2021 Needs Assessment

Ryan White Program Year 32

August 5, 2021 Version

MIAMI-DADE HIV/AIDS PARTNERSHIP

BEHAVIORAL SCIENCE RESEARCH

2121 PONCE DE LEON BLVD., STE. 240
CORAL GABLES, FL 33134
WWW.AIDSNET.ORG

MIAMI-DADE COUNTY

2021 NEEDS ASSESSMENT

The annual Priority Setting and Resource Allocation needs assessment process is a series of Care and Treatment Committee meetings. The results of the meetings are included in this book.

The book is broken out into twelve sections as follows:
1-Meeting Housekeeping and Rules
2-Needs Assessment Preparation, Process and Responsibility
3-Epi Data
4-Service Demographics
5-Service Utilization
6-Other Funding and Services
7-Dashboard Cards
8-Unmet Need
9-Service Categories
10-Priorities, Allocations and Budgets
11-Additional Materials
12-Agenda and Minutes

DISCLAIMER

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 2021 award totaling $26,432,895 as of March 25, 2021, 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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

TABLE OF CONTENTS

CARE AND TREATMENT COMMITTEE
RYAN WHITE PROGRAM
ANNUAL PRIORITIES SETTING AND RESOURCE ALLOCATIONS
2021 DRAFT MEETINGS SCHEDULE

THURSDAY, MARCH 4, 2021, 10:00 A.M.-12:00 P.M.
COMMITTEE BUSINESS

FRIDAY, JUNE 18, 2021, 10:00 A.M.-1:00 P.M.
COMMITTEE BUSINESS
SETTING PRIORITIES AND ALLOCATION RESOURCES PROCESS
PLANNING COUNCIL RESPONSIBILITIES AND NEEDS ASSESSMENT
2019 EPI PROFILE SUMMARY
EIIHA AND LINKAGE TO CARE
2020 RYAN WHITE DEMOGRAPHICS
2020 CO-OCCURRING CONDITIONS

TUESDAY, JULY 13, 2021 10:00 A.M.-1:00 P.M.
YR 31 SWEEPS ALLOCATIONS
YR 30 CARRYOVER ALLOCATIONS
OTHER FUNDING
2021 RYAN WHITE PROGRAM CLIENT SATISFACTION SURVEY
FY 30 RYAN WHITE PROGRAM HIV CARE CONTINUUM
UNMET NEED AND PRIORITY POPULATIONS
SERVICE CATEGORIES

THURSDAY, AUGUST 5, 2020, 10:00 A.M.-1:00 P.M.
COMMITTEE BUSINESS
2020 RYAN WHITE UTILIZATION
DASHBOARD CARDS
SPECIAL DIRECTIVES
PRIORITIES SETTING
RESOURCE ALLOCATION FOR GRANT FUNDING

SCHEDULE SUBJECT TO CHANGE.
PLEASE RSVP TO MARLEN@BEHAVIORALSCIENCE.COM OR 305-445-1076.

Meeting Housekeeping and Rules

Section 1

Meeting Housekeeping and Rules

Revised June 9, 2021

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

Disclaimers

- This meeting is being conducted in a hybrid format – In Person and via Zoom.
- Video, audio, and chat box input is being recorded and will become part of the public record.
- Zoom attendees can choose to have video on or off. You are not required to be on video at anytime during the meeting.

Setting the Environment

- All attendees should place cell phones on mute/vibrate.
- Zoom attendees should also turn off televisions, radios, etc.

The Agenda

- Meeting materials were distributed prior to the meeting via AIDSNET at http://aidsnet.org/meeting-documents/.
- The meeting will follow the Agenda as was posted online.
- Some Agenda items have been modified for the hybrid meeting platform.
- The Agenda and supporting documents will be projected by staff and seen both in the meeting room and via Zoom Shared Screen mode.
- The Chair will lead the meeting per the Agenda and will recognize other participants named on the Agenda in order.

Introductions and Roll Call

The Chair will call for members and guests in the meeting room to introduce themselves.

Staff will announce the names of Zoom guests and staff. For those participating by Zoom, participants will **Chat** "Here" to have participation recorded.

Notes

- Anyone who has not been recognized during the guest Roll Call should advise staff in-person or via Zoom chat.
- Zoom participants: If your name appears only as a phone number or other name, your attendance may not be recorded UNLESS YOU CHAT.

Voting and Motions

Motions may be Made and Seconded by present members or Zoom members.

- Zoom members should chat "**Motion**" or "**Second**".

The Chair will call for Discussion

- Discussion should be limited to the current motion/Agenda item only.
- The Chair may impose time limits for discussion.

After discussion, the Chair will call for a Vote

- Voting is for Committee Members only.
- Present members will have a voice vote.
- Zoom members should chat "**Opposed**" to vote against a motion; otherwise the vote will be recorded "**In Favor**" of the motion.

Meeting Housekeeping and Rules

Revised June 23, 2021

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

Setting the Environment

- All attendees should place cell phones on mute/vibrate. If you have to take a call, you must take the call outside the meeting space.
- Meetings are recorded.
- No side bar conversation between members or guest since all meetings must comply with Government in the Sunshine.
- Quorum is vital to completing the work of the Planning Council. All members should stay until the meeting concludes. If members need to leave early, please inform staff since agenda items may need to be rearranged if quorum is lost.

The Agenda

- Meeting materials were distributed prior to the meeting via AIDSNET at http://aidsnet.org/meeting-documents/ and will be projected.
- The meeting will follow the Agenda as was posted online.
- The Chair will lead the meeting per the Agenda and will recognize other participants named on the Agenda in order.
- A queue will be kept to assure all comments are addressed.
- During the meeting all speakers must be recognized by the Chair.
- Members of the public may be permitted to address the committee but must be recognized by the Chair.

Voting and Motions

Members should be aware that they serve the interest of the Miami-Dade HIV/AIDS community as a whole. Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.

Motions may be made and seconded by members of the Care and Treatment Committee only.

- Members, please raise your hand to be recognized by the Chair.

The Chair will call for discussion.

- Discussion should be limited to the current motion/agenda item only.
- The Chair may impose time limits for discussion.

After discussion, the Chair will call for a vote.

- Voting is for Care and Treatment Committee members only.
- For those opposed, please keep your hand raised during the vote to allow staff time to record your vote.

Conflict of Interest

- A "conflicted" member is a Committee member who works for a service provider which is the *sole provider in a service category.*
- Conflicted members are prohibited from voting on allocations to *that service category:*
  - At this meeting, conflicts may exist in the following service categories:
    1. **Part A**-Food Bank
    2. **MAI**-Mental Health Therapy
    3. **MAI**-Substance Abuse-Outpatient
    4. **MAI**-Outreach
- Members who are "conflicted" must declare their conflicted status prior to discussion and vote of the service category allocation.
- The conflicted member will then leave the meeting:
  - While outside the meeting, the conflicted member will complete Form 8B.
    - A copy of completed Form 8B will be included with the minutes of the meeting.
  - Staff will advise the conflicted member when he/she can rejoin the meeting.


THANK YOU!

Partnership Meeting Housekeeping

www.aidsnet.org

Revised August 3, 2021

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Disclaimer & Code of Conduct

- This meeting is being recorded and will become part of the public record.

- Members serve the interest of the Miami-Dade HIV/AIDS community as a whole. Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.

- No side bar conversation between members or guest since all meetings must comply with Government in the Sunshine.

Resource Persons

- Behavioral Science Research Corp. staff are the Resource Persons for this meeting.
  - *Will BSR staff please identify themselves?*
  - *Please see staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.*

General Reminders

- Per County mandate, masks are to be worn in all County buildings.
- Place cell phones on mute or vibrate.
  - *If you need to answer a call, please excuse yourself from the meeting room.*
- Only voting members should be seated at the meeting table.
  - *You may choose to move your chair if you have concerns about social distancing.*

Attendance

- You must sign in to be counted as present.
- Meetings will start at the posted start time, based on quorum.
- Committee members are expected to arrive on time and remain throughout the entire meeting.
  - ❖ *If you expect to arrive late or leave early, please notify staff in advance of the meeting as this may impact quorum.*
- If quorum is not reached within 15 minutes of the meeting start time, the meeting may be cancelled by the Chair.

Meeting Participation

- All speakers must be recognized by the Chair.
  - ❖ *Raise your hand to be recognized or added to the queue.*
  - ❖ *The Chair will call on speakers in order of the queue.*
- Discussion should be limited to the current Agenda topic or motion.
- Speakers should not repeat points previously addressed.
- Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.

- Important!
  - *Please raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.*

Conflict of Interest

- A "conflicted" member is a Committee member who works for a service provider which is the *sole provider in a service category.*
- Conflicted members are prohibited from voting on allocations to *that service category:*
  - At this meeting, conflicts may exist in the following service categories:
    1. **Part A**-Food Bank
    2. **MAI**-Mental Health Therapy
    3. **MAI**-Substance Abuse-Outpatient
    4. **MAI**-Outreach
- Members who are "conflicted" must declare their conflicted status prior to discussion and vote of the service category allocation.
- The conflicted member will then leave the meeting:
  - While outside the meeting, the conflicted member will complete Form 8B.
    - A copy of completed Form 8B will be included with the minutes of the meeting.
  - Staff will advise the conflicted member when he/she can rejoin the meeting.

Resources

- Today's presentation and supporting documents are online at http://aidsnet.org/meeting-documents/.

- Follow the Partnership on Facebook and Instagram!

Thank you for attending today's meeting!

www.aidsnet.org

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Needs Assessment Preparation, Process and Responsibilies

Section 2

2021 Needs Assessment Preparation

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

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 – $2.5 billion in funding in FY 2020 including new funding for Ending the Epidemic
- 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)
- Provides grants awarded to the chief elected officials of the city or county, who designates a lead agency to administer the funds.

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 by funding primary health care and support services that enhance access to and retention in care”

Importance of RWHAP: Scope

- More than 1.2 million people in the U.S. age 13 years and older are living with HIV as of 2018.
- About 1 in 7 (nationally) do not know their status
- More than half of million people are receiving at least one medical, health, or related support service through the Ryan White Program provider in 2018, with many clients receiving multiple types of services.

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, 75% retained in Ryan White Care in FY 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 in FY 2019 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

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)

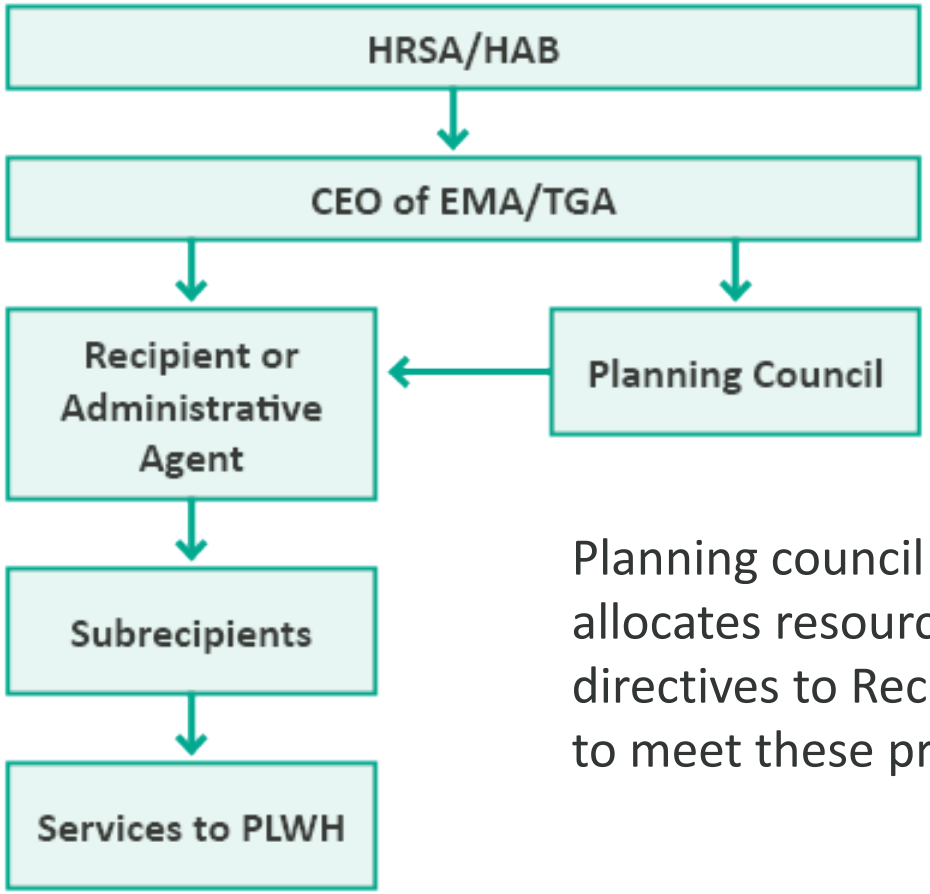
- **Support services** needed so that people with HIV can reach their medical outcomes (no more than 25% of total funding)
  Emergency Financial Assistance, Food Bank/Home-Delivered Meals, Other Professional Services (Legal Services and Permanency Planning), Medical Transportation, Outreach Services, 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

THANK YOU!

Planning Council Responsibilities AND Needs Assessment

June 18, 2021

Slides prepared by Behavioral Science Research Corporation

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		✓	✓

In Miami-Dade County the CEO is the Mayor and the Recipient is the Office of Management and Budget-Grants Coordination.

Planning Council Legislative Responsibilities

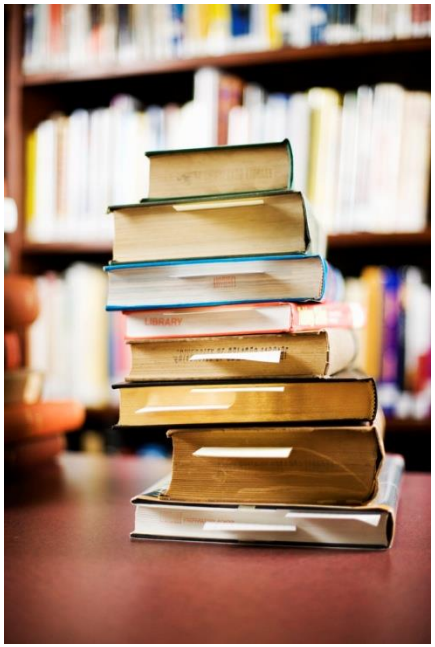
- Determine the size and demographics of the population of individuals with HIV/AIDS in the Miami-Dade County eligible metropolitan area (EMA)
- Determine the needs of such population, with particular attention to:
  - individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related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

HRSA Expectations

- The planning council's (*Miami-Dade HIV/AIDS Partnership*) 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 For This Year

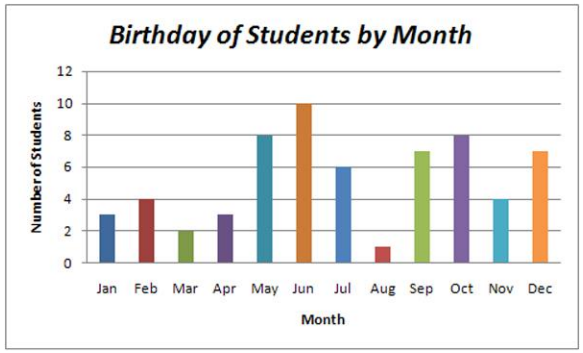
- Surveillance and testing data (from Florida Department of Health in Miami-Dade)
- Ryan White Program demographic and utilization data (from the Provide Enterprises), as available
- Input from persons with HIV and collected comments
- Other funding information

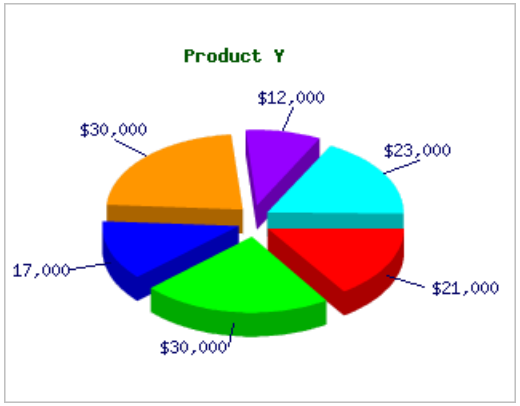


Some Basic Points Regarding Data

- Different types of charts provide a visualization of the data
- Sources of data should always be identified
- Patterns in the data may have implications for the way we provide services in Miami-Dade County
- Data should be used to make decisions

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





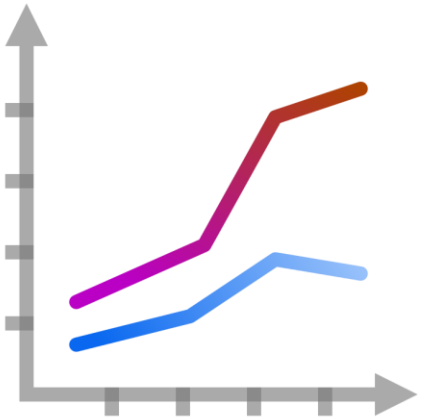


Table 17.3 Solubilities of Ionic Compounds* aq = aqueous (dissolves in water); s = solid (does not dissolve in water)

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

Components of a Ryan White Needs Assessment

1. **Epidemiological profile** of HIV and AIDS cases and trends in Miami-Dade County.
2. **A resource inventory** of existing services.
3. **A profile of provider capacity and capability -**availability, accessibility & appropriateness overall and for specific populations.
4. **Estimate and assessment of unmet need**– People with HIV who know their status but are not in care and People with HIV who do not know their status.
5. **Estimate and assessment of people with HIV** who are unaware of their status.
6. **Assessment of service need gaps-**Information about service needs of people with HIV and barriers to getting services.

Epidemiologic Profile

- Describes the HIV Epidemic in the service area
- Focuses on the social and demographic groups most affected by HIV and the behaviors that can transmit HIV
- Data are provided by the Florida Department of Health
- Estimates the number and characteristics of persons with HIV who know their status but are not in care (unmet need)
- Estimate the number and characteristics of persons with HIV 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 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 Miami-Dade County as of December 31, 2019.

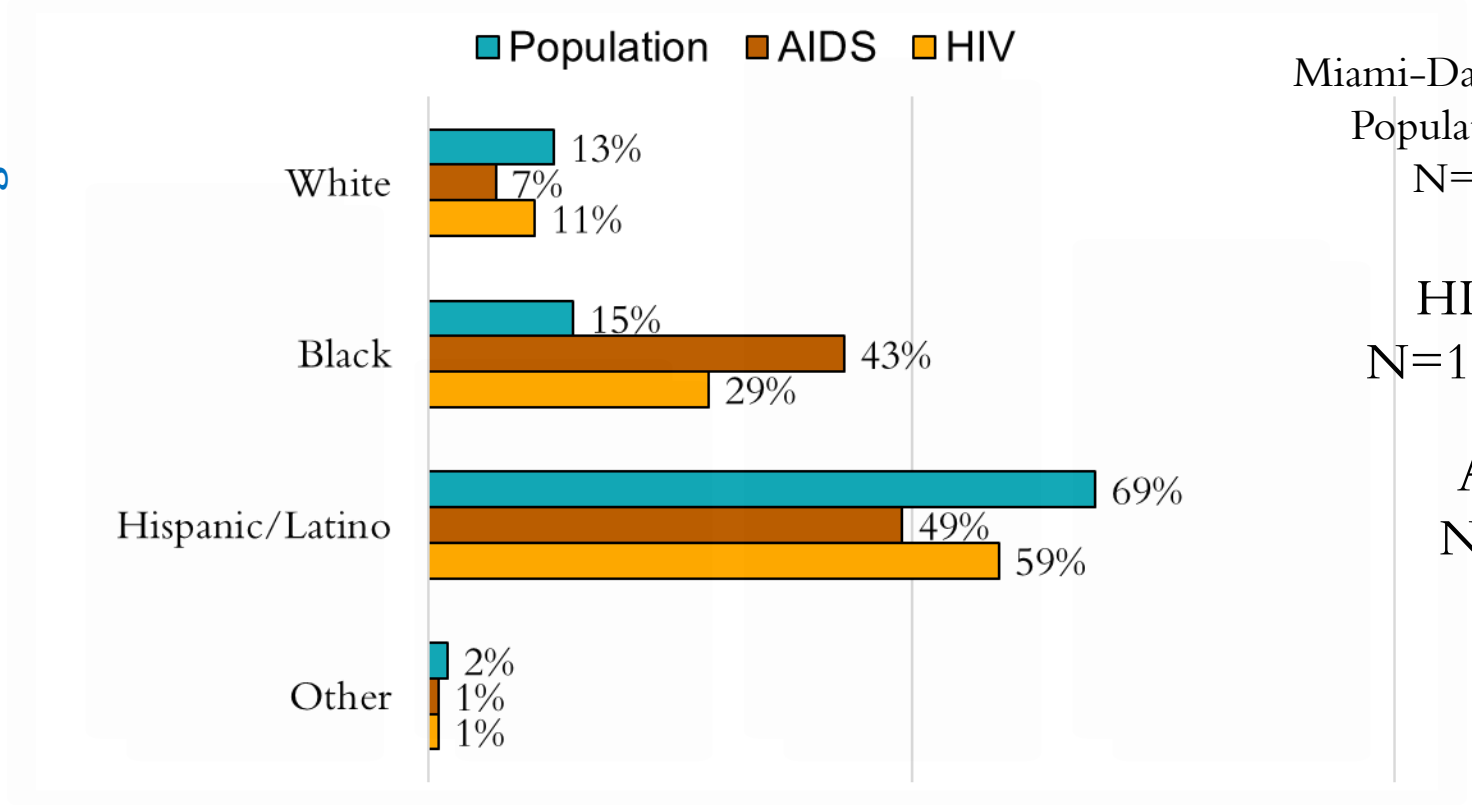
Prevalence rate – The total or cumulative number of cases of a disease per unit of population as of a defined date – such as the rate of HIV cases per 100,000 population diagnosed in Miami-Dade County as of December 31, 2019,

Epi Data

Type of data: Bar Graph
Source: Dept of Health
Pattern: Hispanics make up the largest group of the population but Blacks are over represented in both HIV and AIDS cases

This sample uses data from 2018.

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



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

HIV
N=1,224

AIDS
N=402

Planning Council Responsibilities: Setting Priorities

- Determining what service categories are most important for People with HIV in Miami-Dade County and place them in priority order.
- Priorities are 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.

Part A Program Service Categories

MIAMI-DADE COUNTY - RYAN WHITE PROGRAM FY 2021-22 (YR 31) PART A PRIORITY RANKING	
Ranking	Services
1	Medical Case Management, including Treatment Adherence Services [C]
2	Outpatient/Ambulatory Health Services [C]
3	Mental Health Services [C]
4	Oral Health Care [C]
5	Food Bank [S]
6	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
7	Substance Abuse Outpatient Care [C]
8	Substance Abuse Services (Residential) [S]
9	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
10	Medical Transportation (Vouchers) [S]
11	Outreach Services [S]
12	Emergency Financial Assistance [S]
13	Other Professional Services (Legal Assistance and Permanency Planning) [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)

Part A Program
YR 31 Allocations

SERVICE CATEGORIES (ALPHABETIC ORDER)	YR 31 RECOMMENDATION	YR 31 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	$ 88,255	0.40%
EMERGENCY FINANCIAL ASSISTANCE [S]	$ 88,253	0.40%
FOOD BANK [S]	$ 529,539	2.41%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	$ 595,700	2.71%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$ 5,869,052	26.67%
MEDICAL TRANSPORTATION [S]	$ 154,449	0.70%
MENTAL HEALTH SERVICES [C]	$ 132,385	0.60%
ORAL HEALTH CARE [C]	$ 3,088,975	14.04%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	$ 154,449	0.70%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$ 8,847,707	40.21%
OUTREACH SERVICES [S]	$ 264,696	1.20%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	$ 44,128	0.20%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$ 2,145,426	9.75%
SUBTOTAL	$ 22,003,014	100.00%
ADMINISTRATION	$2,511,445	
CLINICAL QUALITY MANAGEMENT	$600,000	
TOTAL	$25,114,459	

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, contracting, or other service planning.

Service Utilization and Continuous Quality Improvement Data Usage

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

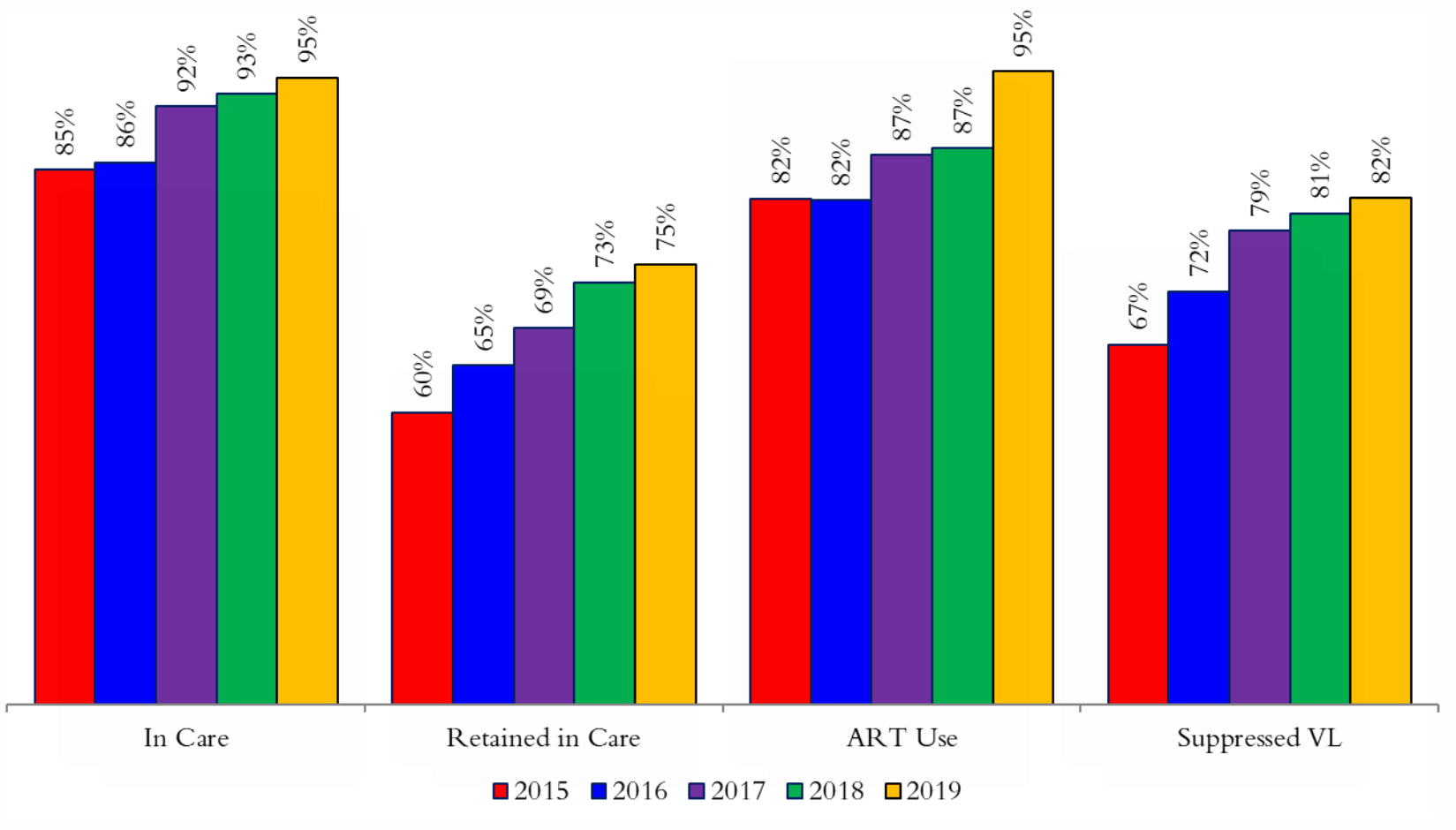
- **In allocating resources**
  How can we use cost per client data to determine funding allocations for anticipated new clients?

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

Treatment Cascade

Type of data: Bar Graph
Source: Management Information System (formerly SDIS, currently Provide)
Pattern: There has been steady improvement in all four measures over the last five years.

