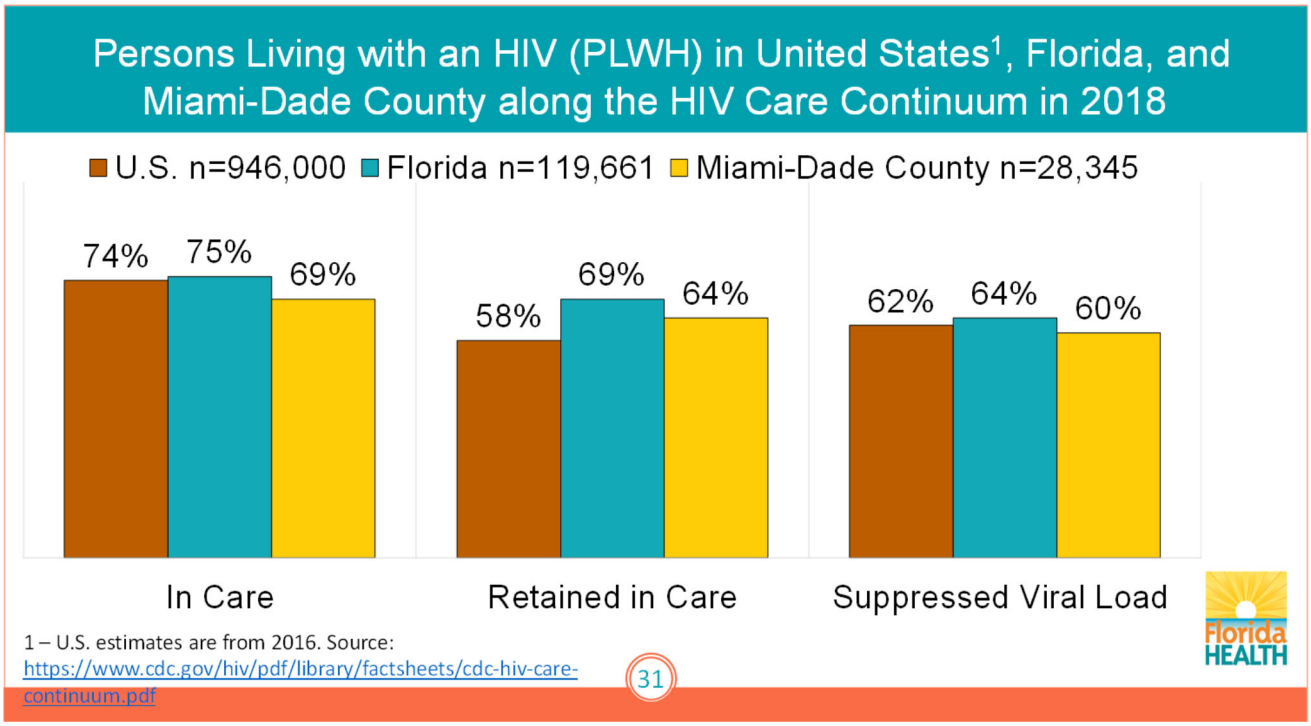
MIAMI-DADE HIV/AIDS PARTNERSHIP

2020 Needs Assessment

Ryan White Program Year 31



Prepared by Behavioral Science Research Corporation for the Miami-Dade County Office of Management and Budget-Grants Coordination and the Miami Dade HIV/AIDS Partnership. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2020 award totaling $26,633,082 as of April 8, 2020, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

BEHAVIORAL SCIENCE RESEARCH

2121 Ponce de Leon Blvd., Ste. 240
Coral Gables, FL 33134

MIAMI-DADE COUNTY

MIAMI-DADE HIV/AIDS PARTNERSHIP

YR 31 NEEDS ASSESSMENT
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REFERENCE ONLY
Final Electronic Book

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Agenda/Minutes

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee
Ryan White Program
Annual Priorities Setting and Resource Allocations
2020 Draft Meetings Schedule

Thursday, January 7, 2020, 10:00 a.m.-12:00 p.m.
- Committee Business
- Preparation for Needs Assessment: Understanding the RWHAP

Thursday, February 6, 2020, 10:00 a.m.-12:00 p.m.
- Committee Business
- Planning Council Responsibilities and Needs Assessment
- Ryan White CQM Report Card Update

Thursday, June 11, 2020, 10:00 a.m.-12:00 p.m.
- Committee Business
- 2018 Epi Profile Summary
- EIIHA and Linkage to Care Summary
- 2019 Ryan White Demographics Summary

Thursday, June 18, 2020, 10:00 a.m.-12:00 p.m.
- 2019 Ryan White Utilization
- 2019 Ryan White Co-occurring Conditions
- ADAP FY 19-20 presentation
- Other Funding and Dashboard Cards
- Service Categories

Thursday, June 25 2020, 10:00 a.m.-12:00 p.m.
- Ryan White Program HIV Care Continuum FY 29
- Unmet Need/Service Gaps and Projections
- Special Directives
- Priorities Setting
- Resource Allocation for Grant Funding

Thursday, July 2, 2020, 10:00 a.m.-12:00 p.m.
- YR 30 Part A and MAI Reallocation/Sweeps 1
- Remaining Needs Assessment items, as applicable

Schedule subject to change.
Please RSVP to marlen@behavioralscience.com or 305-445-1076.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee

Zoom Virtual Meeting

Thursday, June 11, 2020

10:00 a.m.-12:00 p.m.

AGENDA

I.	Call to Order	Victor Gonzalez
II.	Meeting Housekeeping	Marlen Meizoso
III.	Meeting Rules	Victor Gonzalez
IV.	Member Roll Call	Victor Gonzalez
V.	Guest Roll Call	Marlen Meizoso
VI.	Review/Approve Agenda	All
VII.	Floor Open to the Public	Victor Gonzalez
VIII.	Review/Approve Minutes of February 2, 2020	All
IX.	Reports	
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	▪ ADAP Program Update	Dr. Javier Romero
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	▪ 2018 Epi Profile	Robert Ladner
	▪ EIIHA and Linkage to Care	Robert Ladner
	▪ 2019 Ryan White Demographic Summary	Petra Brock
XII.	Announcements	Staff
XIII.	Next Meeting: **Thursday, June 18, 2020** via *Virtual Meeting*	Victor Gonzalez
XIV.	Adjournment	Victor Gonzalez

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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Care and Treatment Committee Meeting
United Way Center Ansin Building
3250 SW 3rd Avenue, Ryder Room
February 6, 2020

#	Committee Members	Present	Absent
1	Alcala, Etelvina	X	
2	Boyd, Derek	X	
3	Denord, Luckner	X	
4	Gonzalez, Victor	X	
5	Grant, Gena	X	
6	Henriquez, Maria	X	
7	Iadarola, Dennis	X	
8	Lewis, Camille		X
9	Mills, Vanessa		X
10	Neff, Travis		X
11	Richardson, Ashley		X
12	Roelans, Ryan	X	
13	Siclari, Rick	X	
14	Schmuels, Diego	X	
15	Trepka, Mary Jo	X	
16	Wall, Dan	X	
Quorum = 7			

Guests	
Michelle Atunez	
Jose Camino	
Kim Clark	
Carlos Garcia	
Karen Iglesias	
Brad Mester	
Angela M. Ortiz	
Javier Romero	
Abril Sarmiento	
Staff	
Ladner, Robert	
Meizoso, Marlen	
Schmelz, Abigail	

I. Call to Order/Introductions

Victor Gonzalez, Chair, called the meeting to order at 10:11 a.m. He welcomed everyone and asked for introductions.

II. Resource Persons

Mr. Gonzalez indicated Behavioral Science Research (BSR) staff as resource individuals.

III. Review/Approve Agenda

The committee reviewed the agenda. Marlen Meizoso requested the addition of the attendance status memo, source of income form and contact sheets under the membership section, and noted a correction under new business, the report card is Q-II presented by Robert Ladner not as is listed. The committee approved the agenda with the changes made.

Motion to accept the agenda with the changes noted.
Moved: Derek Boyd **Seconded: Dan Wall** **Motion: Passed**

IV. Floor Open to the Public

Mr. Gonzalez read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

There were no comments so the floor was closed.

V. Review/Approve Minutes of January 7, 2020

The committee reviewed the minutes of January 7, 2020 and accepted them as presented.

Motion to accept the January 7, 2020 minutes, as presented.
Moved: Derek Boyd **Seconded: Dr. Mary Jo Trepka** **Motion: Passed**

VI. Membership *Marlen Meizoso*

- Vacancy Report

Mrs. Meizoso reviewed the January 24, 2020 vacancy report (copy on file). There are eight vacancies on the Care and Treatment Committee. If anyone knows of qualified persons who can serve as members, please have them contact staff, invite them to the next meeting, or them to the New Member Orientation meeting being held on February 11 at the BSR offices.

- Attendance Status Memo

Mrs. Meizoso indicated that an attendance memo was in each member's meeting packets (copy on file). If there are any questions, please direct them to staff.

- Source of Income Form

Mrs. Meizoso indicated that the 2019 source of income form was in each member's meeting packets (copy on file). Completion of the forms is a member requirement, and the completed forms must be turned in before the July deadline. Non-compliance with completing the form can lead to fines up to $500 for first time offenders. Mrs. Meizoso detailed how to complete each section of the form. Members completed the forms and turned them in.

- Contact Sheets

Mrs. Meizoso indicated that some members did not complete their contact sheets, and these were included in the meeting packets. Members need to verify that the information provided in 2020 is still valid. Members can attest to no changes on the face of the sheet. If there are changes, these should be included in the relevant sections. The sheet should be returned to staff by the end of the meeting.

VII. Reports

- *Ryan White Program Update* *Dan Wall*

Dan Wall referenced the Ryan White Program expenditure report (copy on file) as of February 4, 2020.

The County has been released from the Cone of Silence since recommendations regarding the RFPs have been made by the Mayor. The recommendations should be going to the Board of County

Commissioners and should be voted on in February. The start date for new contracts should be March 1, 2020.

The grant award has not been received, but HRSA indicated that a partial award will be sent and the balance will be provided later.

On March 1, the new client information management system (PROVIDE) will go live. System-wide training will be provided February 18-28. Each user license represents a cost to the County, and only a limited number of licenses have been purchased, so licenses should be limited to essential personnel.

A new HRSA project officer has been assigned to cover the Miami-Dade County EMA, Emerson Evans.

FL DOH HIV Section personnel and other Part As met last month in a two day retreat in West Palm Beach to review funding cycles, discuss common eligibility, and share information about ADAP.. Discussions were held that ADAP can pay for doctor visits if long acting ARVS are added to the formulary.

The Ending the Epidemic application was submitted but no information has been received on funding levels.

CDC guidance has been released for non-planning money for ending the epidemic and the state will be working with local health departments.

Through January, 1,218 TTRA clients have gone through the program.

- *ADAP Report Update* *Dr. Javier Romero*

Dr. Javier Romero reviewed the January 2020 report (copy on file). Table 4 reports that there are 5,934 persons in the program. The pharmacy expenditures for January were $2,756,737.80 for 8,654 prescriptions and 3,022 patients. ADAP indicators were reviewed; 97.41% is the rate of viral load suppression. Reenrollments in January were 959 and 65 new enrollments. Table 8 indicated Premium Plus information on the 2,276 clients who had $2,020,219.18 premiums paid. Since the month of April the program has paid $17,619,357.80 in premium payments. Table 9 indicated insurance types which include 2,470 clients with insurance. Table 11 indicates insurance check reminders. Thus far there have been 88 premium change checks and 21 rebate checks issued.

More clients have shifted from insurance to non-ACA Ryan White. Several clients have indicated they have dropped their insurance because it does not cover non-HIV items.

- *Part B Program Update* *Marlen Meizoso*

Ms. Meizoso reviewed the November Part B report (copy on file). In November, 204 clients were served at a cost of $105,607.14.

- *General Revenue Update* *Marlen Meizoso*

Ms. Meizoso reviewed the November General Revenue report (copy on file). In November, 1,366 clients were served at a cost of $500,361.96.

- *Medical Care Subcommittee Report* *Marlen Meizoso*

Ms. Meizoso reviewed the Medical Care Subcommittee report (copy on file).

The Medical Care Subcommittee:

Heard updates from Part A and ADAP.

Re-elected Dr. Frances Martinez as Chair and Carlos Palacios as Vice-Chair.

Reviewed and approved disclaimers language in the Letter of Medical Necessity for Testosterone.

Motion to accept the revised Letter of Medical Necessity for Testosterone, as presented.
Moved: Dennis Iadarola Seconded: Dan Wall Motion: Passed

Heard a presentation title "Medication Assisted Treatment for Opioid Use Disorder: Medication Review."

The next subcommittee meeting will be February 28, 2020.

- *Partnership Report (reference only)* *Victor Gonzalez*

Mr. Gonzalez directed the subcommittee to the Partnership report (copy on file), which detailed the actions by the Partnership.

VIII. Standing Business

- *Vice Chair Elections* *All*

Mrs. Meizoso reviewed the vice chair election memo (copy on file). There were three members who qualified but none have indicated interested in serving as vice-chair. The committee decided to wait until April to vote on a vice-chair to see if the Mayor will appointment additional members to the committee.

Motion to table the vice-chair elections until April.
Moved: Dennis Iadarola Second: Gena Grant Motion: Passed

- *Ending The Epidemic Updates* *Karen Iglesias*

Karen Iglesias shared updates on Ending the Epidemic (copy on file). The draft items are included in your meeting packet. Feedback should be forward to Marlen. The final plan is due in June to Tallahassee. The Prevention Committee will be reviewing strategies to develop the plan. The Health Council is drafting the final planning report which is due February 28. They should be presenting on the report at the March Partnership meeting. There have been 41 community engagement activities from January to March. There will also be a dash board developed by May. The implementation grant has been applied for and is due March 25. The State is applying for $11 million dollars with about $2.6 million that would go to Miami-Dade County (DOH).

HRSA will be coming to Miami-Dade County Health District February 12, from 2 p.m. to 4 p.m., to launch the "Ready-Set-PrEP" campaign.

IX. New Business

- *FCPN Representatives* *All*

Mrs. Meizoso indicated that per the email sent last week two candidates are needed for Florida Comprehensive Planning Network (FCPN) (copies on file). Dan Wall, the current member representative, has changed positions to a Part A seat. Miguel Puente was the alternate but has termed off the committee. One of the two candidates must be a Partnership member. Terms are for three years. There are monthly webinars and a face-to-face meeting twice a year in Tampa. Travis Neff, who was not present, sent staff an email which was read to the committee (copy on file). He indicated his interest in being nominated as the area 11A representative. Derek Boyd indicated interest in serving as the alternate.

Motion to nominate Travis Neff as the Area 11A Florida Comprehensive Planning Network representative.
Moved: Dan Wall **Second: Maria Henriquez** **Motion: Passed**

Motion to nominated Derek Boyd as the Area 11A Florida Comprehensive Planning Network alternate.
Moved: Dr. Diego Shmuels **Second: Dan Wall** **Motion: Passed**

- *Planning Council Responsibilities and Needs Assessment* *Marlen Meizoso*

Mrs. Meizoso presented the Planning Council Responsibilities and Needs Assessment presentation (copy on file). She reviewed the Committee's responsibilities and the requirement to use data throughout the process for priority setting, resource allocations, and in establishing directives. The different data elements used during the needs assessment process were reviewed to familiarize the group with overall appearance, sources, and how to identify patterns and possible usage of items. The Committee will continue to review data throughout the next few months to prepare for the needs assessment.

- *FY 29 Q-II CQM Performance Report Card* *Robert Ladner*

Dr. Robert Ladner presented information on FY 28 cycle 3- FY 29 cycle 2 of the Ryan White Performance Report Card (copy on file). He reviewed the document and explained that the continuum of care, medical case management, outpatient medical care, oral health and outreach measures addressed by the report card. Details on data definitions are located on the reverse of the sheet. The data are presented in aggregate but details by agency are forwarded to agency contacts. In FY 29 cycle II, there were 9,462 clients in the RWP. Overall, there have been improvements within the last four cycles. If any agency receives a grade of D or F in a section, a performance improvement action plan will be requested and technical assistance offered.

X. Announcements

Mrs. Meizoso also reviewed the February and March calendars (copies on file).

Mrs. Meizoso announced that the HOPWA program will be opening the Long Term Rental Assistance (LTRA) application February 10-21. On January 15, the medical eligibility form was released. Both the medical form and LTRA application are available on aidsnet.org.

Community Coalition will be hosting its meeting at the South Dade Cultural Arts Center on February 24. A flyer with tear off information announcing the meeting is available on the table. Please post and share the information with others.

Gena Grant announced that tomorrow is National Black AIDS Awareness Day. Various agencies are conducting events in the community. Ms. Grant noted that several pediatric clients who turned 18 have been removed from the Medicaid program, and will likely be going to Ryan White agencies.

Karen Iglesias announced that April Sotomayor will be the new jurisdiction coordinator for the EHE grant activities.

XI. Next Meeting

The next meeting is scheduled for Thursday, March 5, 2020.

XII. Adjournment

Motion to adjourn the meeting.
Moved: Dan Wall **Second: Dennis Iadarola** **Motion: Passed**

Mr. Gonzalez adjourned the meeting at 11:55 a.m.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee

Zoom Virtual Meeting

Thursday, June 18, 2020

10:00 a.m.-12:00 p.m.

AGENDA

I.	Call to Order	Victor Gonzalez
II.	Meeting Housekeeping	Marlen Meizoso
III.	Meeting Rules	Victor Gonzalez
IV.	Member Roll Call	Victor Gonzalez
V.	Guest Roll Call	Marlen Meizoso
VI.	Review/Approve Agenda	All
VII.	Floor Open to the Public	Victor Gonzalez
VIII.	Review/Approve Minutes of June 11, 2020	All
IX.	Standing Business	
	None	
X.	New Business	
	▪ 2019 Ryan White Utilization Summary	Petra Brock
	▪ 2019 Ryan White Co-occurring Conditions Summary	Petra Brock
	▪ FY 19-20 ADAP Presentation	Javier Romero
	▪ Other Funding Summary and Dashboard Cards	Marlen Meizoso
XI.	Announcements	All
XII.	Next Meeting: **Thursday, June 25, 2020** via *Virtual Meeting*	Victor Gonzalez
XIII.	Adjournment	Victor Gonzalez

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee Meeting
Zoom Virtual Meeting
June 11, 2020

#	Committee Members	Present During Roll Call	Absent
1	Alcala, Etelvina	X	
2	Boyd, Derek	X	
3	Denord, Luckner		X
4	Gonzalez, Victor	X	
5	Grant, Gena*		X
6	Henriquez, Maria	X	
7	Iadarola, Dennis	X	
8	Lewis, Camille		X
9	Mills, Vanessa		X
10	Neff, Travis		X
11	Richardson, Ashley	X	
12	Roelans, Ryan	X	
13	Siclari, Rick	X	
14	Schmuels, Diego	X	
15	Trepka, Mary Jo	X	
16	Wall, Dan		X
Quorum = 7			

Guests	
Felipe Cifuentes	LaQuanna Scott-Lightfoot
Frederick Downs, Jr.	Javier Romero
Silvana Erbstein*	Carla Valle-Schwenk
David Goldberg	
Karen Hilton	
Angela Machado	
Barbara Messick*	
Brad Mester	
Liam Mugavin*	
Angela Ortiz	
Kirk Palmer	
Miguel Puente	*missed roll call/partial attendance
Staff	
Brock, Petra	Meizoso, Marlen
Bontempo, Christina	Schmelz, Abigail
Downie, Geoffrey	Sergi, Sandra
Ladner, Robert	

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/meeting-documents.

I. Call to Order/Introductions

Victor Gonzalez, Chair, called the meeting to order at 10:05 a.m. He welcomed everyone and indicated that some agenda items have been modified for a virtual format.

II. Meeting Housekeeping

Marlen Meizoso reviewed a Zoom Meeting Housekeeping presentation (copy on file) which reviewed the options available on Zoom and steps to ensure a good meeting environment.

III. Meeting Rules

Mr. Gonzalez reviewed a Zoom Meeting Rules presentation (copy on file) which reviewed the meeting rules for the virtual format.

IV. Member Roll Calls

Mr. Gonzalez conducted a member roll call. Members indicated their presence by chatting "Here" or "Present" in the chat box, or by unmuting and verbally indicating they were present..

V. Guest Roll Calls

Mrs. Meizoso conducted a guest roll call. Guests indicated their presence by chatting "Present" or "Here" in the chat box or by unmuting and indicating they were present.

VI. Review/Approve Agenda

The committee reviewed the agenda. Carla Valle-Schwenk indicated she would present the Ryan White Program Update in place of Dan Wall.

Motion to accept the agenda with the changes noted.
Moved: Rick Siclari **Seconded: Derek Boyd** **Motion: Passed**

VII. Floor Open to the Public

Mr. Gonzalez read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

BSR has a dedicated line for statements to be read into the record. No statements were received.

There were no comments so the floor was closed.

VIII. Review/Approve Minutes of February 6, 2020

The committee reviewed the minutes of February 6, 2020 and accepted them as presented.

Motion to accept the February 6, 2020 minutes, as presented.
Moved: Rick Siclari **Seconded: Dennis Iadarola** **Motion: Passed**

IX. Reports

- *Ryan White Program Update* *Carla Valle-Schwenk*

Carla Valle-Schwenk reviewed the YR 29 final Ryan White Program expenditure reports (copy on file). There are three sheets, one detailing the Part A and MAI expenditures separately and one detailing the expenditures jointly. Under Part A, the final expenditures equaled 96.49% of the award and under MAI the total equaled 84.58 %. The program served 9,031 clients last fiscal year.

Ms. Valle-Schwenk then reviewed the Ryan White report, as indicated below (copy on file).

FY 2020 Contracts

- In development. Delayed by COVID-19 related activities.

Groupware Technologies, Inc. (GTI) – Provide® Enterprise Miami data management system

- Post deployment items are nearly complete. Milestones 1-6 were paid; some on the condition of completing minor tasks. Deadlines were placed on pending items.
- Some eligibility and assessment data from January and February did not transfer from the SDIS to Provide. In such cases, subrecipient staff re-entered the data in Provide.

HRSA Site Visit Report

- Corrective Action Plan (CAP) tasks complete and the update was submitted to HRSA for review on 5/29/2020. Once accepted by HRSA, we will provide the Partnership with a report.

FY 2019 Year End Reports

- Final Line Item Expenditure Reports and Annual Progress Reports were submitted by subrecipients and are under review.

COVID-19 Response

- Past 3 months have been spent coordinating services for clients and troubleshooting subrecipient service delivery issues.
- County's Phase I openings started 5/18/2020 and Phase II began 6/8/202
- See "The New Normal – A Guide for Residents and Commercial Establishments" here: http://www.miamidade.gov/global/initiatives/coronavirus/openings.page
- All Recipient staff members continue working from home, as directed by the County Mayor and the OMB Department Director.
- Subrecipients are functioning as well as can be expected.
- Some sites were temporarily closed where staff and/or clients had tested positive for the coronavirus; these sites were cleaned and have re-opened.
- Many providers have had staff working from home.
- We are aware of at least one client and one physician who passed away from complications of the virus.
- Policy and Procedures for Teledentistry were developed and disseminated last week; effective 3/1/2020. We are working on similar guidance for Telehealth and Tele-Mental Health.
- We received a supplemental Part A award related to COVID-19, under the CARES Act. We intend to allocate funds through amendments to FY 2020 contracts, so that subrecipients can purchase Personal Protective Equipment (PPE) and hand sanitizer for distribution to clients and for use by staff who serve Ryan White Program clients. More details to come.

FY 2020 Part A/MAI Grant Application

- Final Notice of Award received on 4/8/2020
- Award was $26,633,082
- Application scored 99 with no noted weaknesses.

FY 2020 Reallocations/Sweeps

- Planning to have the Reallocations/Sweeps #1 process on the Care & Treatment Committee and Partnership agendas in July.

FY 2020 Ending the HIV Epidemic Application

- Final Notice of Award received on 2/20/2020.
- This is a 5-year cooperative agreement (telehealth, expansion of Test and Treat / Rapid Access, assist FDOH with HIV clusters, housing stability support)
- $1.7 million, year one
- Application scored 98; the score sheet identified one staffing question but no explicit weaknesses were noted.

RFPs for Clinical Quality Management (CQM), Planning Council Staff Support, and Direct Client Services

- RFP processes are complete.
- BSR was awarded the new contract for CQM and Planning Council Staff Support.
- 17 non-profit organizations were funded to provide direct client services:
- 4 providers are new to our local Part A/MAI network of providers:
  - CAN Community Health
  - Care 4 U Management (dba Care 4 U Community Health Center)
  - Latinos Salud
  - New Hope C.O.R.P.S. Test & Treat

Rapid Access (TTRA)

- Cleaning up data in transfer to new system.
- Will provide updated report next month.

ACA Enrollments

- Cleaning up data in transfer to new system.
- Will provide updated report next month.

Planning Activities

- Florida Comprehensive Planning Network (FCPN) meeting held first week of June. Focused on Florida Department of Health and ADAP updates, workgroup updates and Integrated Plan workgroup session. One topic of lengthy discussion was about coordination of eligibility requirements and Notice of Eligibility between Part As and FDOH (Part B and ADAP). No changes were made, and further discussion is necessary.

- ADAP Insurance Workgroup met virtually in first week of June to review need, cost, benefits and effectiveness of various metal plans, vision and dental plans, current list of approved plans, and income calculation for eligibility. No changes were made and further discussion will take place at the next meeting.

- *ADAP Report Update* *Dr. Javier Romero*

Dr. Javier Romero reviewed the April 2020 report which contains data as of May 2020 (copy on file). The report is a more streamlined version of information normally presented. As of May 4, 2020 there were 6,056 clients in ADAP but there has been a drop in clients as of June 1 to 4,853. During March and April clients received 60 days of medication so this may also account for lower client counts. This drop is due to the sunset of the emergency order on May 31 which extended current eligibility. There are 1,583 clients due for re-enrollment and information has been shared with the Part A program to provide to case managers. Total expenditures for the fiscal year total $56,264,506.65. Viral loads less than 200 are 97.42%. In order to address social distance and reduced contact at the ADAP pharmacy, the program implemented a drive thru and walk-up service as well expanding delivery service. Those members who had insurance but lost status through closure on June 1 will have to pay their copayments. Some insurances have a grace period and once they become eligible within the grace period the pharmacy may be able to re-run the insurance.

A questions was asked about pharmacy hours. The ADAP pharmacy is open Monday-Friday from 8 a.m. to 5 p.m. and on Thursday from 8 a.m. to 6 p.m.

- *Medical Care Subcommittee Report* *Marlen Meizoso*

Ms. Meizoso reviewed the Medical Care Subcommittee report (copy on file).

The Medical Care Subcommittee:

Held their meeting via Zoom on May 25, 2020.

Heard updates from Part A and ADAP.

Although the MCSC had voted at its February 28th meeting not to support the use of Dovato in the TTRA protocol, based on a literature review and recommendations by Dr. Jeff Beal, the motion was not ratified by the Care and Treatment Committee in a timely manner because of cancellations related to COVID-19. On May 25, the MCSC asked to reconsider its decision at its next regularly-scheduled meeting (July 24), to clarify some issues.

Reviewed and discussed three medications which had been added to the ADAP Prescription Drug Formulary in December, 2019, for potential addition to the Ryan White Prescription Drug formulary. After presentation of a literature review and discussion by the MCSC, only two were recommended: (1) Zetia (ezetimibe), a medication for high cholesterol; and (2) Provera (medroxyprogesterone), a hormone medication.

Motion to add Zetia (ezetimibe) and Provera (medroxyprogesterone) to the Ryan White Prescription Drug formulary.
Moved: Dennis Iadarola **Second: Rick Siclari** **Motion: Passed**

Discussed the registration process for the Antiretroviral Pregnancy Registry, a research project collecting data on antiretroviral (ARV) drug exposure during pregnancy for the purpose of assessing the potential for birth defects among users of these drugs. The MCSC requested additional information before proceeding.

Reviewed information on Crohn's disease among people with HIV/AIDS and requested additional information

The next subcommittee meeting is scheduled for July 24, 2020.

X. Standing Business

- *Vice Chair Elections* *All*

Mrs. Meizoso indicated that since the Mayor had not appointed any pending applicants to the Partnership so no interested or qualified candidates were available. On each of the monthly agendas (July and August) the vice chair election will be place. Hopefully, by that time, appointments will be made and the committee can vote on a vice chair.

XI. New Business

- *Procedure Review and Approval* *Marlen Meizoso*

Mrs. Meizoso reviewed the Setting Priorities and Allocation Resources for Virtual Meetings

document (copies on file). The document was read through and detailed the eight steps the Committee will follow throughout the needs assessment process this year. Changes were made to account for virtual meetings and the conflict of interest section was updated accordingly. Members voted to accept the document as presented.

Motion to accept the Setting Priorities and Allocation Resources document, as presented.
Moved: Dr. Diego Schmuels Second: Dennis Iadarola Motion: Passed

- *Planning Council Responsibilities Summary* *Marlen Meizoso*

Mrs. Meizoso presented the Planning Council Responsibilities and Needs Assessment Summary presentation (copy on file). Earlier in the year two presentations were made detailing background on the Ryan White Program and the Planning Council responsibilities for Needs Assessment. The full presentations were forwarded for reference. She reviewed a summary of the Committee's responsibilities and the requirement to use data throughout the process for priority setting, resource allocations, and in establishing directives.

- *2018 Epi Profile Summary* *Robert Ladner*

Dr. Robert Ladner presented summary slides on the HIV Epidemiology Profile for 2018 (copy on file). The full 2018 Epi profile was forwarded for reference. Overall of the 13 years and older, there were 1,224 HIV cases and 402 AIDS cases. Blacks are over represented in both incidence figures in comparison to the other populations. Males account for the majority of the cases. Deaths continue to decline; there has been a 54% decrease in the last 10 years. Prevalence is up 1% to 28,345 for 2018. Overall strategic long term goals such as suppressing viral loads and linking new clients into care has increased from last year.

- *EIIHA and Linkage to Care* *Robert Ladner*

Dr. Robert Ladner presented information on Calendar years 2018 and 2019 Early Identification of Individuals with HIV/AIDS (EIIHA) presentation (copy on file). From 2018 to 2019, there were about 400 newly diagnosed individuals connected to care. In 2019, Black MSMs had higher linkage rate. Of the previously-diagnosed EIIHA from 2018 to 2019, there appear to be less clients identified in 2019.

- *2019 Ryan White Demographic* *Robert Ladner*

Petra Brock-Getz reviewed demographic data from Ryan White Program clients for Fiscal Year 29 (copy on file). The presentation includes summary slides at the beginning of the document. A total of 9,031 clients were served in FY 2019-20, which is 8% lower than last year. There were a total of 1,003 new clients in the program, which is a 12% decrease from last year. Demographic information on age, gender, race/ethnicity, language, income level, HIV status, and insurance status were reviewed for a five year period and for the current year. As in the past trends in client composition, the proportion of Hispanics continues to rise among clients in RWP care as the proportion of Black/African Americans is reduced. Males continue to dominate the Ryan White Program. With the rise of Hispanic clients, Spanish language preference has increased. The largest exposure category both for current and new clients continues to be men who have sex with men (MSM). Clients at less than 136% FPL have slightly decreased to 56% from 64% fiscal year 2015-16. There appears to be a decrease of clients identifying Medicaid as a payer source.

XII. Announcements

Marlen Meizoso reviewed the vacancy report (copy on file).

Mrs. Meizoso announced that the Ryan White National Conference is being held August 11-14, 2020 virtually. Information including the link was shared (copy on file). Anyone interested in attended is encouraged to register early.

She reminded members that the source of income forms are due by the end of the month. If members received an email asking for the form to be completed, please do so ASAP.

Also anyone planning on attending any future meetings, please RSVP prior to the meeting.

XIII. Next Meeting

The next meeting is scheduled for Thursday, June 18, 2020.

XIV. Adjournment

Motion to adjourn the meeting.
Moved: Dennis Iadarola **Second: Maria Henriquez** **Motion: Passed**

Mr. Gonzalez adjourned the meeting at 11:51 a.m.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee

Zoom Virtual Meeting

Thursday, June 25, 2020

10:00 a.m.-12:00 p.m.

AGENDA

I.	Call to Order	Victor Gonzalez
II.	Meeting Housekeeping	Marlen Meizoso
III.	Meeting Rules	Victor Gonzalez
IV.	Member Roll Call	Victor Gonzalez
V.	Guest Roll Call	Marlen Meizoso
VI.	Review/Approve Agenda	All
VII.	Floor Open to the Public	Victor Gonzalez
VIII.	Review/Approve Minutes of June 18, 2020	All
IX.	Standing Business	
	None	
X.	New Business	
	▪ 2019 Final Findings of Client Satisfaction Survey	Clarice Evans
	▪ Ryan White Program HIV Care Continuum FY 29	Petra Brock
	▪ Service Categories	Robert Ladner
	▪ Review of Needs Assessment Data	Marlen Meizoso
	▪ Priority Setting Procedure	Marlen Meizoso
XI.	Announcements	All
XII.	Next Meeting: **Thursday, July 2, 2020** via *Virtual Meeting*	Victor Gonzalez
XIII.	Adjournment	Victor Gonzalez

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee Meeting
Zoom Virtual Meeting
June 18, 2020

#	Committee Members	Present During Roll Call	Absent
1	Alcala, Etelvina	X	
2	Boyd, Derek	X	
3	Denord, Luckner		X
4	Gonzalez, Victor	X	
5	Grant, Gena		X
6	Henriquez, Maria	X	
7	Iadarola, Dennis	X	
8	Lewis, Camille		X
9	Mills, Vanessa	X	
10	Neff, Travis	X	
11	Richardson, Ashley		X
12	Roelans, Ryan	X	
13	Siclari, Rick		X
14	Schmuels, Diego		X
15	Trepka, Mary Jo	X	
16	Wall, Dan		X
Quorum = 7			

Guests	
Marcello Di Maria	Javier Romero
Frederick Downs, Jr.	Samantha Ross
Silvana Erbstein	LaQuanna Scott-Lightfoot
David Goldberg	Carla Valle-Schwenk
Angela Machado	
Barbara Messick	
Brad Mester	
Liam Mugavin	
Angela Ortiz	
Kirk Palmer	
Miguel Puente	
Sam Quintero	
Staff	
Brock, Petra	Martinez,Susy
Bontempo, Christina	Meizoso, Marlen
Evans, Clarice	Schmelz, Abigail
Ladner, Robert	

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/meeting-documents.

I. Call to Order/Introductions

Victor Gonzalez, Chair, called the meeting to order at 10:04 a.m. He welcomed everyone and indicated that some agenda items have been modified for a virtual format.

II. Meeting Housekeeping

Marlen Meizoso reviewed a Zoom Meeting Housekeeping presentation (copy on file) which reviewed the options available on Zoom and steps to ensure a good meeting environment.

III. Meeting Rules

Mr. Gonzalez reviewed a Zoom Meeting Rules presentation (copy on file) which reviewed the meeting rules for the virtual format.

IV. Member Roll Calls

Mr. Gonzalez conducted a member roll call. Members indicated their presence by chatting "Here" or "Present" in the chat box, or by unmuting and verbally indicating they were present.

V. Guest Roll Calls

Mrs. Meizoso conducted a guest roll call. Guests indicated their presence by chatting "Present" or "Here" in the chat box or by unmuting and indicating they were present.

VI. Review/Approve Agenda

The committee reviewed the agenda. Marlen Meizoso requested that Service Categories be moved to the next meeting to allow time for completion of the presentations and questions.

Motion to accept the agenda with the change noted.
Moved: Dennis Iadarola **Seconded: Dr. Mary Jo Trepka** **Motion: Passed**

VII. Floor Open to the Public

Mr. Gonzalez read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

BSR has a dedicated line for statements to be read into the record. No statements were received.

There were no comments so the floor was closed.

VIII. Review/Approve Minutes of June 11, 2020

The committee reviewed the minutes of June 11, 2020 and accepted them as presented.

Motion to accept the June 11, 2020 minutes, as presented.
Moved: Dennis Iadarola **Seconded: Dan Wall** **Motion: Passed**

IX. Standing Business

None.

X. New Business

- *2019 Ryan White Utilization Summary* *Petra Brock*

Petra Brock reviewed summary information for the FY 29 Ryan White Utilization (copy on file). The full data presentation was uploaded to the website. The current presentation focused on summary information for the last five years for each service category. Some categories had increased expenditures, such as Outpatient Medical Care and Food Bank. Several others had decreases, such as Health Insurance Premium and Cost Sharing and AIDS Pharmaceuticals both of which have been supplemented by ADAP. There has been a decrease in utilization of substance abuse services, possibly due to a provider leaving the network, issues with clients obtaining referrals or clients declining the service. Ms. Valle-Schwenk indicated that Legal Services had provided a refund so although the total number of clients served remained as presented, the total expenditure for the services for FY 2019-20 is now $115,976.42. A revised presentation will be shared once completed.

- *2019 Co-Occurring Conditions Summary* *Petra Brock*

Ms. Brock reviewed Ryan White Program Co-Occurring Conditions for Fiscal Year 29 (copy on file). She reviewed the eight special populations of need (less than 136% FPL, AIDS diagnosis, no non-RWP health insurance, mental illness, substance abuse, hepatitis, STIs and homeless/unstably housed) and referred to the summary findings included in the presentation. She presented viral load suppression rates for clients with these co-occurring conditions: in most cases, clients with the co-occurring conditions had higher rates of unsuppressed viral loads than the RWP as a whole. Co-infection with Hepatitis B or C, or an STI, resulted in higher viral load suppression rates, possibly due to the increased medical attention directed to clients with these co-occurring conditions. Overall program viral load rates are 82.1%. Clients who were homelessness, with no health insurance, and with substance use had the lowest viral load suppression rates. Clients with substance use, mental illness and homelessness have the highest treatment costs.

- *FY 19-20 ADAP Presentation* *Dr. Javier Romero*

Dr. Romero reviewed the *ADAP-Miami FY 2019-20 Summary ADAP Program and CHD Pharmacy Report*, dated June 2020 (copy on file). There were 7,383 clients (4,515 direct dispense and 2,868 copay/deductible) enrolled for FY 2019-20. A breakdown of information was provided by demographic groups and ADAP indicators. The fiscal year total spent was $30,895,085.34 on direct dispense. Under the Premium Plus program (including ACA premium payments), $21,582,414.99 was spent. Dr. Romero also reviewed the COVID19 emergency response measures that were instituted by ADAP and FDOH.

- *Other Funding Summary and Dashboard Cards* *Marlen Meizoso*

Marlen Meizoso reviewed the Other Funding presentation (copy on file), which provided background on other funding and their importance. Using information from a survey request by BSR, HIV specific funding for Parts B-F and General Revenue and the other funding WICY tables are created. WICY is women, infants, children and youth. This information is also included in the Dashboard cards. Medicaid expenditures and demographics were also provided. There has been an increase of 1.56% in Medicaid clients served and 13.89% increase in total expenditures from FY 17-18 to FY 18-19. Demographic data from three years was presented and Black/African Americans are the largest ethnic group served by the program. This is in marked contrast to the Ryan White Program, in which Hispanics predominate. The Medicaid program also serves more men than women.

Ms. Meizoso referenced the Tools for Needs Assessment: Dashboard Cards (A Guide) (copy on file) which explains how to read the Dashboard Cards and how to use the document. She reviewed the different sections of the dashboard cards and explained where the data was derived. She also reviewed each dashboard card (copy on file), indicating trends.

Motion to extend the meeting 10 minutes.
Moved: Travis Neff **Second: Dennis Iadarola** **Motion: Passed**

XI. Announcements

Marlen Meizoso reminded all attendees to complete the evaluation form which will be sent after the meeting and to RSVP for the next meeting.

Travis Neff announced that the Ryan White National Conference is being held August 11-14, 2020 virtually and encouraged individuals to register early. He will be making a presentation on HIV in Miami on August 11 at 5 p.m. (copy on file). Anyone interested in attending is encouraged to register early.

XII. Next Meeting

The next meeting is scheduled for Thursday, June 25, 2020.

XIII. Adjournment

Motion to adjourn the meeting.
Moved: Travis Neff **Second: Dennis Iadarola** **Motion: Passed**

Mr. Gonzalez adjourned the meeting at 12:05 p.m.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee

Zoom Virtual Meeting

Thursday, July 2, 2020

10:00 a.m.-12:00 p.m.

AGENDA

I.	Call to Order	Victor Gonzalez
II.	Meeting Housekeeping	Marlen Meizoso
III.	Meeting Rules	Victor Gonzalez
IV.	Member Roll Call	Victor Gonzalez
V.	Guest Roll Call	Marlen Meizoso
VI.	Review/Approve Agenda	All
VII.	Floor Open to the Public	Victor Gonzalez
VIII.	Review/Approve Minutes of June 25, 2020	All
IX.	Membership	Marlen Meizoso
X.	Reports	
	▪ Ryan White Program Update (no report)	Dan Wall
	▪ ADAP Program Update (no report)	Dr. Javier Romero
	▪ Partnership Report (reference only)	Victor Gonzalez
XI.	Standing Business	
	▪ Vice Chair Elections (no action)	Marlen Meizoso
XII.	New Business	
	▪ YR 30 Reallocation Part A and MAI and YR 29 Carryover	All
	▪ Special Directives	All
	▪ YR 31 Priority Setting	All
	▪ YR 31 Part A and MAI Grant Budget	All
XIII.	Announcements	All
XIV.	Next Meeting: **Thursday, August 6, 2020** via *Virtual Meeting*	Victor Gonzalez
XV.	Adjournment	Victor Gonzalez

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee Meeting
Zoom Virtual Meeting
June 25, 2020

#	Committee Members	Present During Roll Call	Absent
1	Alcala, Etelvina	X	
2	Boyd, Derek	X	
3	Denord, Luckner		X
4	Gonzalez, Victor	X	
5	Grant, Gena		X
6	Henriquez, Maria	X	
7	Iadarola, Dennis	X	
8	Lewis, Camille		X
9	Mills, Vanessa		X
10	Neff, Travis		X
11	Richardson, Ashley	X	
12	Roelans, Ryan	X	
13	Siclari, Rick		X
14	Schmuels, Diego		X
15	Trepka, Mary Jo	X	
16	Wall, Dan		X
Quorum = 7			

Guests	
Michelle Atunez	LaQuanna Scott-Lightfoot
Brian Bosserman	Carla Valle-Schwenk
Frederick Downs, Jr.	Kira Villamizar
Karla Drummond	
David Goldberg	
Karen Gyonym	
Karen Hilton	
Trillion Ingram	
Angela Machado	
Barbara Messick	
Brad Mester	
Javier Romero	
Staff	
Brock, Petra	Martinez,Susy
Bontempo, Christina	Meizoso, Marlen
Evans, Clarice	Schmelz, Abigail
Ladner, Robert	

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at www.aidsnet.org/meeting-documents.

I. Call to Order/Introductions

Victor Gonzalez, Chair, called the meeting to order at 10:05 a.m. He welcomed everyone and indicated that some agenda items have been modified for a virtual format.

II. Meeting Housekeeping

Marlen Meizoso reviewed a Zoom Meeting Housekeeping presentation (copy on file) which reviewed the options available on Zoom and steps to ensure a good meeting environment.

III. Meeting Rules

Mr. Gonzalez reviewed a Zoom Meeting Rules presentation (copy on file) which reviewed the meeting rules for the virtual format.

IV. Member Roll Calls

Mr. Gonzalez conducted a member roll call. Members indicated their presence by chatting "Here" or "Present" in the chat box, or by unmuting and verbally indicating they were present.

V. Guest Roll Calls

Mrs. Meizoso conducted a guest roll call. Guests indicated their presence by chatting "Present" or "Here" in the chat box or by unmuting and indicating they were present.

VI. Review/Approve Agenda

The committee reviewed the agenda and approved it as presented.

Motion to accept the agenda as presented.
Moved: Dennis Iadarola **Seconded: Derek Boyd** **Motion: Passed**

VII. Floor Open to the Public

Mr. Gonzalez read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

BSR has a dedicated line for statements to be read into the record. No statements were received.

There were no comments so the floor was closed.

VIII. Review/Approve Minutes of June 18, 2020

The committee reviewed the minutes of June 18, 2020 and accepted them as presented.

Motion to accept the June 18, 2020 minutes, as presented.
Moved: Dennis Iadarola **Seconded: Dr. Mary Jo Trepka** **Motion: Passed**

IX. Standing Business

None.

X. New Business

- *2019 Final Findings of Client Satisfaction Survey* *Clarice Evans*

Clarice Evans reviewed the Final Findings of the 2019 Client Satisfaction Survey (copy on file). Preliminary information had been presented last year, today's information is final. A total of 507 surveys were completed. Data indicate clients are less satisfied than in the past. White comparisons with FY 2018-19 Client Satisfaction levels are most dramatic, satisfaction levels are also often lower in FY 2019-20 than they were in FY 2017-18. Pharmacy services, oral health and outpatient health care had the most significant drops in satisfaction. Oral health care had the lowest levels of satisfaction overall, and dissatisfaction with long lag times for appointment and long lobby wait times indicate possible issues with capacity. Mental health services need to be accessed more frequently, but the services are not ranked high in satisfaction. Although most of the clients in last year's survey did not report unmet needs, oral health and specialty medical care were mentioned more than other services, and it is important to note that oral health is a funded RWP service.

- *Ryan White Program HIV Care Continuum FY 29* *Petra Brock*

Petra Brock reviewed the Ryan White Program HIV Care Continuum FY 29 data (copy on file), including Ryan White Program and Florida Depart of Health data for Miami-Dade, and reviewed the definitions of the stages of the continuum. Overall suppression rates for FY 29 was 82.1%. The Ryan White Program clients do better than overall clients in being retained in care (75% for RWP vs. 64% for FDOH). A comparison of five years' worth of data of the care continuum indicates continued improvements across the continuum. The continuum was presented in terms of race/ethnicity, gender and risk factor. Overall, Black, non-Hispanics have the lowest continuum numbers while transgender clients have the highest (note they are also the smallest of the groups).

- *Service Categories* *Robert Ladner*

Dr. Ladner reviewed the draft Miami-Dade Ryan White Program Service Standard Excerpts for FY 21 derived from the policy clarification notice #16-02 (revised 10/22/18) (copy on file). He reviewed each of the thirteen service categories, highlighting what is covered and local exemptions which were indicated in red. The excerpts will be included as part of the service description standards. Ms. Valle-Schwenk clarified that while psychiatry is listed as a mental health service in the Service Standards, service utilization is reported as a specialty medical service under outpatient/ambulatory health care and not mental health services. Food Bank provides nutritional sustenance, grocery bags, and does not include home delivered meals. The committee made a motion to adopt the Service Standards as presented.

Motion to accept the Miami-Dade Ryan White Program Service Standard Excerpts for FY 21 as presented.
Moved: Dennis Iadarola **Second: Maria Henriquez** **Motion: Passed**

- *Review of Needs Assessment Data* *Marlen Meizoso*

Marlen Meizoso reviewed the Needs Assessment Data presentation (copy on file), which highlighted information from all the major presentations during the needs assessment process. She emphasized the need to use data during the remaining three needs assessment activities (priority setting, directives and resource allocation). Although there has been a drop in the number of client served by the RWP, there are increases in service utilization for Health Insurance and Cost Sharing Assistance, Medical Transportation and Food Bank. Service categories with the largest expenditures were Outpatient/Ambulatory Health Services, Medical Case Management, Oral Health Care, Mental Health Services, Food Bank, Medical Transportation and Outreach Services. Hispanics are the largest group of clients served by the Ryan White Program. Dashboard cards present summary data for each service area, including past priority rankings, allocations, expenditures, utilization, priority population access, and other funding streams. These are helpful reference tools when allocating funds and making priorities.

- *Priority Setting Procedure* *Marlen Meizoso*

Mrs. Meizoso reviewed the Priority Setting Procedure (copy on file) since the normal process to use the bingo cards will not work in a digital setting. A two-step process will still be used. Members and guest will receive an email with a survey link to complete the ranking process. The deadline for completing the survey will be close of business on Monday, June 29. The information will then be tallied and presented at the July 2 meeting. As has been done historically, the committee can shift the priorities and once they are satisfied will make a motion to adopt them.

XI. Announcements

Mrs. Meizoso reminded all attendees that they will receive two emails, one with the evaluation form for today's meeting and one with the priority setting link. She urged all to complete both items and RSVP for the next meeting.

XII. Next Meeting

The next meeting is scheduled for Thursday, July 2, 2020.

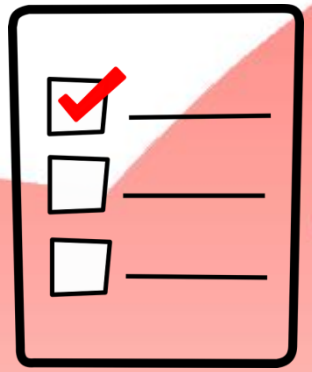
XIII. Adjournment

Motion to adjourn the meeting.
Moved: Dennis Iadarola **Second: Maria Henriquez** **Motion: Passed**

Mr. Gonzalez adjourned the meeting at 11:34 a.m.

2

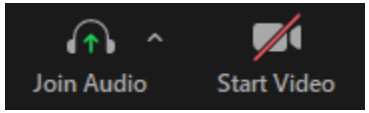
Zoom Meeting Housekeeping/Rules



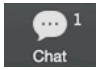
Zoom Meeting Housekeeping Items

Disclaimers

- This meeting – including video, audio, and Chat Box input – is being recorded and will become part of the public record.
- If you have video capability, you can choose to have it on or off. You are not required to be on video at anytime during the meeting.



Video is off. Click to turn on.

- Meeting materials were distributed prior to the meeting. If you do not have a referenced document, please Chat 

directly to Staff.
  - You can access meeting documents at http://aidsnet.org/meeting-documents/; or
  - Staff will provide requested document(s) *after* the meeting.

Setting the Meeting Environment

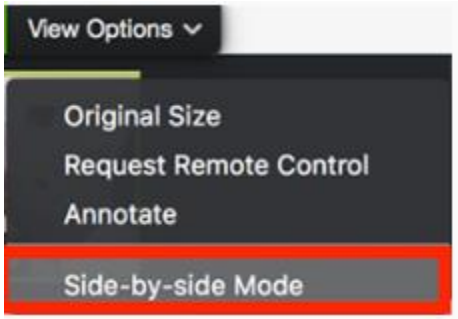
To reduce interruptions and feedback:

- Place cell phones on mute/vibrate.
  - The meeting HOST and CO-HOSTS can also mute/unmute participants.
- Turn off external devices such as televisions, radios, etc.

The Meeting View

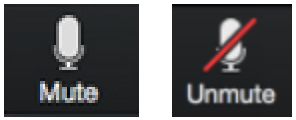
You will be able to see the Agenda and referenced documents via "**Share Screen**" controlled by the meeting **HOST**.

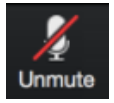
- Set your screen to **Side-By-Side Mode** to see both participants and the Share Screen documents.



Commonly Used Zoom Features

Mute/Unmute



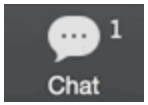
- All participants begin the meeting on “Mute.”
- When you want to speak:
  1. The moderator will “Unmute” you, and
  2. You must click Unmute. 

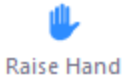
  

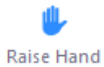
  You can be heard when your icon looks like this.
- You will need to “Unmute” each time you wish to speak.

Commonly Used Zoom Features

Chat Box and Raise Hand



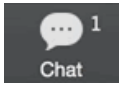


- When to use the chat box:
  - Roll Call: Chat your name during Roll Call when your name is called.
  - Make a Motion: Chat "**Motion**" ➡ The Chair will recognize you, you will be unmuted, and you can make the motion.
  - Second a Motion: Chat "**Second**" ➡ The Chair will read the name of member who seconds the motion.
  - All other discussion and/or questions: Chat "**Hand Up**" or click **Raise Hand** 

 ➡ The Chair will call on/unmute participants in order of the Chat box.

Commonly Used Zoom Features

Chat Box



- When **NOT** to use the chat box:
  - Chat should be limited to questions relevant to the Agenda topic or Motion.
  - Chat is not to used between members for sidebar conversations.

Additional Notes on Chat

- Chat should be sent "to Everyone" or, if you are having technical difficulties, you can Chat to support staff directly.
- The moderator will maintain a queue and unmute participants in order.

Using Zoom

Let's take a minute and make sure everyone is comfortable with the Zoom settings we've reviewed and the way your screen looks.

Chat "Hand Up" or click Raise Hand 

if there are any functions we need to review.

Helpful Links:

- Zoom Tutorial: Joining a Meeting
  support.zoom.us/hc/en-us/articles/201362193-How-Do-I-Join-A-Meeting-

- Zoom Help Center
  https://support.zoom.us/hc/en-us

www.aidsnet.org

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Zoom Meeting Rules

The Agenda

- The meeting will follow the Agenda which was distributed in advance.
- Some Agenda items have been modified for the virtual meeting platform.
- The Chair will lead the meeting per the Agenda and will recognize other participants named on the Agenda in order.

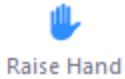
Roll Call

Introductions will now be "Roll Call":

- Members:
  - The Vice Chair will call the names of each member who RSVP'd.
  - Each member will **Chat** his/her name to have his/her participation recorded.
- Guests:
  - Staff will call the names of each guest who RSVP'd.
  - Each guest will **Chat** his/her name to have his/her participation recorded.
- Staff, etc.:
  - Staff will announce the names of BSR personnel on the call.
  - Anyone who has not been recognized during Roll Call should **Chat** his/her name to have attendance recorded.

Voting

Voting is for Committee Members only

- Make a Motion
  - Chat "**Motion**"
  - The Chair will recognize you, you will be unmuted, and you can make the motion.
- Second a Motion
  - Chat "**Second**"
  - The Chair will read the name of member who seconds the motion.
- The Chair will call for discussion.
  - Chat "**Hand Up**" or click **Raise Hand** 

 to be recognized by the Chair.
  - Discussion should be limited to the current motion/Agenda item
  - The Chair may impose time limits for discussion.
- When discussion has ended, the Chair will call for a vote.
  - If you are **VOTING AGAINST** a Motion, Chat "**Opposed**"
  - The member(s) voting against the motion will be read into the record.
  - All members without a Chat of "Opposed" will be counted as **VOTING IN FAVOR** of the motion.

3

Needs Assessment Process and Responsibilities

Miami-Dade HIV/AIDS Partnership
2020 Needs Assessment
Setting Priorities and Allocating Resources—Virtual Meetings

The annual Priority Setting and Resource Allocation needs assessment process is a series of Care and Treatment Committee meetings scheduled for June 11, 18 and 25. Since social distancing orders are in effect, the meetings will be held virtually. Data from the needs assessment and results from the Priorities and Allocations process will be included in the annual Ryan White Program grant application. Representatives of the affected community, community stakeholders and service providers are urged to attend and participate.

The meeting schedule will follow the eight-step process described below.

Step 1. Process Review

The committee will discuss and agree on the foundation of the process, including:

- Procedures for community input at meetings; and
- Review and, if necessary, revise established principles for setting priorities and allocations (e.g., priority on the poorest, priority on the sickest, etc.).

The committee's decisions at any meeting during this process will be made available to all participants at subsequent meetings through minutes of the meetings.

Step 2. Community Input

Committee members and non-members in attendance will be encouraged to participate in discussion and consensus-building by offering relevant information and stating their opinions. This input will be given during discussions of service categories, either during the general discussion before a motion is made, or during the discussion of the motion. Use of a queue will ensure orderly discussion. A staff support person may serve as a parliamentarian to ensure that the scheduled business is completed and that all parties are heard from, as time permits.

Step 3. Data Review

An overview of HIV/AIDS epidemiology, service utilization, and other data for Miami-Dade County will be provided and summaries will be presented. Information will include:

- A profile of the 2018 HIV/AIDS Epidemiology for Miami-Dade County
- Current cost and funding allocations for existing Ryan White Program services;
- The number of clients and demographic composition of clients receiving services under the Ryan White Program in FY 29;
- Co-occurring conditions of Ryan White Program clients in FY 29;
- Other funding streams that cover the same services as the Ryan White Program and the number of recipients;
- FY 29 cost and funding allocations for services;

- EIIHA and Linkage to Care data;
- Other issues relating to specific services;
- HIV Care Continuum data; and
- Estimates of unmet need.

Each committee member and guest who RSVP by the deadline will receive digital materials containing information about all aspects of the process and all services during the Needs Assessment. Meeting materials will be provided prior to the meeting to those who RSVP and projected when discussed at a meetings. ***Hard copies of the materials will be made available to Care and Treatment and Partnership member's once face-to-face meetings are allowable.***

Procedures for examining services will include:

- Review of information pertaining to definition, cost and utilization of specific services at each meeting when services are discussed.
- Discussion and questions by committee members and others present to clarify and elicit additional information.

The committee will not make motions or take actions related to service priorities and funding allocations until after Step 3 has been completed.

Step 4. Service Categories

The committee will review and use needs assessment data as a basis for selecting service categories to be funded for the coming fiscal year. Currently funded service categories and demonstrated need will be reviewed in order to:

- Eliminate service categories for which no need is identified, focusing attention on the cost of the services and the impact that removing the services may have on the health of the affected community; and
- Identify and introduce new core and/or support service categories, and seek to establish the basis of funding for these services, as needed.

Establishment of new categories must be based on data that demonstrate the extent of need and the lack of other funding sources or services to supply the area of need. Persons seeking to introduce new services are responsible for providing data on need and potential utilization: ***it will not be sufficient to assert that a particular service is needed without providing concrete data on the magnitude of that need among persons living with HIV/AIDS and the absence of non-Ryan White funding to support service provision for that need.*** Responsibility for providing data in support of new services rests with the proposer. The committee will vote on the proposed service following presentation and review of the pertinent data.

Step 5. Priority Ranking

The Committee will review needs assessment data once more. The Committee will follow the below process for establishing priority rankings of service categories.

- Members will complete a survey ranking services in order of importance prior to the final meeting;
- Registered guest will complete a survey ranking services in order of importance prior to the final meeting;
- Staff will tally the surveys and post the compiled rankings of committee members at the last meeting;
- The committee and others present will review this ranking and, based on discussion, make adjustments if necessary;
- The committee will come to a consensus on the final order of priorities and adopt them by formal motion.

Step 6. Directives

After full consideration of relevant data reviewed during the needs assessment process, the committee may decide to develop directives to the Recipient on how best to address the service priorities and how best to address other issues defined during the process. These may, among other things, address access issues to service for special populations or special geographic areas.

Step 7. Allocation of Funds

The Committee will use the service priorities, established principles and needs assessment data to allocate funds for Year 31 (2021-2022), generating a prospective resource allocation budget to be included in the Recipient's response to the Health Services and Resources Administration Request for Proposals. The Committee will:

Create an "5% increase ceiling funding" Part A and MAI budgets, the base figures will be derived from the FY 2020-21 award received. Based on findings of unmet need, client population growth or other needs assessment data the service allocations will be determined. Recommendations for allocation of funding are made to service categories only; no recommendations are made that deal with individual provider agencies.

Conflicts of Interest

Care and Treatment Committee members who work for subrecipients ("providers") currently funded by the Ryan White Program may vote on funding recommendations affecting a service category in which their employers provide services under Ryan White, as long as the member's employer is not the sole subrecipient ("provider") in that service category. Members who are "conflicted" in this way must declare their conflicted status during the meeting prior to discussion and vote of the service category. The conflicted member will then leave the meeting and he or she will be contacted by staff to rejoin the meeting once the conflicted vote is concluded. They will be emailed Form 8B which will be completed and return to staff within 48 hours after conclusion of the meeting. Form 8B will be included as a copy with the minutes of the meeting.

Step 8. Determination of Final Priorities and Allocations

The final priorities and allocations for Fiscal Year 31 (2021-2022), as determined by the Care

and Treatment Committee, will be presented to the full Partnership for approval.

Summary of Planning Council Responsibilities AND Needs Assessment

•Expectation is that data will be used to make decisions.

•There are responsibilities which belong solely to the planning council, such as priority setting, resource allocation and directives.

•Priority Setting: the process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all PLWH in the EMA.

•Priorities are not tied to funding.

•Priority setting and resource allocation must be based on data and not anecdotal information or impassioned pleas.

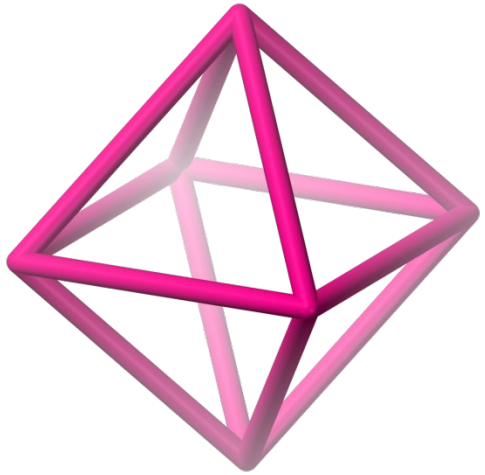
•Resource Allocation: the process of determining how much RWP Part A/MAI program funding will be allocated to each service category.

•Directives: guidance to the Recipient on how to meet priorities.

•There are responsibilities which belong solely to the Recipient, such as procurement of services and contract monitoring.

•HRSA requires that no less than 75% of funds be allocated to core services. Currently funded core services include: Outpatient/Ambulatory Health Services, Health Insurance Premium And Cost-Sharing Assistance for Low-Income Individuals, Oral Health Care, Mental Health Services, AIDS Pharmaceutical Assistance, Substance Abuse Outpatient Care and Medical Case Management, including Treatment Adherence Services.

•Support services should be linked to positive medical outcomes.



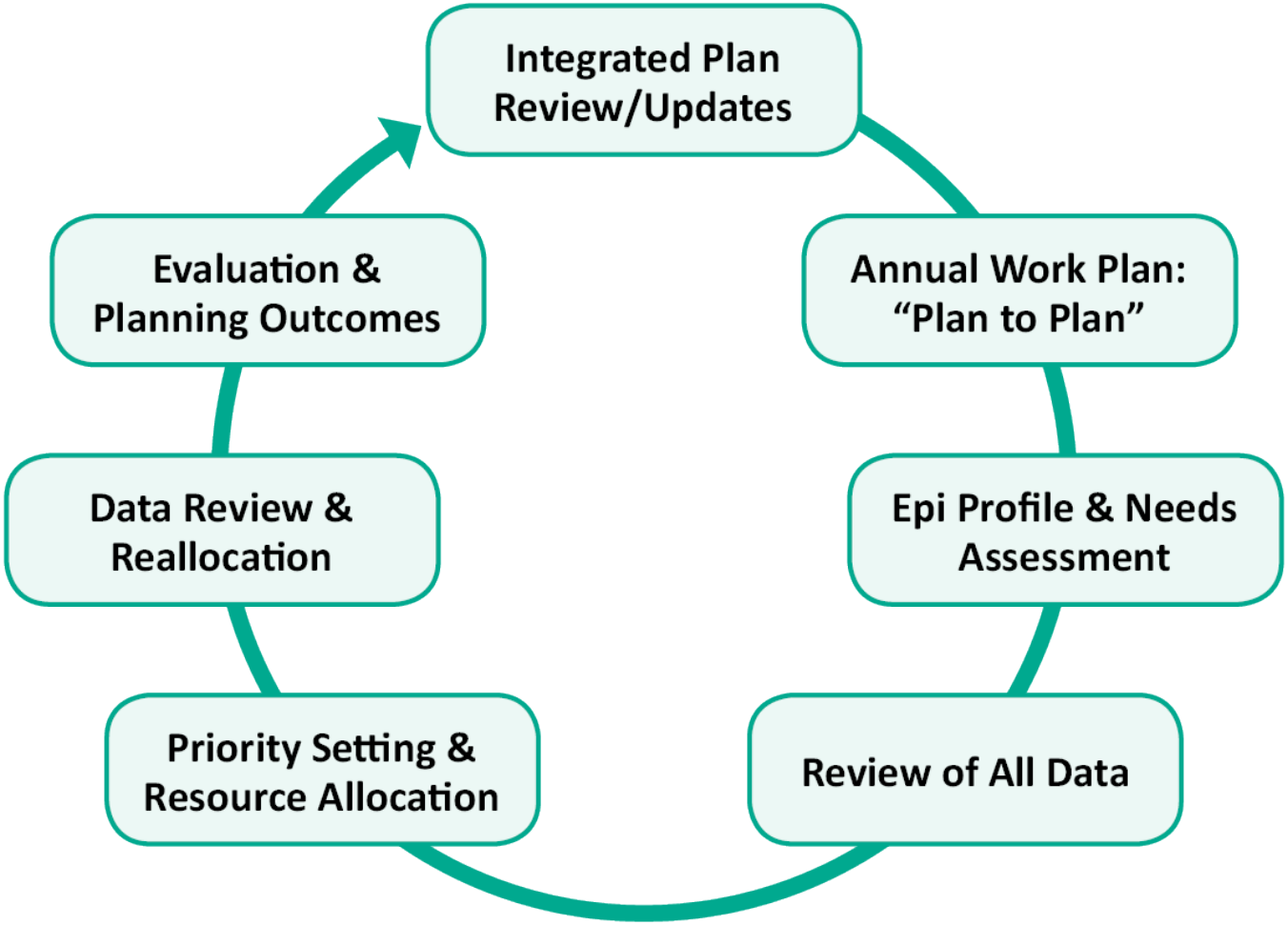
Think 3D!

Data
Driven
Decisions

2020 Needs Assessment Preparation

Slides in this presentation provided by Planning CHATT . Some local data have been added to provide context.

The Annual RWHAP Part A Planning Cycle



Understanding the Legislation

Authorizing the Ryan White HIV/AIDS Program (RWHAP)

Module 1 (revised)

Topics

- History and Evolution of the Ryan White HIV/AIDS Program (RWHAP) Legislation
- Overview of RWHAP Parts
- Understanding Part A

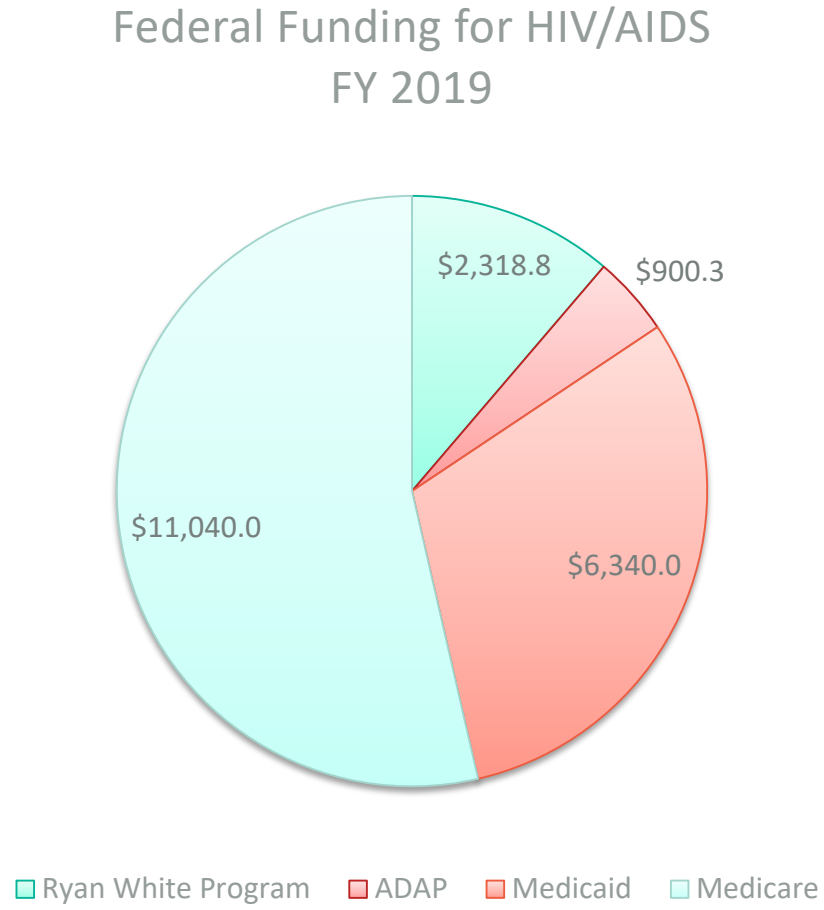
History and Evolution of RWHAP Legislation

RWHAP Legislation

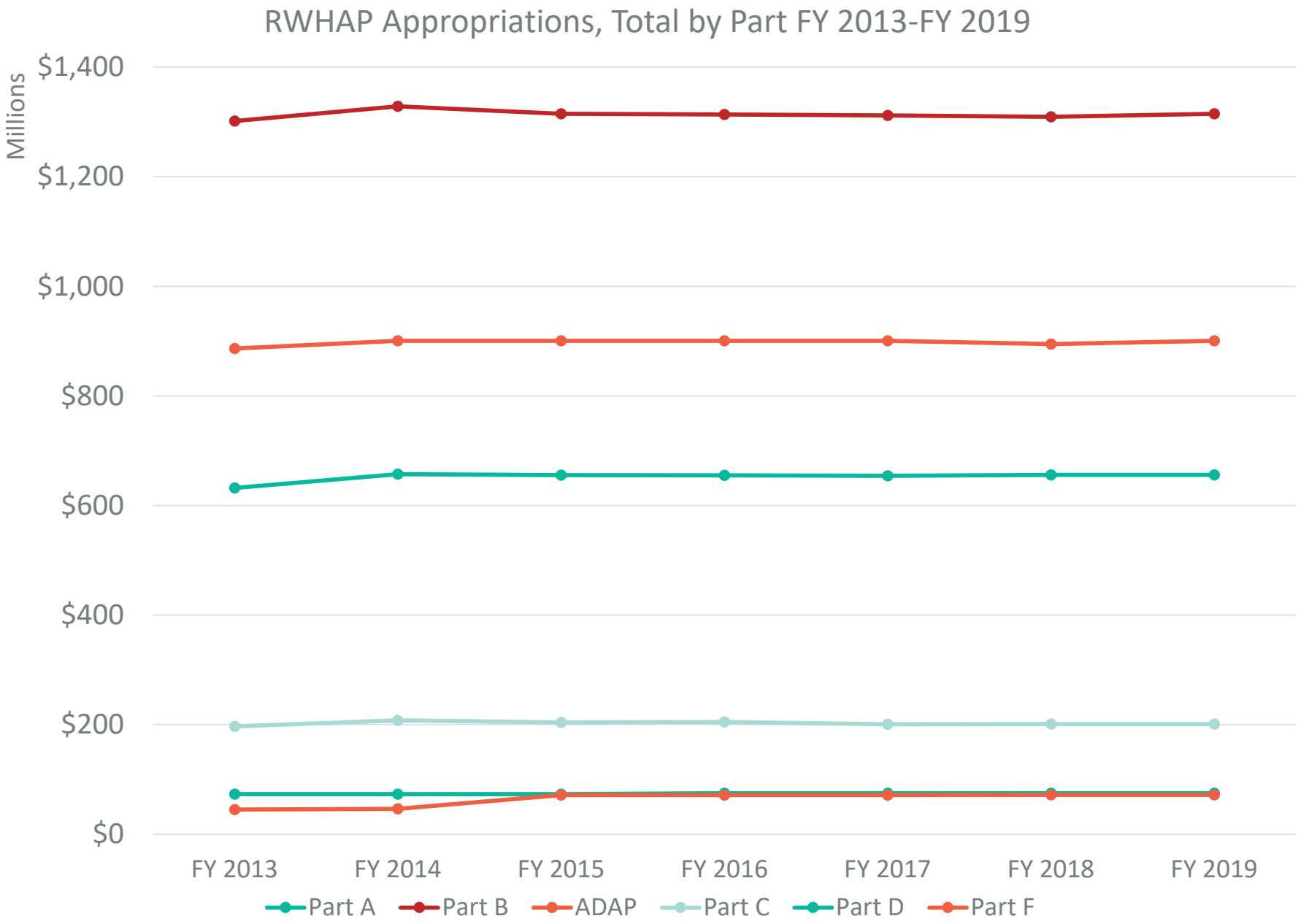
- Largest Federal government program specifically designed to provide services for people with HIV – $2.3 billion in funding in FY 2019
- Third largest Federal program serving people with HIV – after Medicaid and Medicare
- First enacted as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990
- Current legislation is the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Title XXVI of the Public Health Service Act)

Federal Funding for HIV/AIDS Care in the U.S. by Program, FY 2019 [$ in Millions]

Total = $28,021.4



Source: Kaiser Family Foundation Fact Sheet, "U.S. Federal Funding for HIV/AIDS: Trends Over Time"



Source: HRSA, Programs & Grant Management-Ryan White HIV/AIDS Program Funding

Purpose of RWHAP Legislation

- Began as “emergency relief” for overburdened healthcare systems at a time when effective medications were not available
- **Now:**
  - “Revise and extend the program for providing life-saving care for those with HIV/AIDS”
  - “Address the unmet care and treatment needs of persons with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care”

Importance of RWHAP: Scope

- More than 1.1 million people in the U.S. are living with HIV
- About 1 in 7 (nationally) do not know their status
- About half of people with HIV who know their status receive at least one medical, health, or related support service from a Ryan White HIV/AIDS Program provider – over 551,000 nationwide in 2016

Importance of RWHAP: Client Need

- RWHAP serves people with HIV who are low-income and do not have insurance that covers their HIV care and medications – over 60% have incomes below the federal poverty line
- RWHAP is the payer of last resort – funds may not be used to pay for items or services that are eligible for coverage by other federal or state programs or private health insurance
- RWHAP is not an “entitlement” program: it must operate using the funds appropriated annually by Congress and awarded to recipients

Importance of RWHAP: Outcomes

- Nationwide, more than 80% of RWHAP clients in 2016 were retained in care – they had at least two outpatient ambulatory health services (OAHS) visits during the year, at least 90 days apart.
  - In Miami-Dade, 73% retained: year ending August, 2019
- Nationwide, about 85% of clients receiving outpatient OAHS through RWHAP achieved viral suppression in 2016
  - Up from 69.5% in 2010
  - In Miami-Dade, 86% of OAHS clients virally suppressed: year ending August, 2019

Factors Affecting HIV Services

- The epidemic continues, especially among traditionally underserved and hard-to-reach populations – but new diagnoses have been declining since 2008
- Because of effective therapies, people with HIV can live nearly normal life spans if they begin treatment early and stay in care
- Treatment is prevention – viral suppression prevents HIV transmission
- Changes in health care system and financing have affected how RWHAP funds are used at the state and local levels

Tools for Ending the Epidemic

- National goals to end the epidemic, first developed through the National HIV/AIDS Strategy (NHAS)
- The HIV care continuum, which helps track the estimated number of people living with HIV, percent diagnosed, and percent who are linked to care, retained in care, and achieve viral suppression
- Performance measures developed by HRSA/HAB to assess quality of care and clinical outcomes of RWHAP-funded services
- Ending the Epidemic: A Plan for America

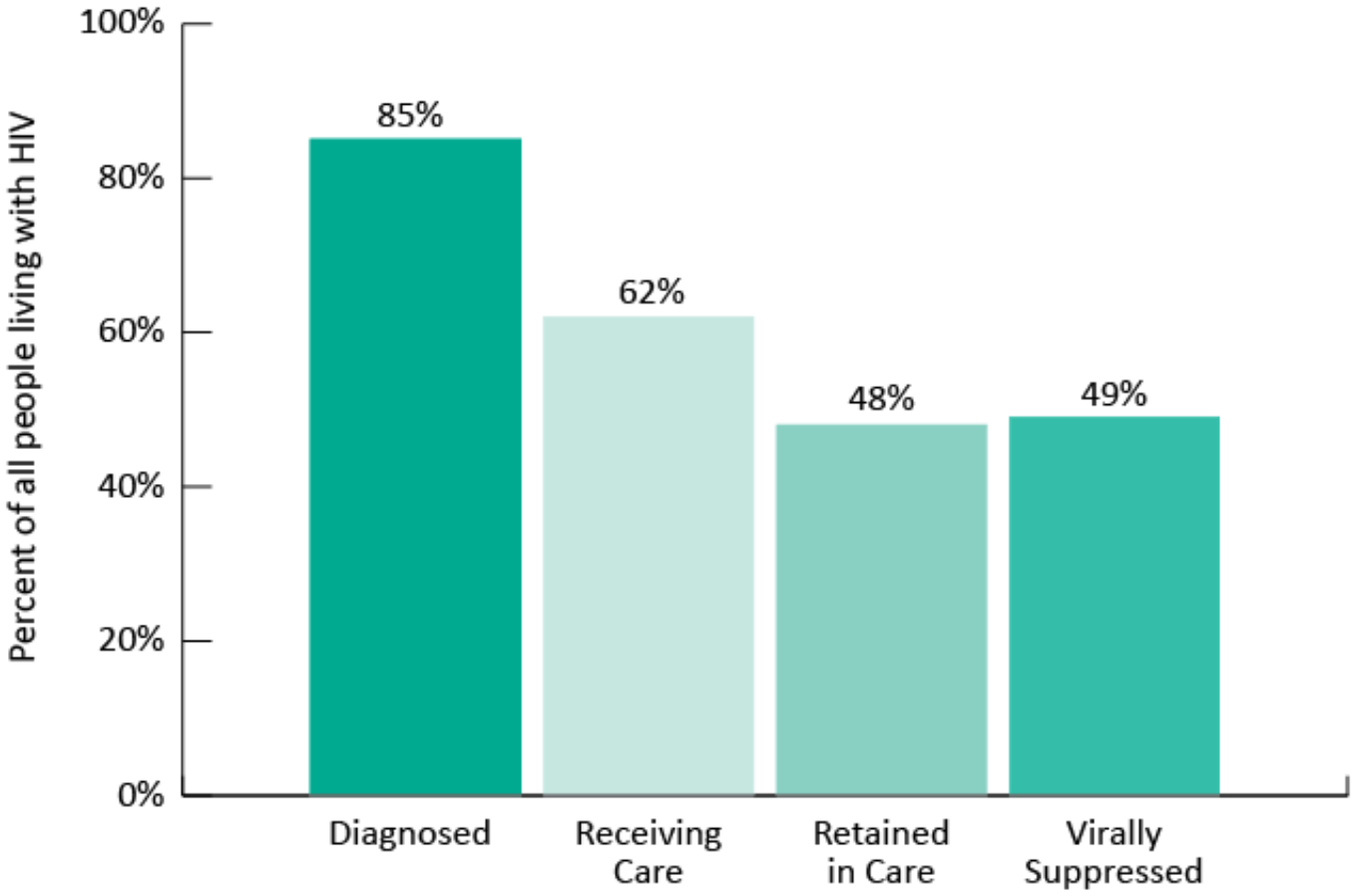
National Goals to End the Epidemic

2020 Goals:

- Reduce new HIV infections
- Increase access to care and improve health outcomes for people with HIV
- Reduce HIV-related disparities and health inequities
- Achieve a more coordinated national response to the HIV epidemic

HIV Care Continuum, United States, 2014

An estimated 1.1 million people are living with HIV in the U.S.



