3	MENTAL HEALTH SERVICE	CORE	\$	18,960				\$	18,960	
4	SUBSTANCE ABUSE OUTPATIENT CAF	CORE	\$	8,058				\$	8,058	
5	MEDICAL TRANSPORTATION	SUPPORT	\$	7,628				\$	7,628	
6	OUTREACH SERVICES	SUPPORT	\$	39,816				\$	39,816	
7	EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	\$	12,087	\$	(12,087)		\$	-	
	SUBTOTAL		\$	2,353,222	\$	(18,179)	\$-	\$	2,335,043	
	CLINICAL QUALITY MANAGEMENT		\$	100,000			6,883	\$	106,883	
	ADMINISTRATION (10%)		\$	271,325				\$	271,325	
	GRAND TOTAL		\$	2,724,547	\$	(18,179)	\$ 6,883	\$	2,713,251	

DIRECT SERVICES:

\$ (2,353,222) YR 32 RFP Award Allocation

\$ 2,341,926 YR 32 Direct Services Available Funds

\$ (11,296) DIFFERENCE (Reduction Needed)

YR 32 Current Award (Breakdown by Funding Source)

Formula Funding	\$ 16,141,380	
Supplemental Funding	\$ 4,121,835	
FY'20 Supplemental	\$ 4,268,879	
MAI Funding	\$ 1,089,480	
FY'20 MAI	\$ 1,623,771	<u>\$2,713,251</u>
YR 32 Total Award	\$ 27,245,345	

NOTES:

¹ YR 32 ranking order is based on the Needs Assessment's allocation as provided in the FY 2022 Notice of Funding Opportunity (NOFO). ² Provisional award letters currently include contract base amounts approved by the Board of County Commissioners through Resolution NO. R-246-20, as a result of RFP RW-DS-0320. CORE Services Total = \$2,293,691 (97%); SUPPORT Services Total = \$59,531 (3%).

³ If the SW2 recommendations are adopted, the CORE Services Total = \$2,287,599 (98%); SUPPORT Services Total = \$47,444 (2%); CLINICAL QUALITY MANAGEMENT (3.9%).