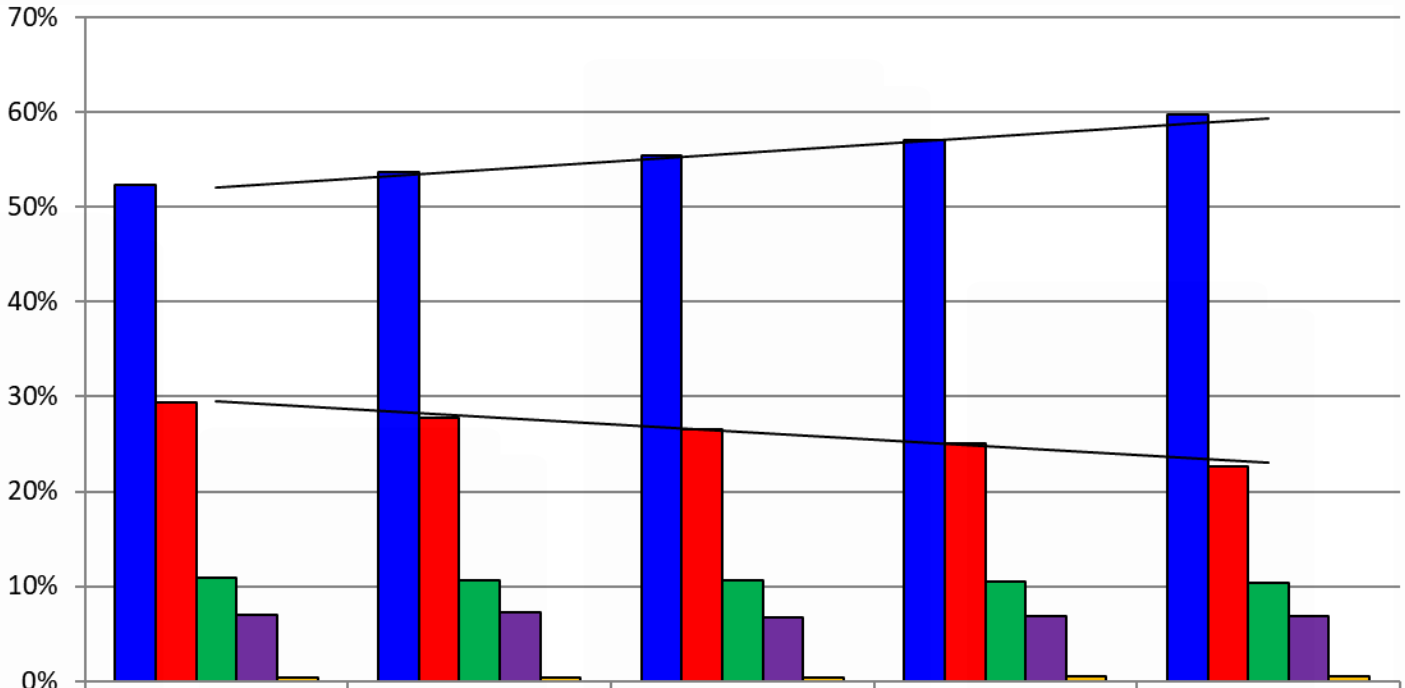
RWP HIV Care Continuum
FYs 2015 thru 2019



Demographics

Type of data: Bar Graph
Source: Management Information System (formerly SDIS, currently Provide Enterprises)
Pattern: Hispanics have been steadily increasing in the program, while Blacks have been steadily decreasing.

Race/Ethnicity
People with HIV In Care, Ryan White Program
2015 to 2019



	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%

Service Utilization

Type of data: Chart
Source: : Management Information System (formerly SDIS, currently Provide Enterprises)
Pattern: Varies by service category, some have seen increases/decreases over the last five years.

Total Clients 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

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

Other Funding

Type of data: Chart
Source: Survey
Pattern: There are five sources for AIDS Pharmaceutical Assistance with the ADAP program being the largest provider.

Other Funding Streams: AIDS Pharmaceutical Assistance (Prescription Drugs)

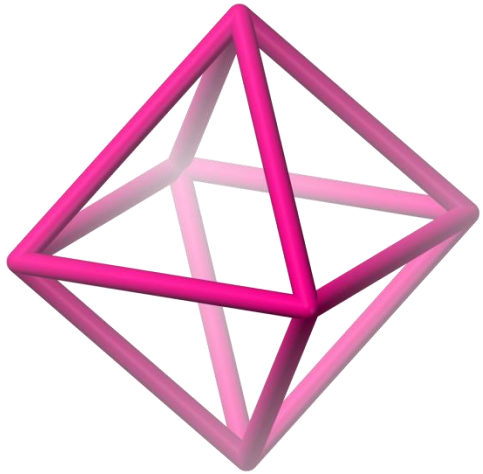
Other Funding Streams

	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

Steps for 2021 Needs Assessment

- Training on responsibilities and data elements
- Additional training posted online
- Agreement on process
- Data elements provided
- Directives Developed
- Priorities Set
- Allocations made for grant

- Special note: All members must attend in person starting July 1, 2021 in order to vote.



Think 3D!

Data
Driven
Decisions

But ultimately, it's about . . .

Using data, within established Ryan White program guidelines, to make informed priority and funding decisions to improve service delivery to people with HIV in Miami-Dade County.

Thank you!

Miami-Dade HIV/AIDS Partnership
2021 Needs Assessment
Setting Priorities and Allocating Resources Process

The annual Priority Setting and Resource Allocation needs assessment process is a series of Care and Treatment Committee meetings scheduled for June 3, June 18 and July 13. 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 nine-step process described below.

Step 1. Training on Responsibilities

The committee will be trained on the responsibilities regarding the needs assessment and how to use data.

Step 2. 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 which will be posted online.

Step 3. Community Input

Written or phone comments from members of the affected community will be accepted and provided to the committee during their last meeting. 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. We will use a queue to ensure orderly discussion. A Partnership 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 4. Data Review

Staff Support will provide an overview of HIV/AIDS epidemiology, Ryan White Program client demographics and service utilization, cost of services, unmet need and other data for Miami-Dade County ahead of the meetings, posting the information on the www.aidsnet,org web site, and will provide summaries at the time of the meeting when these data are discussed. Information will include, as available:

- A profile of the 2019 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 30 (March 1, 2020 – February 28, 2021);
- FY 30 cost and funding allocations for services;
- Other funding streams that cover the same services as the Ryan White Program and the number of HIV-positive recipients;
- Data on persons presenting for HIV testing, the proportion who are HIV+ and their linkage to Ryan White Program care;
- HIV Care Continuum data;
- Estimates of unmet need; and
- Other issues relating to specific services;

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 4 has been completed.

Step 5. 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 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 proposed new services rests with the proposer. The committee will vote on the proposed new service(s) following presentation and review of the pertinent data.

Step 6. 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 guests will complete a survey ranking services in order of importance prior to the final meeting;
- Staff will tally the surveys and post the compiled services ranking of committee members and guests 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 rank order of priorities, and will adopt them by formal motion.

Step 7. Directives

After full consideration of relevant data reviewed during the needs assessment process, the committee may direct the Recipient to address unmet (or under-delivered) service priorities and to address other issues defined during the process. These may, among other things, address access issues to services for special populations or special geographic areas.

Step 8. Allocation of Funds

The Committee will use the service priorities, established principles, and needs assessment data to allocate funds for Fiscal Year 32 (2022-2023), generating a prospective resource allocation budget to be included in the Recipient's response to the Health Services and Resources Administration Request for Proposals using the ceiling allocation.

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 the conclusion of the meeting. Copies of completed Form 8Bs will be included with the minutes of the meeting.

Step 9. Determination of Final Priorities and Allocations

The final priorities and allocations for Fiscal Year 32 (2022-2023), as determined by the Care and Treatment Committee, will be presented to the full Partnership for approval.

Epidemiological "Epi" Data

Section 3

Summary of HIV Epidemiology Profile Data, 2019

June 18, 2021

Data provided by the Florida Department of Health and Florida Charts. Slides prepared by Behavioral Science Research Corporation

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

Miami-Dade County General Population

- ✓ In 2019, women accounted for the largest gender group.
- ✓ Hispanics comprise 69% of those living in Miami-Dade.
- ✓ Individuals 60 year and older account for the largest age group in the County.
- ✓ Miami-Dade County is unique among EMAs in Florida and throughout the United States, because of: (1) its high concentration of people with HIV and high rates of new HIV infection, both among the highest in the United States; and (2) the ethnic diversity of both its population and the people with HIV in care.

Demographic Group	2019	% of Total
Male	1,374,174	48.5%
Female	1,456,326	51.5%
TOTAL	2,830,500	
White	368,770	13.0%
Black	440,979	15.6%
Hispanic/Latinx	1,954,732	69.1%
Other	66,019	2.3%
TOTAL	2,830,500	
0–12 years	413,284	14.6%
13–19 years	224,536	7.9%
20–24 years	171,921	6.1%
25–29 years	202,772	7.2%
30–34 years	201,125	7.1%
35–39 years	192,736	6.8%
40–44 years	196,374	6.9%
45–49 years	207,551	7.3%
50–54 years	207,612	7.3%
55–59 years	192,006	6.8%
60+ years	620,583	21.9%
TOTAL	2,830,500	100.0%

PREVALENCE

Total number of people in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population – such as the total number of people diagnosed with HIV in Miami-Dade County (EMA) as of December 31, 2019.

In 2019, there were approximately 27,319 persons living with HIV, nearly one percent of the EMA's population.

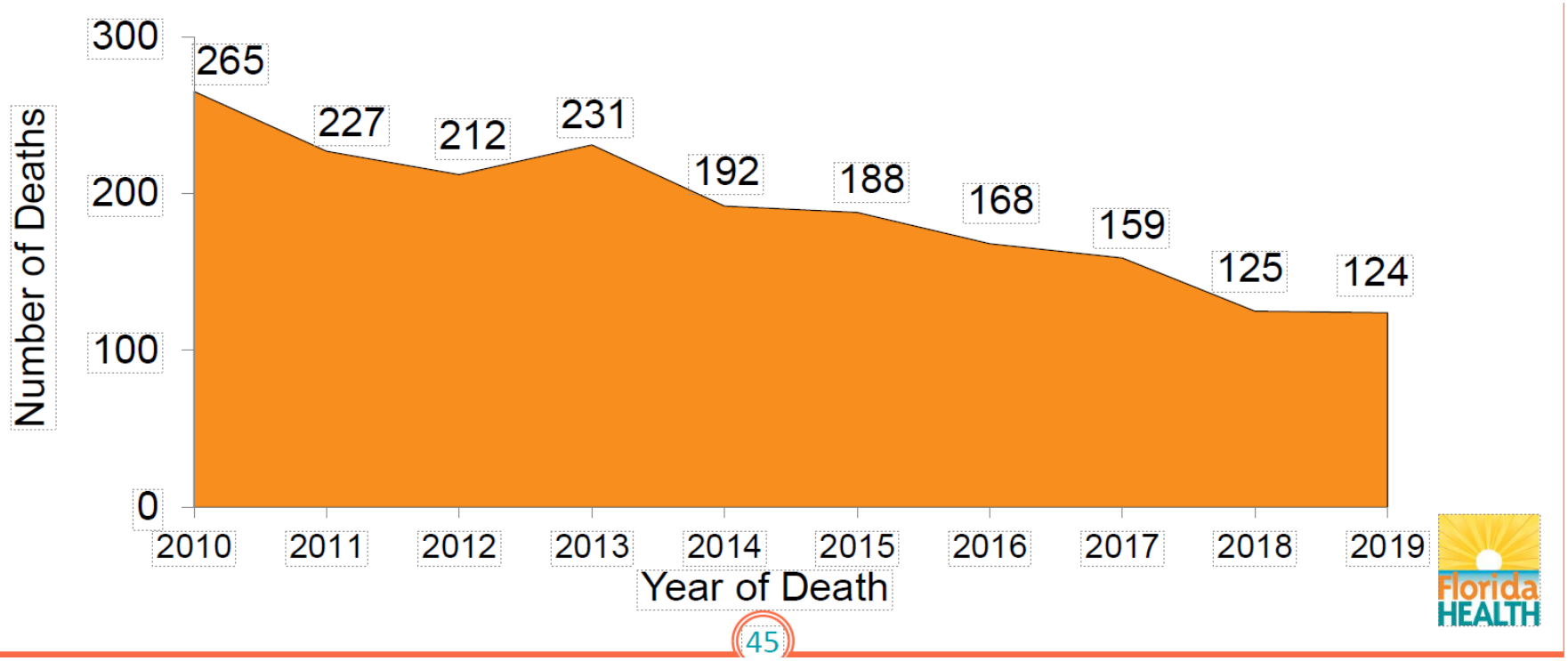
Adults with HIV Living in Miami-Dade County, Year-End 2019

		Male #	%	Female #	%	Total #	%
Race/ Ethnicity	White	2,443	11.9%	296	4.4%	2,739	10.0%
	Black	6,558	31.9%	4,645	68.7%	11,203	41.0%
	Hispanic/Latinx	11,273	54.9%	1,744	25.8%	13,017	47.7%
	Other	255	1.2%	78	1.2%	333	1.2%
Age Group	13–19	57	0.3%	28	0.4%	85	0.3%
	20–29	1,516	7.4%	406	6.0%	1,922	7.0%
	30–39	3,413	16.6%	992	14.7%	4,405	16.1%
	40–49	4,217	20.5%	1,438	21.3%	5,655	20.7%
	50+	11,326	55.2%	3,899	57.7%	15,225	55.8%
Mode of Exposure	MMSC	15,065	73.4%	0	0.0%	15,065	55.2%
	IDU	839	4.1%	586	8.7%	1,426	5.2%
	MMSC/IDU	671	3.3%	0	0.0%	671	2.5%
	Heterosexual Contact	3,734	18.2%	5,993	88.6%	9,727	35.6%
	Transgender Sexual Contact	70	0.3%	3	0.0%	73	0.3%
	Other Risk	150	0.7%	181	2.7%	331	1.2%
	TOTAL	20,529	100.0%	6,763	100.0%	27,292	100.0%

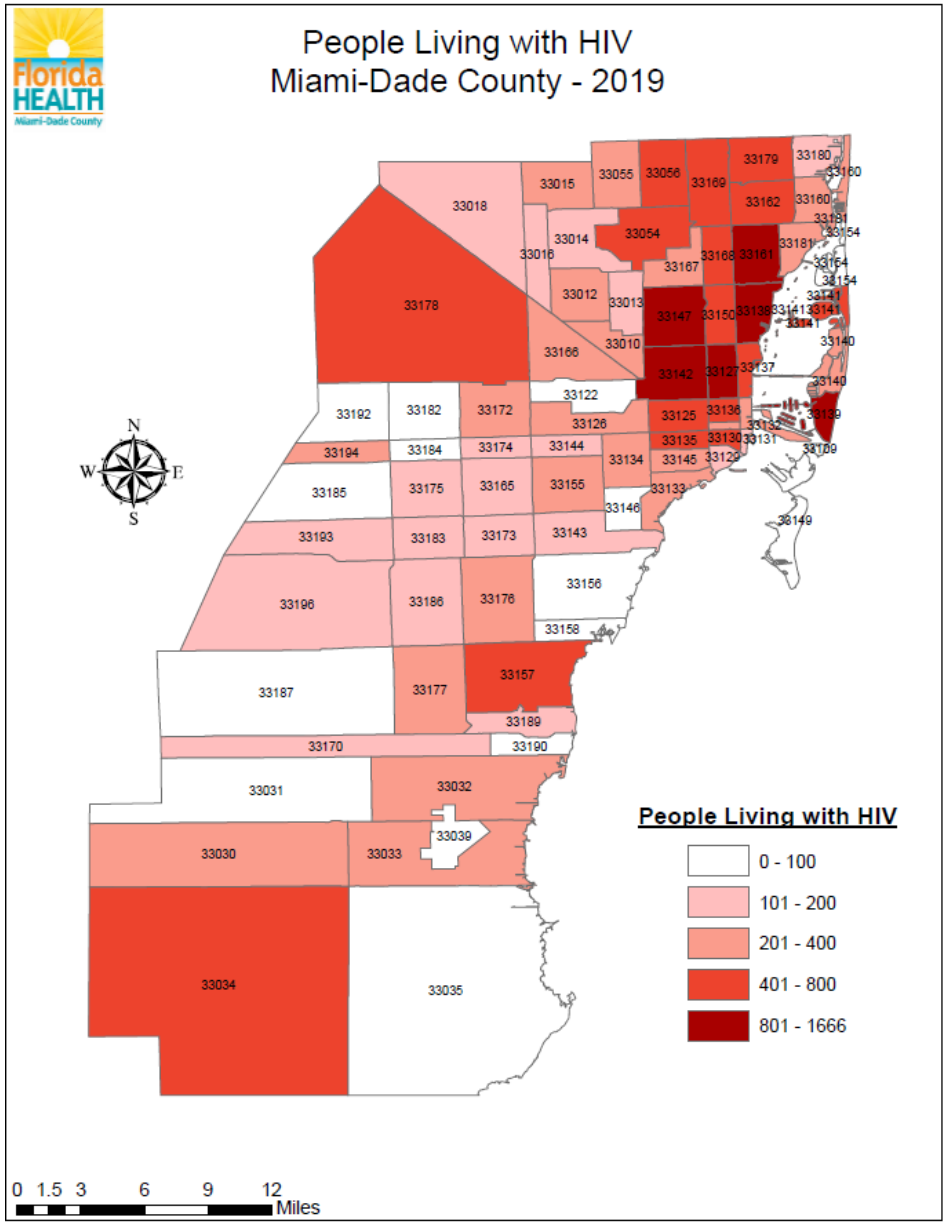
In 2019, there were 27,319 people with HIV in Miami-Dade County, 48% identified as Hispanic/Latinx, 41% Black/African American, and 1% other. Since 2016, Hispanics/Latinx have surpassed Blacks/African Americans in HIV prevalence (Miami-Dade). Males comprise 75% of the people in the EMA with HIV, and among these males, 74% were MMSC. Ninety-three (93) percent of the 9,031 RWP clients in care identified as a minority. According to the FDOH, 55% of people with HIV in the EMA were born outside of the United States, with the largest group identifying as coming from the Caribbean (27% from Haiti, Cuba, Puerto Rico, and Jamaica combined).

HIV-Related Deaths, 2010–2019, Miami-Dade County

2018-2019= -1% change; 2015–2019 = -34% change



HIV-related deaths continue to drop with a 1% decrease in 2019 from 2018; there was significant decrease of 34% from 2015 (231 cases) to 2019 (124 cases).



While HIV/AIDS cases in MDC are dispersed throughout the 2,400-square-mile EMA, 20% of the people with HIV (over 1,000 cases) are concentrated in four ZIP codes: on Miami Beach (33139) and northeast Miami-Dade (33142, 33147, and 33161), the latter areas with high concentrations of Black/African American, Caribbean Islanders and Haitian residents and high rates of poverty, unemployment, and substance use disorder.

The prevalence of HIV/AIDS among Blacks/African Americans (including Caribbean Islanders and Haitians) is much higher than the population proportion would suggest: **while this population constitutes 16% of the EMA's total population, they represent 41% of the total people with HIV.**

Altogether, 90% of the people with HIV in Miami-Dade County are from racial/ethnic minority groups, as are approximately 93% of the clients in care in the Miami-Dade County Ryan White Program (RWP) system of care. The RWP minority client percentages have been over 90% for more than five years.

A Snapshot of Prevalence in Miami-Dade County

- Hispanics comprise 48% of those living with HIV
- Transgender account for less than 1% (0.3%) of those living with HIV
- The largest age group of those living with HIV are 50+ years old (56%)
- The largest exposure group is male to male sexual contact (MMSC) (55%)

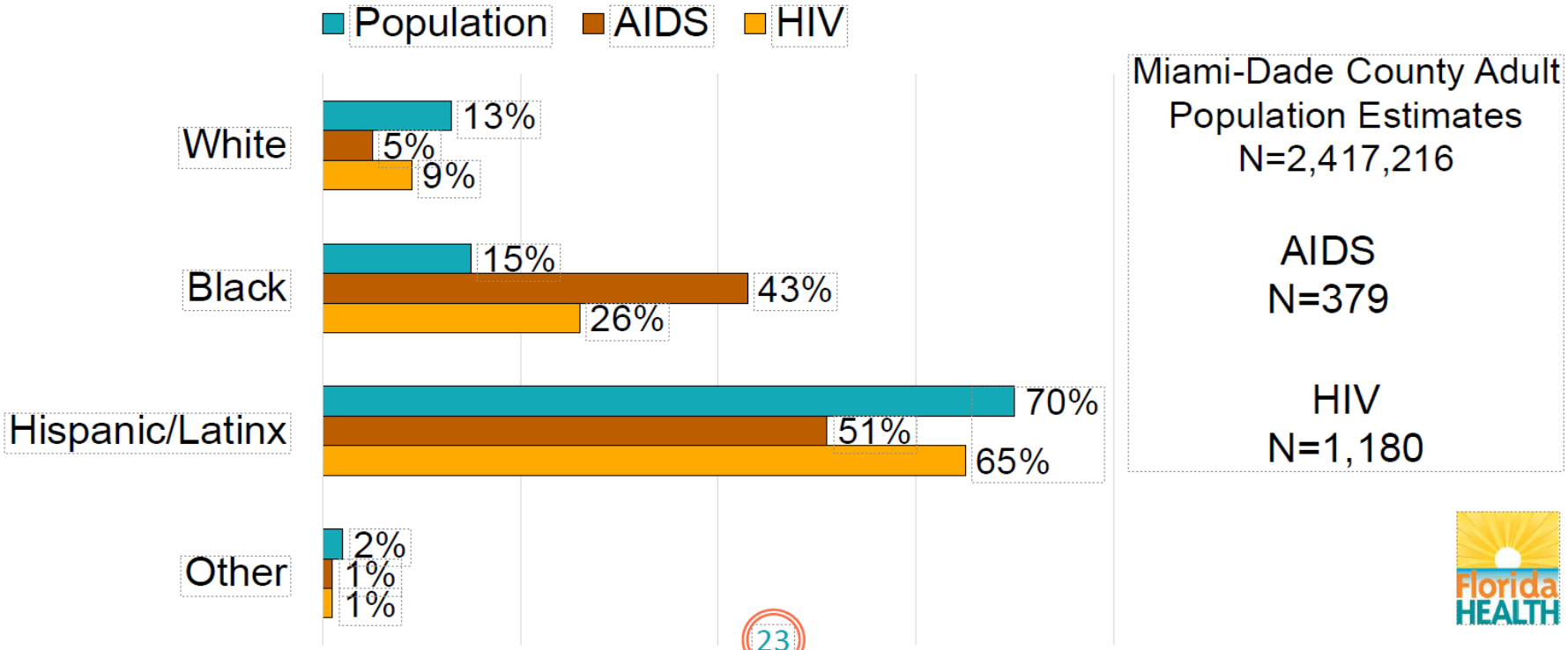
INCIDENCE

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.

In 2019, there were 1,181 persons that were newly diagnosed with HIV and 380 with AIDS in Miami-Dade County.

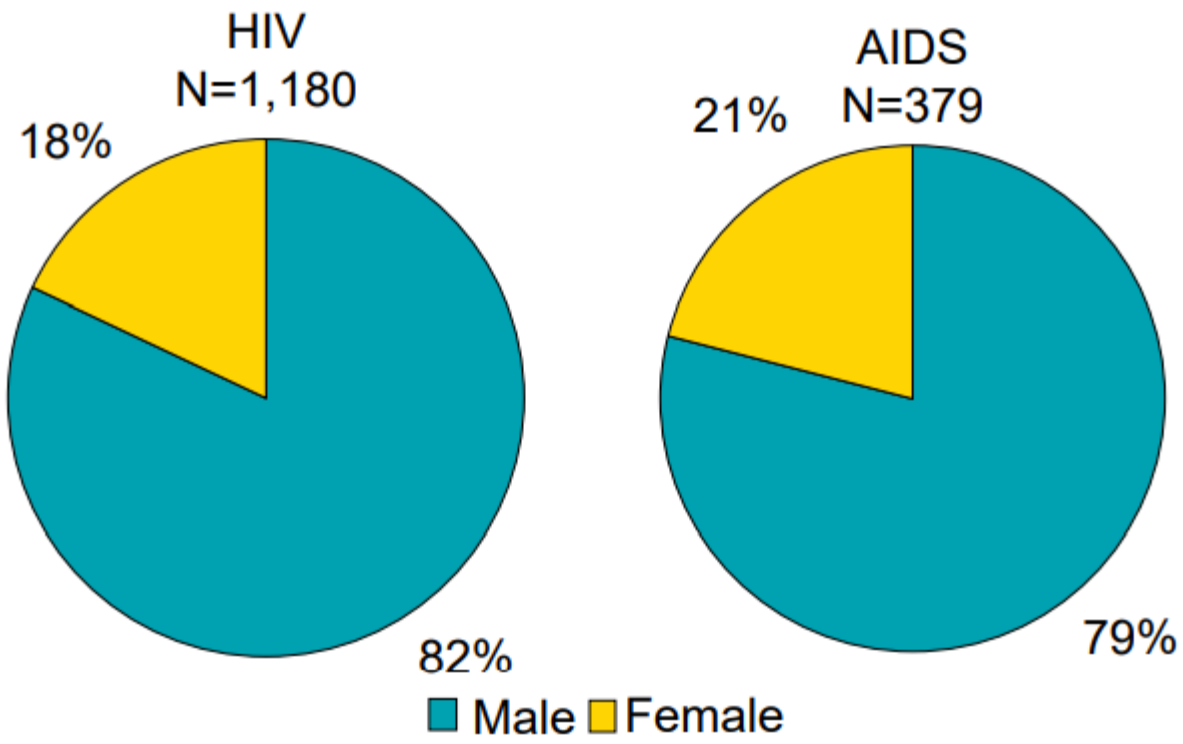
In 2018, the CDC has identified Miami-Dade County as the Metropolitan Statistical Area (MSA) with the highest rate of HIV incidence in the nation (42.7 per 100,000 population). During the Calendar Year (CY) 2016 through 2019, the EMA reported a total of 4,807 new HIV cases and 1,644 new AIDS cases. These numbers represent a decrease in newly reported HIV cases and AIDS cases from 2016 to 2019, HIV prevalence within the EMA has increased 1%.

Percentage of Adult HIV and AIDS Diagnoses, and Population, by Race/Ethnicity, 2019, Miami-Dade County



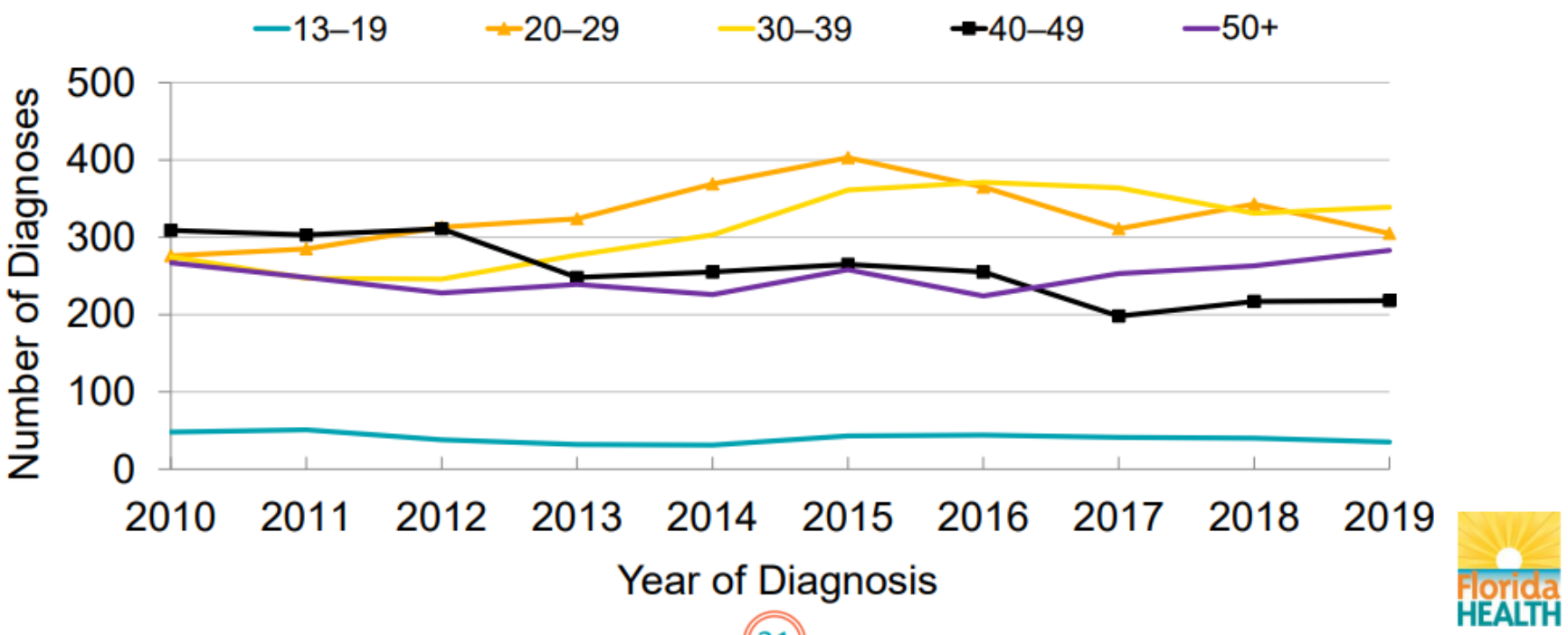
The defining characteristic of Miami-Dade County's (MDC) population is the high proportion of Hispanic/Latinx residents (69% of MDC vs. 26% across Florida) and low proportion of White non-Hispanics (13% of MDC vs. 53% across Florida). The Black/African American population in MDC is 16%, on par with 16% across the state. Hispanic/Latinx people with HIV represent 65% of the 1,181 new HIV cases in 2019 as well as 51% of the 380 new AIDS diagnoses. By contrast, the incidence of HIV/AIDS among Blacks/African Americans (including Caribbean Islanders and Haitians) is much higher than the population proportion would suggest: **while this population constitutes 16% of the EMA's total population, they represent approximately 26% of new HIV cases and 43% of the new AIDS cases.**

Adult HIV and AIDS Cases by Sex at Birth, Diagnosed in 2019, Miami-Dade County



The epidemic continues to be driven by men (81% of the new diagnoses in 2019), particularly through male-to-male sexual contact (MMSC), which accounts for *85% of the new male HIV diagnoses in 2019*. *Females accounted for 18% of the new HIV diagnoses*, with 97% attributed to heterosexual contact and 3% to injection drug use (IDU).

Adult HIV Diagnoses by Age at Diagnosis, 2010–2019, Miami-Dade County



21

Approximately 55% of new HIV infections in 2019 were among persons 20 to 39 years old: from 2016 to 2019, the proportion of persons under 50 in the new infection population has dropped from 82% to 76%, while the proportion of newly diagnosed persons over 50 increased from 18% to 24%.