Performance Measures Portfolio

- Established in 2013
- Focus on critical areas of HIV care and treatment, including processes (like development of treatment plans) and outcomes (like viral suppression rates)
- Alignment with milestones along the HIV care continuum
- Can be used by individual providers or at a system of care level – by all RWHAP-funded providers in a service area

Overview of RWHAP Parts

The Ryan White HIV/AIDS Program

- Provides a comprehensive system of care for people with HIV
- Most funds support primary medical care and other medical-related and support services
- Provides ongoing access to HIV medications
- Small amount of funds used for technical assistance, clinical training, and development of innovative models of care

The Ryan White HIV/AIDS Program (cont.)

- Includes five Parts: A, B, C, D, and F
- Administered by the HIV/AIDS Bureau (HAB), within the Health Resources and Services Administration (HRSA)
- RWHAP Parts designed to work together to ensure a comprehensive system of care in urban, suburban, and rural communities throughout the U.S.

RWHAP Part A

- Funding for areas hardest hit by the HIV epidemic
- Funding for two categories of metropolitan areas:
  - **Eligible Metropolitan Areas** (EMAs), with at least 2,000 new cases of AIDS reported in the past 5 years and at least 3,000 people living with HIV
  - **Transitional Grant Areas** (TGAs), with 1,000 – 1,999 new cases of AIDS reported in the past 5 years and at least 1,500 people living with HIV
- Funds are used to develop or enhance access to a comprehensive system of high quality community-based care for low-income people with HIV

RWHAP Part B

- Funding to all 50 States, DC, Puerto Rico, U.S. territories and jurisdictions to improve the quality, availability, and organization of HIV health care and support services
- Provides funds for medical and support services
- Includes the AIDS Drug Assistance Program (ADAP), which provides access to HIV-related medications, through direct purchase and purchase of health insurance
- Also provides funds to emerging communities with a growing epidemic, reporting 500-999 new cases in the past 5 years

RWHAP Part C

- Funding to support “early intervention services”: comprehensive primary health care and support services for PLWH in an outpatient setting
- Competitive grants to local community-based organizations, community health centers, health departments, and hospitals
- Priority on services in rural areas and for traditionally underserved populations
- Capacity development grants provided to help public and nonprofit entities deliver HIV services more effectively

RWHAP Part D

- Funding to support family-centered HIV primary medical and support services for women, infants, children, and youth living with HIV
- Competitive grants to local public and private health care entities, including hospitals, and public agencies
- Includes services designed to engage youth with HIV and retain them in care
- Recipients must coordinate with HIV education and prevention programs designed to reduce the risk of HIV infection among youth

RWHAP Part F: Dental Services

Two types of dental programs:

- Dental Reimbursement Programs run by dental schools and other dental programs
- Community Based Dental Partnership Program, to provide dental services for PLWH while providing education and clinical training for dental care providers

RWHAP Part F: Minority AIDS Initiative (MAI)

- Funds used to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minorities
- Part A programs apply for MAI funds as part of the annual application and receive funds on a formula basis
- Formula is based on the number of racial and ethnic minority individuals with HIV/AIDS in the jurisdiction

RWHAP Part F: Special Project of National Significance (SPNS)

- Supports the development of innovative models of care to better serve people with HIV, and to address emerging client needs
- Competitive funding
- Projects include a strong evaluation component
- Promising models are disseminated

RWHAP Part F: AIDS Education and Training Centers (AETCs)

- Supports a network of 8 regional centers that provide targeted, multidisciplinary education and training programs for health care providers serving PLWH
- Intended to increase the number of providers prepared and motivated to counsel, diagnose, treat, and medically manage PLWH
- AETC's National Clinician Consultation Center responds to questions from clinicians

Importance of Collaboration Across RWHAP Parts

- Representatives of all RWHAP Parts as members of Part A planning councils/planning bodies (PC/PBs).
  - In Miami-Dade, this is the Miami-Dade County HIV/AIDS Partnership
- Collaboration in development of the HRSA/CDC Integrated HIV Prevention and Care Plans, submitted by RWHAP Parts A & B
- Coordination in targeting and use of resources

Coordination of Care Across Parts

A single RWHAP client living in an EMA or TGA might:

- Receive medications through RWHAP Part B ADAP
- Get oral health care from a RWHAP Part F-funded dental program or Part A-funded Oral Health Care subrecipients
- Obtain other services funded through RWHAP Part A, Part C, and/or Part D
- Participate in a RWHAP Part F demonstration SPNS project

Understanding Part A

Ryan White HIV/AIDS Programs: Part A

- Funding for Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are severely & disproportionately affected by the HIV epidemic
- In 2018, 24 EMAs and 28 TGAs
- Service areas can include a single county or a multi-county area
- 11 programs have service areas that cross state boundaries

RWHAP Part A

- **Funds go to the Chief Elected Official (CEO)** of "the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of individuals with AIDS" [§2602(a)(1)]
- Recipient must establish an **Intergovernmental Agreement (IGA)** with any jurisdiction with at least 10% of the total number of reported cases of AIDS to establish a mechanism for allocating resources to address their service needs [§2602(a)(2)]

RWHAP Part A (cont. 1)

Legislative requirement for extensive community planning, including participation of consumers of RWHAP Part A services

- EMAs required to have *planning councils that decide how program funds will be used*
- TGAs strongly encouraged by HRSA/HAB to maintain planning councils
- TGAs that choose not to have planning councils encouraged to have planning bodies with roles, responsibilities and membership that are as much like planning councils as possible

RWHAP Part A (cont. 2)

RWHAP Part A programs receive both "formula" and "supplemental" funding:

- Part A formula funding is based on the number of living cases of HIV and AIDS in the EMA or TGA
- Minority AIDS Initiative (MAI) formula funding is based on the number of minorities living with HIV and AIDS
- Supplemental funding is competitive, based on demonstration of additional need in the annual application

Services Fundable under RWHAP Part A

- **Core medical services** identified in legislation as being essential (no less than 75%)
  Outpatient/Ambulatory Health Services, Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals, Oral Health Care, Mental Health Services, AIDS Pharmaceutical Assistance, Substance Abuse Outpatient Care, Medical Case Management, including Treatment Adherence Services, Early Intervention Services, Home Health Care, Home and Community-Based Health Services, Hospice Services and Medical Nutrition Therapy

Services Fundable (cont. 2)

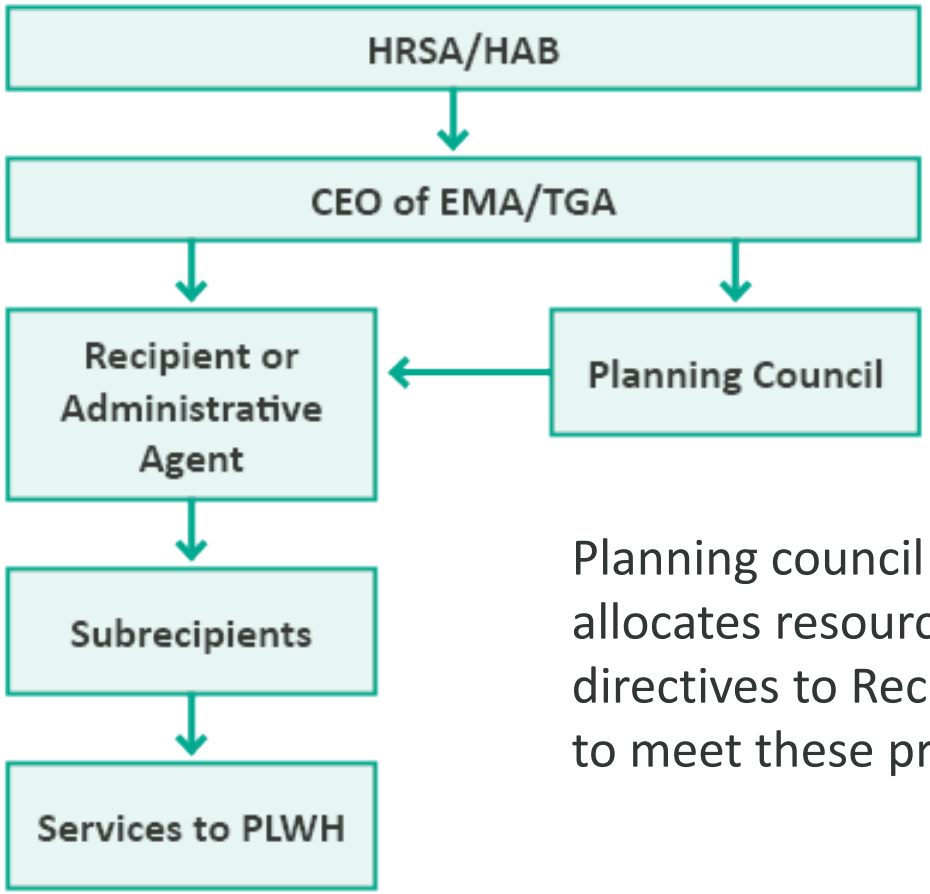
- **Support services** needed so that people with HIV can reach their medical outcomes (no more than 25% of total funding)
  Emergency Financial Assistance, Food Bank/Home-Delivered Meals, Other Professional Services (Legal Services and Permanency Planning), Medical Transportation, Outreach Services, Substance Abuse Services (residential), Non-Medical Case Management, Child Care Services, Health Education/Risk Reduction, Housing, Linguistic Services, Psychosocial Support Services, Rehabilitation Services and Respite Care

- HRSA/HAB provides service definitions and descriptions
  Refinements to service categories and definitions in 2016 and 2018 [Policy Clarification Notice (PCN) #16-02]

Collaboration between Recipient and Planning Council/Planning Body

- Recipient (Miami-Dade County) receives and administers funds and is responsible for contracting with providers (subrecipients) who provide care and treatment
- Planning council/planning body (the Partnership) decides how best to use available funds to help support a community-based system of care for people with HIV
- Recipient and Partnership work closely together, sharing responsibility for tasks like needs assessment and integrated/comprehensive planning

Flow of RWHAP Part A Decision Making & Funds

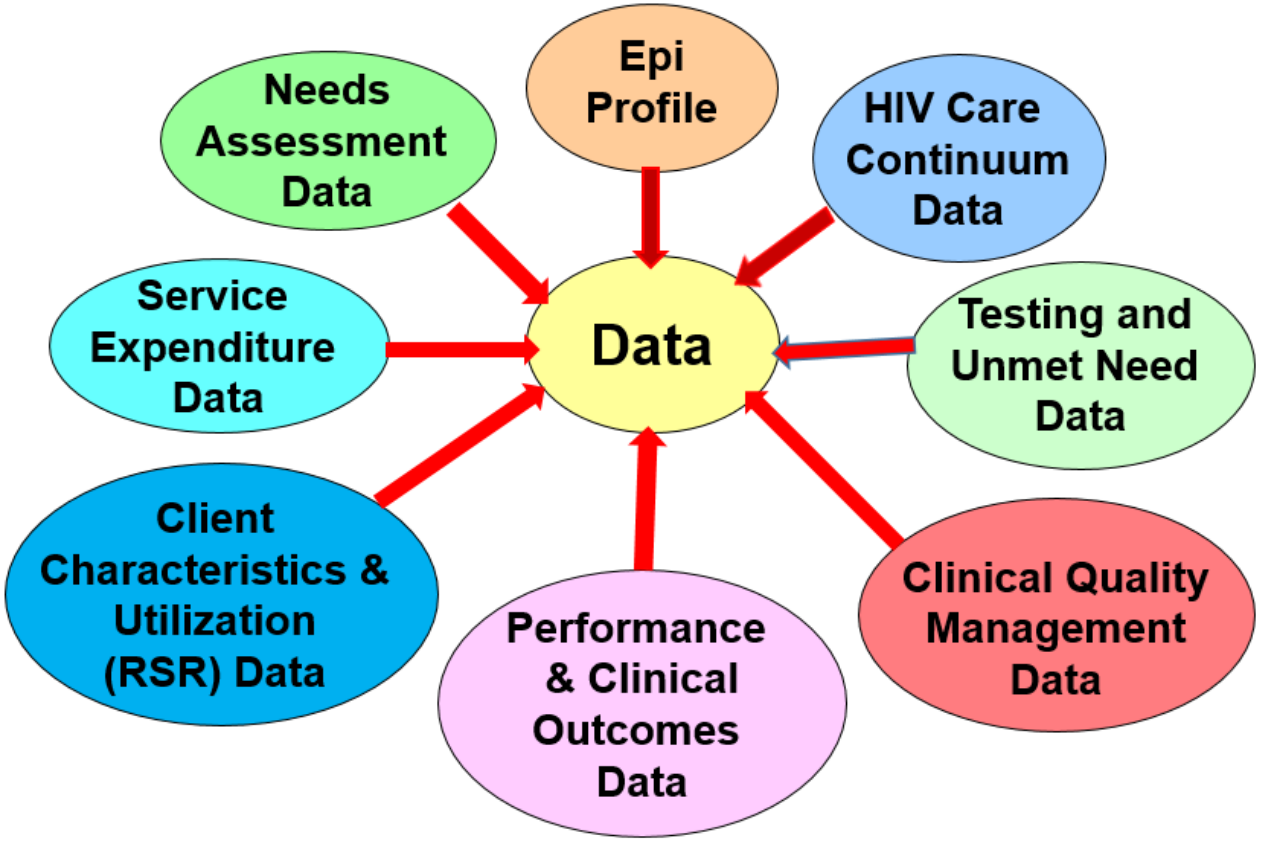


Planning council sets priorities, allocates resources, and gives directives to Recipient on how best to meet these priorities

Planning Council Responsibilities AND Needs Assessment

February 6, 2020

Data Sources and Needs for Ryan White Planning



Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

Planning Council Legislative Responsibilities

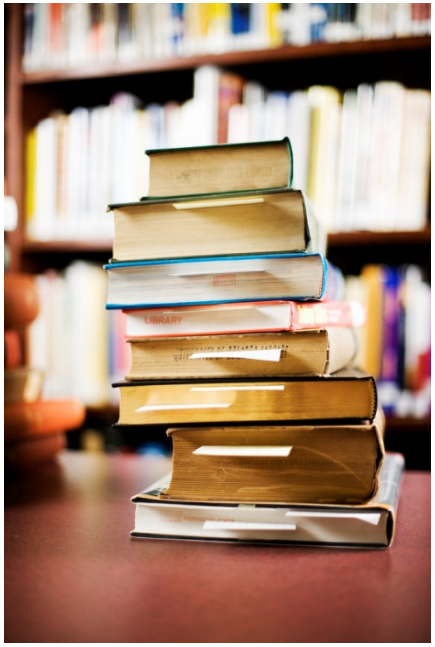
- Determine the size and demographics of the population of individuals with HIV/AIDS in the Miami-Dade EMA
- Determine the needs of such population, with particular attention to:
  - individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services; and
  - disparities in access and services among affected subpopulations and historically underserved communities

HRSA Expectations

- The planning council's (HIV/AIDS Partnership's) decisions about service priorities, service models, population emphases and directives for the Recipient will be data-based.
- Data used for decision making will include:
  - Needs assessment and community input
  - Service cost and utilization data
  - System-wide (not subrecipient-specific) Quality Management data
- The planning council will be trained and comfortable in reviewing, assessing and using data.

Data Collection Tools May Include

- Surveillance data (from Florida Department of Health in Miami-Dade)
- Ryan White Program utilization data (from the SDIS)
- Surveys, focus groups or other assessments among Persons Living with HIV/AIDS (PLWHA)
- Other special studies



Components of a Ryan White Needs Assessment

1. **Epi profile** of HIV & AIDS cases and trends
2. **Estimate & assessment of unmet need and undiagnosed** – PLWH who know their status but are not in care and PLWH who do not know their status
3. **Service needs and barriers** for PLWH in & out of care, including those who don't know their status
4. **A resource inventory** of existing services
5. **A profile of provider capacity and capability** (availability, accessibility & appropriateness overall and for specific populations)
6. **Service gaps** for those in and out of care, including **disparities in access** to services for subpopulations

Epidemiologic Profile

- Describes the HIV Epidemic in the service area
- Focuses on the social and demographic groups most affect by HIV and the behaviors that can transmit HIV
- Data is provided by the state
- Estimates the number and characteristics of PLWH who know their status but are not in care (unmet need)
- Estimate of the number and characteristics of PLWH who are unaware of their HIV status

"Epi" Terms

Incidence – the number of new cases of a disease in a population during a defined period of time – such as the number of new HIV cases in Miami-Dade County.

Incidence rate – The frequency of new cases of a disease that occur per unit of population during a defined period of time – such as the rate of new HIV cases per 100,000 in Miami-Dade County.

"Epi" Terms (cont.)

Prevalence – The total number of people (living or dead) in a defined population with a specific disease or condition at a given time – such as the total number of people diagnosed with HIV in your EMA or TGA as of December 31, 2018

Prevalence rate – The total or cumulative number of cases of a disease per unit of population as of a defined date – such as the rate of HIV cases per 100,000 population diagnosed in your EMA or TGA as of December 31, 2018

Using Service Utilization and Continuous Quality Improvement Data

- **In setting service priorities**
  What service categories have fully used all funding, which had waiting lists, which had unused resources, which needed more funding?

- **In allocating resources**
  How can we use cost per client data to determine funding allocations for anticipated new clients?

- **In preparing directives to the Recipient**
  What access to care issues have been identified, specifically for historically underserved populations?

Planning Council Responsibilities: Setting Priorities

- Determining what service categories are most important for PLWH in the EMA and place them in priority order.
- Priorities setting is not tied to funding or to service providers.
- Planning council must establish a sound, fair process for priority setting and ensure that decisions are data-based and control conflict of interest.
- Take into account data such as utilization, epidemiological and unmet needs.
- Priorities tend to change only a little from year to year.

EXAMPLE
PART A PRIORITIES

Ryan White Program FY 2020-2021 (YR 30)
Part A Priorities

YR 30 RANKING	SERVICE CATEGORIES
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]
2	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]
3	AIDS PHARMACEUTICAL ASSISTANCE [C]
4	MENTAL HEALTH SERVICES [C]
5	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]
6	ORAL HEALTH CARE [C]
7	SUBSTANCE ABUSE OUTPATIENT CARE [C]
8	FOOD BANK [S]
9	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]
10	MEDICAL TRANSPORTATION [S]
11	OUTREACH SERVICES [S]
12	EMERGENCY FINANCIAL ASSISTANCE [S]
13	OTHER PROFESSIONAL SERVICES [S]

Planning Council Responsibilities: Resource Allocations

- Process of deciding how much money to allocate to each service category.
- Resource allocation is not tied to priorities; some lower- ranked service categories may receive disproportionate funding because they are expensive to provide.
- Process should be fair, data-based and free of conflicts of interest. If a member is the sole provider in a service category and funds are being allocated, the conflicted member must recuse him/herself from voting. The member will follow a formal disclosure process, complete form 8B, and will step outside of the room both during discussion of and voting on the conflicted item. He/she may return to the meeting once the discussion and voting are concluded.

Planning Council Responsibilities: Resource Allocations (continued)

- Other funding streams, cost per client data and anticipated numbers of new clients coming into care should be considered in decision making.

Core Services

- HRSA requires **no less** than 75% of funds be allocated to core services .

Core Medical Services

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support Services

- HRSA requires support services to be **no more** than 25% of funds.
- Funded support services need to be linked to positive medical outcomes.
- Medical outcomes = outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

Support Services

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [e.g., Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

EXAMPLE
PART A ALLOCATIONS

MIAMI DADE COUNTY			
RYAN WHITE PROGRAM			
YR 30 PART A/MAI FLAT FUNDING BUDGET			
WORKSHEET			
SERVICE CATEGORIES		YR 30 ALLOCATION	YR 30 % ALLOCATION
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$	6,436,312	27.7%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$	9,703,069	41.8%
AIDS PHARMACEUTICAL ASSISTANCE [C]	$	81,840	0.4%
MENTAL HEALTH SERVICES [C]	$	135,017	0.6%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	$	576,744	2.5%
ORAL HEALTH CARE [C]	$	2,941,861	12.7%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	$	57,798	0.2%
FOOD BANK [S]	$	511,647	2.2%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$	2,095,507	9.0%
MEDICAL TRANSPORTATION [S]	$	174,344	0.8%
OUTREACH SERVICES [S]	$	283,243	1.2%
EMERGENCY FINANCIAL ASSISTANCE [S]	$	86,318	0.4%
OTHER PROFESSIONAL SERVICES [S]	$	153,550	0.7%
SUBTOTAL		$23,237,250	100.0%
ADMINISTRATION [2]		$2,659,694	
CLINICAL QUALITY MANAGEMENT [3]		$700,000	
TOTAL [4]		$26,596,944	
		86%	Core %
		14%	Support %

NOTES:

C = Core Service S = Support Service; per legislation Core Service expenditures must be at least 75% of the overall direct service expenditures.

[2] Administration includes Partnership Support and MIS-Data Support Contractor.

[3] FY 2020 (YR 30) Clinical Quality Management includes the planned amount for the upcoming procurement solicitation (RFP).

[4] FY 2019 (YR 29) Grant Award Total $26,596,944 [$23,983,182 (Part A) and $2,613,762 (MAI)].

Planning Council Responsibilities: Developing Directives

- Provide guidance to the Recipient on desired ways to respond to identified service needs, priorities and/or shortfalls.
- Often specify use or non-use of a particular service model, or address geographic access to services, language issues, or specific populations.
- May have cost implications.
- Usually only a small number are developed.
- Must be followed by Recipient in procurement and contracting.

Steps for 2020 Needs Assessment

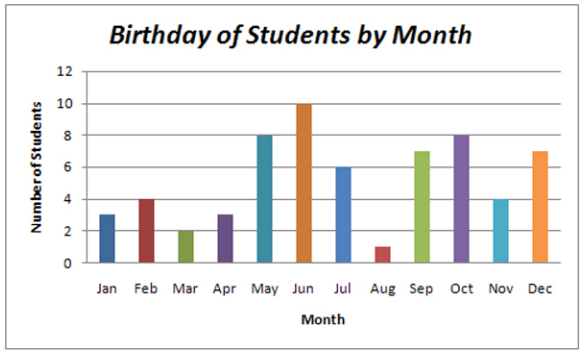
- Training on responsibilities and data elements
- Presentations on data elements
- Community Input
- Agreement on process
- Directives
- Priority Setting
- Allocations for grant

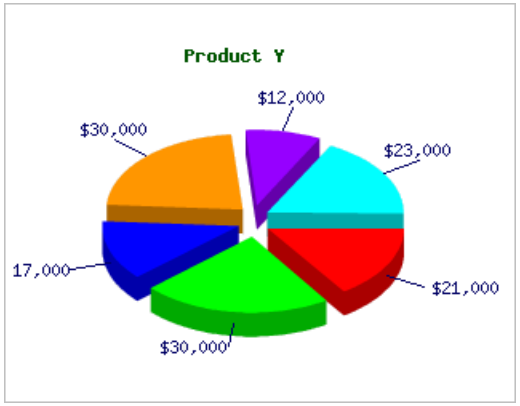
DATA ELEMENTS AND NEEDS ASSESSMENT

Some Basic Questions to Ask of Data

- What are the sources of the data?
- Are there any patterns in the data that have implications for the way we provide services in Miami-Dade County?
- Do numbers go up or down for specific populations of interest?
- How can I use this data?

Types of charts (bars, lines, pies, table)





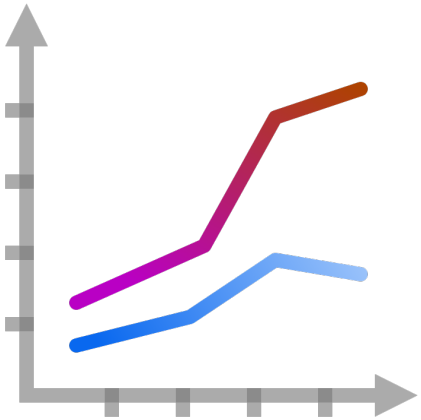
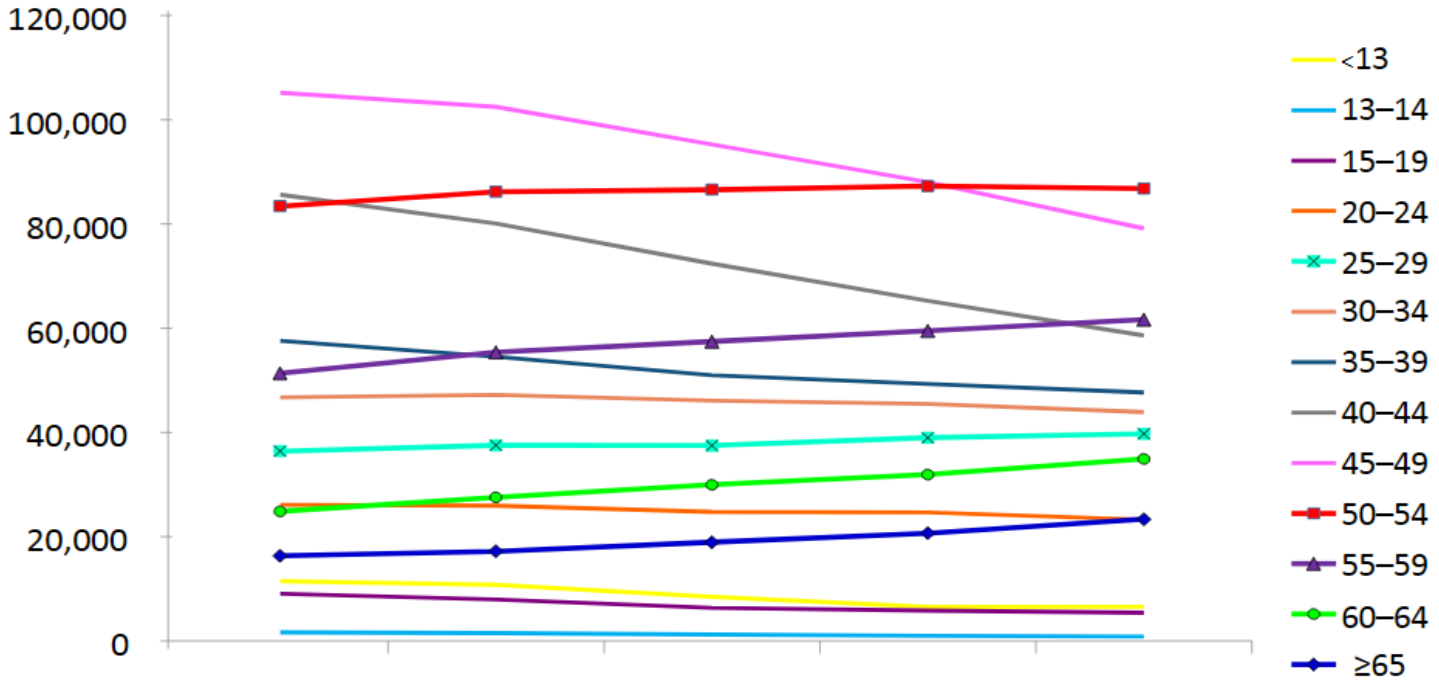


Table 17.3 Solubilities of Ionic Compounds* aq = aqueous (dissolves in water); s = solid (does not dissolve in water)

Ions	Acetate	Bromide	Carbonate	Chlorate	Chloride	Fluoride	Hydrogen Carbonate	Hydroxide	Iodide	Nitrate	Nitrite	Phosphate	Sulfate	Sulfide	Sulfite
Aluminum	s	aq		aq	aq	s		s	—	aq		s	aq	—	
Ammonium	aq	aq	aq	aq	aq	aq	aq	—	aq	aq	aq	aq	aq	aq	aq
Barium	aq	aq	s	aq	aq	s		aq	aq	aq	aq	s	s	—	s
Calcium	aq	aq	s	aq	aq	s		s	aq	aq	aq	s	s	—	s
Cobalt(II)	aq	aq	s	aq	aq	—		s	aq	aq		s	aq	s	s
Copper(II)	aq	aq	s	aq	aq	aq		s		aq		s	aq	s	
Iron(II)	aq	aq	s		aq	s		s	aq	aq		s	aq	s	s
Iron(III)	—	aq			aq	s		s	aq	aq		s	aq	—	
Lead(II)	aq	s	s	aq	s	s		s	s	aq	aq	s	s	s	s
Lithium	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	s	aq	aq	aq
Magnesium	aq	aq	s	aq	aq	s		s	aq	aq	aq	s	aq	—	aq
Nickel	aq	aq	s	aq	aq	aq		s	aq	aq		s	aq	s	s
Potassium	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq
Silver	s	s	s	aq	s	aq		—	s	aq	s	s	s	s	s
Sodium	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq	aq
Zinc	aq	aq	s	aq	aq	aq		s	aq	aq		s	aq	s	s

RWHAP Clients, by Age Group, 2010–2014: *What do you see?*

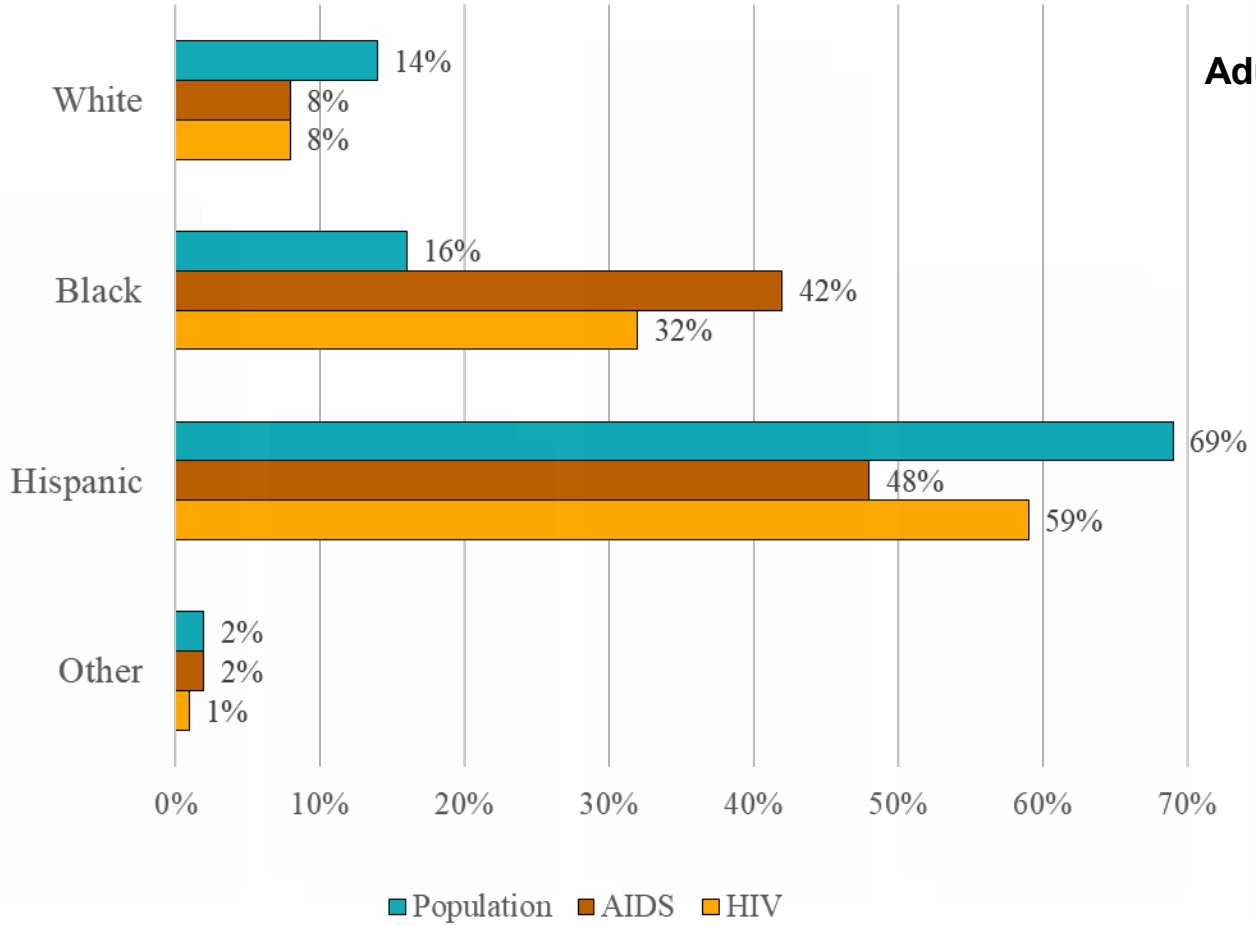


2014 Ryan White HIV/AIDS Program, Services Report Overview, HRSA HAB , 2015

HRSA Ryan White & Global HIV/AIDS Programs

Epi Data

Percentage of Adult (Age 13+) **HIV** and **AIDS Cases** Diagnosed in **2017** and **Population**, by Race/Ethnicity, Miami-Dade County



Miami-Dade County
Adult Population Estimates
N=2,349,880

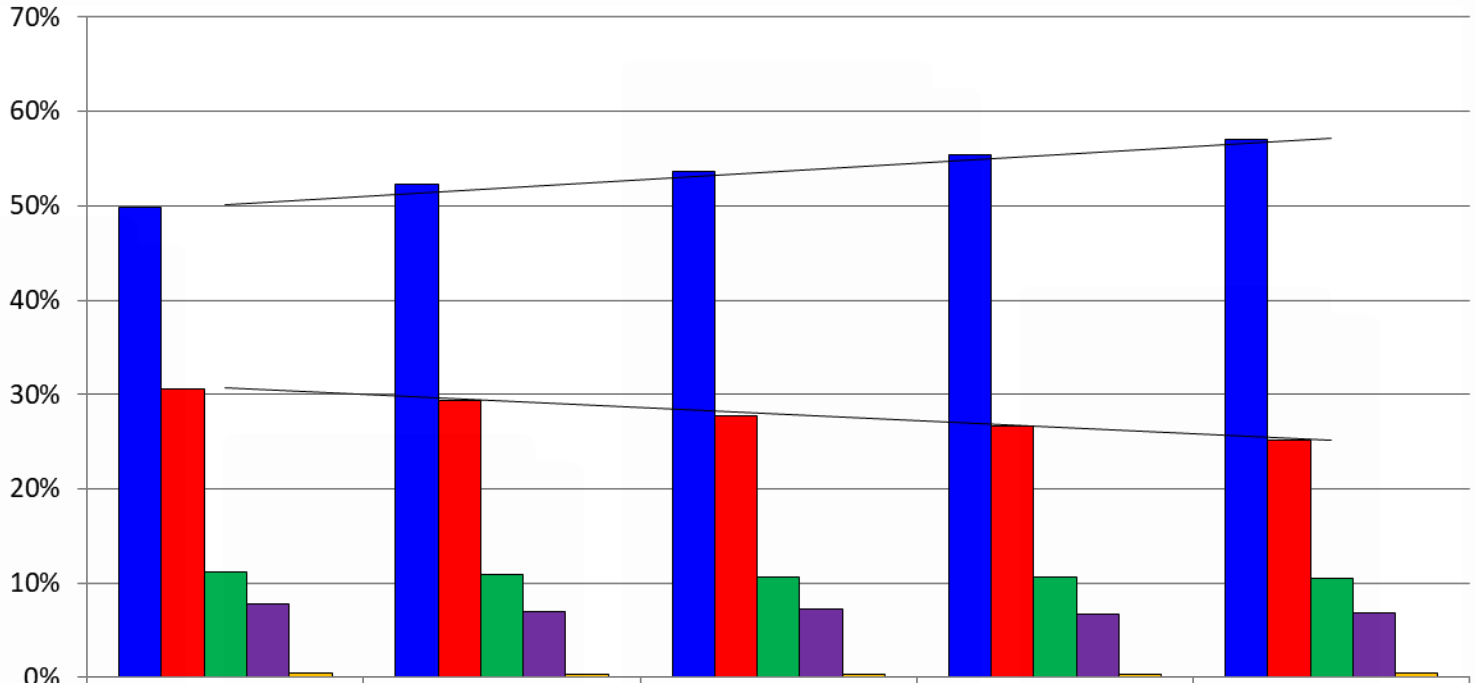
HIV
N=1,193

AIDS
N=402

Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial.

Demographics

Race/Ethnicity
PLWHA In Care, Ryan White Program between 2014 and 2018



	2014	2015	2016	2017	2018
Hispanic	50%	52%	54%	55%	57%
Black, non-Hispanic	31%	29%	28%	27%	25%
Haitian	11%	11%	11%	11%	11%
White, non-Hispanic	8%	7%	7%	7%	7%
Other	1%	0%	0%	0%	1%

Service Utilization

Total Number of Unduplicated Clients Served by Service Category

SERVICE CATEGORY	2014	2015	2016	2017	2018
MCM/PESN	8,613	8,700	9,009	8,656	8,496
Outpatient/Ambulatory Hlth Svcs	5,948	5,410	5,278	5,021	5,447
Oral Health Care	3,754	3,567	3,966	3,500	3,381
Health Ins Premium & Cost Sharing Assist	921	1,243	1,331	1,415	1,307
AIDS Pharmaceutical Assistance (Local)	2,022	1,534	1,352	1,162	697
Mental Health Services	563	517	366	349	327
Substance Abuse Outpatient Services	93	59	83	120	115
Food Bank	632	784	769	709	701
Medical Transportation Services	824	722	703	733	638
Substance Abuse Services (Residential)	229	235	207	214	169
Other Professional Svcs - Legal Services	128	131	119	100	76
Outreach Services	1,244	1,060	1,208	965	624

Outpatient/Ambulatory Health Services

	2014	2015	2016	2017	2018
Total Clients	5,948	5,410	5,278	5,021	5,447
% of All RW Clients	61.6%	55.9%	52.0%	50.8%	56.9%
Total Cost	$8,060,123	$6,635,024	$6,158,906	$6,847,772	$9,112,521
% of Total Costs	37.3%	31.3%	26.3%	29.2%	41.5%

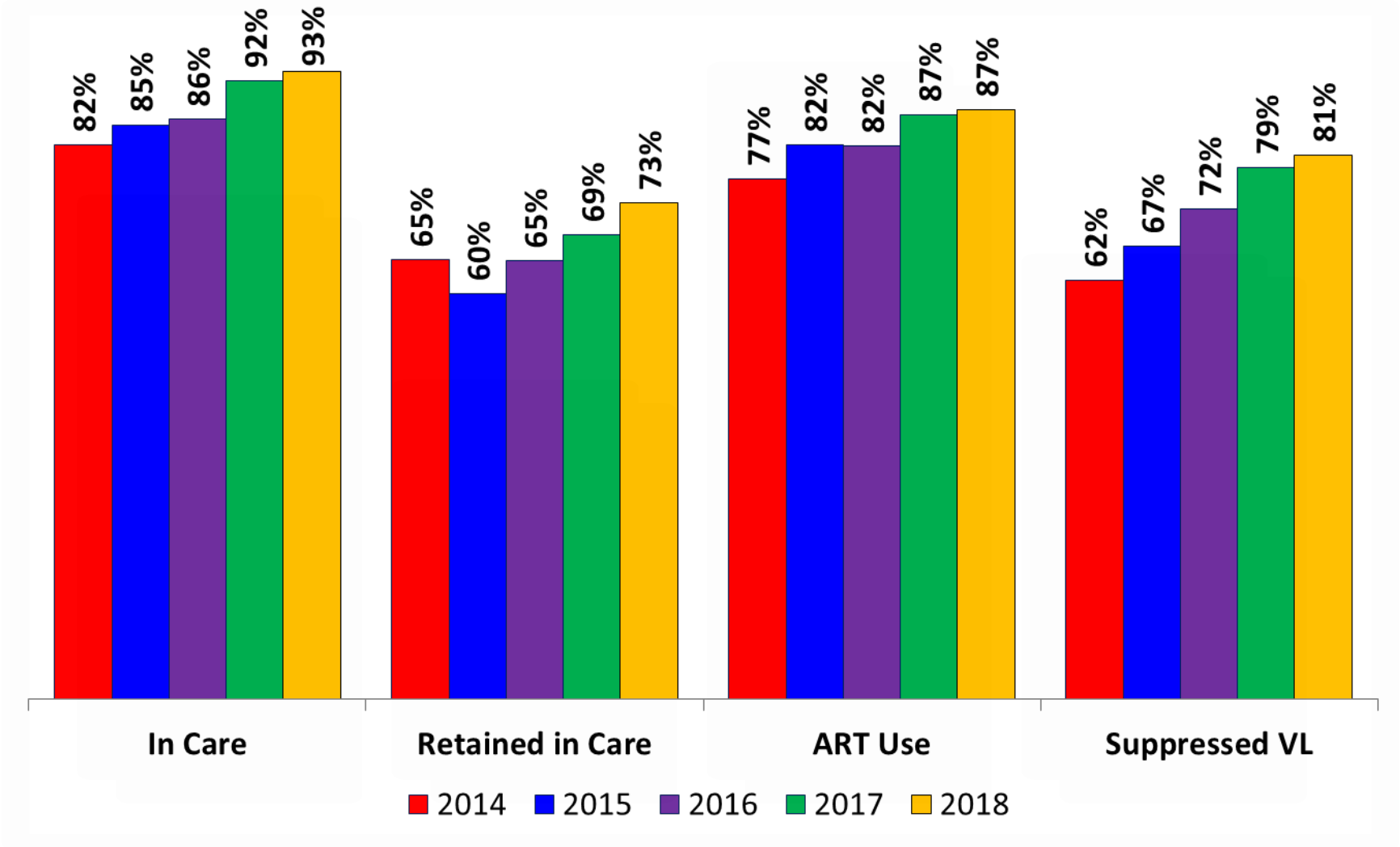
Average Cost/Client	$1,355	$1,226	$1,167	$1,364	$1,673
Median Cost/Client	$1,014	$915	$889	$1,036	$1,378
Max. Cost/Client	$18,671	$10,344	$11,156	$52,534	$17,910

Other Funding

Services	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)	Total Amount $ Expended	Total # of Clients	Source
	Infants (0-23 months old)		Children (2 -12 years old)		Youth (13-24 years old)		Adult Females (25+ years old)		Adult Males (25+ years old)		Totals		
Medical Case Management, including Treatment Adherence											$3,959.00	NA	Part C
	$10,566.00	86	$10,040.00	23	$107,751.00	179	$14,844.00	113			$143,201.00	401	Part D
	N/A	N/A	N/A	N/A	$0.00	0	$10,495.00	148	$55,097.00	775	$65,592.00	923	Part C
			$2,536.38	5	$54,457.58	105	$486,239.08	938	$948,755.55	1,830	$1,491,988.59	2,878	General Revenue
					$0.00	0	$0.00	0	$670.00	12	$670.00	12	Part C
Medical Nutrition Therapy											$46,940.00	NA	Part C
											$3,610.37	57	Part B
		0		0		0	$259.25	3	$432.08	5	$691.33	8	Other
Medical Transportation			$127.00	12	$2,360.00	170	$2,655.00	174			$5,142.00	356	Part D
	N/A	N/A	N/A	N/A	$0.00	0	$350.00	14	$1,350.00	48	$1,700.00	62	Part C
					$0.00	0	$872.73	6	$727.27	5	$1,600.00	11	Part C
Mental Health Services											$27,532.00	NA	Part C
					$1,572.68	8	$45,123.68	239	$73,915.73	392	$120,612.08	640	Part C
			$6,106.00	10	$146,581.00	145	$49,878.00	161			$202,565.00	316	Part D
					$126.01	1	$536.49	4	$2,777.66	17	$3,440.16	22	General Revenue
					$0.00	0	$35,000.00	5	$56,000.00	8	$91,000.00	13	Part C
		0		0	$4,774.20	10	$20,529.05	43	$76,387.15	160	$101,690.40	213	Other

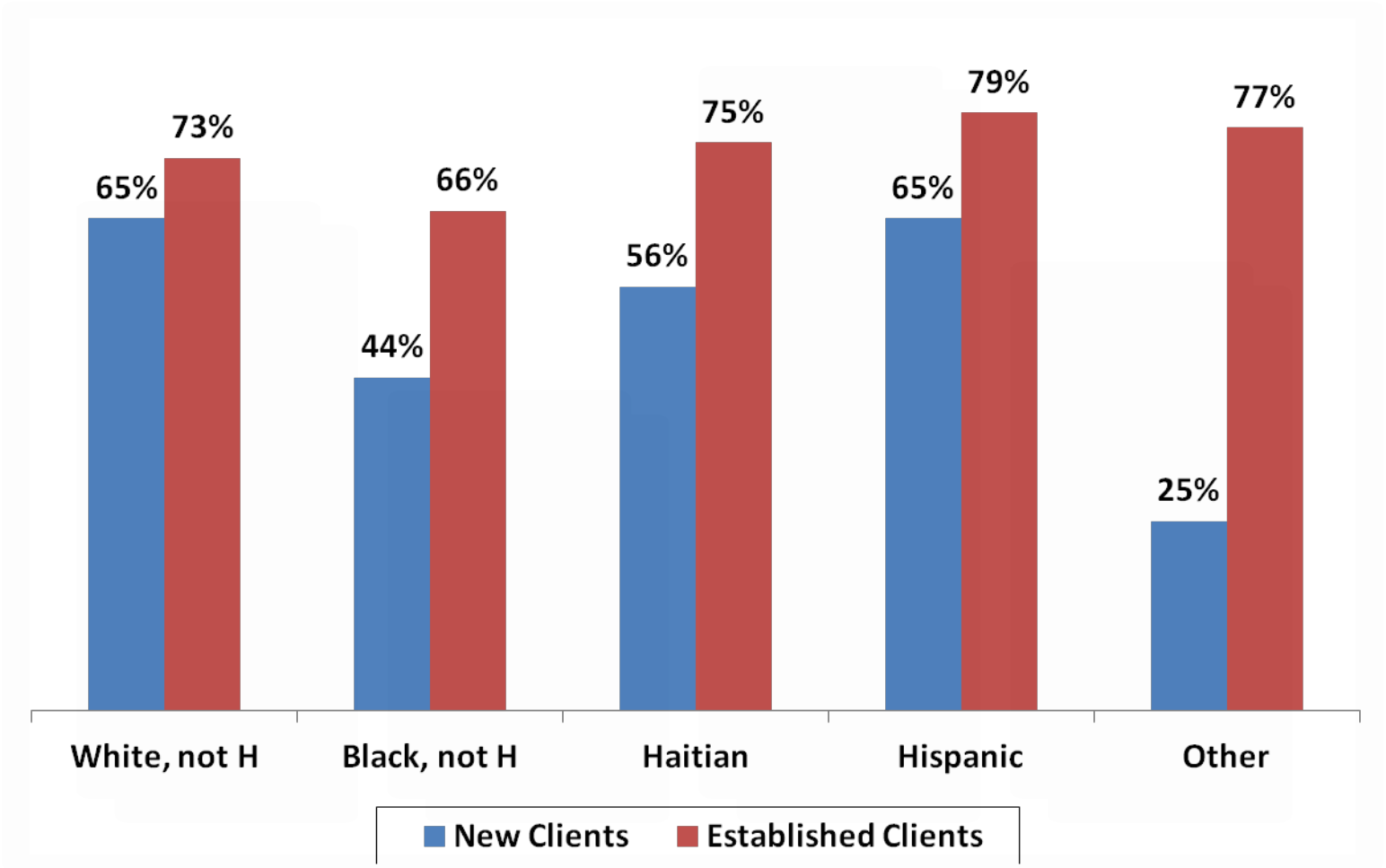
Treatment Cascade

RWP HIV Care Continuum
FYs 2014 thru 2018

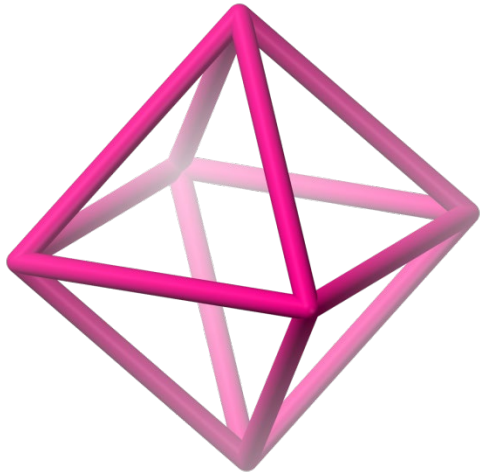


Outcome Data

Suppressed VL – Race-Ethnicity



Source: SDIS 2016



Think 3D!

Data
Driven
Decisions

But ultimately, it's about . . .

Using statistical data and community input, within established Ryan White program guidelines, to make informed priority and funding decisions to improve service delivery to PLWH in Miami-Dade County.

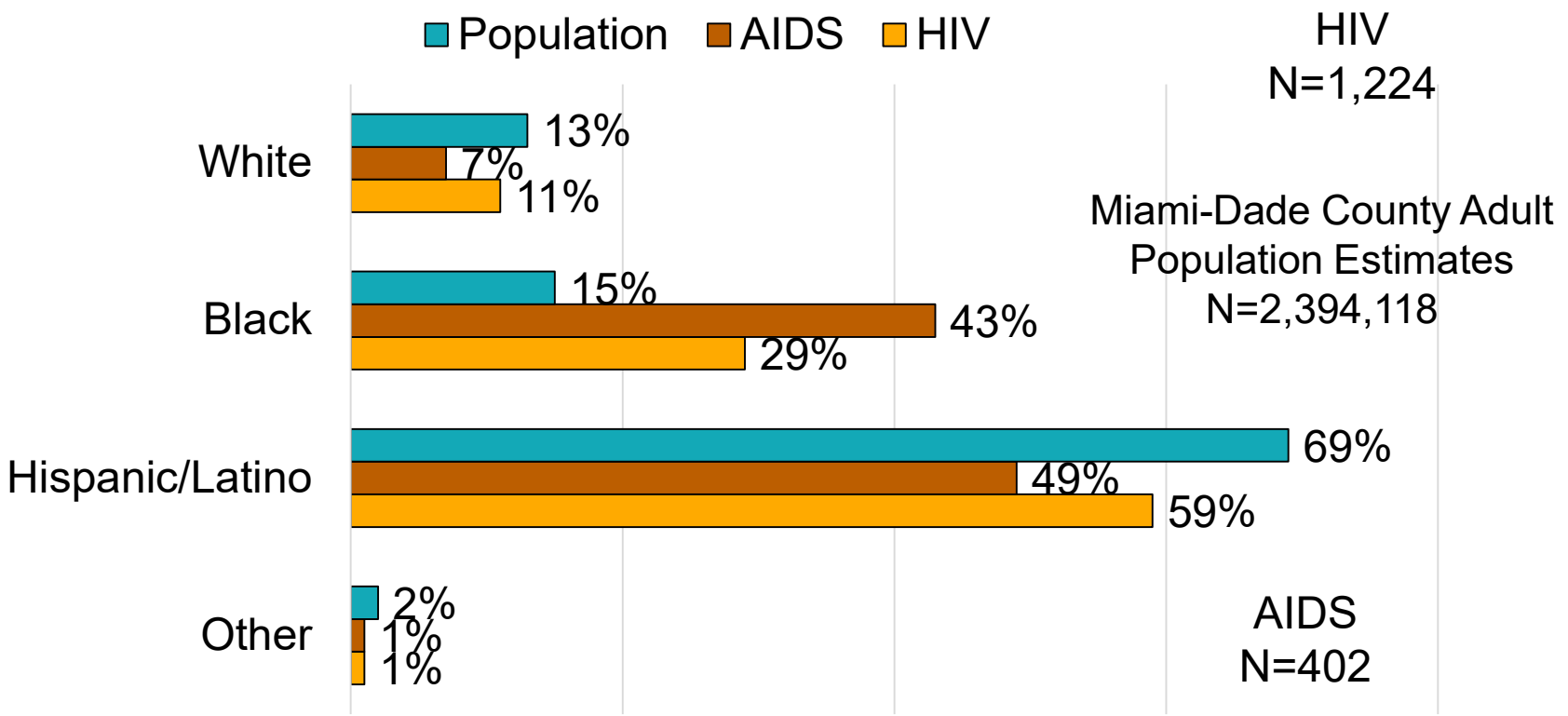
4

Epidemiological “Epi” Data

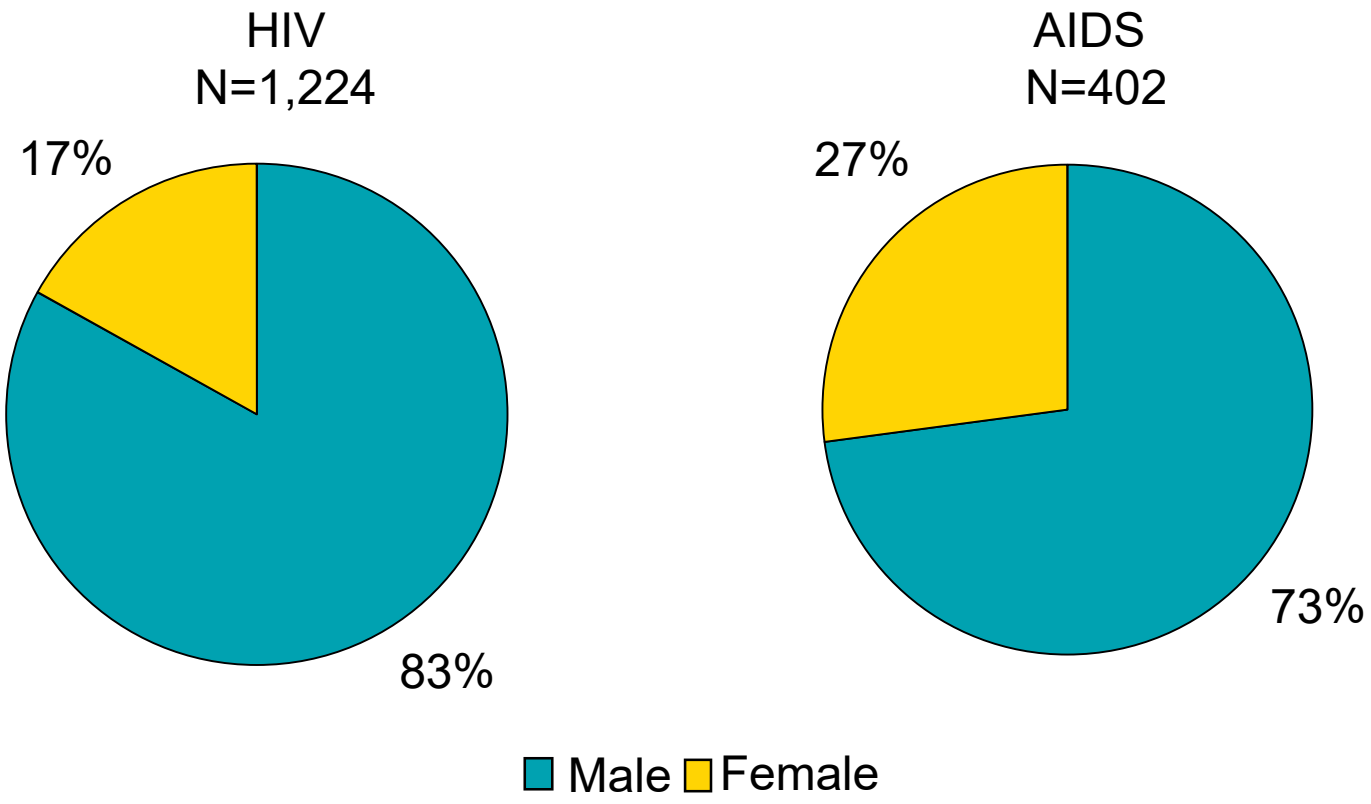
Summary of HIV Epidemiology Profile Data, 2018

BEHAVIORAL SCIENCE RESEARCH
MIAMI-DADE HIV/AIDS PARTNERSHIP
MIAMI-DADE COUNTY

Percentage of Adult (Age 13+) HIV and AIDS Diagnoses and Population[1], by Race/Ethnicity, 2018, Miami-Dade County



Adult (Age 13+) HIV and AIDS Cases by Sex, 2018, Miami-Dade County

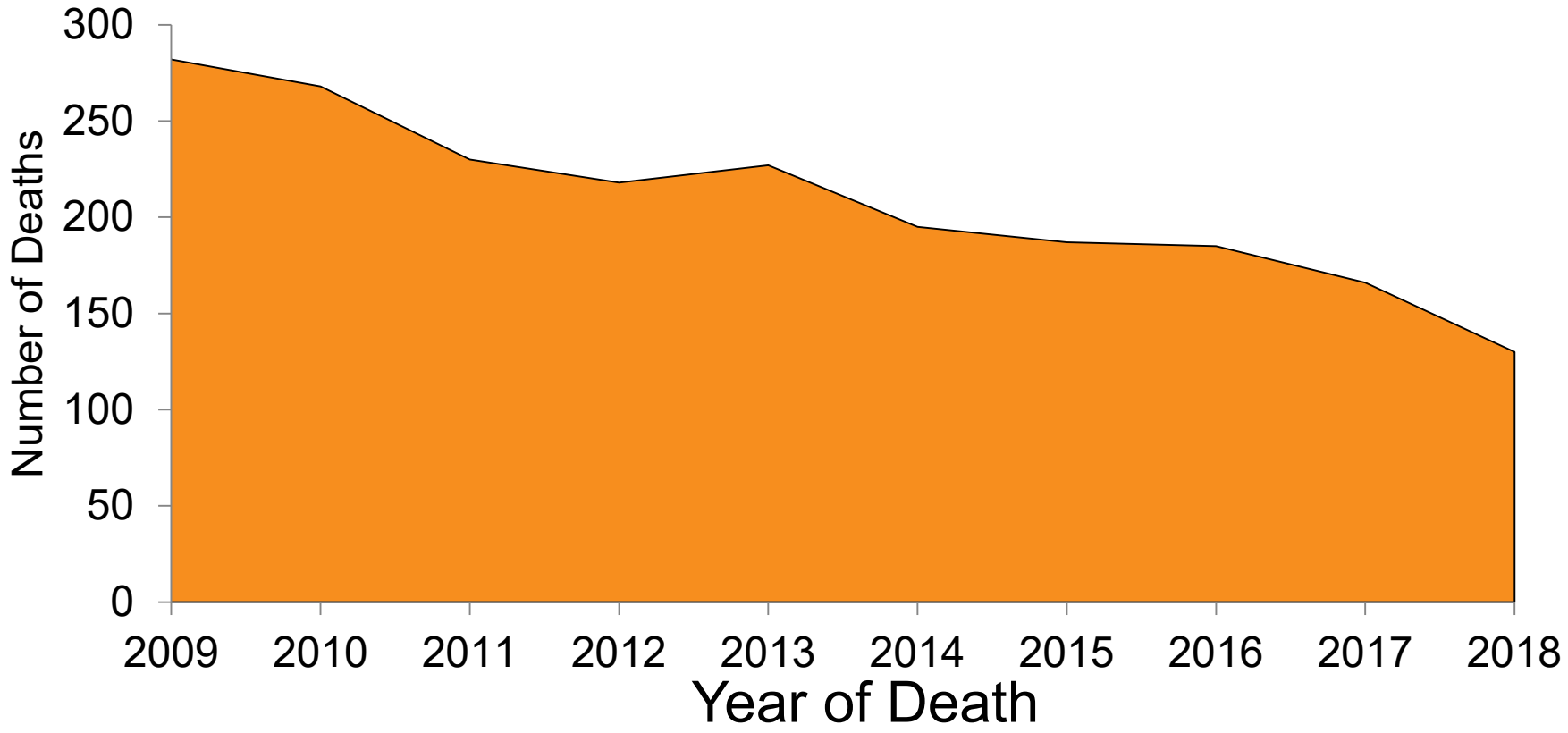


	2017	2018	Trend
Total Population and Persons Living with an HIV Diagnosis (PLWH)[1] Miami-Dade Co.			
Population	2,754,749	2,804,160	1.8% increase
PLWH	28,055	28,345	1.0% increase
Strategic Long Term Goals[2]			
Reduce the annual HIV diagnosis rate per 100,000	43.4	43.6	0.5% increase
Increase the percent of persons diagnosed with HIV linked to care in 30 days	78.6%	83.6%	6.4% increase
Increase the percent of PLWH retained in care	63.7%	64.1%	0.6% increase
Increase the percent of PLWH with a suppressed viral load	58.2%	59.9%	2.9% increase
Reduce the annual number of babies born in Florida with perinatally acquired HIV to fewer than 5	1	0	
Additional Indicators[2]			
Reduce annual AIDS diagnosis rate per 100,000	14.6	14.3	2.1% decrease
Reduce the annual number of HIV-related deaths	166	130	21.7% decrease

[1]Persons Living with HIV (PLWH), Total Population and PLWH are based on data as of 6/30/2019.
[2]Strategic Long Term Goals and Additional Indicators are based on frozen numbers as of June 30th for each consecutive year.

Resident Deaths[1] due to HIV, 2009–2018, Miami-Dade County

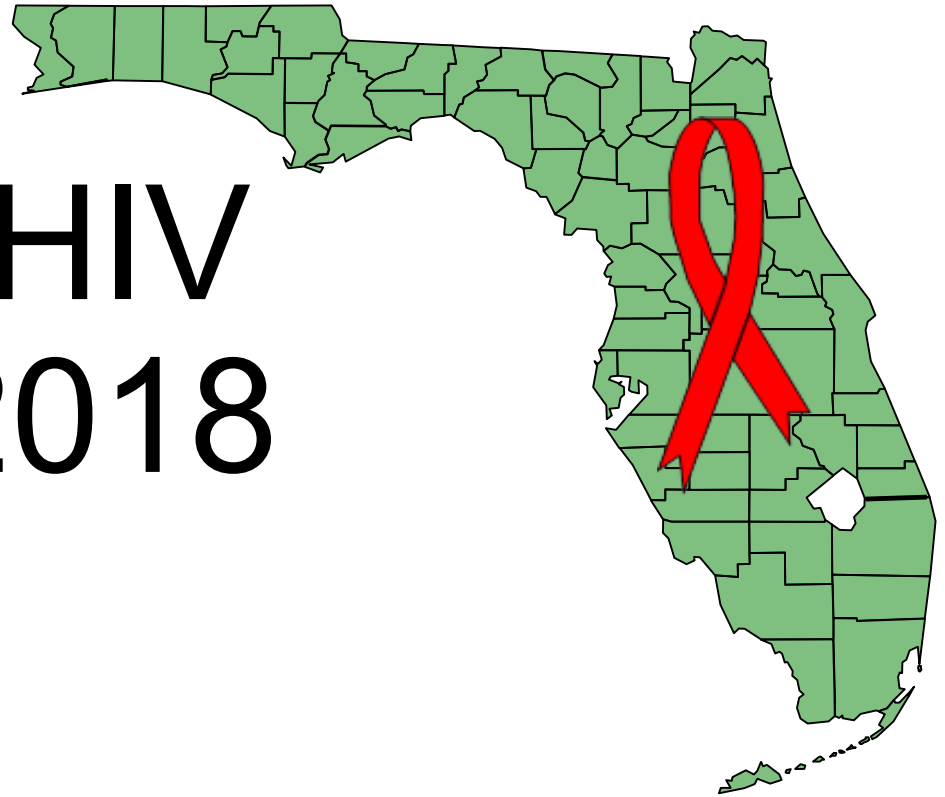
10 year % change (2009–2018) = 54% decrease



Department of Health

Epidemiology of HIV in Miami-Dade County, 2018

Epidemiology of HIV in Miami-Dade, 2018



Florida Department of Health
HIV/AIDS Section
Data as of 6/30/2019

Technical Notes

- HIV diagnoses by year of diagnosis represent persons whose HIV was that year, regardless of AIDS status at time of diagnosis.
- AIDS and HIV diagnoses by year of diagnosis are not mutually exclusive and cannot be added together.
- HIV prevalence data represent persons who were living with an HIV diagnosis in the reporting area through the end of the calendar year (regardless of where they were diagnosed).
- Resident deaths due to HIV represent persons who resided in Florida and whose underlying cause of death was HIV, regardless if their HIV status was reported in Florida or not.

Technical Notes, Continued

- Adult diagnoses represent ages 13 and older; pediatric diagnoses are those under the age of 13.
  - For data by year of diagnosis, the age is by age at diagnosis.
  - For prevalence data, the age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.
- Unless otherwise noted, Whites are non-Hispanic/Latino/Latino, Blacks are non-Hispanic/Latino/Latino, and Other (which may be omitted in some graphs due to small numbers) represents Asian, American Indian, or mixed races.
- For diagnosis data by year, area and county data will exclude Department of Corrections diagnoses. For prevalence data, Department of Corrections will **not** be excluded from area and county data.

Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

- Implement routine HIV and Sexually Transmitted Infections (STIs) screening in health care settings and priority testing in non-health care settings
- Provide rapid access to treatment and ensure retention in care (Test and Treat)
- Improve and promote access to antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
- Increase HIV awareness and community response through outreach, engagement, and messaging

Definitions of Mode of Exposure Categories

- **MSM:** Men who have sex with men or male-to-male sexual contact (The term MSM indicates a behavior that allows for HIV transmission; it does not indicate how individuals self-identify in terms of sexuality or gender.)
- **IDU:** Injection drug use
- **MSM/IDU:** Men who have sex with men or male-to-male sexual contact and injection drug use
- **Transgender Sexual Contact:** Transgender men or women whose mode of exposure was sexual contact
- **Heterosexual:** Heterosexual contact with person who received an HIV diagnosis or had known HIV risk
- **Other Risk**: Includes hemophilia, transfusion, perinatal and other pediatric risks, and other confirmed risks

	2017	2018	Trend
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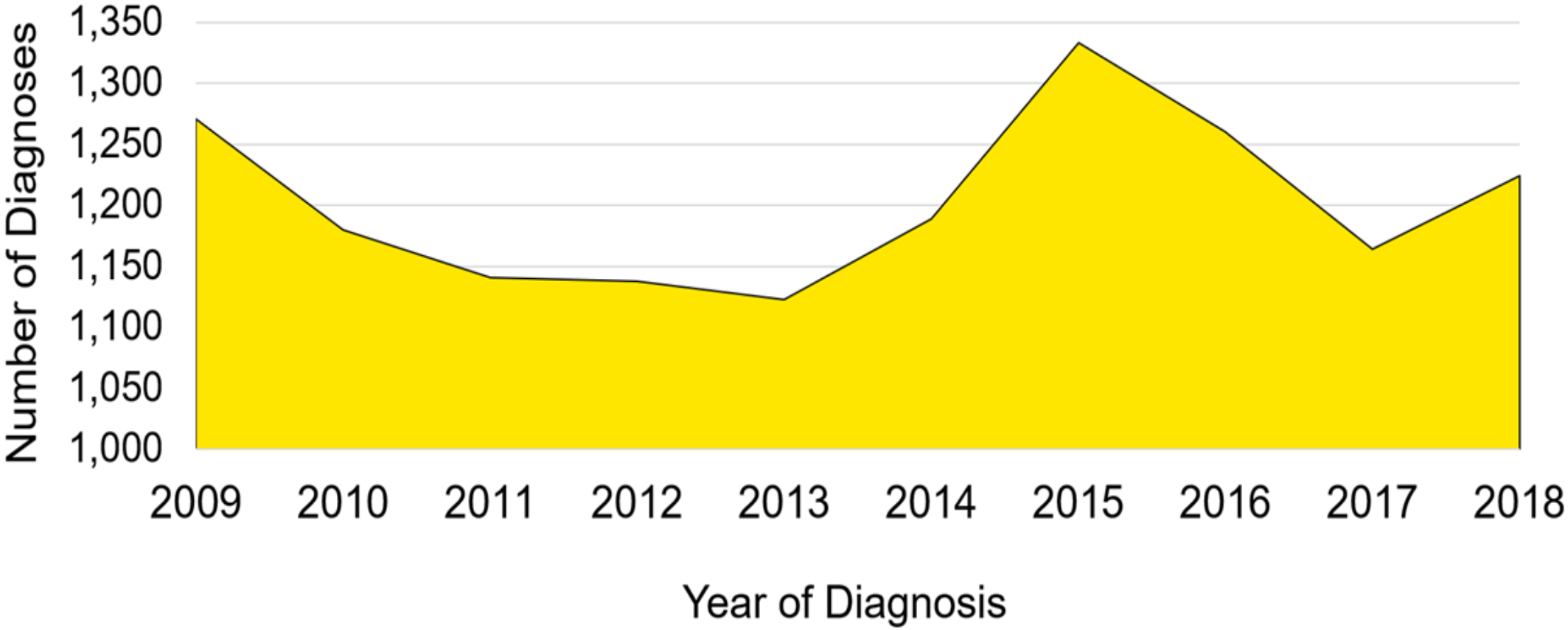
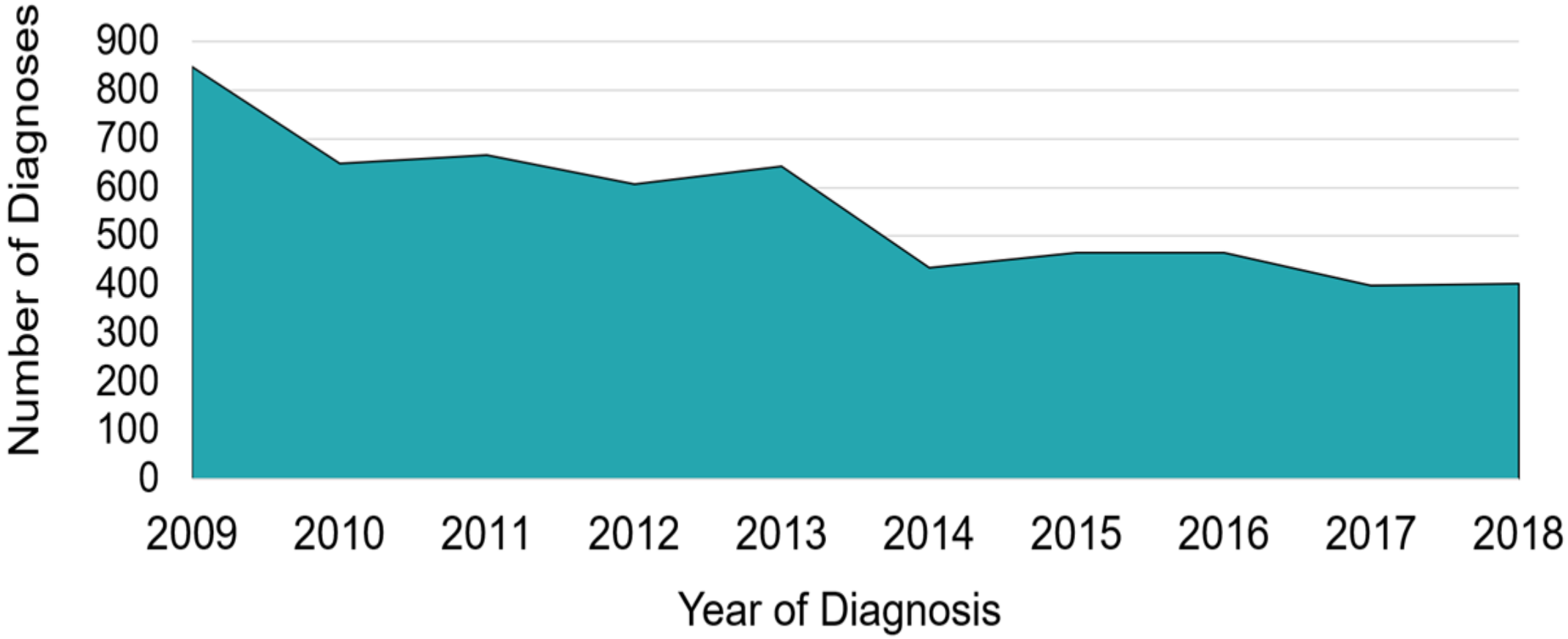
[2]Strategic Long Term Goals and Additional Indicators are based on frozen numbers as of June 30th for each consecutive year.