A Snapshot of Incidence in Miami-Dade County

- HIV cases dropped 1% in 2019 from 2018
- AIDS cases dropped 5% in 2019 from 2018
- Men made up 81% of new diagnosis, among these the primary exposure was from male to male sexual contact.
- Gonorrhea cases (co-infected with HIV) have increased by 173% since 2015.
- Early syphilis cases (co-infected with HIV) have increased by 54% since 2015.

HIV, Hepatitis, STD, and TB Data

For over 10 years, the Miami-Dade County EMA has had the highest new infection rates in the State of Florida for syphilis, chlamydia, and gonorrhea. Nearly 20% of RWP clients served in FY 2019 are co-infected with STIs, including 23% of the Hispanic clients, 17% of Blacks/African Americans, and 8% of Haitians served. STI rates among people with HIV are driven by Male-to-Male Sexual Contact (MMSC) activity. MMSC clients with STIs constitute over one fourth of the combined MMSC and people with HIV in care (29%).

Persons with an HIV Diagnosis with a Co-occurring Diagnosis of an STD, by Type and Year of STD Report, 2015–2019, Miami-Dade County

Year of STD Report	HIV/ Early Syphilis[1]	HIV/ Chlamydia	HIV/ Gonorrhea
2015	647	431	375
2016	715	485	465
2017	723	609	593
2018	926	800	803
2019	997	949	1,023
Percentage Change	54%	120%	173%

[1]Early syphilis (primary, secondary and early non-primary non-secondary)

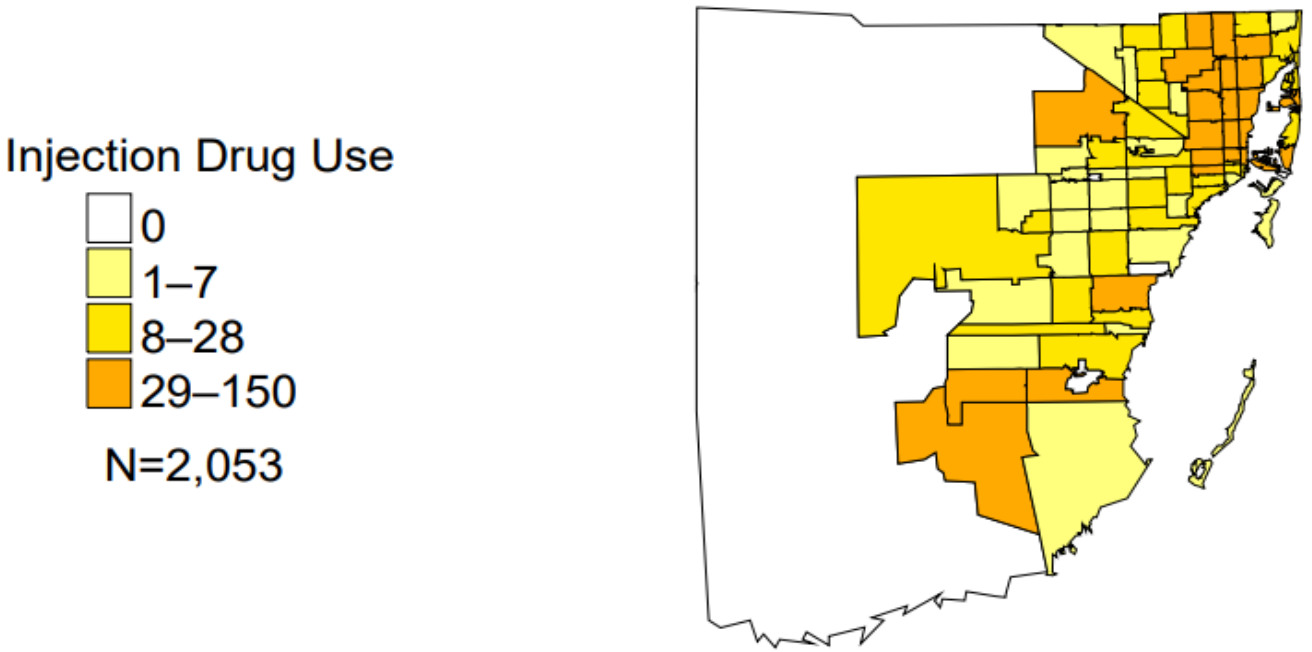
Newly reported (in 2019) **chlamydia infections (co-infected with HIV)** totaled 949. The majority of those infected are female (58%), minorities (77%), with the largest of the groups being Hispanics at 34%, youth 13 to 24 years old (56%), and women of childbearing age 15-44 years old (56%). In 2019 **Gonorrhea (co-infected with HIV) cases** totaled 1,023, and has shown steady growth over the four years, rising from 375 in 2015 to 1,023 in 2019 **(173% increase).** The majority of those infected are male (76%), minorities (81%: 26% Black, 44% Hispanic/Latinx, and 11% other minority), and youth 13-24 years old (34%). In 2019, 997 **early syphilis cases** were reported among persons with HIV. ***This is a 54% increase from 2015 to 2019.***

Persons with an HIV Diagnosis with a Co-occurring Diagnosis of HBV, HCV and TB by Year of Report, 2019, Miami-Dade County

Year of Report	HIV/HBV	HIV/HCV	HIV/TB
2019	44	61	15

Hepatitis B or C is a major co-occurring condition among people with HIV, reported in 15% of the RWP clients in FY 2019, and especially among those with substance use disorder (19%) and Black/African Americans (29%) in care.

Persons Who Inject Drugs[1] with HIV Living in Miami-Dade County, by ZIP Code of Residence,[2] Year-End 2019



33

[1]Data includes MMSC/IDU cases. [2]Excludes homeless and cases with unknown ZIP Code. Data as of 6/30/2020

The chief co-occurring condition driving low levels of VL suppression is substance use disorder, driving VL suppression levels to 78% overall, correlating highly with Black/African American males (51% of Black/African American males in RWP care have co-occurring substance use disorder vs. 21% of the Hispanic/Latinx MMSC), and contribute to the 71% VL suppression levels of the Black/African American males in RWP care.

Thank you!

Questions?

Department of Health

Epidemiology of HIV in Miami-Dade County, 2019

Florida Department of Health
HIV/AIDS Section
Data as of 6/30/2020

Acronyms

- **HIV:** Human Immunodeficiency Virus
- **AIDS:** Acquired Immune Deficiency Syndrome
- **PWID:** Person with injection drug use
- **MSM:** Men who have sex with men
- **PrEP:** Pre-Exposure Prophylaxis (HIV)
- **PWH:** Persons with HIV
- **CDC:** Centers for Disease Control and Prevention

Technical Notes

- Unless otherwise noted, all data in this presentation are as of 06/30/2020.
- Each year, the HIV data for the previous calendar year and all previous years are finalized and frozen for reporting purposes on June 30. The frozen data are used in all data reports until the following June 30, when the continuously deduplicated HIV/AIDS data set will be finalized and frozen again.
- Unless otherwise noted, population-related data are provided by FLHealthCHARTS as of 06/30/2020.

Technical Notes, Continued

- HIV-related deaths represent persons with an HIV diagnosis in the HIV/AIDS Reporting System (eHARS), who resided in Florida at death and whose underlying cause of death was HIV, regardless of whether their HIV status was reported in Florida.

- Sexually transmitted infection (STI) data are provided by the Sexually Transmitted Disease (STD) and Viral Hepatitis Section as of 06/10/2020.

- Tuberculosis (TB) data are provided by the TB Section as of 06/09/2020.

- Hepatitis B (HBV) and Hepatitis C (HCV) data, which include both acute and chronic cases reported in MERLIN are provided by the Epidemiology Section as of 06/30/2020.

Technical Notes, Continued

- HIV diagnoses by year represent persons whose HIV was diagnosed in that year, regardless of AIDS status at time of diagnosis.
- AIDS and HIV diagnoses by year are not mutually exclusive and cannot be added together.
- HIV prevalence data represent persons with HIV (PWH) living in Florida through the end of the calendar year (regardless of where they were diagnosed).
- Diagnosis data by year, area and county data exclude Florida Department of Corrections (FDOC) diagnoses. For prevalence data, area and county data include FDOC data.

Technical Notes, Continued

- Adult diagnoses represent people ages 13 and older; pediatric diagnoses represent people 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 noted, Whites are non-Hispanic/Latinx, Blacks are non-Hispanic/Latinx and other (which may be omitted in some graphs due to small numbers) represents American Indian/Alaskan Native, Asian/Pacific Islanders or multi-racial.

- Transgender people include:
  - Transgender Women (assigned male at birth).
  - Transgender Men (assigned female at birth).

Definitions of Mode of Exposure Categories

- **MMSC:** Male-to-male sexual contact; these data exclude transgender persons who were assigned male at birth.
- **IDU:** Injection drug use.
- **MMSC/IDU:** Male-to-male sexual contact and injection drug use; these data exclude transgender persons who were assigned male at birth.
- **Transgender Sexual Contact:** Transgender men or women whose mode of exposure was sexual contact.

Definitions of Mode of Exposure Categories, Continued

- **Heterosexual:** Heterosexual contact with person(s) who received an HIV diagnosis or had a known HIV risk; these data exclude transgender persons.

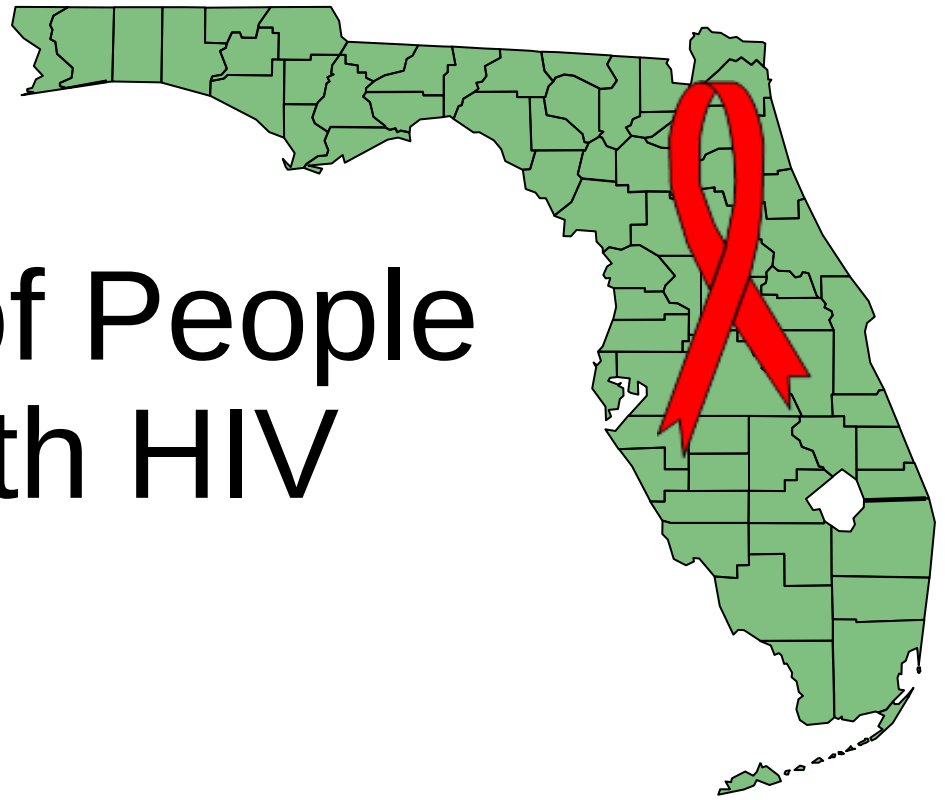
- **Other Risk**: Includes recipients of clotting factor for hemophilia or other coagulation disorders; or recipients of HIV-infected blood or blood components other than clotting factor or of HIV-infected tissue; perinatal and other pediatric risks and other confirmed risks.

Florida's 4-Key Component Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

- Implement routine HIV and sexually transmitted infection (STI) 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.

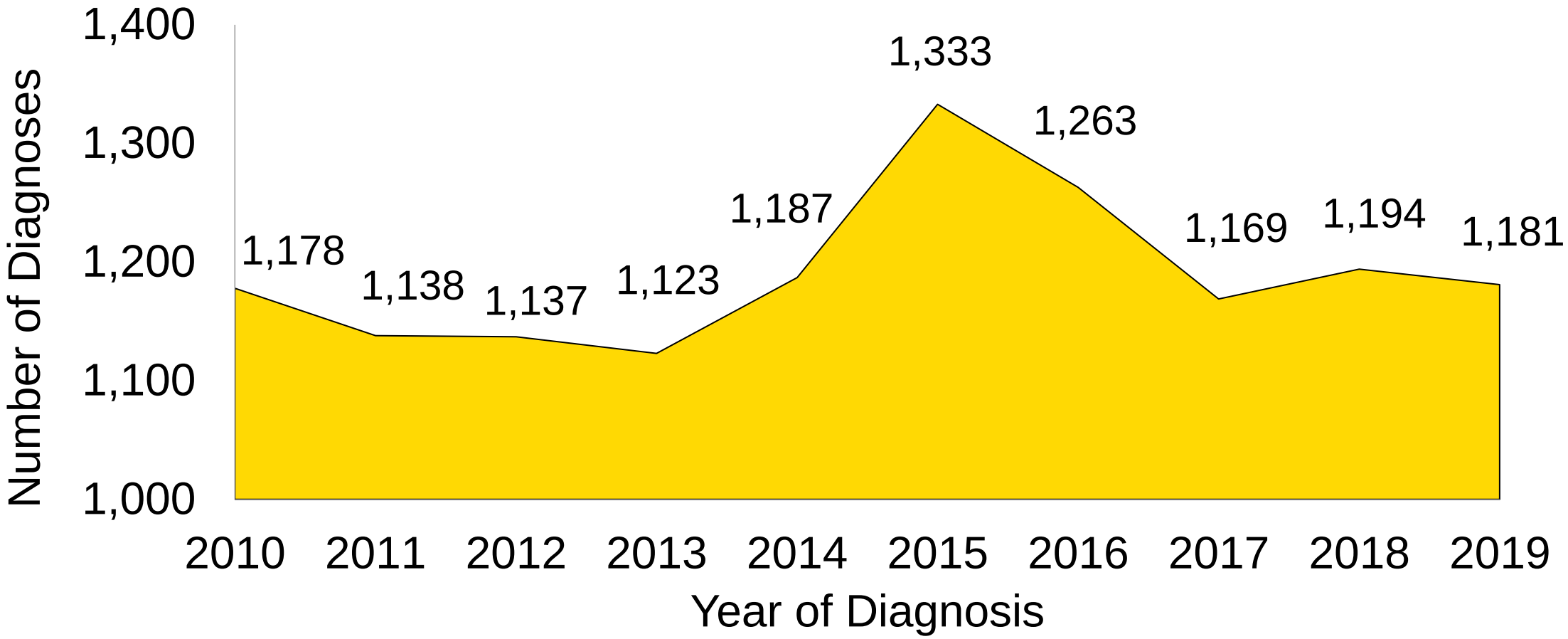
	2018	2019	Percent Change
Total Population and Persons with an HIV Diagnosis (PWH) Living in Miami-Dade County			
Population	2,804,160	2,830,500	0.9%
PWH	27,238	27,319	0.3%
Strategic Long-Term Goals			
Reduce the annual HIV diagnosis rate per 100,000	42.6	41.7	-2.1%
Increase the percentage of persons diagnosed with HIV linked to care in 30 days	83.9%	84.8%	0.9%
Increase the percentage of PWH retained in care	67.4%	66.7%	-0.7%
Increase the percentage of PWH with a suppressed viral load	62.6%	62.1%	-0.5%
Reduce the annual number of babies born in Florida with perinatally acquired HIV to fewer than 5	0	0	N/A
Additional Indicators			
Reduce annual AIDS diagnosis rate per 100,000	14.3	13.4	-6.3%
Reduce the annual number of HIV-related deaths	4.5	4.4	-2.2%

Demographics of People Diagnosed with HIV



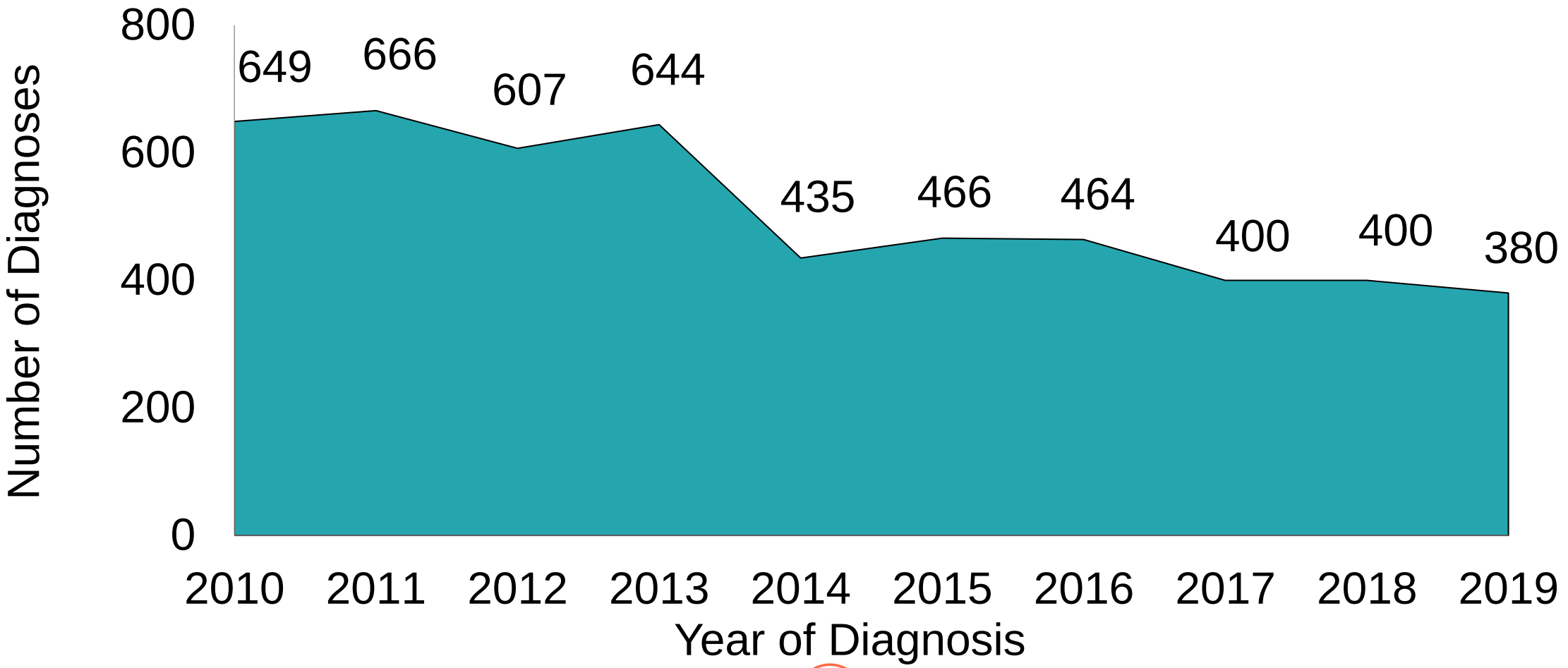
Diagnoses of HIV, 2010–2019, Miami-Dade County

2018–2019 = -1% change; 2015–2019 = -11% change

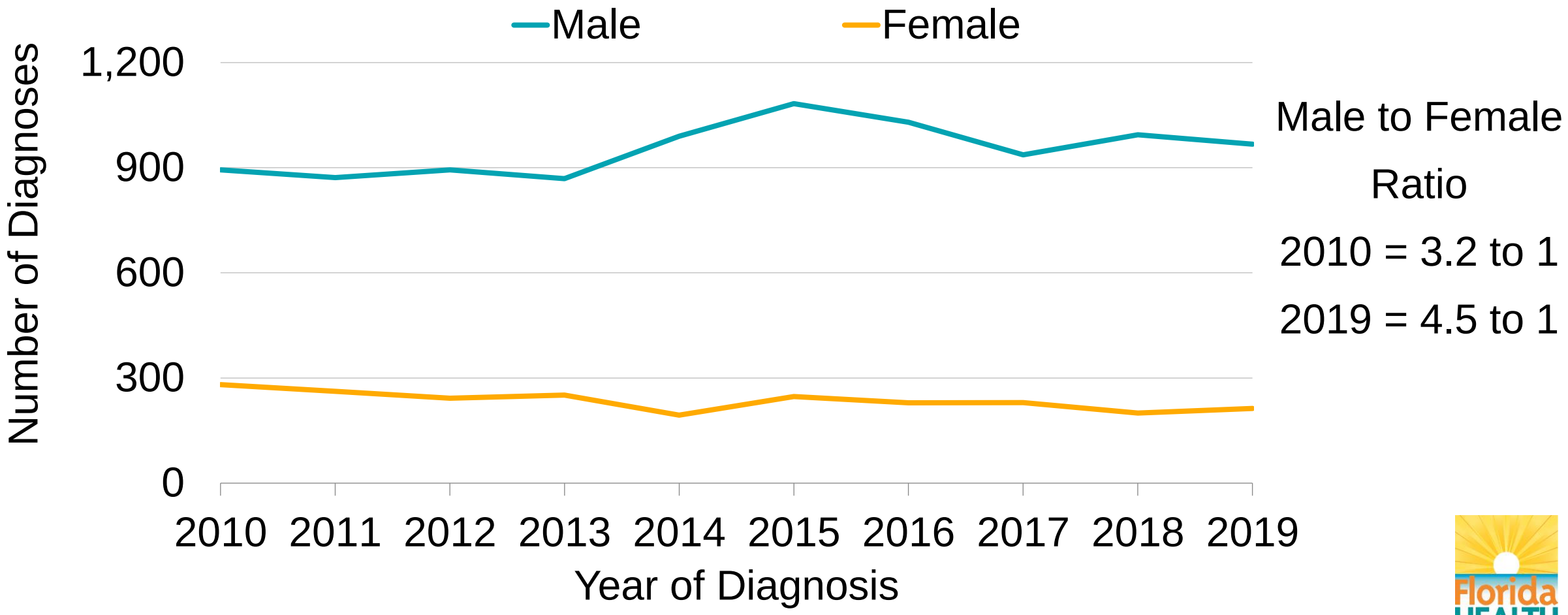


Diagnoses of AIDS, 2010–2019, Miami-Dade County

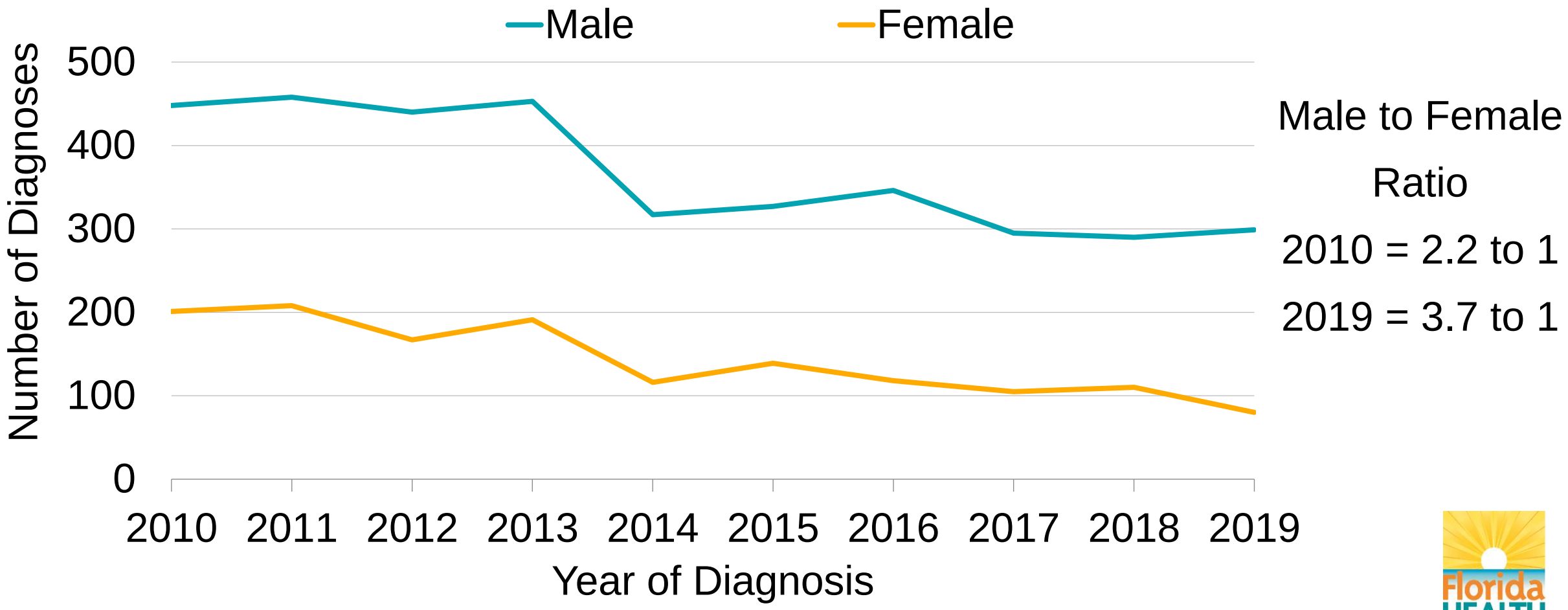
2018–2019 = -5% change, % 2015–2019 = -19% change



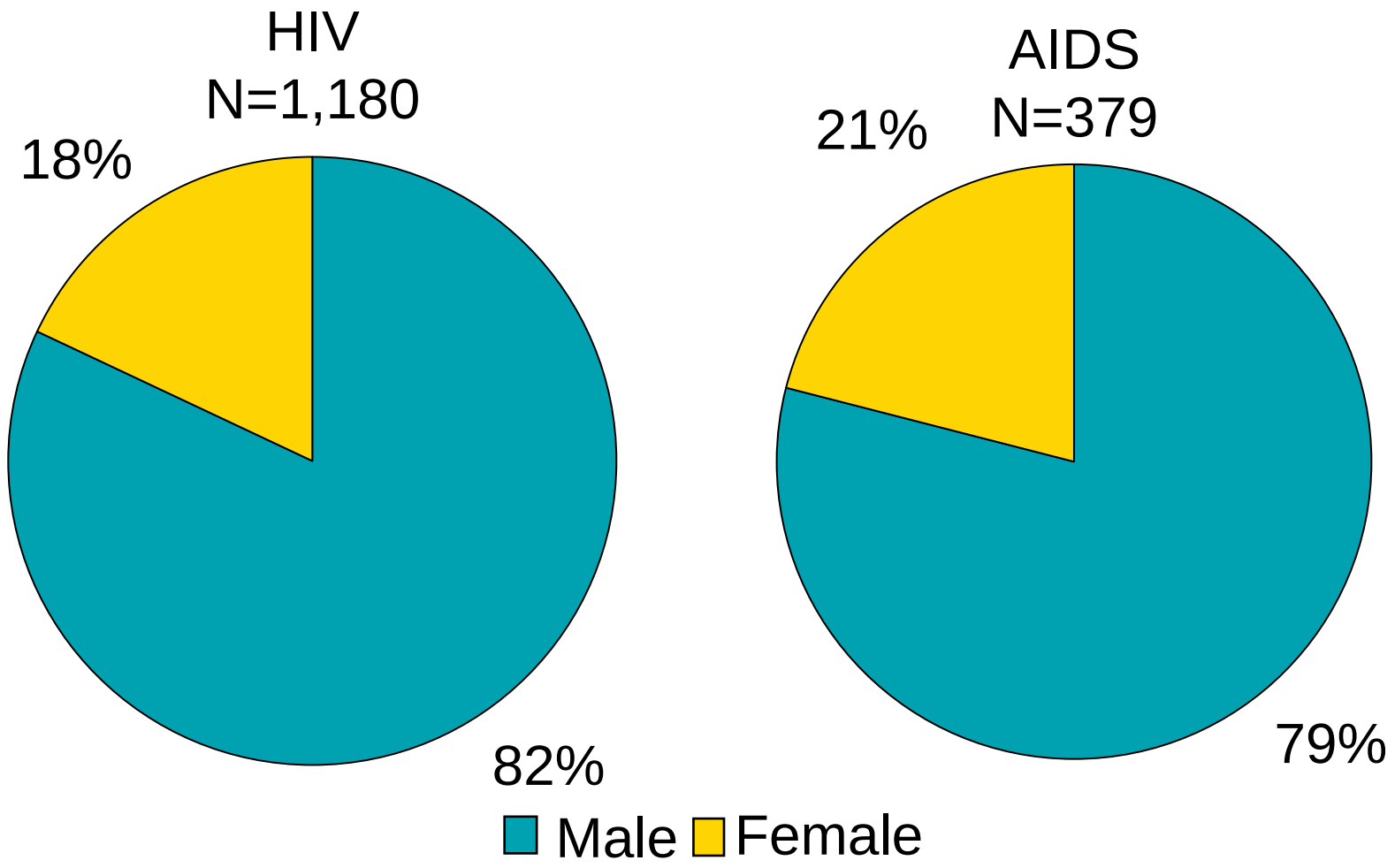
Adult HIV Diagnoses, by Sex at Birth, 2010–2019, Miami-Dade County



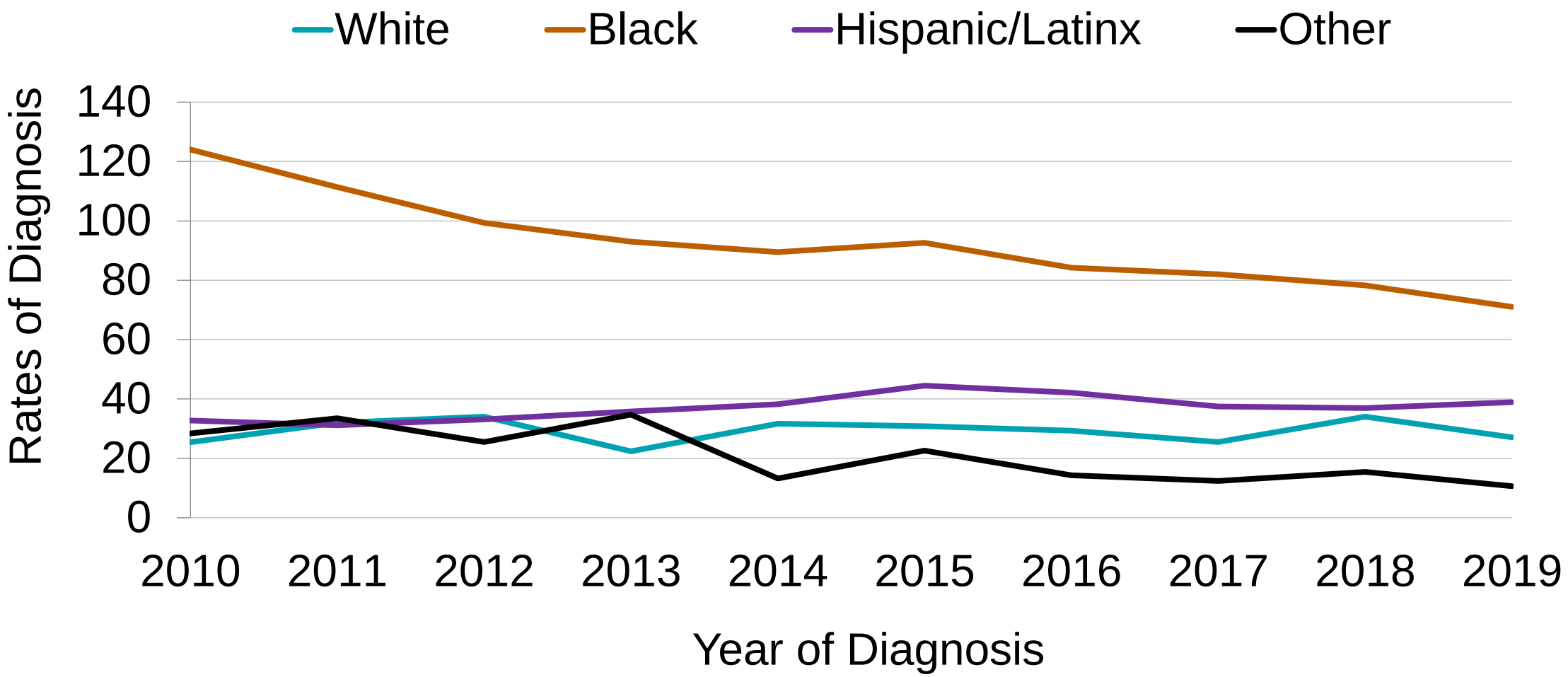
Adult AIDS Diagnoses, by Sex at Birth, 2010–2019, Miami-Dade County



Adult HIV and AIDS Cases by Sex at Birth, Diagnosed in 2019, Miami-Dade County

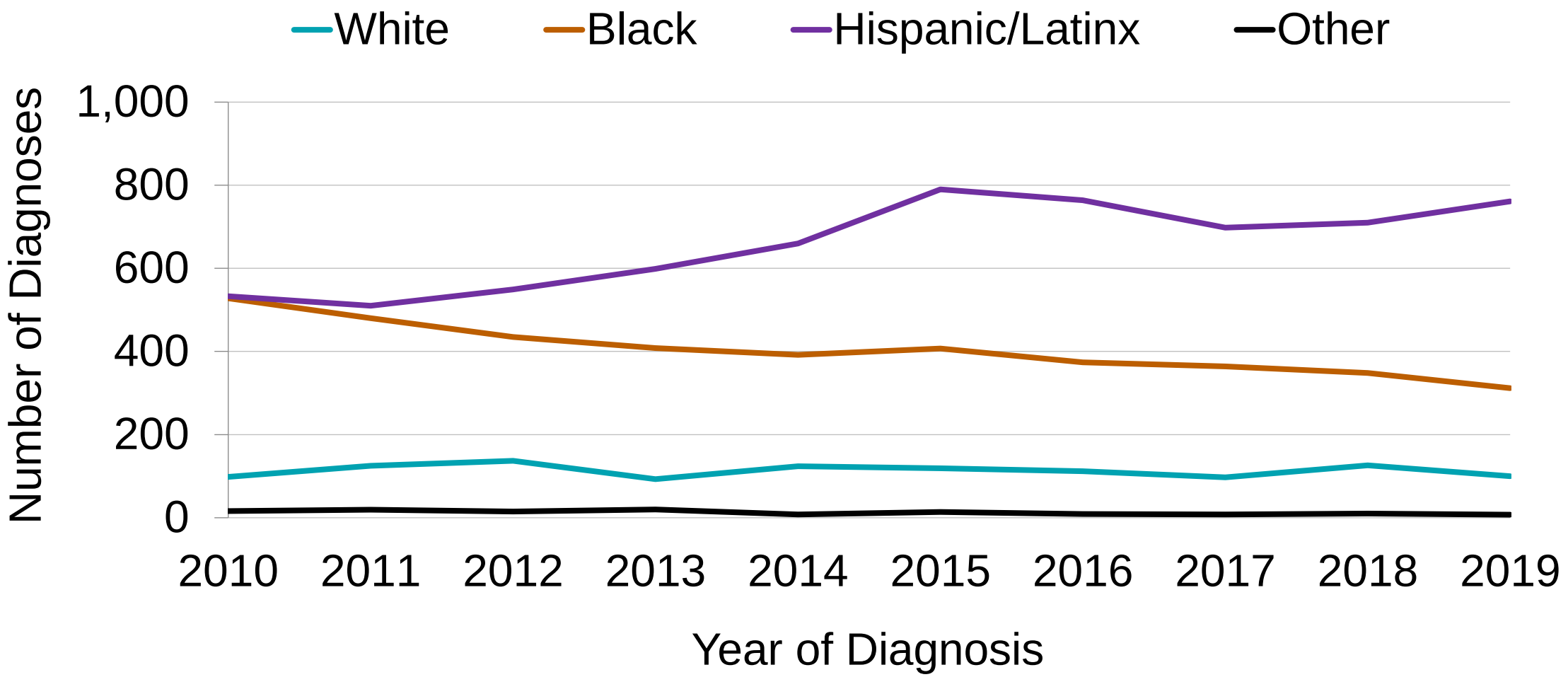


HIV Diagnosis Rates per 100,000 Population by Race/Ethnicity, 2010–2019, Miami-Dade County



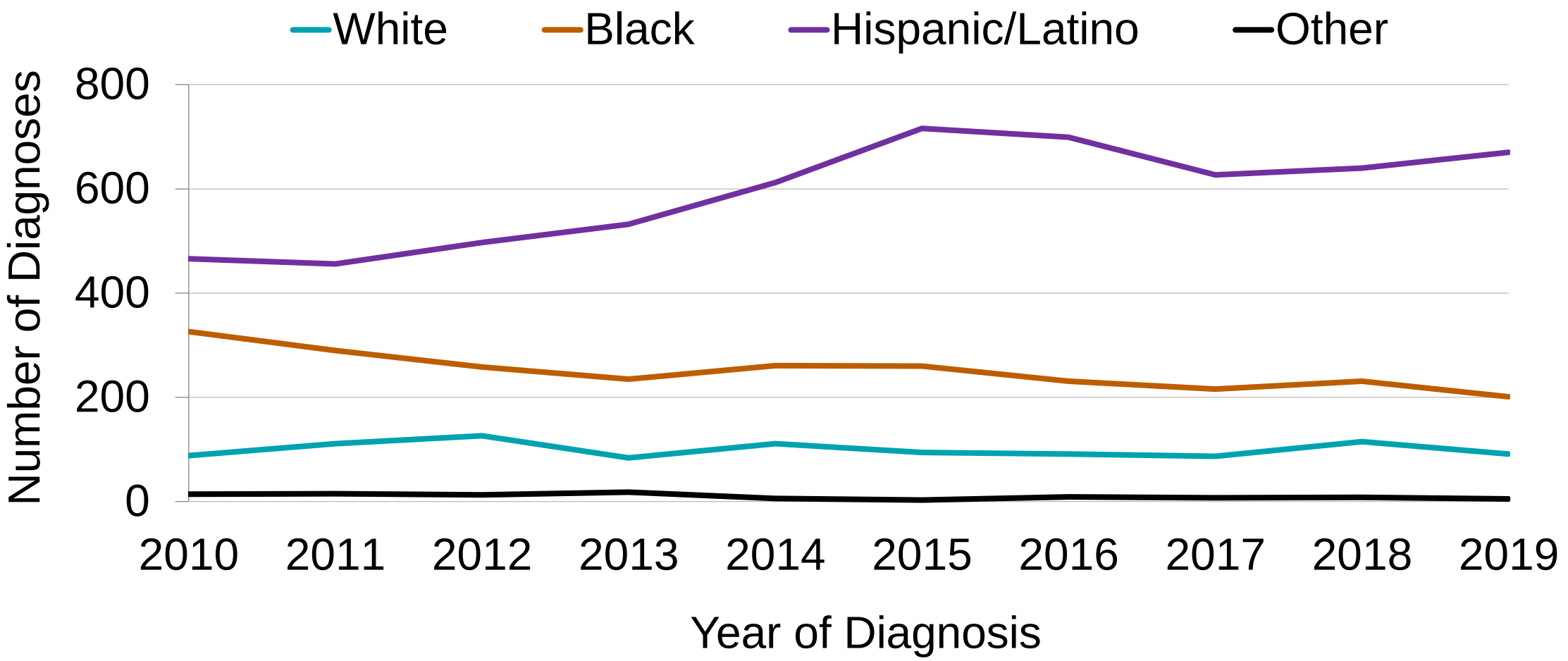
Other includes American Indian/Alaska Native, Asian/Pacific Islander and multi–racial for whom rates are not available in FLHealthCHARTS

Adult HIV Diagnoses by Race/Ethnicity, 2010–2019, Miami-Dade County



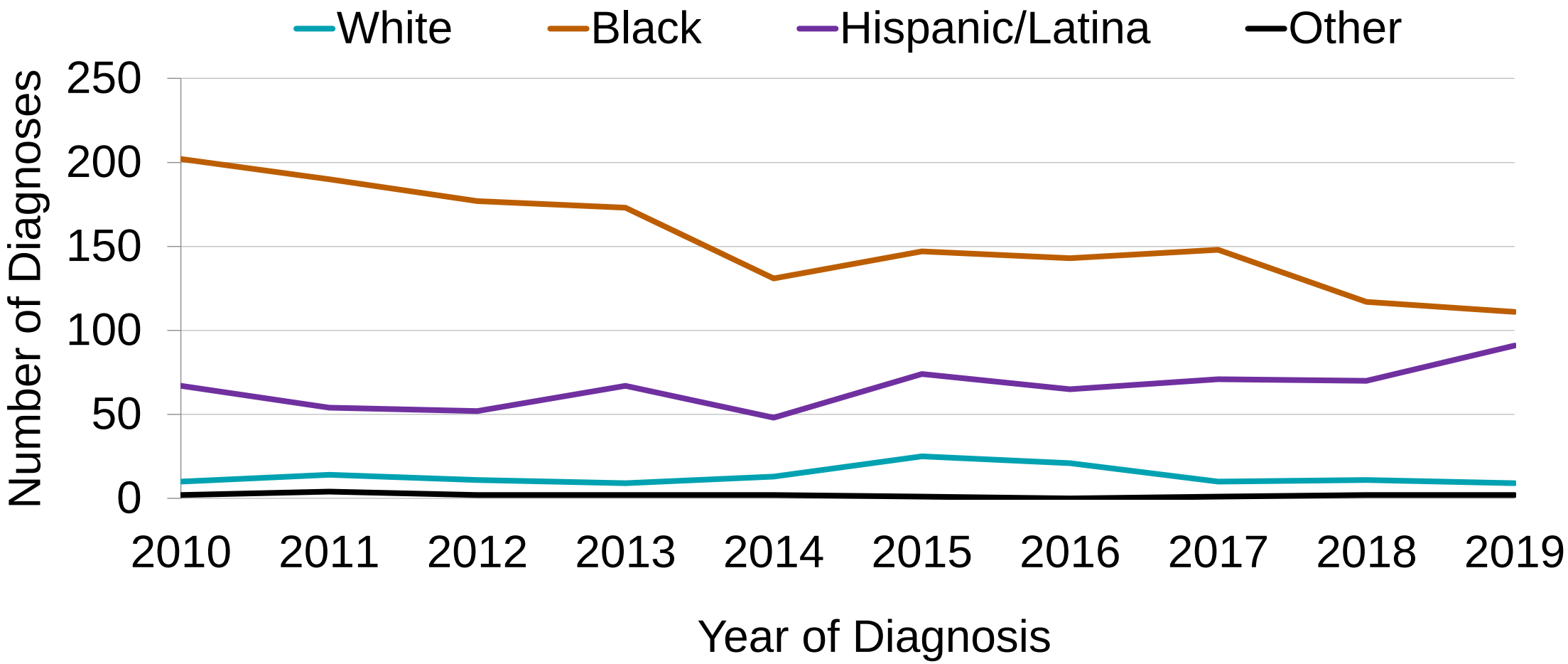
Other includes American Indian/Alaska Native, Asian/Pacific Islander, and multi–racial.

Adult Male HIV Diagnoses by Race/Ethnicity, 2010–2019, Miami-Dade County



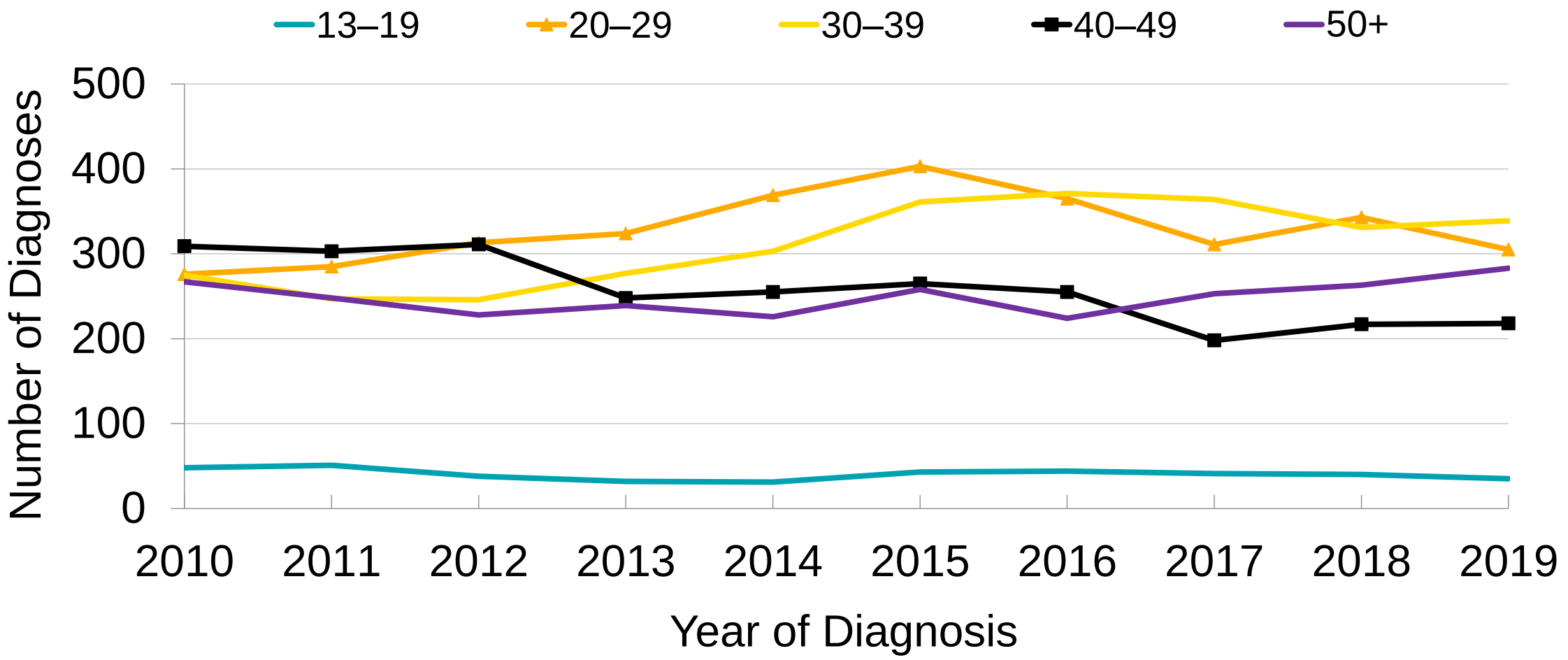
Other includes American Indian/Alaska Native, Asian/Pacific Islanderand multi–racial.

Adult Female HIV Diagnoses by Race/Ethnicity, 2009–2019, Miami-Dade County



Other includes American Indian/Alaska Native, Asian/Pacific Islanderand multi–racial.

Adult HIV Diagnoses by Age at Diagnosis, 2010–2019, Miami-Dade County

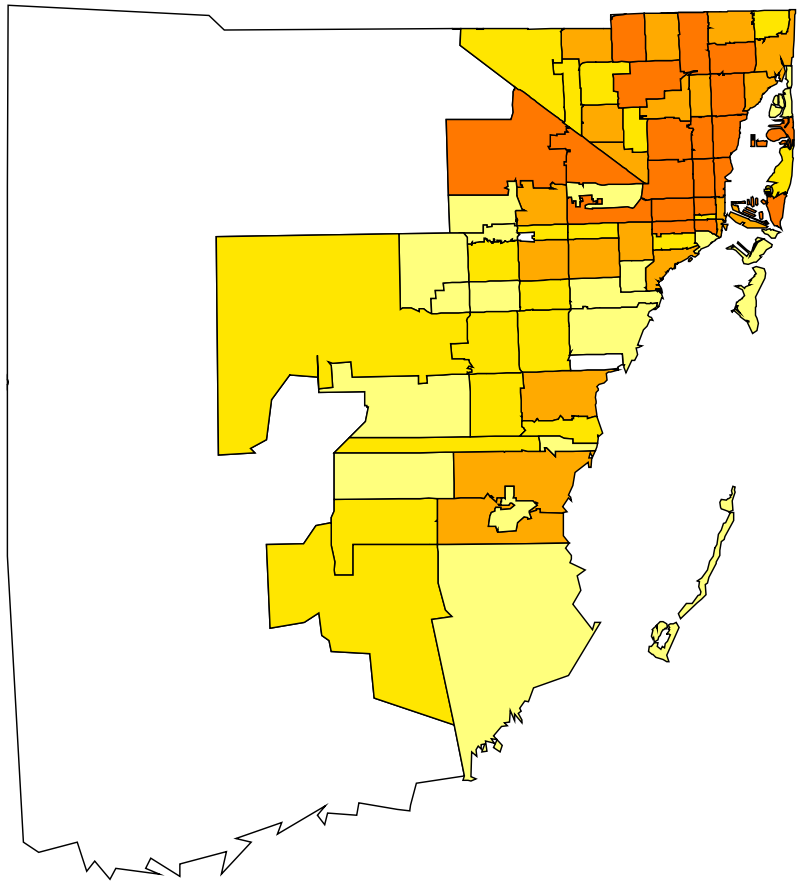


Adult HIV Diagnoses[1] by ZIP Code of Residence at Diagnosis, 2017–2019, Miami-Dade County

HIV Diagnoses

- 0
- 1–20
- 21–36
- 37–57
- 58–233

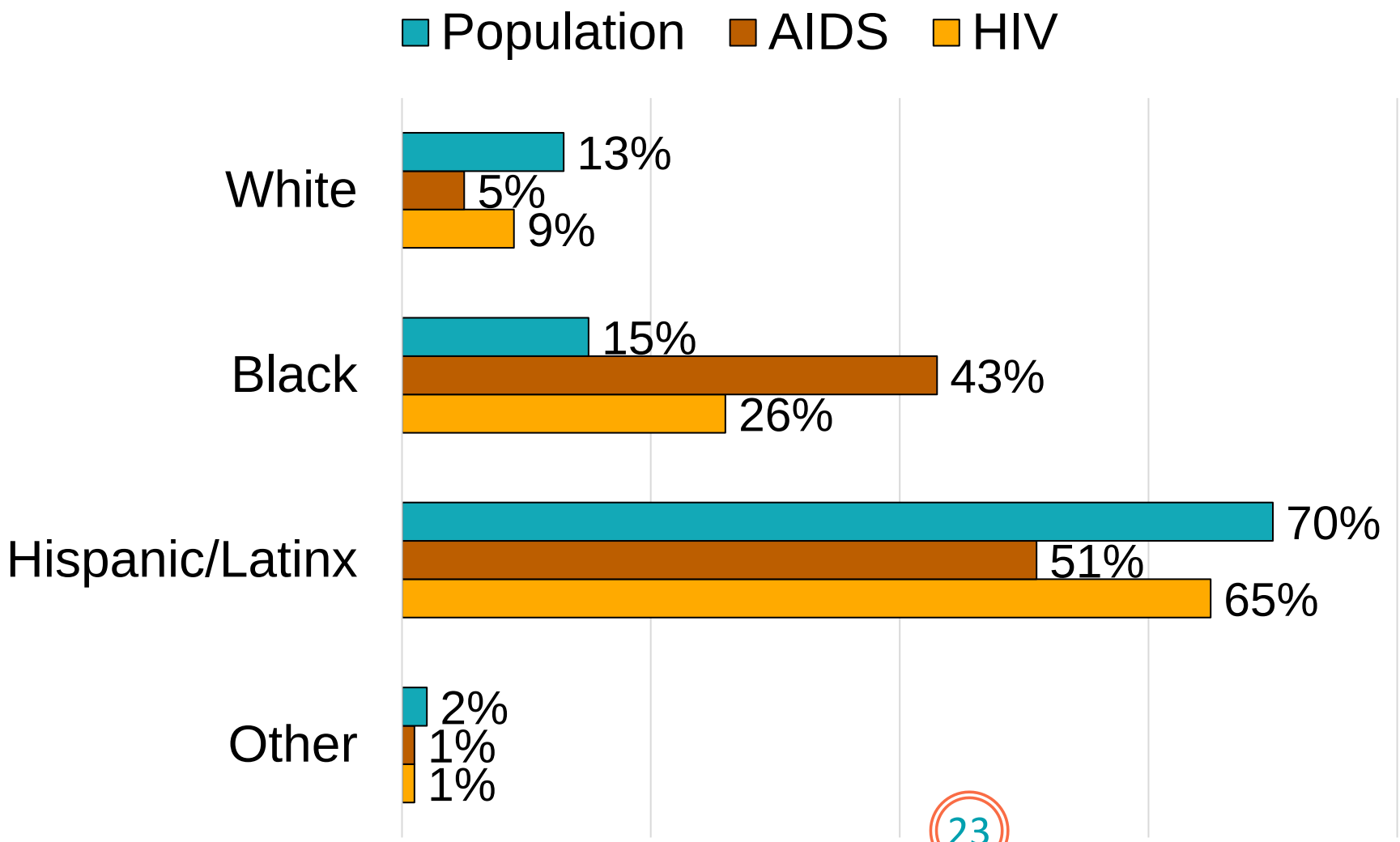
N=3,536



County map boundaries include agricultural and/or conservation areas which may not be populated.

[1]Excludes data from FDOC, Florida Correctional Institutions, homeless and those with unknown ZIP Code. Data as of 6/30/2020

Percentage of Adult HIV and AIDS Diagnoses, and Population, by Race/Ethnicity, 2019, Miami-Dade County

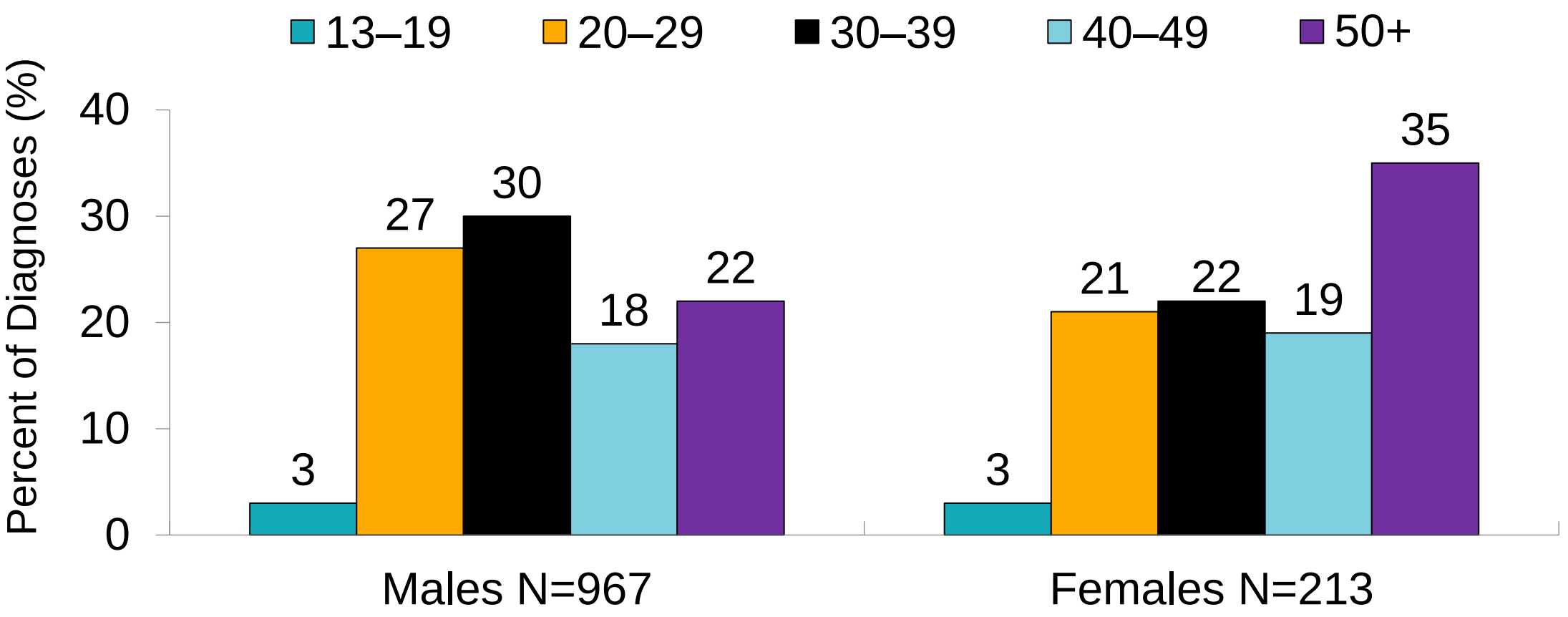


Miami-Dade County Adult Population Estimates
N=2,417,216

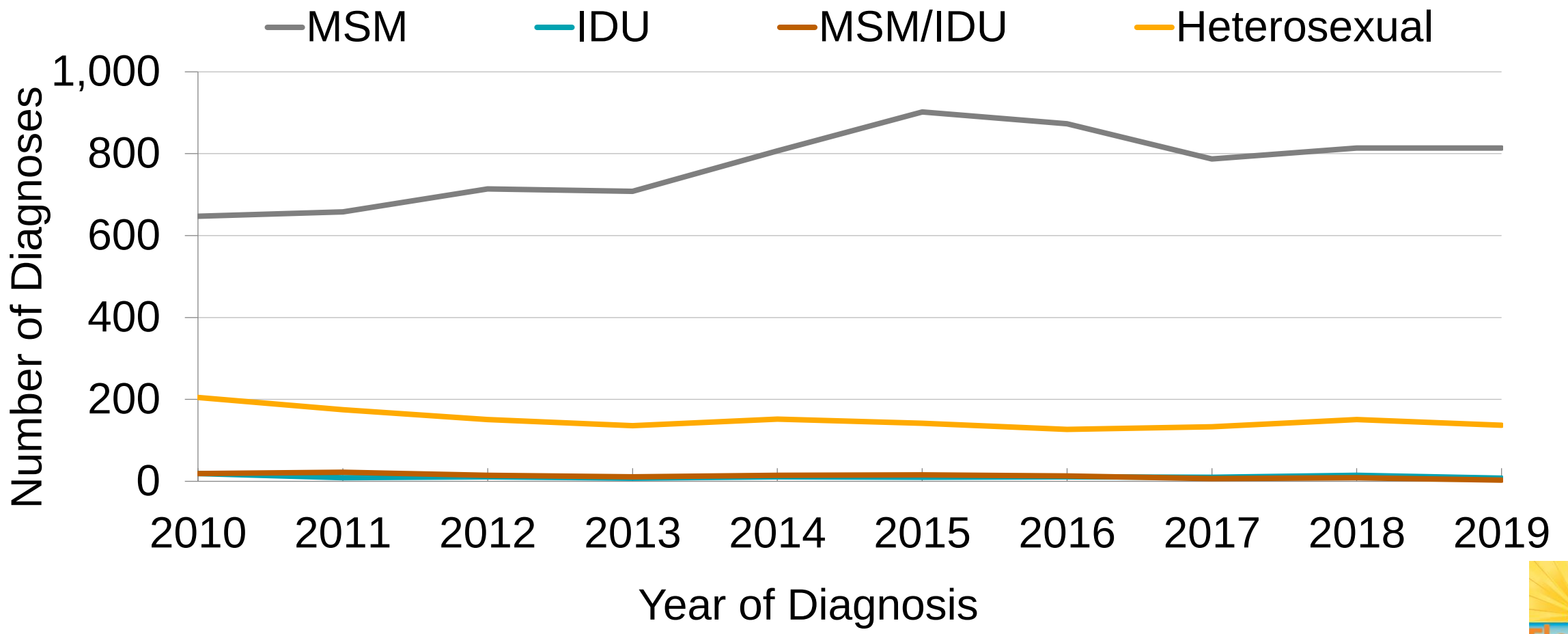
AIDS
N=379

HIV
N=1,180

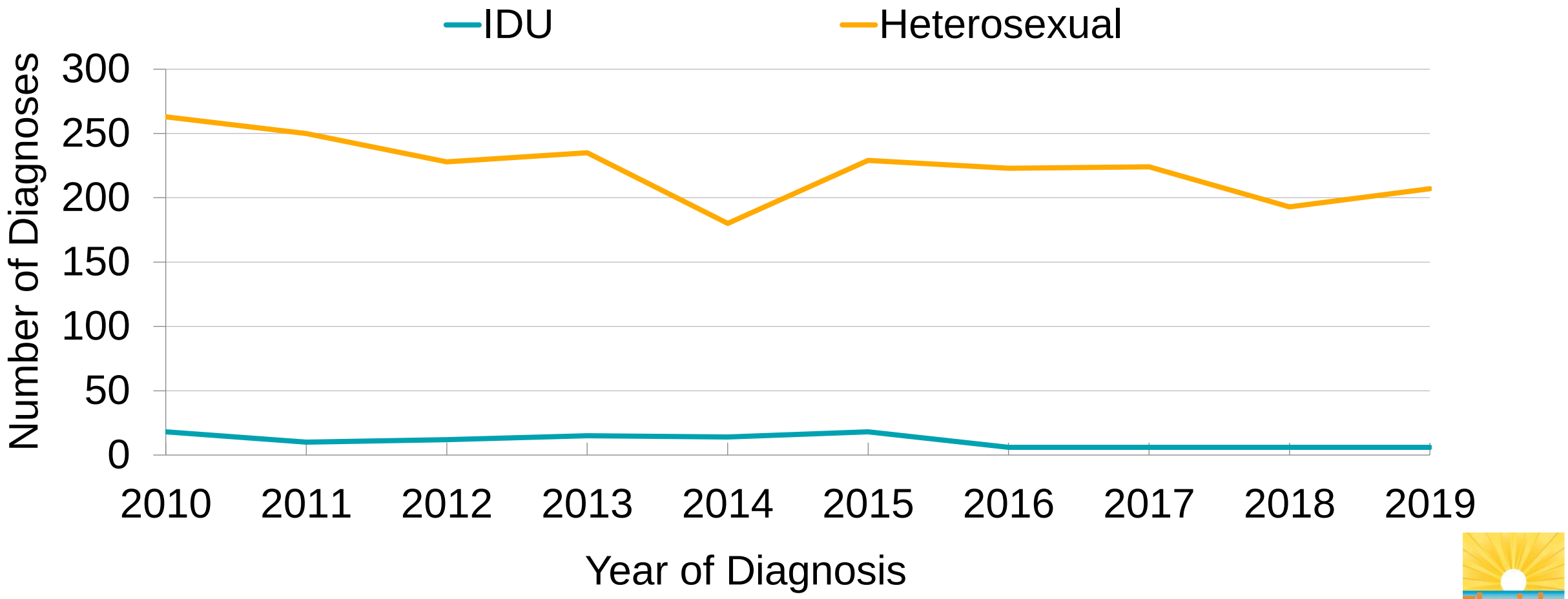
Adult HIV Diagnoses by Sex and Age at Diagnosis, 2019, Miami-Dade County