HIV by Year of Diagnosis

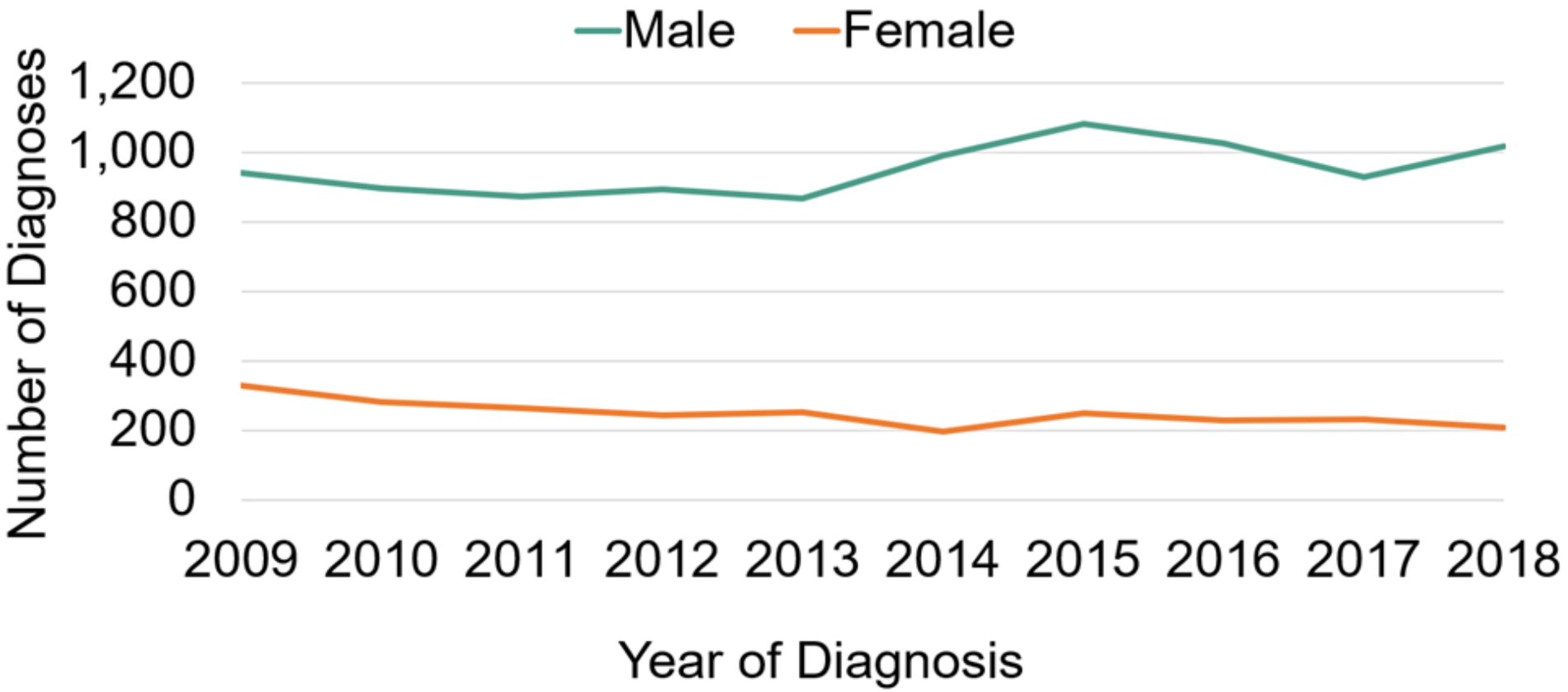
Diagnoses of HIV, 2009–2018, Miami-Dade County
10 years % change (2009–2018) = 4% decrease



Diagnoses of AIDS, 2009–2018, Miami-Dade County
10 years % change (2009–2018) = 53% decrease



Adult (Age 13+) HIV Diagnoses, by Sex, 2009-2018, Miami-Dade County

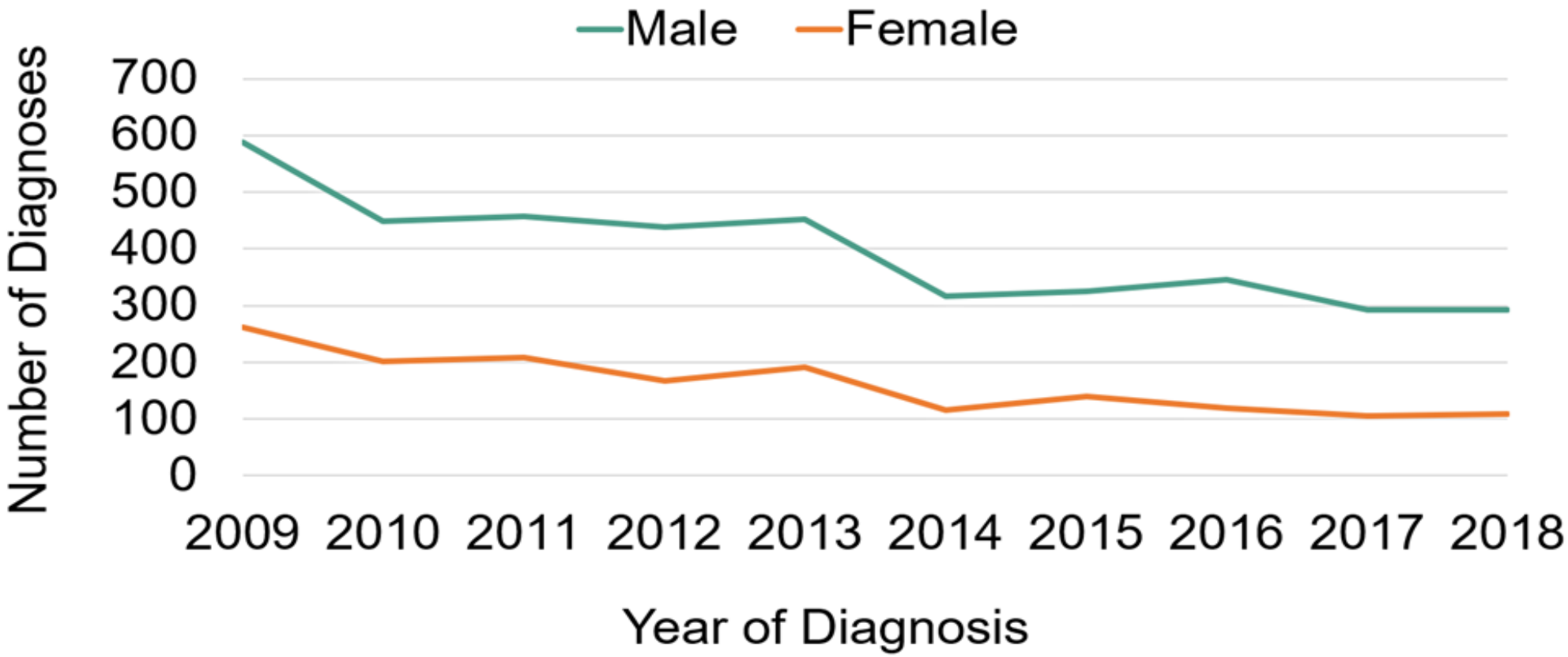


Male to Female Ratio

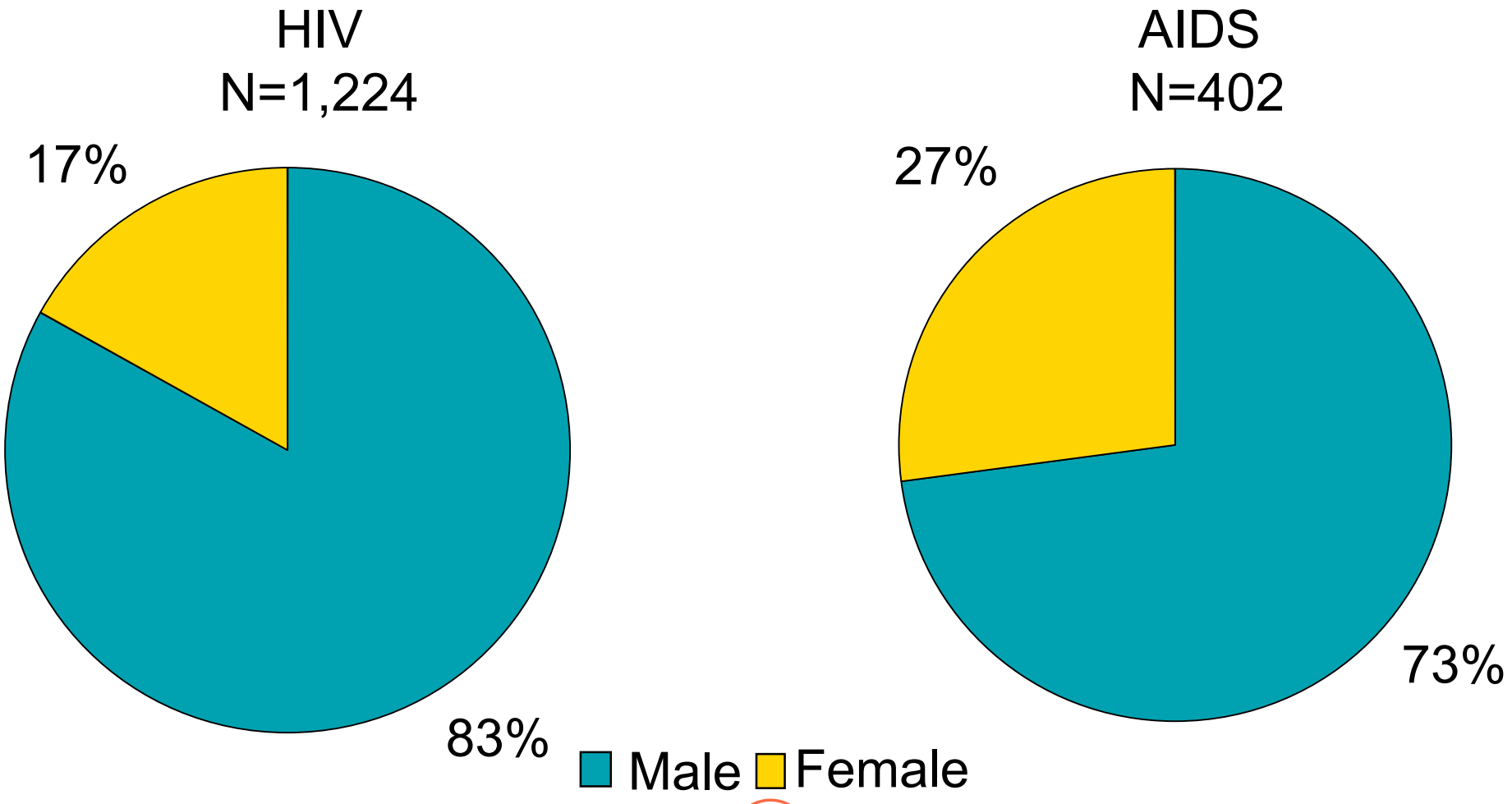
2009 = 2.9 to 1

2018 = 4.9 to 1

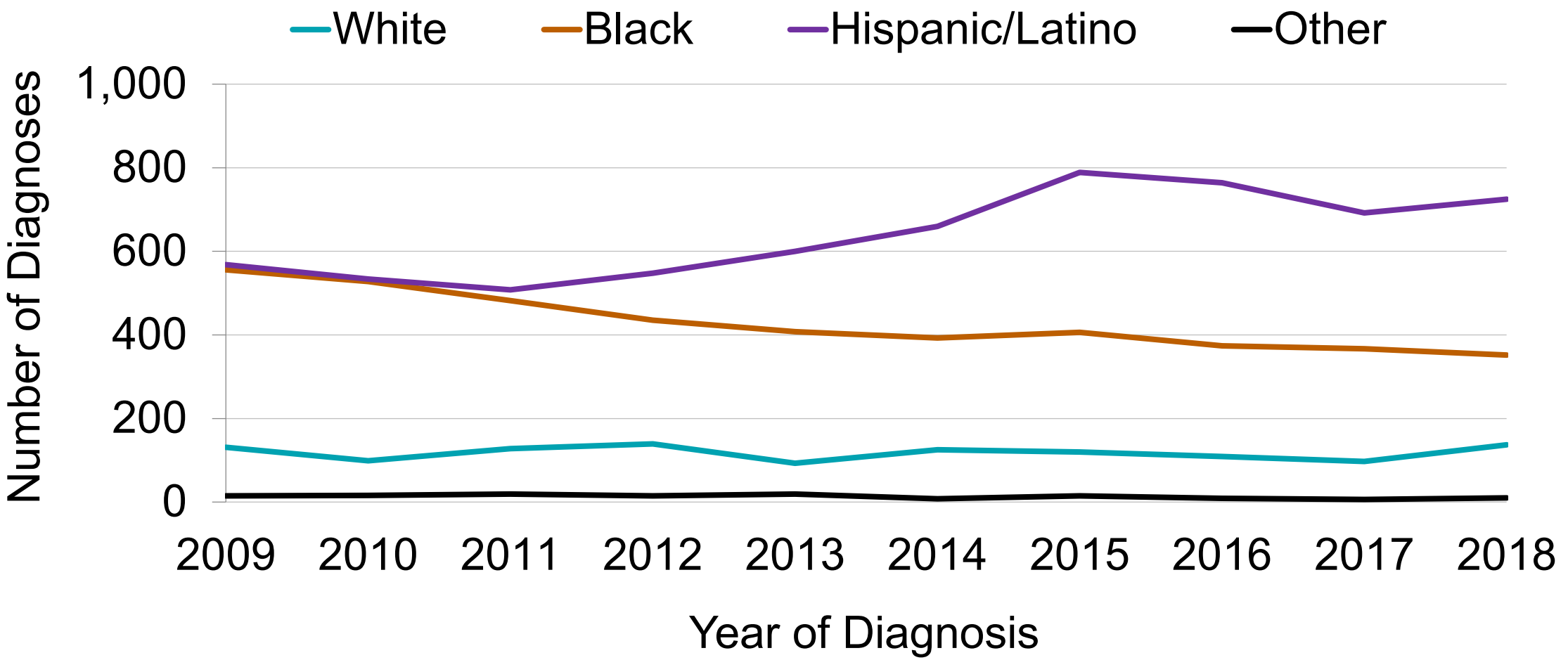
Adult (Age 13+) AIDS Diagnoses, by Sex, 2009-2018, Miami-Dade County



Adult (Age 13+) HIV and AIDS Cases by Sex, 2018, Miami-Dade County

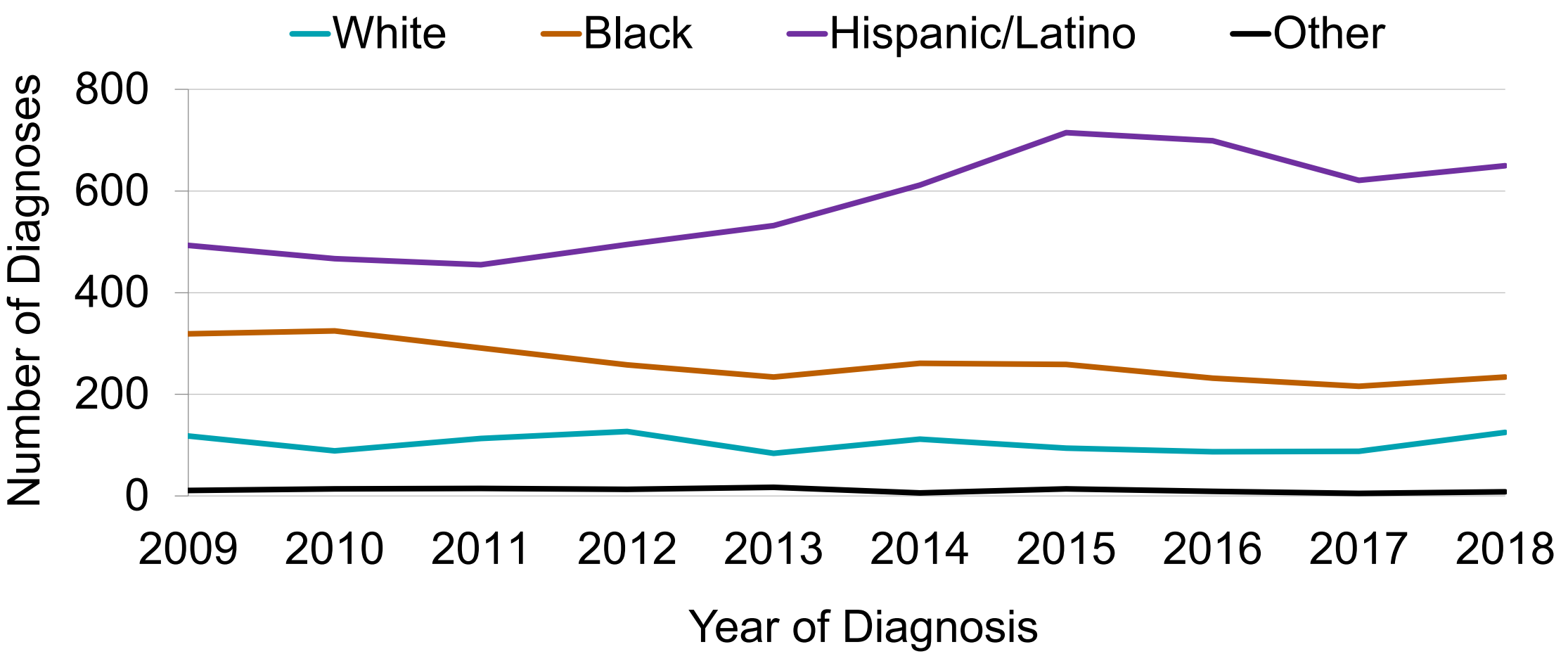


Adult (Age 13+) HIV Diagnoses by Race/Ethnicity, 2009–2018, Miami-Dade County

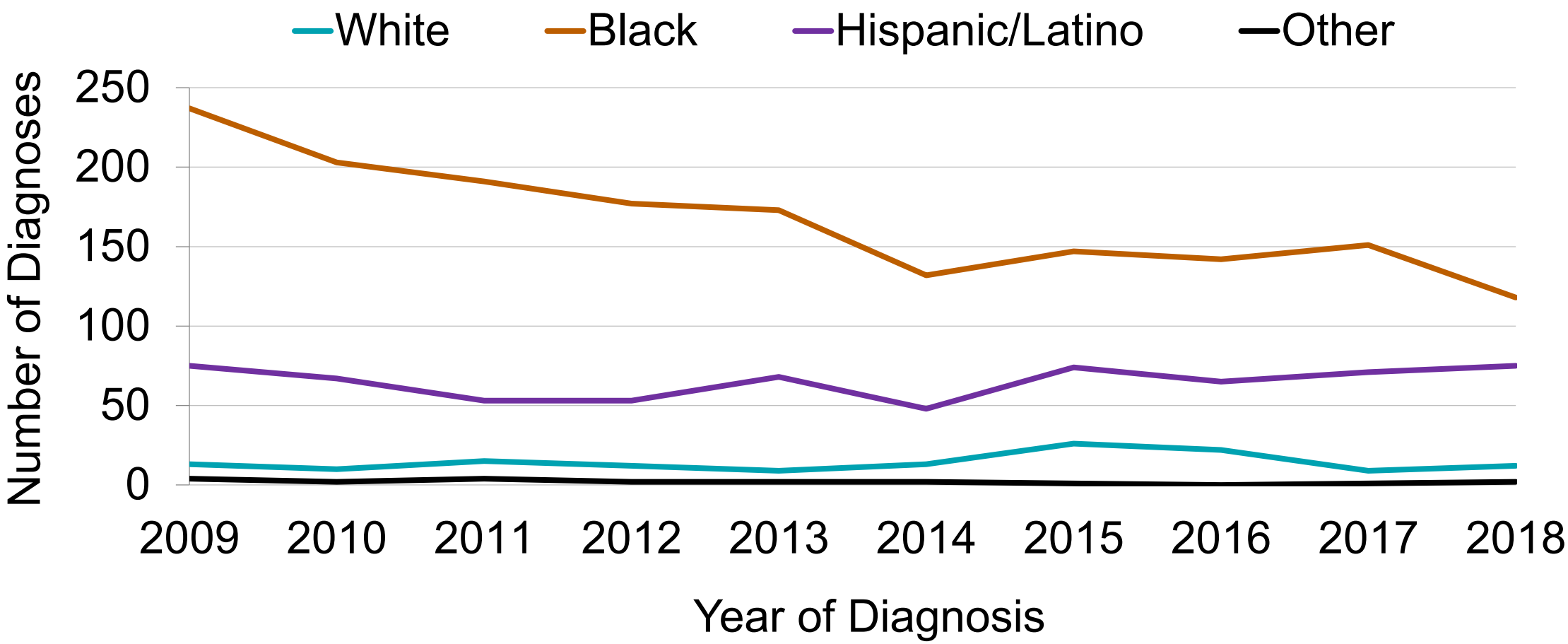


Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial.

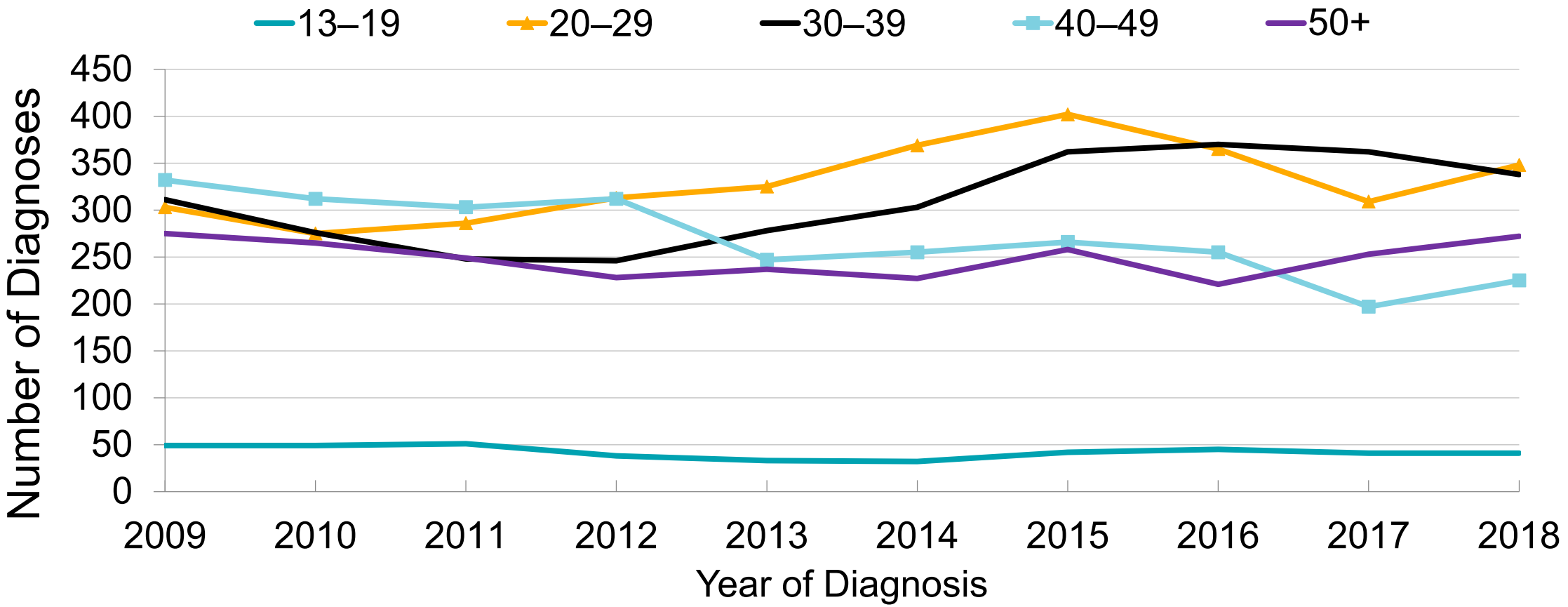
Adult (Age 13+) Male HIV Diagnoses by Race/Ethnicity, 2009–2018, Miami-Dade County



Adult (Age 13+) Female HIV Diagnoses by Race/Ethnicity, 2009–2018, Miami-Dade County



Adult (Age 13+) HIV Diagnoses, by Age Group at Diagnosis, 2009–2018, Miami-Dade County

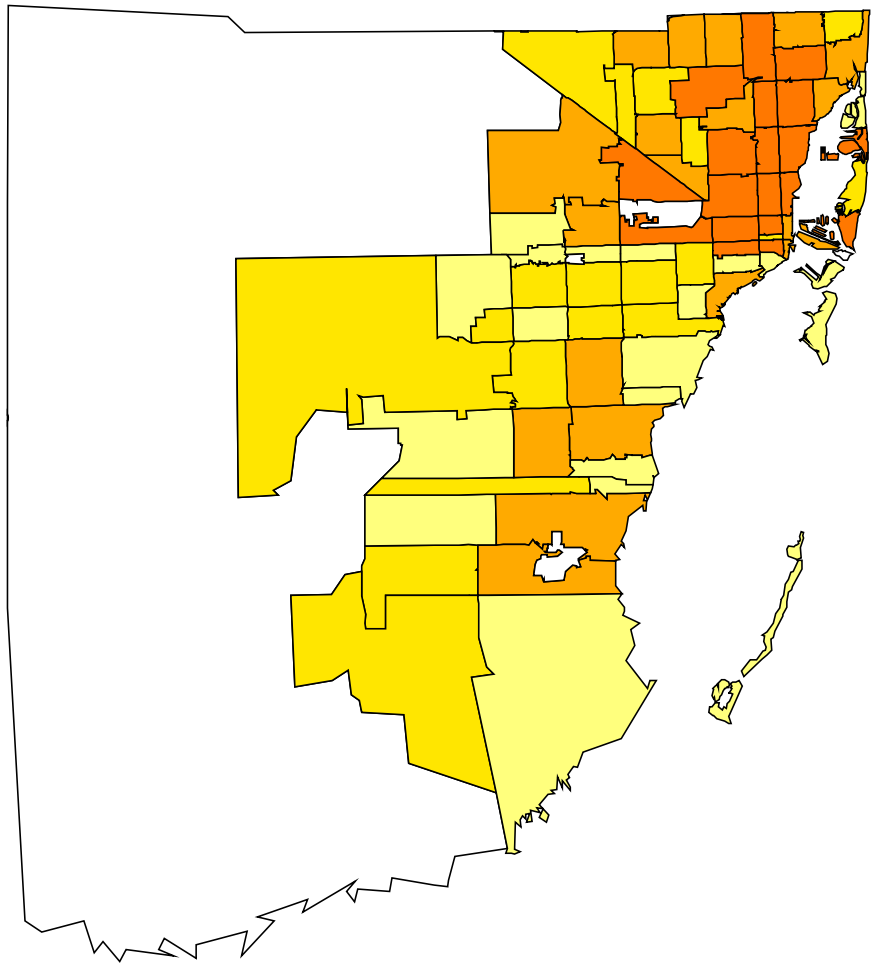


Adult (Age 13+) HIV Diagnoses[1] by by ZIP Code of Residence of Diagnosis, 2016–2018, Miami-Dade County

HIV Diagnoses

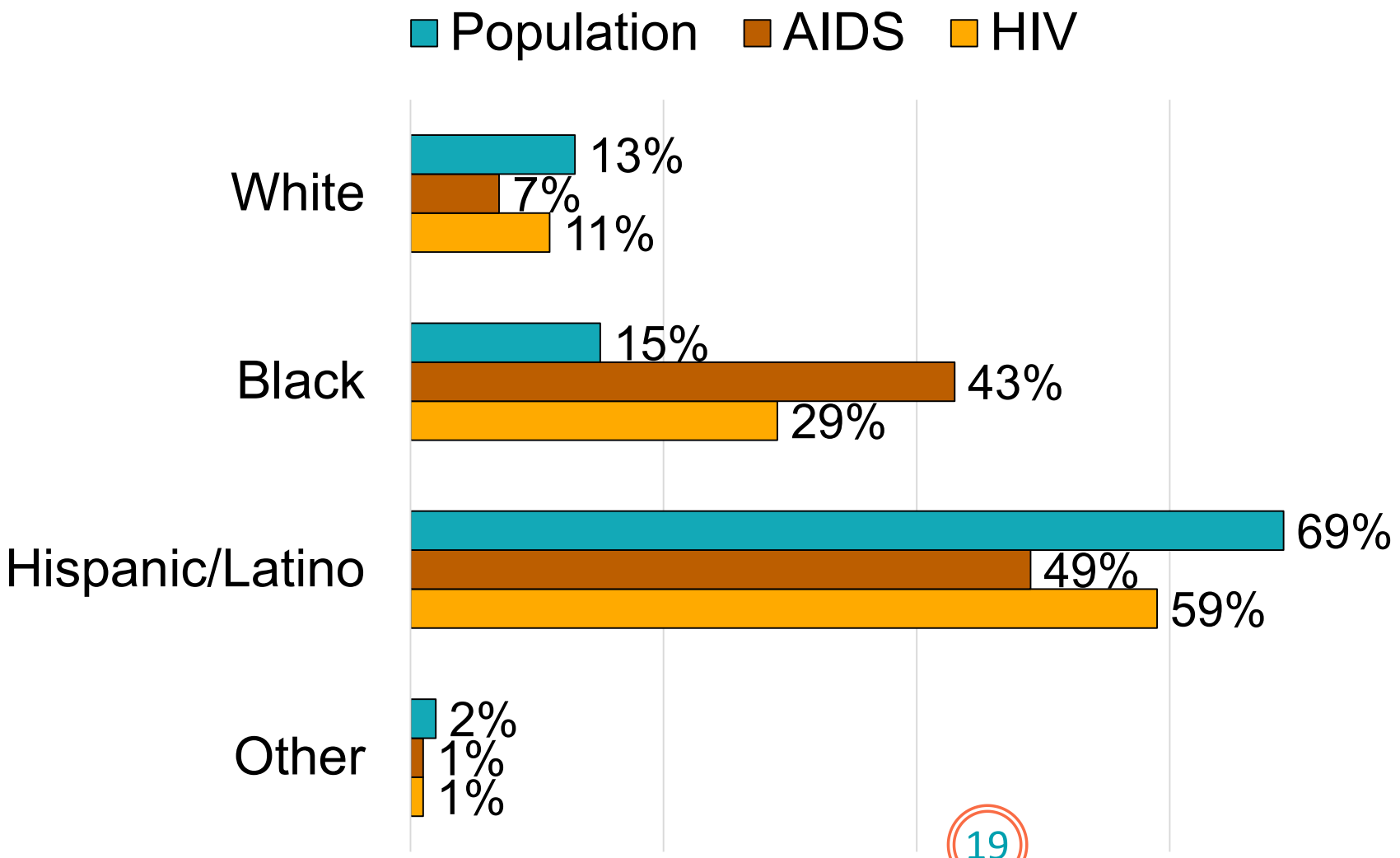
- 0
- 1–24
- 25–37
- 38–54
- 55–238

N=3,630



[1]Excludes data from Department of Corrections, Florida Correctional Institutions, homeless and those with unknown Zip Code. Data as of 6/30/2019

Percentage of Adult (Age 13+) HIV and AIDS Diagnoses and Population[1], by Race/Ethnicity, 2018, Miami-Dade County



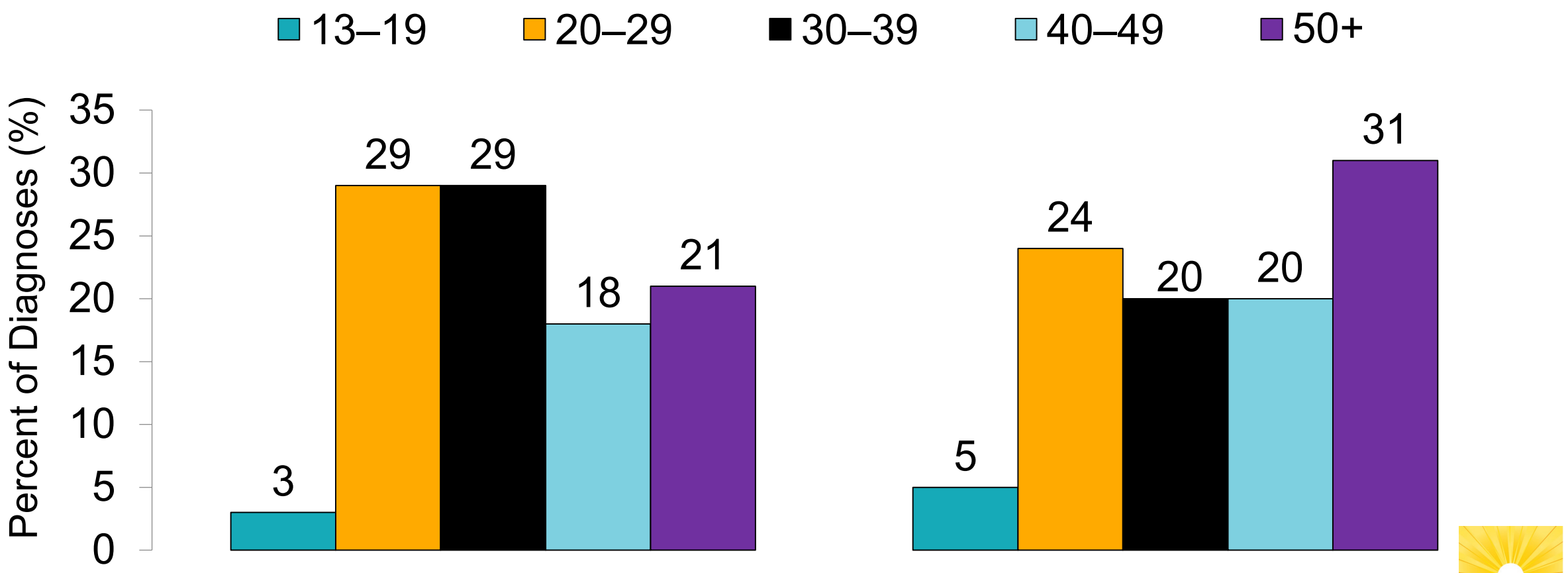
HIV
N=1,224

Miami-Dade County Adult Population Estimates
N=2,394,118

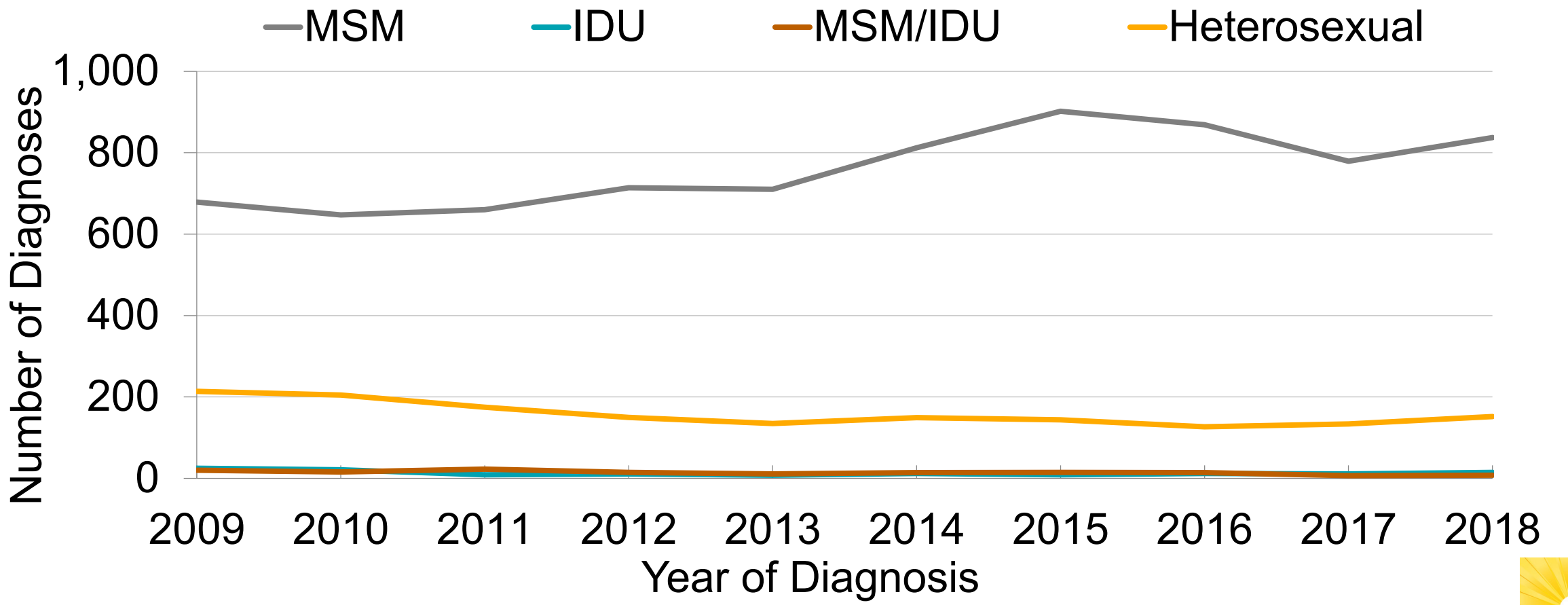
AIDS
N=402

[1]Source: Population data are provided by Florida CHARTS. Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi-racial.

Adult (Age 13+) HIV Diagnoses, by Sex and Age at Diagnosis, 2018, Miami-Dade, Florida

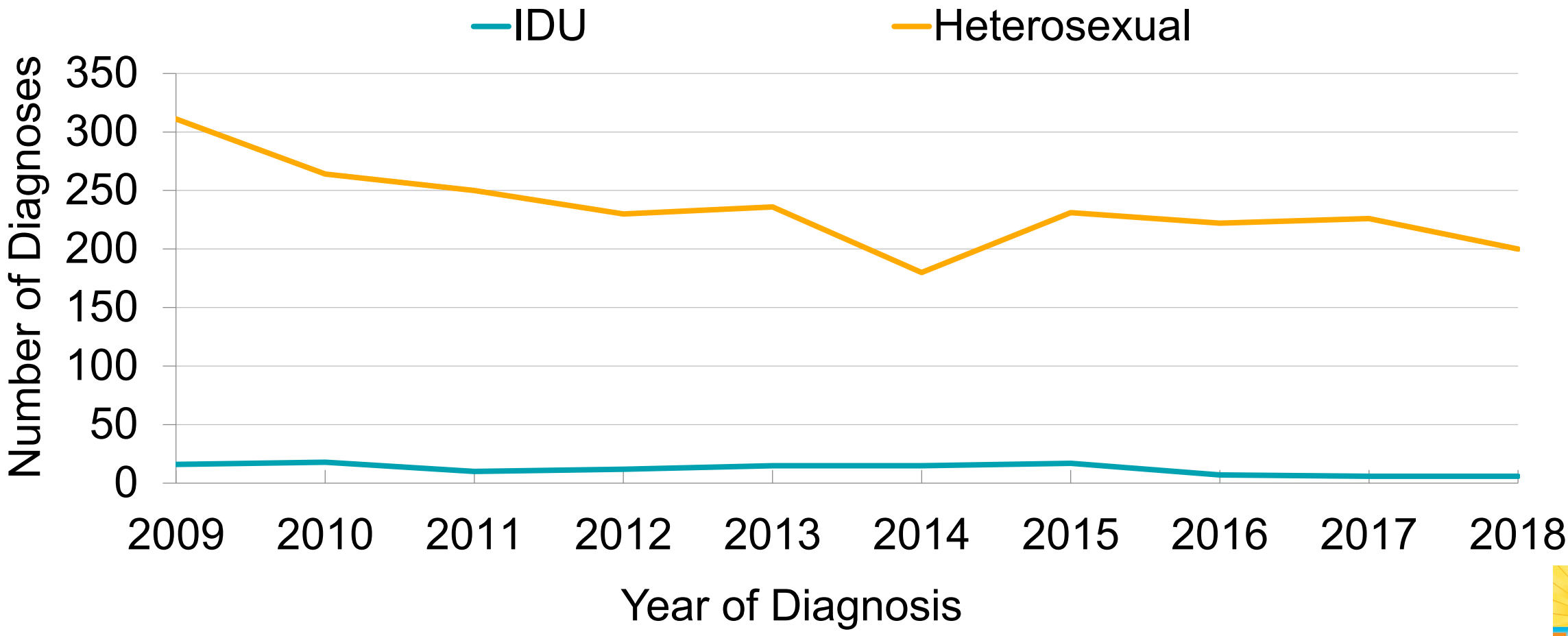


Adult (Age 13+) Male HIV Diagnoses, by Mode of Exposure, 2009–2018, Miami-Dade County



Men who have sex with men (MSM), MSM/Injection Drug Use (IDU), and heterosexual data excludes transgender persons.

Adult (Age 13+) Female HIV Diagnoses, by Mode of Exposure, 2009–2018, Miami-Dade County



Heterosexual data excludes transgender persons.

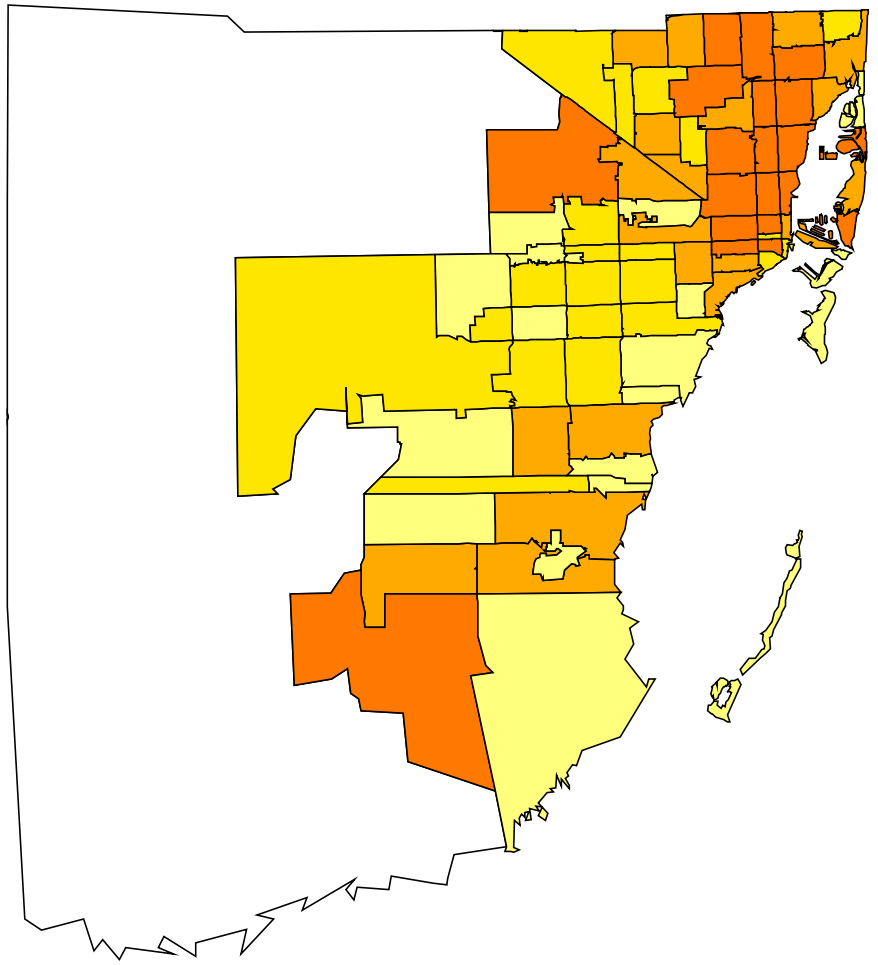
HIV Prevalence in Miami-Dade County

Adults (Age 13+) Living[1] with HIV by ZIP Code of Current Residence, Miami-Dade County, Year-end 2018

PLWH

- 0
- 1–118
- 119–237
- 238–433
- 434–1,953

N=27,908



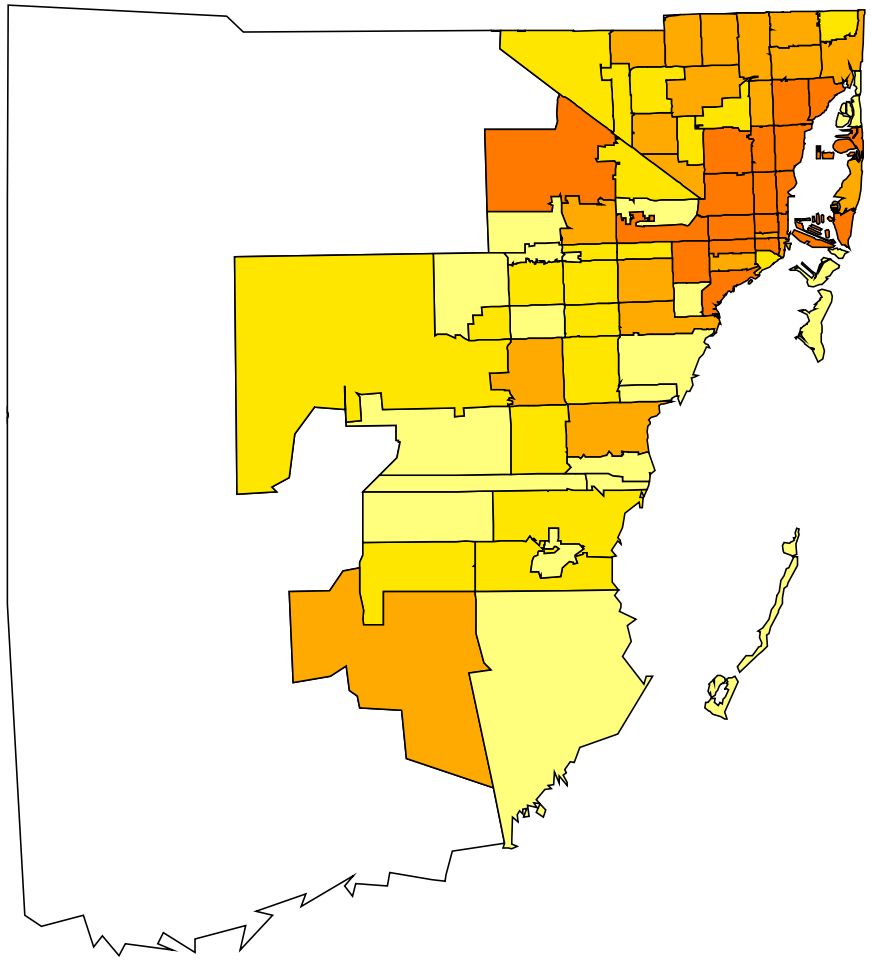
[1]Excludes homeless and cases with unknown Zip Code. Data as of 6/30/2018

MSM[1] Living with HIV by Zip Code, Miami-Dade County, Year-end 2018

MSM

- 0
- 1–85
- 86–141
- 142–243
- 244–1,806

N=16,015



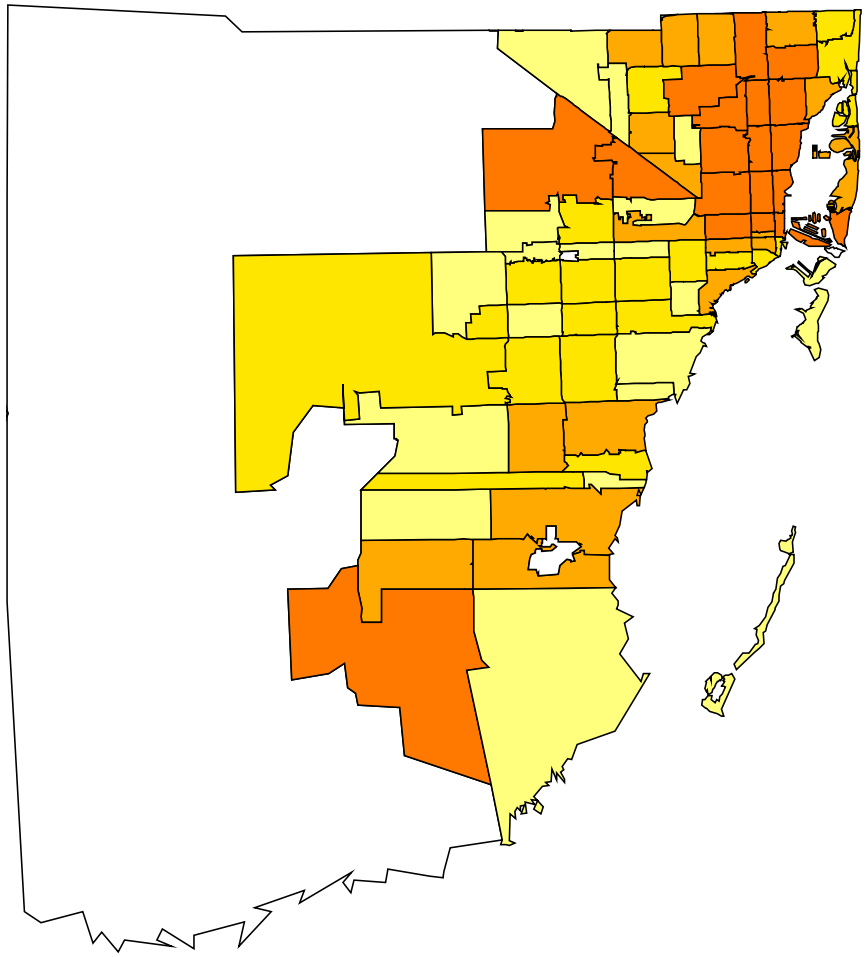
[1]Includes MSM and MSM/IDU cases. Excludes homeless and cases with unknown Zip Code. Data as of 6/30/2018

Person's Who Inject Drugs[1] Living with HIV by Zip Code, Miami-Dade County, Year-end 2018

Injection Drug Use

- 0
- 1–5
- 6–14
- 15–38
- 39–174

N=2,311



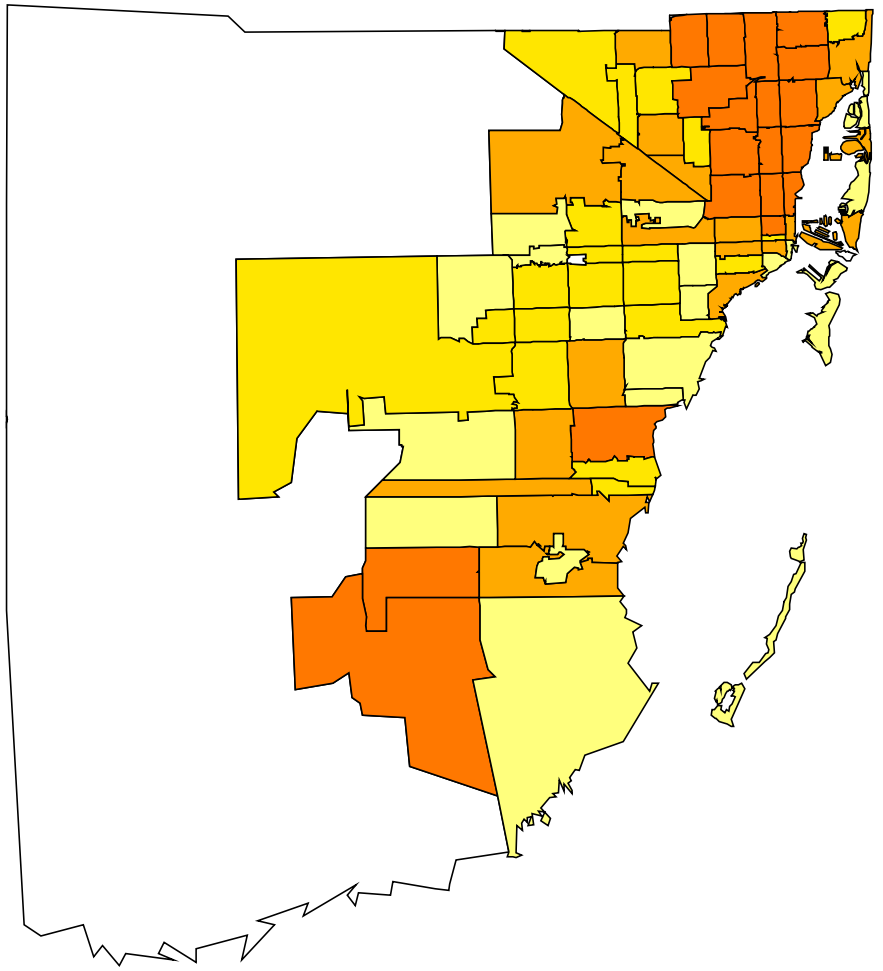
[1]Includes IDU and MSM/IDU cases. Excludes homeless and cases with unknown Zip Code. Data as of 6/30/2018

Adult (Age 13+) Heterosexuals Living[1] with HIV by Zip Code, Miami-Dade County, Year-end 2018

Heterosexual Contact

- 0
- 1–29
- 30–54
- 55–173
- 174–702

N=9,941



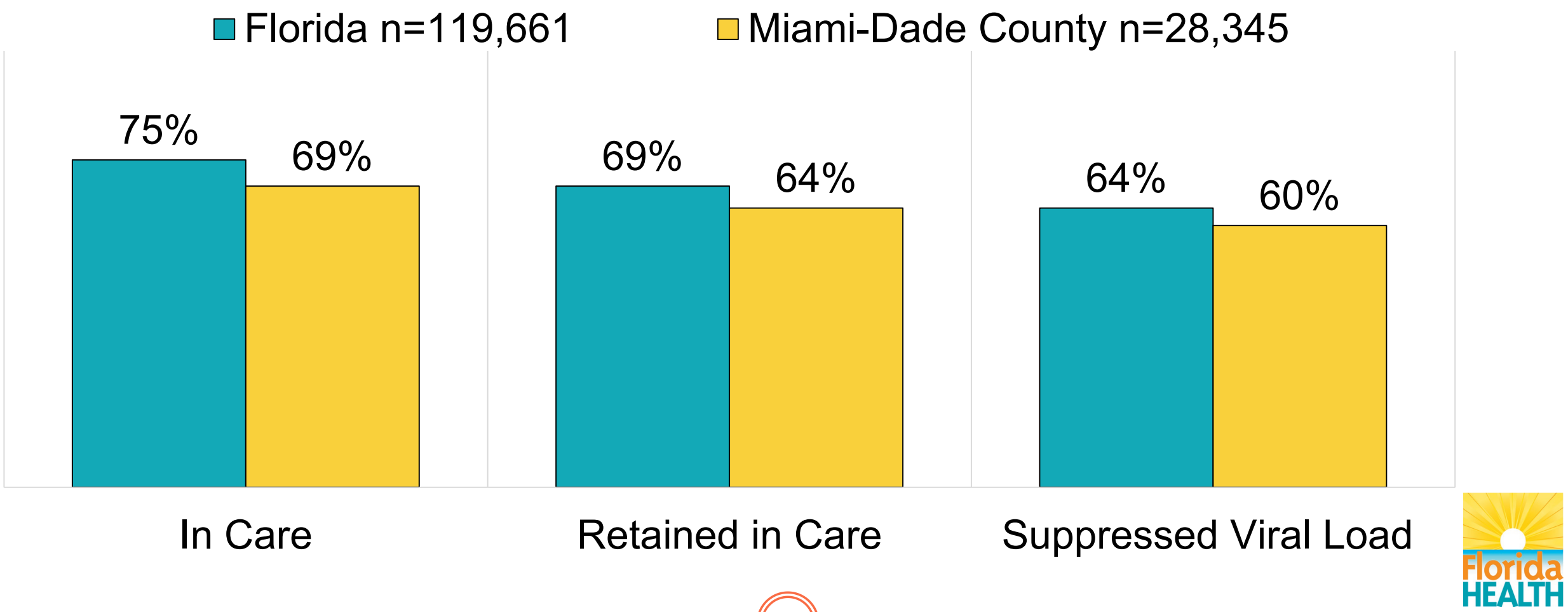
[1]Excludes homeless and cases with unknown Zip Code. Data as of 6/30/2018

HIV Care in Miami-Dade County

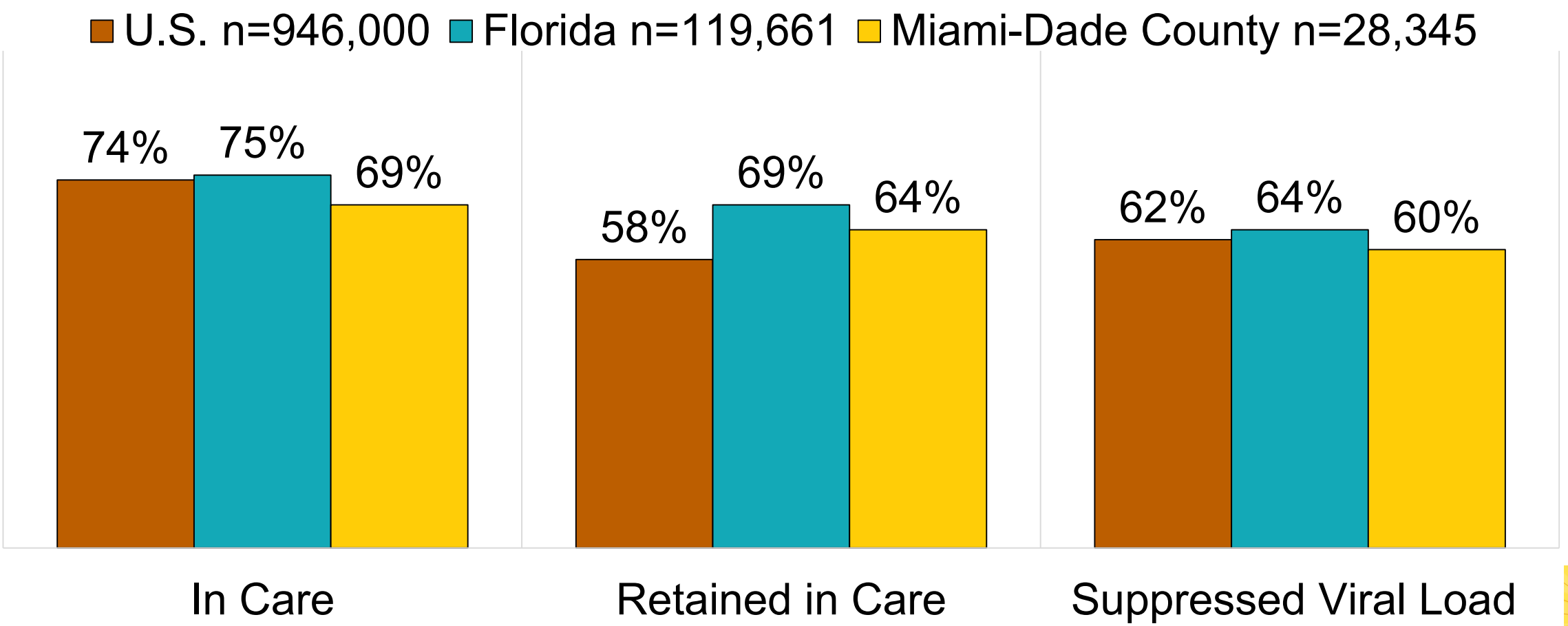
HIV Care Continuum Definitions

- **Persons Living with an HIV Diagnosis (PLWH):** The number of persons known to be living with an HIV diagnosis at the end of 2018, from data as of 6/30/2019
- **In Care:** PLWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2018 through 3/31/2019
- **Retained in Care:** PLWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2018 through 6/30/2019
- **Suppressed Viral Load**: PLWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2018 through 3/31/2019

Persons Living with an HIV (PLWH) in Florida Compared to Miami-Dade County along the HIV Care Continuum in 2018



Persons Living with an HIV (PLWH) in United States[1], Florida, and Miami-Dade County along the HIV Care Continuum in 2018



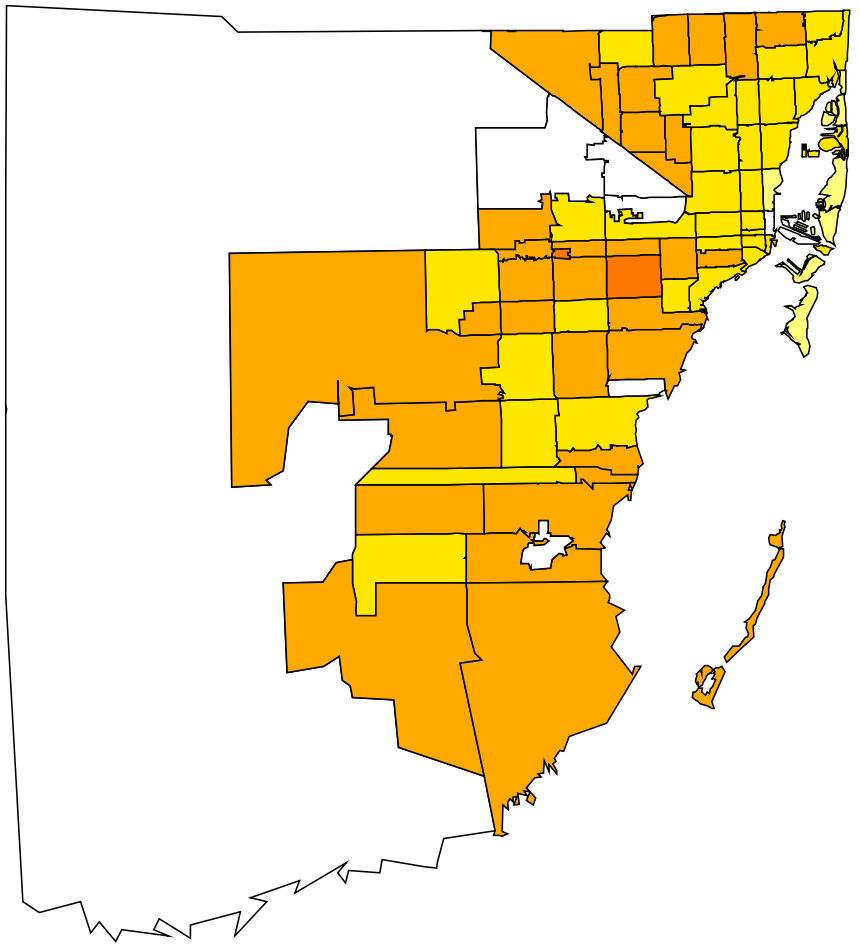
1 – U.S. estimates are from 2016. Source: https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf

Percentage of Persons Living with HIV (PLWH) in Miami-Dade County, who were Retained in Care[1] in 2018

Retained in Care

- <50%
- 50%–59%
- 60%–69%
- 70%–79%
- 80%–100%

Overall 65%



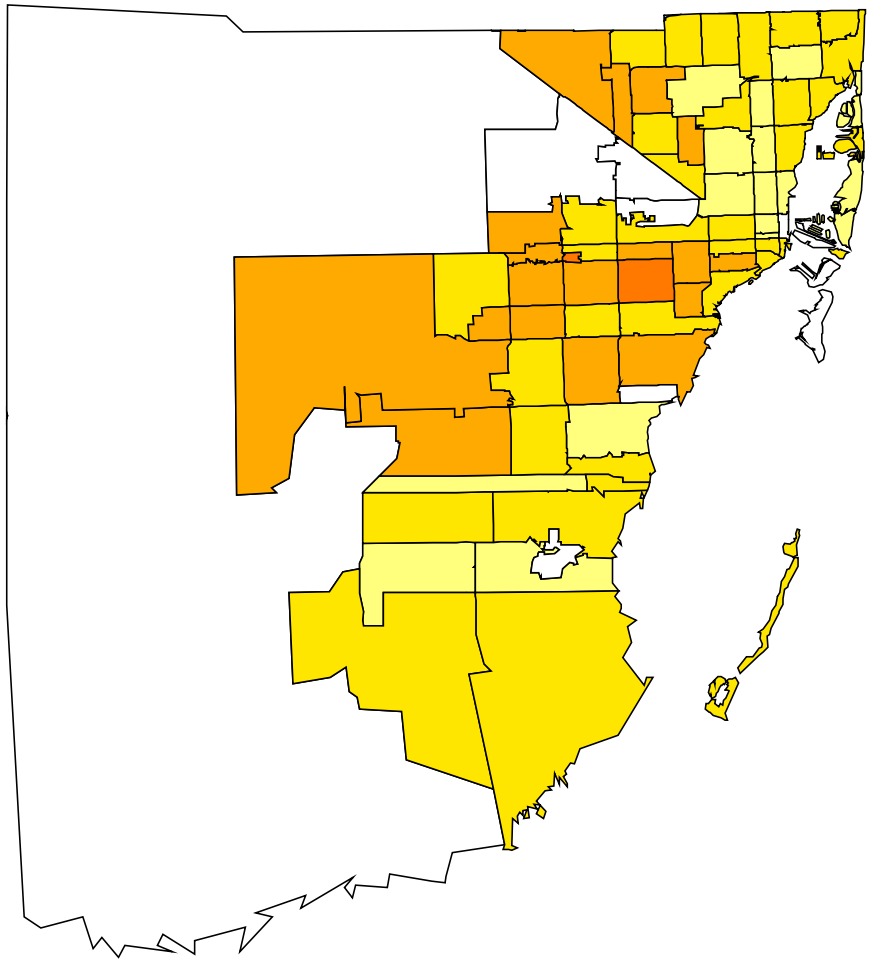
[1]Excludes data from homeless and those with unknown Zip Code. Data as of 6/30/2019

Percentage of Persons Living[1] with HIV (PLWH) in Miami-Dade County who had a Suppressed Viral Load (VL), 2018

Suppressed VL

- <50%
- 50%–59%
- 60%–69%
- 70%–79%
- 80%–100%

Overall 61%



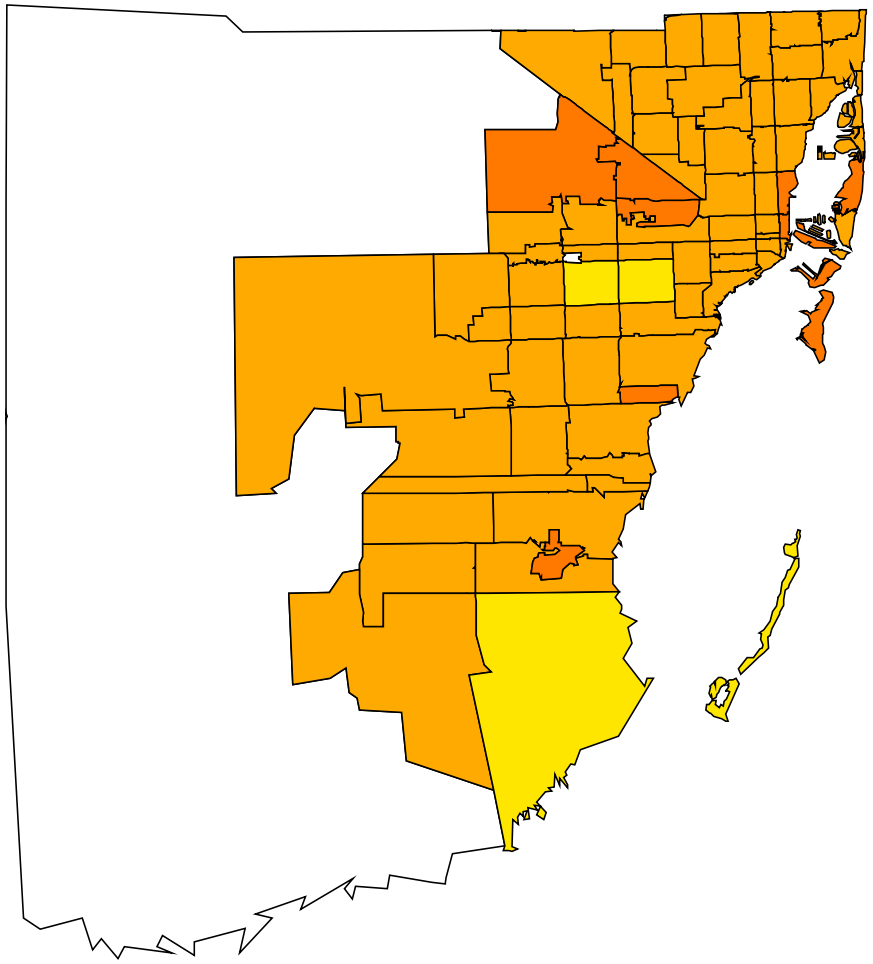
[1]Excludes data from homeless and those with unknown Zip Code. Data as of 6/30/2019

Percentage of Persons Living[1] with HIV (PLWH) in Miami-Dade County who were Out of Care in 2018

Out of Care

- <5%
- 5%–9%
- 10%–19%
- 20%–39%
- 40%–100%

Overall 30%

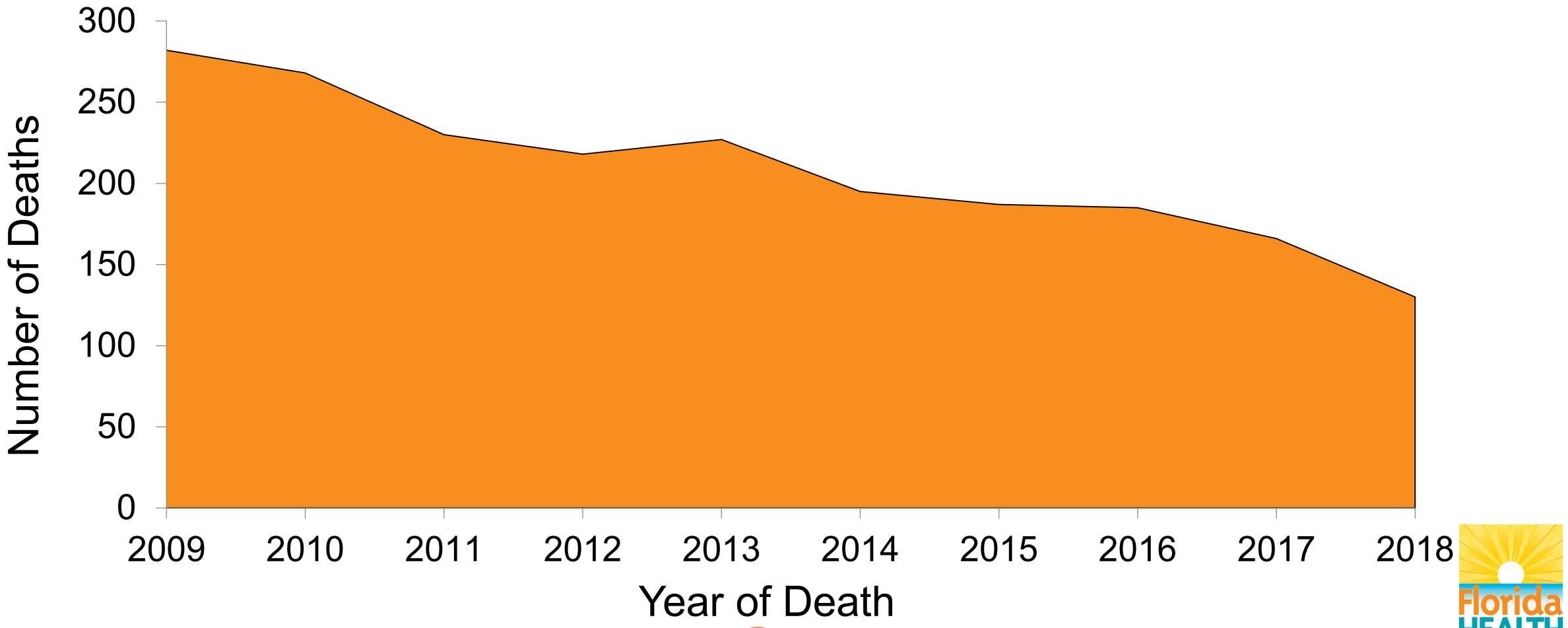


[1]Excludes data from homeless and those with unknown Zip Code. Data as of 6/30/2019

HIV–related Deaths in Miami-Dade County

Resident Deaths[1] due to HIV, 2009–2018, Miami-Dade County

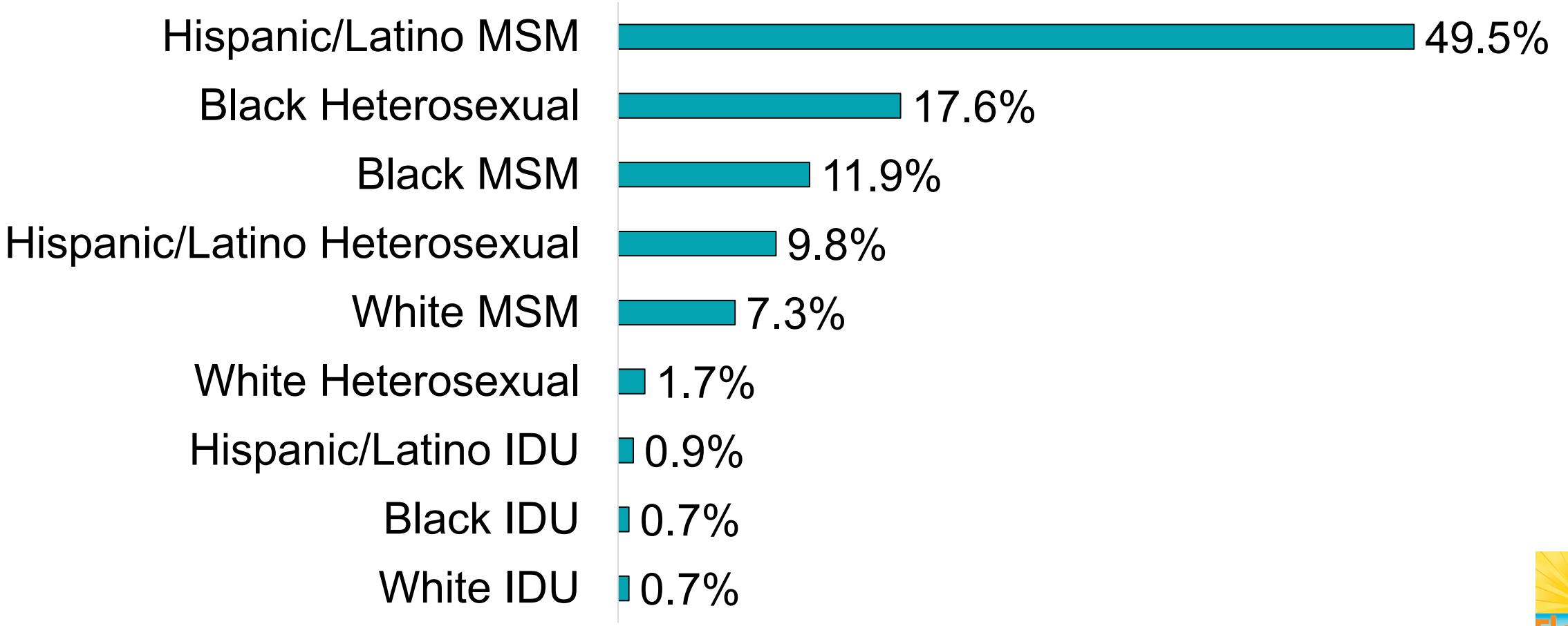
10 year % change (2009–2018) = 54% decrease



[1]Florida Department of Health, Division of Public Health Statistics and Performance Management, Bureau of Vital Statistics, Death Certificates (as of 6/30/2019).