Adult Male HIV Diagnoses by Mode of Exposure, 2010–2019, Miami-Dade County



Adult Female HIV Diagnoses by Mode of Exposure, 2010–2019, Miami-Dade County



HIV Co-Morbidity Data

Persons with an HIV Diagnosis with a Co-occurring Diagnosis of an STD, by Type and Year of STD Report, 2015–2019, Miami-Dade County

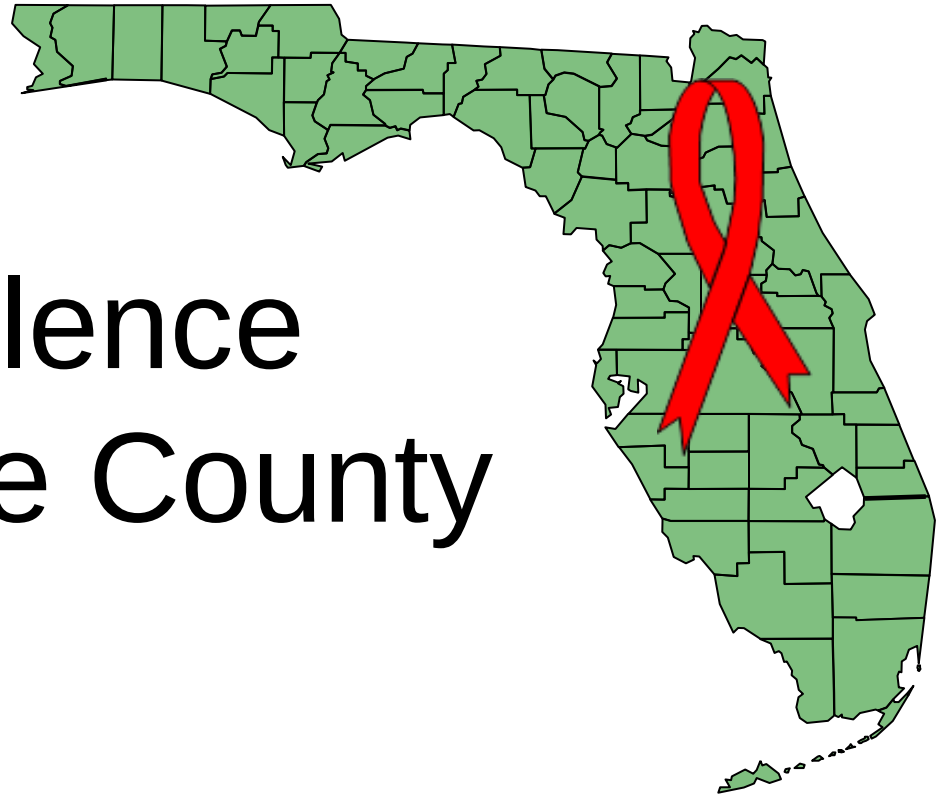
Year of STD Report	HIV/ Early Syphilis[1]	HIV/ Chlamydia	HIV/ Gonorrhea
2015	647	431	375
2016	715	485	465
2017	723	609	593
2018	926	800	803
2019	997	949	1,023
Percentage Change	54%	120%	173%

[1]Early syphilis (primary, secondary and early non-primary non-secondary)

Persons with an HIV Diagnosis with a Co-occurring Diagnosis of HBV, HCV and TB by Year of Report, 2019, Miami-Dade County

Year of Report	HIV/HBV	HIV/HCV	HIV/TB
2019	44	61	15

HIV Prevalence in Miami-Dade County

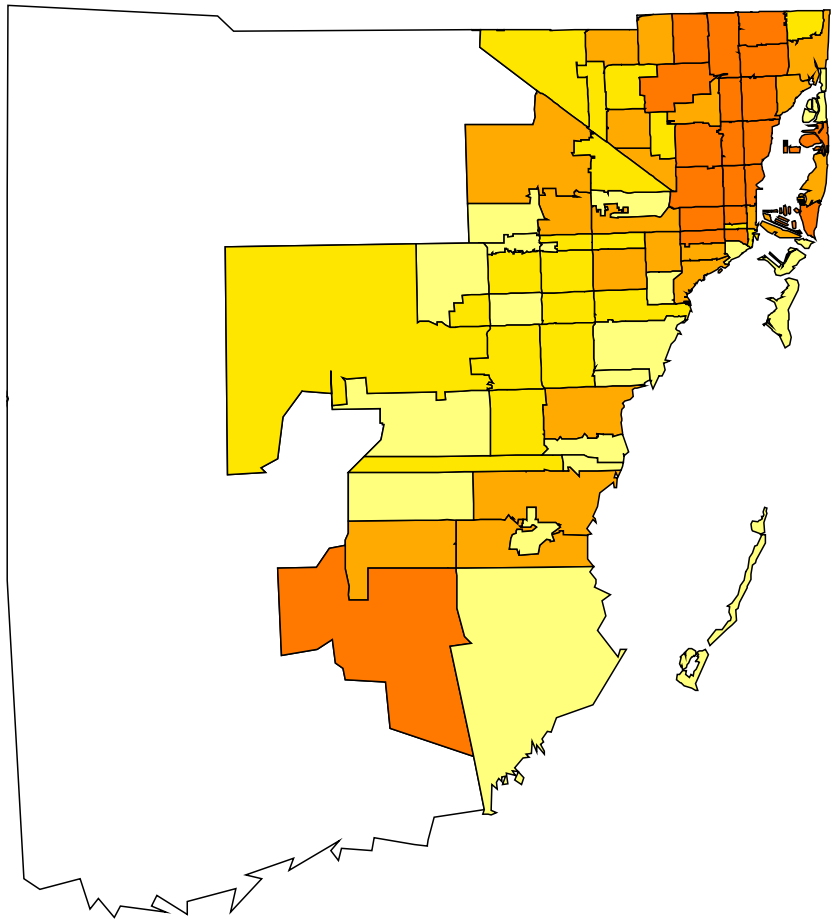


Adult PWH Living in Miami-Dade County by ZIP Code of Residence,[1] Year-End 2019

PWH

- 0
- 1–117
- 118–237
- 238–421
- 422–1,718

N=26,929



County map boundaries include agricultural and/or conservation areas which may not be populated.

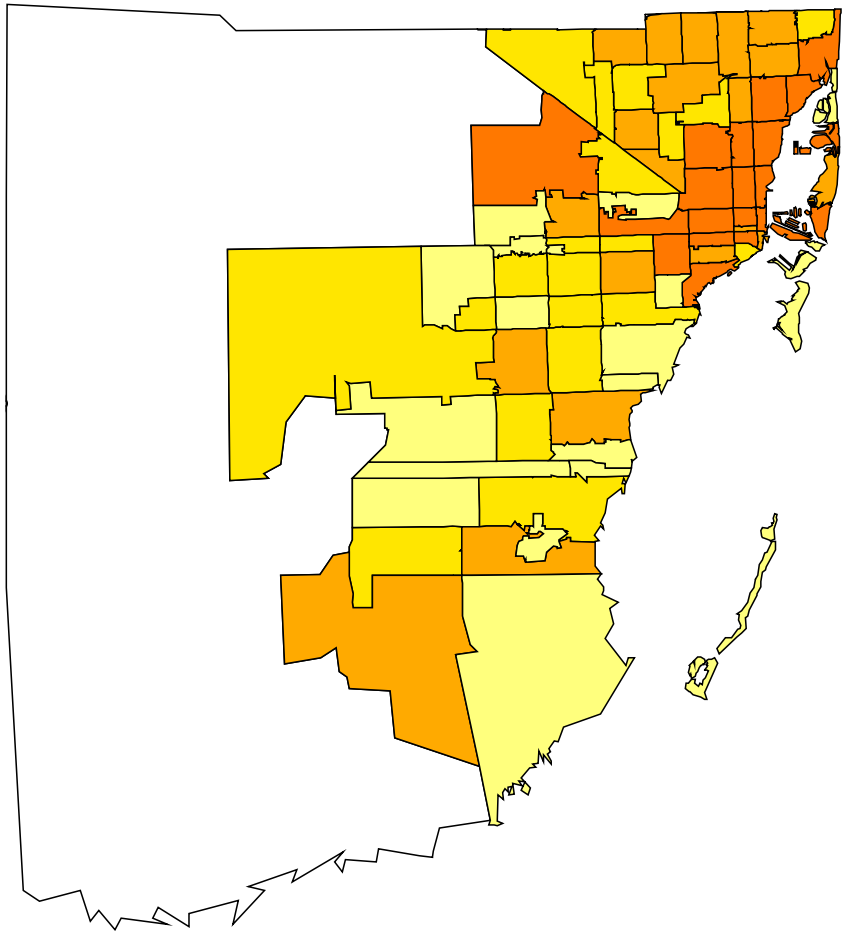
[1]Excludes homeless and cases with unknown ZIP Code. Data as of 6/30/2020

Men who have Sex with Men[1] with HIV Living in Miami-Dade County, by ZIP Code of Residence, [2] Year-End 2019

MMSC

- 0
- 1–77
- 78–140
- 141–233
- 234–1,577

N=15,537



County map boundaries include agricultural and/or conservation areas which may not be populated.

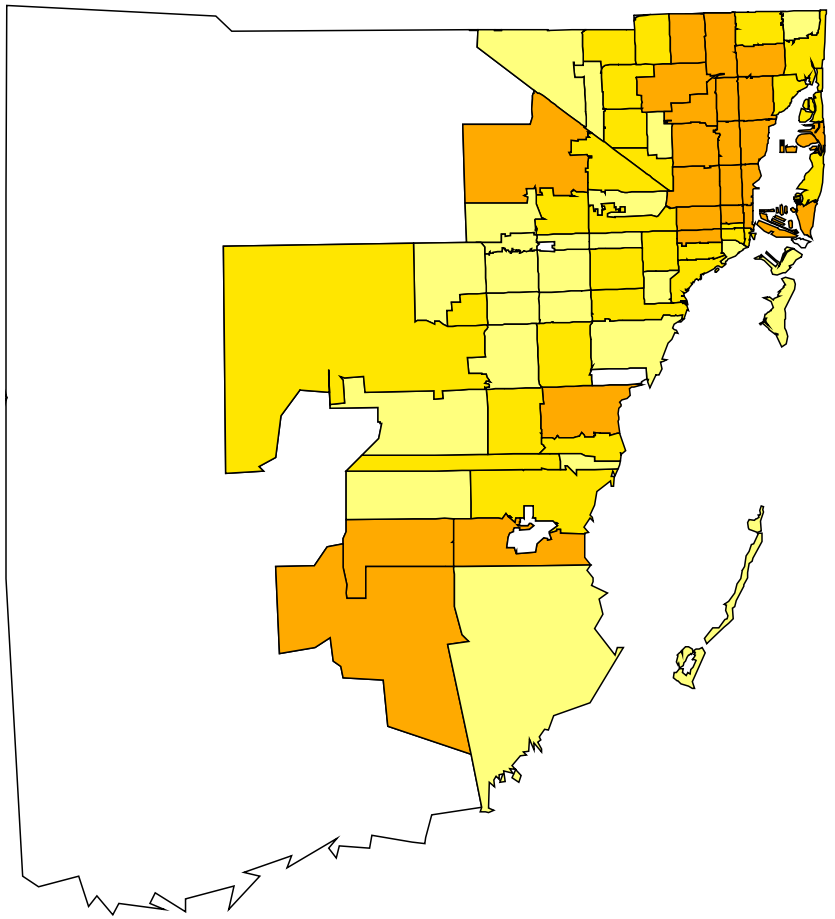
[1]Data includes MMSC/IDU cases. [2]Excludes homeless and cases with unknown ZIP Code. Data as of 6/30/2020

Persons Who Inject Drugs[1] with HIV Living in Miami-Dade County, by ZIP Code of Residence,[2] Year-End 2019

Injection Drug Use

- 0
- 1–7
- 8–28
- 29–150

N=2,053



County map boundaries include agricultural and/or conservation areas which may not be populated.

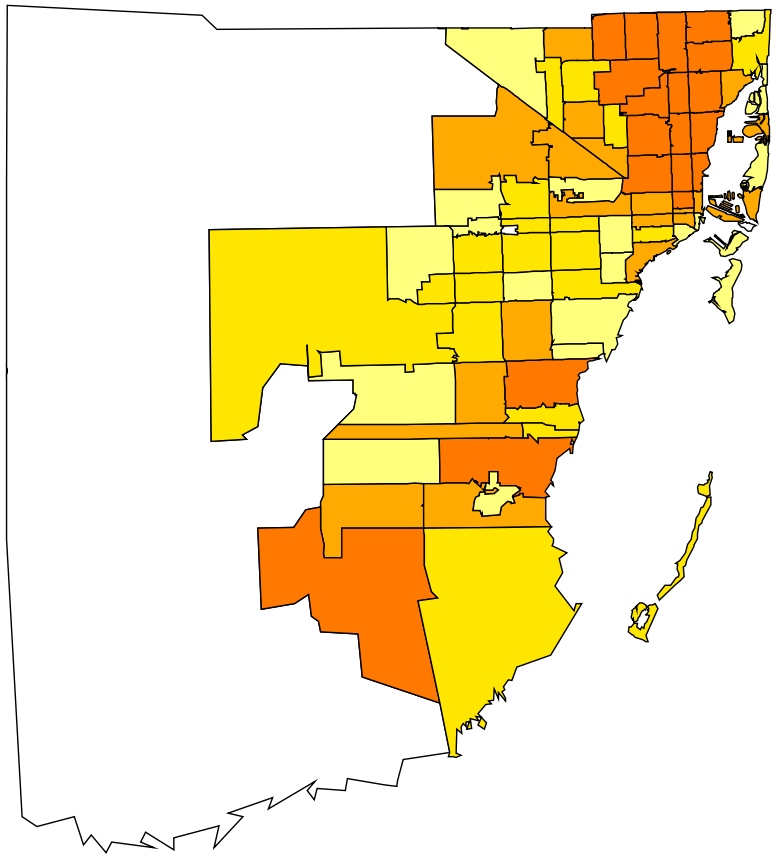
[1]Data includes MMSC/IDU cases. [2]Excludes homeless and cases with unknown ZIP Code. Data as of 6/30/2020

Persons with Heterosexual Contact with HIV Living in Miami-Dade County, by ZIP Code of Residence,[1] Year-End 2019

Heterosexual Contact

- 0
- 1–31
- 32–57
- 58–172
- 173–675

N=9,565



County map boundaries include agricultural and/or conservation areas which may not be populated.

[1]Excludes homeless and cases with unknown ZIP Code. Data as of 6/30/2020

Adults with HIV Living in Miami-Dade County, Year-End 2019

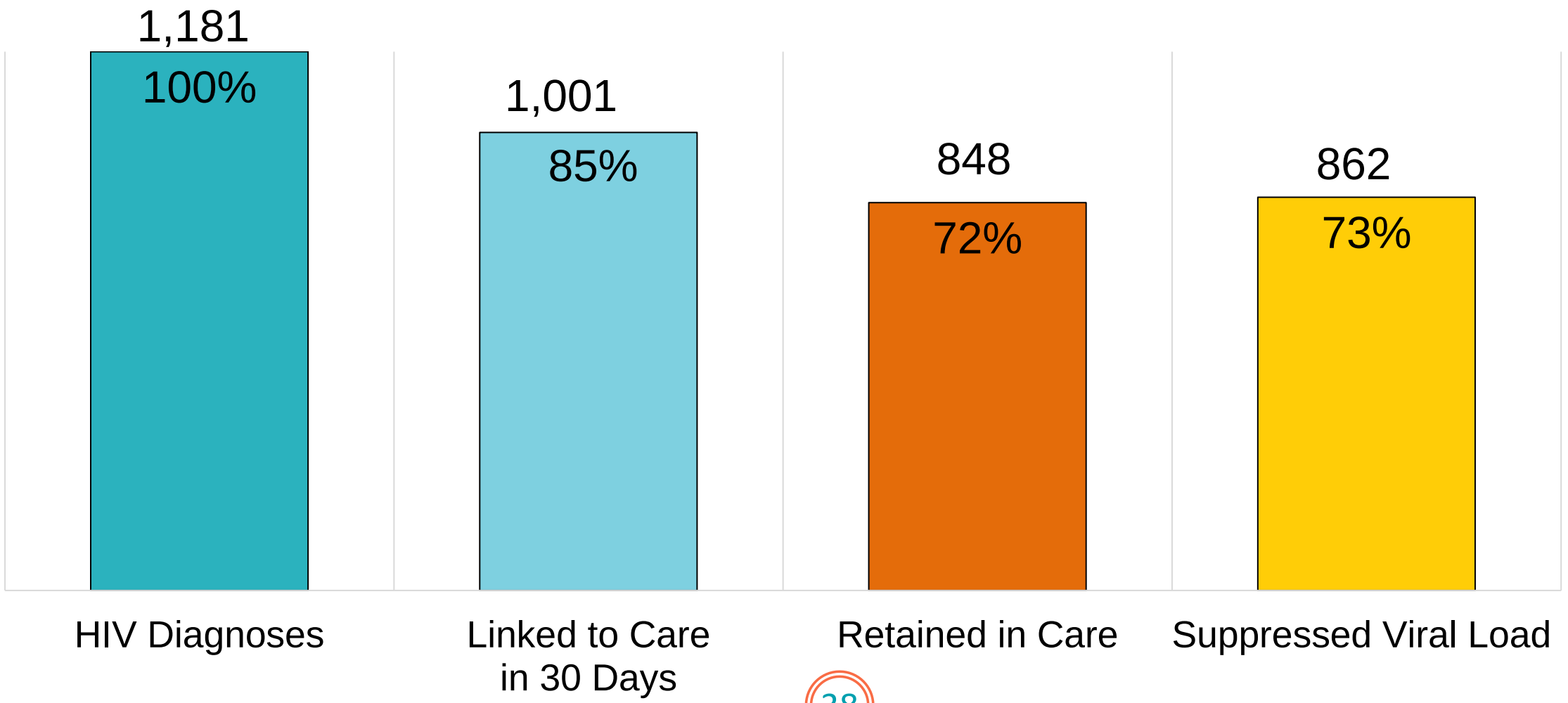
		Male #	%	Female #	%	Total #	%
Race/ Ethnicity	White	2,443	11.9%	296	4.4%	2,739	10.0%
	Black	6,558	31.9%	4,645	68.7%	11,203	41.0%
	Hispanic/Latinx	11,273	54.9%	1,744	25.8%	13,017	47.7%
	Other	255	1.2%	78	1.2%	333	1.2%
Age Group	13–19	57	0.3%	28	0.4%	85	0.3%
	20–29	1,516	7.4%	406	6.0%	1,922	7.0%
	30–39	3,413	16.6%	992	14.7%	4,405	16.1%
	40–49	4,217	20.5%	1,438	21.3%	5,655	20.7%
	50+	11,326	55.2%	3,899	57.7%	15,225	55.8%
Mode of Exposure	MMSC	15,065	73.4%	0	0.0%	15,065	55.2%
	IDU	839	4.1%	586	8.7%	1,426	5.2%
	MMSC/IDU	671	3.3%	0	0.0%	671	2.5%
	Heterosexual Contact	3,734	18.2%	5,993	88.6%	9,727	35.6%
	Transgender Sexual Contact	70	0.3%	3	0.0%	73	0.3%
	Other Risk	150	0.7%	181	2.7%	331	1.2%
	TOTAL	20,529	100.0%	6,763	100.0%	27,292	100.0%

HIV Care Continuum in Miami-Dade County

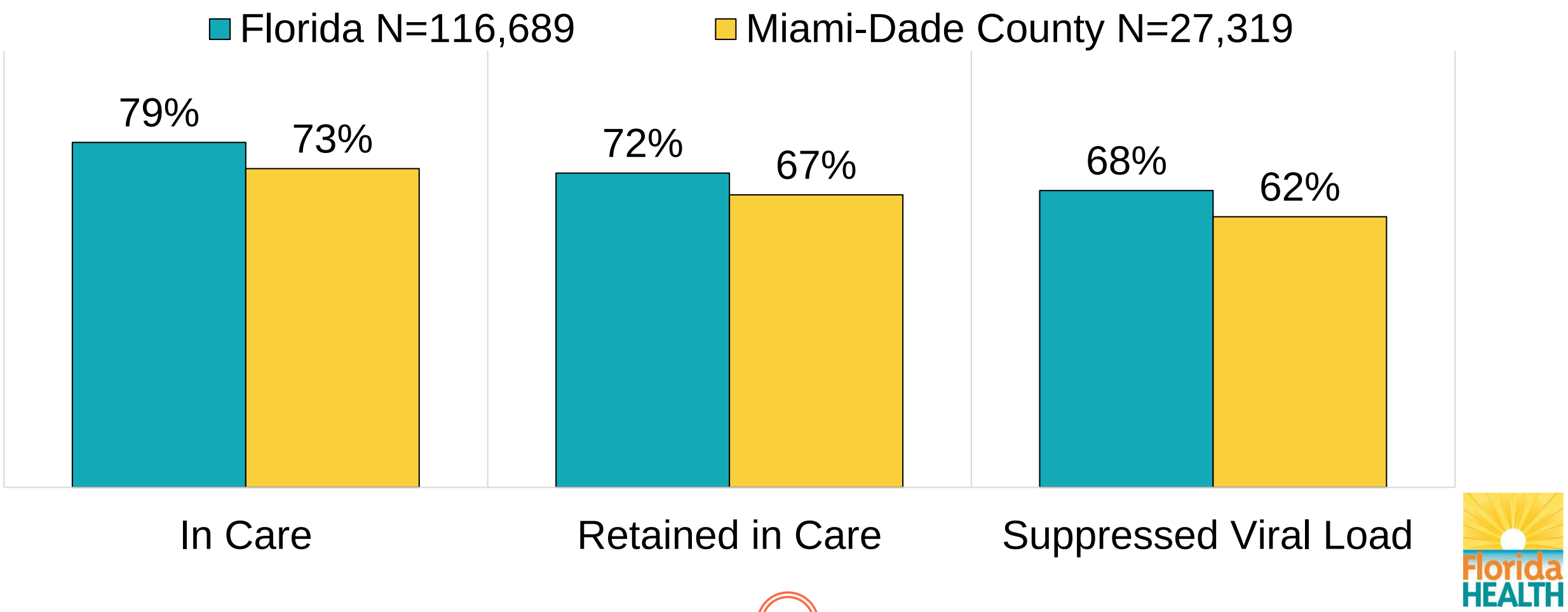
HIV Care Continuum Definitions

- **PWH:** The number of persons with HIV living in Florida at the end of 2019.
- **In Care:** PWH with at least one documented viral load (VL) or CD4 lab, medical visit or prescription from 1/1/2019 through 3/31/2020.
- **Retained in Care:** PWH with two or more documented VL or CD4 labs, medical visits or prescriptions at least three months apart from 1/1/2019 through 6/30/2020.
- **Suppressed Viral Load**: PWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2019 through 3/31/2020.
- **Not in Care:** PWH with no documented viral load (VL) or CD4 lab, medical visit or prescription from 1/1/2019 through 3/31/2020.
- **Linked in care**: “In care” with at least one documented VL or CD4 lab, medical visit or prescription following first HIV diagnosis date.