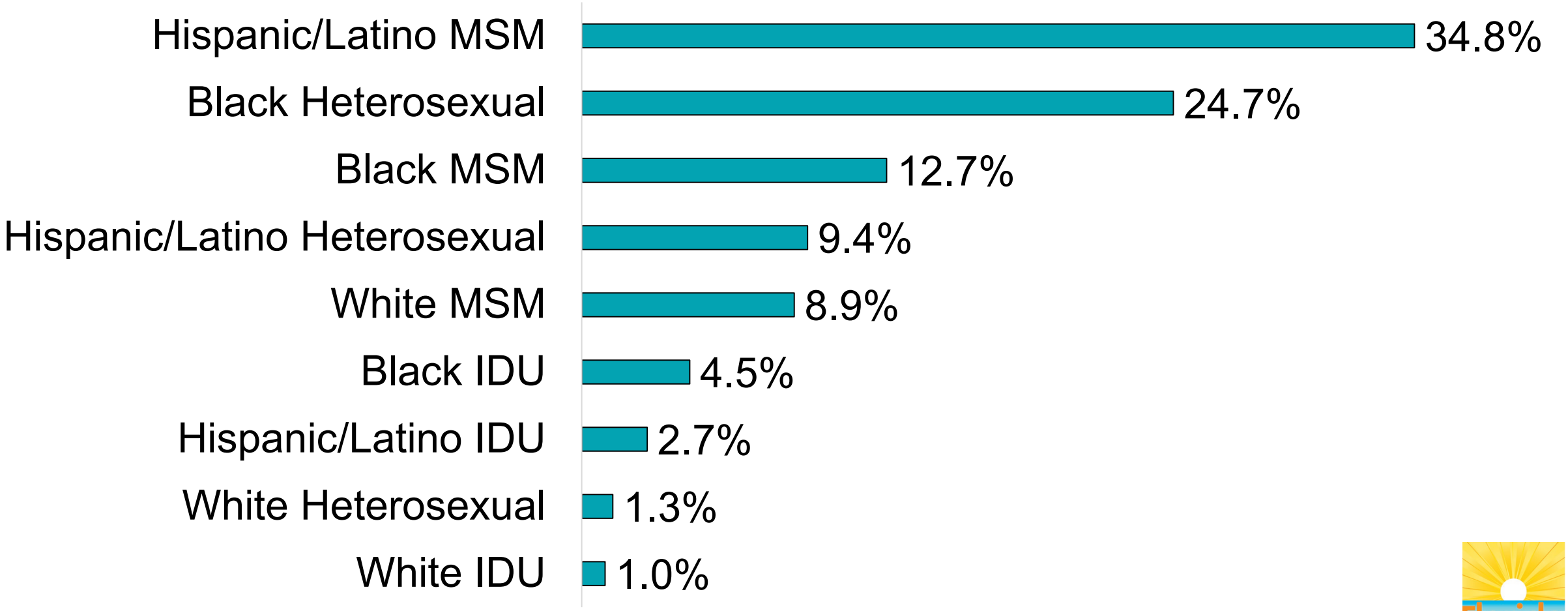
HIV Prevention

Miami-Dade County Top Priority Populations[1] for Primary HIV Prevention in 2018



[1]MSM=(MSM and MSM/IDU Diagnoses) and IDU=(IDU and MSM/IDU Diagnoses), therefore the data are not mutually exclusive.

Miami-Dade County Top Priority Populations[1] Prevention for PLWH in 2018



[1]MSM=(MSM and MSM/IDU Diagnoses) and IDU=(IDU and MSM/IDU Diagnoses), therefore the data are not mutually exclusive.

Some Useful Links

Department. of Health, HIV Section Website
http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html

CDC HIV Surveillance Reports (State and Metro Data):
http://www.cdc.gov/hiv/stats/hasrlink.htm

MMWR (Special Articles on Diseases, Including HIV):
http://www.cdc.gov/mmwr/

U.S. Census Data (Available by State, County):
http://www.census.gov

HIV Testing
www.knowyourhivstatus.com

Pre-Exposure Prophylaxis (PrEP)
www.floridaaids.org

KNOWYOURHIVSTATUS
www.knowyourhivstatus.com/living-well-with-hiv

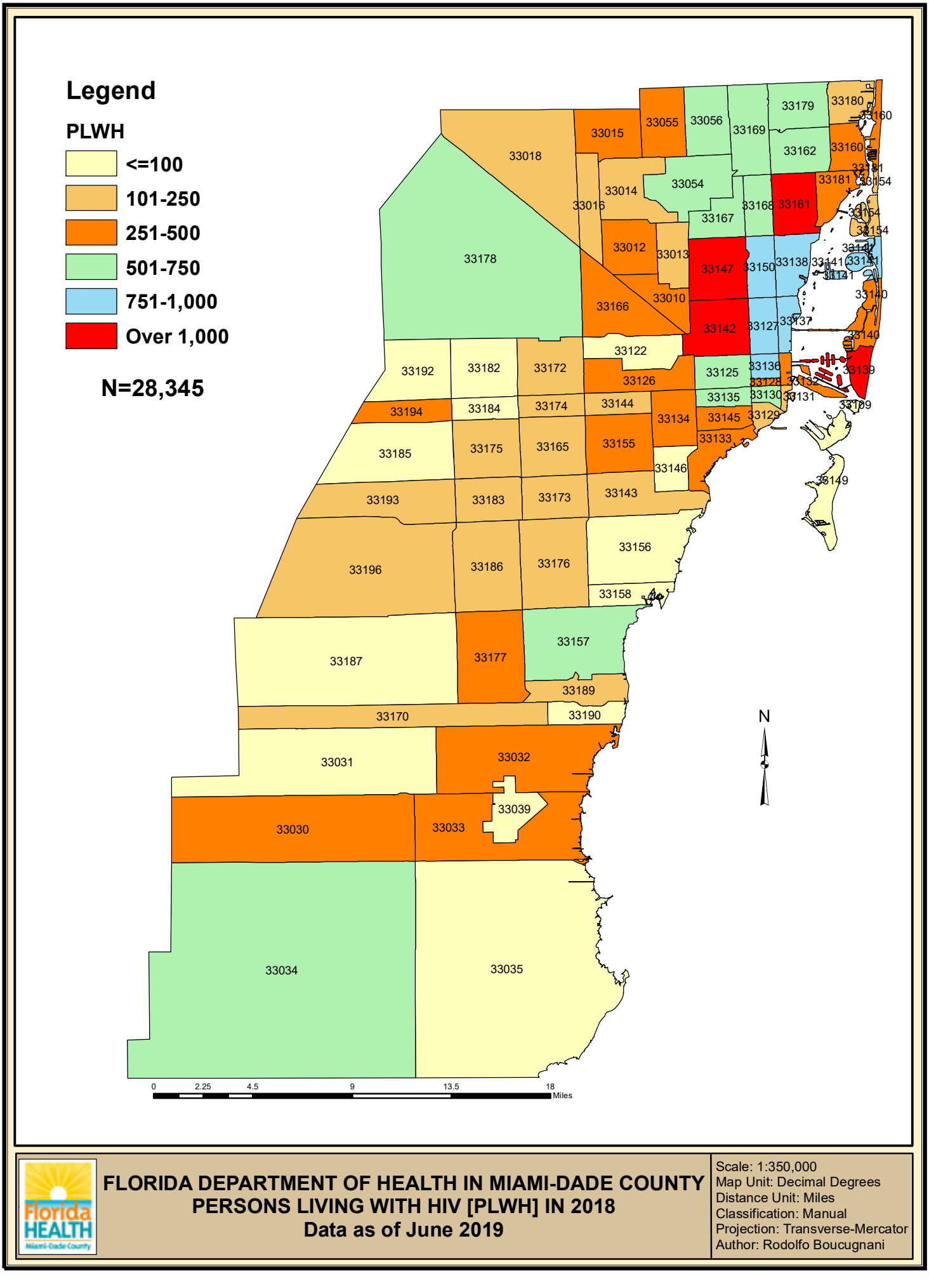
Florida HIV/AIDS Hotlines

1-800-FLA-AIDS (352-2437) English
1-800-545-SIDA (545-7432) Spanish
1-800-AIDS-101 (243-7101) Haitian Creole
1-800-503-7118 Hearing/Speech Impaired
www.211bigbend.org/flhivaidshotline
Text 'FLHIV' or 'flhiv' to 898211

Florida HIV/AIDS Surveillance Data Contacts

Sam Alghawi
Miami CHD
Phone: 305-470-5631
Email: Sam.Alghawi@flhealth.gov

HIV/AIDS surveillance data are frozen on June 30, following the end of each calendar year.
These are the same data used for Florida CHARTS and all grant–related data.
www.floridacharts.com/charts/CommunicableDiseases/default.aspx



FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY
PERSONS LIVING WITH HIV [PLWH] IN 2018
Data as of June 2019

Scale: 1:350,000
Map Unit: Decimal Degrees
Distance Unit: Miles
Classification: Manual
Projection: Transverse-Mercator
Author: Rodolfo Boucugnani

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Early Identification of Individuals with HIV/AIDS (EIIHA)

New Clients In Care, Florida Department of Health

Calendar Years 2018 and 2019

Prepared by Behavioral Science Research Corporation
June 11, 2020

Behavioral Science Research
Miami-Dade HIV/AIDS Partnership
Miami-Dade County

New Clients In Care Through FDOH CY 2018 - 2019

- In CY 2018 and CY 2019, FDOH testing linked about 400 newly-diagnosed people with HIV (PWH) into HIV care in Miami-Dade County.
- In CY 2019, FDOH testing linked 234 previously-diagnosed PWH into HIV care in Miami-Dade County, down from 378 in CY 2018.
- In CY 2019, Black MSMs showed a higher rate of newly-diagnosed linkage (92%) than Hispanic MSMs (83%), a reversal from CY 2018 data, which showed higher rates for Hispanic MSM and lower rates for Black MSM.
- Overall, the RWP accepted 1,003 new clients into care in 2019 (new CIS numbers). FDOH linkages (both newly-diagnosed and new-to-RWP-care) represented 64% of these new clients.

FDOH EIIHA Data
HIV Test Events, Miami-Dade EMA, CY 2018

	All	Black Hetero	Black MSM	Hispanic MSM
Total publicly funded test events, CY 2018	69,383	16,372	1,755	8,876
Newly-Diagnosed EIIHA Data, CY 2018				
Newly-tested persons with HIV positive results	428	66	54	215
Newly-diagnosed, newly-positive persons linked to HIV medical care in MDC	397	63	46	205
Newly-Diagnosed Linkage Rate	**93%**	**95%**	**85%**	**95%**
Previously-Diagnosed EIIHA Data, CY 2018				
Number of previously diagnosed HIV positive individuals	401	43	26	179
Number of previously diagnosed HIV-positive individuals engaged in HIV medical care in MDC	378	41	26	175
New-to-RWP Care Linkage Rate	**94%**	**95%**	**100%**	**98%**

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Source: Florida Department of Health, Tallahassee, Florida

FDOH EIIHA Data
HIV Test Events, Miami-Dade EMA, CY 2019

	All	Black Hetero	Black MSM	Hispanic MSM
Total publicly funded test events, CY 2019	64,043	11,962	1,274	6,840
Newly-Diagnosed EIIHA Data, CY 2019				
Newly-tested persons with HIV positive results	467	61	53	173
Newly-diagnosed, newly-positive persons linked to HIV medical care in MDC	405	53	49	143
Newly-Diagnosed Linkage Rate	**87%**	**87%**	**92%**	**83%**
Previously-Diagnosed EIIHA Data, CY 2019				
Number of previously diagnosed HIV positive individuals	277	28	28	125
Number of previously diagnosed HIV-positive individuals engaged in HIV medical care in MDC	234	26	26	104
New-to-RWP Care Linkage Rate	**84%**	**93%**	**93%**	**83%**

Source: Florida Department of Health, Tallahassee, Florida

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Thank you for your attention!

Any questions?

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Ryan White Program HIV Care Continuum Fiscal Year 29

(3/1/2019 thru 2/29/2020)

(June 25, 2020)

Based on Data from the
Service Delivery Information System (SDIS)
Generated on May 27, 2020

Prepared by Behavioral Science Research Corporation

Health Resources & Services Administration (HRSA)
HIV Care Continuum

aidsnet.org

RWP HIV Care Continuum Definitions

- **HIV Diagnosed** = RWP clients who received at least 1 RW-funded service in the fiscal year (FY).
- **Linked to Care** = Miami-Dade County EIIHA clients who were newly diagnosed positives and who were linked to HIV medical care. From FDOH EIIHA, 2018.
- **In Care** = RWP clients with at least one (1) documented VL or CD4 lab or at least one (1) medical visit in the FY.
- **Retained In Care** = RWP clients with at least two (2) or more documented VL labs, CD4 labs, or medical visits in the FY (at least 3 months apart).
- **ART Use** = RWP clients on antiretroviral therapy (ART) or enrolled in ADAP in FY.
- **VL Suppression** = RWP clients with a suppressed VL (<200 copies /mL) on the last VL lab in the FY. Missing VLs are recorded as not suppressed.

Ryan White Program HIV Care Continuum FY 2019/20

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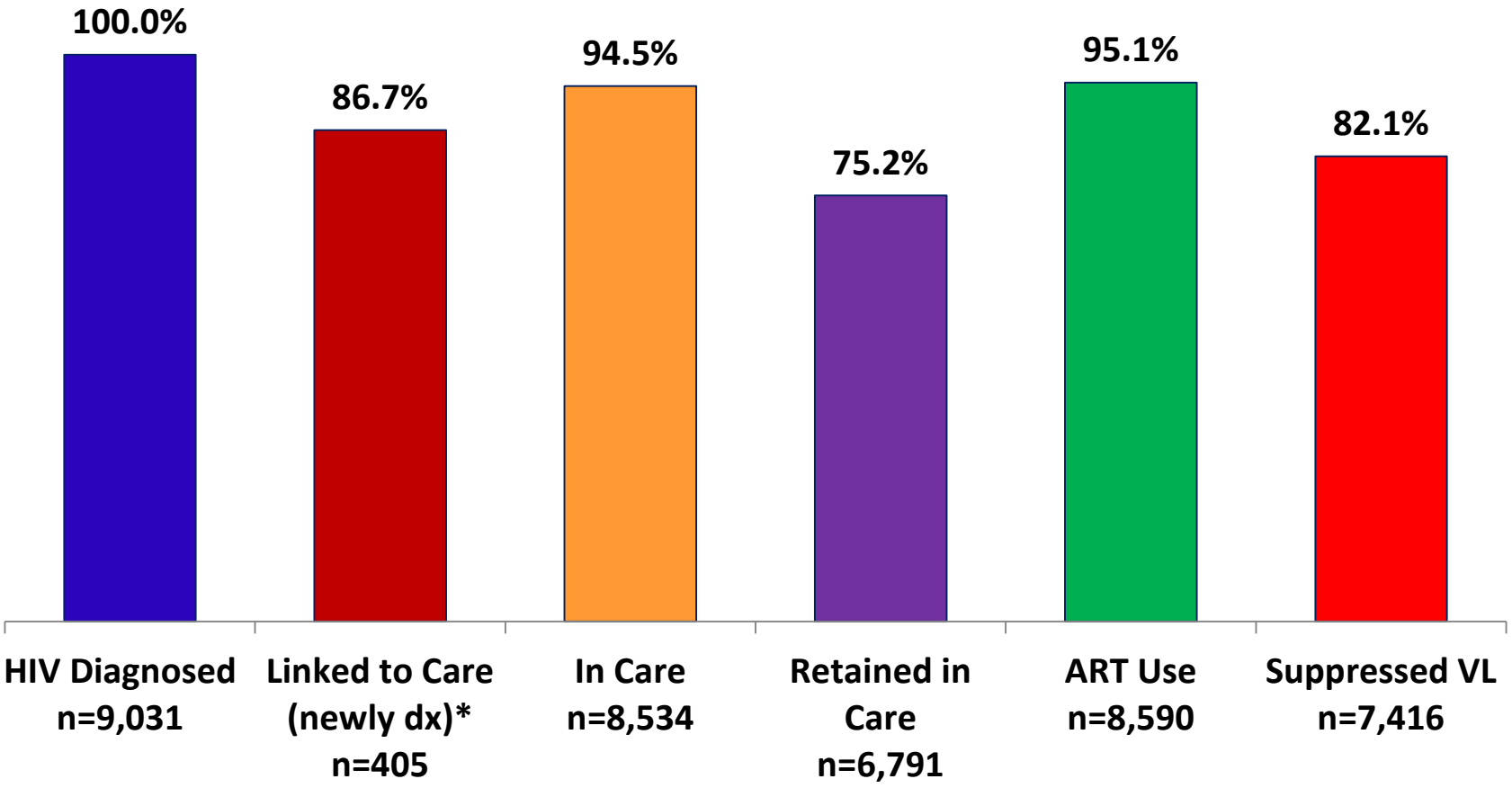
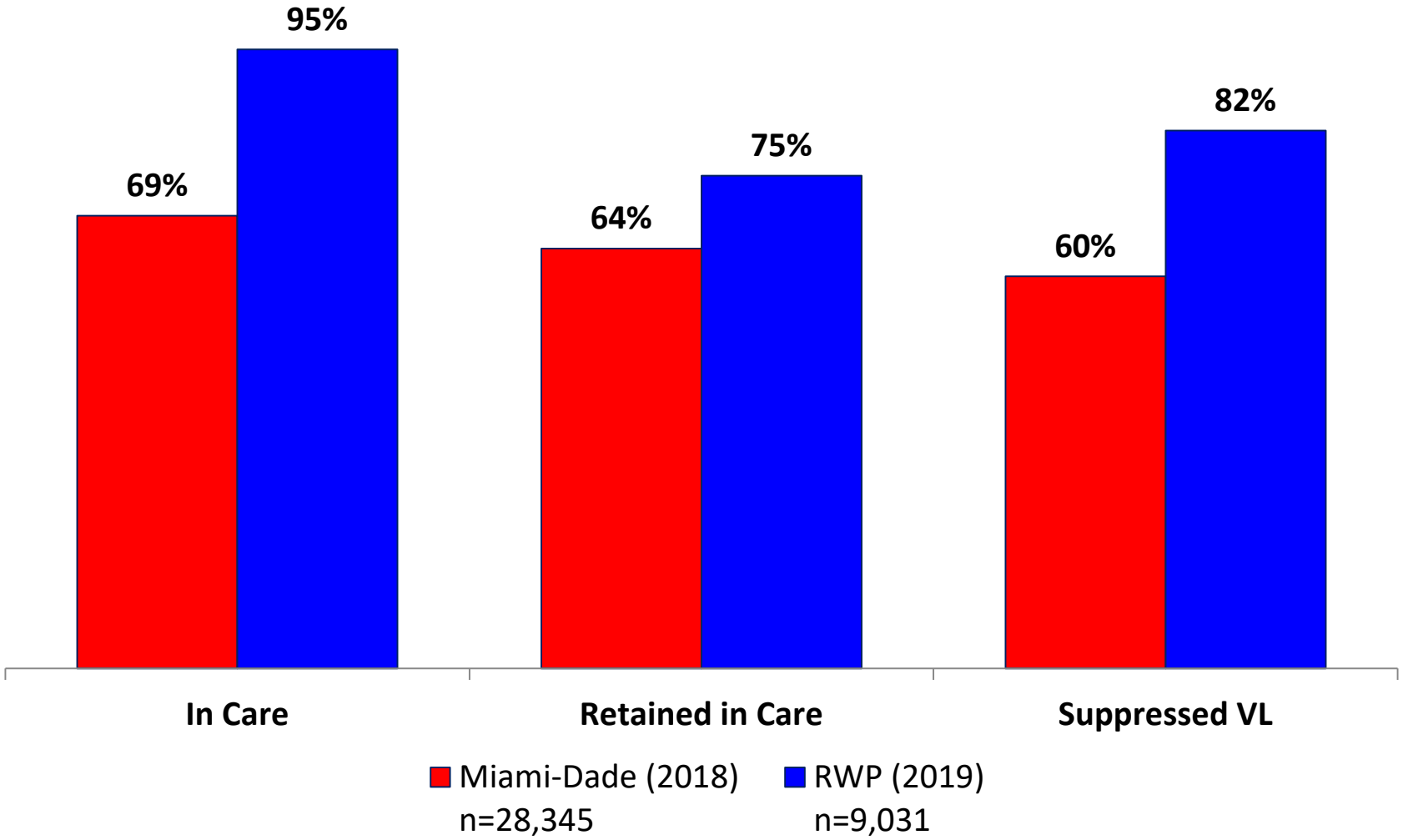


* FDOH EIIHA Data 2019

HIV Care Continuum(s)
Miami-Dade EMA and RWP Comparisons



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RWP HIV Care Continuum
FY 2015 thru FY 2019

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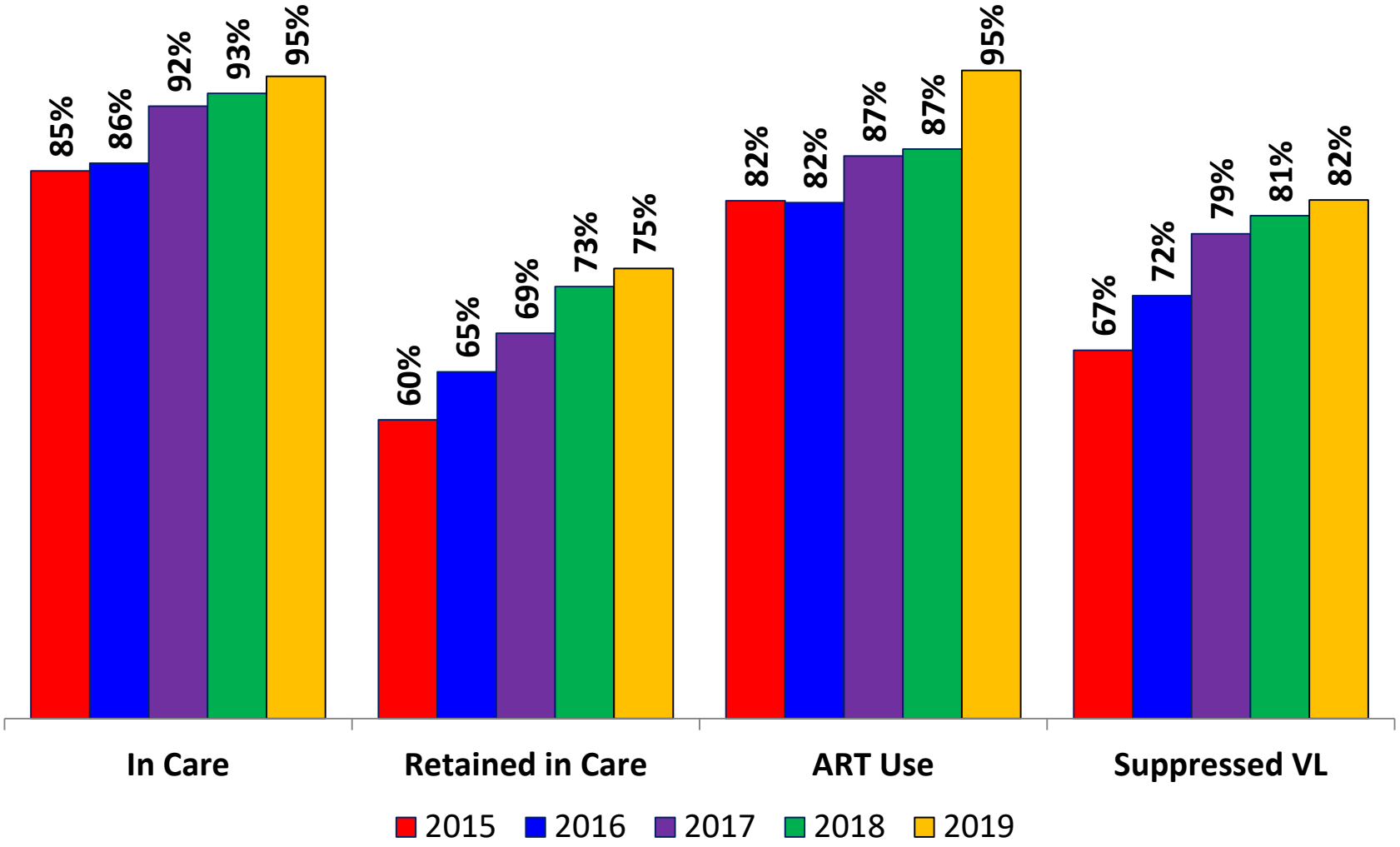
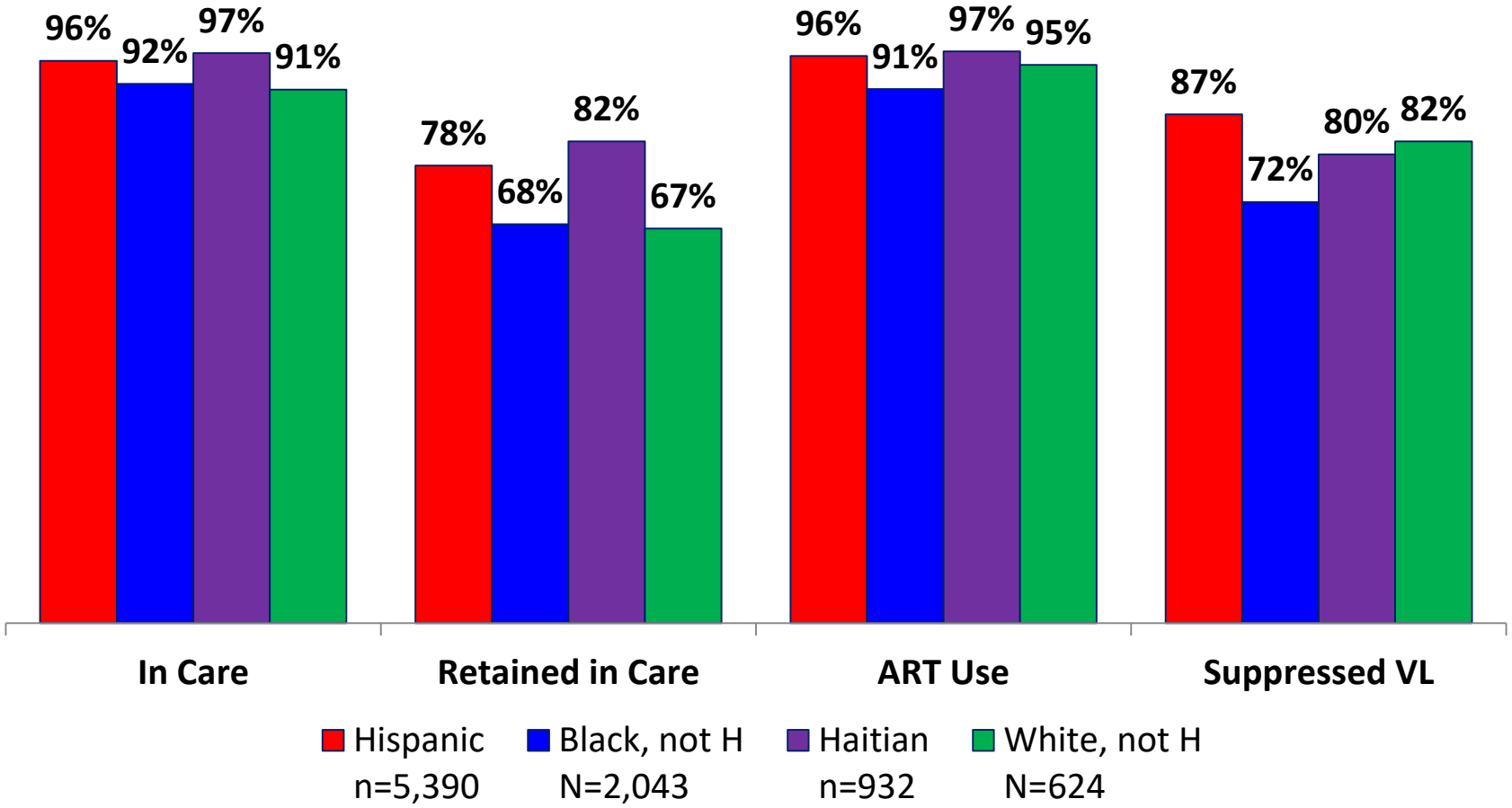
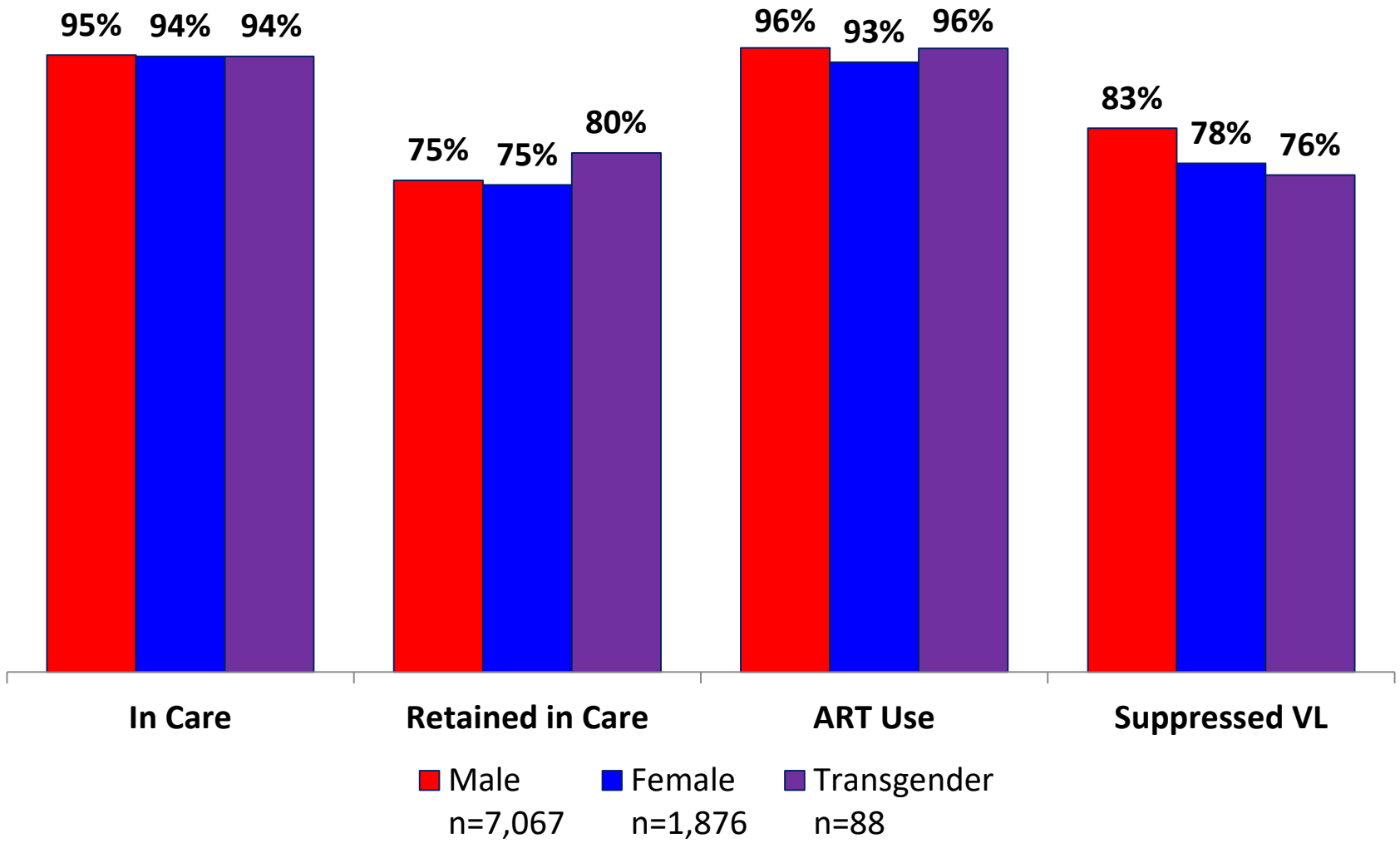


RWP HIV Care Continuum by Race/Ethnicity



RWP HIV Care Continuum by Gender



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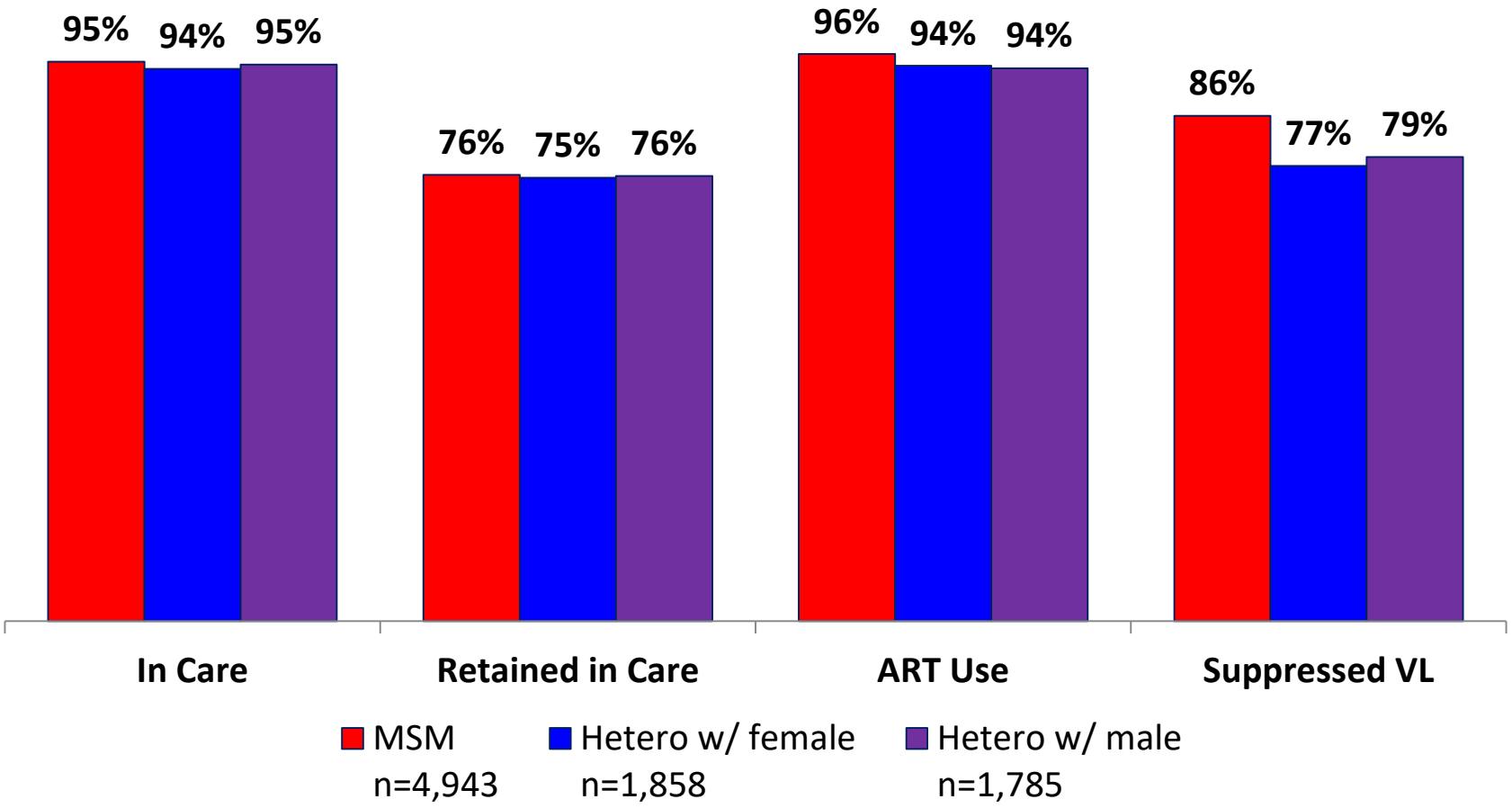
RWP HIV Care Continuum by Risk Factor



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Thank you for your attention!

Any questions?

5

Service Demographics

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Ryan White Program Demographic Data Fiscal Year 29

(3/1/2019 thru 2/29/2020)

(June 11, 2020)

Based on Data from the
Service Delivery Information System (SDIS)
Generated on May 27, 2020

Prepared by Behavioral Science Research Corporation

Summary of Findings

- 9,031 clients were served by the RWP in FY 2019/20 – an 8% decrease over FY 2018/19.
  - 1,003 new clients in RWP care – a 12% decrease.
- There were no major changes in the age of the RWP client population.
  - More than one-third continued to be between the ages of 50 – 64 with an additional one-third between 35 – 49.
- Males continued to dominate both the RWP population overall as well as all new clients in care with the proportion continuing to slightly but steadily increase over the last five years.
- More than half of all RWP clients in care were Hispanic with the proportion having steadily increased over the last five years from 52% in FY 2015/16 to 60% in FY 2019/20
  - The proportion of AA/Black non-Hispanic clients continued to decrease from 29% in FY 2015/16 to 23% in FY 2019/20.

Summary of Findings, con't

- The preference for Spanish has continued to increase while the preference for English has decreased.
- RWP clients' income level has been slightly but steadily increasing with the proportion earning less than 136% of FPL dropping from 64% in FY 2015/16 to 53% in FY 2019/20.
- Current RWP clients' health continued to improve.
  - The proportion of clients with CDC-defined AIDS decreased from 46% in FY 2015/16 to 37% in FY 2019/20.
- The epidemic continued to be driven by MSM behavior among men (particularly among Hispanic and White) and heterosexual contact among women.
- The proportion of clients with no other form of insurance saw an increase in FY 2019/20, returning to levels seen in FY 2015/16.
  - This change was due primarily to a decrease in the percent of clients receiving Medicaid which fell from 17% in FY 2015/16 to 6% in FY 2019/20.

Total Number of Clients Served PLWHA In Care, Ryan White Program between 2015 and 2019

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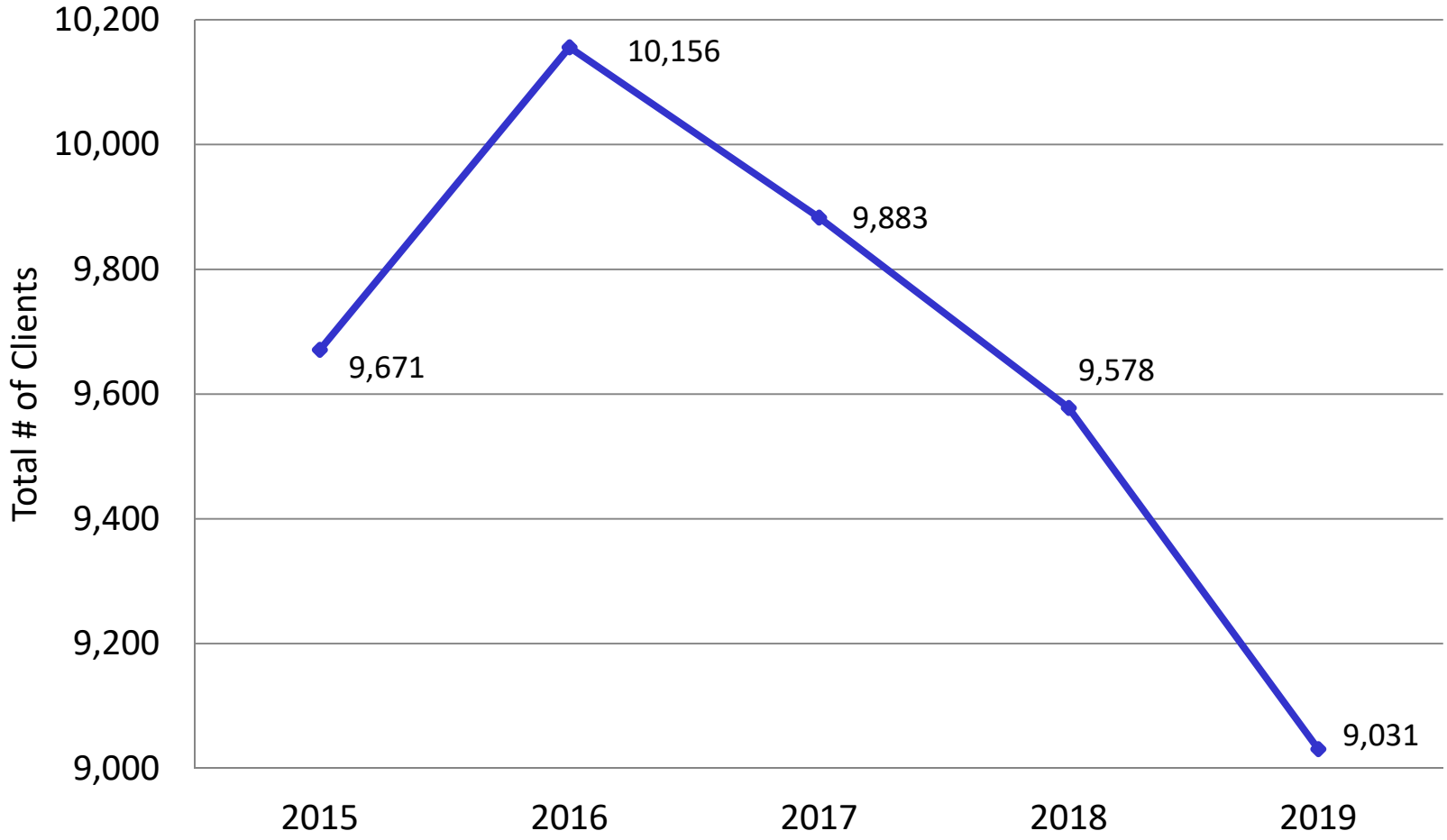

Number of New Clients Served PLWHA In Care, Ryan White Program between 2015 and 2019

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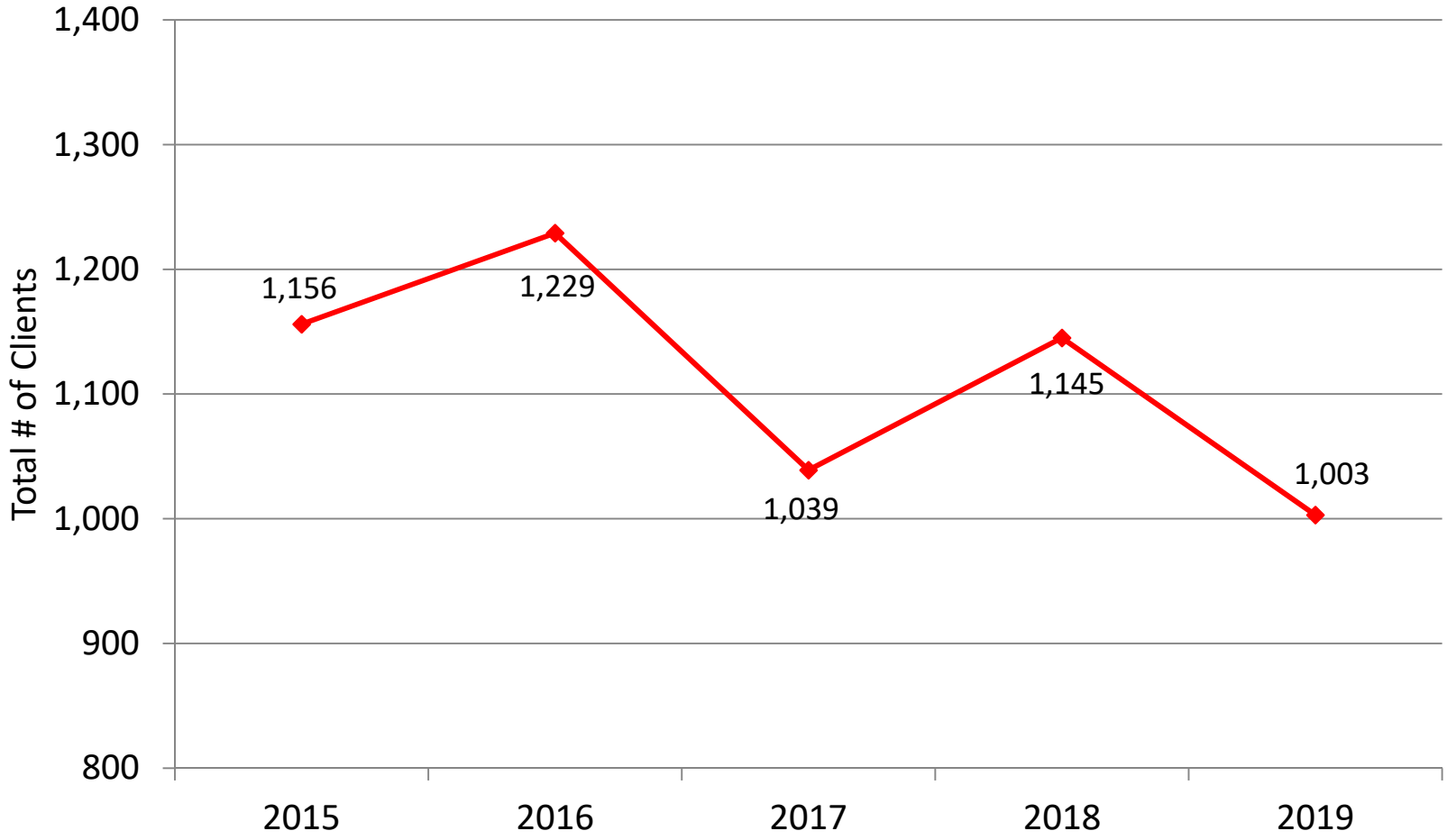

Age
PLWHA In Care, Ryan White Program between 2015 and 2019

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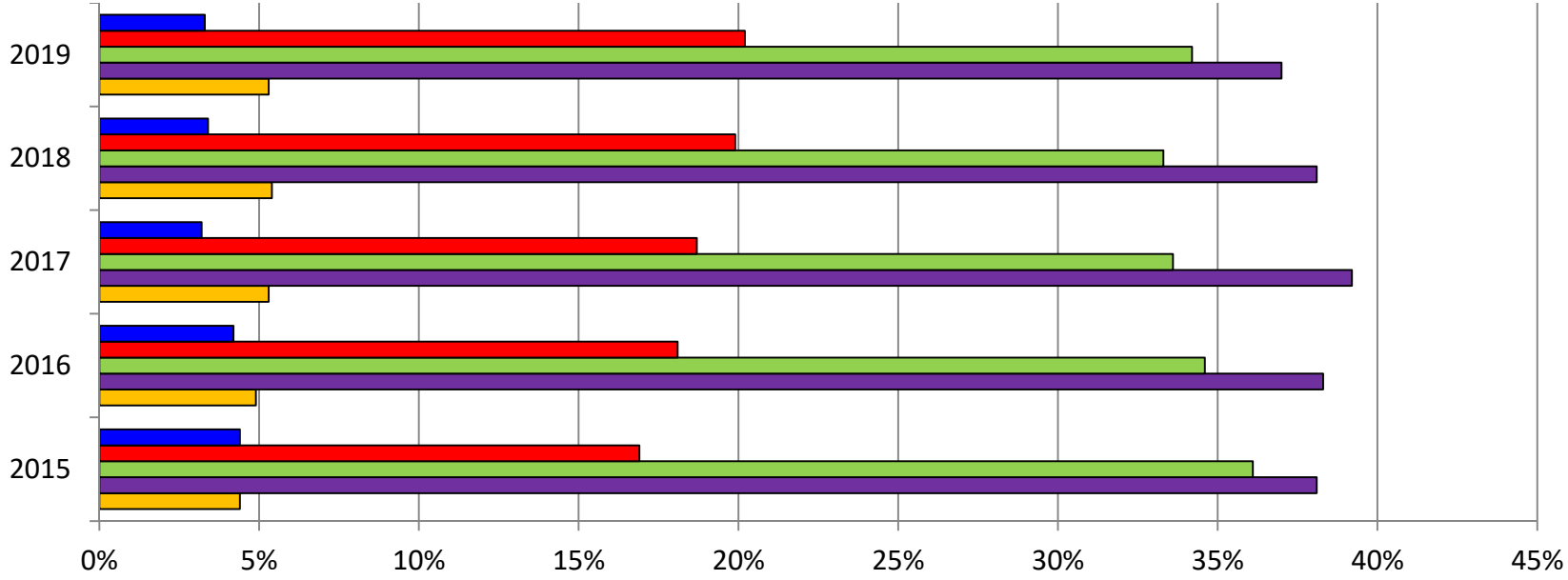

	2015	2016	2017	2018	2019
<25	4%	4%	3%	3%	3%
25 - 34	17%	18%	19%	20%	20%
35 - 49	36%	35%	34%	33%	34%
50 - 64	38%	38%	39%	38%	37%
65+	4%	5%	5%	5%	5%

Age
PLWHA In Care, Ryan White Program
2019

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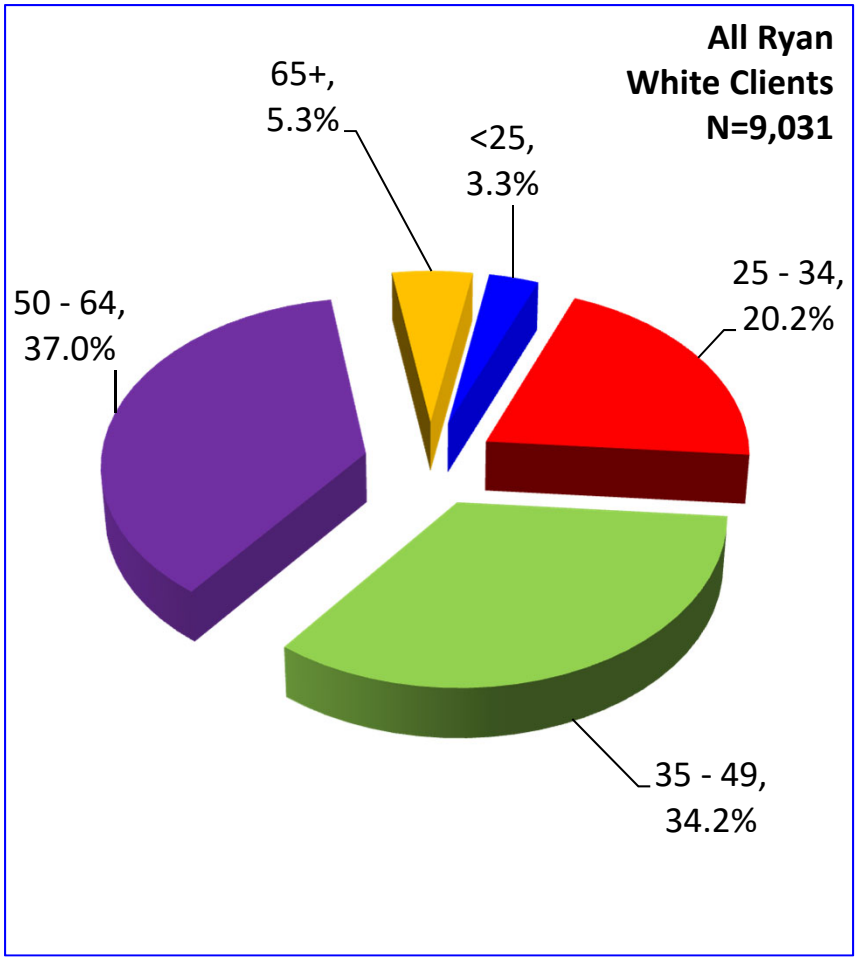
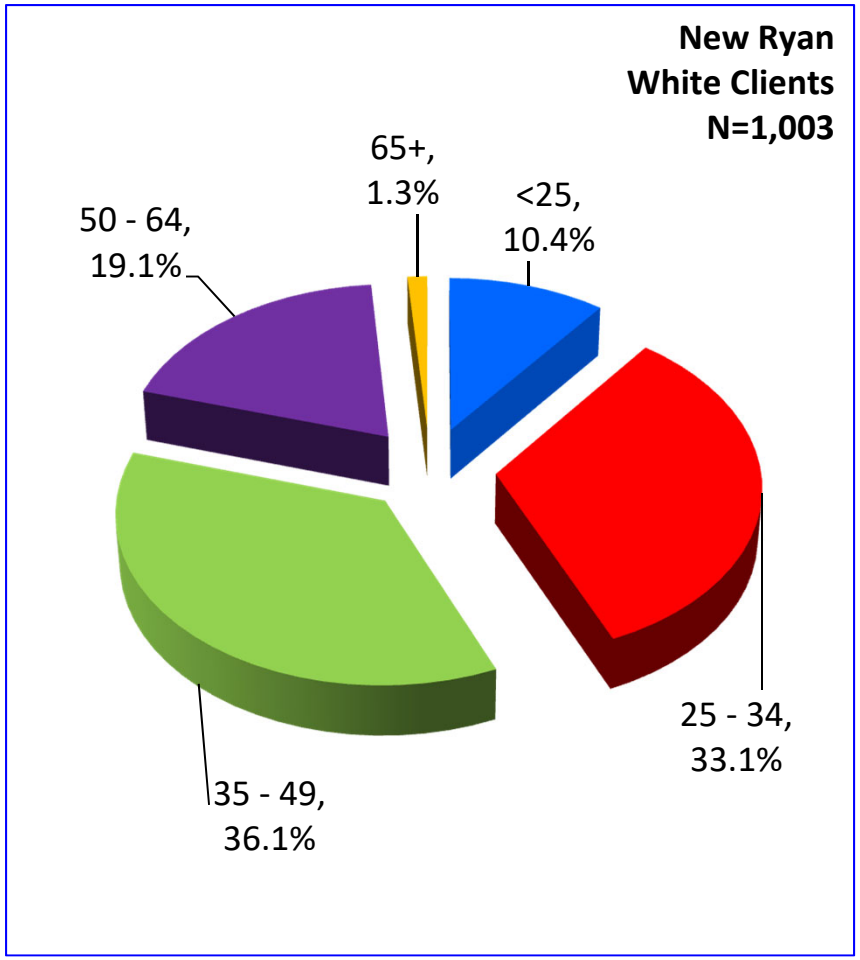
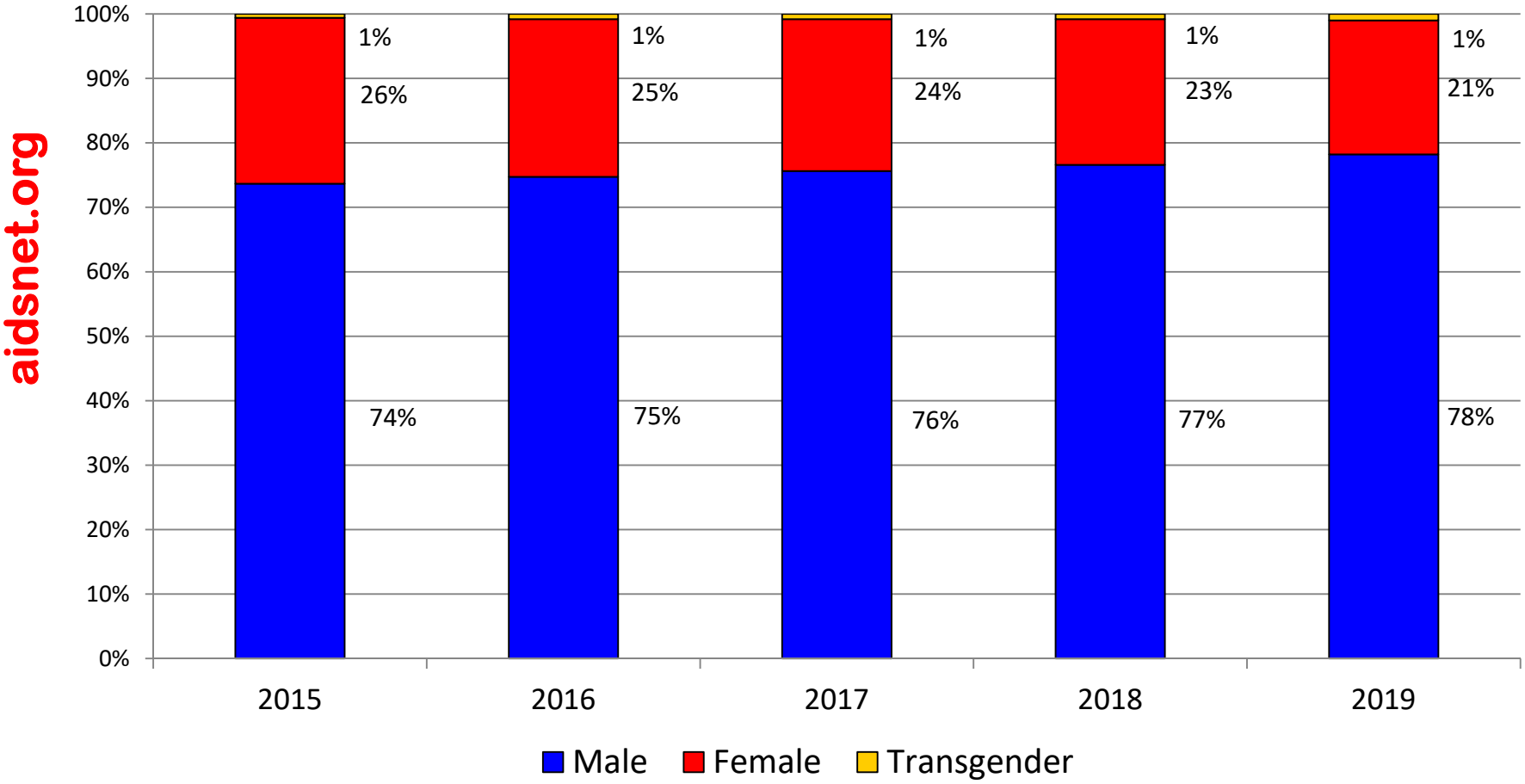




Gender
PLWHA In Care, Ryan White Program between 2015 and 2019



Gender
PLWHA In Care, Ryan White Program
2019

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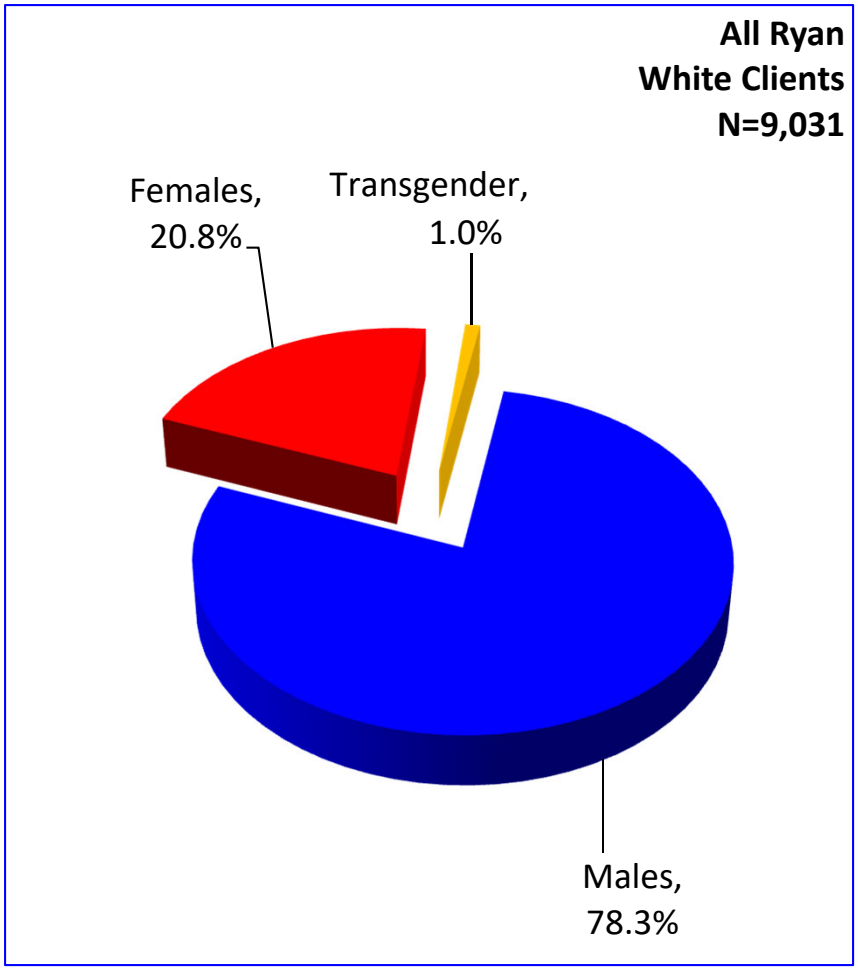

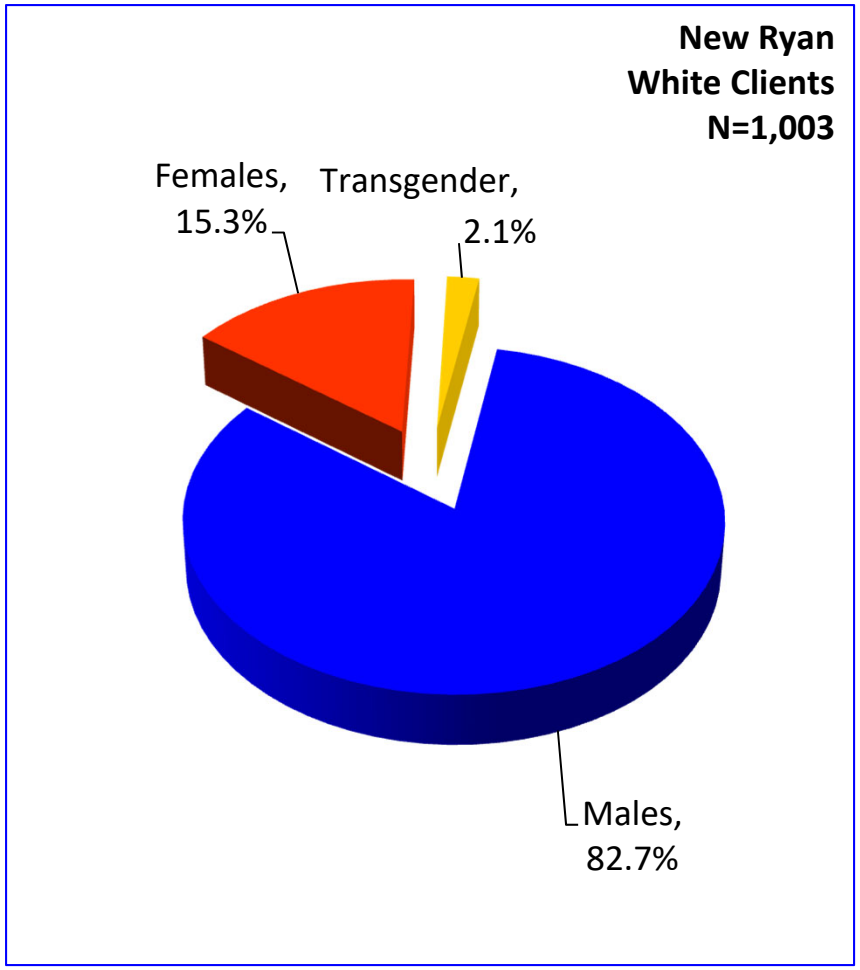

Race/Ethnicity
PLWHA In Care, Ryan White Program between 2015 and 2019

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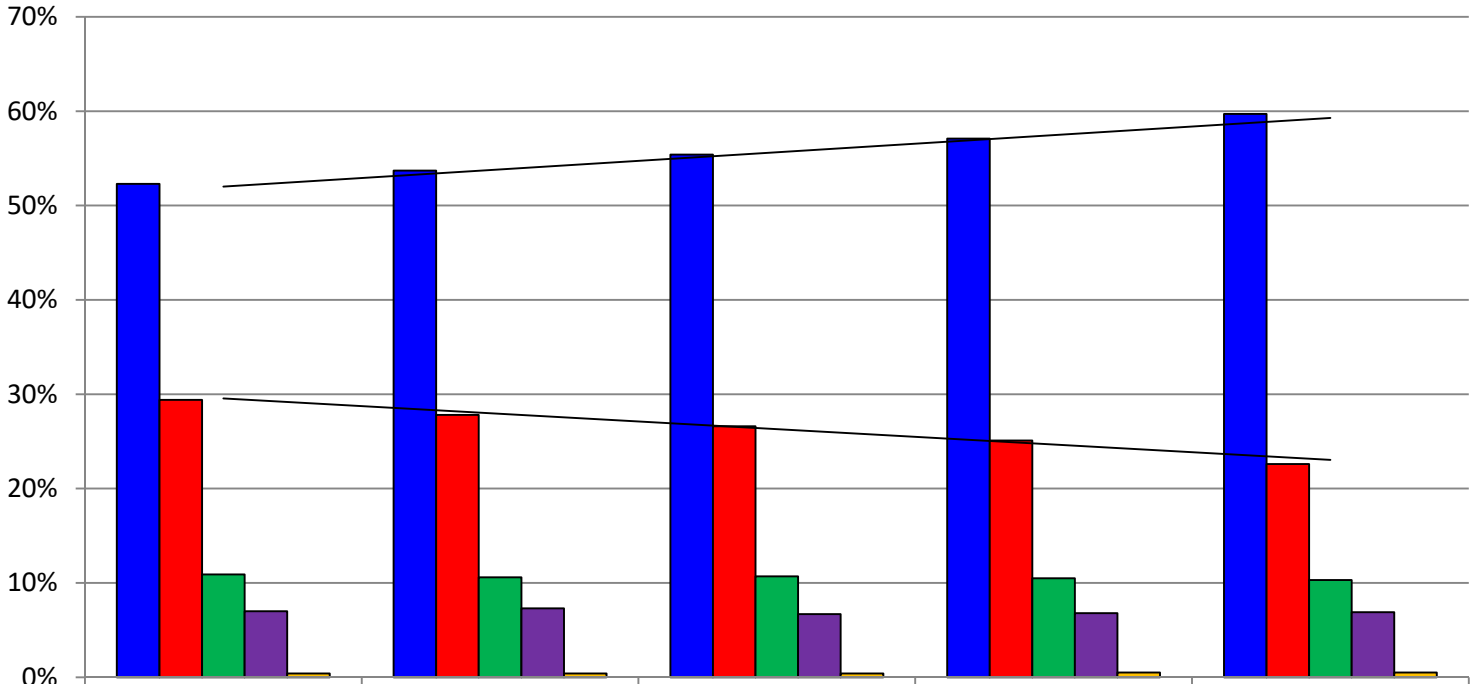

	2015	2016	2017	2018	2019
Hispanic	52%	54%	55%	57%	60%
Black, non-Hispanic	29%	28%	27%	25%	23%
Haitian	11%	11%	11%	11%	10%
White, non-Hispanic	7%	7%	7%	7%	7%
Other	0%	0%	0%	1%	1%

Race/Ethnicity
PLWHA In Care, Ryan White Program
2019

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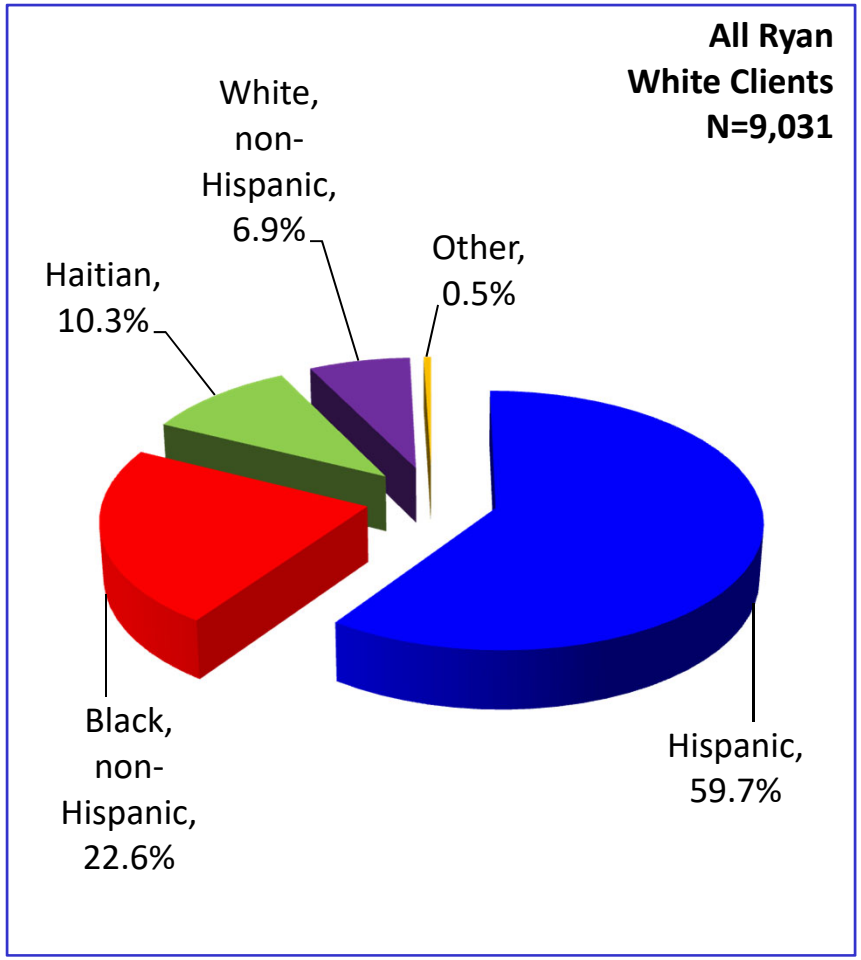