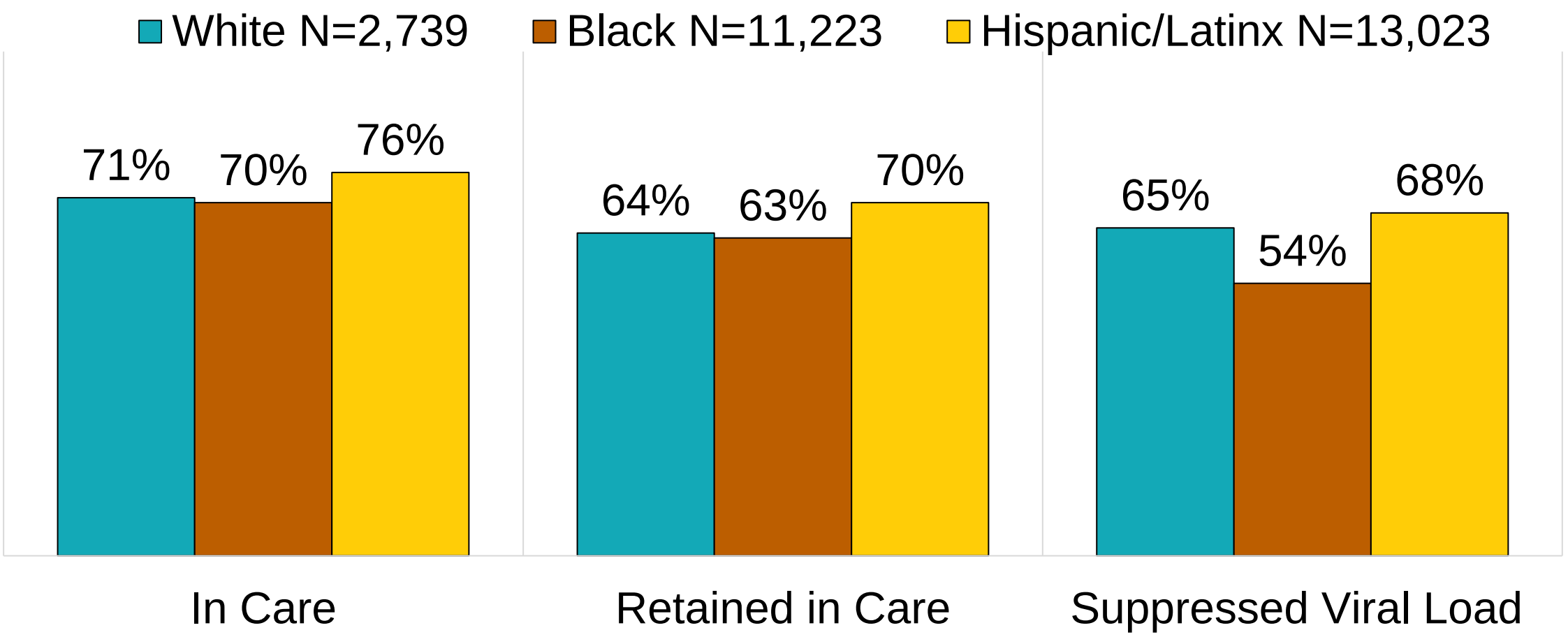
Persons Who Received an HIV Diagnosis in 2019 in Miami-Dade County Along the HIV Care Continuum



PWH Living in Florida Compared to Miami-Dade County, Along the HIV Care Continuum, Year-End 2019



PWH Living in Miami-Dade County, by Race/Ethnicity, Along the HIV Care Continuum in 2019

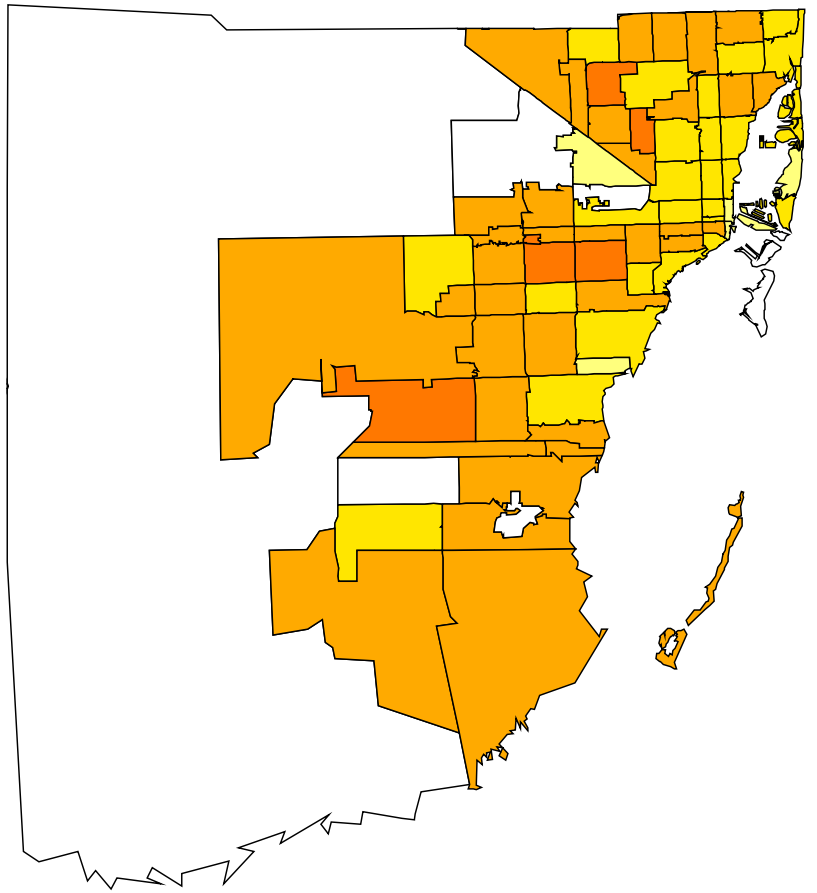


Percentage of PWH Living in Miami-Dade County, by ZIP Code of Residence,[1] who were Retained in Care in 2019

Retained in Care

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

Overall 68%



County map boundaries include agricultural and/or conservation areas which may not be populated.

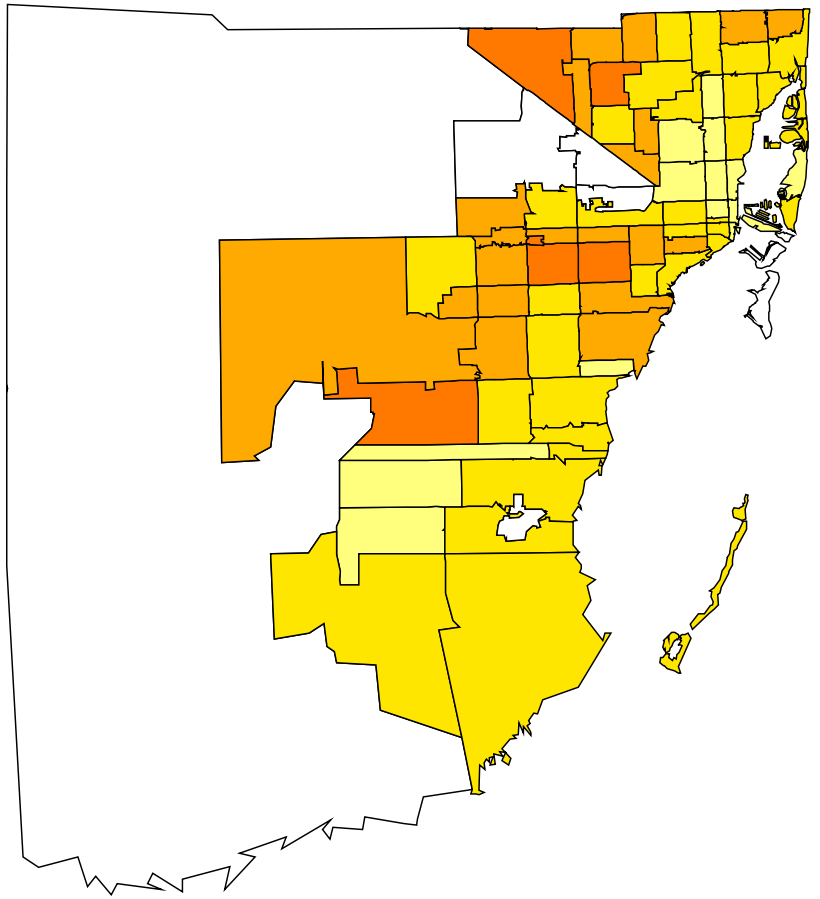
[1]Excludes data from homeless and those with unknown ZIP Code. Data as of 6/30/2020

Percentage of PWH Living in Miami-Dade County, by ZIP Code of Residence[1], who had a Suppressed Viral Load (VL), Year-End 2019

Suppressed VL

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

Overall 63%



County map boundaries include agricultural and/or conservation areas which may not be populated.

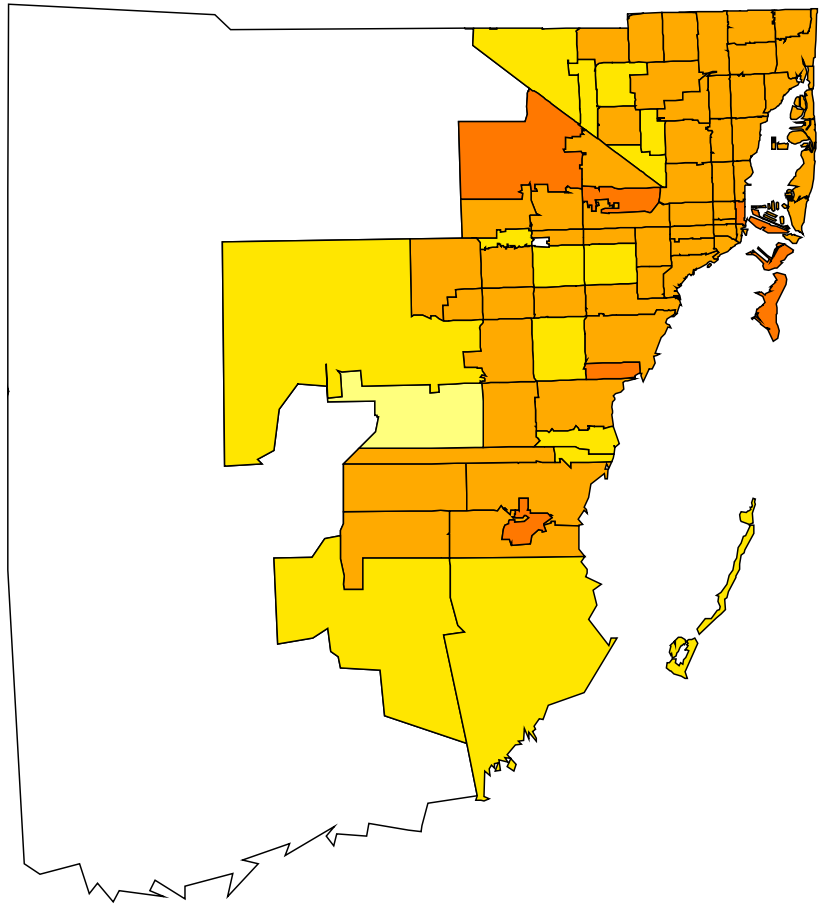
[1]Excludes data from homeless and those with unknown ZIP Code. Data as of 6/30/2020

Percentage of PWH Living in Miami-Dade County, by ZIP Code of Residence,[1] who were Not in Care in 2019

Out of Care

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

Overall 26%



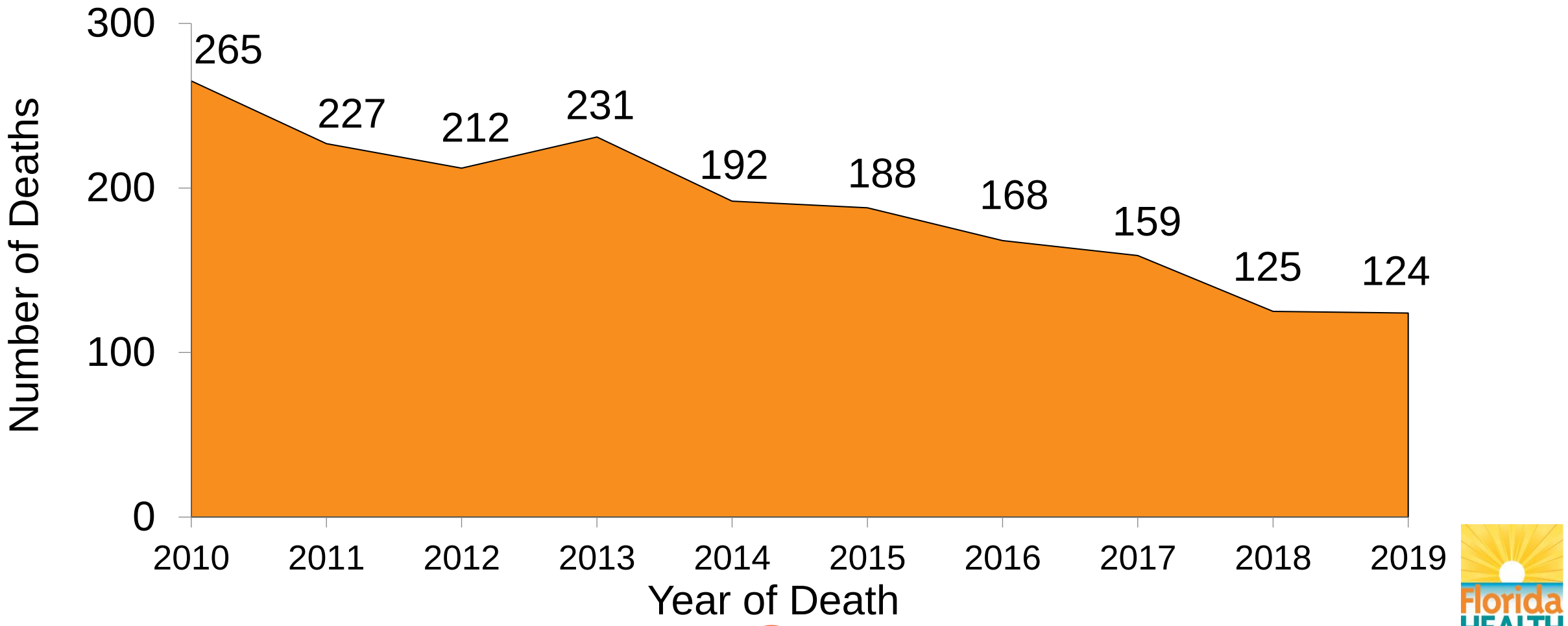
County map boundaries include agricultural and/or conservation areas which may not be populated.

[1]Excludes data from homeless and those with unknown ZIP Code. Data as of 6/30/2020

HIV-Related Deaths in Miami-Dade County

HIV-Related Deaths, 2010–2019, Miami-Dade County

2018–2019 = -1% change; 2015–2019 = -34% change

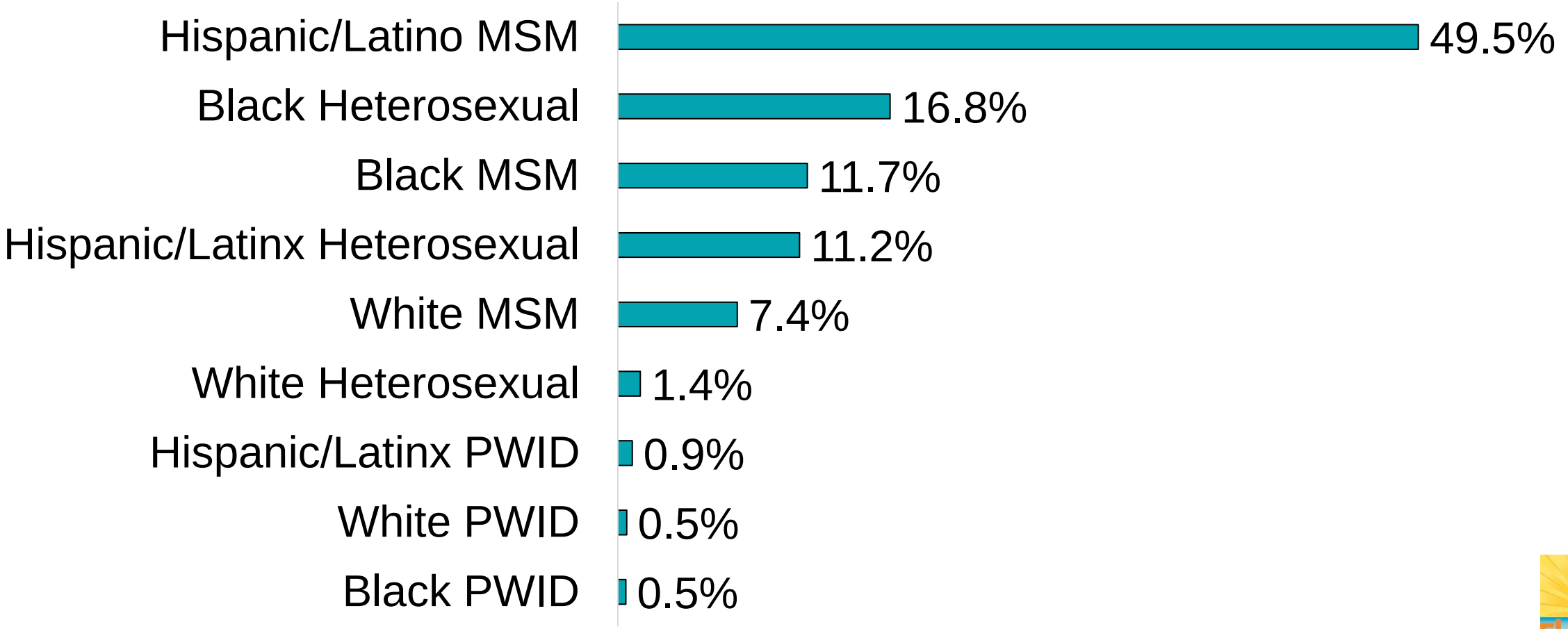


HIV Prevention in Miami-Dade County

Top Priority Populations for Primary HIV Prevention

- These data were calculated from HIV diagnoses 2017–2019 and represent the proportion of each race/mode of exposure group to the total diagnoses.
- These data are used to identify and prioritize testing, PrEP and other HIV prevention services to those at greatest risk for acquiring HIV in Florida.

Miami-Dade County's Top Priority Populations[1] for Primary HIV Prevention in 2019

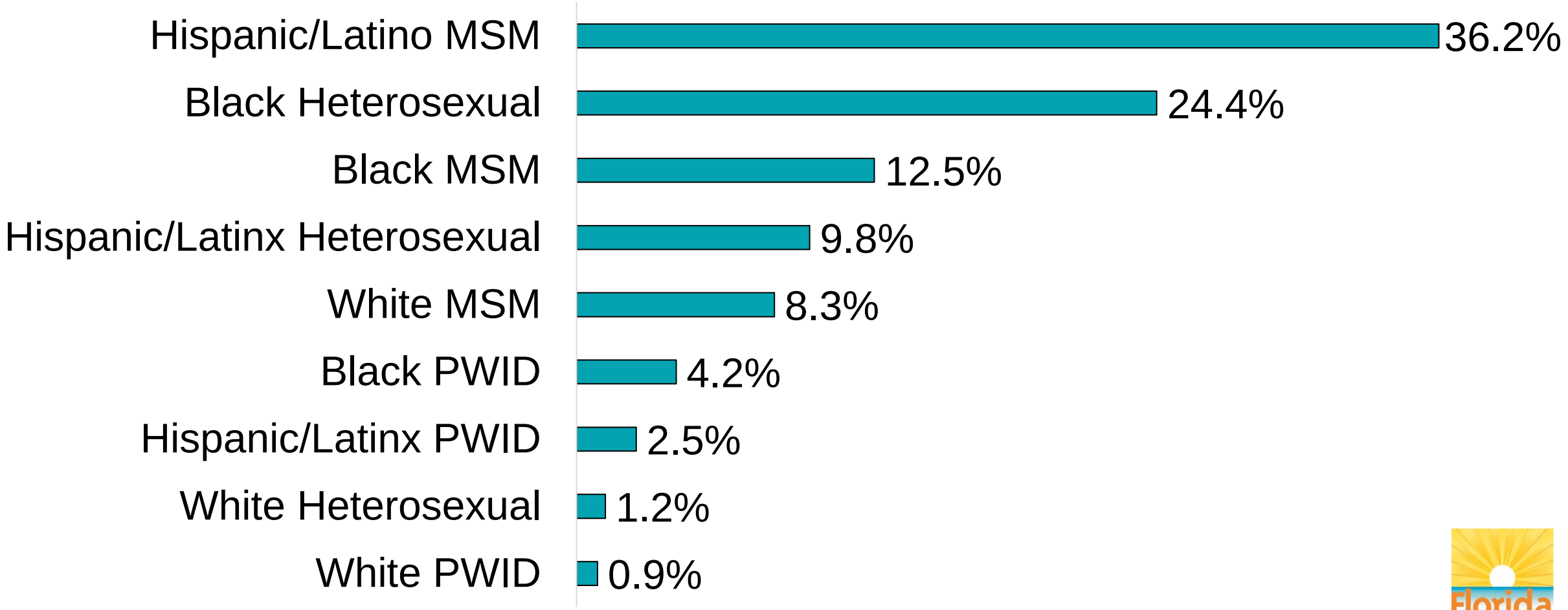


[1]MMSC=MMSC and MMSC/IDU diagnoses, IDU=IDU and MMSC/IDU diagnoses, thus data not mutually exclusive. Data for HIV diagnoses 2017-2019.

Top Priority Populations for Prevention for PWH

- These data were calculated from PWH living at year-end 2019 and represent the proportion of each race/mode of exposure group to the total PWH.
- These data are used to prevent further transmission of HIV for those already diagnosed with HIV by providing linkage to care and other services to improve health outcomes and viral suppression to those who need it.

Miami-Dade County's Top Priority Populations[1]
Prevention for PWH, Living in Miami-Dade County, Year-End 2019



[1]MMSC=MMSC and MMSC/IDU diagnoses, IDU=IDU and MMSC/IDU diagnoses, thus data not mutually exclusive.

HIV Testing

Adolescents and adults (ages 13–64) should get tested for HIV at least once during their lifetime. Persons at increased risk for HIV should get tested at least annually. Visit knowyourhivstatus.com for testing options in your area.

Florida law (section 384.31, Florida Statutes) requires all pregnant women to be tested for HIV and other sexually transmitted infections (STIs) at their initial prenatal care visit, again at 28–32 weeks and at labor and delivery if their HIV status is unknown.

Pre-Exposure Prophylaxis (PrEP)

PrEP medication, taken as directed, can reduce the risk of acquiring HIV through sexual contact by over 90% and through injection drug use by 70%. Condoms are still important during sex to prevent other STIs and unwanted pregnancy. STIs are increasing in Florida and can increase HIV risk. To find a PrEP provider who can help you decide if PrEP is right for you, visit preplocator.org.

Antiretroviral Therapy (ART)

For persons with HIV (PWH), starting ART as soon as possible improves health outcomes and quality of life by reducing viral load and the risk of disease progression. PWH who take ART as prescribed and achieve and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners (Undetectable=Untransmittable). ART is recommended for all PWH, regardless of how long they have had the virus or how well they feel. To find a care provider or to learn more about the resources available to PWH, visit floridaaids.org.

Florida HIV/AIDS Hotline

1-800-FLA-AIDS (352-2437) English
1-800-545-SIDA (545-7432) Spanish
1-800-AIDS-101 (243-7101) Haitian Creole
1-888-503-7118 Hearing/Speech Impaired
211bigbend.org/flhivaidshotline
Text ‘FLHIV’ or ‘flhiv’ to 898211

For more information, email
DiseaseControl@flhealth.gov

Some Useful Links

Florida Department of Health HIV/AIDS Section
floridaaids.org

CDC HIV Surveillance Reports (State and Metro Data)
cdc.gov/hiv/library/reports/hiv-surveillance.html

CDC's Morbidity and Mortality Weekly Report
(Special Articles on Diseases, including HIV)
cdc.gov/mmwr

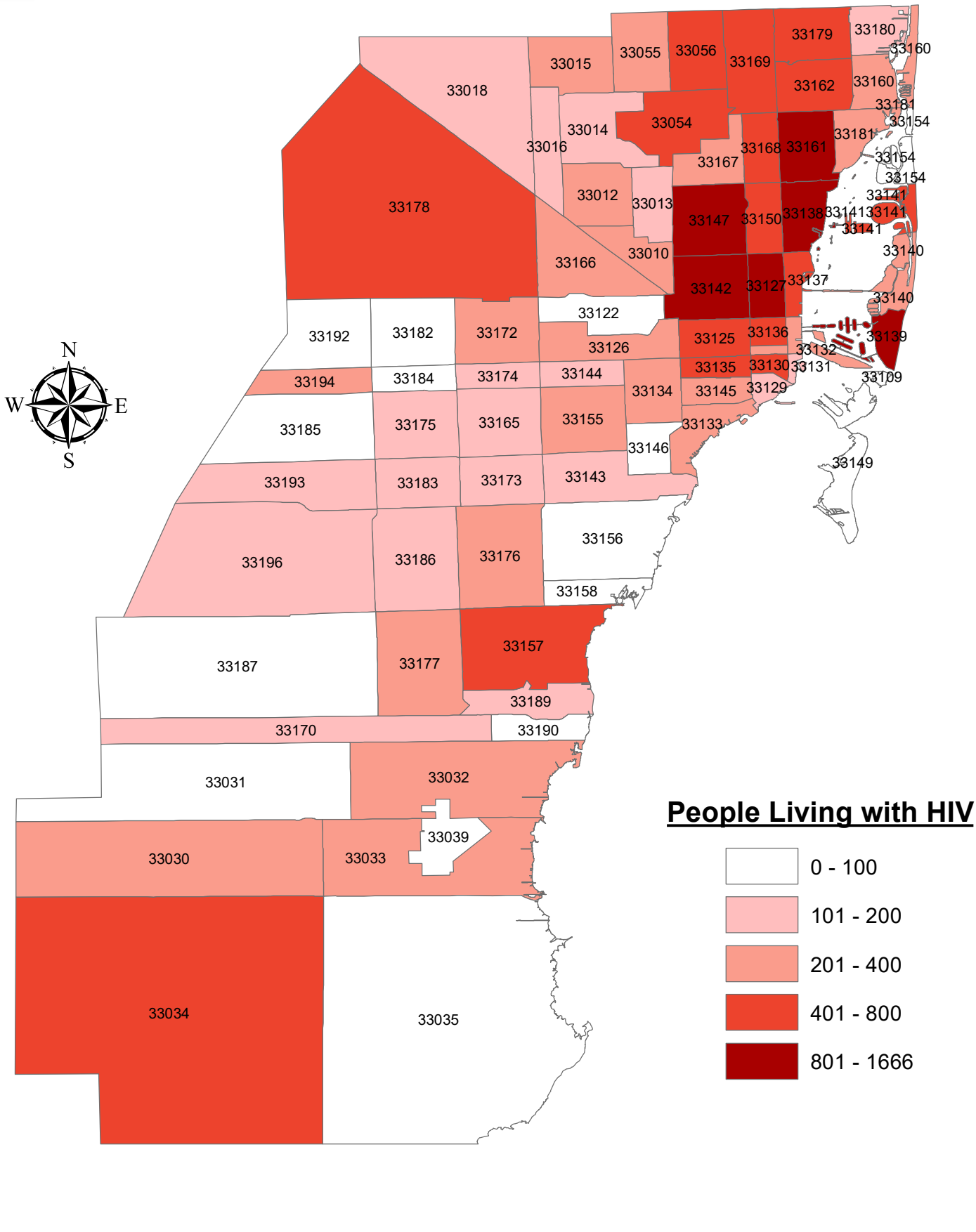
U.S. Census Data (Available by State and County)
census.gov

Miami-Dade County HIV/AIDS Surveillance Data Contact

Sam Alghawi
Miami-Dade County Health Department
Phone: 305-470-5631
Email: Sam.Alghawi@flhealth.gov

HIV/AIDS surveillance data are frozen on June 30 for the previous calendar year.
These are the same data used for FLHealthCHARTS and all grant-related data.
flhealthcharts.com/charts/CommunicableDiseases/default.aspx

People Living with HIV
Miami-Dade County - 2019



N
W
E
S

People Living with HIV

- 0 - 100
- 101 - 200
- 201 - 400
- 401 - 800
- 801 - 1666

0 1.5 3 6 9 12
Miles

Early Identification of Individuals with HIV/AIDS (EIIHA)

Trends in HIV+ Diagnosis and Linkage to Care Calendar Years (CY) 2019 and 2020

June 18, 2021

Data from: Florida Department of Health (FDOH)

Prepared by Behavioral Science Research Corporation

- In CY 2020 – a year characterized by COVID-19 disruptions in service delivery, transportation and access to care – the Florida Department of Health in Miami-Dade (FDOH-MDC) conducted 38% fewer HIV tests than in 2019 **(39,369 tests, down from 64,043 conducted in CY 2019)**. Black females accounted for 18% of these tests, Black Male-to-Male Sexual Contact (MMSC) accounted for 2%, and Hispanic/Latinx MMSC accounted for 14%.

- The 39,369 tests yielded 392 newly-diagnosed HIV+ persons (1% of the total tests, consistent with CY 2019's 0.7% positivity rate). Of these persons, **309 (79%) were linked to care,** down from the 87% linked to care in CY 2019.

- Unlike previous years, when Hispanic/Latinx MMSC showed the highest rates of new-diagnosis linkage to care, **only 74% of the newly-diagnosed Hispanic/Latinx MMSC were linked to care in CY 2020. Black MMSC had the highest linkage to care in CY 2020, at 93%.**

- In CY 2020, 19 previously diagnosed Black females tested HIV+, and 95% were linked to care in Miami-Dade. Similarly, 25 previously diagnosed Black MMSC tested HIV+, and 84% were linked to care. Of 115 previously diagnosed Hispanic/Latinx MMSC testing HIV+, only 60% were linked to care.

- In FY 2020-21, the RWP accepted 1,271 new clients into care, with a maximum of 487 (38%) coming in through the FDOH testing programs.