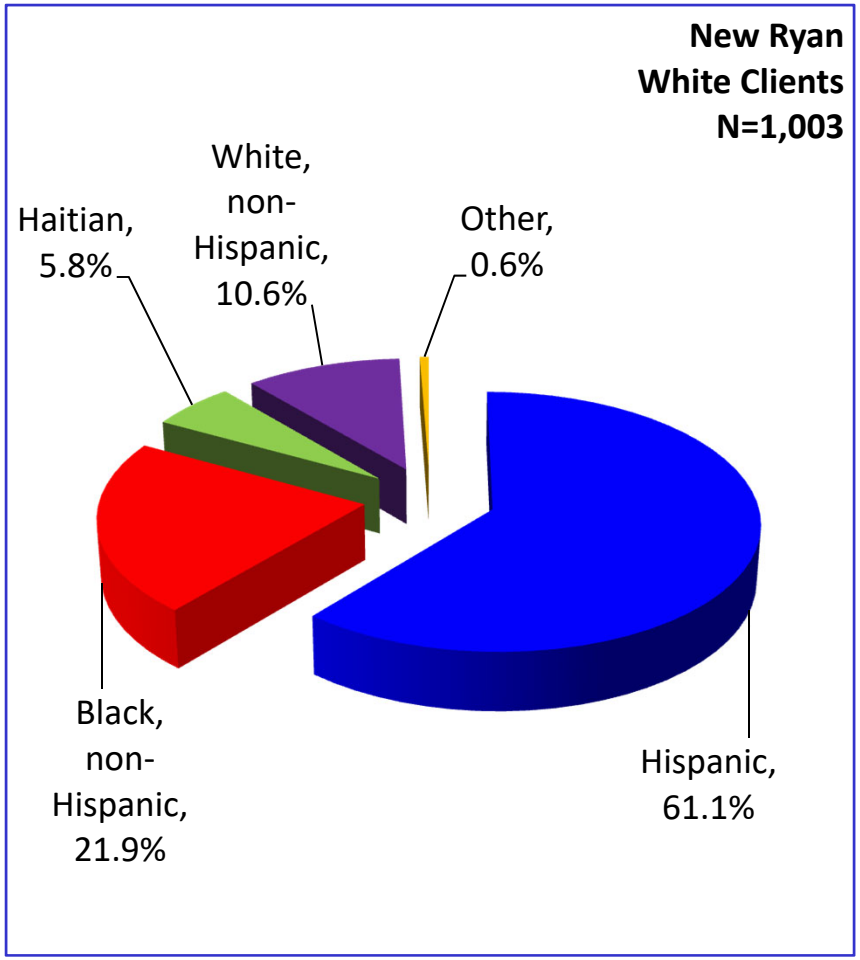

Race/Ethnicity by Gender
PLWHA In Care, Ryan White Program
between 2015 and 2019

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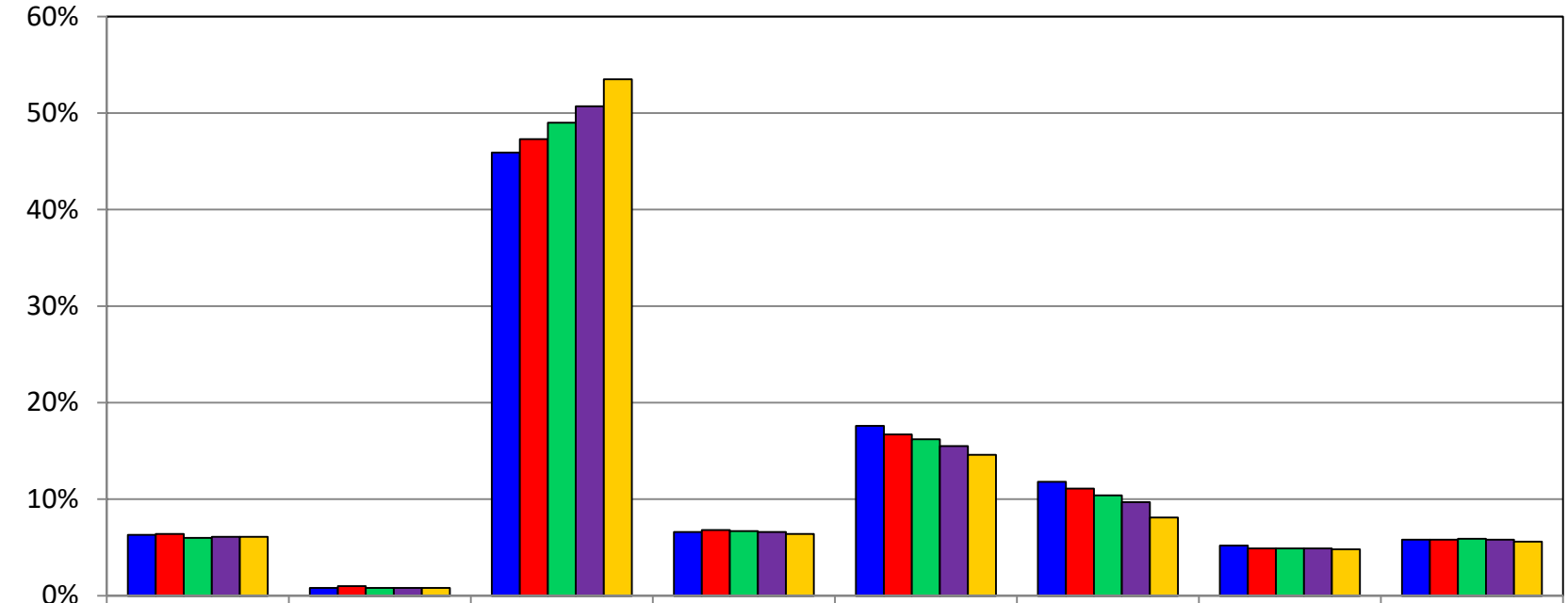

	White Male	White Female	Hispanic Male	Hispanic Female	Black Male	Black Female	Haitian Male	Haitian Female
2015	6%	1%	46%	7%	18%	12%	5%	6%
2016	6%	1%	47%	7%	17%	11%	5%	6%
2017	6%	1%	49%	7%	16%	10%	5%	6%
2018	6%	1%	51%	7%	16%	10%	5%	6%
2019	6%	1%	54%	6%	15%	8%	5%	6%

Race/Ethnicity by Gender
PLWHA In Care, Ryan White Program
2019

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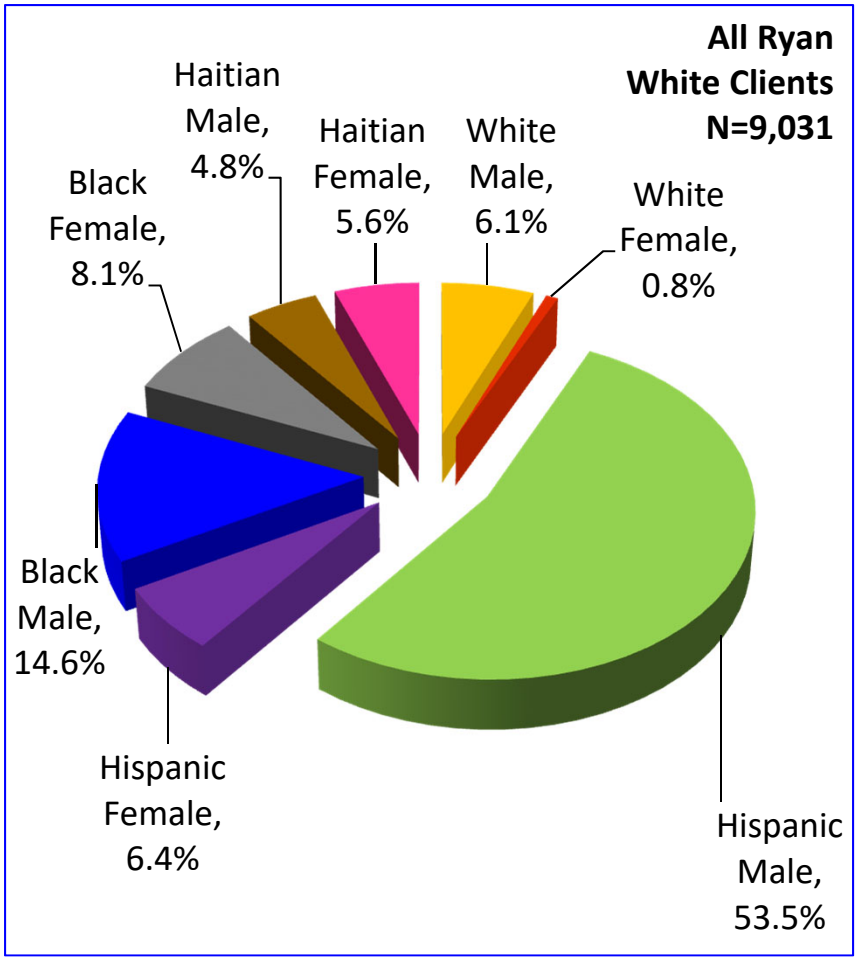

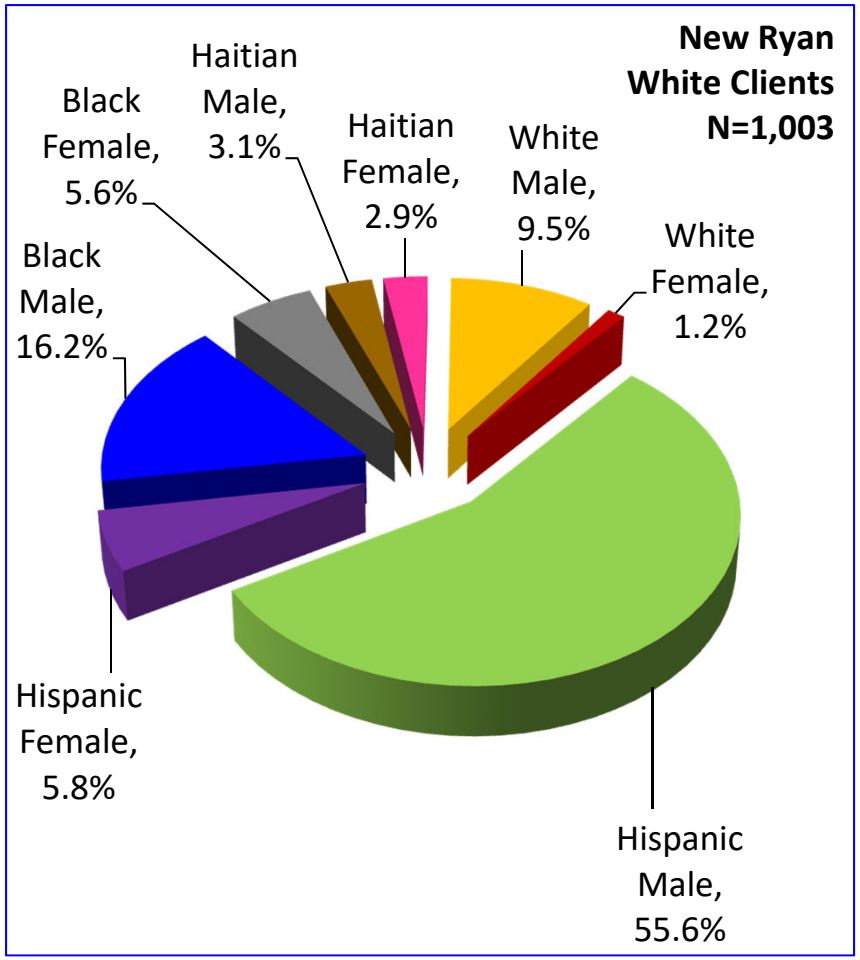

Primary Language
PLWHA In Care, Ryan White Program
between 2015 and 2019

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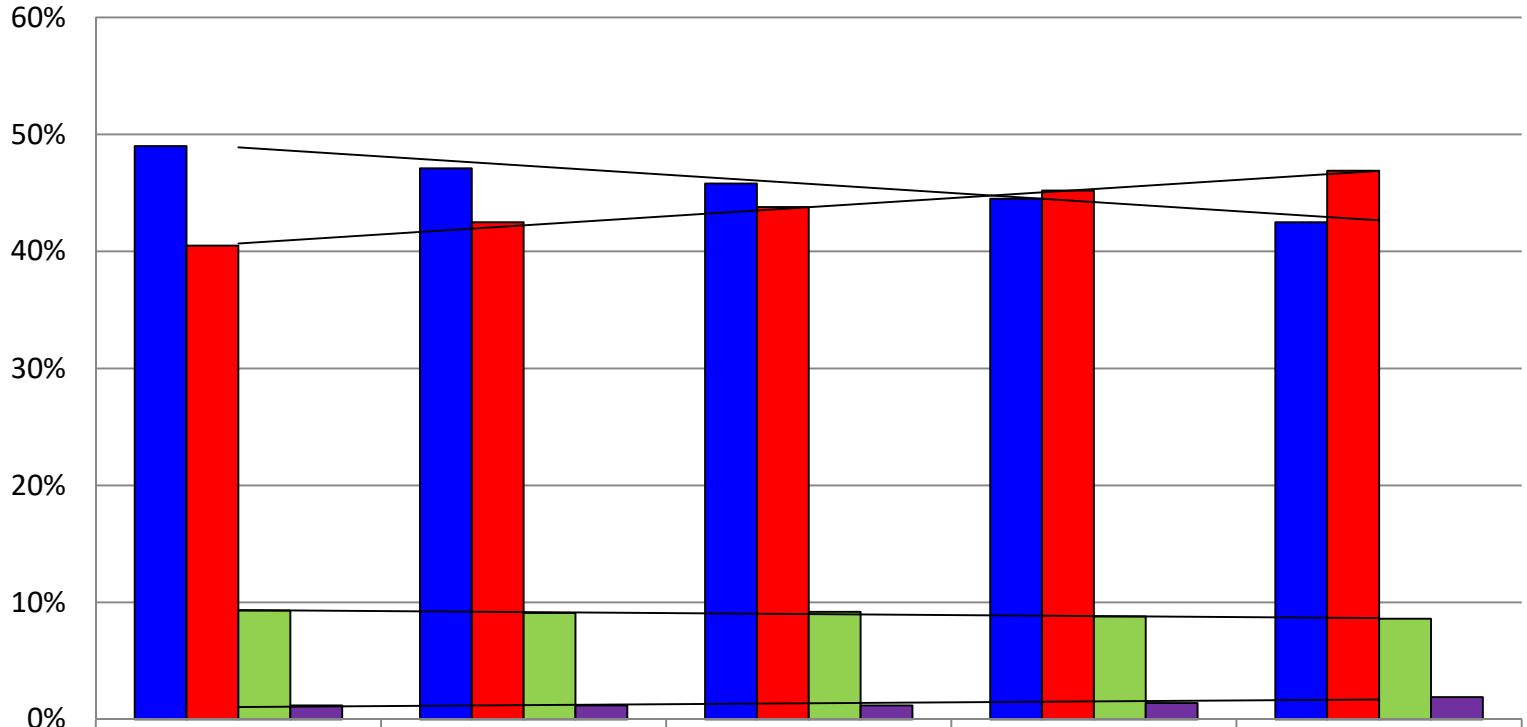

	2015	2016	2017	2018	2019
English	49%	47%	46%	45%	43%
Spanish	41%	43%	44%	45%	47%
Haitian Creole	9%	9%	9%	9%	9%
Other	1%	1%	1%	1%	2%

Primary Language
PLWHA In Care, Ryan White Program
2019

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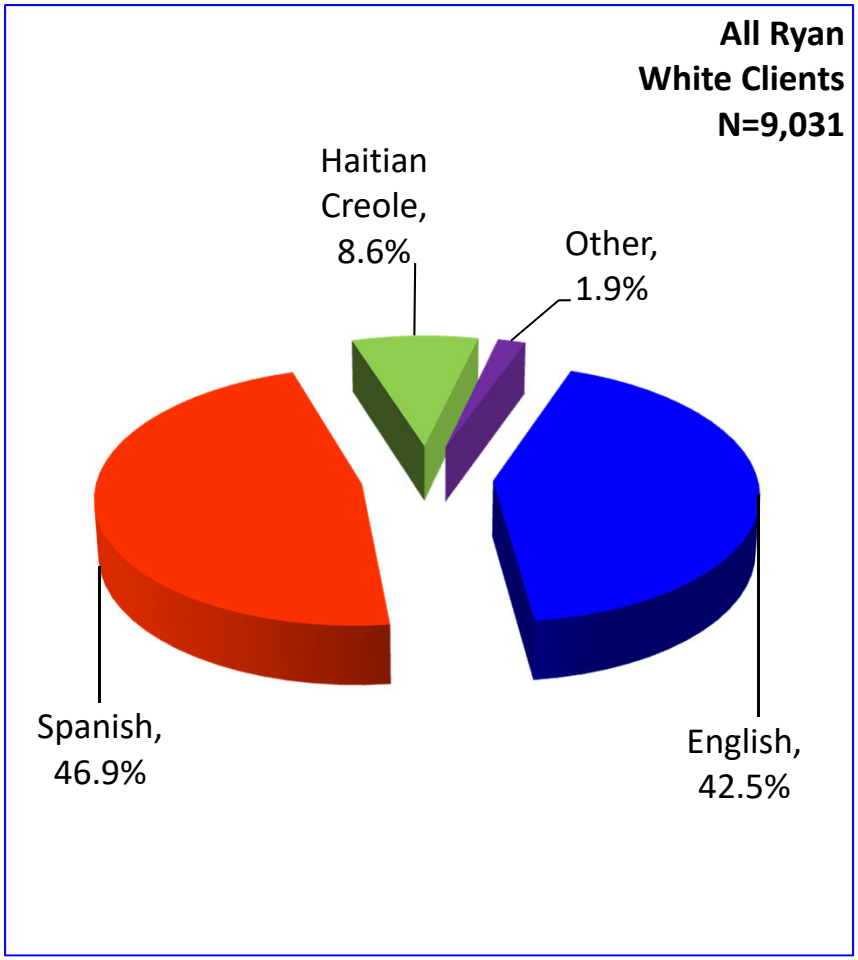
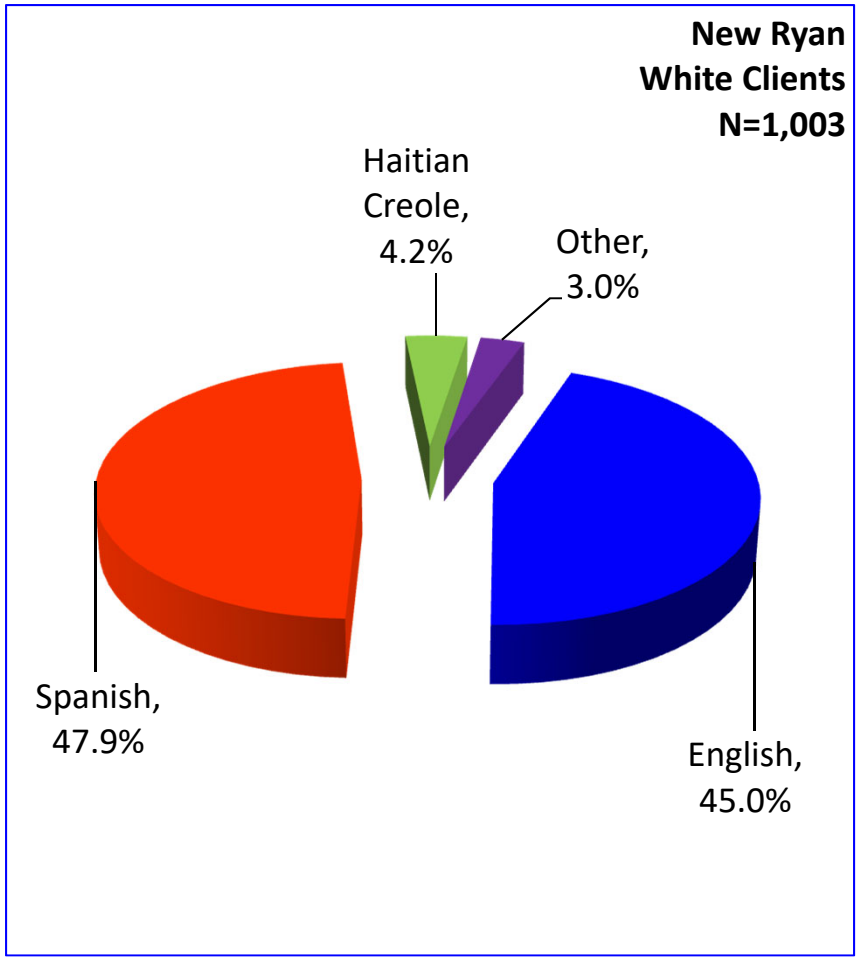
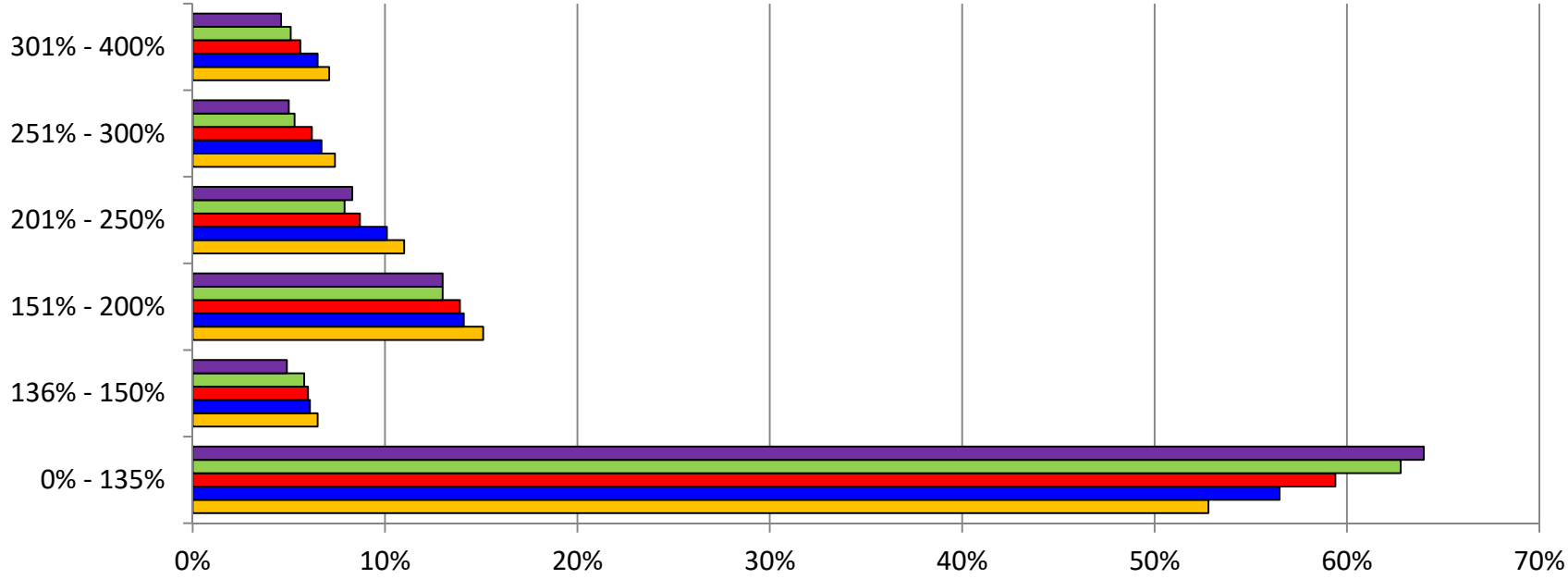




Income Level
PLWHA In Care, Ryan White Program between 2015 and 2019



	0% - 135%	136% - 150%	151% - 200%	201% - 250%	251% - 300%	301% - 400%
2015	64%	5%	13%	8%	5%	5%
2016	63%	6%	13%	8%	5%	5%
2017	59%	6%	14%	9%	6%	6%
2018	57%	6%	14%	10%	7%	7%
2019	53%	7%	15%	11%	7%	7%

Income Level
PLWHA In Care, Ryan White Program
2019

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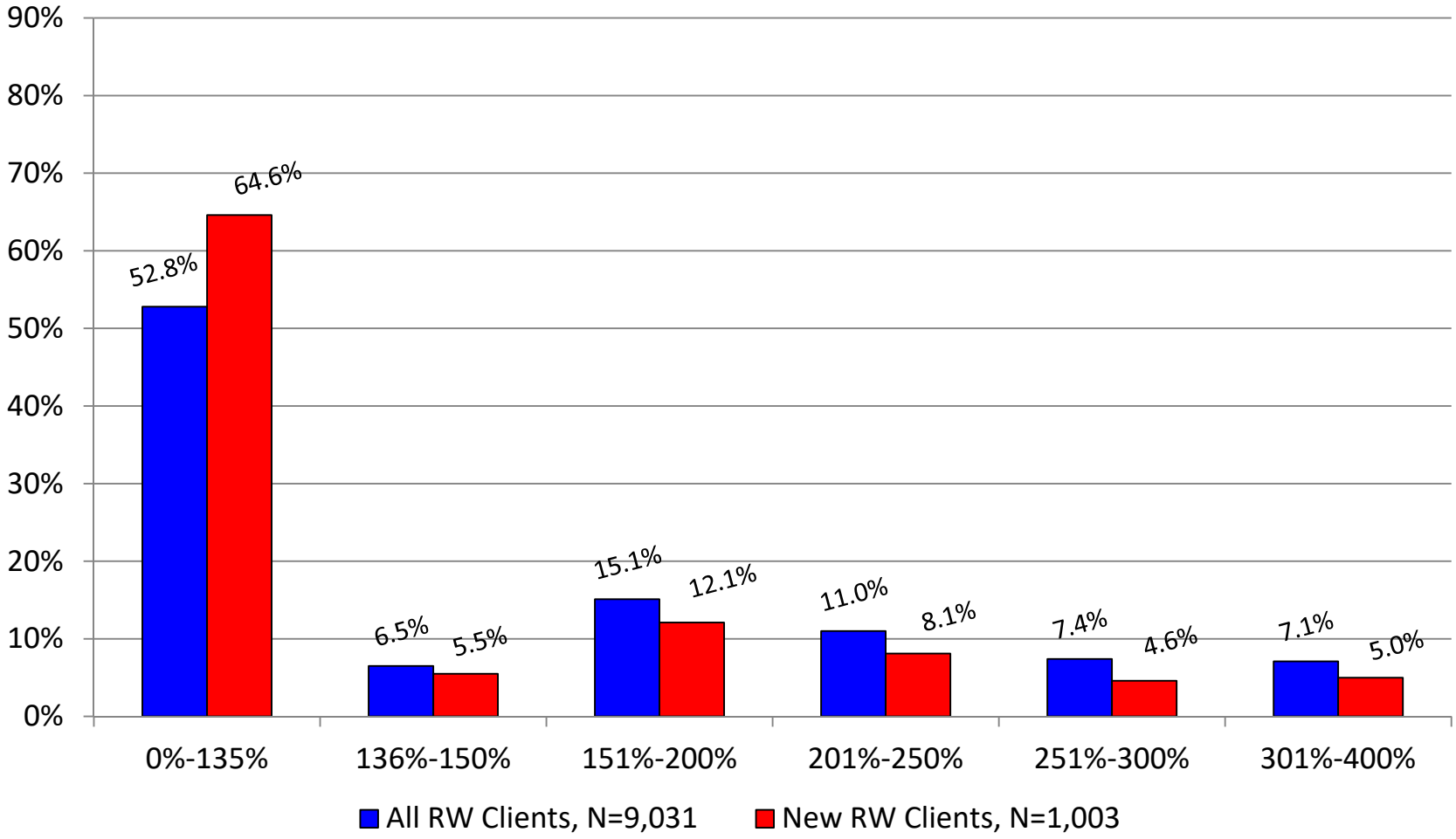

Current HIV Level
PLWHA In Care, Ryan White Program
between 2015 and 2019

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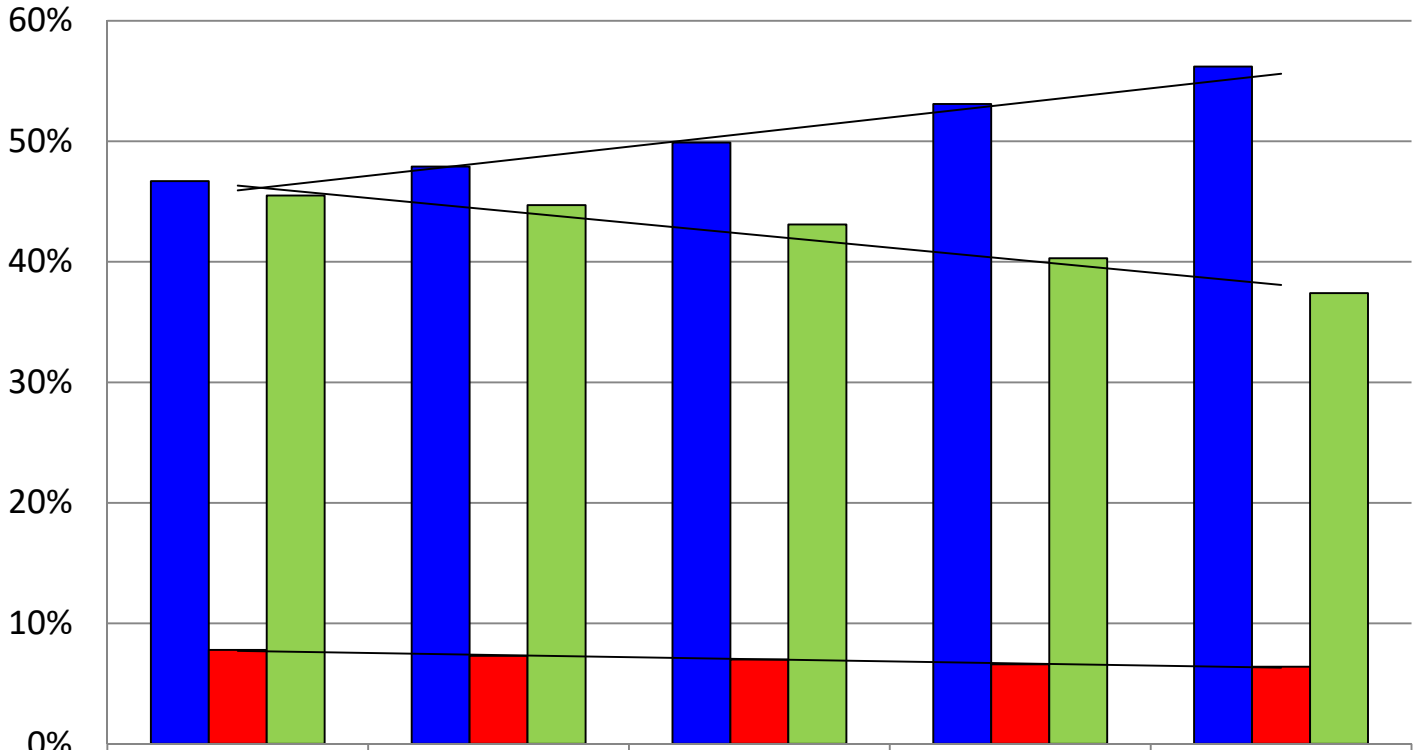

	2015	2016	2017	2018	2019
HIV+ Asymptomatic	47%	48%	50%	53%	56%
HIV+ Symptomatic	8%	7%	7%	7%	6%
CDC-Defined AIDS	46%	45%	43%	40%	37%

Current HIV Level
PLWHA In Care, Ryan White Program
2019

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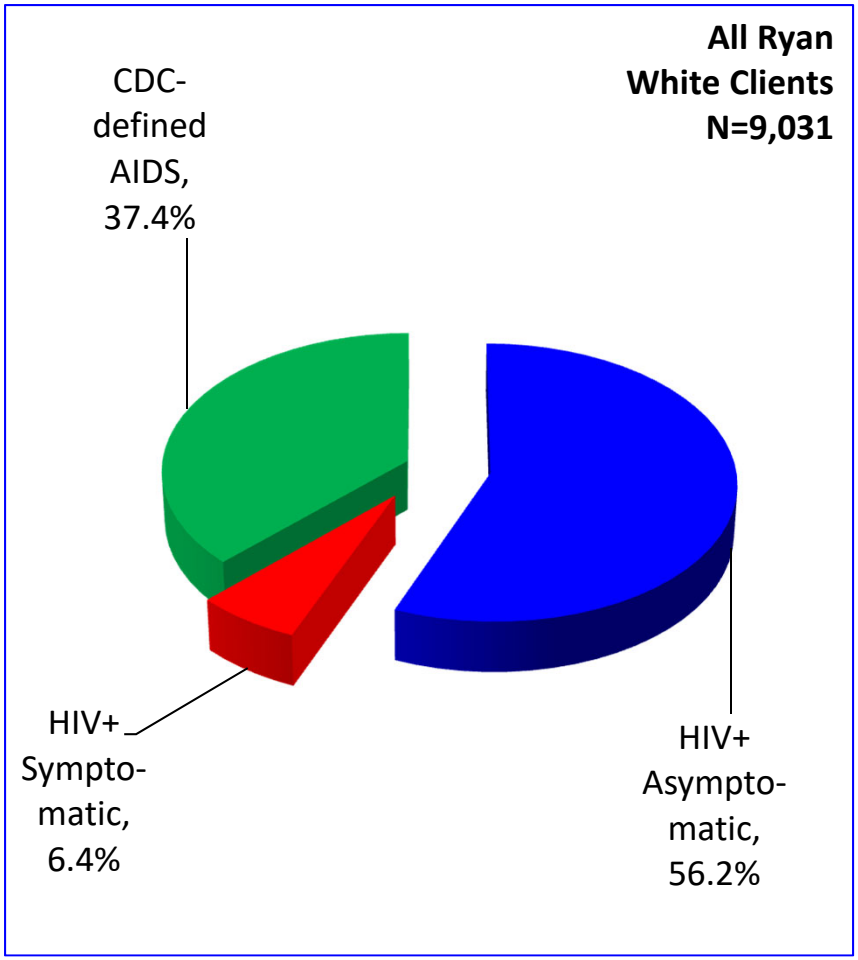

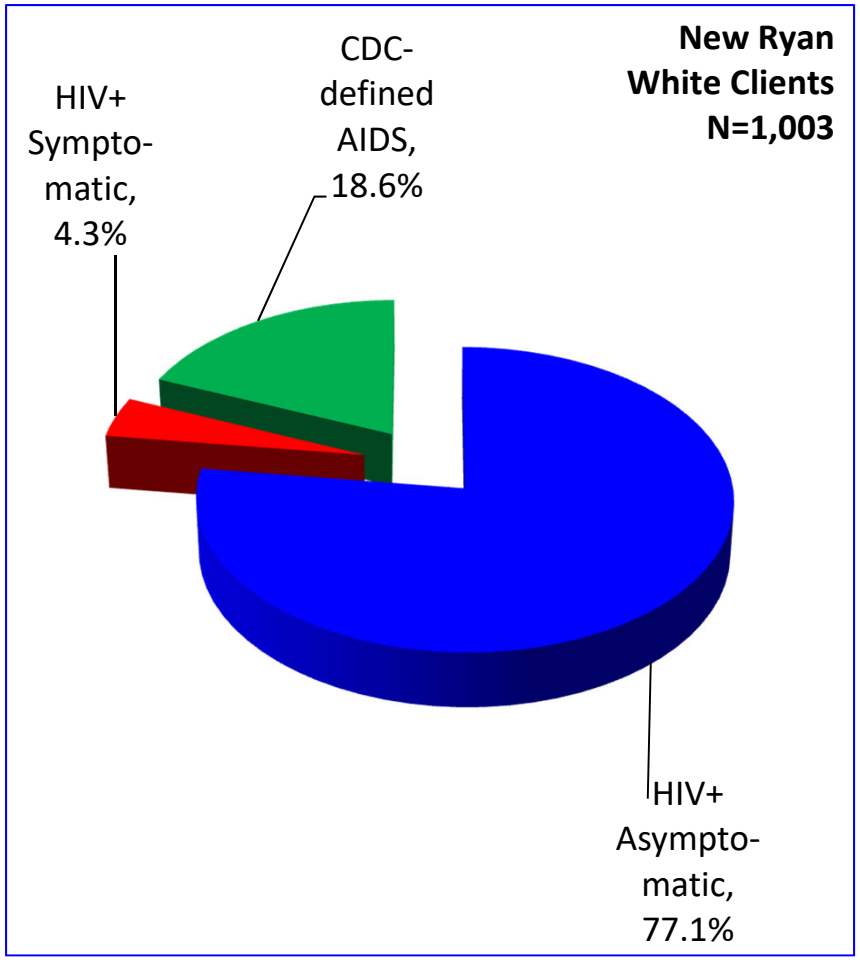

Primary Exposure Category
PLWHA In Care, Ryan White Program
2019

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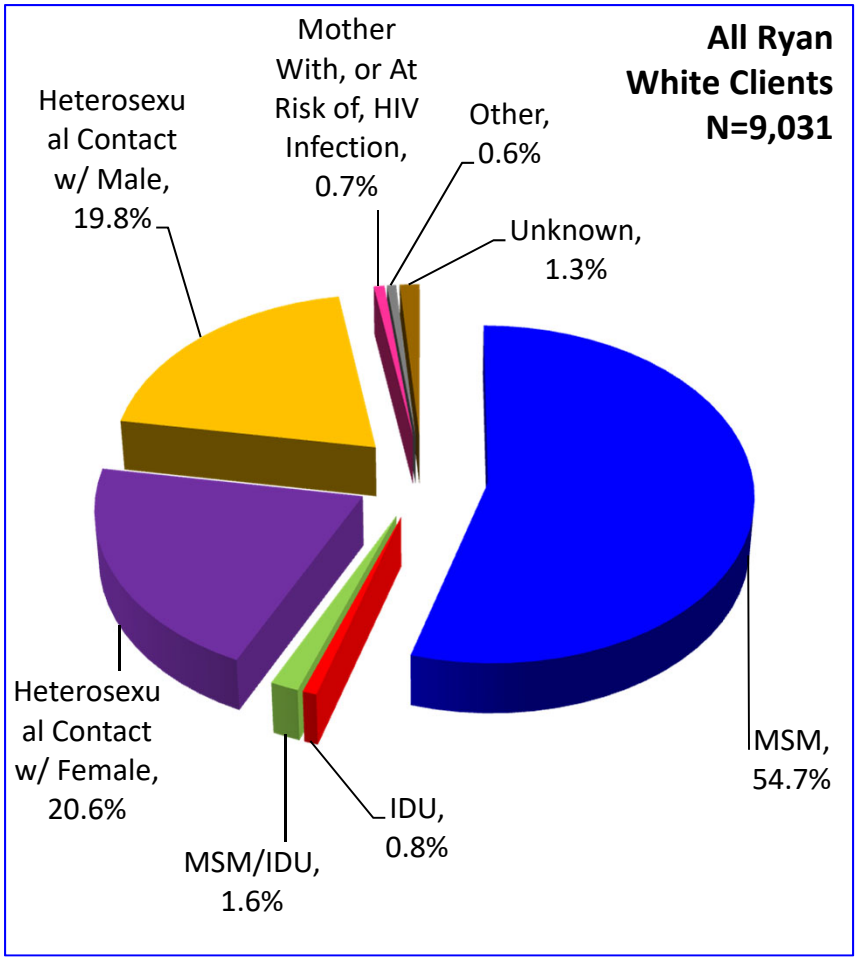

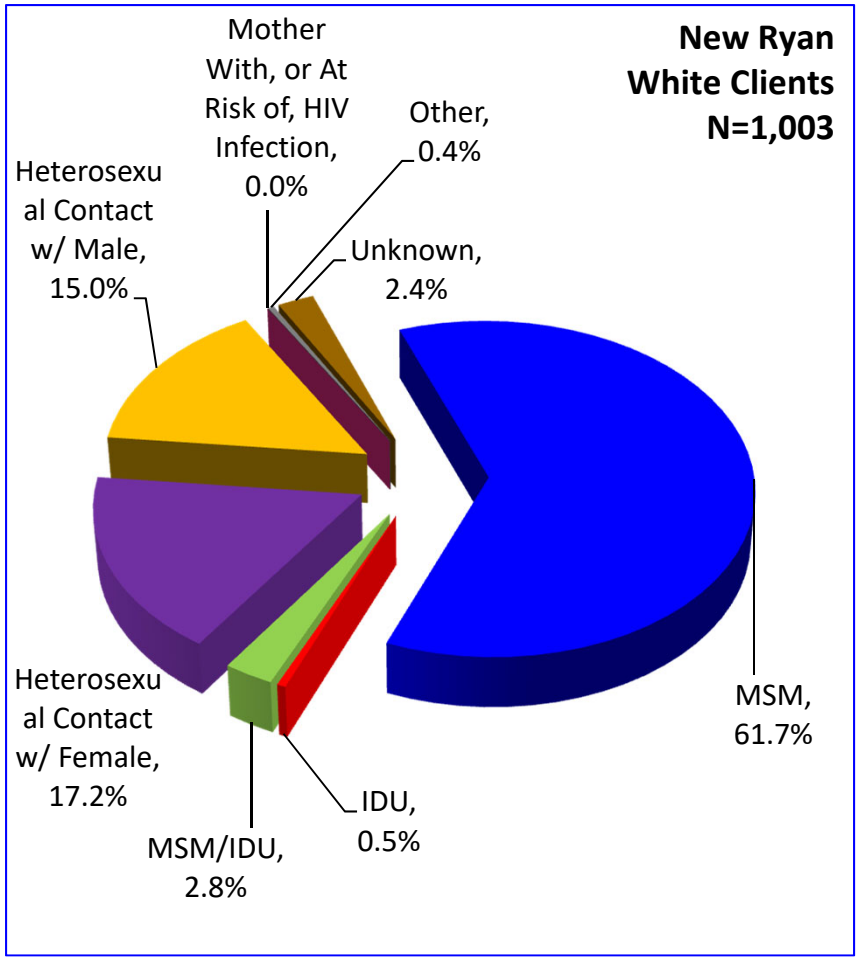

Primary Exposure Category
Male PLWHA In Care, Ryan White Program
2019

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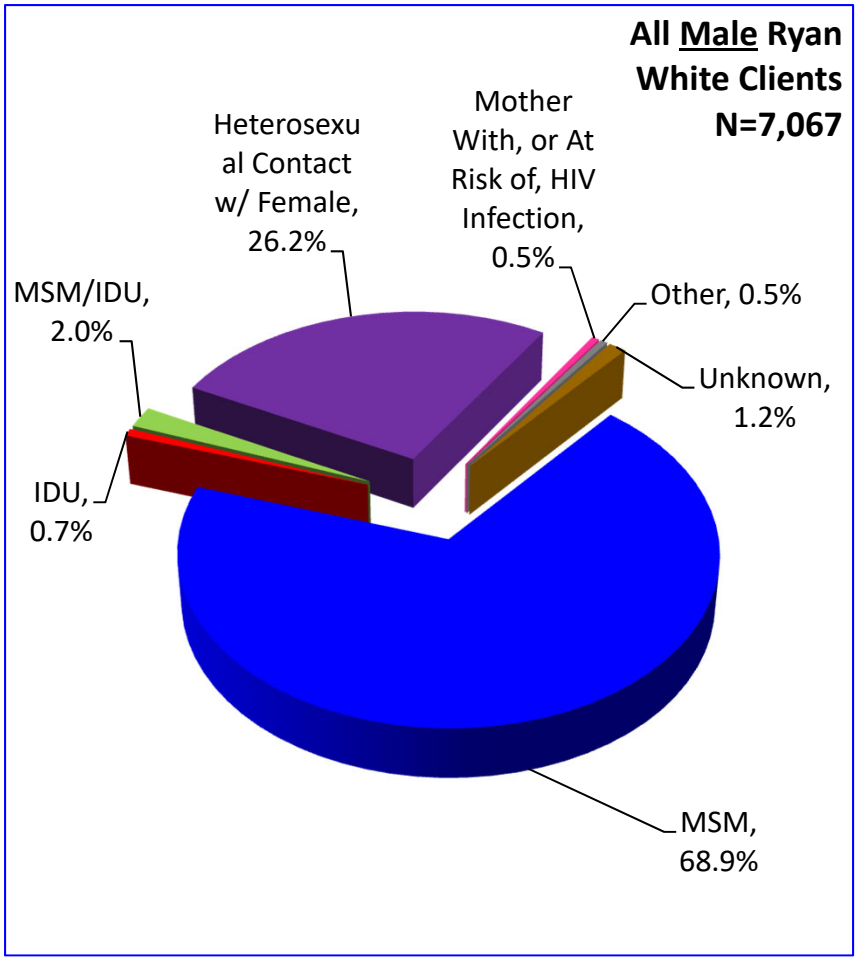

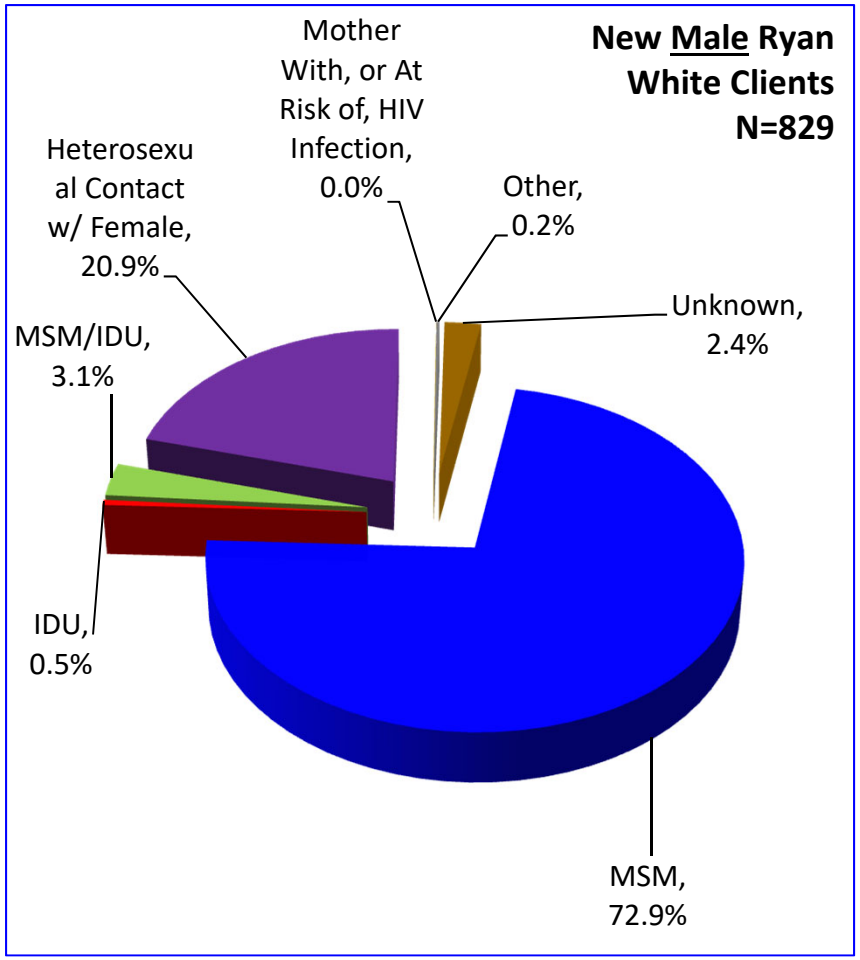

Primary Exposure Category by Race/Ethnicity
Male PLWHA In Care, Ryan White Program
2019

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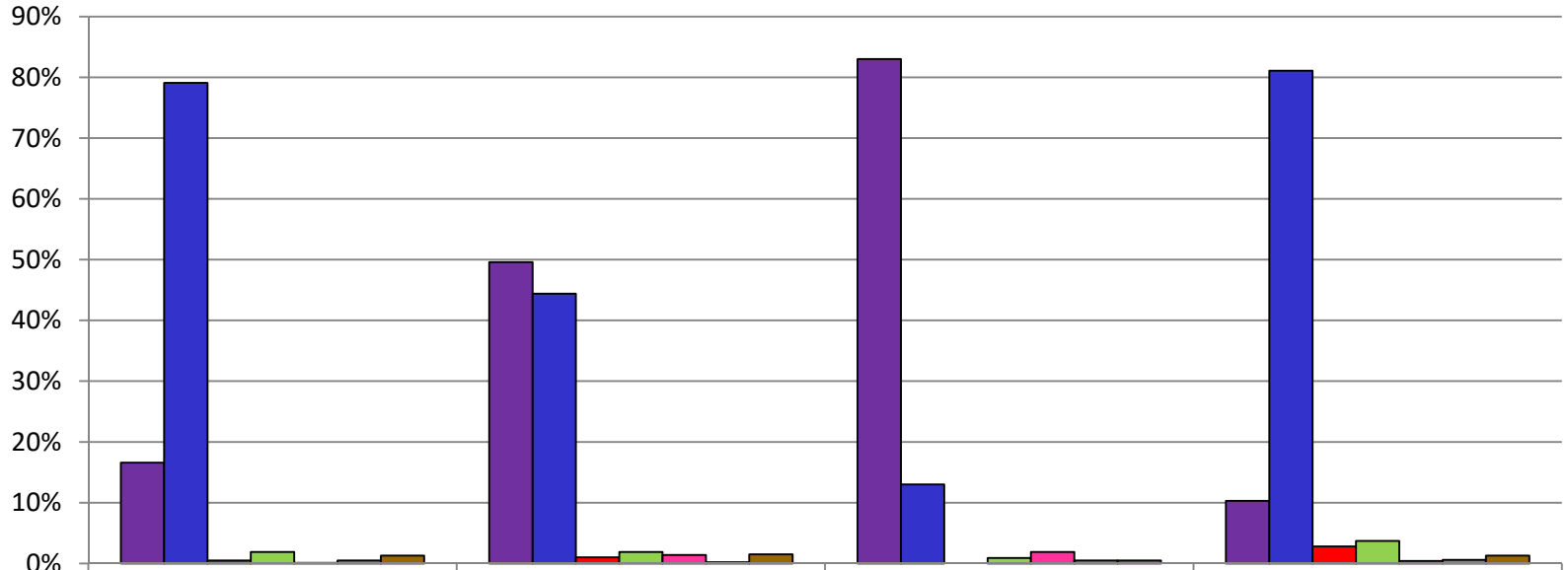

	Hispanic	Black, NH	Haitian	White, NH
Heterosexual Female	17%	50%	83%	10%
MSM	79%	44%	13%	81%
IDU	1%	1%	0%	3%
MSM/IDU	2%	2%	1%	4%
Mother	0%	1%	2%	0%
Other	1%	0%	1%	1%
Unknown	1%	2%	1%	1%

Primary Exposure Category
Female PLWHA In Care, Ryan White Program
2019

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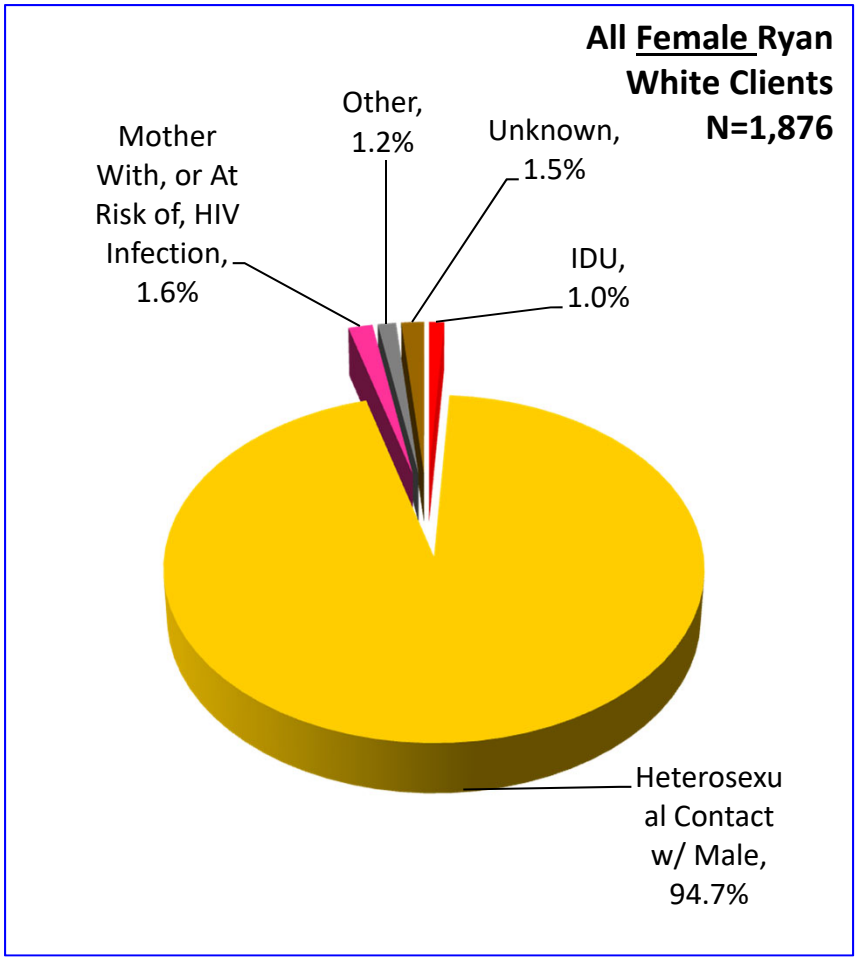

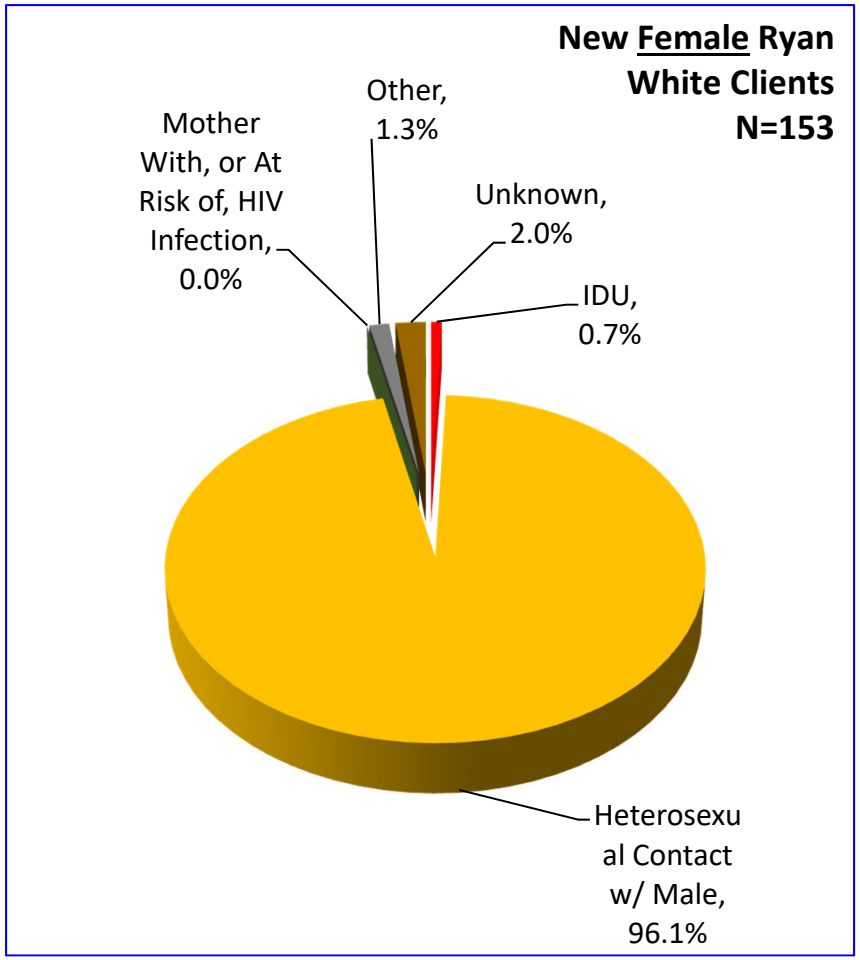

Primary Exposure Category by Race/Ethnicity
Female PLWHA In Care, Ryan White Program
2019

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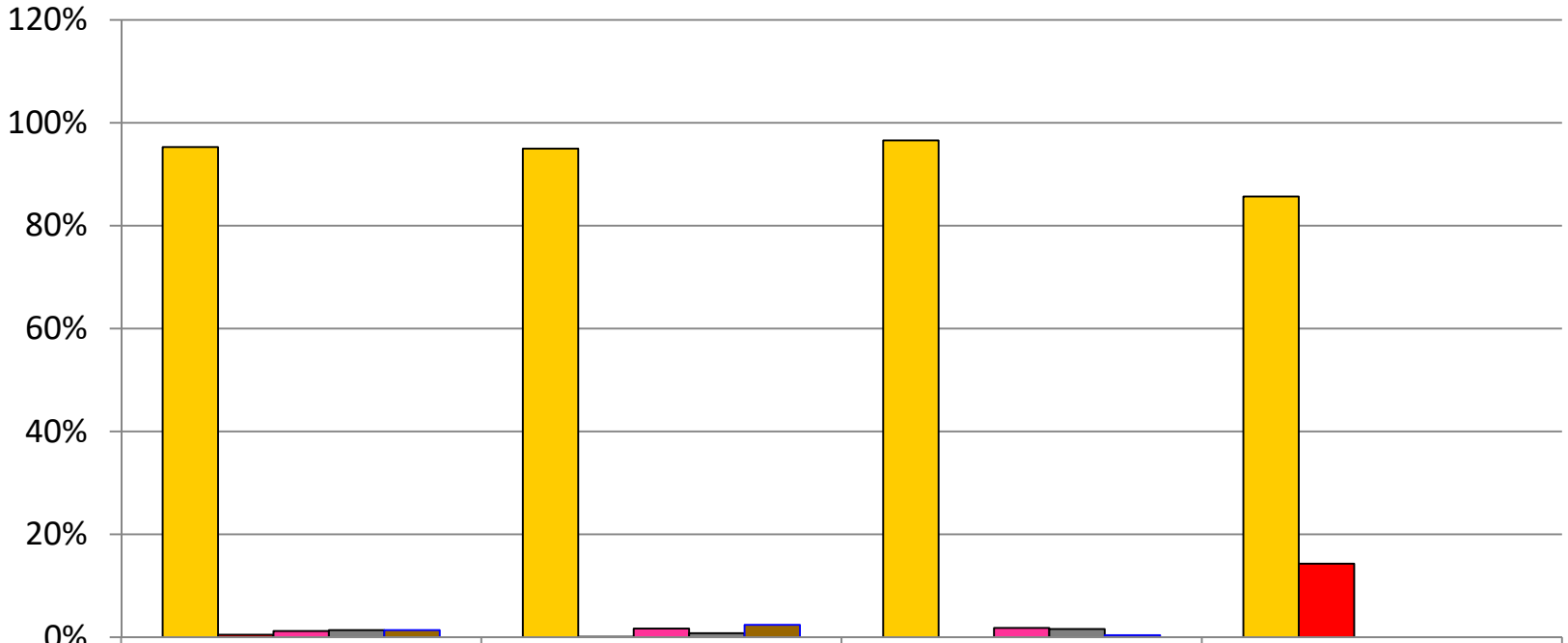

	Hispanic	Black, NH	Haitian	White, NH
Heterosexual Male	95%	95%	97%	86%
IDU	1%	0%	0%	14%
Mother	1%	2%	2%	0%
Other	1%	1%	2%	0%
Unknown	1%	2%	0%	0%

Insurance Source
PLWHA In Care, Ryan White Program
between 2015 and 2019

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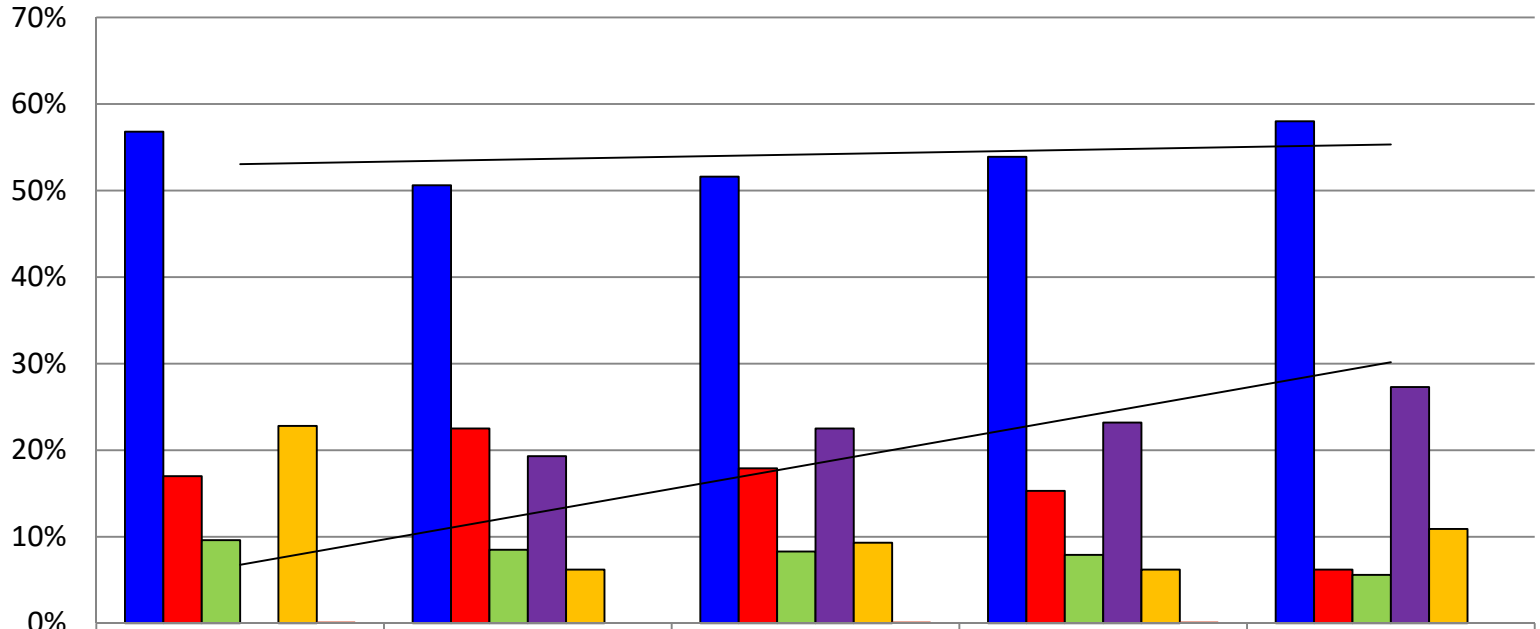
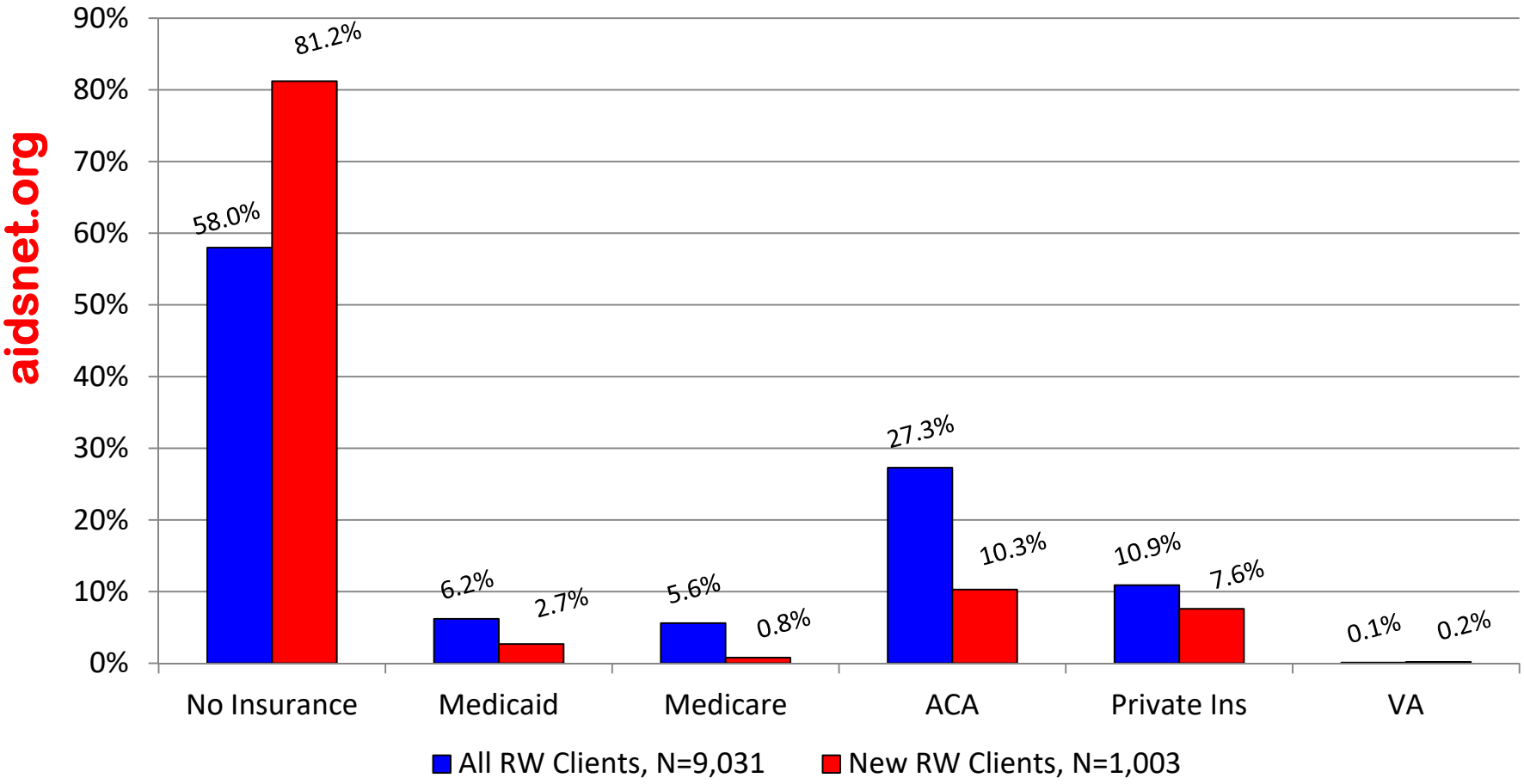


	2015	2016	2017	2018	2019
No Insurance	57%	51%	52%	54%	58%
Medicaid	17%	23%	18%	15%	6%
Medicare	10%	9%	8%	8%	6%
ACA	0%	19%	23%	23%	27%
Private Ins	23%	6%	9%	6%	11%
VA	0%	0%	0%	0%	0%

Insurance Source
PLWHA In Care, Ryan White Program
2019



Insurance Source – Excluding "No Insurance" PLWHA In Care, Ryan White Program between 2014 and 2018

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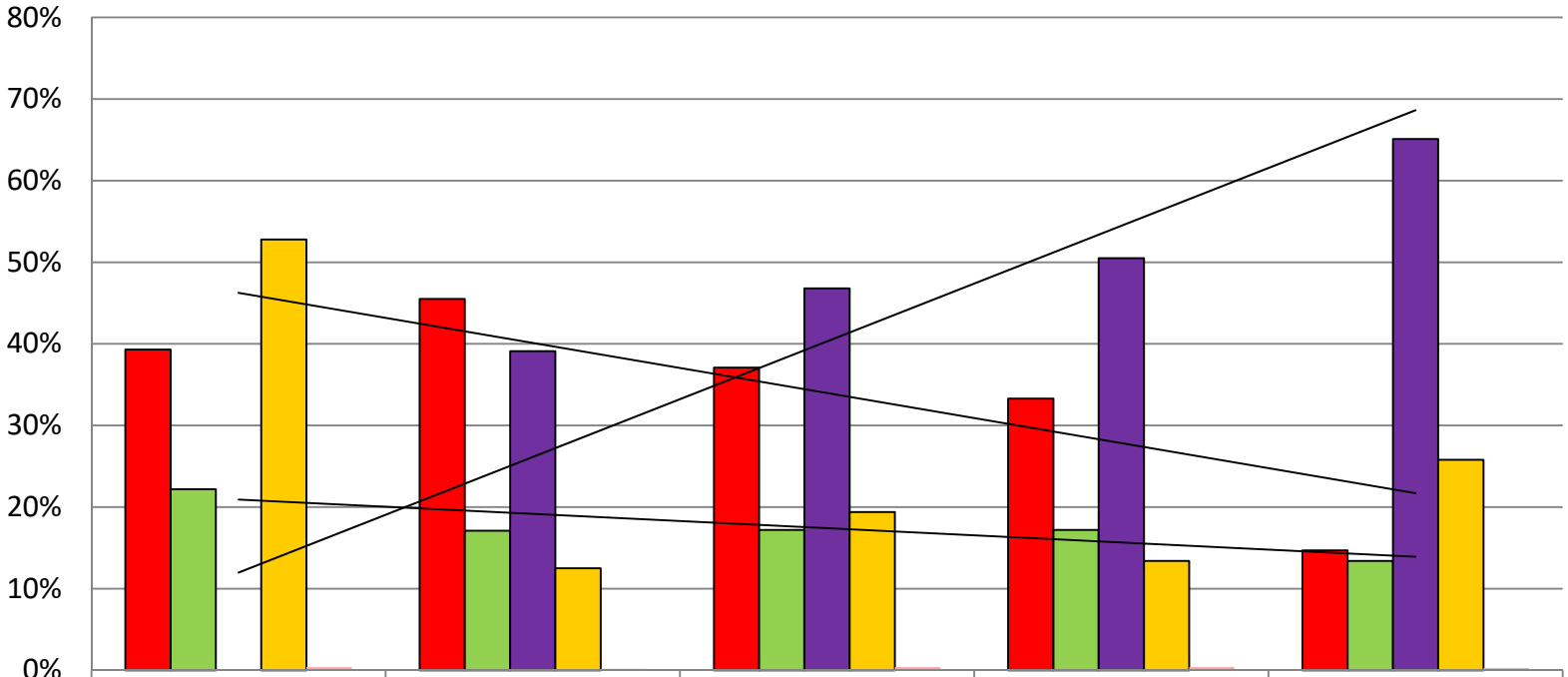
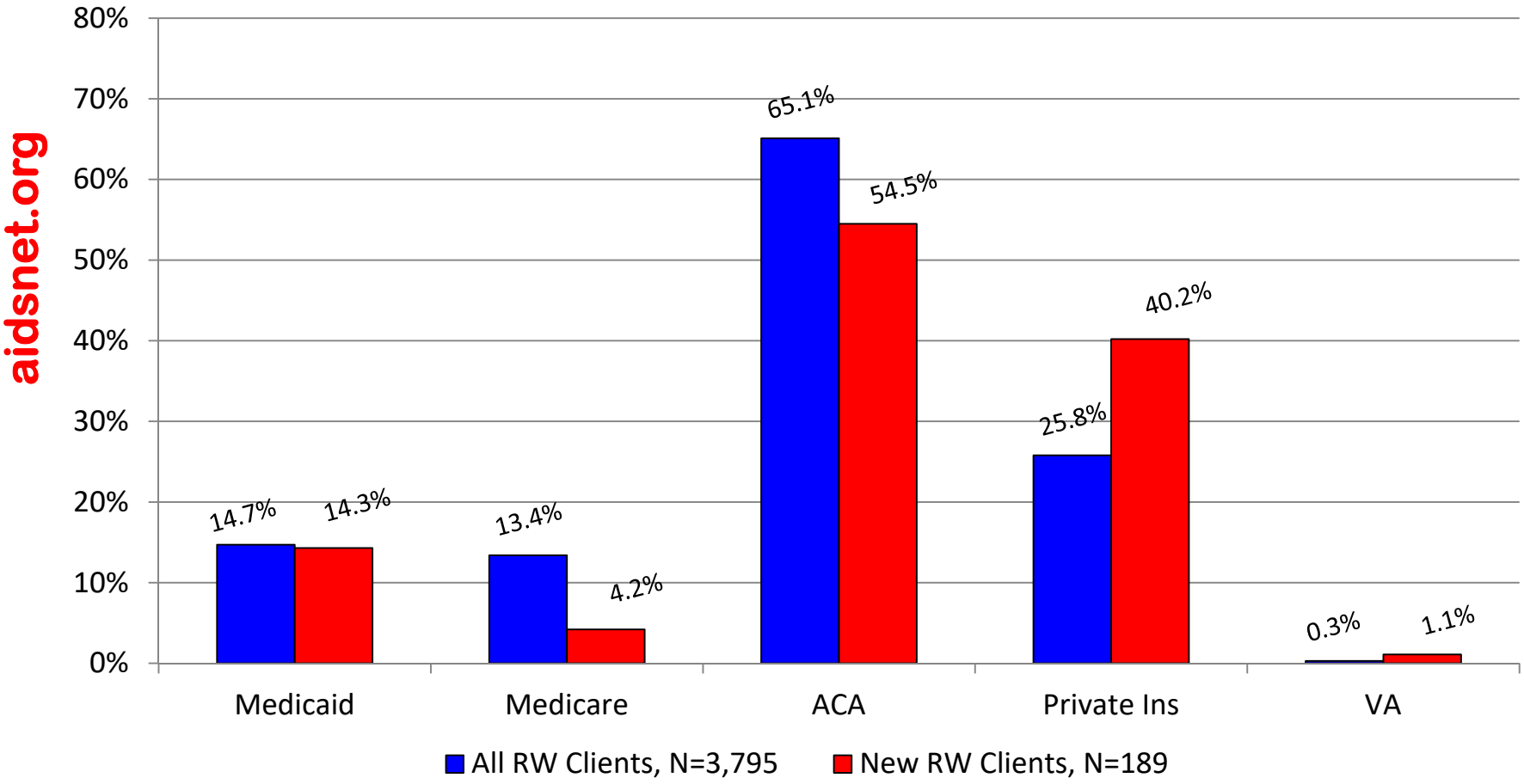


	2015	2016	2017	2018	2019
Medicaid	39%	46%	37%	33%	15%
Medicare	22%	17%	17%	17%	13%
ACA	0%	39%	47%	51%	65%
Private Ins	53%	13%	19%	13%	26%
VA	0%	0%	0%	0%	0%

Insurance Source – Excluding "No Insurance"
PLWHA In Care, Ryan White Program
2019



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Thank you for your attention!