FDOH EIIHA Data
HIV Test Events, Miami-Dade EMA
Newly-Diagnosed, CY 2019 and CY 2020

	All	Black Female	Black MMSC	Hispanic/ Latinx MMSC
Total FDOH test events, CY 2019	64,043	n/a	1,274	6,840
Total FDOH test events, CY 2020	39,369	7,047	820	5,637
Newly-diagnosed HIV+ test event, 2019	467 (0.7%)	n/a	53 (4%)	173 (3%)
Newly-diagnosed HIV+ test event, 2020	392 (1%)	38 (0.5%)	42 (5%)	142 (3%)
New positives linked to care, 2019	406 (87%)	n/a	49 (92%)	143 (83%)
New positives linked to care, 2020	309 (79%)	34 (89%)	39 (93%)	105 (74%)

Source: Florida Department of Health, Tallahassee, Florida

FDOH EIIHA Data
HIV Test Events, Miami-Dade EMA
Previously-Diagnosed, CY 2019 and CY 2020

	Black Female	Black MMSC	Hispanic /Latinx MMSC
Previously-diagnosed with new HIV+ test results, 2019	n/a	26	104
Previously-diagnosed with new HIV+ test results, 2020	19	25	115
Previously-diagnosed HIV+ linked to care, 2019	n/a	7 (27%)	72 (58%)
Previously-diagnosed HIV+ linked to care, 2020	18 (95%)	21 (84%)	69 (60%)

Source: Florida Department of Health, Tallahassee, Florida

Any questions?

aidsnet.org

Ryan White Program
HIV Care Continuum
Fiscal Year 30
(3/1/2020 thru 2/28/2021)
Revised

July 13, 2021

Based on Data from
Groupware's "Provide Enterprise" Database

Prepared by Behavioral Science Research Corporation

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

Health Resources & Services Administration (HRSA)
HIV Care Continuum

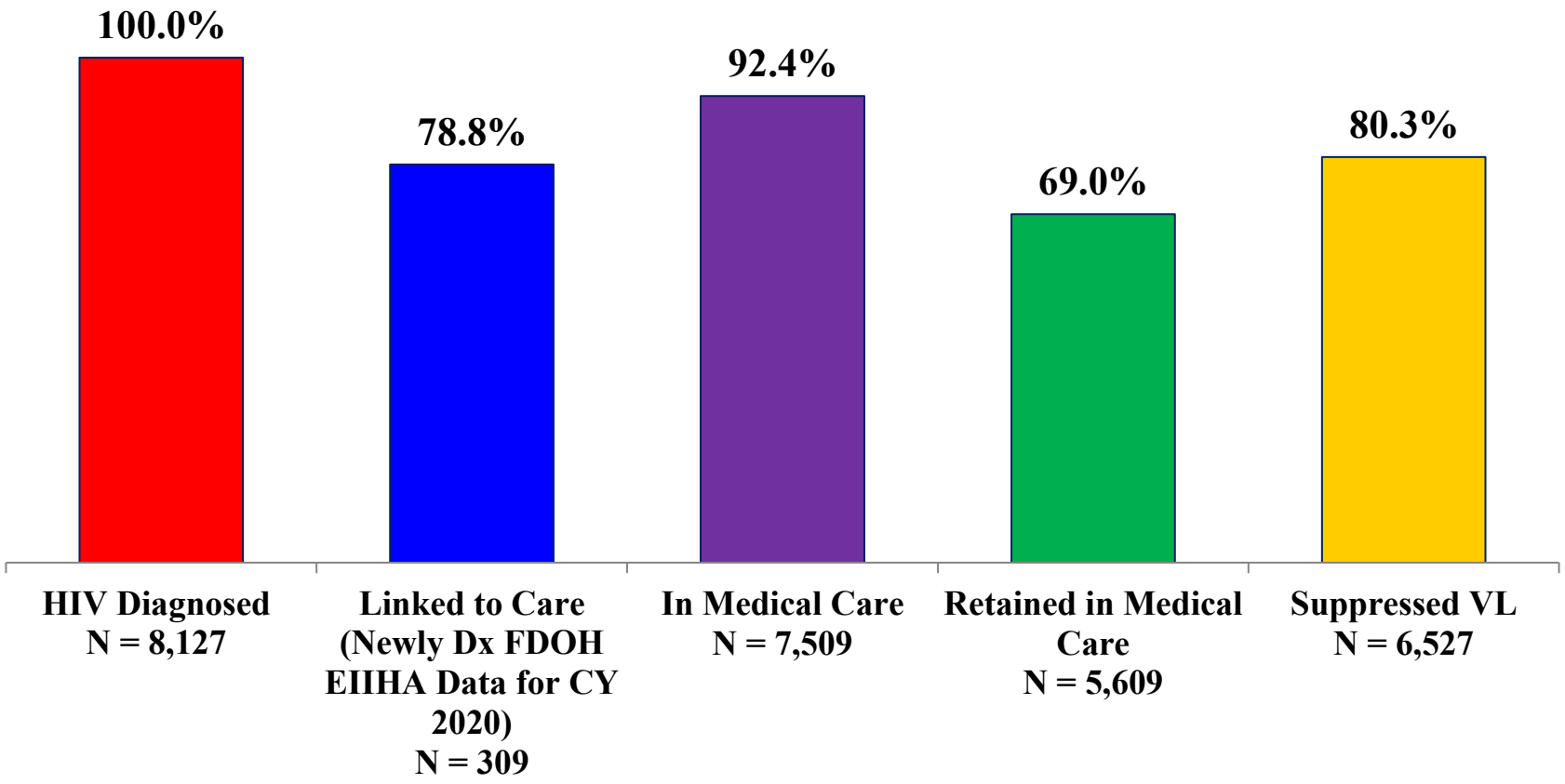
aidsnet.org

Ryan White Program HIV Care Continuum Definitions

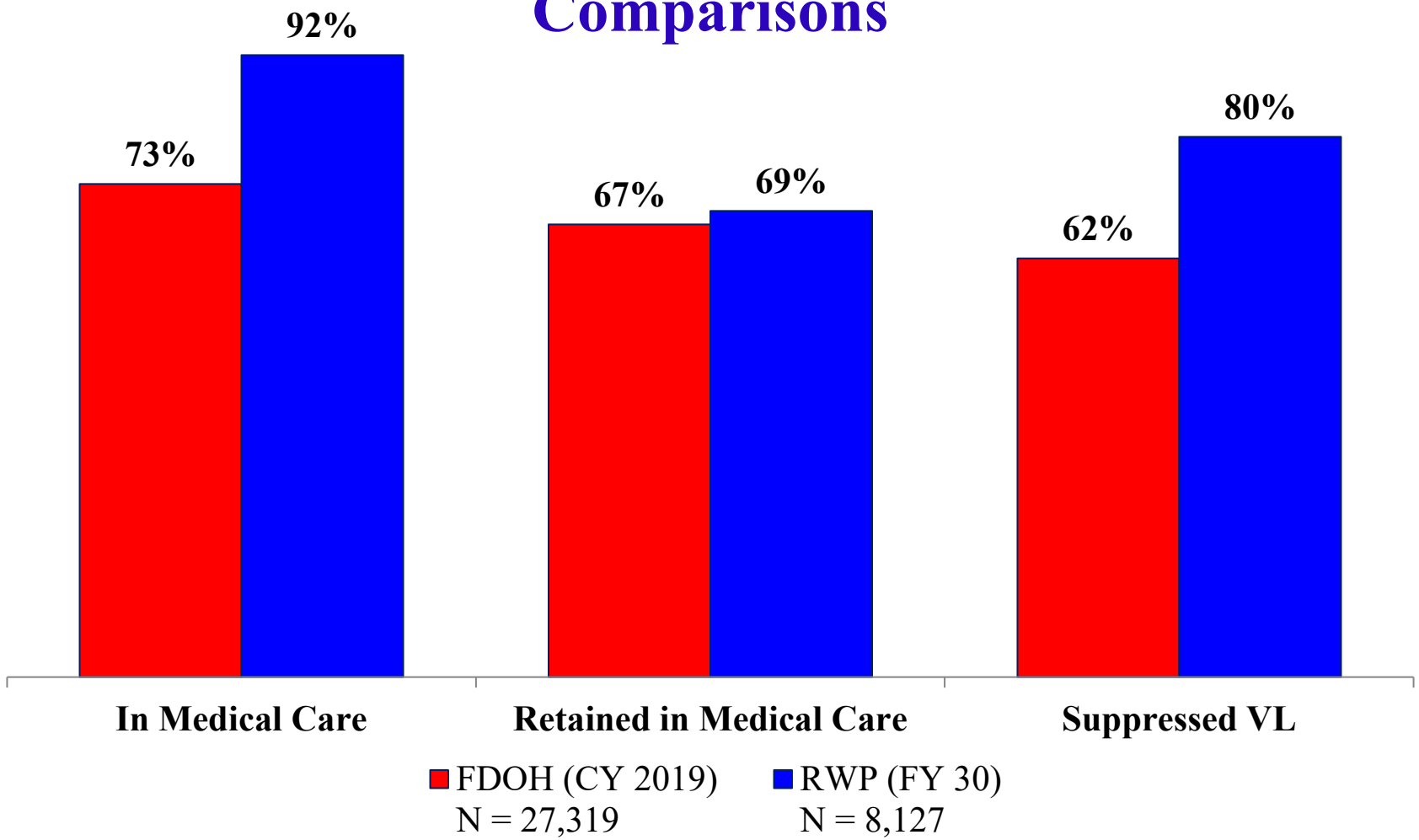
- **RWP Client** = Ryan White Program clients who received at least one Ryan White Part A or MAI -funded service in the fiscal year (FY 30: 03/01/2020 – 02/28/2021).
- **Linked to Care =** Newly-diagnosed persons with HIV, who were linked to HIV medical care anywhere in Miami-Dade County. Data from Florida Department Of Health (FDOH) Early Identification of Individuals with HIV/AIDS (EIIHA), 2016 – 2020.
- **In Medical Care** = Active Ryan White Program clients receiving one or more medical visits with any Ryan White Program provider with prescribing privileges, Viral Load test, or medical visit copay, during the 12-month reporting period (FY 30).
- **Retained In Medical Care** = Active Ryan White Program clients receiving two or more medical visits with a Ryan White Program provider, Viral Load test, or medical visit copay, at least 90 days apart, during the 12-month reporting period (FY 30).
- **Suppressed VL** = Active Ryan White Program clients with a documented suppressed Viral Load (<200 copies /mL) in the most recently reported lab test.

Ryan White Program HIV Care Continuum

aidsnet.org



HIV Care Continuum
Miami-Dade EMA and Ryan White Program Comparisons



aidsnet.org

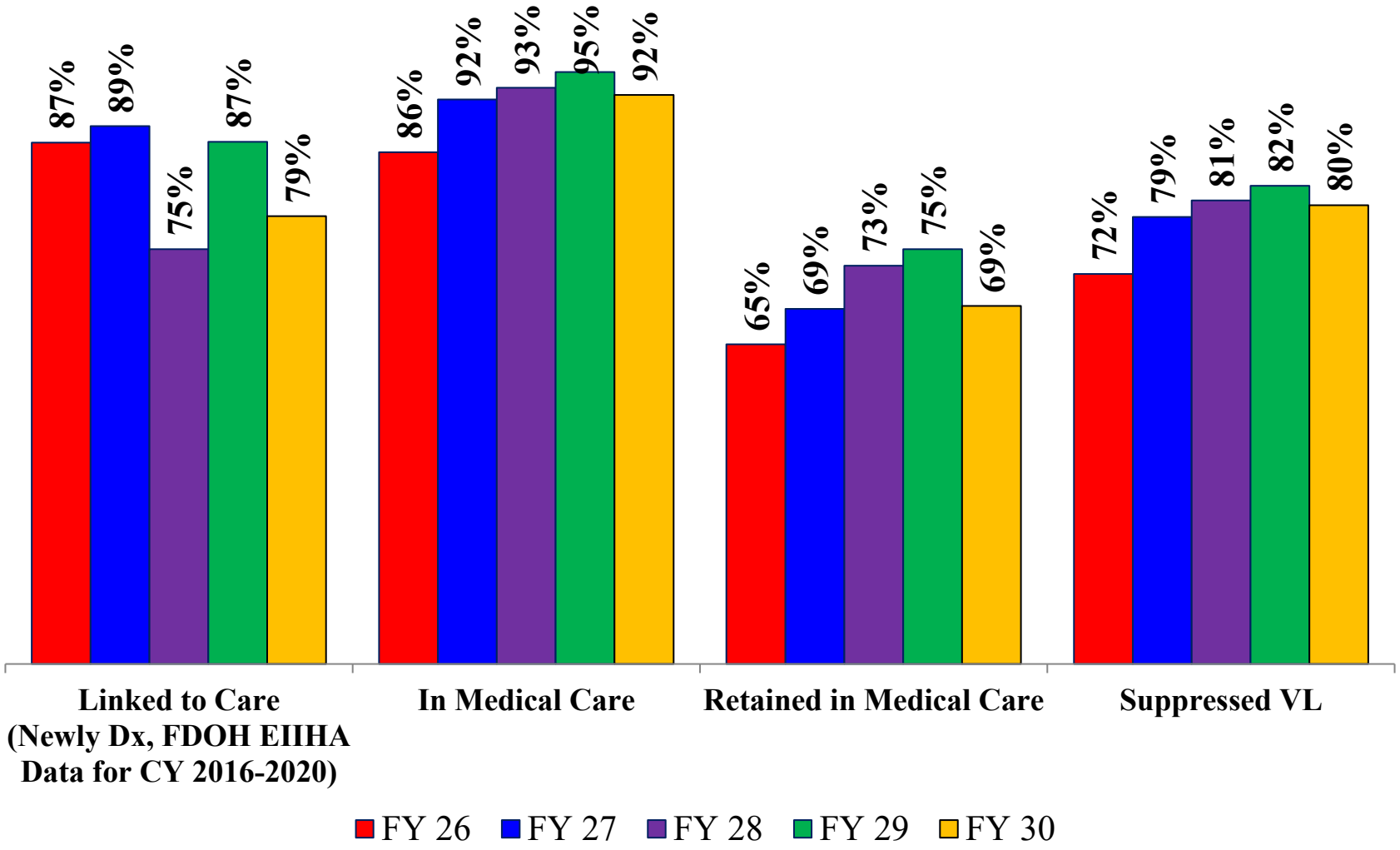
Behavioral Science Research

Miami-Dade HIV/AIDS Partnership

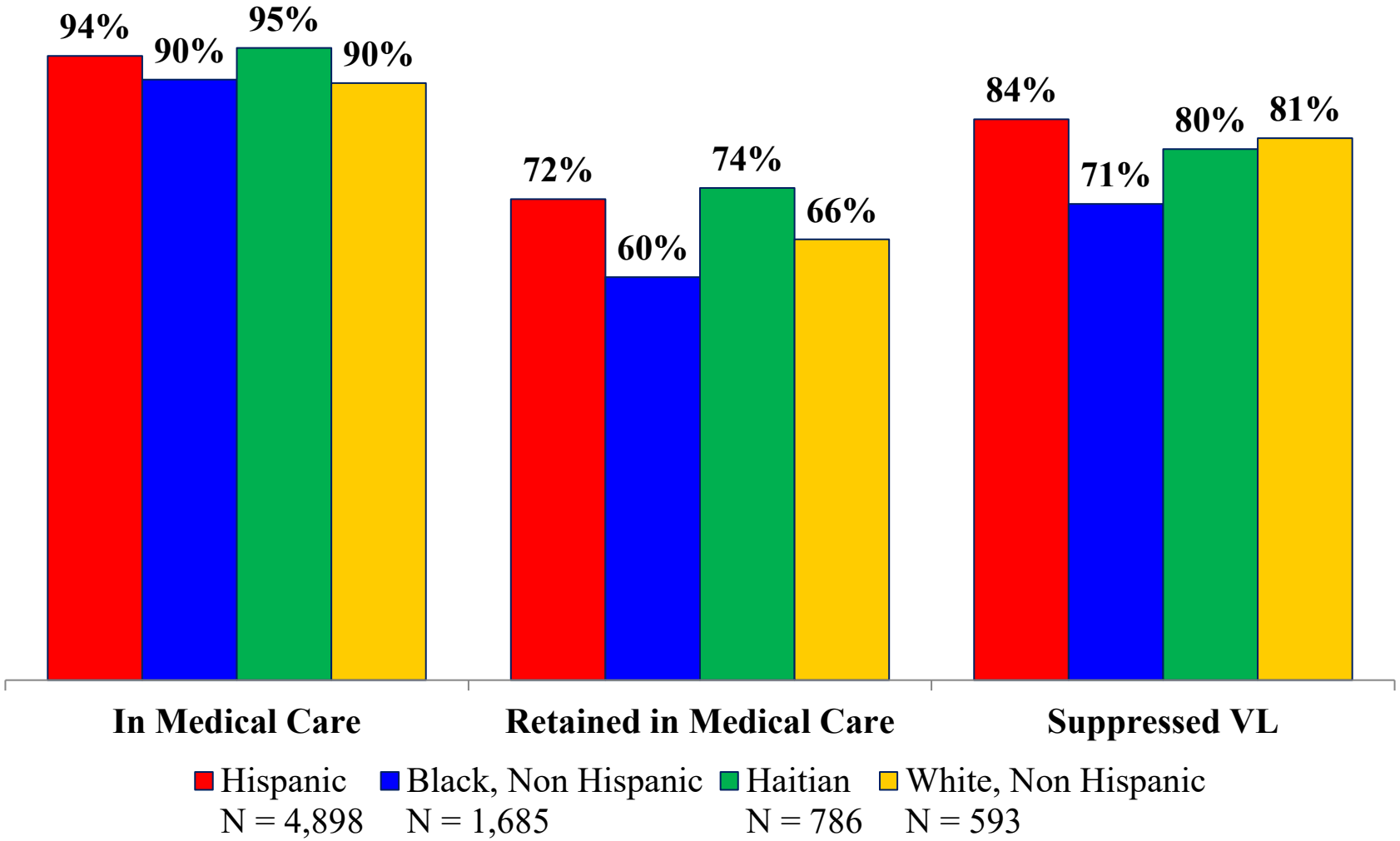
Miami-Dade County

Ryan White Program HIV Care Continuum
FY 26 thru FY 30

aidsnet.org

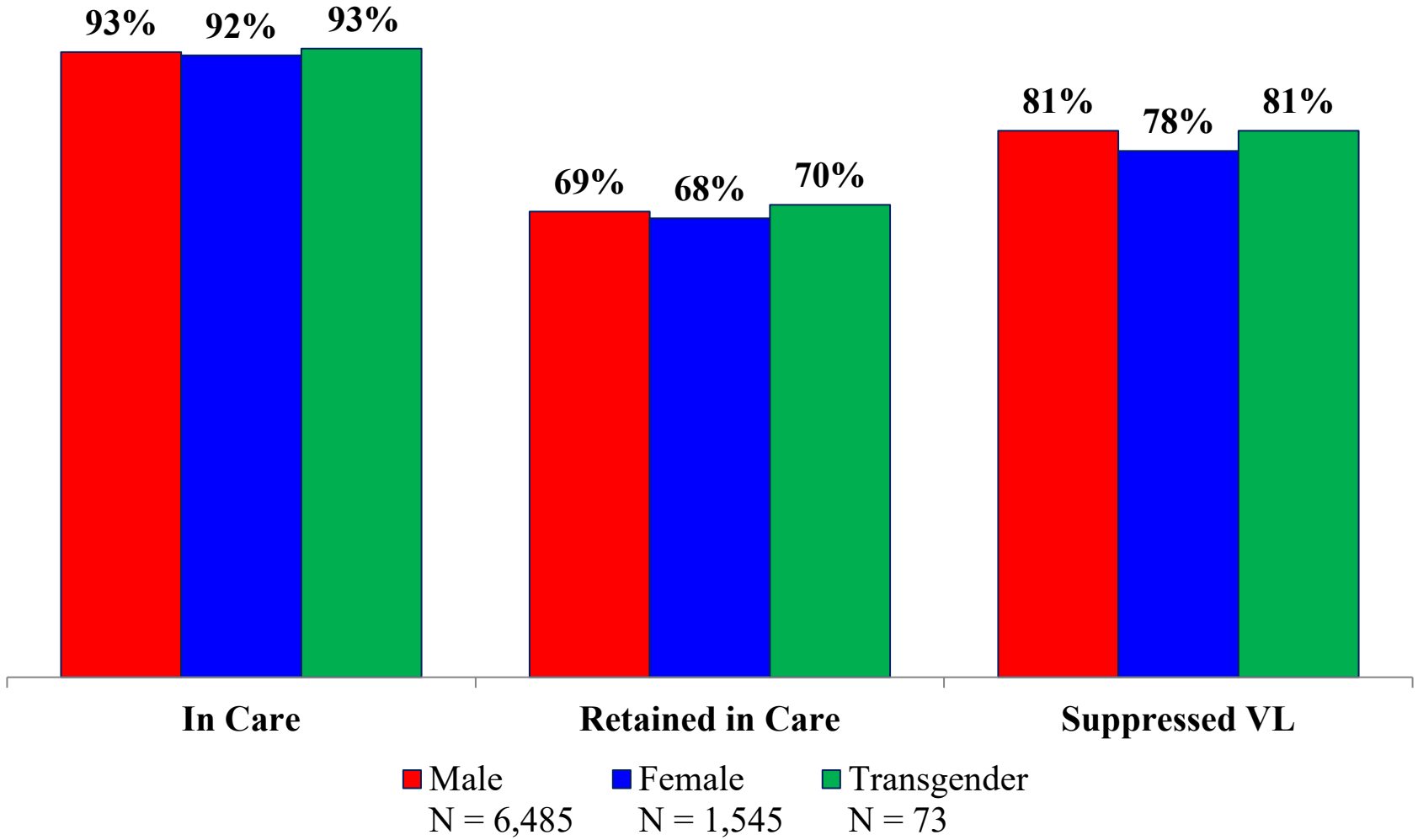


Ryan White Program HIV Care Continuum
Percent by Race/Ethnicity



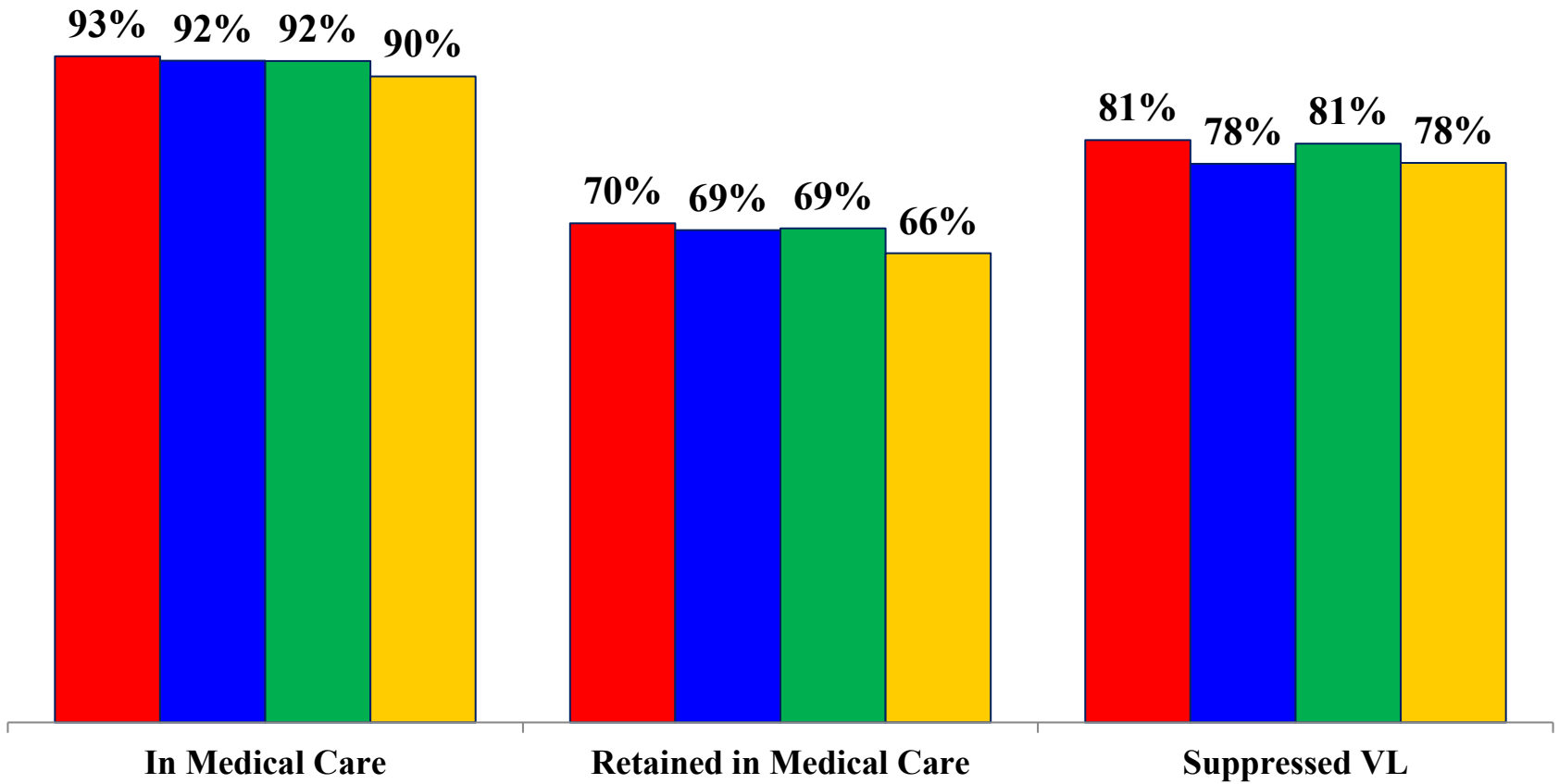
aidsnet.org

Ryan White Program HIV Care Continuum
Percent by Gender



aidsnet.org

Ryan White Program HIV Care Continuum by Risk Factor



aidsnet.org

aidsnet.org

Thank you for your attention!

Any questions?

Service Demographics

Section 4

Ryan White Program
Demographic Data
Fiscal Year 30
(3/1/2020 thru 2/28/2021)
Revised

Presented June 18, 2021

Revised July 28, 2021

Based on Data from Provide Enterprise
Billed Service Detail Data Table

Prepared by Behavioral Science Research Corporation

Summary of Findings

Data from the Ryan White Program (RWP) client information system, FY 26 - FY 30.

- **Total Clients: 8,127 clients** were served by the RWP in FY 30 – a 10% decrease from FY 29 (9,031 to 8,127 clients).
  - 1,209 **new clients** entered RWP care in FY 30 – a 21% increase from 1,003 in FY 29. This is a significant increase considering the overall 10% decrease in RWP clients.
- **Client Age:** There were no major changes in the age distribution of the RWP client population.
  - Clients 35-64 comprise ~70% of the RWP population.
- **Client Gender:** Since FY 26, the gender distribution of RWP clients has remained relatively stable, from a 75%/25% male/female split in FY 26 to 80%/20% in FY 30. Transgender percent has remained unchanged (1% of RWP population).
- **Client Race/Ethnicity:** Since FY 26, the Hispanic population has increased by 6% while the Black population has decreased by 7%. Haitian and non-Hispanic White population percentages remain virtually unchanged.
  - This change is mainly due to an increase in Hispanic Males entering the RWP (47% in FY 26 to 54% in FY 30), and a decrease in Black Males (17% to 14%) and Black Females (11% to 7%).

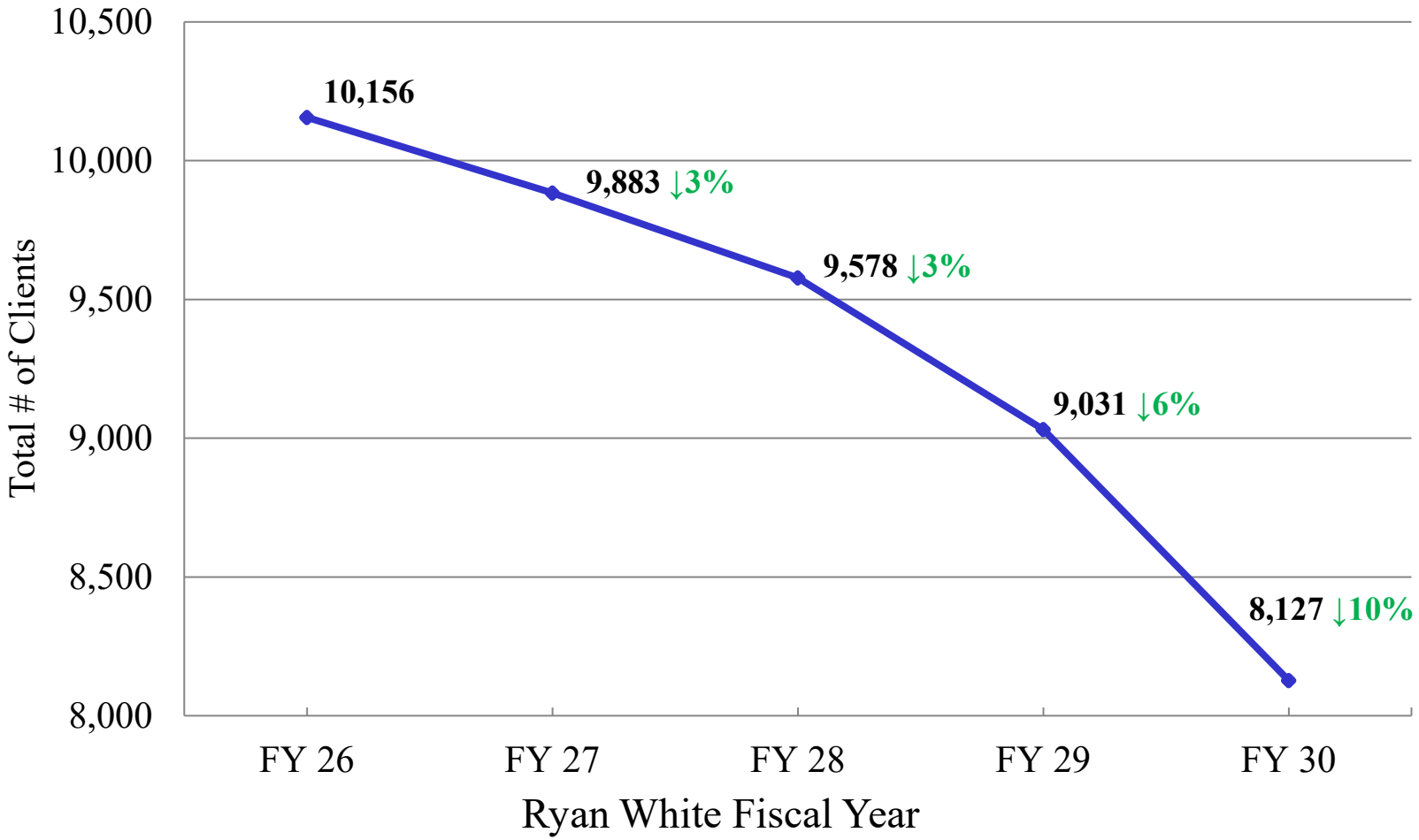
Summary of Findings

- **Language Preference:**
  - The population whose first language is English decreased by 12%.
  - The population whose first language is Spanish increased by 10%.
  - The population whose first language is Creole remained at 9%.
- **Income Level:**
  - The great majority of RWP clients are under 135% of the federal poverty level (FPL). There was a slight increase in the percent under 135% FPL in FY 30 relative to FY 29, but this is still well under levels shown in FY 26 and FY 27.
  - Notwithstanding the uptick in clients under 135% of FPL in FY 30, the past several years has shown a steady increase in the percent of RWP clients with 151% - 400% FPL.
- **Primary Mode of Exposure:**
  - Heterosexual contact with female, and male to male sexual contact (MMSC), account for 80% of reported mode of initial HIV/AIDS exposure among males.
  - MMSC is more prevalent among new RWP clients in FY 30 than among all clients in care (61.7%, vs. 47.6%). Heterosexual contact w/ female is reported by only 17.2% of new male RWP clients, vs. 35.3% among all males in care.