Any questions?

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Service Utilization

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Ryan White Program Service Utilization Data Fiscal Year 29

(3/1/2019 thru 2/29/2020)

(June 18, 2020)

Review of Utilization Data from the
Service Delivery Information System (SDIS)
Generated on May 27, 2020

Prepared by Behavioral Science Research Corporation
Revised June 19, 2020

Behavioral Science Research

Miami-Dade HIV/AIDS Partnership

Miami-Dade County

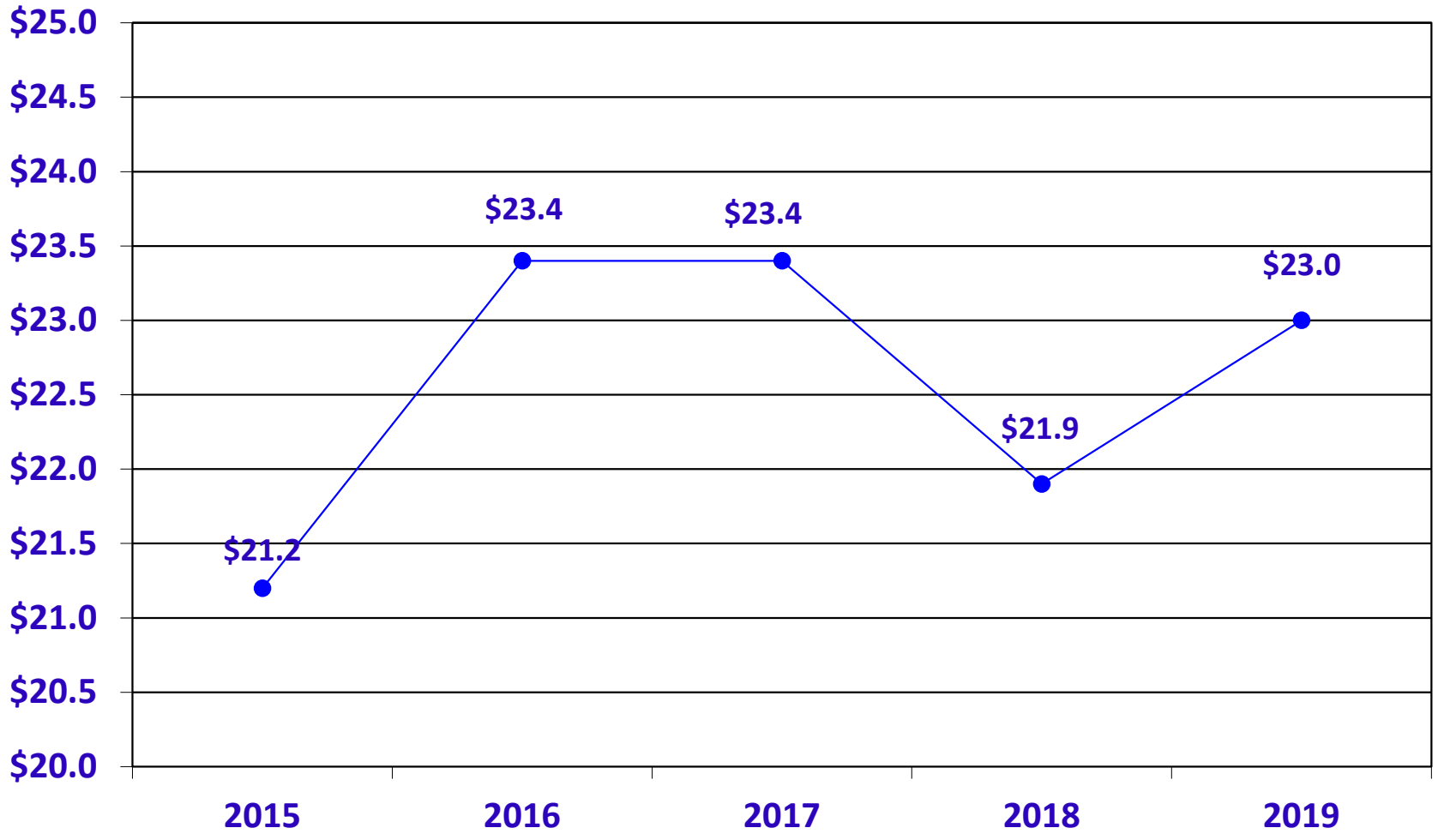
Summary of Findings

- The Ryan White Program (RWP) spent a total of $23.0 million in FY 2019/20, a 4.9% increase over the $21.9 million spent in FY 2018/19.
  - The largest proportion was spent on Outpatient/ Ambulatory Health Services (OAHS, $9.4 million) followed by Medical Case Management/Peer Education Support Network (MCM/PESN, $5.8 million) and Oral Health Care (OHC, $3.5 million).
  - Among support services, the largest proportion was spent on Food Bank ($1.8 million) followed by Substance Abuse Services (Residential) ($1.2 million).
- A total of 9,031 clients were served by the Program in FY 2019/20, a 5.7% decrease over FY 2018/19 (9,578).
  - Almost all RWP clients received MCM/PESN services (90%, 8,116) while just over half (59%, 5,317) received OAHS thru the RWP and one-third (35%, 3,170) received OHC.

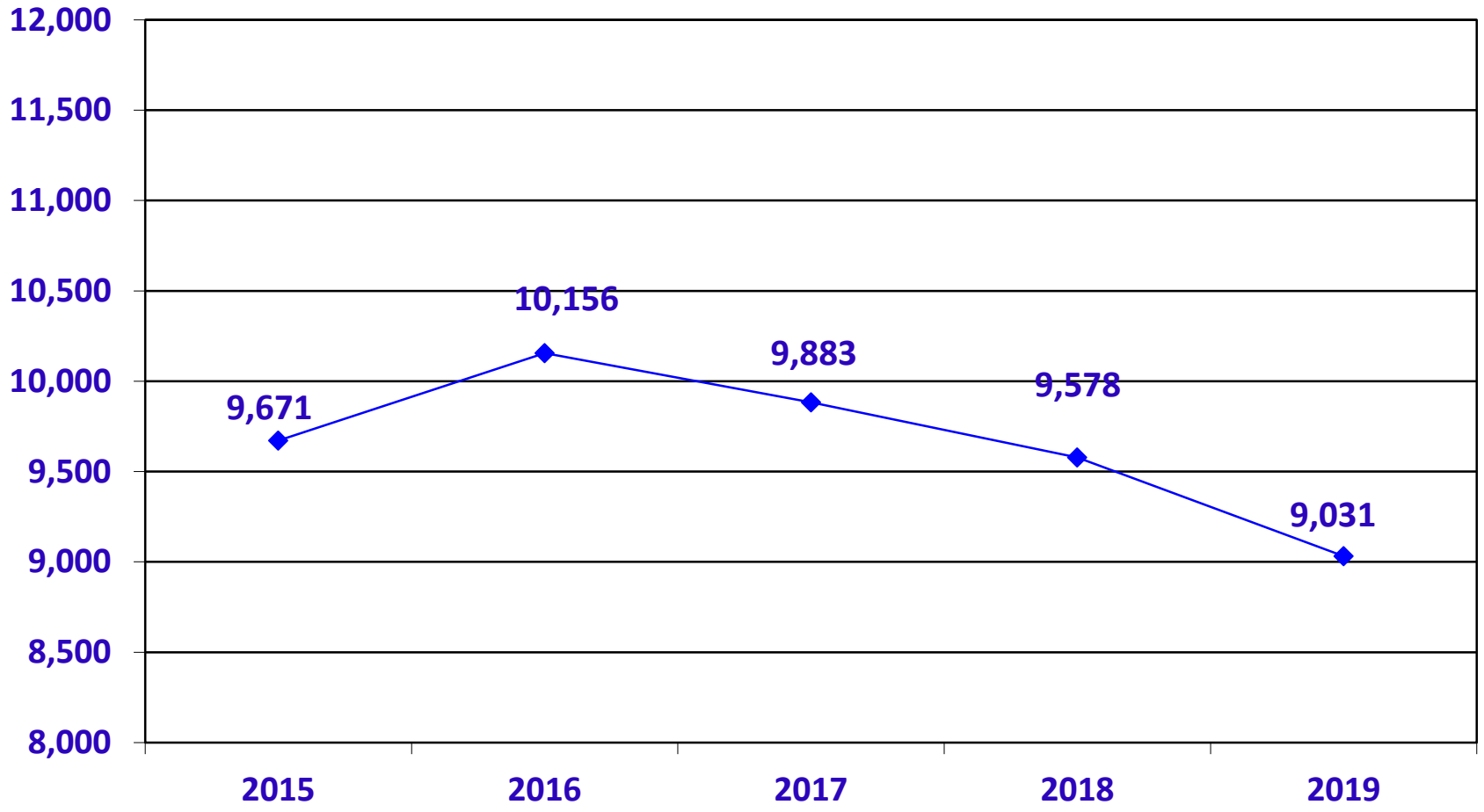
Ryan White Program
Service Expenditures & Clients Served

	2015	2016	2017	2018	2019
Total Expenditures	$21,181,296	$23,436,979	$23,425,356	$21,934,627	$22,984,845
Total Unduplicated Clients	9,671	10,156	9,883	9,578	9,031
Average Cost/Client	$2,190	$2,308	$2,370	$2,290	$2,545

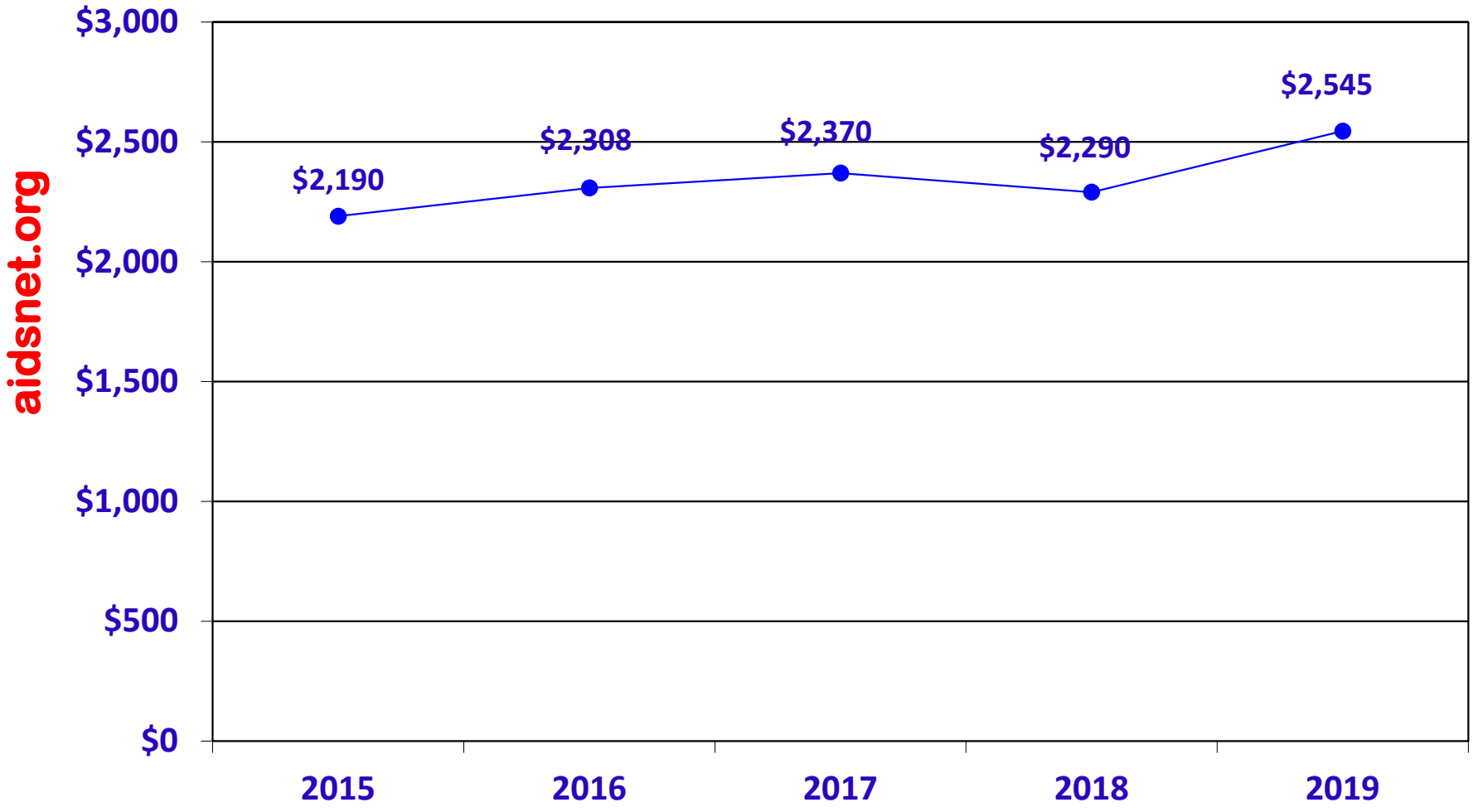
Total Expenditures between 2015 and 2019



Total Number of Unduplicated Clients between 2015 and 2019



Average Cost Per Client between 2015 and 2019



Total Number of Unduplicated Clients Served by Service Category

SERVICE CATEGORY	2015	2016	2017	2018	2019
MCM/PESN	8,700	9,009	8,656	8,496	8,116
Outpatient/Ambulatory Hlth Svcs	5,410	5,278	5,021	5,447	5,317
Oral Health Care	3,567	3,966	3,500	3,381	3,170
Health Ins Premium & Cost Sharing Assist	1,243	1,331	1,415	1,307	1,335
AIDS Pharmaceutical Assistance (Local)	1,534	1,352	1,162	697	605
Mental Health Services	517	366	349	327	274
Substance Abuse Outpatient Services	59	83	120	115	55
Medical Transportation Services	722	703	733	638	720
Food Bank	784	769	709	701	715
Substance Abuse Services (Residential)	235	207	214	169	95
Other Professional Svcs - Legal Services	131	119	100	76	66
Outreach Services	1,060	1,208	965	624	472

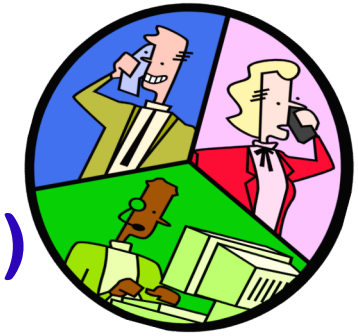
Total Expenditures by Core Service Category

CORE SERVICE CATEGORY	2015	2016	2017	2018	2019
Outpatient/Ambulatory Health Services	$6,635,024	$6,158,906	$6,847,772	$9,112,521	$9,391,615
MCM/PESN	$4,467,261	$4,605,160	$4,165,958	$5,308,840	$5,776,806
Oral Health Care	$2,507,114	$3,051,083	$2,443,947	$2,841,838	$3,547,495
Health Ins Premium & Cost Sharing Assistance	$2,958,812	$4,568,931	$5,348,849	$502,536	$372,895
Mental Health Services	$105,440	$104,260	$112,346	$133,790	$135,505
AIDS Pharmaceutical Assistance (Local)	$781,336	$782,605	$441,202	$86,210	$57,843
Substance Abuse Outpatient Services	$90,372	$112,180	$110,357	$55,390	$23,970

Total Expenditures by Support Service Category

SUPPORT SERVICE CATEGORY	2015	2016	2017	2018	2019
Food Bank	$899,766	$1,079,971	$1,032,226	$1,451,528	$1,851,369
Substance Abuse Services (Residential)	$2,096,575	$2,285,180	$2,276,435	$1,854,140	$1,237,830
Other Professional Services - Legal Services	$144,580	$138,731	$161,815	$140,599	$115,976
Medical Transportation	$137,988	$171,387	$146,988	$139,855	$140,937
Outreach Services	$357,028	$378,586	$337,463	$307,380	$332,602

Medical Case Management (MCM) (including Treatment Adherence) & Peer Education Support Network (PESN)



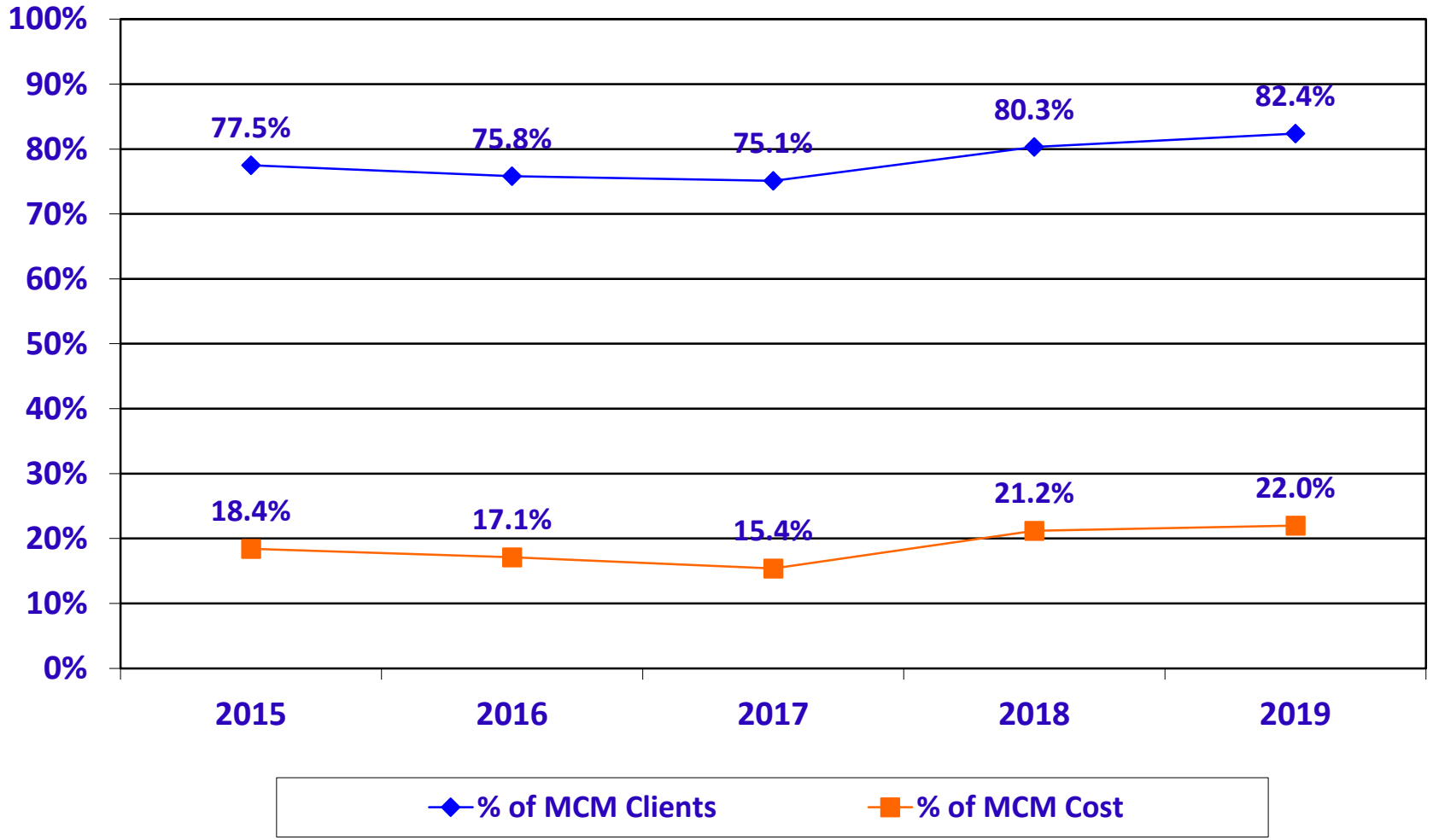
- The majority of RWP clients (82%) received MCM services in FY 2019/20. The number served was a 3.2% decrease over the number served in FY2018/19, returning to FY 2017/18 levels.
- Just under one-quarter (22.0%) of all RWP expenditures ($5.1 million) was spent on MCM in FY 2019/20 – the highest proportion in more than five years.
- Slightly more than three-quarters (76.3%) of all RWP clients received PESN services in FY 2019/20 with just slightly more than $700,000 spent on the category.
- In terms of specific MCM/PESN services, MCMs were most likely to spend time and resources on client face-to-face encounters and case documentation.

Medical Case Management

	2015	2016	2017	2018	2019
Total Clients	7,493	7,701	7,424	7,688	7,442
% of All RW Clients	77.5%	75.8%	75.1%	80.3%	82.4%
Total Cost	$3,890,241	$3,997,460	$3,602,212	$4,639,480	$5,047,206
% of Total Costs	18.4%	17.1%	15.4%	21.2%	22.0%

Average Cost/Client	$519	$519	$485	$604	$678
Median Cost/Client	$450	$451	$404	$542	$599
Max. Cost/Client	$4,133	$3,490	$3,395	$3,511	$3,946

Percent of Clients Served and Percent Spent on Medical Case Management



Medical Case Management by Gender and Ethnicity

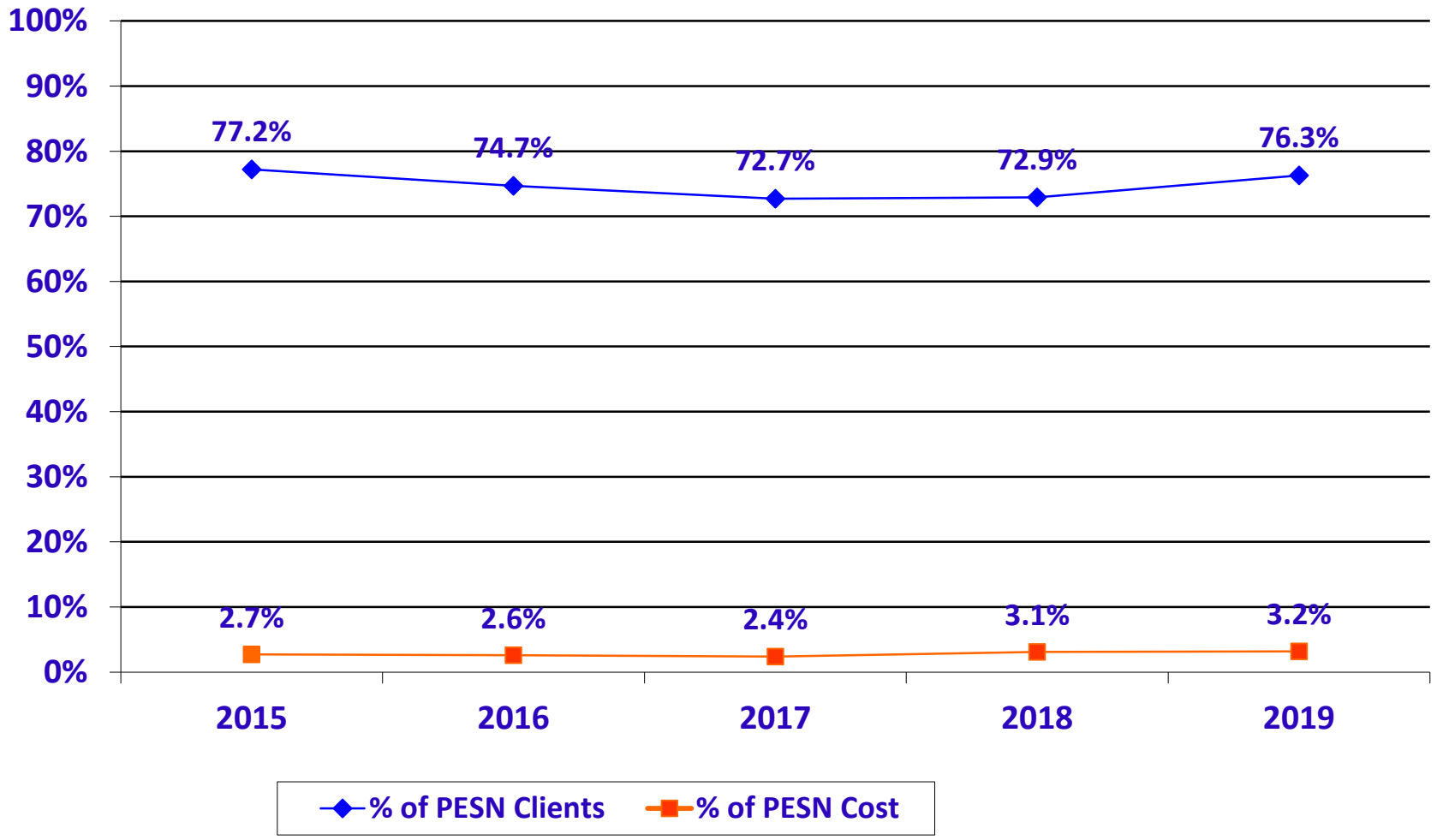
Gender and Ethnicity	Percent Receiving MCM	Percent of All Ryan White Program Clients
Hispanic Male	56.7%	53.5%
Hispanic Female	6.4%	6.4%
Black Male	13.6%	14.6%
Black Female	7.1%	8.1%
Haitian Male	4.2%	4.8%
Haitian Female	4.6%	5.6%
White Male	6.6%	6.1%
White Female	0.7%	0.8%

Peer Education Support Network

	2015	2016	2017	2018	2019
Total Clients	7,464	7,591	7,183	6,981	6,893
% of All RW Clients	77.2%	74.7%	72.7%	72.9%	76.3%
Total Cost	$577,385	$616,132	$566,862	$669,361	$729,600
% of Total Costs	2.7%	2.6%	2.4%	3.1%	3.2%

Average Cost/Client	$77	$81	$79	$96	$106
Median Cost/Client	$51	$54	$52	$65	$72
Max. Cost/Client	$1,448	$1,443	$1,248	$1,436	$1,606

Percent of Clients Served and Percent Spent on Peer Education Support Network



Peer Education Support Network by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving MCM/PESN	Percent of All Ryan White Program Clients
Hispanic Male	56.1%	53.5%
Hispanic Female	6.8%	6.4%
Black Male	13.5%	14.6%
Black Female	6.9%	8.1%
Haitian Male	4.7%	4.8%
Haitian Female	5.2%	5.6%
White Male	6.1%	6.1%
White Female	0.7%	0.8%

Top 10 MCM/PESN Services By Expenditures

	Clients	Total EXHD
MCM - Face-to-Face Encounter	6,606	$1,614,539
MCM – Documentation	7,153	$1,418,116
MCM – Plan of Care Activities	6,642	$962,808
MCM - Adherence Counseling	6,808	$456,177
MCM – Telephone	4,885	$246,622
PESN – Documentation	5,926	$230,602
ACA Health Insurance Marketplace	3,077	$224,892
PESN – Collateral	5,125	$187,523
PESN – Adherence Counseling	3,791	$102,945
PESN - Face-to-Face Encounter	2,877	$88,552

Top 10 MCM/PESN Services By Clients Served

	Clients	Total EXHD
MCM – Documentation	7,153	$1,418,116
MCM - Adherence Counseling	6,808	$456,177
MCM – Plan of Care Activities	6,642	$962,808
MCM - Face-to-Face Encounter	6,606	$1,614,539
PESN – Documentation	5,926	$230,602
PESN – Collateral	5,125	$187,523
MCM - Telephone	4,885	$246,622
PESN - Telephone Encounter with Client/Rep.	4,342	$82,961
PESN – Adherence Counseling	3,791	$102,945
ACA Health Insurance Marketplace	3,077	$224,892

Outpatient/Ambulatory Health Services (OAHS)

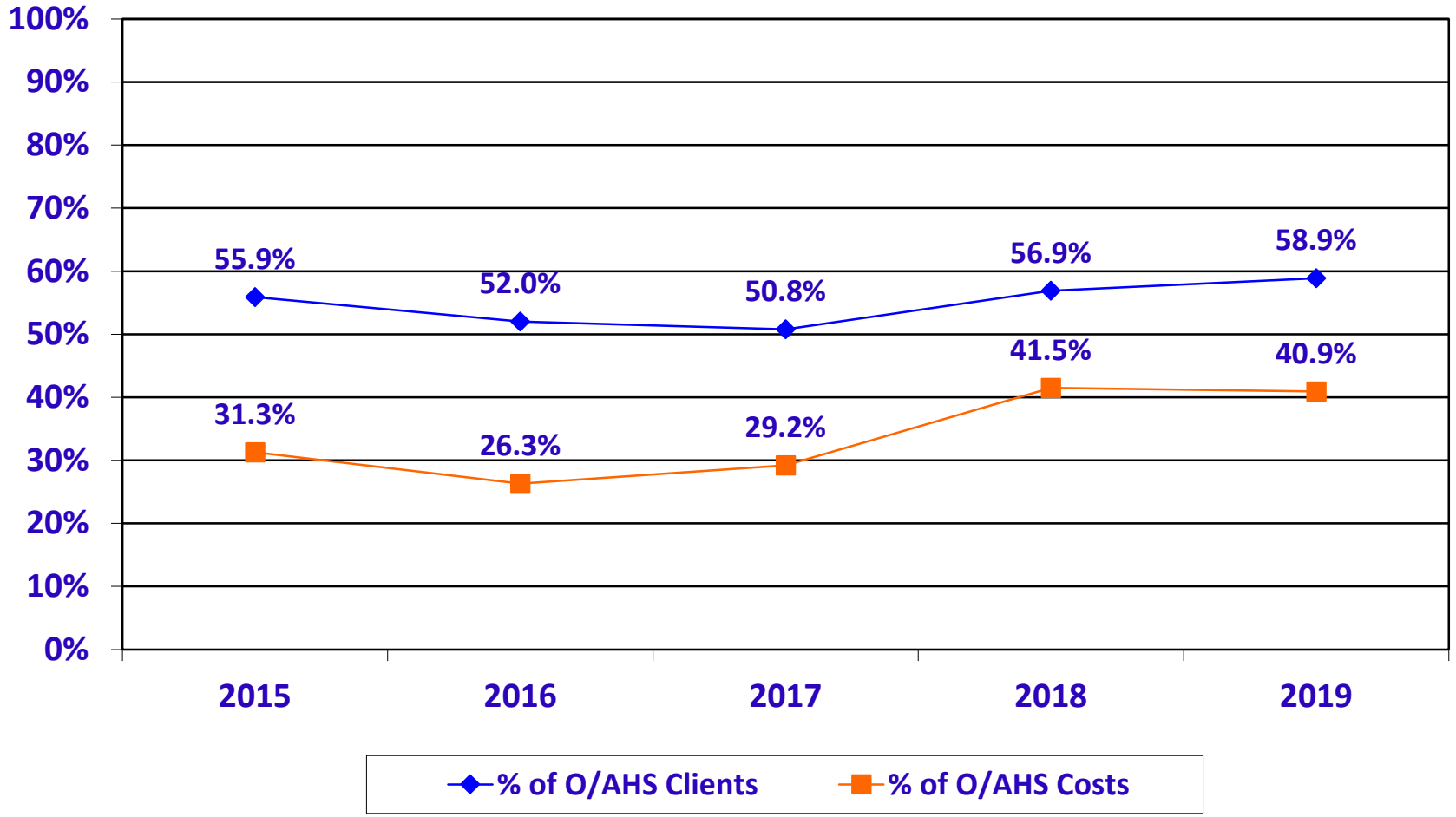
- In FY 2019/20, the largest proportion of RWP dollars (40.9%) were spent on OAHS – almost $9.4 million – the largest proportion in more than five years and 3% more than in FY2018/19.
- More than half (59%) of all RWP clients (5,317) received OAHS thru the RWP, a 2% decrease over FY2018/19.
- Top OAHS by expenditure continued to include a 25-minute patient office visit, a 15-minute patient office visit, and HIV testing.
- Top OAHS by clients served continued to include HIV-testing, blood tests, and T-cell tests.

Outpatient/Ambulatory Health Services

	2015	2016	2017	2018	2019
Total Clients	5,410	5,278	5,021	5,447	5,317
% of All RW Clients	55.9%	52.0%	50.8%	56.9%	58.9%
Total Cost	$6,635,024	$6,158,906	$6,847,772	$9,112,521	$9,391,615
% of Total Costs	31.3%	26.3%	29.2%	41.5%	40.9%

Average Cost/Client	$1,226	$1,167	$1,364	$1,673	$1,766
Median Cost/Client	$915	$889	$1,036	$1,378	$1,434
Max. Cost/Client	$10,344	$11,156	$52,534	$17,910	$27,256

Percent of Clients Served and Percent Spent on Outpatient/Ambulatory Health Services



Top 10 Outpatient/Ambulatory Health Services By Expenditures

	Clients	Total EXHD
99214: Level 4 Established Patient Office Visit. Must include 2 of 3 key components or 25 minutes spent face-to-face with Pt.	3,516	$2,058,394
99213: Level 3 Established Patient Office Visit. Must include 2 of 3 key components or 15 minutes spent face-to-face with Pt.	2,589	$920,114
87536: HIV-1 Test	4,293	$839,415
86360: T-cell Test that evaluates helper and suppressor cell immune status	3,924	$410,031
87491: STI Test for Chlamydia	3,381	$395,320
87591: STI Test for Gonorrhea and Chlamydia	3,344	$389,900
99204: Level 4 New Patient Office Visit. Must include all 3 key components or 45 minutes spent face-to-face with Pt.	467	$212,296
87901: Genotype Resistance Test	619	$182,786
99203: Level 3 New Patient Office Visit. Must include all 3 key components or 30 minutes spent face-to-face with Pt.	630	$177,766
86480: TB Test	2,039	$152,547

Top 10 Outpatient/Ambulatory Health Services By Clients Served

	Clients	Total EXHD
87536: HIV-1 Test	4,293	$839,415
80053: Comprehensive Metabolic Panel (Blood Test)	4,207	$102,056
86360: T-cell Test that evaluates helper and suppressor cell immune status	3,924	$410,031
99214: Level 4 Established Patient Office Visit. Must include 2 of 3 key components or 25 minutes spent face-to-face with Pt.	3,516	$2,058,394
80061: Lipid Panel (Cholesterol Test)	3,396	$82,331
87491: STI Test for Chlamydia	3,381	$395,320
87591: STI Test for Gonorrhea and Chlamydia	3,344	$389,900
86592: STI Test for Syphilis	3,314	$31,378
36415: Collection, Venous Blood, Venipuncture	2,906	$22,032
86803: Hepatitis C Antibody Test	2,607	$64,605

Outpatient/Ambulatory Health Services by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving O/AHS	Percent of All Ryan White Program Clients
Hispanic Male	51.2%	53.5%
Hispanic Female	7.7%	6.4%
Black Male	15.6%	14.6%
Black Female	7.6%	8.1%
Haitian Male	5.2%	4.8%
Haitian Female	6.4%	5.6%
White Male	5.5%	6.1%
White Female	0.8%	0.8%

Health Insurance Premium & Cost Sharing Assistance (HIP/CSA)

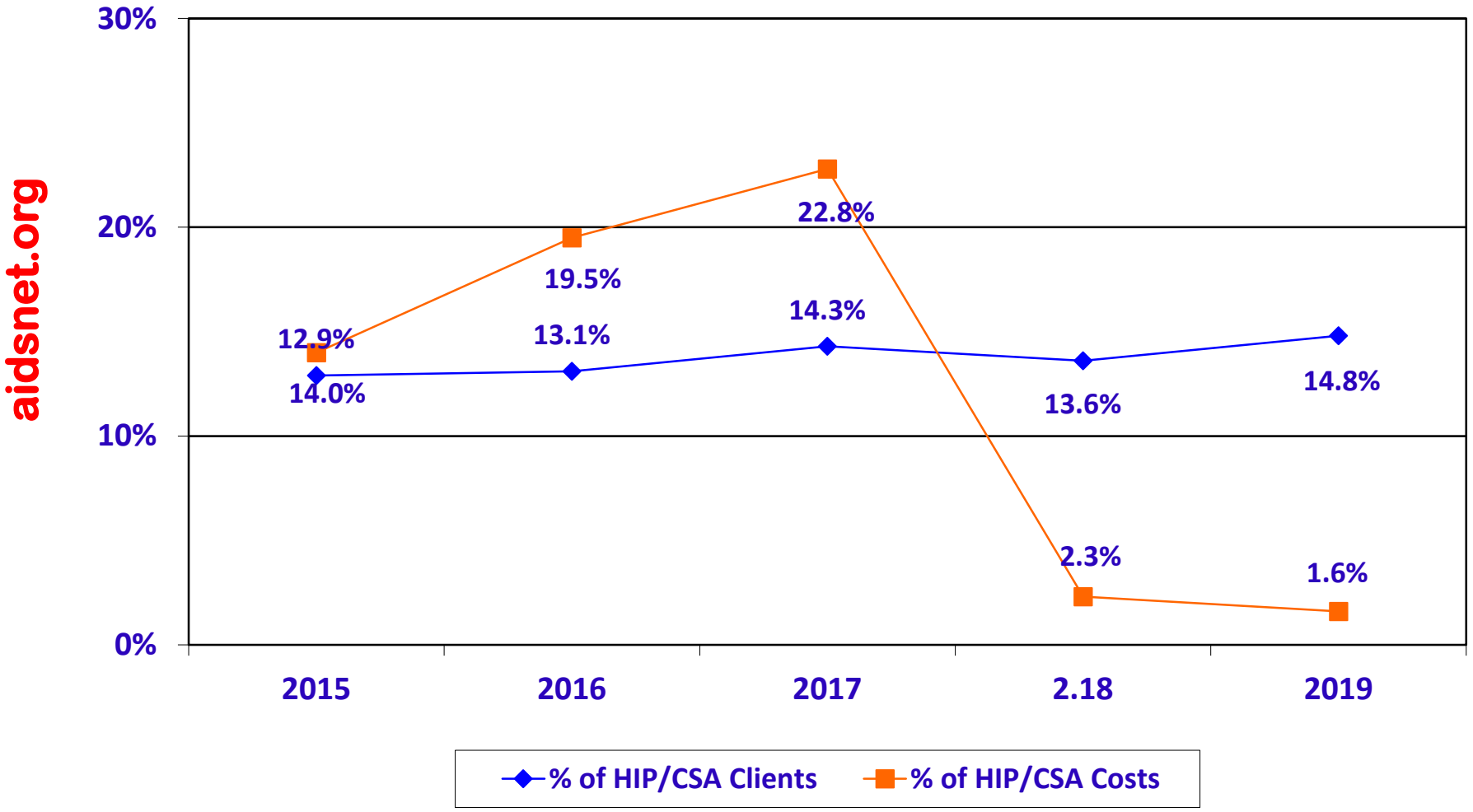
- In 2018/2019, ADAP began assuming responsibility for RWP Part A clients' ACA marketplace insurance premium payments. This resulted in a drastic drop in the dollars spent on this service category by the Part A program from $5.4 million in FY 2017/18 to just over $500,000 in FY 2018/19. This downward trend continued in 2019/2020, with spending declining to just under $400,000.
- The number of RWP clients served remained relatively stable at 1,335. This was because the RWP continued to cover co-payments and deductibles for medication, office visits and lab/diagnostic tests.
- The service was more likely to be used by Hispanic males than either Black males or Black females.

Health Insurance Premium & Cost Sharing Assistance

	2015	2016	2017	2018	2019
Total Clients	1,243	1,331	1,415	1,307	1,335
% of All RW Clients	12.9%	13.1%	14.3%	13.6%	14.8%
Total Cost	$2,958,812	$4,568,931	$5,348,849	$502,536	$372,895
% of Total Costs	14.0%	19.5%	22.8%	2.3%	1.6%

Average Cost/Client	$2,380	$3,433	$3,780	$385	$279
Median Cost/Client	$1,574	$2,720	$2,558	$204	$150
Max. Cost/Client	$11,876	$11,743	$12,752	$9,545	$4,749

Percent of Clients Served and Percent Spent on HIP/CSA

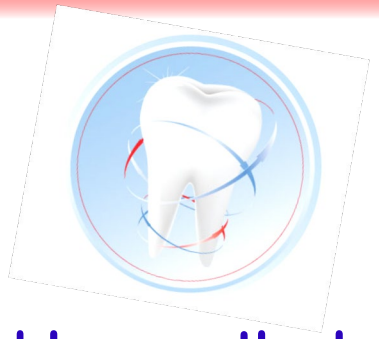


Types of HIP/CSA Services

	Clients	Total EXHD
Office Visit Co-Payments (ACA Wrap Around)	1,101	$203,610
Medication Co-Payments (RW)	102	$83,153
Lab/Diagnostic Test Co-Payments (ACA Wrap Around)	168	$36,641
Medication Co-Payments (ACA Wrap Around)	181	$29,694
Insurance Deductibles (RW)	36	$26,636
Insurance Deductibles (ACA Wrap Around)	34	$11,711
Co-Payments (ADAP Premium Plus)	7	$2,050

HIP/CSA
by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving HIP/CSA	Percent of All Ryan White Program Clients
Hispanic Male	74.1%	53.5%
Hispanic Female	4.4%	6.4%
Black Male	4.7%	14.6%
Black Female	3.5%	8.1%
Haitian Male	3.0%	4.8%
Haitian Female	3.6%	5.6%
White Male	6.3%	6.1%
White Female	0.5%	0.8%



Oral Health Care (OHC)

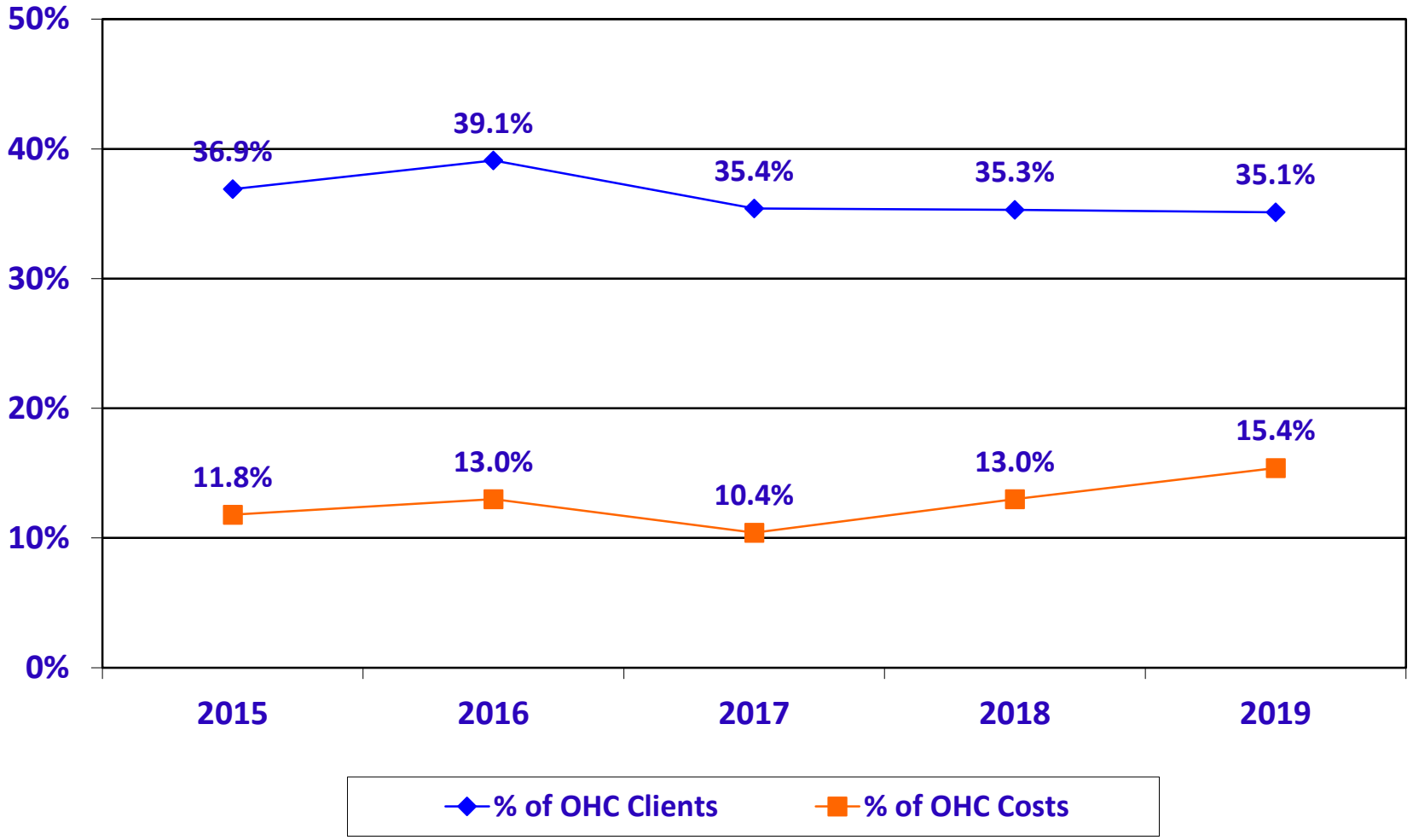
- Utilization of OHC has remained relatively stable over the last five years with one-third (35%) of all RWP clients continuing to use the service.
- Slightly more than 15% of all RWP expenditures -- $3.55 million – was spent on OHC with an average of $1,119 spent per client served.
- Top dental services by expenditure included fillings and cleanings while top services by number of clients served included oral examinations, cleanings, panoramic x-rays, and oral hygiene instructions.
- Black males were somewhat less likely to use the service than other gender/ethnic groups.

Oral Health Care

.	2015	2016	2017	2018	2019
Total Clients	3,567	3,966	3,500	3,381	3,170
% of All RW Clients	36.9%	39.1%	35.4%	35.3%	35.1%
Total Cost	$2,507,114	$3,051,083	$2,443,947	$2,841,838	$3,547,495
% of Total Costs	11.8%	13.0%	10.4%	13.0%	15.4%

Average Cost/Client	$703	$769	$698	$849	$1,119
Median Cost/Client	$381	$429	$403	$518	$668
Max. Cost/Client	$5,000	$5,600	$15,931	$6,500	$6,500

Percent of Clients Served and Percent Spent on Oral Health Care



Top 10 Oral Health Care Services By Expenditures

	Clients	Total EXHD
D2391: Resin-Based Composite Restorations – filling or reconstruction to one area on premolars or molars	774	$293,818
D4341: Cleaning of the crown & root surfaces to remove plaque & calculus on 4+ teeth per quadrant	379	$252,380
D2392: Resin-Based Composite Restorations – filling or reconstruction to two areas on premolars or molars	650	$220,220
D2751: Crown-a porcelain cap placed on damaged teeth	151	$163,244
D2740: Crown – Porcelain/Ceramic Substrate	90	$141,234
D4910: Periodontal Maintenance Procedures – used in the presence of a disease state	587	$140,039
D1110: Prophylaxis - Adult	1,116	$137,686
D0330: Panoramic scan of both the upper & lower jaw	1,078	$125,786
D7210: extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	249	$117,116
D5899: Partial denture of the lower jaw	76	$94,420

Top 10 Oral Health Care Services By Clients Served

	Clients	Total EXHD
D0120: Periodic Oral Examination - Established Patient	1,193	$61,335
D1110: Prophylaxis – removal of plaque, tartar & stains	1,116	$137,686
D0330: Panoramic scan of both the upper & lower jaw	1,078	$125,786
D0274: X-rays of back teeth	1,051	$69,254
D1330: Oral Hygiene Instruction	1,049	$63,994
D0220: Intraoral - periapical first radiographic image	899	$31,948
D0150: Comprehensive Oral Evaluation – New/Established Pt	882	$74,538
D2391: Resin-Based Composite Restorations – filling or reconstruction to one area on premolars or molars	774	$293,818
D2392: Resin-Based Composite Restorations – filling or reconstruction to two areas on premolars or molars	650	$220,220
D1310: Nutritional Counseling for control of dental disease	610	$36,108

Oral Health Care by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving Oral Health Care	Percent of All Ryan White Program Clients
Hispanic Male	59.5%	53.5%
Hispanic Female	7.2%	6.4%
Black Male	10.0%	14.6%
Black Female	6.4%	8.1%
Haitian Male	4.7%	4.8%
Haitian Female	5.4%	5.6%
White Male	5.9%	6.1%
White Female	0.9%	0.8%

AIDS Pharmaceutical Assistance (Local) (APA)

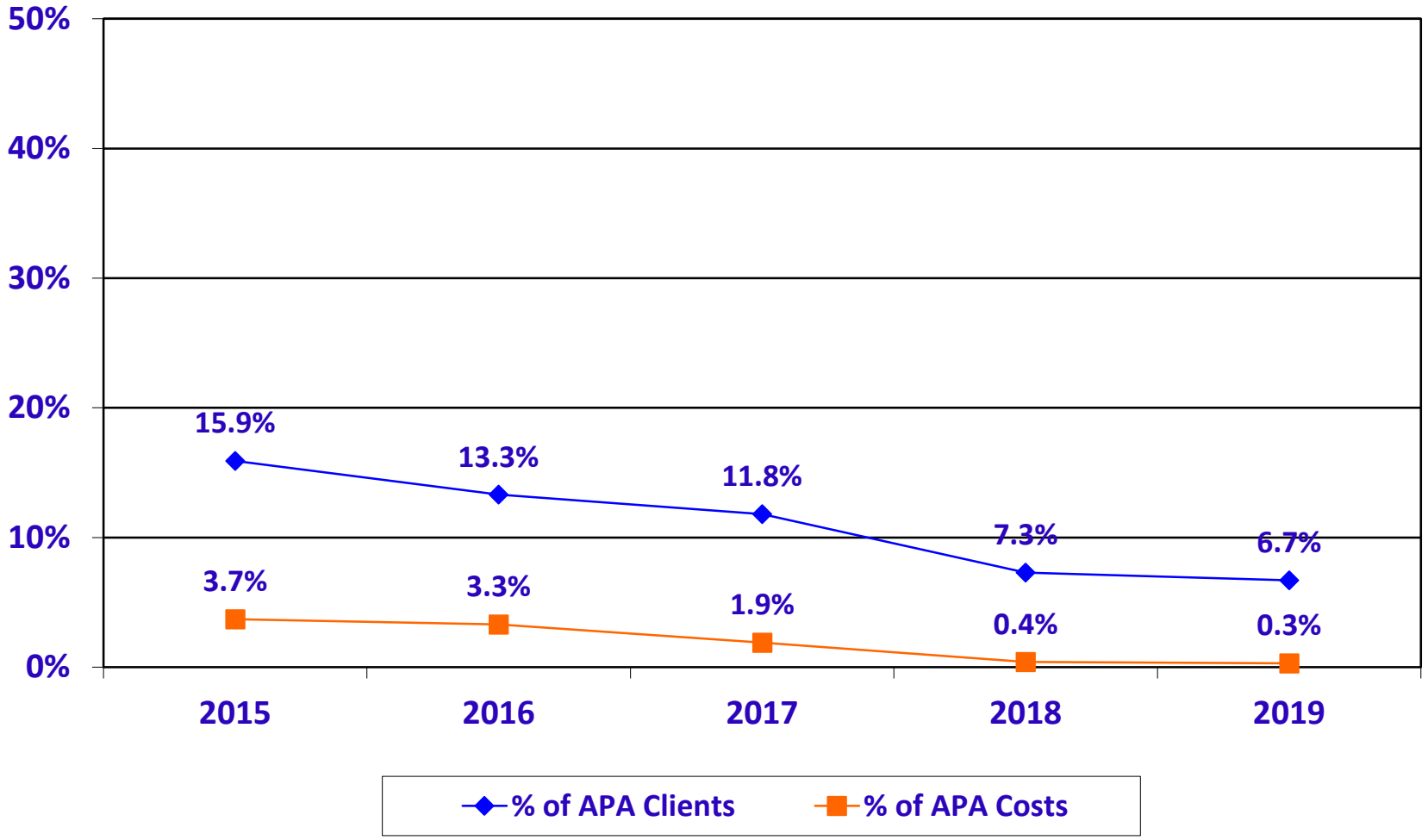
- Since the expansion of the ADAP formulary to include non ARVs in FY 2017/18, the utilization of the RWP's APA in FY2019/20 continued to be substantially less than in years prior.
  - 605 RWP clients received pharmaceuticals from the RWP Part A compared with the 697 reported in FY 2018/19.
  - Just slightly less than $60,000 was spent on the service compared with $86,210 spent in FY 2018/19.
- The most frequently dispensed pharmaceuticals both in terms of dollars spent and clients served continued to be Doxycycline (an antibiotic) and the testosterone injection Enanthate/ Cypionate.
- Hispanic males were more likely to receive pharmaceuticals through the RWP Part A than other gender/ethnic groups.

AIDS Pharmaceutical Assistance

	2015	2016	2017	2018	2019
Total Clients	1,534	1,352	1,162	697	605
% of All RW Clients	15.9%	13.3%	11.8%	7.3%	6.7%
Total Cost	$781,336	$782,605	$441,202	$86,210	$57,843
% of Total Costs	3.7%	3.3%	1.9%	0.4%	0.3%

Average Cost/Client	$509	$579	$380	$124	$96
Median Cost/Client	$79	$95	$75	$35	$26
Max. Cost/Client	$13,379	$18,280	$12,082	$2,747	$4,208

Percent of Clients Served and Percent Spent on AIDS Pharmaceutical Assistance



Top 10 Prescribed Pharmaceutical Drugs By Expenditures

	Clients	Total EXHD
RX1201 – Testosterone Injection Enanthate/Cypionate	84	$12,376
RX0514 – Doxycycline (oral) (Bacterial treatment)	136	$8,535
RX1917 – Clobetasol Ointment (Skin Conditions)	9	$6,631
RX0925 – Clonazepam (Anticonvulsant)	32	$2,908
A4253 – Blood Glucose Diabetes Strip Test	22	$2,660
RX0900 – Atomoxetine (ADHD)	6	$2,208
RX0926 – Temazepam (Insomnia)	28	$2,205
RX0513 – Tetracycline (Bacterial treatment)	6	$1,522
RX0808 – Diltiazem (Blood Pressure Med.)	1	$1,371
RX0506 – Amoxicillin/Clavulanate (Antibiotic)	33	$1,088

Top 10 Prescribed Pharmaceutical Drugs By Clients Served

	Clients	Total EXHD
RX0514 – Doxycycline (oral) (Bacterial treatment)	136	$8,535
RX1201 – Testosterone Injection Enanthate/Cypionate	84	$12,376
RX0507 – Penicillin (VK, Benzathine, Aqueous)	69	$927
RX1108 – Polyethylene Glycol 3350 & Electrolytes (Colon Cleaner)	54	$858
RX0505 – Amoxicillin (Antibiotic)	48	$684
A4206 - Syringe w/Needle Sterile 1 CC Each	42	$976
RX1916 – Triamcinolone Cream (Skin Conditions)	34	$619
RX0506 – Amoxicillin/Clavulanate (Antibiotic)	33	$1,088
RX0925 – Clonazepam (Anticonvulsant)	32	$2,908
RX0926 – Temazepam (Insomnia)	28	$2,205

AIDS Pharmaceutical Assistance by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving AIDS Pharmaceutical Assistance	Percent of All Ryan White Program Clients
Hispanic Male	67.2%	53.5%
Hispanic Female	5.4%	6.4%
Black Male	12.5%	14.6%
Black Female	5.1%	8.1%
Haitian Male	2.5%	4.8%
Haitian Female	2.2%	5.6%
White Male	4.9%	6.1%
White Female	0.2%	0.8%

Mental Health Services (MHS)

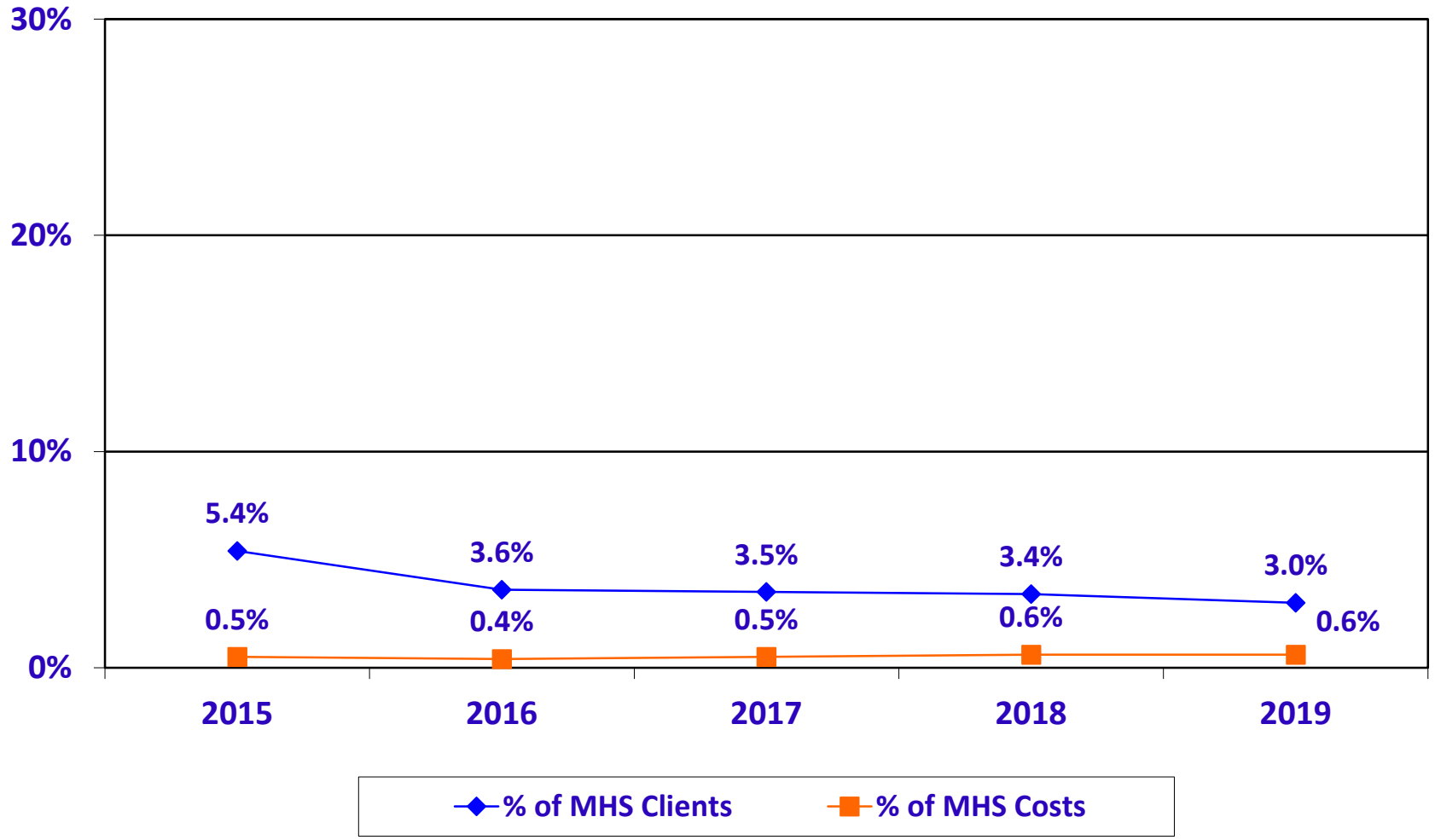
- The number of clients receiving MHS through the RWP decreased slightly from 327 in FY 2018/19 to 274 in FY 2019/20. At the same time, the dollars spent remained about the same with $133,790 spent in FY 2018/19 and $135,505 spent in FY 2019/20
- Most of the cost in this service category were due to clients receiving level II individual mental health counseling.
- Black males along with White males were more likely to make use of this service while Haitian males were less likely to do so.

Mental Health Services

	2015	2016	2017	2018	2019
Total Clients	517	366	349	327	274
% of All RW Clients	5.4%	3.6%	3.5%	3.4%	3.0%
Total Cost	$105,440	$104,260	$112,346	$133,790	$135,505
% of Total Costs	0.5%	0.4%	0.5%	0.6%	0.6%

Average Cost/Client	$204	$285	$322	$409	$495
Median Cost/Client	$98	$98	$130	$130	$195
Max. Cost/Client	$4,323	$3,088	$2,763	$4,128	$4,258

Percent of Clients Served and Percent Spent on Mental Health Services



Types of Mental Health Services

	Clients	Total EXHD
MH2 - Individual Mental Health Counseling Level II	240	$129,578
MH1 - Individual Mental Health Counseling Level I	24	$5,102
MH2 - TTRA Mental Health	13	$650
MH2 - Group Mental Health Counseling Level II	5	$175

Mental Health Services by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving Mental Health Svcs	Percent of All Ryan White Program Clients
Hispanic Male	47.6%	53.5%
Hispanic Female	7.1%	6.4%
Black Male	19.1%	14.6%
Black Female	10.9%	8.1%
Haitian Male	0.7%	4.8%
Haitian Female	3.7%	5.6%
White Male	10.1%	6.1%
White Female	0.7%	0.8%

Substance Abuse Outpatient Services

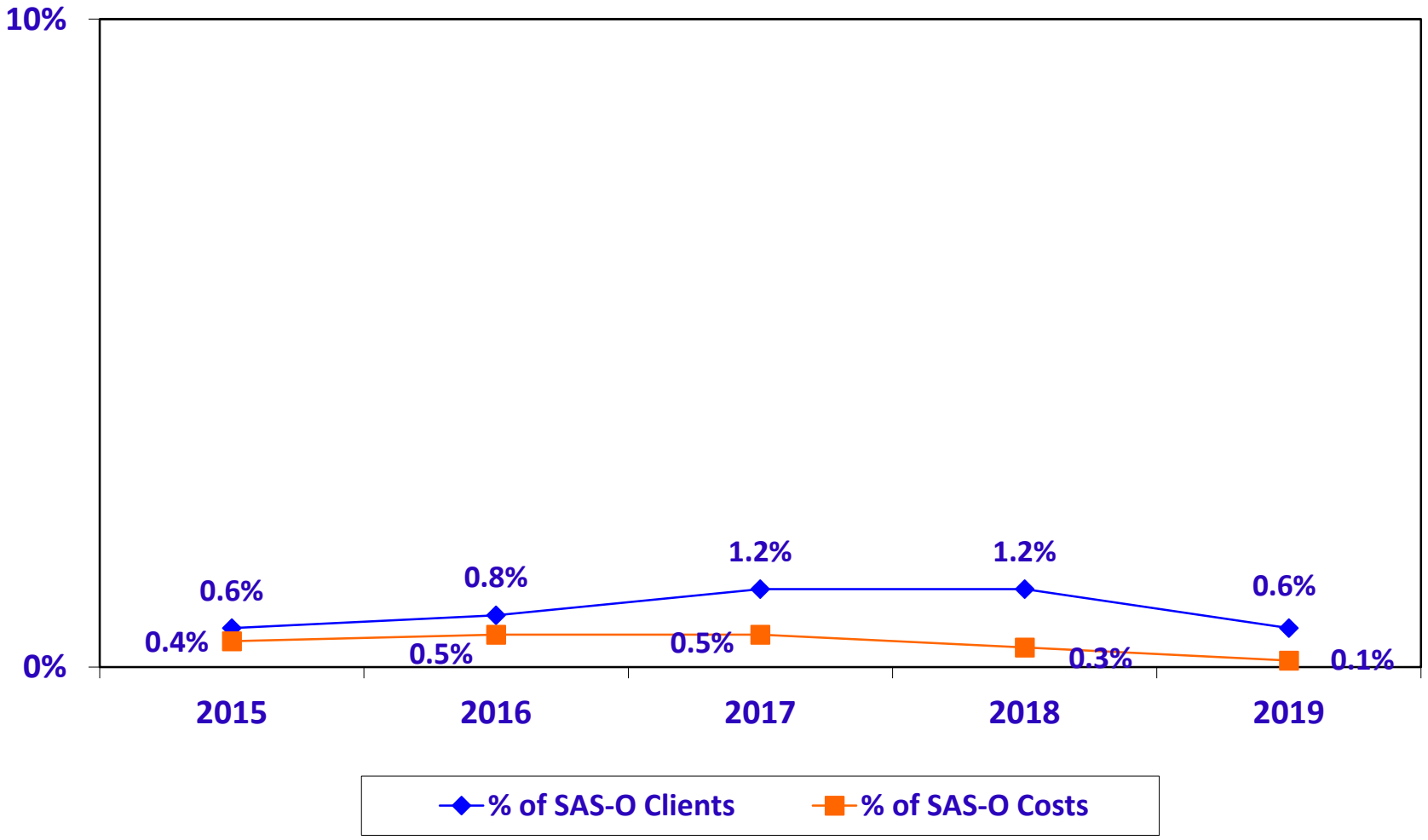
- The number of clients receiving Outpatient Substance Abuse Services (SAS) declined by more than half from 115 in FY 2018/19 to 55 in FY 2019/20.
- Similarly, the dollars spent decreased by half from $55,390 to $23,970.
- Three-quarters (73%) of this service category's expenditures were due to Level II group SAS counseling with the remainder due to Level I individual counseling.
- Both Black males and Black females were more likely to utilize this service compared to the other gender/ethnic groups.

Substance Abuse Outpatient Services

	2015	2016	2017	2018	2019
Total Clients	59	83	120	115	55
% of All RW Clients	0.6%	0.8%	1.2%	1.2%	0.6%
Total Cost	$90,372	$112,180	$110,357	$55,390	$23,970
% of Total Costs	0.4%	0.5%	0.5%	0.3%	0.1%

Average Cost/Client	$1,532	$1,352	$920	$482	$436
Median Cost/Client	$630	$540	$287	$180	$240
Max. Cost/Client	$5,721	$9,669	$7,362	$4,920	$4,200

Percent of Clients Served and Percent Spent on Substance Abuse Outpatient Services



Types of Substance Abuse Outpatient Services

	Clients	Total EXHD
SA - GS2 - Group Counseling Level II	34	$17,400
SA - IS1- Individual Counseling Level I	21	$6,570

Substance Abuse Outpatient Services by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving SAS - Outpatient	Percent of All Ryan White Program Clients
Hispanic Male	24.5%	53.5%
Hispanic Female	1.9%	6.4%
Black Male	43.4%	14.6%
Black Female	17.0%	8.1%
Haitian Male	0.0%	4.8%
Haitian Female	5.7%	5.6%
White Male	7.5%	6.1%
White Female	0.0%	0.8%

Substance Abuse Services (Residential)

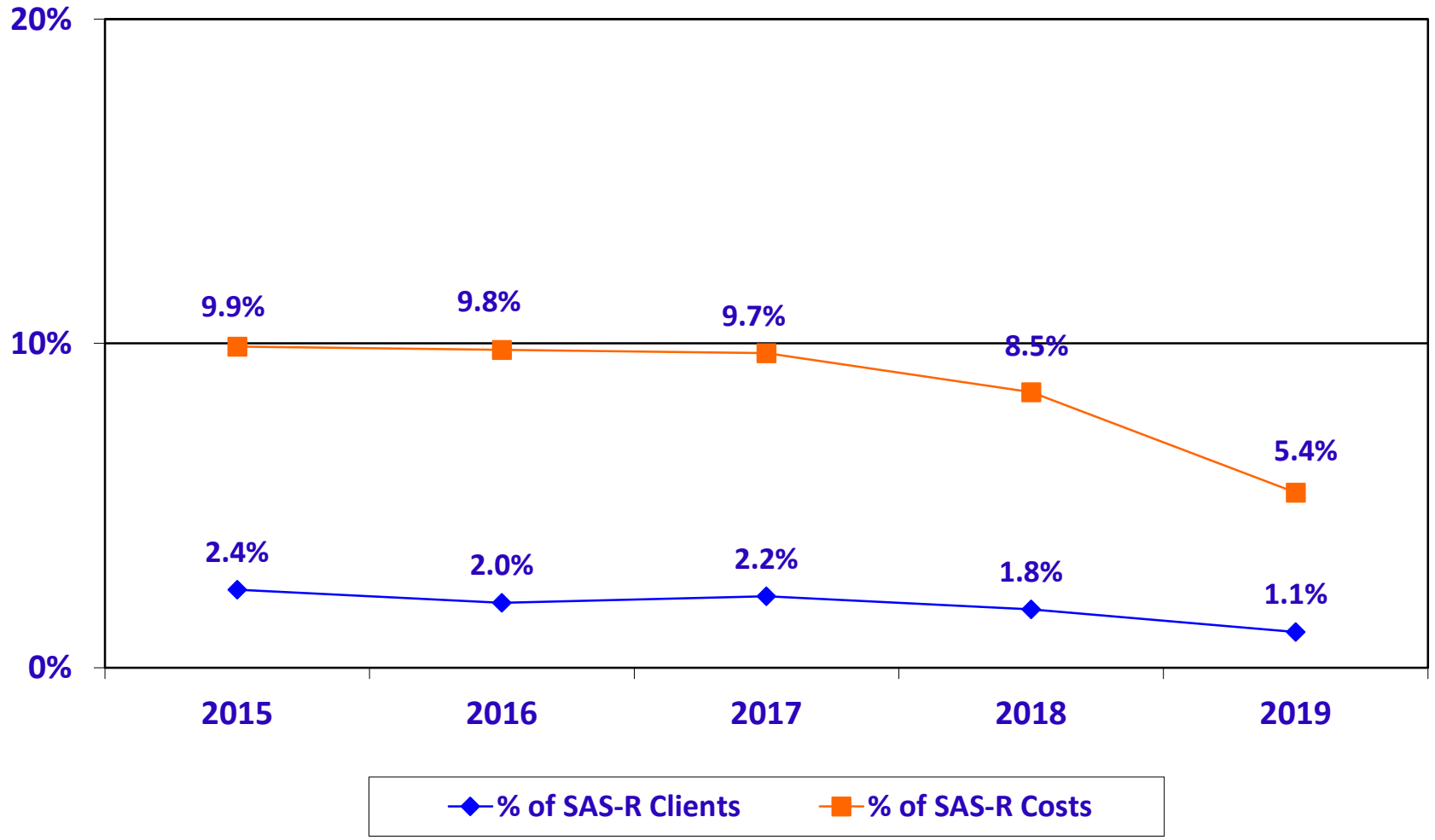
- The number of clients receiving Residential Substance Abuse Services (SAS) has steadily declined over the last five, dropping an additional 44% between FYs 2018/19 (169) and 2019/20 (95).
- Similarly, the dollars spent decreased 33% from $1.85 million to $1.24 million.
- Black males, along with both White males and White females, were more likely to utilize this service compared to the other gender/ethnic groups.

Substance Abuse Services (Residential)

	2015	2016	2017	2018	2019
Total Clients	235	207	214	169	95
% of All RW Clients	2.4%	2.0%	2.2%	1.8%	1.1%
Total Cost	$2,096,575	$2,285,180	$2,276,435	$1,854,140	$1,237,830
% of Total Costs	9.9%	9.8%	9.7%	8.5%	5.4%

Average Cost/Client	$8,922	$11,040	$10,638	$10,971	$13,030
Median Cost/Client	$8,400	$9,720	$9,720	$10,620	$13,140
Max. Cost/Client	$18,000	$30,780	$36,720	$27,540	$27,985

Percent of Clients Served and Percent Spent on Substance Abuse Services (Residential)



Substance Abuse Services (Residential) by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving SAS - Residential	Percent of All Ryan White Program Clients
Hispanic Male	33.3%	53.5%
Hispanic Female	5.6%	6.4%
Black Male	33.3%	14.6%
Black Female	14.4%	8.1%
Haitian Male	0.0%	4.8%
Haitian Female	0.0%	5.6%
White Male	11.1%	6.1%
White Female	2.2%	0.8%

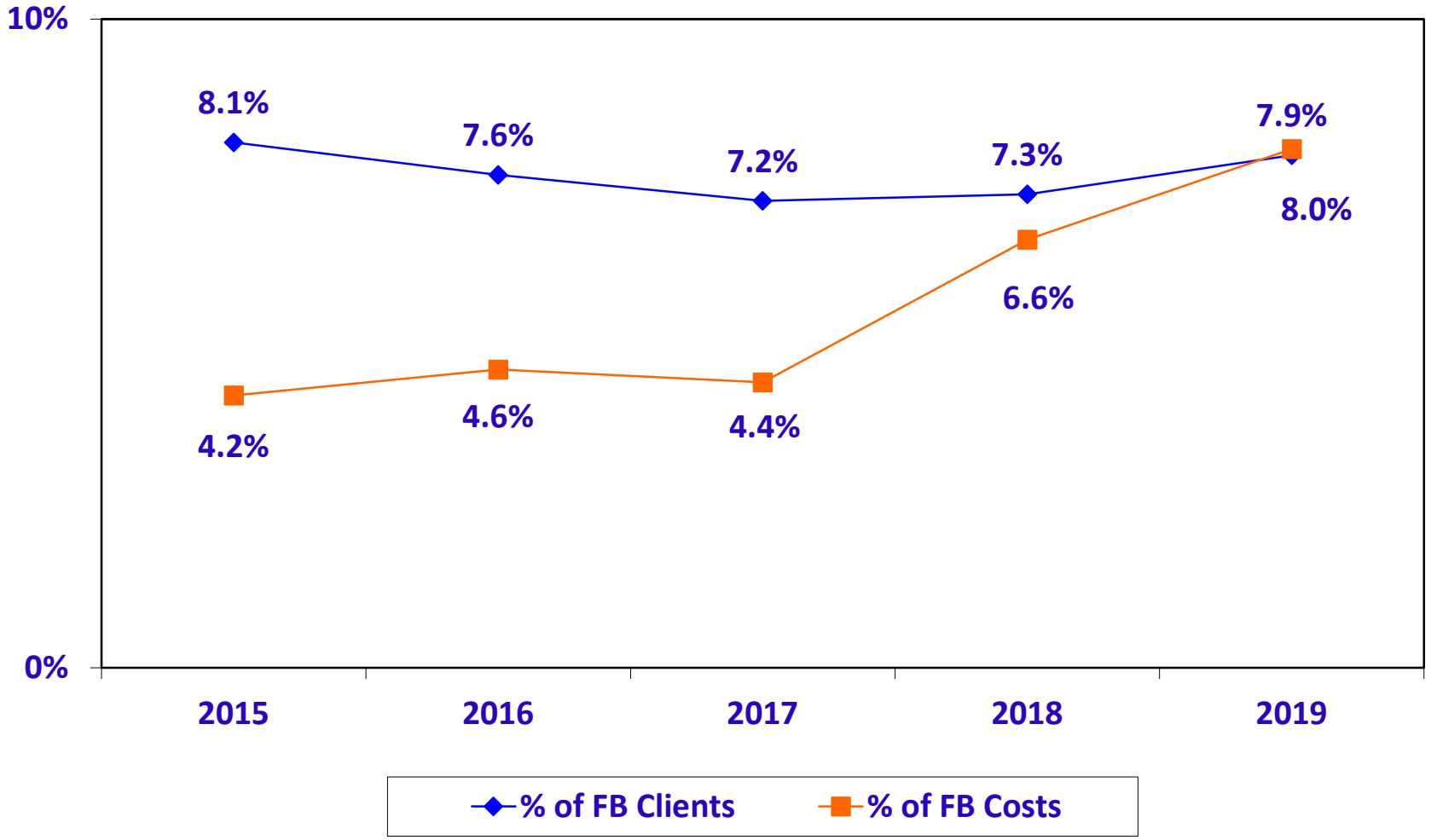
Food Bank

- Due to an increase in the number of allowable Food Bank occurrences per RWP Part A client in FY 2019/20, the dollars spent on the service increased 28% from $1.45 million in FY 2018/19 to $1.85 million in FY 2019/20.
- The total number of clients served increased 25% from 701 in FY 2018/19 to 715 in FY 2019/20. This increase was most likely due to the expansion of FPL eligibility for Food Bank up to 400%.
- As a result of an increase in allowable Food Bank occurrences, the average dollars spent per person served increased from $2,071 to $2,589.
- Black females were more likely to utilize this service compared to the other gender/ethnic groups.

Food Bank

	2015	2016	2017	2018	2019
Total Clients	784	769	709	701	715
% of All RW Clients	8.1%	7.6%	7.2%	7.3%	7.9%
Total Cost	$899,766	$1,079,971	$1,032,226	$1,451,528	$1,851,369
% of Total Costs	4.2%	4.6%	4.4%	6.6%	8.0%
Average Cost/Client	$1,148	$1,404	$1,456	$2,071	$2,589
Median Cost/Client	$999	$1,228	$1,251	$1,347	$2,405
Max. Cost/Client	$2,368	$3,219	$3,463	$4,810	$5,964

Percent of Clients Served and Percent Spent on Food Bank



Food Bank by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving Food Bank Services	Percent of All Ryan White Program Clients
Hispanic Male	54.4%	53.5%
Hispanic Female	6.0%	6.4%
Black Male	14.0%	14.6%
Black Female	12.8%	8.1%
Haitian Male	3.7%	4.8%
Haitian Female	3.6%	5.6%
White Male	4.7%	6.1%
White Female	0.9%	0.8%

Medical Transportation

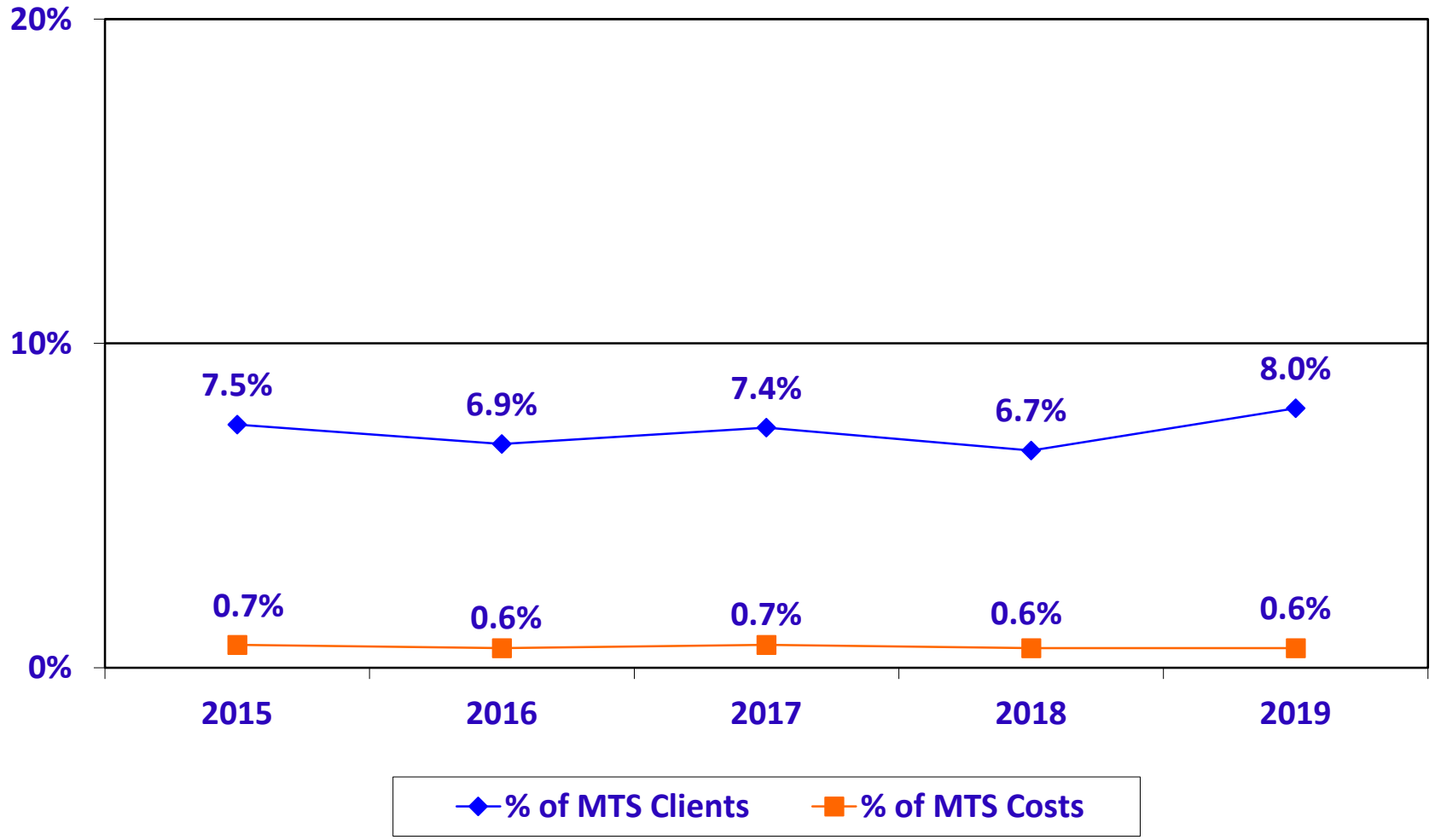
- The number of clients receiving medical transportation (vouchers) increased 13% from 638 in FY 2018/19 to 720 in FY 2019/2020
- At the same time, the dollars spent stayed about the same ($139,855 in FY 2018/19 vs. $140,937 in FY 2019/20).
- Both Black males and Haitian females were more likely to utilize this service compared to the other gender/ethnic groups.

Medical Transportation

	2015	2016	2017	2018	2019
Total Clients	722	703	733	638	720
% of All RW Clients	7.5%	6.9%	7.4%	6.7%	8.0%
Total Cost	$144,580	$138,731	$161,815	$139,855	$140,937
% of Total Costs	0.7%	0.6%	0.7%	0.6%	0.6%

Average Cost/Client	$200	$197	$221	$219	$196
Median Cost/Client	$126	$125	$133	$126	$124
Max. Cost/Client	$797	$797	$797	$797	$863

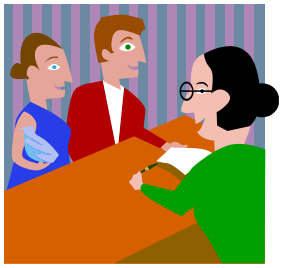
Percent of Clients Served and Percent Spent on Medical Transportation



Medical Transportation by Gender and Ethnicity

Gender and Ethnicity	Percent Receiving Medical Transport.	Percent of All Ryan White Program Clients
Hispanic Male	40.9%	53.5%
Hispanic Female	8.1%	6.4%
Black Male	20.7%	14.6%
Black Female	8.8%	8.1%
Haitian Male	4.5%	4.8%
Haitian Female	10.6%	5.6%
White Male	5.4%	6.1%
White Female	1.0%	0.8%

Other Professional Services
Legal Services



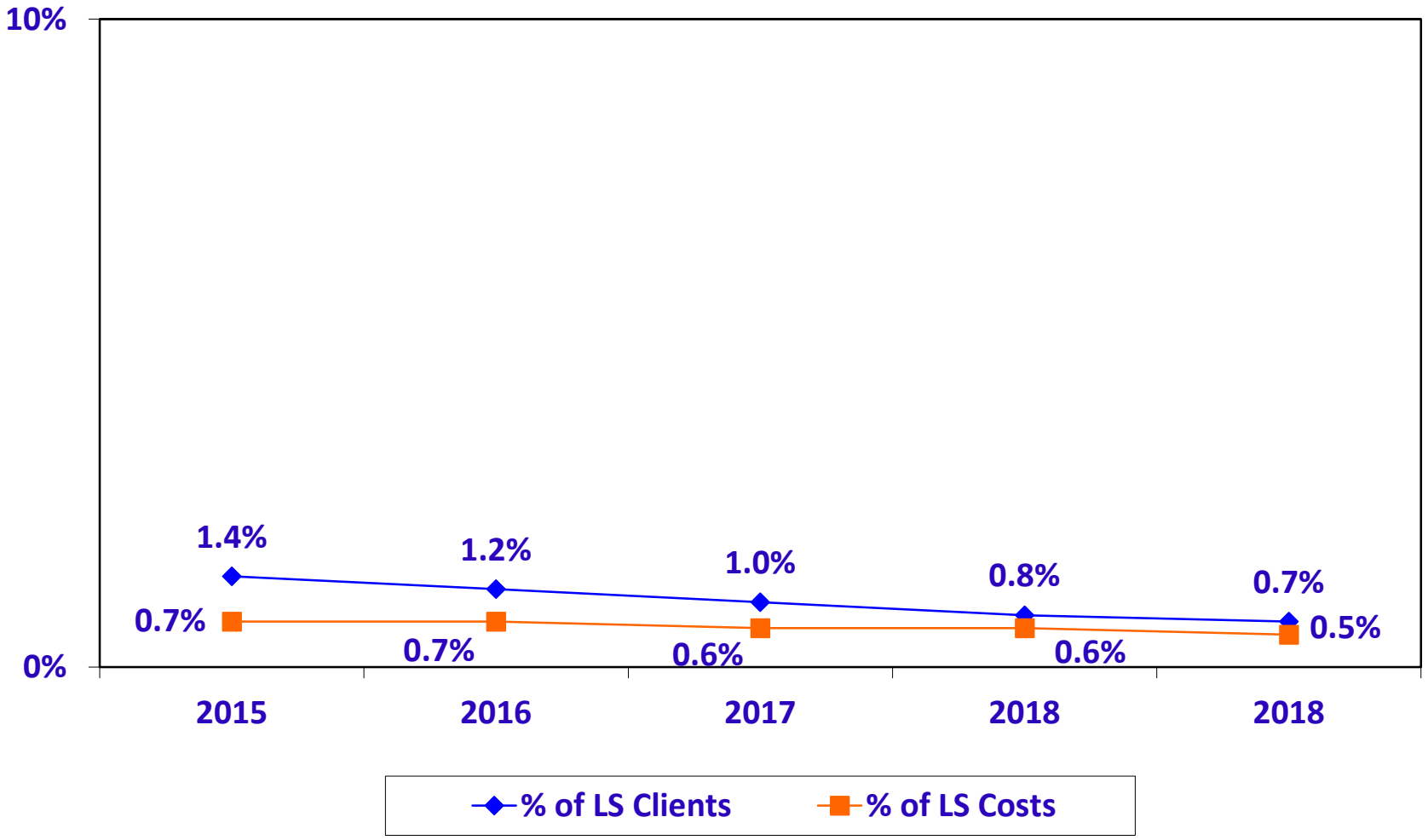
- The number of clients utilizing legal services continued to drop in FY 2019/20 compared to the previous four fiscal years.
- At the same time, there was also a drop in the total dollars spent on the category.
- White males were more likely to utilize this service compared to the other gender/ethnic groups.

Legal Services

	2015	2016	2017	2018	2019
Total Clients	131	119	100	76	66
% of All RW Clients	1.4%	1.2%	1.0%	0.8%	0.7%
Total Cost	$137,988	$171,387	$146,988	$140,599	$115,976
% of Total Costs	0.7%	0.7%	0.6%	0.6%	0.5%

Average Cost/Client	$1,053	$1,440	$1,470	$1,850	$1,757
Median Cost/Client	$657	$909	$653	$1,211	$1,175
Max. Cost/Client	$6,584	$11,268	$14,808	$14,526	$12,636

Percent of Clients Served and Percent Spent on Legal Services



Legal Services by Gender and Ethnicity

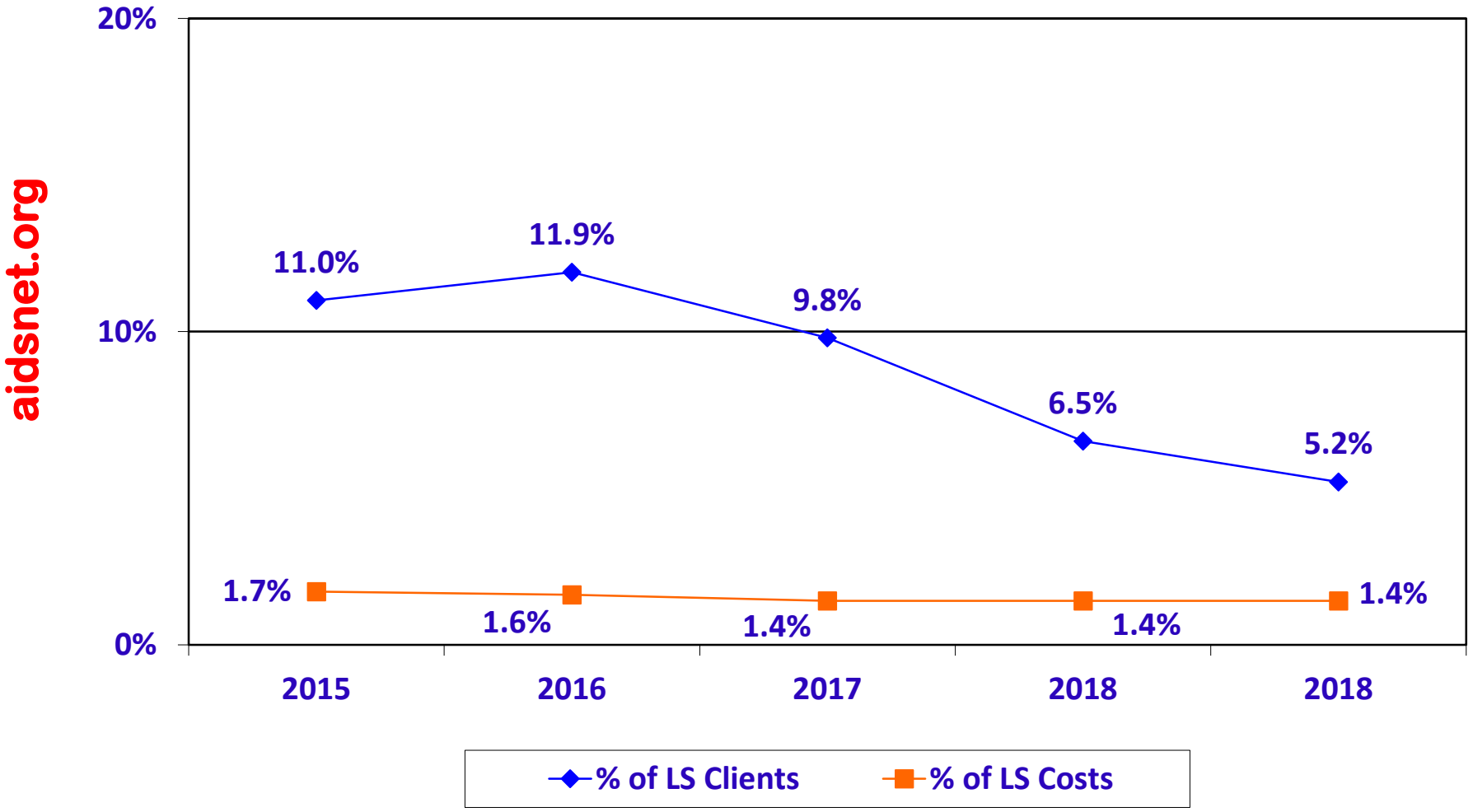
Gender and Ethnicity	Percent Receiving Legal Services	Percent of All Ryan White Program Clients
Hispanic Male	48.5%	53.5%
Hispanic Female	7.6%	6.4%
Black Male	16.7%	14.6%
Black Female	9.1%	8.1%
Haitian Male	6.1%	4.8%
Haitian Female	1.5%	5.6%
White Male	10.6%	6.1%
White Female	0.0%	0.8%

Outreach

	2015	2016	2017	2018	2019
Total Clients	1,060	1,208	965	624	472
% of All RW Clients	11.0%	11.9%	9.8%	6.5%	5.2%
Total Cost	$357,028	$378,586	$337,463	$307,380	$332,602
% of Total Costs	1.7%	1.6%	1.4%	1.4%	1.4%

Average Cost/Client	$337	$313	$349	$493	$705

Percent of Clients Served and Percent Spent on Outreach



aidsnet.org

Thank you for your attention!

Any questions?

7

Other Funding and Services

Other HIV-Specific Funding Sources

June 18, 2020

Hows and Whys?

- Every year, BSR disseminates a survey to non-Ryan White Part A/MAI funding sources supporting care to persons with HIV as a specific populations. These sources include RWP Parts B, C, D, and F; other providers who have additional resources directed toward people with HIV; and the Medicaid program.
- The survey quantifies the *number* of HIV+ clients provided *specific services* during the most recently completed fiscal year, and the *expenditures* for these services.
- The data in this analysis are derived from this survey. Note that not all funding sources reported complete data on the survey, and clients are not unduplicated across funding sources and services provided.

Different Ryan White Parts-What do they do?

Miami-Dade County has all five Ryan White parts (A-F) represented:

- Part A Core and support services provided through the EMA
- Part B Services provided through states/territories and ADAP
- Part C Community-Based Early Intervention
- Part D Women, Infants, Children and Youth (WICY)
- Part F Dental Programs, AETC, SPNS projects

How are the data presented for the parts?

The summary table is three pages long and list the services, totals and age/gender of clients. The age/gender categories are derived from the breakdown of women, infants, children and youth report data. See slide that follows for reference.

These data also included at the bottom of the dashboard cards, sorted by service categories.

Other Funding: Services and Age/Gender of Clients

Other Funding: Services and Age/Gender of Clients

Services	Totals		Infants (0-23 months old)		Children (2 -12 years old)		Youth (13-24 years old)		Adult Females (25+ years old)		Adult Males (25+ years old)		Funding Source
	Total Amount $ Expended	Total # of Clients	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)	
AIDS Drug Assistance (Prescription Drugs)	$30,971,755.55	4,647					$1,359,638.07	204	$6,698,216.99	1,005	$22,913,900.49	3,438	ADAP
	$616,070.89	680					$12,750.54	12	$229,846.61	221	$373,473.74	447	General Revenue
	$379,131.81	185					$6,681.42	12	$41,665.75	20	$330,784.64	153	Part B
	$22,511.00												Part C
Early Intervention Services (EIS)	$6,109.91	5,415						1,168	$3,491.38	1,775	$2,618.53	2,472	Part C
Emergency Financial Assistance	$269,133.35	117					$18,406.46	8	$43,700.00	19	$207,026.89	90	Part B
	$345,869.85	164			$882.18	1	$37,363.63	19	$78,682.24	38	$228,941.80	106	General Revenue
Emergency Services	$30,671.16	125					$1,387.38	8	$8,300.92	36	$20,982.86	81	General Revenue
Food Bank	$13,409.00	518	$1,453.00	88	$380.00	23	$4,936.00	171	$6,640.00	236			Part D
Health Education	$73,431.57	132					$0.00	0	$30,040.19	54	$43,391.38	78	Part C
	$47,423.00	390	$9,557.00	94	$2,338.00	23	$23,031.00	171	$12,497.00	102			Part D
Health Insurance Premium and Cost-Sharing Assistance for Low Income Individuals	$21,582,415.18	2,733					$244,806.22	31	$3,411,490.40	432	$17,926,118.56	2,270	ADAP
Home and Community-Based Health Services	$7,090.58	22			$367.20	1			$2,748.65	7	$3,974.73	14	General Revenue
Home Health Care	$47,224.00	22							$32,326.00	13	$14,898.00	9	General Revenue
Hospital Inpatient	$1,062,180.32	50					$4,613.61	1	$355,211.55	16	$702,355.16	33	General Revenue
Housing	$149,683.00	35							$20,382.00	4	$129,301.00	31	General Revenue
	$10,519,222.00	890											HOPWA
Linguistic Services	$5,948.00	191	$1,864.00	39	$430.00	9	$1,868.00	45	$1,786.00	98	$0.00	0	Part D

Medicaid

- The following slide and two tables included in your materials provide details on the Medicaid program total HIV/AIDS clients served, expenditures and demographics.
- Demographics include race/ethnicity, gender and age.
- Due to changes in Medicaid reporting, a new label of "other" is being used for categories with items less than 15.
- Data from the Medicaid program is also included at the bottom of the dashboard cards.

Medicaid HIV/AIDS Expenses and Clients FY 2016-17 through FY 2019-20

	FY 2016-17	FY 2017-18	FY 2018-19
Expenses	$167,045,421.77	$191,927,978	$218,589,221
Clients Served	6,772	6,992	7,101
Average cost per client	$24,667.07	$27,449.65	$30,782.88

Note: Relative to FY 2017-18, FY 2018-19 shows an increase in the number of clients served (+1.56%) and total expenditures (+13.89%) .

Medicaid HIV/AIDS Demographic Tables

Medicaid HIV/AIDS Demographic Information FY 2016-2019

Medicaid HIV/AIDS Clients 18-64 years older

	FY 2016-2017						FY 2017-2018						FY 2018-2019					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native	2	0.05%		0.00%	2	0.03%	4	0.10%	0	0.00%	4	0.06%		0.00%		0.00%		0.00%
Asian	1	0.03%	5	0.19%	6	0.09%	3	0.08%	5	0.18%	8	0.12%		0.00%		0.00%		0.00%
Black/African American	1,419	37.32%	1,654	61.60%	3,073	47.37%	1,385	36.04%	1,707	60.34%	3,092	46.34%	1,371	36.23%	1,779	60.35%	3,150	46.70%
Hispanic	1,471	38.69%	471	17.54%	1,942	29.94%	1,448	37.68%	511	18.06%	1,959	29.36%	1,378	36.42%	525	17.81%	1,903	28.21%
Not Determined	557	14.65%	401	14.93%	958	14.77%	650	16.91%	443	15.66%	1,093	16.38%	711	18.79%	490	16.62%	1,201	17.81%
Other	45	1.18%	33	1.23%	78	1.20%	44	1.14%	33	1.17%	77	1.15%	40	1.06%	37	1.26%	77	1.14%
Other * (counts less than 15)						0.00%								0.00%		0.00%	13	0.19%
White	307	8.07%	121	4.51%	428	6.60%	309	8.04%	130	4.60%	439	6.58%	284	7.51%	117	3.97%	401	5.95%
TOTAL	3,802	58.61%	2,685	41.39%	6,487	100.00%	3,843	57.60%	2,829	42.40%	6,672	100.00%	3,784	56.10%	2,948	43.71%	6,745	100.00%

Medicaid HIV/AIDS Clients less than 18 year old

	FY 2016-2017						FY 2017-2018						FY 2018-2019					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native		0.00%		0.00%	0	0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
Asian		0.00%		0.00%	0	0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
Black/African American	90	63.83%	92	63.89%	182	63.86%	106	65.03%	100	63.69%	206	64.38%	109	64.88%	113	68.48%	222	62.36%
Hispanic	22	15.60%	26	18.06%	48	16.84%	27	16.56%	30	19.11%	57	17.81%	31	18.45%	35	21.21%	66	18.54%
Not Determined	22	15.60%	17	11.81%	39	13.68%	22	13.50%	16	10.19%	38	11.88%	28	16.67%	17	10.30%	45	12.64%
Other	1	0.71%	5	3.47%	6	2.11%	1	0.61%	4	2.55%	5	1.56%		0.00%		0.00%		0.00%
Other (*less than 15 count)		0.00%		0.00%	0	0.00%		0.00%		0.00%	0	0.00%		0.00%		0.00%	23	6.46%
White	6	4.26%	4	2.78%	10	3.51%	7	4.29%	7	4.46%	14	4.38%		0.00%		0.00%		0.00%
TOTAL	141	49.47%	144	50.53%	285	100.00%	163	50.94%	157	49.06%	320	100.00%	168	47.19%	165	46.35%	356	100.00%

TOTAL MEDICAID CLIENTS	6,772	6,992	7,101

	FY 2016-2017						FY 2017-2018						FY 2018-2019					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native	2	0.05%		0.00%	2	0.03%	4	0.10%	0	0.00%	4	0.06%		0.00%		0.00%		0.00%
Asian	1	0.03%	5	0.18%	6	0.09%	3	0.07%	5	0.17%	8	0.11%		0.00%		0.00%		0.00%
Black/African American	1,509	38.27%	1,746	61.72%	3,255	48.07%	1,491	37.22%	1,807	60.52%	3,298	47.17%	1,480	37.35%	1,892	60.52%	3,372	47.49%
Hispanic	1,493	37.86%	497	17.57%	1,990	29.39%	1,475	36.82%	541	18.12%	2,016	28.83%	1,409	35.56%	560	17.91%	1,969	27.73%
Not Determined	579	14.68%	418	14.78%	997	14.72%	672	16.77%	459	15.37%	1,131	16.18%	739	18.65%	507	16.22%	1,246	17.55%
Other	46	1.17%	38	1.34%	84	1.24%	45	1.12%	37	1.24%	82	1.17%	44	1.11%	42	1.34%	86	1.21%
Other (*less than 15 count)		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	13	0.18%
White	313	7.94%	125	4.42%	438	6.47%	316	7.89%	137	4.59%	453	6.48%	290	7.32%	125	4.00%	415	5.84%
TOTAL	3,943	58.23%	2,829	41.77%	6,772	100.00%	4,006	57.29%	2,986	42.71%	6,992	100.00%	3,962	55.79%	3,126	44.02%	7,101	100.00%

Past 3 Fiscal Years Medicaid Demographics

Needs Assessment 2020

Note: This chart is found in your materials and displays three years of information. In terms of gender, there are slightly more men in the Medicaid program. The program also serves more Black/African Americans.

FY 18-19 Medicaid

FY 2018-2019
Medicaid Expenditures and Clients

Florida Medicaid Patients Expenditures FY 2018-2019 (Miami-Dade)

Bucket	Service	Clients	Expended
00	CaseMonths	7,101	
01	HOSPITAL INPATIENT SERV	1,031	$ 13,277,055.44
02	HOSPITAL INSURANCE BENE	237	$ 547,254.33
03	HOSPITAL OUTPATIENT SER	3,431	$ 5,480,616.03
04	HOSPITAL OUTPATIENT XOV	876	$ 276,718.88
07	INTERMEDIATE CARE	24	$ 369,434.96
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14	PRESCRIBED MEDICINE	409	$ 7,882,587.47
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19	FAMILY PLANNING SERVICE	46	$ 23,222.42
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24	CHILD VISUAL SERVICES	30	$ 1,427.09
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	OTHER	242	$ 1,660,901.27
	Total :	7,101	$ 218,589,220.75

*Note: "OTHER" indicates that the count is less than 15

Medicaid Table

Needs Assessment 2020

Services	Totals		Infants (0-23 months old)		Children (2 -12 years old)		Youth (13-24 years old)		Adult Females (25+ years old)		Adult Males (25+ years old)		Funding Source
	Total Amount $ Expended	Total # of Clients	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)	
AIDS Drug Assistance (Prescription Drugs)	**$30,971,755.55**	**4,647**					$1,359,638.07	204	$6,698,216.99	1,005	$22,913,900.49	3,438	ADAP
	$616,070.89	**680**					$12,750.54	12	$229,846.61	221	$373,473.74	447	General Revenue
	$379,131.81	**185**					$6,681.42	12	$41,665.75	20	$330,784.64	153	Part B
	$22,511.00												Part C
Early Intervention Services (EIS)	**$6,109.91**	**5,415**						1,168	$3,491.38	1,775	$2,618.53	2,472	Part C
Emergency Financial Assistance	**$269,133.35**	**117**					$18,406.46	8	$43,700.00	19	$207,026.89	90	Part B
	$345,869.85	**164**			$882.18	1	$37,363.63	19	$78,682.24	38	$228,941.80	106	General Revenue
Emergency Services	**$30,671.16**	**125**					$1,387.38	8	$8,300.92	36	$20,982.86	81	General Revenue
Food Bank	**$13,409.00**	**518**	$1,453.00	88	$380.00	23	$4,936.00	171	$6,640.00	236			Part D
Health Education	**$73,431.57**	**132**					$0.00	0	$30,040.19	54	$43,391.38	78	Part C
	$47,423.00	**390**	$9,557.00	94	$2,338.00	23	$23,031.00	171	$12,497.00	102			Part D
Health Insurance Premium and Cost-Sharing Assistance for Low Income Individuals	**$21,582,415.18**	**2,733**					$244,806.22	31	$3,411,490.40	432	$17,926,118.56	2,270	ADAP
Home and Community-Based Health Services	**$7,090.58**	**22**			$367.20	1			$2,748.65	7	$3,974.73	14	General Revenue
Home Health Care	**$47,224.00**	**22**							$32,326.00	13	$14,898.00	9	General Revenue
Hospital Inpatient	**$1,062,180.32**	**50**					$4,613.61	1	$355,211.55	16	$702,355.16	33	General Revenue
Housing	**$149,683.00**	**35**							$20,382.00	4	$129,301.00	31	General Revenue
	$10,519,222.00	**890**											HOPWA
Linguistic Services	**$5,948.00**	**191**	$1,864.00	39	$430.00	9	$1,868.00	45	$1,786.00	98	$0.00	0	Part D

Services	Totals		Infants (0-23 months old)		Children (2 -12 years old)		Youth (13-24 years old)		Adult Females (25+ years old)		Adult Males (25+ years old)		Funding Source
	Total Amount $ Expended	Total # of Clients	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)	
Medical Case Management, includi	**$1,404,606.00**	**2,556**			$784.00	3	$59,360.00	107	$403,998.00	718	$940,464.00	1,728	General Revenue
	$23,600.00												Part C
	$143,745.00	**524**	$19,986.00	94	$4,890.00	23	$74,716.00	171	$44,153.00	236			Part D
Medical Nutrition Therapy	**$818.59**	**95**					$8.62	1	$292.97	34	$517.00	60	General Revenue
	$40,861.00												Part C
Medical Transportation	**$4,305.00**	**346**	$550.00	55	$200.00	20	$2,520.00	168	$1,035.00	103			Part D
Mental Health Services	**$220,095.40**	**1,482**					$3,718.93	22	$91,976.73	595	$123,880.74	865	Part C
	$236,934.00	**524**	$55,109.00	94	$13,485.00	23	$114,655.00	171	$53,685.00	236			Part D
	$51,832.53	**173**					$1,002.07	5	$9,881.63	46	$40,948.83	122	General Revenue
Non-Medical Case Management	**$120,000.00**	**388**					$40,000.00	12	$40,000.00	101	$40,000.00	275	General Revenue
	$149,458.23	**450**	$349.20	1	$349.20	1.00	$6,984.03	20	$34,570.95	121	$107,204.85	307	Part B
	$5,264.19	**319**					33.00	2	1,584.21	96	$3,646.98	221	Part C
	$138,079.00	**524**	$24,086.00	94	5,894.00	23.00	42,130.00	171	65,969.00	236			Part D
Nursing Home (Long Term Care) Services	**$455,940.70**	**6**							$261,503.20	3	$194,437.50	3	General Revenue
Oral Health Care	**$212,403.00**	**506**					$4,400.50	21	$40,861.75	195	$60,768.75	290	Part C
Other services (specify): HIV Counseling and Testing at-risk youth	**$47,908.00**	**535**					$47,908.00	535					Part D
Other services (specify): Linkage Specialist	**$5,194.38**	**52**							$5,194.38	52			Part C

Services	Totals		Infants (0-23 months old)		Children (2 -12 years old)		Youth (13-24 years old)		Adult Females (25+ years old)		Adult Males (25+ years old)		Funding Source
	Total Amount $ Expended	Total # of Clients	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)	
Other services (specify): Outreach to at-risk youth	**$17,280.00**	**400**					$17,280.00	400					Part D
Other services (specify): Referral for Health Care and Supportive Services to at-risk youth	**$3,938.00**	**160**					$3,938.00	160					Part D
Other services (specify): Specialty patient navigation	**$45,408.26**	**473**					$0.00		$45,408.26	473			Part C
Outpatient/Ambulatory Health Services	**$1,220,166.82**	**1,293**					$14,190.89	31	$446,245.05	419	$759,730.88	843	General Revenue
	$1,096,979.85	**4,136**					$19,939.28	86	$276,621.37	1,260	$584,927.20	2,790	Part C
	$832,659.00	**925**	$116,507.00	94	$28,507.00	23	$227,512.00	171	$460,133.00	637			Part D
Outreach Services	**$156,781.39**	**2,780**					$26,230.75	873	$55,488.25	1,124	$39,813.39	783	Part C
	$56,352.25	**1,144**					$864.00	20					Part D
Psychosocial Support Services	**$27,124.00**	**288**	$9,676.00	94	$2,368.00	23	$15,080.00	171	$2,904.00	140			Part D
Referral for Health Care and Support Services	**$799,827.26**	**3,126**			261.08	1.00	$61,820.05	138	$217,246.04	906	$520,500.09	2,081	General Revenue
	$3,224.00	**134**	$2,239.00	94			$985.00	40					Part D
Risk Reduction	**$103,800.29**	**2,491**					$23,388.96	586	$34,990.39	814	$45,420.94	1,091	Part C
Substance Abuse Outpatient Care	**$31,925.00**	**22**							$15,962.50	11	$15,962.50	11	Part C
	$500,000.00	**175**					$77,142.86	27	$108,571.43	38	$314,285.71	110	SAMSHA
Test and Treat Services	**$101,040.79**	**91**					$9,950.04	8	$24,629.58	23	$66,461.17	60	General Revenue

Medicaid HIV/AIDS Demographic Information FY 2016-2019

Medicaid HIV/AIDS Clients 18-64 years older

	FY 2016-2017						FY 2017-2018						FY 2018-2019					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native	2	0.05%		0.00%	2	0.03%	4	0.10%		0.00%	4	0.06%		0.00%		0.00%		0.00%
Asian	1	0.03%	5	0.19%	6	0.09%	3	0.08%	5	0.18%	8	0.12%		0.00%		0.00%		0.00%
Black/African American	1,419	37.32%	1,654	61.60%	3,073	47.37%	1,385	36.04%	1,707	60.34%	3,092	46.34%	1,371	36.23%	1,779	60.35%	3,150	46.70%
Hispanic	1,471	38.69%	471	17.54%	1,942	29.94%	1,448	37.68%	511	18.06%	1,959	29.36%	1,378	36.42%	525	17.81%	1,903	28.21%
Not Determined	557	14.65%	401	14.93%	958	14.77%	650	16.91%	443	15.66%	1,093	16.38%	711	18.79%	490	16.62%	1,201	17.81%
Other	45	1.18%	33	1.23%	78	1.20%	44	1.14%	33	1.17%	77	1.15%	40	1.06%	37	1.26%	77	1.14%
Other * (counts less than 15)						0.00%								0.00%		0.00%	13	0.19%
White	307	8.07%	121	4.51%	428	6.60%	309	8.04%	130	4.60%	439	6.58%	284	7.51%	117	3.97%	401	5.95%
TOTAL	3,802	58.61%	2,685	41.39%	6,487	100.00%	3,843	57.60%	2,829	42.40%	6,672	100.00%	3,784	56.10%	2,948	43.71%	6,745	100.00%

Medicaid HIV/AIDS Clients less than 18 year old

	FY 2016-2017						FY 2017-2018						FY 2018-2019					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native		0.00%		0.00%	0	0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
Asian		0.00%		0.00%	0	0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
Black/African American	90	63.83%	92	63.89%	182	63.86%	106	65.03%	100	63.69%	206	64.38%	109	64.88%	113	68.48%	222	62.36%
Hispanic	22	15.60%	26	18.06%	48	16.84%	27	16.56%	30	19.11%	57	17.81%	31	18.45%	35	21.21%	66	18.54%
Not Determined	22	15.60%	17	11.81%	39	13.68%	22	13.50%	16	10.19%	38	11.88%	28	16.67%	17	10.30%	45	12.64%
Other	1	0.71%	5	3.47%	6	2.11%	1	0.61%	4	2.55%	5	1.56%		0.00%		0.00%		0.00%
Other (*less than 15 count)		0.00%		0.00%	0	0.00%		0.00%		0.00%	0	0.00%		0.00%		0.00%	23	6.46%
White	6	4.26%	4	2.78%	10	3.51%	7	4.29%	7	4.46%	14	4.38%		0.00%		0.00%		0.00%
TOTAL	141	49.47%	144	50.53%	285	100.00%	163	50.94%	157	49.06%	320	100.00%	168	47.19%	165	46.35%	356	100.00%

TOTAL MEDICAID CLIENTS	**6,772**	**6,992**	**7,101**

	FY 2016-2017						FY 2017-2018						FY 2018-2019					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native	2	0.05%		0.00%	2	0.03%	4	0.10%	0	0.00%	4	0.06%		0.00%		0.00%		0.00%
Asian	1	0.03%	5	0.18%	6	0.09%	3	0.07%	5	0.17%	8	0.11%		0.00%		0.00%		0.00%
Black/African American	1,509	38.27%	1,746	61.72%	3,255	48.07%	1,491	37.22%	1,807	60.52%	3,298	47.17%	1,480	37.35%	1,892	60.52%	3,372	47.49%
Hispanic	1,493	37.86%	497	17.57%	1,990	29.39%	1,475	36.82%	541	18.12%	2,016	28.83%	1,409	35.56%	560	17.91%	1,969	27.73%
Not Determined	579	14.68%	418	14.78%	997	14.72%	672	16.77%	459	15.37%	1,131	16.18%	739	18.65%	507	16.22%	1,246	17.55%
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ADAP-Miami

FY 2019/2020 Summary

ADAP Program & CHD Pharmacy

Office of Public Health Financial Management

FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY

COVID19 -

* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

DEMOGRAPHICS
ADAP-Miami

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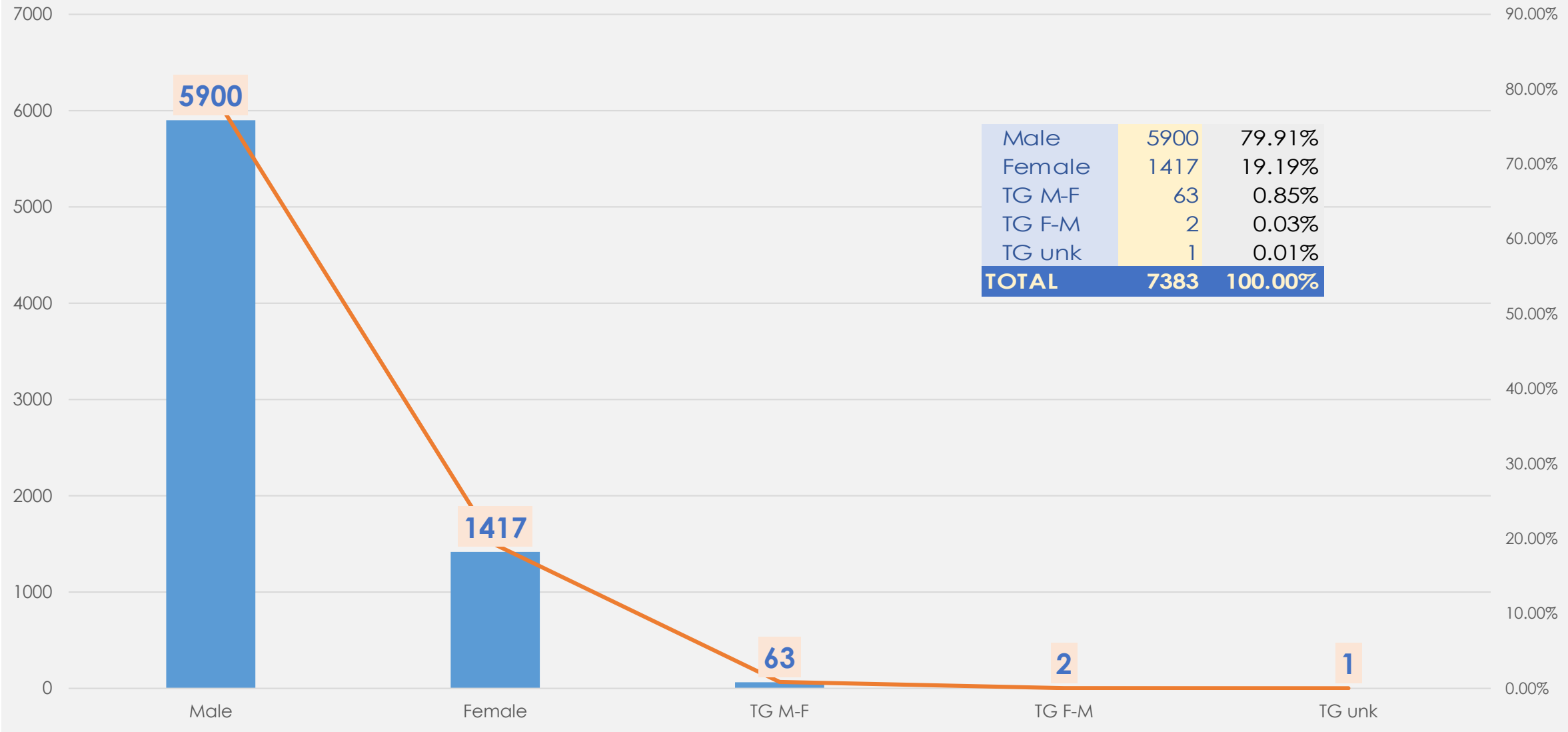
BY GENDER

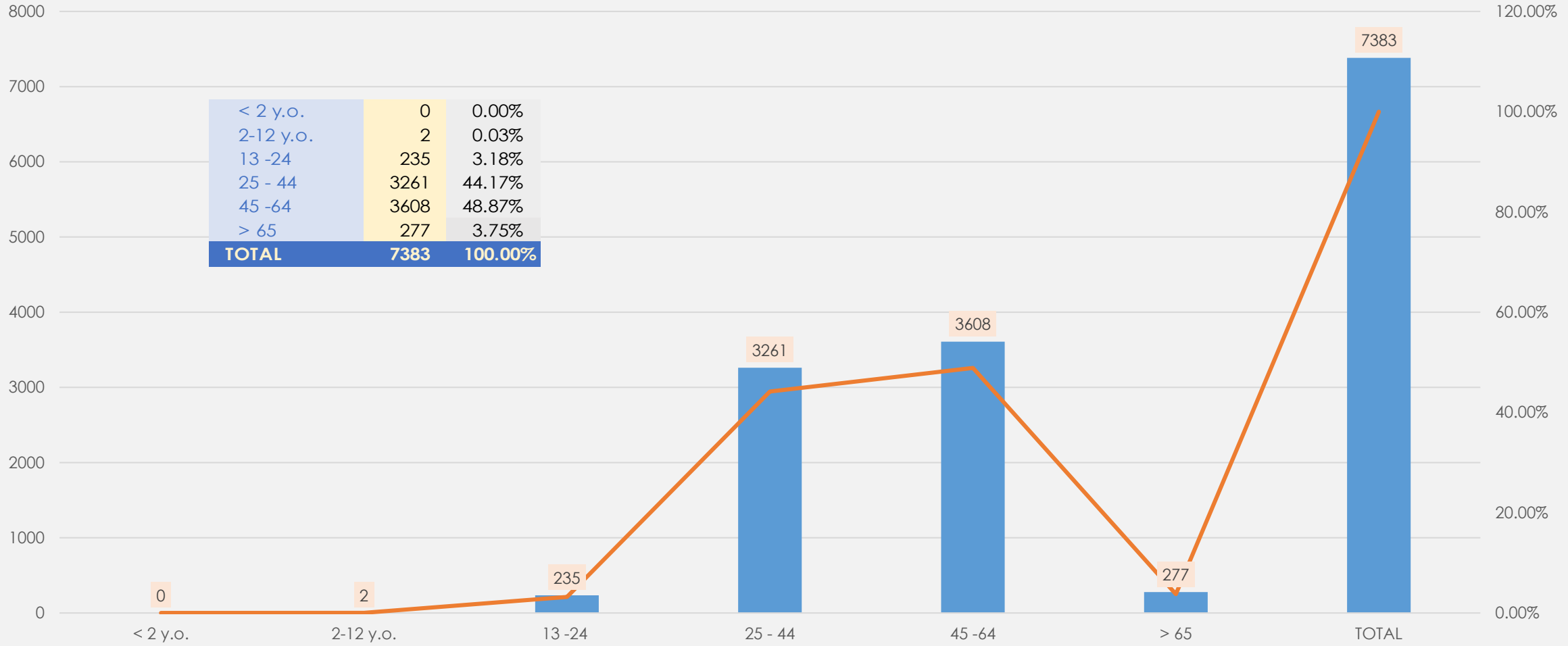


Male	5900	79.91%
Female	1417	19.19%
TG M-F	63	0.85%
TG F-M	2	0.03%
TG unk	1	0.01%
TOTAL	**7383**	**100.00%**

* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

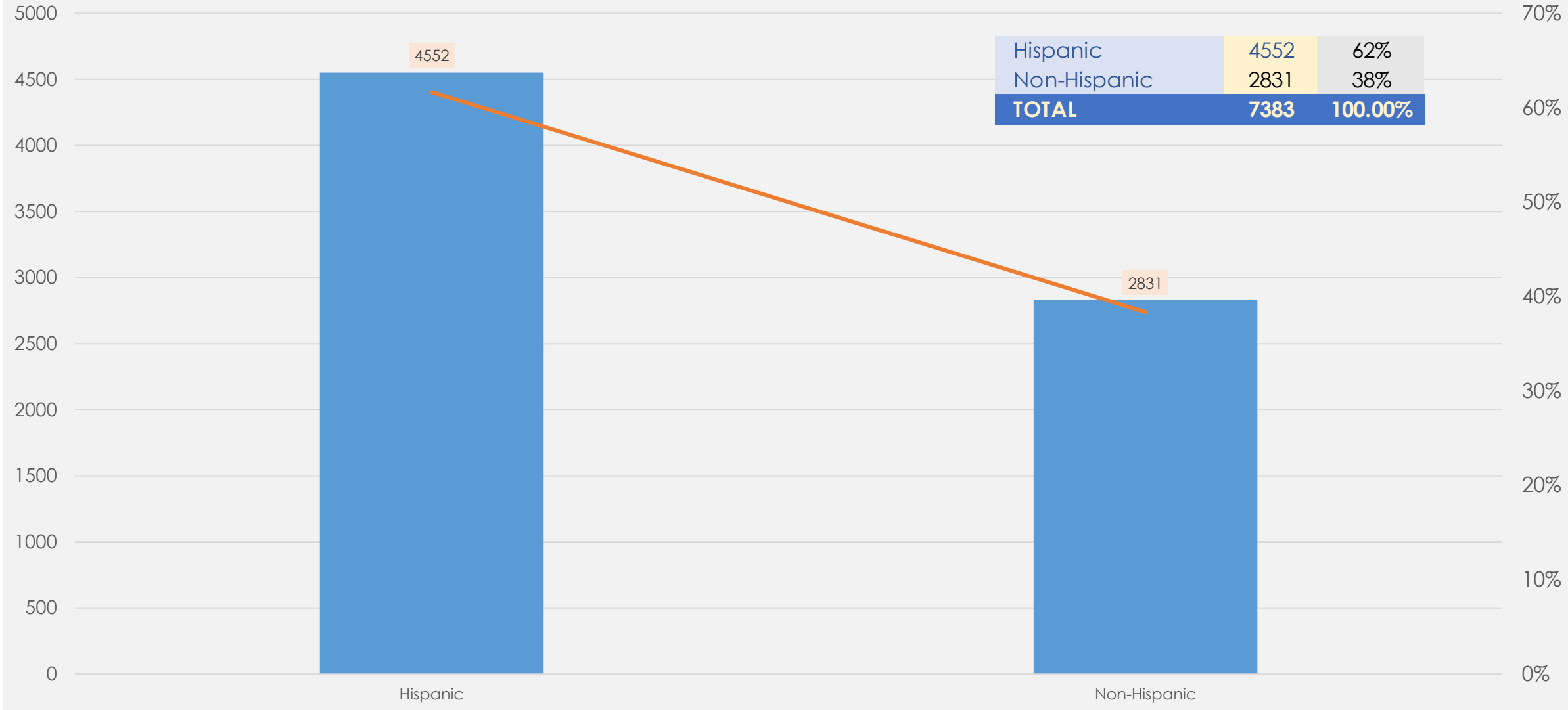
BY AGE

< 2 y.o.	0	0.00%
2-12 y.o.	2	0.03%
13 -24	235	3.18%
25 - 44	3261	44.17%
45 -64	3608	48.87%
> 65	277	3.75%
TOTAL	**7383**	**100.00%**



* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

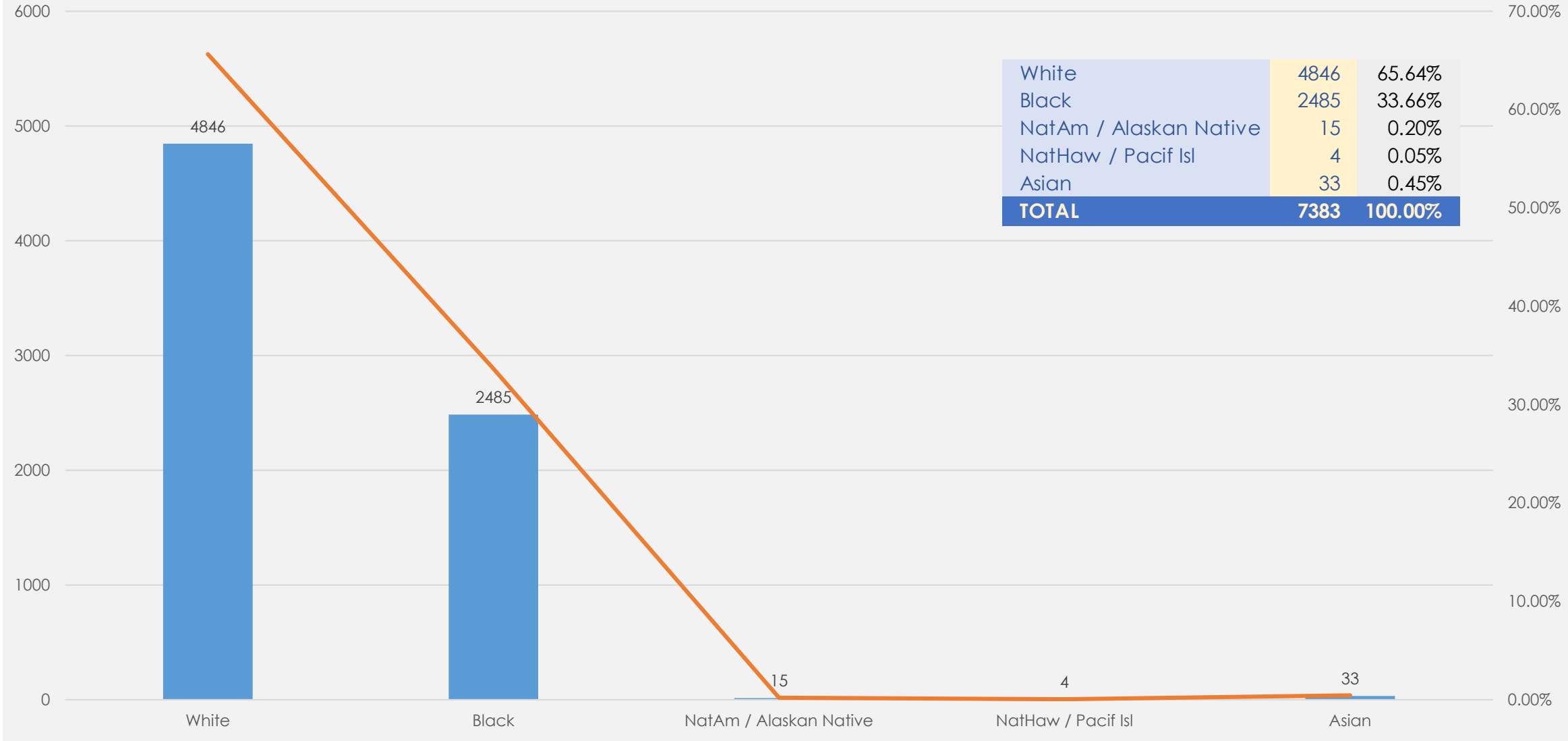
BY ETHNICITY



Hispanic	4552	62%
Non-Hispanic	2831	38%
TOTAL	**7383**	**100.00%**

* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

ADAP- Miami Patients **BY RACE** FY 19/20

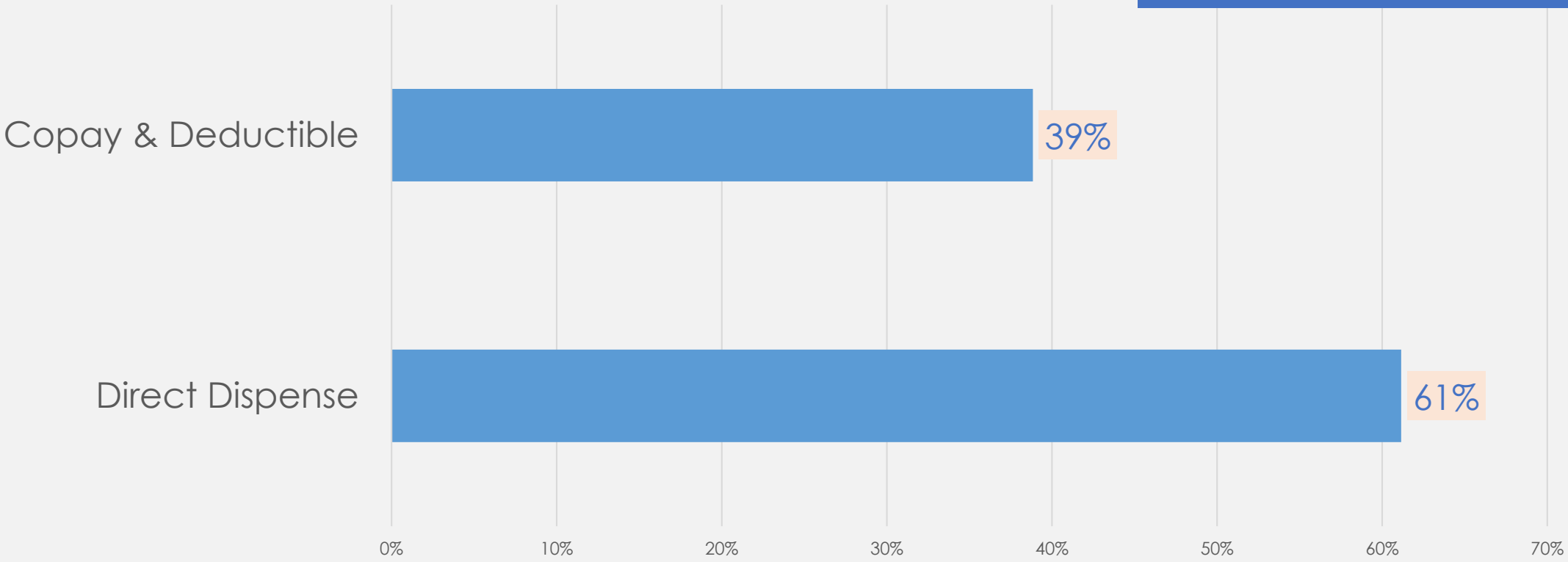


White	4846	65.64%
Black	2485	33.66%
NatAm / Alaskan Native	15	0.20%
NatHaw / Pacif Isl	4	0.05%
Asian	33	0.45%
TOTAL	**7383**	**100.00%**

* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

BY BENEFIT LEVEL

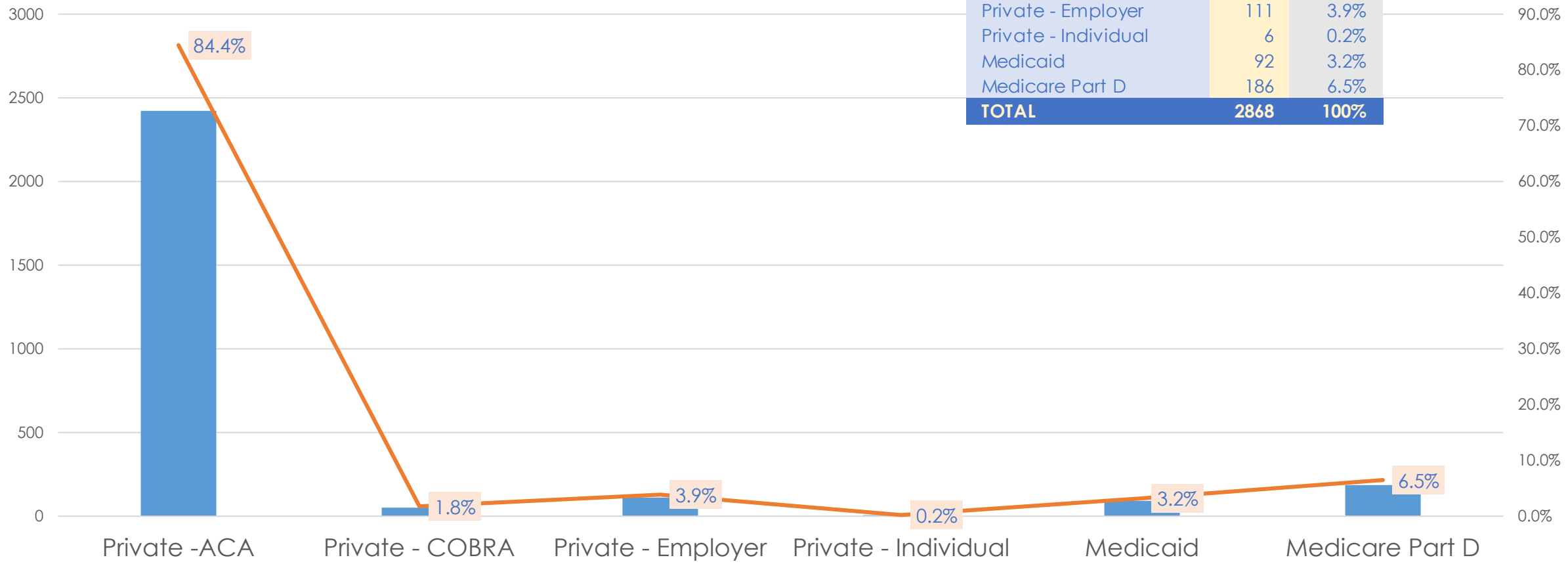
Direct Dispense	4515	61%
Copay & Deductible	2868	39%
TOTAL	**7383**	**100%**



* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

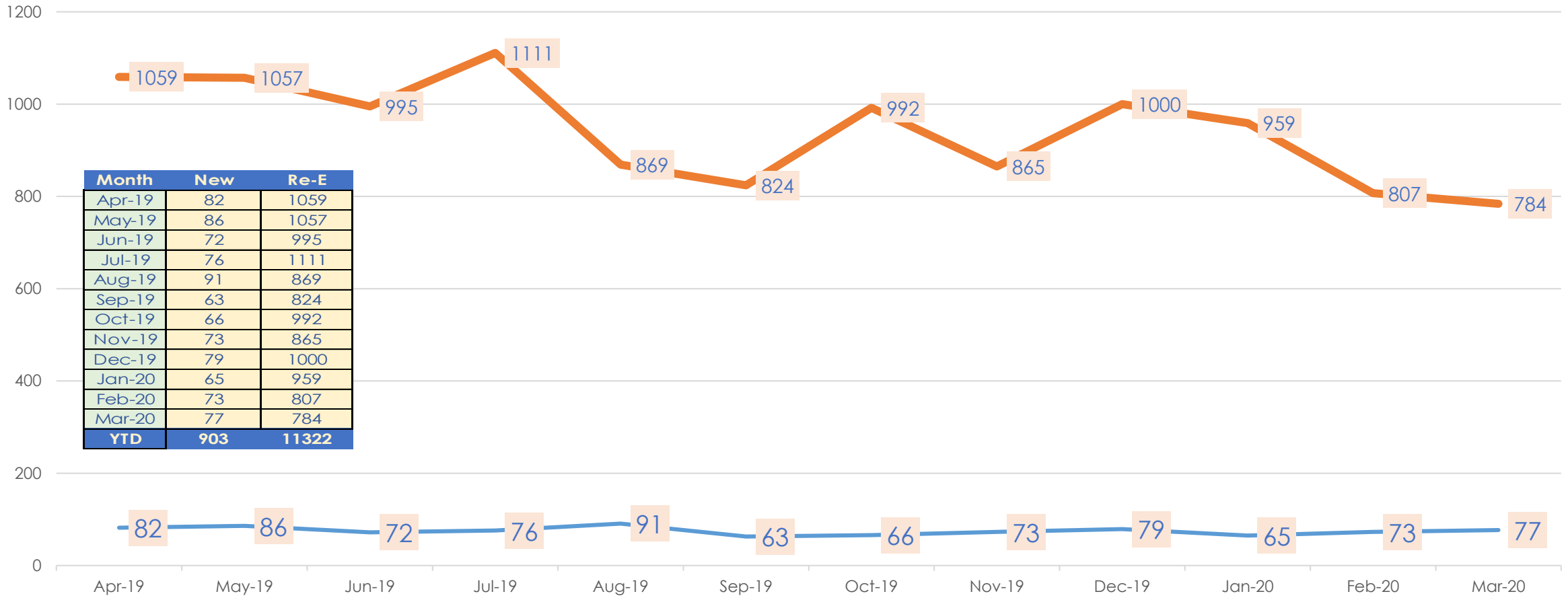
BY INSURANCE CATEGORY

Private -ACA	2422	84.4%
Private - COBRA	51	1.8%
Private - Employer	111	3.9%
Private - Individual	6	0.2%
Medicaid	92	3.2%
Medicare Part D	186	6.5%
TOTAL	**2868**	**100%**



* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

BY NEW ENROLLMENTS & Six-Month Re-Enrollments



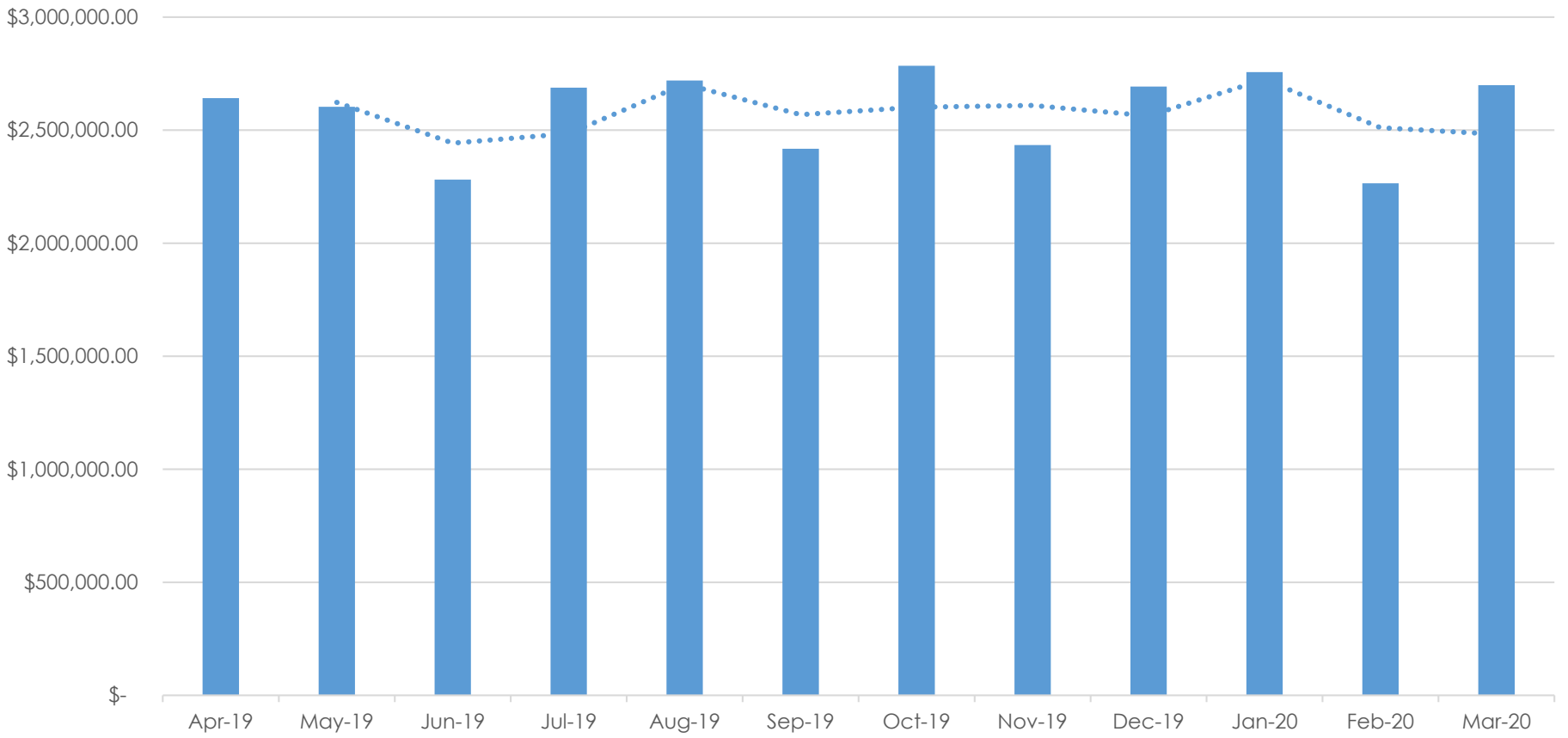
Month	New	Re-E
Apr-19	82	1059
May-19	86	1057
Jun-19	72	995
Jul-19	76	1111
Aug-19	91	869
Sep-19	63	824
Oct-19	66	992
Nov-19	73	865
Dec-19	79	1000
Jan-20	65	959
Feb-20	73	807
Mar-20	77	784
YTD	**903**	**11322**

* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

EXPENDITURES
ADAP-Miami

* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

DIRECT DISPENSE

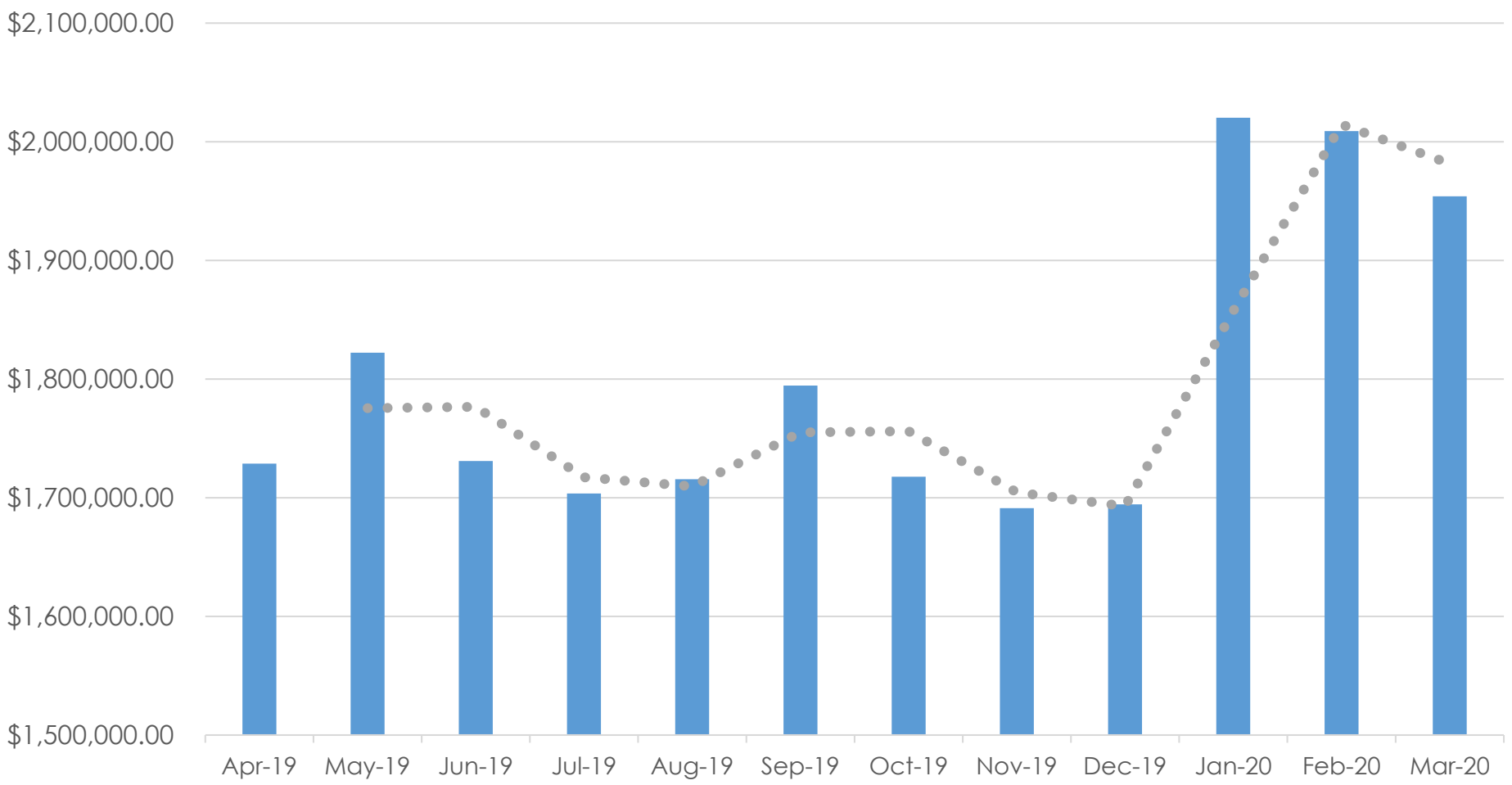


Direct Dispense

Month	Expenditures	$/pt
Apr-19	$ 2,642,042.00	$ 939.89
May-19	$ 2,603,257.00	$ 928.08
Jun-19	$ 2,281,669.00	$ 864.27
Jul-19	$ 2,687,804.42	$ 911.74
Aug-19	$ 2,719,435.65	$ 903.17
Sep-19	$ 2,417,676.51	$ 860.08
Oct-19	$ 2,785,145.28	$ 913.16
Nov-19	$ 2,434,117.13	$ 874.32
Dec-19	$ 2,692,906.62	$ 905.18
Jan-20	$ 2,756,737.80	$ 912.22
Feb-20	$ 2,265,167.41	$ 863.58
Mar-20	$ 2,699,126.52	$ 925.63
YTD	**$30,985,085.34**	**$900.83**

* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

Premium Plus



Premium Plus

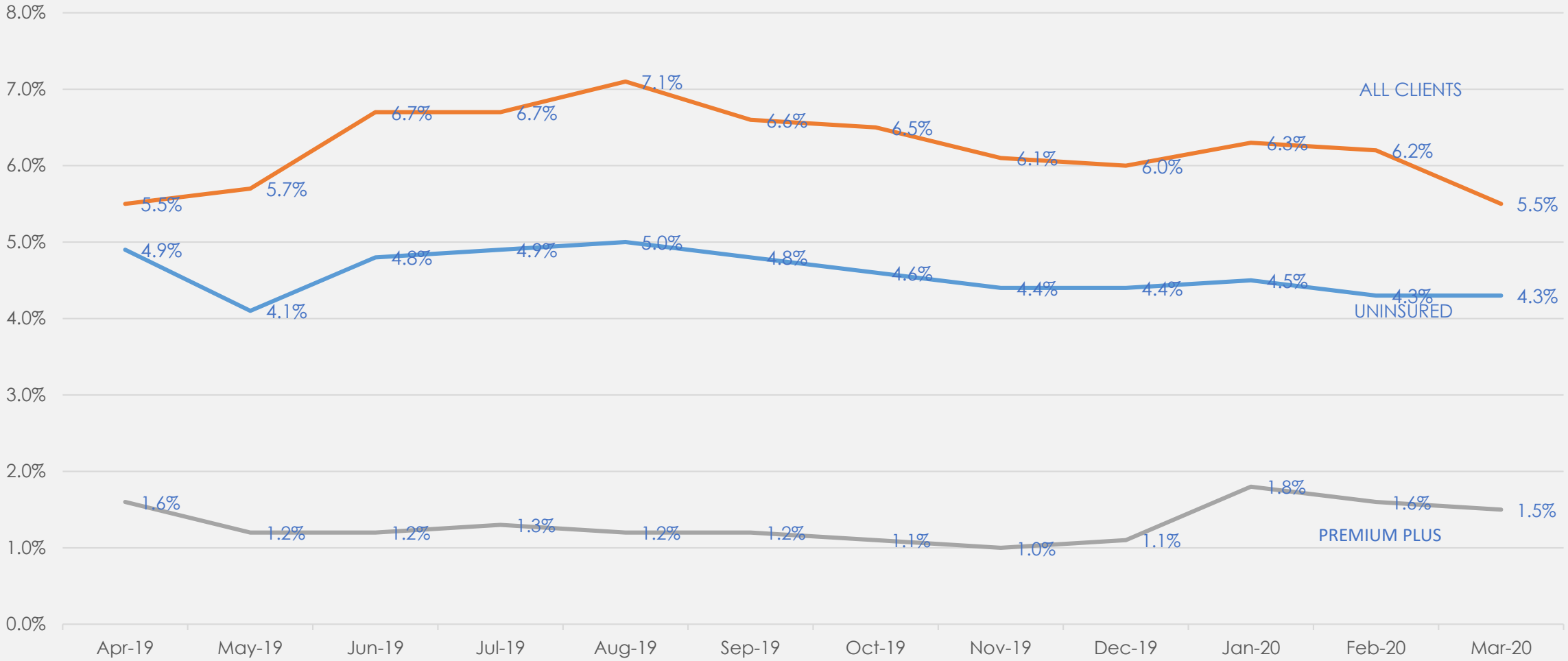
Month	Total	$/pt
Apr-19	$ 1,728,757.55	$ 969.58
May-19	$ 1,822,228.50	$ 939.29
Jun-19	$ 1,730,921.61	$ 940.21
Jul-19	$ 1,703,624.24	$ 940.71
Aug-19	$ 1,715,666.75	$ 938.55
Sep-19	$ 1,794,514.46	$1,064.36
Oct-19	$ 1,717,707.97	$ 937.10
Nov-19	$ 1,691,257.24	$ 931.82
Dec-19	$ 1,694,460.30	$ 933.59
Jan-20	$ 2,020,219.18	$ 887.62
Feb-20	$ 2,009,014.48	$ 888.55
Mar-20	$ 1,954,042.71	$ 881.79
TOTAL	**$ 21,582,414.99**	**$ 937.76**

* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

INDICATORS
ADAP-Miami

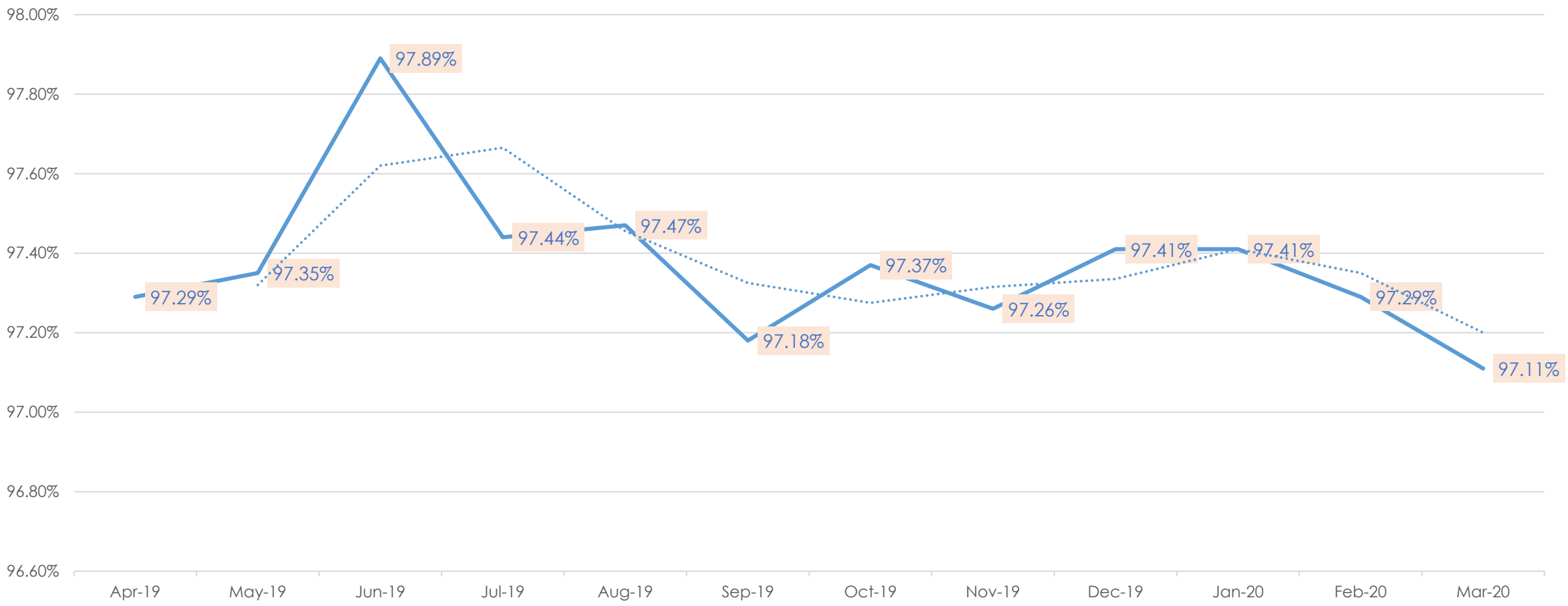
* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

CD < 200 BY BENEFIT LEVEL



* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

VL < 200 copies/mL



* NOTES: Preliminary data. Subject to Review & Editing. SOURCE: Provide & QS/1 databases. DATE: June 12, 2020

COVID19 Emergency Response

COVID19 Emergency Response

- Social Distancing + PPEs
- Drive-Thru & Walk-Up
- 60-day dispensing
- REQUIREMENTS:
  OPEN + RX/2+Refills + no TX gaps

COVID19 Response SUMMARY

As of 6/15/20

59 Days of Emergency Response
Drive-Thru & Walk-Up Services
5,919 Clients served

50 Days of 60-day supplies
3766 clients served

OPEN + RX/2+Refills + no TX gaps

Q & A

Thanks

CONTACT:

ADAP.FLDOHMDC@FLHEALTH.GOV

8

Dashboard Cards

Tools for Needs Assessment: Dashboard Cards (A Guide)

aidsnet.org

June 18, 2020
Revised

The Why?

The need assessment process must be data-driven.

During the needs assessment, a lot of data are presented regarding specific service categories. By the time we get to the prioritization and allocation discussions, it can be very confusing.

The dashboard cards provide information by service category, summarizing a lot of the information presented, intended to facilitate your decision making process.

2020 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: AIDS Pharmaceutical Assistance

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$22,027,332		
Part A	3		$88,255	0.40%

Ranking, Allocation and Expenditure History

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	3	$793,817.00	$744,882.90	93.84%
FY 27	4	$449,500.00	$425,218.67	94.60%
FY 28	4	$137,000.00	$81,547.78	59.52%
FY 29	4	$87,000.00	$52,697.84	60.57%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 26	3	$100,000.00	$37,721.87	37.72%
FY 27	3	$17,000.00	$15,983.13	94.02%
FY 28	3	$100,000.00	$4,661.97	4.66%
FY 29	7	$100,000.00	$5,145.45	5.15%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	1,352	13.3%	$782,605	$579
FY 27	9,883	1,162	11.8%	$441,202	$380
FY 28	9,578	697	7.3%	$86,210	$124
FY 29	9,031	605	6.7%	$57,843	$95.61

Priority Populations (% of RW clients accesing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	15.0%	8.0%	7.0%	56.0%
FY 27	13.0%	8.1%	7.9%	55.5%
FY 28	11.8%	6.9%	7.2%	60.5%
FY 29	12.5%	5.1%	4.7%	67.2%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP-Pt B	$30,971,755.55	4,647	$6,664.89
2	General Revenue	$616,070.89	680	$905.99
3	Medicaid	$7,882,537.47	409	$19,272.71
4	Part B	$379,131.81	185	$2,049.36
5	Part C	$22,511.00	NA	NA

Notes:

1

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Ryan White Program Dashboard Cards

We will be breaking down each item located on the cards and explain the data points. We will start at the top of the form and move down.

The data in this presentation are for illustration only.

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Indicates service category name, and if it is a ***core*** or ***support*** service.

Core Service: AIDS Pharmaceutical Assistance

This table list the current year's allocation for Part A and Minority AIDS Initiative Funding (MAI). Since at this time no allocations have been made, RFP figures are being used along with direct service totals. Items are broken out into four categories: current priority ranking (**YR 30 Ranking**), **YR 30 Direct Services Award Total**, **RFP Allocation** amount for the service category and percent of total award that the allocation represents **(Allocation as % of Award)**.

FY 30: March 1, 2019-February 28, 2020

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$26,596,944	$237,000	0.89%
Part A	4	$23,983,182	$137,000	0.57%
MAI	7	$2,613,762	$100,000	3.83%

This table provides historical information for the last four years (*three years* are reflected in example below). The top table is for Part A data and the second table is for MAI data. Each individual table lists the fiscal year (**Fiscal Year**) and presents the priority ranking (**Ranking**), final allocation (**Final Allocation**), final expenditure (**Final Expenditure**) and percent spent **(% Spent)** which indicates the percent of the allocation the expenditure represents for that year.

Part A information:

Ranking, Allocation and Expenditure History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	2	$5,123,667.00	$5,070,576.32	98.96%
FY 27	3	$5,945,360.00	$5,819,572.24	97.88%
FY 28	1	$8,138,920.00	$8,040,509.80	98.79%

MAI Information:

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 26	2	$1,102,207.00	$1,088,329.56	98.74%
FY 27	2	$1,048,362.00	$1,028,200.20	98.08%
FY 28	1	$1,085,802.00	$1,072,011.46	98.73%

Service Program information provides the limitations for each service category, most often the federal poverty or usage limits.
The table that follows provides historical data for four years (*three years* are shown in sample) from the service utilization presentation. The table includes the total number of clients (**RW Clients**), number of clients served by the service category (**Clients Served**), what percent of clients does this represent (**%**), the total expenditures by the service category (**Expenditure**) and the average cost per client (**Avg Per Client**). The last table indicates utilization by four priority populations for the service category.

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	1,352	13.3%	$782,605	$579
FY 27	9,883	1,162	11.8%	$441,202	$380
FY 28	9,578	697	7.3%	$86,210	$124

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	15.0%	8.0%	7.0%	56.0%
FY 27	13.0%	8.1%	7.9%	55.5%
FY 28	11.8%	6.9%	7.2%	60.5%

The final table on the form indicates information on the other funding streams. It list the funding source (**Funder**), the amount spend by the funder (**Expended**), number of clients serviced (**Number of Clients**) and the average cost per client (**Cost per Client**). The numbers on the side only indicate the number of funding sources that respond. The final data element are notes (**Notes**) which indicate things that are important to take note of in regards to the service category.

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per Client
1	Medicaid	$7,467,084.57	376	$19,859.27
2	ADAP-Pt B	$31,827,002.00	4,880	$6,521.93
3	Part C	$149,457.00	59	NA
4	General Revenue	$453,338.34	811	$558.99

Notes:

Part A expenditures have dropped because the expansion of ADAP formulary.

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Thank you!

2020 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: AIDS Pharmaceutical Assistance

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$22,027,332		
Part A	3		$88,255	0.40%

Ranking, Allocation and Expenditure History

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	3	$793,817.00	$744,882.90	93.84%
FY 27	4	$449,500.00	$425,218.67	94.60%
FY 28	4	$137,000.00	$81,547.78	59.52%
FY 29	4	$87,000.00	$52,697.84	60.57%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 26	3	$100,000.00	$37,721.87	37.72%
FY 27	3	$17,000.00	$15,983.13	94.02%
FY 28	3	$100,000.00	$4,661.97	4.66%
FY 29	7	$100,000.00	$5,145.45	5.15%

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	1,352	13.3%	$782,605	$579
FY 27	9,883	1,162	11.8%	$441,202	$380
FY 28	9,578	697	7.3%	$86,210	$124
FY 29	9,031	605	6.7%	$57,843	$95.61

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	15.0%	8.0%	7.0%	56.0%
FY 27	13.0%	8.1%	7.9%	55.5%
FY 28	11.8%	6.9%	7.2%	60.5%
FY 29	12.5%	5.1%	4.7%	67.2%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP-Pt B	$30,971,755.55	4,647	$6,664.89
2	General Revenue	$616,070.89	680	$905.99
3	Medicaid	$7,882,537.47	409	$19,272.71
4	Part B	$379,131.81	185	$2,049.36
5	Part C	$22,511.00	NA	NA

Notes:

Support Service: Emergency Financial Assistance

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$24,380,554		0.41%
Part A	12	$22,027,332	$88,253	0.40%
MAI	7	$2,353,222	$12,087	0.51%

Ranking, Allocation and Expenditure History

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
FY 29	12	NA	NA	NA

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 29	6	NA	NA	NA

Service Program

Limitations: 400% FPL; limited to prescriptions drugs if TTRA funds are depleted

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 29	NA	NA	NA	NA	NA

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 29	NA	NA	NA	NA

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	Part B	$269,133.35	117	$2,300.29
2	General Revenue	$345,869.85	164	$2,108.96

Notes:

Support Service: Food Bank

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$22,027,332		
Part A	8		$529,539	2.40%

Ranking, Allocation and Expenditure History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	8	$1,087,000.00	$1,079,970.80	99.35%
FY 27	8	$1,032,308.00	$1,032,226.00	99.99%
FY 28	9	$1,451,588.00	$1,451,528.00	100.00%
FY 29	7	$1,851,588.00	$1,851,369.00	99.99%

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Served	%	Expenditure	Avg Per Client
FY 26	10,156	769	7.6%	$1,079,971.00	$1,404.38
FY 27	9,883	709	7.2%	$1,032,226.00	$1,455.89
FY 28	9,578	701	7.3%	$1,451,588.00	$2,070.74
FY 29	9,031	715	7.9%	$1,851,369.00	$2,589.33

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	20.0%	15.0%	7.0%	43.0%
FY 27	17.9%	14.8%	8.3%	47.4%
FY 28	18.2%	12.8%	6.8%	51.2%
FY 29	14.0%	12.8%	7.3%	54.4%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per Client
1	Part D	$13,409.00	518	$25.89

Notes:

2020 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: Health Insurance Services

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$22,027,332		
Part A	5		$595,700	2.70%

Ranking, Allocation and Expenditure History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	4	$4,626,708.00	$4,568,930.61	98.75%
FY 27	2	$5,406,000.00	$5,348,849.17	98.94%
FY 28	3	$787,974.00	$502,536.41	63.78%
FY 29	5	$372,974.00	$372,895.13	99.98%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	1,331	13.1%	$4,568,931	$3,432.71
FY 27	9,883	1,415	14.3%	$5,348,849	$3,780.11
FY 28	9,578	1,307	13.6%	$502,536	$384.50
FY 29	9,031	1,335	14.8%	$372,895	$279.32

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	6%	4%	11%	65%
FY 27	6%	4.1%	8.8%	68.2%
FY 28	5.6%	3.4%	7.0%	71.2%
FY 29	4.7%	3.5%	6.6%	74.1%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	ADAP	$21,582,415.18	2,733	$7,896.97
2	Medicaid	$145,513,298.66	6,408	$22,708.07

Notes:

Core Service: Medical Case Management

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$24,380,554		27.78%
Part A	1	$22,027,332	$5,869,052	26.64%
MAI	1	$2,353,222	$903,920	38.41%

Ranking, Allocation and Expenditure History

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	1	$3,938,051.00	$3,900,928.00	99.06%
FY 27	1	$3,286,330.00	$3,267,888.00	99.44%
FY 28	2	$4,929,857.00	$4,683,761.00	95.01%
FY 29	1	$5,172,739.00	$5,131,667.10	99.21%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 26	1	$704,315.00	$704,232.00	99.99%
FY 27	1	$898,075.00	$898,069.50	100.00%
FY 28	2	$780,000.00	$625,079.20	80.14%
FY 29	1	$780,000.00	$645,138.80	82.71%

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	9,009	88.7%	$4,605,160.00	$511.17
FY 27	9,883	8,656	87.6%	$4,165,958.00	$481.28
FY 28	9,578	8,496	88.7%	$5,308,840.00	$624.86
FY 29	9,031	8,116	89.9%	$5,776,805.90	$711.78

Priority Populations (% of RW clients accessing this service) MCM only

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	16.0%	10.0%	11.0%	50.0%
FY 27	15.2%	9.4%	8.7%	53.0%
FY 28	14.4%	8.6%	8.7%	54.4%
FY 29	13.6%	7.1%	8.8%	56.7%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$1,404,606.00	2,556	$549.53
2	Medicaid	$316,390.64	314	$1,007.61
3	Part C	$23,600.00	NA	NA
4	Part D	$143,745.00	524	$274.32

Notes:

Support Service: Medical Transportation

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$24,380,554		0.66%
Part A	10	$22,027,332	$154,449	0.70%
MAI	6	$2,353,222	$7,628	0.32%

Ranking, Allocation and Expenditure History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	11	$141,917.00	$138,730.57	97.75%
FY 27	11	$162,901.00	$161,814.56	99.33%
FY 28	7	$168,832.00	$139,854.83	82.84%
FY 29	10	$151,873.00	$140,937.32	92.80%

Service Program

Limitations: 400% FPL; passes are monthly

Fiscal Year	RW Clients	Served	%	Expenditure	Avg Per Client
FY 26	10,156	703	6.9%	$138,731	$197.34
FY 27	9,883	733	7.4%	$161,815	$220.76
FY 28	9,578	638	6.7%	$139,855	$219.21
FY 29	9,031	720	8.0%	$140,937	$195.75

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	22.0%	14.0%	18.0%	32.0%
FY 27	21.5%	10.8%	18.9%	35.3%
FY 28	24.5%	12.3%	15.8%	35.5%
FY 29	20.7%	8.8%	15.1%	40.9%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	Medicaid	$1,438,962.18	2078	$692.47
2	Part D	$4,305.00	345	$12.48

Notes:

Core Service: Mental Health

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$24,380,554		0.62%
Part A	4	$22,027,332	$132,385	0.60%
MAI	3	$2,353,222	$18,960	0.81%

Ranking, Allocation and Expenditure History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	5	$118,808.00	$104,260.00	87.76%
FY 27	6	$120,190.00	$112,345.83	93.47%
FY 28	6	$225,190.00	$133,790.00	59.41%
FY 29	6	$172,190.00	$135,505.00	78.70%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 29	4	N/A	N/A	N/A

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients	%	Expenditure	Avg Per Client
FY 26	10,156	366	3.6%	$104,260.00	$284.86
FY 27	9,883	349	3.5%	$112,346.00	$321.91
FY 28	9,578	327	3.4%	$133,790.00	$409.14
FY 29	9,031	274	3.0%	$135,505.00	$494.54

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	19.0%	8.0%	3.0%	54.0%
FY 27	24.6%	12.2%	4.2%	46.6%
FY 28	15.2%	12.1%	5.0%	50.9%
FY 29	19.1%	10.9%	4.4%	47.6%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$51,832.53	173	$299.61
2	Medicaid	$249,830.19	1,466	$170.42
3	Part C	$220,095.40	1,482	$148.51
4	Part D	$236,934.00	524	$452.16

Notes:

Core Service: Oral Health Care

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$22,027,332		
Part A	6		$3,088,975	14.0%

Ranking, Allocation and Expenditure History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	6	$3,076,389	$3,051,083.43	99.18%
FY 27	5	$2,449,737	$2,443,947.00	99.76%
FY 28	5	$3,009,423	$2,841,838.00	94.43%
FY 29	2	$3,666,830	$3,547,495.00	96.75%

Service Program

Limitations: 400% FPL; $6,500 per client annual max

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	3,966	39%	$3,051,083	$769.31
FY 27	9,883	3,500	35%	$2,443,947	$698.27
FY 28	9,578	3,381	35%	$2,841,838	$840.53
FY 29	9,031	3,170	35%	$3,547,495	$1,119.08

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	13.0%	9.0%	10.0%	53.0%
FY 27	12.7%	9.2%	10.8%	53.4%
FY 28	11.4%	8.0%	10.7%	56.4%
FY 29	10.0%	6.4%	10.1%	59.5%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	Part C	$212,403.00	506	$419.77

Notes:

Support Services: Other Professional Services-Legal

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$22,027,332		
Part A	13		$154,449	0.70%

Ranking, Allocation and Expenditure History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	12	$171,400.00	$171,387.00	99.99%
FY 27	12	$147,000.00	$146,988.00	99.99%
FY 28	12	$194,000.00	$140,599.00	72.47%
FY 29	13	$189,000.00	$115,976.42	61.36%

Service Program

Limitations: **400 % FPL**

Fiscal Year	RW Clients	Clients	%	Expenditure	Avg Per Client
FY 26	10,156	119	1.2%	$171,387.00	$1,440.23
FY 27	9,883	100	1.0%	$146,988.00	$1,469.88
FY 28	9,578	76	0.8%	$140,599.00	$1,849.99
FY 29	9,031	66	0.7%	$150,849.00	$2,285.59

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	24.0%	13.0%	6.0%	47.0%
FY 27	19.2%	12.1%	7.1%	44.4%
FY 28	17.1%	9.2%	2.6%	50.0%
FY 29	16.7%	9.1%	7.6%	48.5%

Notes:

Core Service: Outpatient/Ambulatory Health Services

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$24,380,554		41.88%
Part A	2	$22,027,332	$8,847,707	40.17%
MAI	2	$2,353,222	$1,362,753	57.91%

Ranking, Allocation and Expenditure History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	2	$5,123,667.00	$5,070,576.32	98.96%
FY 27	3	$5,945,360.00	$5,819,572.24	97.88%
FY 28	1	$8,138,920.00	$8,040,509.80	98.79%
FY 29	3	$8,848,373.00	$8,438,714.13	95.37%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditur	% Spent
FY 26	2	$1,102,207.00	$1,088,329.56	98.74%
FY 27	2	$1,048,362.00	$1,028,200.20	98.08%
FY 28	1	$1,085,802.00	$1,072,011.46	98.73%
FY 29	3	$1,067,636.00	$952,901.29	89.25%

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	5,278	52.0%	$6,158,906.00	$1,166.90
FY 27	9,883	5,021	50.8%	$6,847,772.00	$1,363.83
FY 28	9,578	5,447	56.9%	$9,112,521.00	$1,672.94
FY 29	9,031	5,317	58.9%	$9,391,615.42	$1,766.34

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	16%	10%	12%	48%
FY 27	15.2%	9.1%	12.5%	49.3%
FY 28	15.5%	8.5%	12.2%	49.4%
FY 29	15.6%	7.6%	11.6%	51.2%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per client
1	General Revenue	$1,220,166.82	1,293	$943.67
2	Medicaid	$13,133,576.82	NA	NA
3	Part C	$1,096,979.85	4,136	$265.23
4	Part D	$832,659.00	925	$900.17

Notes:

Support Services: Outreach Services

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$24,380,554		1.25%
Part A	11	$22,027,332	$264,696	1.20%
MAI	5	$2,353,222	$39,816	1.69%

Allocation History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	9	$291,014.00	$268,450.33	92.25%
FY 27	9	$256,554.00	$238,967.58	93.15%
FY 28	10	$290,003.00	$221,434.56	76.36%
FY 29	9	$281,643.00	$236,599.58	84.01%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 26	4	$119,853.00	$110,135.98	91.89%
FY 27	4	$107,000.00	$98,495.18	92.05%
FY 28	4	$120,000.00	$85,945.16	71.62%
FY 29	2	$120,000.00	$96,002.81	80.00%

Service Program

Limitations: **NA**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	1,208	11.9%	$378,586.00	$313.40
FY 27	9,883	965	9.8%	$337,463.00	$349.70
FY 28	9,578	624	6.5%	$307,380.00	$492.60
FY 29	9,031	472	5.2%	$332,602.39	$704.67

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per client
1	Part C	$156,781.39	2,780	$56.40
2	Part D	$56,352.25	1,144	$49.26

Notes:

Core Service: Substance Abuse Outpatient

FY 30: March 1, 2020-February 28, 2021

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$24,380,554		0.21%
Part A	7	$22,027,332	$44,128	0.20%
MAI	4	$2,353,222	$8,058	0.34%

Allocation History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	7	$113,836.00	$112,180.00	98.55%
FY 27	7	$110,390.00	$110,356.47	99.97%
FY 28	8	$106,000.00	$55,390.00	52.25%
FY 29	8	$37,166.00	$23,970.00	64.49%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 29	5	NA	NA	NA

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	83	0.8%	$112,180.00	$1,351.57
FY 27	9,883	120	1.2%	$110,357.00	$919.64
FY 28	9,578	115	1.2%	$55,390.00	$481.65
FY 29	9,031	55	0.6%	$23,970.00	$435.82

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	47.0%	31.0%	3.0%	7.0%
FY 27	37.8%	28.6%	0.8%	19.3%
FY 28	33.3%	28.1%	1.8%	27.2%
FY 29	43.4%	17.0%	5.7%	24.5%

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	Part C	$31,925.00	22	$1,451.14
2	Other	$500,000.00	175	$2,857.14

Notes:

Support Service: Substance Abuse Residential

FY 30: March 1, 2019-February 28, 2020

	YR 30 Ranking	YR 30 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$22,027,332		10%
Part A	9		$2,169,744	10%

Allocation History

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	10	$2,008,000.00	$1,965,320.00	97.87%
FY 27	10	$2,004,754.00	$2,001,754.67	99.85%
FY 28	11	$2,065,200.00	$1,854,140.00	89.78%
FY 29	11	$895,280.00	$805,560.00	89.98%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	5	$320,000.00	$319,860.00	99.96%
FY 27	5	$274,826.00	$274,680.00	99.95%
FY 28	5	$237,200.00	$237,060.00	99.94%
FY 29	8	$502,900.00	$432,270.00	85.96%

Service Program

Limitations: 400% FPL: 120 day within 12-month period max

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	207	2.04%	$2,285,180.00	$11,039.52
FY 27	9,883	214	2.17%	$2,276,435.00	$10,637.55
FY 28	9,578	169	1.76%	$1,854,140.00	$10,971.24
FY 29	9,031	95	1.05%	$1,237,830.00	$13,029.79

Priority Populations (% of RW clients accessing this service)

Fiscal Year	Black Men	Black Women	Haitians	Hispanic Males
FY 26	36.0%	20.0%	4.0%	21.0%
FY 27	33.5%	17.7%	1.0%	25.8%
FY 28	33.3%	13.6%	1.8%	29.6%
FY 29	33.3%	14.4%	0.0%	33.3%

Notes:

9

Unmet Need

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Ryan White Program Co-Occurring Conditions Fiscal Year 29

(3/1/2019 thru 2/29/2020)

(June 18, 2020)

Based on Data from the
Service Delivery Information System (SDIS)
Generated on May 27, 2020

Prepared by Behavioral Science Research Corporation

Summary of Findings

- The are eight (8) Special Need Populations that the Miami-Dade County RWP looks at including: Substance Users, Black/African-American (BAA) males, Black/African-American (BAA) females, Women of Childbearing Age (WoCA), Haitians, MSM, Hispanics, and Younger Hispanics under 25.
  - Hispanics and MSM had higher than average VL suppression rates.
  - WoCA, BAA males, and BAA females had lower than average VL suppression rates.
  - Substance Users in particular as well as BAA males had higher than average co-occurring conditions.

Summary of Findings

- The are eight (8) co-occurring conditions of interest to the Miami Dade County RWP including: poverty (<136% of FPL), current AIDS diagnosis, no other forms of health insurance/coverage, mental illness, substance use, Hepatitis B/C co-infection, other STI co-infection, and being Homeless/unstably housed.
  - Homelessness in particular along with poverty, no other forms of health insurance/coverage, and substance use resulted in lowest VL suppression rates.
  - Co-infection with either Hepatitis B/C or other STIs resulted in higher than average VL suppression rates.
    - The higher VL suppression rates for these conditions is probably due to the clients receiving additional care for these issues.

Definition of Terms

<136% FPL	RWP clients with an income of up to 135% of the federal poverty level (FPL)
AIDS Dx	RWP clients with an AIDS diagnosis
No Health Insurance	RWP clients with no other forms of health insurance including Medicare, Medicaid, VA benefits, private health insurance (including thru the ACA), or employer-paid insurance
Mental Illness	RWP clients who received mental health counseling or psychiatric services in the current fiscal year (SDIS), have ever received these services (CHA), or who have an identified need for these services (CHA)
Subs. Use	RWP clients who have used drugs or alcohol in the past 24 months (CHA), have ever injected drugs (CHA), received substance abuse counseling in the past two fiscal years thru the RWP (SDIS), have ever received substance abuse counseling (CHA), or attend AA/NA meetings (CHA)
Hepatitis B or C	RWP clients who have or have had a positive Hepatitis B or Hepatitis C test results within the last three (3) fiscal years (CHA)
STI	RWP clients who reported having had a positive test result for either Syphilis, Gonorrhea, or Chlamydia in the current fiscal year (CHA)
Homeless/ Unstably Housed	RWP clients who reported having non-permanent housing in the fiscal year (CHA). It excludes clients with stable/permanent housing, institutional housing such as residential, health care or correctional, or other types of housing. It also excludes clients with an unknown or unreported housing status
WoCA	Women of child-bearing age – RWP female clients between the ages of 15 and 44
CHA	The RWP's bi-annual comprehensive health assessment
SDIS	The RWP's billing system , the Service Delivery Information System

Incidence of Co-Occurring Conditions among Special Need Populations

SPECIAL NEEDS GROUPS	Total N	<136% FPL	AIDS DX	No Hlth Ins	Mental Illness	Subs. Use	Hepatitis B or C	STI	Homeless/ Unstably Housed	Average Co-Occ Condition	SNG VL Supp. Rate
Total N	9,031 100%	4,764 52.8%	3,372 37.3%	5,236 58.0%	1,570 17.4%	1,963 21.7%	1,320 14.6%	1,832 20.3%	595 6.6%	2.3	7,415 82.1%
Subs. Users	1,963 21.7%	1,182 60.2%	698 35.6%	1,289 65.7%	705 35.9%	1,963 100%	373 19.0%	567 28.9%	260 13.2%	3.6	1,522 77.5%
BAA Males	1,299 14.6%	815 62.7%	555 42.7%	890 68.5%	274 21.1%	468 36.0%	215 16.6%	298 22.9%	174 13.4%	2.8	925 71.2%
BAA Females	720 8.1%	448 62.2%	348 48.3%	384 53.3%	155 21.5%	184 25.6%	87 12.1%	52 7.2%	58 8.1%	2.4	520 72.2%
WoCA (15-44)	650 7.2%	445 68.5%	232 35.7%	440 67.7%	158 24.3%	145 22.3%	66 10.2%	44 6.8%	55 8.5%	2.4	445 68.5%
Haitians	932 10.3%	580 62.2%	521 55.9%	530 56.9%	69 7.4%	72 7.7%	127 13.6%	78 8.4%	21 2.3%	2.1	743 79.7%
MSM	4,943 54.7%	2,200 44.5%	1,354 27.4%	2,653 53.7%	842 17.0%	1,057 21.4%	741 15.0%	1,417 28.7%	260 5.3%	2.1	4,241 85.8%
Hispanics	5,390 59.7%	2,563 47.6%	1,762 32.7%	3,010 55.8%	907 16.8%	998 18.5%	776 14.4%	1,243 23.1%	247 4.6%	2.1	4,661 86.5%
Younger Hisp. <25	157 1.7%	94 59.9%	24 15.3%	122 77.7%	36 22.9%	46 29.3%	8 5.1%	40 25.5%	6 3.8%	2.4	117 74.5%
COC VL Sup. Rate	7,415 82.1%	3,674 77.1%	2,652 78.6%	4,039 77.1%	1,261 80.3%	1,522 77.5%	1,182 89.5%	1,594 87.0%	380 63.9%		

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Number of RWP Clients with Various Co-Occurring Conditions

Co-Occurring Condition	FY 29 RWP Clients w/ Co-Occurring Condition		Avg. Tx Cost per Client	Total Tx Cost
	N	%		
All respondents	8,154	100.0	$2,643	$21,551,951
No Insurance	5,236	64.2	$3,037	$15,903,260
<136% FPL	4,764	58.4	$2,889	$13,764,930
AIDS diagnosis	3,372	41.4	$2,627	$8,857,047
Substance Use	1,963	24.1	$3,155	$6,193,330
STI	1,832	22.5	$3,149	$5,768,206
Mental Illness	1,570	19.3	$3,773	$5,923,729
Hepatitis B or C	1,320	16.2	$2,957	$3,902,959
Homeless/UH	595	7.3	$3,460	$2,058,897

Per Capita Cost by Co-Occurring Condition

Number of Co-Occurring Conditions	Clients with Multiple Factors		Avg. Tx Cost per Client	Annual Tx Cost per Complexity Level
	N	%		
None/One	2,795	30.9	$1,810	$5,057,696
Two	2,526	28.0	$2,325	$5,873,153
Three	2,064	23.9	$2,770	$5,716,883
Four	986	10.9	$3,301	$3,254,713
Five or more	660	7.3	$4,723	$3,117,272

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Thank you for your attention!

Any questions?

Ryan White Program
2019 Client Satisfaction Survey
Final Findings

aidsnet.org

Prepared for
2020 Needs Assessment
Ryan White Program Year 30
June 25, 2020

Prepared by
Behavioral Science Research Corporation

Glossary of Abbreviations

- APA - AIDS Pharmaceutical Assistance
- Assist. - Assistance
- Avg - Average
- BSR - Behavioral Science Research Corporation
- Com - Comfort
- CSS - Client Satisfaction Survey
- MCM - Medical Case Manager
- MH - Mental Health
- MHS - Mental Health Services
- Num. - Number
- OAHS - Outpatient Ambulatory Health Services
- OHC - Oral Health Care
- Outpt - Outpatient

Glossary of Abbreviations (continued)

- RWP - Ryan White Part A Program
- SA - Substance Abuse
- Sat - Satisfaction
- Sub. - Substance
- Svcs - Services
- VS - Very Satisfied

2019 RWP Client Satisfaction Survey

- 2019 was the 12th Ryan White Client Satisfaction Survey (CSS) administered by Behavioral Science Research (BSR)
- Previous surveys were conducted in 2006 and annually since 2008
- 510 client interviews were completed; final data set reflects interviews with 507 medically case managed clients

Survey Methodology

- Clients were interviewed at medical case management sites **ONLY** in order to minimize duplication
  - The number of interviews conducted were quota-sampled by medical case management site based on the number of clients case-managed at the site
  - Clients were recruited to participate in two ways:
    - by the medical case management site from a list generated by BSR that included a random sample of the site's clients
    - by BSR from a random sample of the site's clients that had signed the "Consent to be Contacted by BSR for Future Research" form
- As an incentive to participate, clients had the option of receiving a $25 gift card from either Publix or Winn-Dixie

Service Utilization among Survey Respondents 2017-2019

SERVICE CATEGORY	2017		2018		2019	
	Num. Served	% of Total	Num. Served	% of Total	Num. Served	% of Total
Medical Case Management	479	100	505	100	507	100
Outpatient Ambulatory Health Services (OAHS)	475	99	496	98	466	92@#
AIDS Pharmaceutical Assist.	472	99	485	96*	501	99#
Oral Health Care	309	65	309	61	315	62
Mental Health Services	133	28	113	22	120	24
Sub. Abuse Svcs – Outpt	10	2	8	3	14	3
Sub. Abuse Svcs – Residential	10	2	13	3	9	2

An asterisk (*) indicates a statistically significant difference between 2017 and 2018. An at symbol (@) indicates a statistically significant difference between 2017 and 2019. A number sign (#) indicates a statistically significant difference between 2018 and 2019.

Percent Very Satisfied by Service 2017-2019

SERVICE CATEGORY	2017 % VS	2018 % VS	2019 % VS
Medical Case Management	80	85*	76#
Substance Abuse Services – Outpatient	100	100	71
OAHS	80	84	69@#
AIDS Pharmaceutical Assistance (APA)	75	81*	62@#
Mental Health Services (MHS)	65	70	59
Oral Health Care (OHC)	66	73	58@#
Substance Abuse Services - Residential	60	77	44

An asterisk (*) indicates a statistically significant difference between 2017 and 2018. An at symbol (@) indicates a statistically significant difference between 2017 and 2019. A number sign (#) indicates a statistically significant difference between 2018 and 2019.

Average Level of Satisfaction by Service 2017-2019

SERVICE CATEGORY	2017 Avg Sat	2018 Avg Sat	2019 Avg Sat
Substance Abuse Services - Outpatient	5.0	5.0	4.8
Medical Case Management	4.7	4.8*	4.7#
OAHS	4.7	4.8	4.6@#
APA	4.5	4.7*	4.6#
OHC	4.3	4.5*	4.3#
MHS	4.5	4.5	4.0
Substance Abuse Services - Residential	4.4	4.6	4.0

Average satisfaction is based on a 5-point scale, where 5 is "very satisfied" and 1 is "very dissatisfied." An at symbol (@) indicates a statistically significant difference between 2017 and 2019. An asterisk (*) indicates a statistically significant increase in percent very satisfied between 2017 and 2018. A number sign (#) indicates a statistically significant difference between 2018 and 2019.

Level of Satisfaction with Provider 2018-2019

	2018		2019	
	% VS	Avg Sat	% VS	Avg Sat
Substance Abuse - Outpatient Counselor	100	5.0	43#	4.8
Medical Case Manager (MCM)	88	4.9	79#	4.7#
Doctor, nurses, Physician Assistant	85	4.8	70#	4.6#
Pharmacist	79	4.7	56#	4.5#
Dentist, dental hygienist	74	4.6	59#	4.4#
Substance Abuse - Residential Counselor	77	4.5	56	4.0
Mental Health Counselor/ Therapist	71	4.5	59	4.0#

Average satisfaction is based on a 5-point scale, where 5 is "very satisfied" and 1 is "very dissatisfied." A number sign (#) indicates a statistically significant difference between 2018 and 2019.

Level of Satisfaction with Other Staff 2018-2019

	2018		2019	
	% VS	Avg Sat	% VS	Avg Sat
SA-Outpt. front desk personnel	100	5.0	29#	4.5
Medical Case Management front desk personnel	81	4.8	54#	4.5#
Other pharmacy staff	79	4.7	53#	4.5#
Physician front desk personnel	80	4.8	60#	4.5#
Dentist front desk personnel	71	4.6	52#	4.3#
MHS front desk personnel	68	4.5	55#	4.0

Average satisfaction is based on a 5-point scale, where 5 is "very satisfied" and 1 is "very dissatisfied." A number sign (#) indicates a statistically significant difference between 2018 and 2019.

Level of Satisfaction with the Amount of Lag Time to Get or Schedule an Appointment 2018-2019

SERVICE CATEGORY	2018		2019	
	% VS	Avg Sat	% VS	Avg Sat
Medical Case Management	80	4.8	58#	4.5#
Substance Abuse Svcs - Outpatient	100	5.0	29#	4.5
MHS (Individual)	68	4.5	53#	4.3
OAHS	76	4.7	39#	4.2#
Substance Abuse Svcs - Residential	92	4.9	22#	4.1
OHC	62	4.3	26#	3.6#

Average satisfaction is based on a 5-point scale, where 5 is "very satisfied" and 1 is "very dissatisfied." A number sign (#) indicates a statistically significant difference between 2018 and 2019.

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Level of Satisfaction with the Wait Time to See Provider Once Arriving at Agency 2018-2019

SERVICE CATEGORY	2018		2019	
	% VS	Avg Sat	% VS	Avg Sat
Medical Case Management	80	4.8	51#	4.4#
APA (to pick up meds)	76	4.7	42#	4.3#
OAHS	73	4.6	36#	4.1#
OHC	62	4.4	27#	3.8#

Average satisfaction is based on a 5-point scale, where 5 is "very satisfied" and 1 is "very dissatisfied." A number sign (#) indicates a statistically significant difference between 2018 and 2019.

Level of Satisfaction with the Amount of Time It Takes to Get Through to a Provider on the Phone 2018-2019

SERVICE CATEGORY	2018 % VS	2018 Avg Sat	2019 % VS	2019 Avg Sat
Medical Case Management	77	4.7	51#	4.4#
OAHS	74	4.6	39#	4.1#

Average satisfaction (Avg Sat) is based on a **5-point scale**, where 5 is "very satisfied" (VS) and 1 is "very dissatisfied." A number sign (#) indicates a statistically significant difference between 2018 and 2019.

Level of Satisfaction with the Amount of Time It Takes for a Returned Phone Call 2018-2019

SERVICE CATEGORY	2018 % VS	2018 Avg Sat	2019 % VS	2019 Avg Sat
Medical Case Management	80	4.8	53#	4.4#
OAHS	74	4.6	35#	4.1#

Average satisfaction (Avg Sat) is based on a **5-point scale**, where 5 is "very satisfied" (VS) and 1 is "very dissatisfied." A number sign (#) indicates a statistically significant difference between 2018 and 2019.

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Level of Comfort or Ease in the Waiting Room 2018-2019

SERVICE CATEGORY	2018		2019	
	% VC	Avg Com	% VC	Avg Com
Medical Case Management	90	3.9	84#	3.8#
OAHS	89	3.9	83#	3.8#

Average comfort score is based on a 4-point scale, where 4 is "very comfortable" and 1 is "very uncomfortable." A number sign (#) indicates a statistically significant difference between 2018 and 2019.

Unmet Need
2017-2019

	2017	2018	2019
Are there any other services that you need that you are currently not receiving?	*n* = 475	*n* = 505	*n* = 505
Yes	30%	23%	26%
No	65%	76%	74%
Refused/No answer	5%	1%	0%

Needed Services
2017-2019

	2017	2018	2019
And what would those services be?	*n* = 135	*n* = 116	*n* = 127
Housing assistance	36%	31%	27%
Dental/Oral health care	4%	8%	13%
Medical specialty care (e.g., cardiology, podiatry)	7%	11%	13%
Food bank or food vouchers	7%	9%	9%
Legal support	6%	9%	8%
Vision care	22%	6%	7%
Financial Assistance	5%	4%	6%
Mental health services	10%	10%	6%
Assistance w/ Disability/SSI/Medicare/PAC Waiver	n/a	3%	5%
Transportation	3%	5%	5%
Massage Therapy/Acupuncture/Chiropractor	n/a	4%	3%

Needed Services 2017-2019 (continued)

	2017	2018	2019
And what would those services be?	*n* = 135	*n* = 116	*n* = 127
Medication: prescription	2%	3%	3%
Assistance with job placement	2%	2%	1%
Health insurance	2%	3%	1%
Substance abuse counseling	2%	1%	0%
Nutritional counseling	n/a	1%	0%
Other	10%	8%	2%

Assistance with Unmet Need
2017-2019

	2017	2018	2019
Is anyone working with you to help you get these services?	*n* = 135	*n* = 116	*n* = 90
Yes	30%	16%	39%
No	68%	80%	60%
Refused/Don't remember/Don't know	1%	4%	1%

Thank you for your attention.

Any Questions?

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Service Categories

Note: items in red show local restrictions

Miami-Dade Ryan White Program Service Standard Excerpts for FY 2021

Excerpts included from:

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

RWHAP Core Medical Services Funded in Miami-Dade

AIDS Pharmaceutical Assistance

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Medical Case Management, including Treatment Adherence Services

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services Funded in Miami-Dade

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Other Professional Services (Legal and Permanency Planning Services)

Medical Transportation

Outreach Services

Substance Abuse Services (residential)

RWHAP Legislation: Core Medical Services

AIDS Pharmaceutical Assistance

Description:
A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:
HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. *LPAP funds are not to be used for emergency or short-term financial assistance.* The Emergency Financial Assistance service category may assist with short-term assistance for medications.

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:
Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health

insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. LOCAL RESTRICTION ON HEALTH INSURANCE: Standalone dental insurance is not included. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits thatprovide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

Medical Case Management, including Treatment Adherence Services

Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face,

phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Mental Health Services

Description:
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals

typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

Oral Health Care

Description:
Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:
None at this time.

Outpatient/Ambulatory Health Services

Description:
Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the

Outpatient/Ambulatory Health Services Category. LOCAL RESTRICTION ON URGENT CARE: Per decisions made by the local planning council, the Ryan White Program in Miami-Dade does not include Urgent Care services at all under O/AHS.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Substance Abuse Outpatient Care

Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

RWHAP Legislation: Support Services

Emergency Financial Assistance

Description:
Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. LOCAL RESTRICTION ON EMERGENCY FINANCIAL ASSISTANCE: This

service is restricted to prescription drugs.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals

Description: Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Legal Services
See Other Professional Services

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle

- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Other Professional Services

Description:
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. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - 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 HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help 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:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption

- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits. LOCAL RESTRICTION ON INCOME TAX PREPARATION: The Miami-Dade Ryan White Program should not include income tax preparation as a component because there are other local sources for this service, e.g. the United Way Center

for Financial Stability's Volunteer Income Tax Assistance program.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

Outreach Services

Description:
The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

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

Outreach Services must not include outreach activities that exclusively promote HIV

prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Permanency Planning
See Other Professional Services

Substance Abuse Services (residential)

Description:
Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:
Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

RW Program Services Policy Clarification Notice #16-02

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see 45 CFR §§ 75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[1] At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:
HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.
[3] General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

[4] https://aidsinfo.nih.gov/guidelines

AIDS Pharmaceutical Assistance

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services

Medical Nutrition Therapy

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services

Child Care Services

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*
Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services*.

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.[5] HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

Program Guidance:
HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

AIDS Pharmaceutical Assistance

Description:
AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP

[5] https://aidsinfo.nih.gov/guidelines

has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients <u>in the absence of any other resources</u>.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:
For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

Early Intervention Services (EIS)

Description:
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
    - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
        - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
        - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
    - Referral services to improve HIV care and treatment services at key points of entry
    - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
    - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

- HRSA RWHAP Part C EIS services must include the following four components:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
        - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only

when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care

- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:
The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:
Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services
Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy
Description:
Medical Nutrition Therapy includes:
- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:
All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a

registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

See also Food-Bank/Home Delivered Meals

Mental Health Services
Description:
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

Oral Health Care
Description:
Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:
None at this time.

Outpatient/Ambulatory Health Services
Description:
Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy

- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

See also Early Intervention Services

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific

guidance.

See also Substance Abuse Services (residential)

RWHAP Legislation: Support Services

Child Care Services
Description:
The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals
Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction
Description:
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

Housing
Description:
Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search,

placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits,[6] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

Legal Services
See Other Professional Services

Linguistic Services
Description:
Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:
Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan

- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services
Description:
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. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - 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 HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help 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:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

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

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

Permanency Planning
See Other Professional Services

Psychosocial Support Services
Description:
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:
Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See also Respite Care Services

Rehabilitation Services
Description:
Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and

vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services
Description:
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Respite Care
Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:
Recreational and social activities are allowable program activities as part of a Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

See also Psychosocial Support Services

Substance Abuse Services (residential)
Description:
Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:
Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

11

Priorities, Allocations and Budgets

Ryan White Program (Part A/MAI)
Last Five Year's Priority Ranking

Ryan White Program Part A Priorities, YR 2015-2021

Services	FY 26 (YR 15-16)	FY 27 (YR 17-18)	FY 28 (YR 18-19)	FY 29 (YR 19-20)	FY 30 (YR 20-21)
AIDS Pharmaceutical Assistance (Prescription Drugs) [C]	3	4	4	4	3
Emergency Financial Assistance [S]				12	12
Food Bank/Home-Delivered Meals (Food Bank) [S]	8	8	9	7	8
Health Insurance Premium And Cost-Sharing Assistance for Low-Income Individuals [C]	4	2	3	5	5
Medical Case Management, including Treatment Adherence Services[C]	1	1	2	1	1
Medical Transportation (Transportation Vouchers) [S]	11	11	7	10	10
Mental Health Services [C]	5	6	6	6	4
Oral Health Care [C]	6	5	5	2	6
Other Professional Services (Legal Assistance) [S]	12	12	12	13	13
Outpatient/Ambulatory Health Services [C]	2	3	1	3	2
Outreach Services[S]	9	9	10	9	11
Substance Abuse Outpatient Care [C]	7	7	8	8	7
Substance Abuse Services (residential) [S]	10	10	11	11	9

Ryan White Program MAI Priorities, YR 2015-2021

Services	FY 26 (YR 15-16)	FY 27 (YR 17-18)	FY 28 (YR 18-19)	FY 29 (YR 19-20)	FY 30 (YR 20-21)
AIDS Pharmaceutical Assistance (Prescription Drugs) [C]	3	3	3	7	
Emergency Financial Assistance [S]				6	7
Medical Case Management, including Treatment Adherence Services[C]	1	1	2	1	1
Medical Transportion					6
Mental Health Services [C]				4	3
Outpatient/Ambulatory Health Services [C]	2	2	1	3	2
Outreach Services [S]	4	4	4	2	5
Substance Abuse Outpatient Care [C]				5	4
Substance Abuse Services (residential) [S]	5	5	5	8	

C=core services S=support services

PRIORITY SETTING PROCESS

Priority Setting Process

- Instead of using bingo cards this year, we will send out a survey link.
- Instead of a two-step process occurring at one meeting, priority setting will now occur over two meetings.
- Once you receive the link, you will rank the service categories based on the information presented during the needs assessment. Meeting materials will be available online to review.
- Ranking will take place for both Part A and MAI services. Rank number one is the most important, and so on.
- All surveys MUST be received by the deadline.
- At the subsequent meeting, the results of the survey will be displayed and changes can be made. Once the committee is satisfied with the rankings, a motion will be needed to adopt the rankings.

YEAR 31
Sample Ranking Sheet

Ryan White Program Part A Priorities

1) Please rank the Part A service categories listed below according to how important you feel they are to people living with HIV in Miami-Dade County. You should base your ranking on the data presented during the Needs Assessment.

1= first most important,2= second most important, and so on down to 13=least important

Rank	Services
	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	Emergency Financial Assistance [S]
	Food Bank [S]
	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
	Medical Case Management, including Treatment Adherence Services [C]
	Medical Transportation (Vouchers) [S]
	Mental Health Services [C]
	Oral Health Care [C]
	Other Professional Services (Legal Assistance and Permanency Planning) [S]
	Outpatient/Ambulatory Health Services [C]
	Outreach Services [S]
	Substance Abuse Outpatient Care [C]
	Substance Abuse Services (Residential) [S]

C=core services S=support services

Ryan White Program MAI Priorities

2) Please rank the MAI service categories listed below according to how important you feel they are to people living with HIV in Miami-Dade County. You should base your ranking on the data presented during the Needs Assessment.

1= first most important,2= second most important, and so on down to 7=least important

Rank	Services
	Emergency Financial Assistance [S]
	Medical Case Management, including Treatment Adherence Services [C]
	Medical Transportation (Vouchers) [S]
	Mental Health Services [C]
	Outpatient/Ambulatory Health Services [C]
	Outreach Services [S]
	Substance Abuse Outpatient Care [C]

C=core services S=support services

RYAN WHITE PART A GRANT AWARD (BU0329)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR29
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution#s: R-957-18, R-1072-12, AND R-471-19

GRANT #: BU0329	AWARD AMOUNTS	GRANT DETAILS		
Grant Award Amount Formula	15,480,628.00	01FORM		
Grant Award Amount FY'16 Formula	831.00	01FOR2		
Grant Award Amount Supplemental	8,496,670.00	01SUPP		
Grant Award Amount FY'16 Supplemental	5,053.00	01SUP2	23,983,182.00	Part A Award (No C/O)
Carryover Award FY'17 Formula	700,792.00	01CYOV		
Total Award	**$ 24,683,974.00**			

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	8,848,373.00	
AIDS Pharmaceutical Assistance	87,000.00	
Oral Health Care	3,666,830.00	
Health Insurance Services	372,974.00	
Mental Health Therapy/Counseling	172,190.00	
Medical Case Management	5,172,739.00	
Substance Abuse - Outpatient	37,166.00	18,357,272.00

Support Services	Allocations	
Food Bank	1,851,588.00	
Other Professional Services	189,000.00	
Medical Transportation	151,873.00	
Outreach Services	281,643.00	
Substance Abuse - Residential	895,280.00	3,369,384.00

DIRECT SERVICES TOTAL:		**$ 21,726,656.00**	
Total Core Allocation	18,357,272.00		
Target at least 80% core service allocation	17,381,324.80		
Current Difference (Short) / Over	**$ 975,947.20**		
Grantee Admin. (GC, ACMS, BSR Staff)	**$ 2,398,318.00**		
Quality Management	**$ 559,000.00**		
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)	$ -		
Unobligated Funds (Carry Over)	$ -	2,957,318.00	24,683,974.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**87.31%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.33%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures	
60661	Outpatient/Ambulatory Health Svcs	8,438,714.13		
49212	AIDS Pharmaceutical Assistance	52,697.84		
21610	Oral Health Care	3,547,495.00		
22355	Health Insurance Services	372,895.13		
11404	Mental Health Therapy/Counseling	135,505.00		
21110	Medical Case Management	5,131,667.10		
21612	Substance Abuse - Outpatient	23,970.00		17,702,944.20

S/O	Support Services	Expenditures	Carryover Expenditures		
49225	Food Bank	1,251,369.00	600,000.00	1,851,369.00	
21210	Other Professional Services	115,976.42			
60240	Medical Transportation	42,859.29	98,078.03	140,937.32	
22470	Outreach Services	236,599.58			
22413	Substance Abuse - Residential	805,560.00			3,150,442.32

TOTAL EXPENDITURES DIRECT SVCS & % :			**$ 20,853,386.52**	**95.98%**
Formula Expenditure %	**95.43%**			
Grantee Administration	**2,369,319.09**			
Quality Management	**559,000.00**		2,928,319.09	
Grant Unexpended Balance	**902,268.39**			
Available $ for Carryover	$707,084.58			
Total Grant Expenditures & %			**$ 23,781,705.61**	**96.34%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**87.41%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.33%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**9.88%**	**Within Limit**

RYAN WHITE PART A GRANT AWARD (BU0329)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR29
MINORITY AIDS INITIATIVE (MAI) FUNDING
Per Resolution#s: R-957-18, R-1072-12, AND R-471-19

GRANT #: BU0329	AWARD AMOUNTS	GRANT DETAILS		
Grant Award Amount MAI	2,605,929.00	02MAIA		
Grant Award Amount FY'16 MAI	7,833.00	02MAI2	2,613,762.00	MAI Award (No C/O)
Carryover Award FY'17 MAI	322,900.00	02MAIC		
Total Award	**$ 2,936,662.00**			

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Core Medical Services	Allocations		
Outpatient/Ambulatory Health Svcs	1,067,636.00		
AIDS Pharmaceutical Assistance	100,000.00		
Oral Health Care			
Health Insurance Services			
Mental Health Therapy/Counseling			
Medical Case Management	780,000.00		
Substance Abuse - Outpatient		1,947,636.00	

Support Services	Allocations		
Food Bank			
Other Professional Services			
Medical Transportation			
Outreach Services	120,000.00		
Substance Abuse - Residential	502,900.00	622,900.00	

DIRECT SERVICES TOTAL:		$ 2,570,536.00	
Total Core Allocation	1,947,636.00		
Target at least 80% core service allocation	2,056,428.80		
Current Difference (Short) / Over	**$ (108,792.80)**		
			0.00
Grantee Admin. (OGC)	**$ 261,376.00**		
Quality Management	**$ 104,750.00**		
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (MAI)	$ -	366,126.00	2,936,662.00
Unobligated Funds (Carry Over)	$ -		

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**86.65%**	**Within Limit**

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**4.01%**	**Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures		
60661	Outpatient/Ambulatory Health Svcs	952,901.29			
49212	AIDS Pharmaceutical Assistance	5,145.45			
21610	Oral Health Care				
22355	Health Insurance Services				
11404	Mental Health Therapy/Counseling				
21110	Medical Case Management	645,138.80			
21612	Substance Abuse - Outpatient				1,603,185.54

S/O	Support Services	Expenditures	Carryover Expenditures		
49225	Food Bank				
21210	Other Professional Services				
60240	Medical Transportation				
22470	Outreach Services	96,002.81			
22413	Substance Abuse - Residential	179,850.00	252,420.00	432,270.00	528,272.81

TOTAL EXPENDITURES DIRECT SVCS & %:			$ 2,131,458.35	82.92%
Grantee Administration	**247,522.54**			
Quality Management	**104,750.00**		352,272.54	
Grant Unexpended Balance	**452,931.11**			
Available $ for Carryover	382,451.11			
Total Grant Expenditures & % (Including C/O):			**$ 2,483,730.89**	**84.58%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**85.32%**	**Within Limit**

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**4.01%**	**Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**9.47%**	**Within Limit**

RYAN WHITE PART A GRANT AWARD (BU0329)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR29
FORMULA, SUPPLEMENTAL AND MAI FUNDING
Per Resolution#s: R-957-18, R-1072-12, AND R-471-19

GRANT #: BU0329	AWARD AMOUNTS	GRANT DETAILS		
Grant Award Amount Formula	15,480,628.00	01FORM		
Grant Award Amount FY'16 Formula	831.00	01FOR2		
Grant Award Amount Supplemental	8,496,670.00	01SUPP		
Grant Award Amount FY'16 Supplemental	5,053.00	01SUP2	23,983,182.00	Part A Award
Carryover Award FY'17 Formula	700,792.00	01CYOV		
Grant Award Amount MAI	2,605,929.00	02MAIA		
Grant Award Amount FY'16 MAI	7,833.00	02MAI2	2,613,762.00	MAI Award
Carryover Award FY'17 MAI	322,900.00	02MAIC		
			26,596,944.00	(No C/O)
Total Award	**$ 27,620,636.00**			

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	9,916,009.00	
AIDS Pharmaceutical Assistance	187,000.00	
Oral Health Care	3,666,830.00	
Health Insurance Services	372,974.00	
Mental Health Therapy/Counseling	172,190.00	
Medical Case Management	5,952,739.00	
Substance Abuse - Outpatient	37,166.00	20,304,908.00

Support Services	Allocations	
Food Bank	1,851,588.00	
Other Professional Services	189,000.00	
Medical Transportation	151,873.00	
Outreach Services	401,643.00	
Substance Abuse - Residential	1,398,180.00	3,992,284.00

DIRECT SERVICES TOTAL:		**$ 24,297,192.00**	
Total Core Allocation	20,304,908.00		
Target at least 80% core service allocation	19,437,753.60		
Current Difference (Short) / Over	**$ 867,154.40**		
Grantee Admin. (GC, ACMS, BSR Staff)	**$ 2,659,694.00**		
Quality Management	**$ 663,750.00**		
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)	$ -		
Unobligated Funds (Carry Over)	$ -	3,323,444.00	27,620,636.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**87.24%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.50%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures		
60661	Outpatient/Ambulatory Health Svcs	9,391,615.42			
49212	AIDS Pharmaceutical Assistance	57,843.29			
21610	Oral Health Care	3,547,495.00			
22355	Health Insurance Services	372,895.13			
11404	Mental Health Therapy/Counseling	135,505.00			
21110	Medical Case Management	5,776,805.90			
21612	Substance Abuse - Outpatient	23,970.00			19,306,129.74

S/O	Support Services	Expenditures	Carryover Expenditures		
49225	Food Bank	1,251,369.00	600,000.00	1,851,369.00	
21210	Other Professional Services	115,976.42			
60240	Medical Transportation	42,859.29	98,078.03	140,937.32	
22470	Outreach Services	332,602.39			
22413	Substance Abuse - Residential	985,410.00	252,420.00	1,237,830.00	3,678,715.13

TOTAL EXPENDITURES DIRECT SVCS & % :			**$ 22,984,844.87**	**94.60%**
Amount Eligible for Carryover	**1,089,535.69**			
Formula Expenditure %	**95.43%**			
Grantee Administration	**2,616,841.63**			
Quality Management	**663,750.00**		3,280,591.63	
Grant Unexpended Balance	**1,355,199.50**			
Total Grant Expenditures & %			**$ 26,265,436.50**	**95.09%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**87.62%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.50%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**9.84%**	**Within Limit**

MIAMI DADE COUNTY
RYAN WHITE PROGRAM
YR 31 PART A GRANT FUNDING BUDGET WORKSHEET

YR 31 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	YR 29 EXPENDITURES	YR 29 %	YR 30 RFP AWARDS	YR 30 %	YR 31 RECOMMENDATION [4]	YR 31 %	YR 31 RECOMMENDED ALLOCATION	YR 31 %
	AIDS PHARMACEUTICAL ASSISTANCE [C]	$52,697.84	0.25%	$88,255	0.40%	$ 88,255	0.40%	$	#VALUE!
	EMERGENCY FINANCIAL ASSISTANCE [S]	Not Funded		$88,253	0.40%	$ 88,253	0.40%	$	#VALUE!
	FOOD BANK [S]	$1,851,369.00	8.88%	$529,539	2.40%	$ 529,539	2.41%	$	#VALUE!
	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	$372,895.13	1.79%	$595,700	2.70%	$ 595,700	2.71%	$	#VALUE!
	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$5,131,667.10	24.61%	$5,869,052	26.64%	$ 5,869,052	26.67%	$	#VALUE!
	MEDICAL TRANSPORTATION [S]	$140,937.32	0.68%	$154,449	0.70%	$ 154,449	0.70%	$	#VALUE!
	MENTAL HEALTH SERVICES [C]	$135,505.00	0.65%	$132,385	0.60%	$ 132,385	0.60%	$	#VALUE!
	ORAL HEALTH CARE [C]	$3,547,495.00	17.01%	$3,088,975	14.02%	$ 3,088,975	14.04%	$	#VALUE!
	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	$115,976.42	0.56%	$154,449	0.70%	$ 154,449	0.70%	$	#VALUE!
	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$8,438,714.13	40.47%	$8,847,707	40.17%	$ 8,847,707	40.21%	$	#VALUE!
	OUTREACH SERVICES [S]	$236,599.58	1.13%	$264,696	1.20%	$ 264,696	1.20%	$	#VALUE!
	SUBSTANCE ABUSE OUTPATIENT CARE [C]	$23,970.00	0.11%	$44,128	0.20%	$ 44,128	0.20%	$	#VALUE!
	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$805,560.00	3.86%	$2,169,744	9.85%	$ 2,145,426	9.75%	$	#VALUE!
	SUBTOTAL	**$20,853,386.52**	100.00%	**$22,027,332**	100.00%	**$ 22,003,014**	**100.00%**	**$ 22,003,014**	**#VALUE!**
	ADMINISTRATION [1]	**$2,369,319.09**				**$2,511,445**		**$2,511,445**	
	CLINICAL QUALITY MANAGEMENT [2]	**$559,000.00**		**$600,000**		**$600,000**		**$600,000**	
	TOTAL [3]	**$23,781,705.61**				**$25,114,459**	⟷	**$25,114,459**	
		Core %		**84.74%**		**84.83%**		**#VALUE!**	
		Support %		**15.26%**		**15.17%**		**#VALUE!**	
								$0	Sum Check

NOTES:
C = Core Service **S** = Support Service; per legislation Core Service expenditures must be at least 75% of the overall direct service expenditures.

[1] Administration includes Partnership Staff Support and Data Support (Provide Enterprise-Miami).

[2] FY 2020 (YR 30) Clinical Quality Management

[3] FY 2021 (YR 31) Grant Award Ceiling Totals $27,961,523 [$25,114,459 (Part A) and $2,847,064 (MAI)] per HRSA's Notice of Funding Opportunity No. HRSA-21-055. This ceiling amount represent an approximate 5% increase over the current (FY 2020) HRSA award [$23,921,592 (Part A) and $2,711,490 (MAI)].

[4] The "YR 31 Recommendation" adopts the current (YR 30) RFP award allocations and deducts the difference of -$24,318 between the NOFO award ceiling and the RFP award from Substance Abuse Services (Residential).

MIAMI DADE COUNTY
RYAN WHITE PROGRAM
YR 31 MINORITY AIDS INICIATIVE (MAI) GRANT FUNDING
BUDGET WORKSHEET

YR 31 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	YR 29 EXPENDITURES	YR 29%	YR 30 RFP AWARDS	YR 30 %	YR 31 RECOMMENDATION	YR 31 %	YR 31 RECOMMENDED ALLOCATION	YR 31 %
	AIDS PHARMACEUTICAL ASSISTANCE [C]	$5,145.45	0.24%	Not Funded		Not Funded		Not Funded	
	EMERGENCY FINANCIAL ASSISTANCE [S]	Not Funded		$12,087.00	0.51%	$12,087	0.5%	$	#VALUE!
	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$645,138.80	30.27%	$903,920.00	38.41%	$903,920	36.7%	$	#VALUE!
	MENTAL HEALTH [C]	Not Funded		$18,960.00	0.81%	$18,960	0.8%	$	#VALUE!
	MEDICAL TRANSPORTATION [S]	Not Funded		$7,628.00	0.32%	$7,628	0.3%	$	#VALUE!
	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$952,901.29	44.71%	$1,362,753.00	57.91%	$1,362,753	55.3%	$	#VALUE!
	OUTREACH SERVICES [S]	$96,002.81	4.50%	$39,816.00	1.69%	$39,816	1.6%	$	#VALUE!
	SUBSTANCE ABUSE SERVICES OUTPATIENT [C]	Not Funded		$8,058.00	0.34%	$8,058	0.3%	$	#VALUE!
	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$432,270.00	20.28%	Not Funded		Not Funded		Not Funded	
SUBTOTAL		**$2,131,458.35**	100.00%	**$2,353,222.00**	100.00%	**$2,353,222**	95.6%	**$2,462,358**	#VALUE!

ADMINISTRATION	**$247,522.54**		**$284,706**		**$284,706**
CLINICAL QUALITY MANAGEMENT [1]	**$104,750.00**	**$100,000**	**$100,000**		**$100,000**
TOTAL [2]	**$2,483,730.89**		**$2,737,928**	⟷	**$2,847,064**
			See Note 3		
	Core %	**97.47%**	**97.47%**		**#VALUE!**
	Support %	**2.53%**	**2.53%**		**#VALUE!**

$0 Sum Check

NOTES:
C = Core Service **S** = Support Service; per legislation Core Service expenditures must be at least 75% of the overall direct service expenditures.

[1] FY 2020 (YR 30) Clinical Quality Management

[2] FY 2021 (YR 31) Grant Award Ceiling Totals $27,961,523 [$25,114,459 (Part A) and $2,847,064 (MAI)] per HRSA's Notice of Funding Opportunity No. HRSA-21-055. This ceiling amount represent an approximate 5% increase over the current (FY 2020) HRSA award [$23,921,592 (Part A) and $2,711,490 (MAI)].

[3] If adopting the YR 30 RFP award allocations, an **additional allocation of $109,136** must be added to a service category(s) in order to match the YR 31 allocation amount to the NOFO Ceiling Amount.

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Additional Materials

Summary of Needs Assessment

June 25, 2020

- ✓ Expectation is that data will be used to make decisions.
- ✓ Priority setting, resource allocation and directives are the sole responsibility of the planning council.
- ✓ Priorities are not tied to funding.
- ✓ Priority setting and resource allocation must be based on data and not anecdotal information or impassioned pleas.
- ✓ Directives are guidance provided to the Recipient on how to meet priorities.
- ✓ HRSA requires that no less than 75% of funds be allocated to core services.
- ✓ Support services should be linked to positive medical outcomes.

Epi Profile and EIIHA

- There were 28,345 persons living with HIV in 2018.
- Individuals 13 years old and older HIV totaled 1,224 and AIDS totaled 402.
- Blacks are disproportionally impacted compared to their totals in the population.
- New infections were mostly male and MSM.
- Deaths have decreased 54% in the last 10 years.
- In CY 2019 linkage rates for Black MSM was higher than for Hispanic MSM.

Ryan White Demographics

- 9,031 clients serviced in FY 29, an 8% decrease over last year
- 1,003 new clients entered the program, a 12% decrease over last year
- Majority of the clients are 35-64 years old
- Males are the largest group overall and have steadily increased over the last five years
- Over the past five years, the proportion of Hispanics in Ryan White care has steadily increased. This group now accounts for the majority of clients, with a marked increase in Spanish being the preferred language
- Over the last five years, the proportion of African-American/Black non-Hispanics in Ryan White care has steadily decreased.

Ryan White Demographics continued

- Income levels have slightly risen, with only 53% of clients earning less than 136% FPL in FY 29
- Clients who identify having ACA insurance has risen
- MSM behaviors account for 55% of all clients and 62% of new clients

Utilization, Other Funding and Dashboard Cards

- The service categories that had a growth in clients from FY 28 to FY 29 are Health Insurance & Cost Sharing Assistance, Medical Transportation and Food Bank.
- The service categories that had greater expenditures from FY 28 to FY 29 are Outpatient/Ambulatory Health Services, Medical Case Management, Oral Health Care, Mental Health Services, Food Bank, Medical Transportation and Outreach Services.
- Keep in mind that the eligibility thresholds for Food Bank, Medical Transportation, Other Professional Services (Legal) and Substance Abuse Services (residential) were raised to 400% FPL in July 2019.

Utilization, Other Funding and Dashboard Cards continued

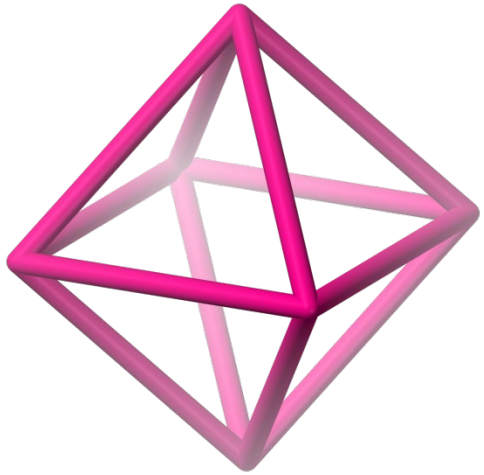
- Medicaid has seen a 14% increase in expenditures and a 2% increase in clients served.
- Black/African Americans account for the majority of the clients served in the Medicaid program.
- Dashboard cards present summary data including priorities, allocations, expenditures, utilization, priority population access and other funding streams.

Client Satisfaction Survey

- A survey has not been executed this year due to COVID-19 but is planned for later in the year.
- Finalized data for the last three years (2017-2019) was presented.
- Overall in 2019 satisfaction scores were lower than the past.
- Although most of the clients in last year's survey did not report unmet needs, oral health and specialty medical care were mentioned more than other services.

Continuum of Care

- Over the last five years, clients in the Ryan White program have shown improvements in the rates of being in care, being retained in care, using antiretroviral therapy and being virally suppressed.
- Hispanics have the highest viral load suppression rates followed by White non-Hispanics and Haitians.
- Black non-Hispanics have the lowest suppression rates and the lowest retention in care rates.
- Transgender clients have lower viral suppression rates but the highest retained in care rates.
- Females have lower antiretroviral use and viral suppression rates than males.



Data Driven Decisions

2020 HHS FEDERAL POVERTY GUIDELINES
Annual Income Ranges (Gross Household Income)

(Effective March 1, 2020 through February 28, 2021 for Ryan White Part A & MAI Services in Miami-Dade County, FL)

Family Size	A 100-135%	B 136-150%	C 151-200%	D 201-250%	E 251-300%	F 301-400%	G ≥401%
1	< or equal to $12,760 - $17,353	$17,354 - $19,267	$19,268 - $25,647	$25,648 - $32,027	$32,028 - $38,407	$38,408 - $51,167	$51,168 +
2	< or equal to $17,240 - $23,445	$23,446 - $26,031	$26,032 - $34,651	$34,652 - $43,271	$43,272 - $51,891	$51,892 - $69,131	$69,132 +
3	< or equal to $21,720 - $29,538	$29,539 - $32,796	$32,797 - $43,656	$43,657 - $54,516	$54,517 - $65,376	$65,377 - $87,096	$87,097 +
4	< or equal to $26,200 - $35,631	$35,632 - $39,561	$39,562 - $52,661	$52,662 - $65,761	$65,762 - $78,861	$78,862 - $105,061	$105,062 +
5	< or equal to $30,680 - $41,724	$41,725 - $46,326	$46,327 - $61,666	$61,667 - $77,006	$77,007 - $92,346	$92,347 - $123,026	$123,027 +
6	< or equal to $35,160 - $47,817	$47,818 - $53,091	$53,092 - $70,671	$70,672 - $88,251	$88,252 - $105,831	$105,832 - $140,991	$140,992 +
7	< or equal to $39,640 - $53,909	$53,910 - $59,855	$59,856 - $79,675	$79,676 - $99,495	$99,496 - $119,315	$119,316 - $158,955	$158,956 +
8	< or equal to $44,120 - $60,002	$60,003 - $66,620	$66,621 - $88,680	$88,681 - $110,740	$110,741 - $132,800	$132,801 - $176,920	$176,921 +
9	< or equal to $48,600 - $66,095	$66,096 - $73,385	$73,386 - $97,685	$97,686 - $121,985	$121,986 - $146,285	$146,286 - $194,885	$194,886 +
10	< or equal to $53,080 - $72,188	$72,189 - $80,150	$80,151 - $106,690	$106,691 - $133,230	$133,231 - $159,770	$159,771 - $212,850	$212,851 +
+1	$4,480	$6,720	$8,960	$11,200	$13,440	$17,920	$17,965 +

SOURCE: *https://aspe.hhs.gov/poverty-guidelines (Based on the table titled, "2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia")*

IMPORTANT NOTES:

1) Using the table above as a guide for families/households with more than ten (10) members, add $4,480 for EACH additional family/household member.

2) The Miami-Dade County Ryan White Program Service Delivery Information System (SDIS) will be programmed according to these guidelines, effective March 1, 2020 through February 28, 2021.

3) Income eligibility for the following Ryan White Part A Program-funded services in Miami-Dade County is limited to program-eligible clients who have a gross household income at or below 400% of the Federal Poverty Level (FPL). The 400% FPL income limit applies to all locally-funded Ryan White Part A and MAI Program service categories.

4) Percentage calculations in the table above are rounded to avoid gaps between whole number dollar amounts.