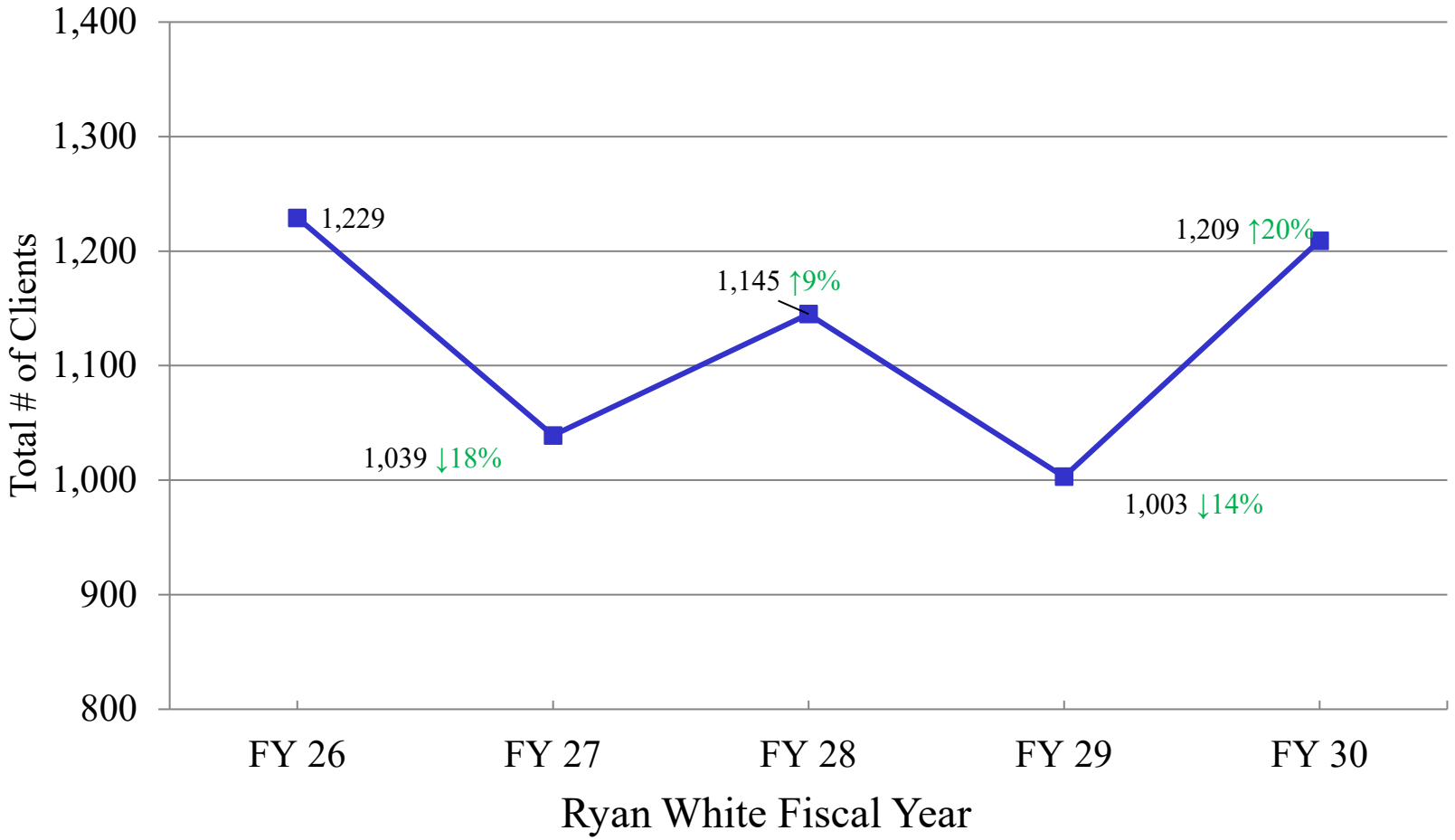
Summary of Findings

- **Primary Exposure continued:**
  - Over 90% of women in RWP care reported heterosexual contact as the mode of their HIV exposure.
- **Insurance Coverage:**
  - The data indicate a steady decline in the percentage of RWP clients who have Medicaid (23% in FY 26, to 2% in FY 30) and a steady increase in RWP clients with an Affordable Care Act plan (19% in FY 26 to 31% in FY 30).
  - The percentage of RWP clients who were uninsured, had private insurance, or had Veterans Affairs benefits is generally consistent.
  - There is a slight percentage drop in RWP clients with Medicare (9% in FY 26 to 4% in FY 30), with no decrease in the percent of clients over 65.
  - The majority (67.7%) of the new clients entering the RWP in FY 30 had no insurance other than the RWP. This is higher than the 53.3% percentage of insurance coverage for the total RWP client population.

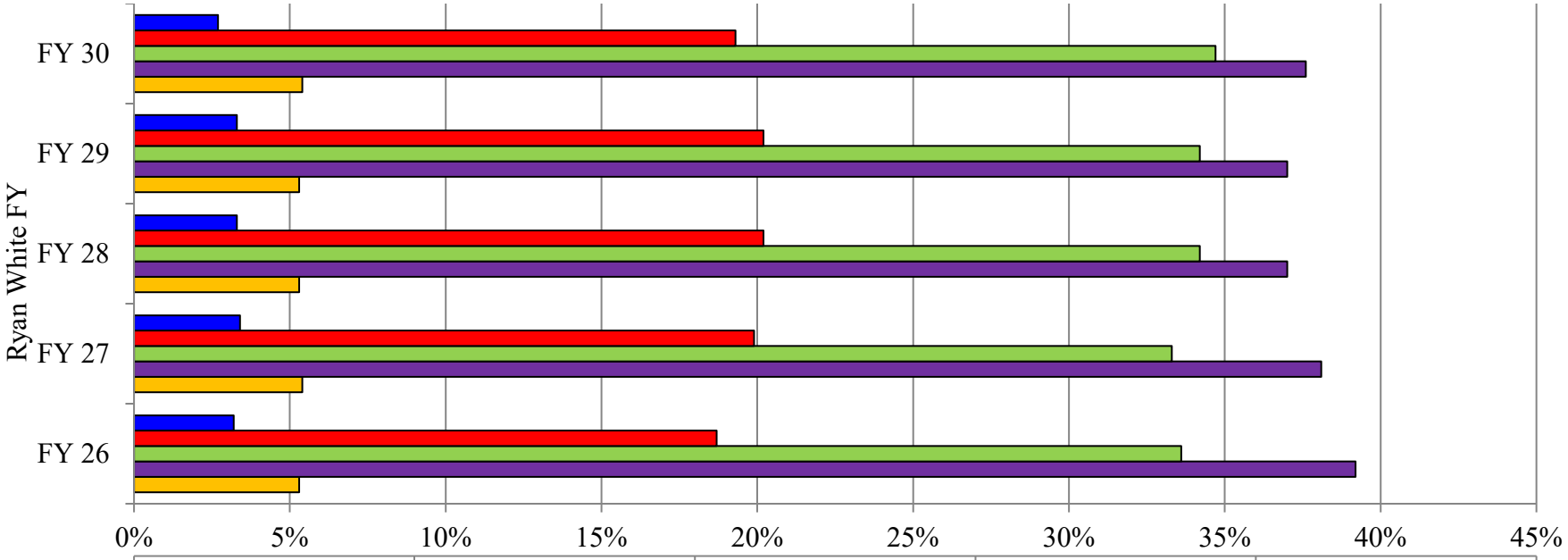
Total Number of Clients Served
Ryan White Program, FY 26 - FY 30



Number of New Clients Served
Ryan White Program, FY 26 - FY 30



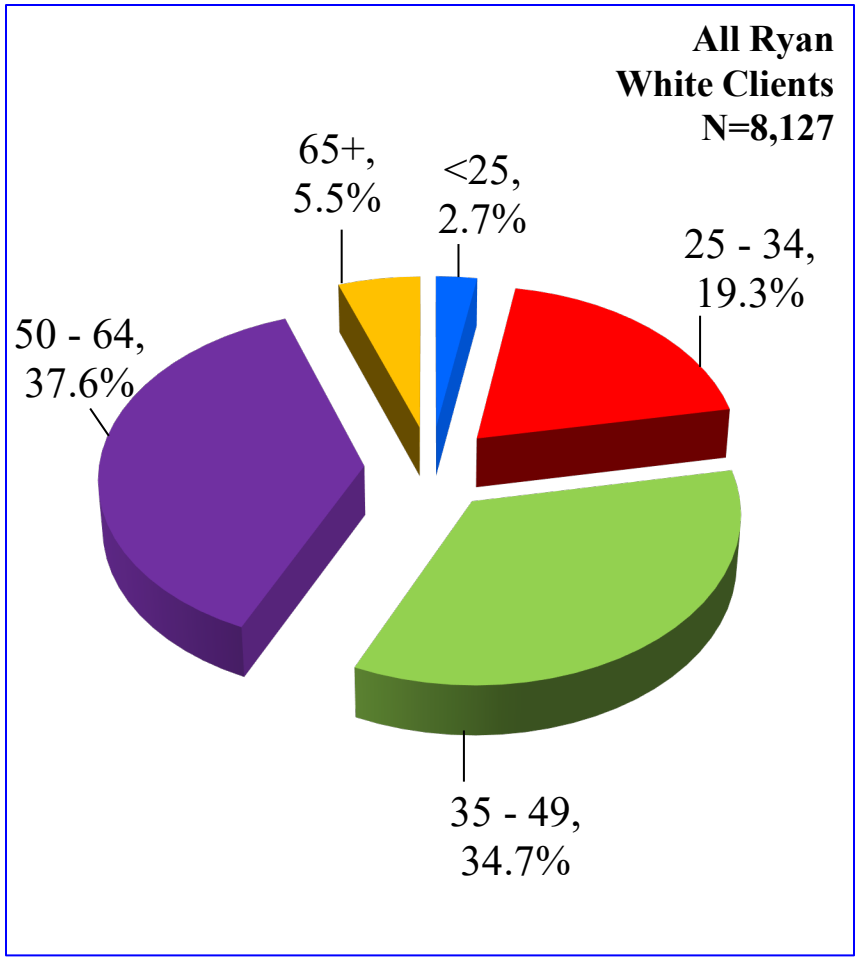
Clients By Age Group
Ryan White Program, FY 26 - FY 30

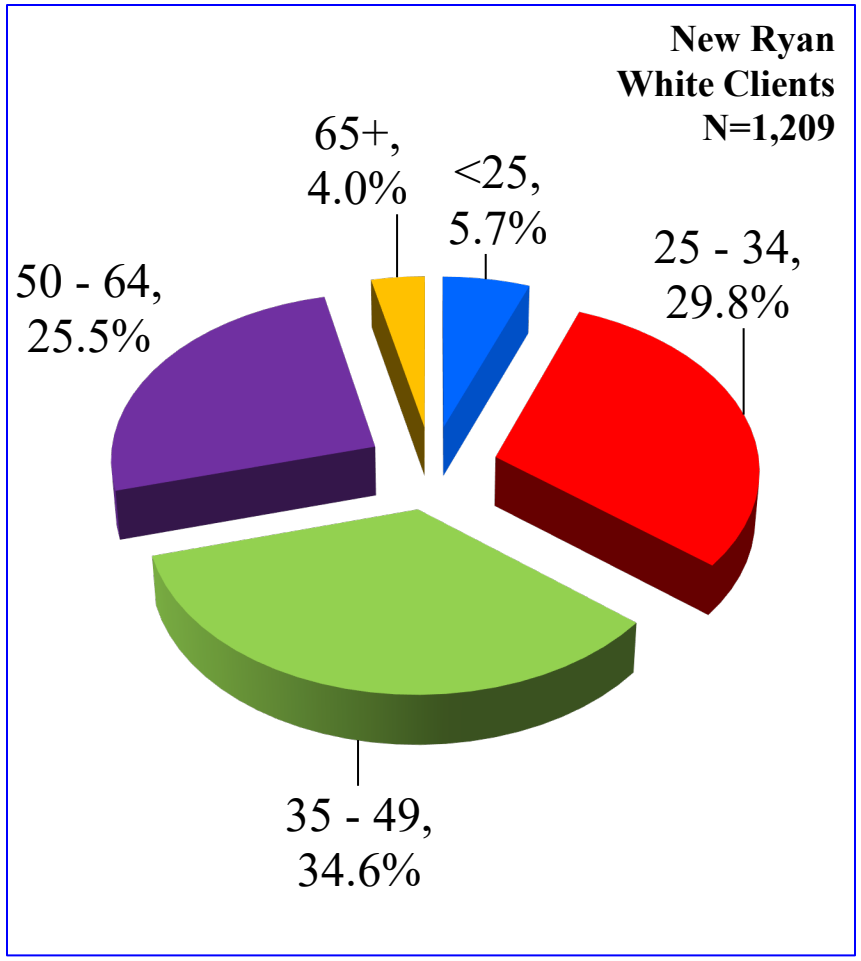


	FY 26	FY 27	FY 28	FY 29	FY 30
<25	3%	3%	3%	3%	3%
25 - 34	19%	20%	20%	20%	19%
35 - 49	34%	33%	34%	34%	35%
50 - 64	39%	38%	37%	37%	38%
65+	5%	5%	5%	5%	5%

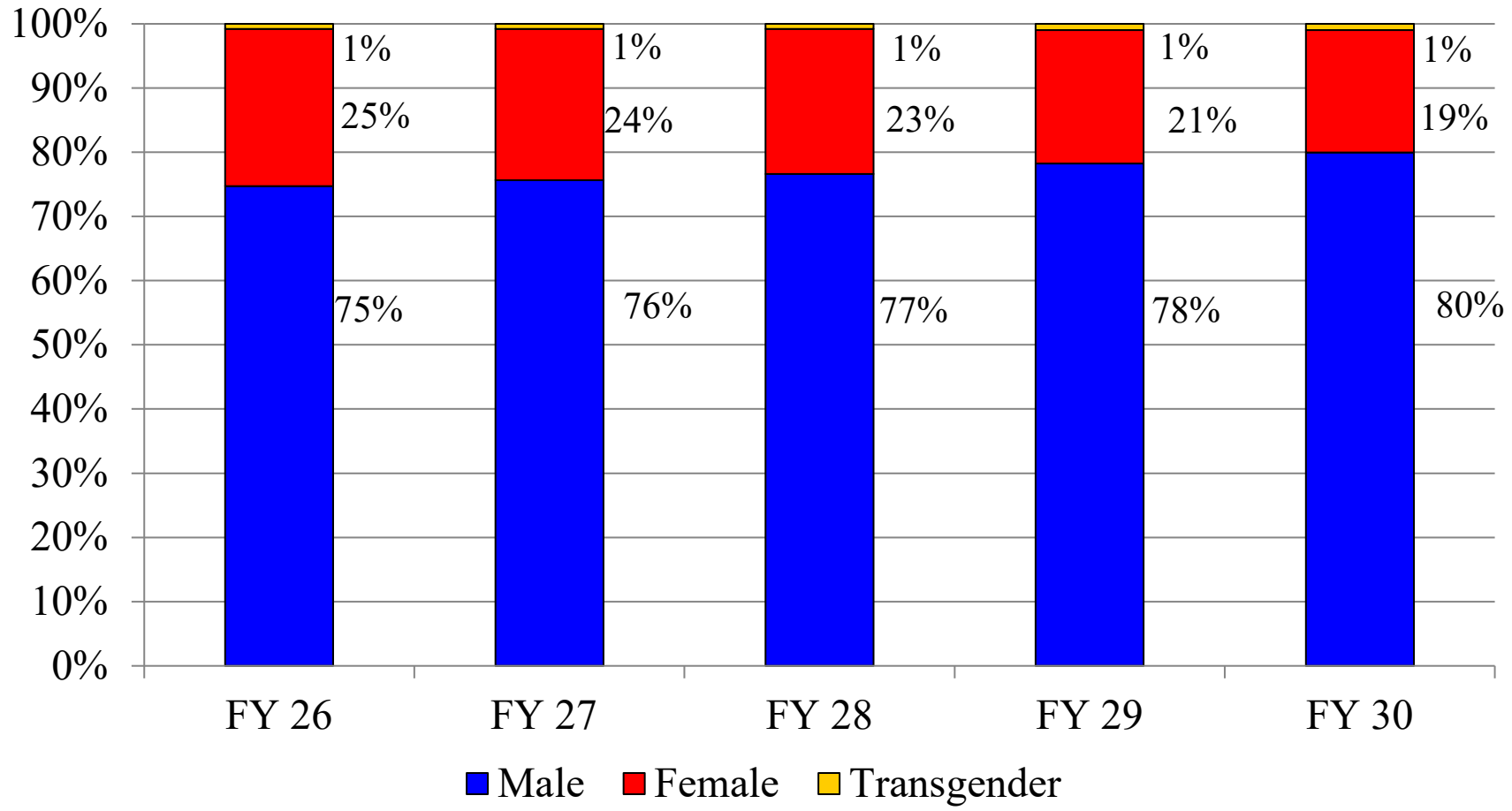
Percent of Ryan White Clients in Age Group Bracket

Age Distribution of New and Total Clients in Care
Ryan White Program, FY 30



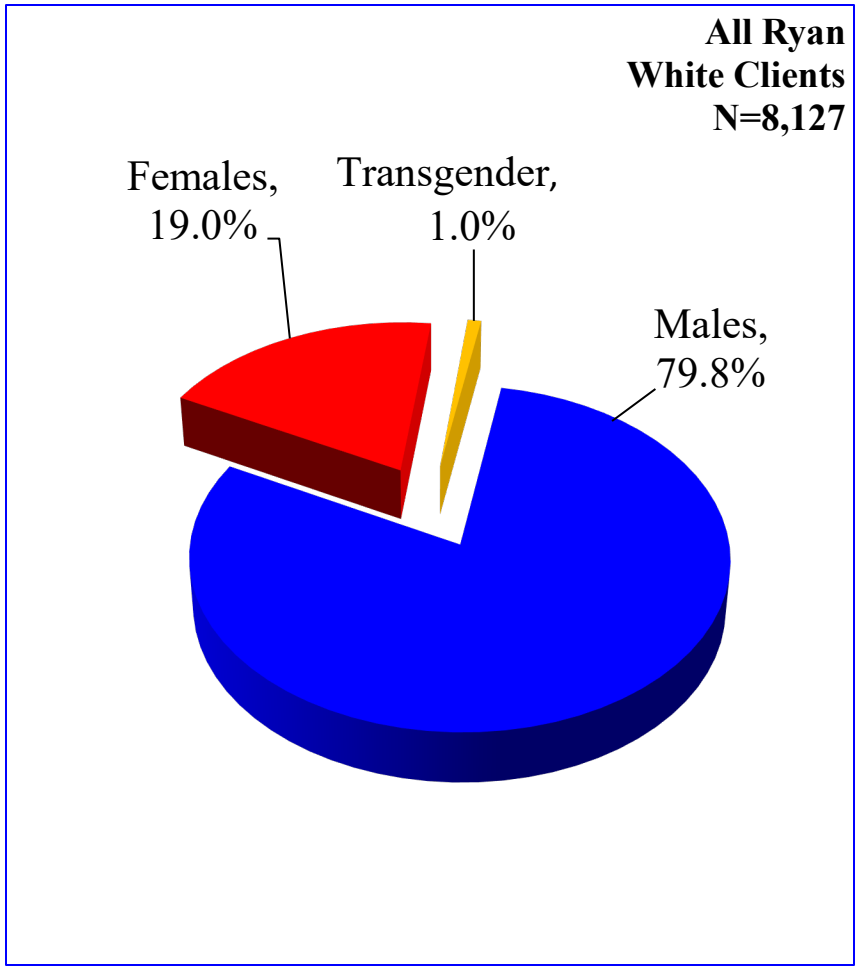


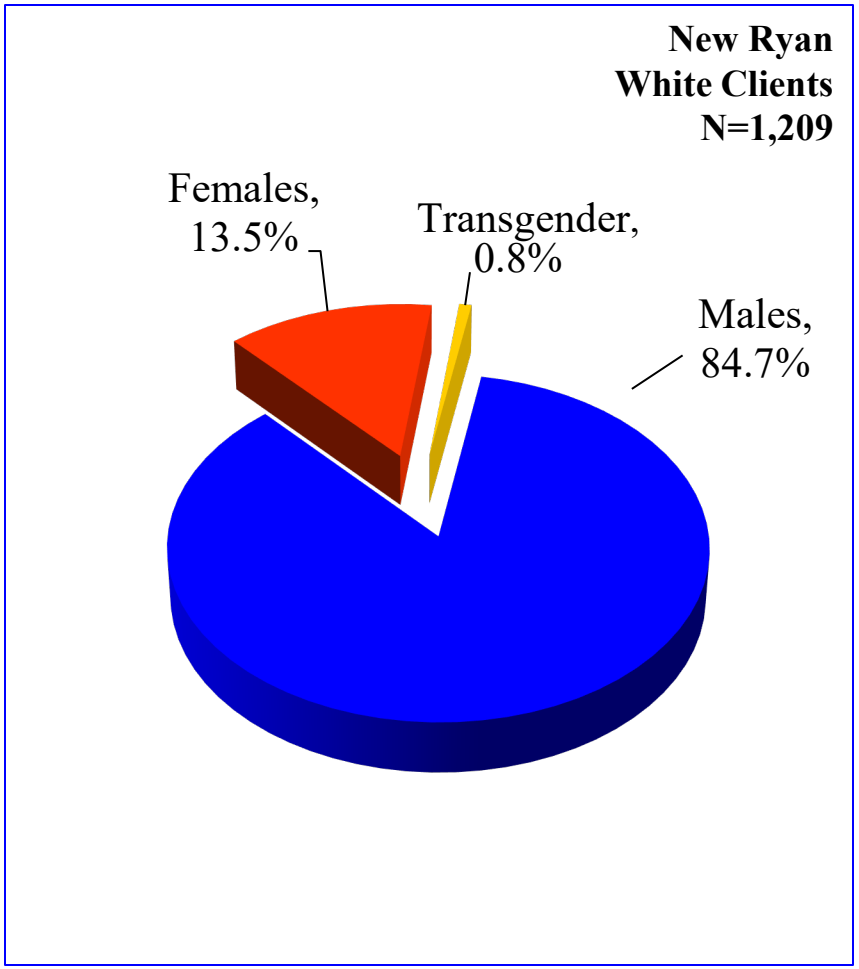
Gender of Clients In Care
Ryan White Program, FY 26 - FY 30



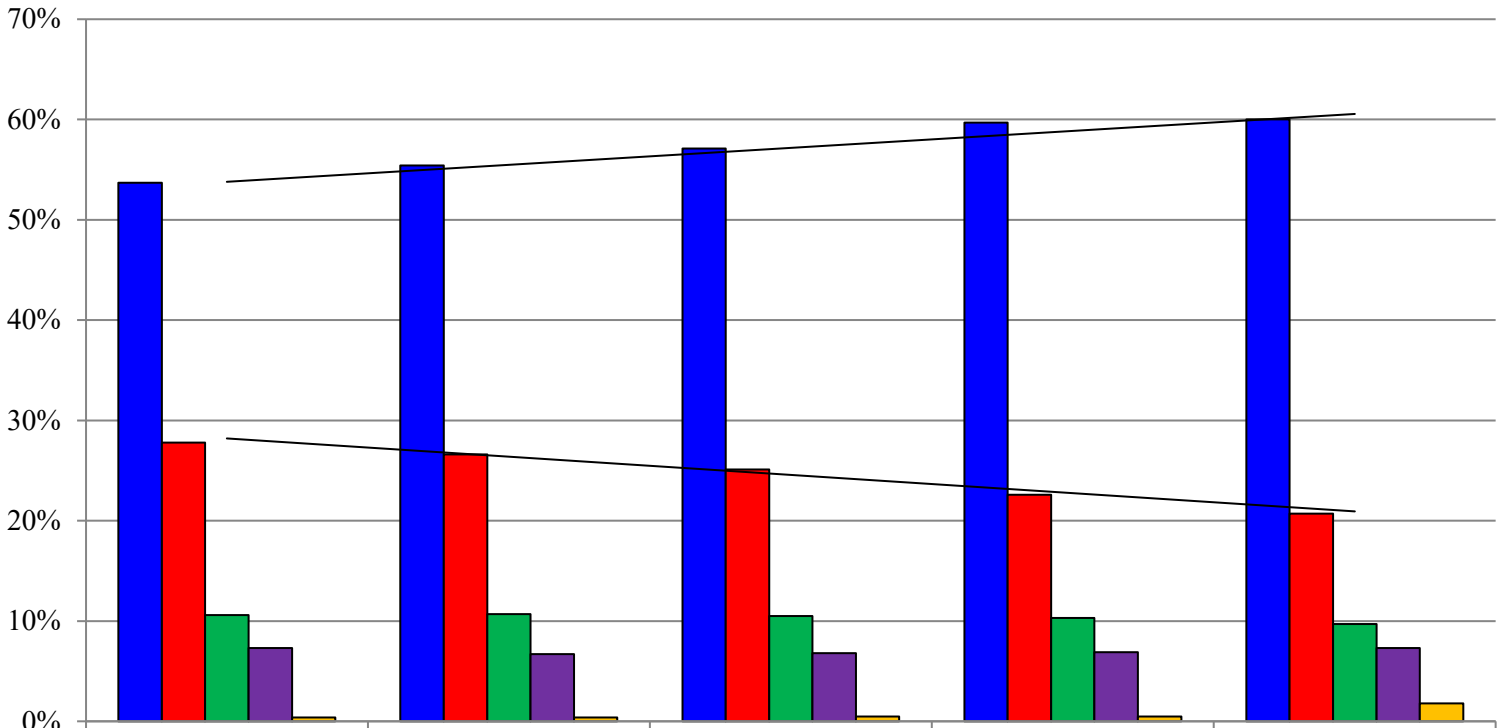
www.aidsnet.org

Gender Distribution of New and Total Clients in Care
Ryan White Program, FY 30



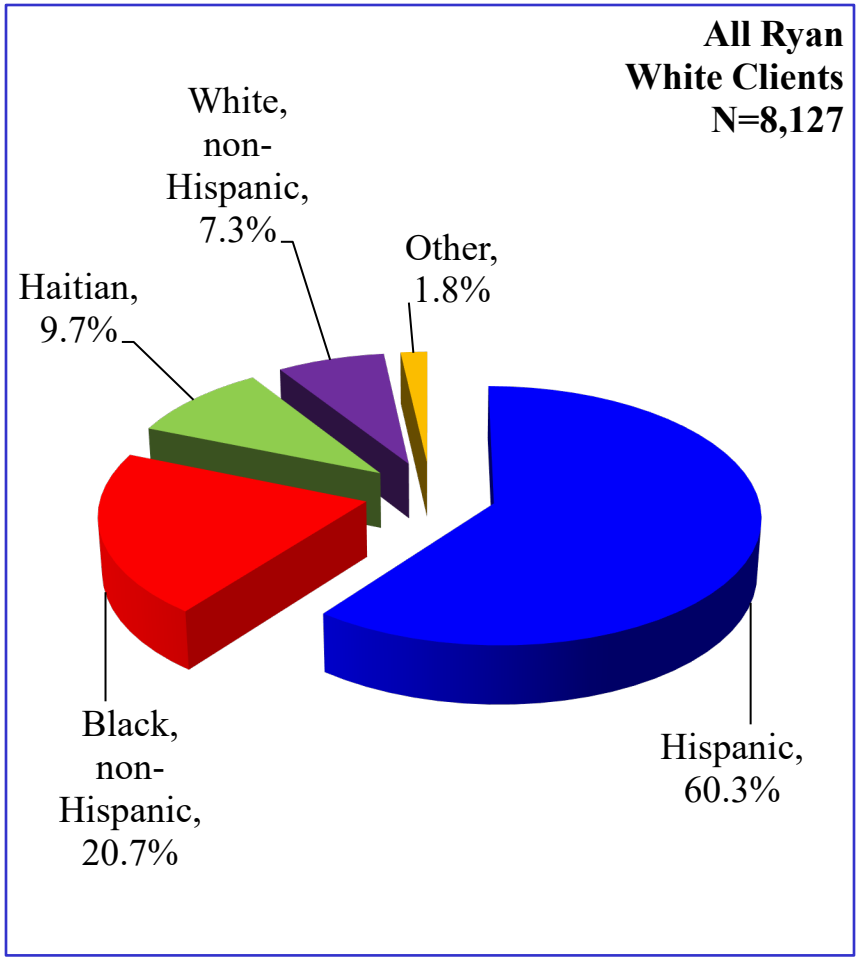


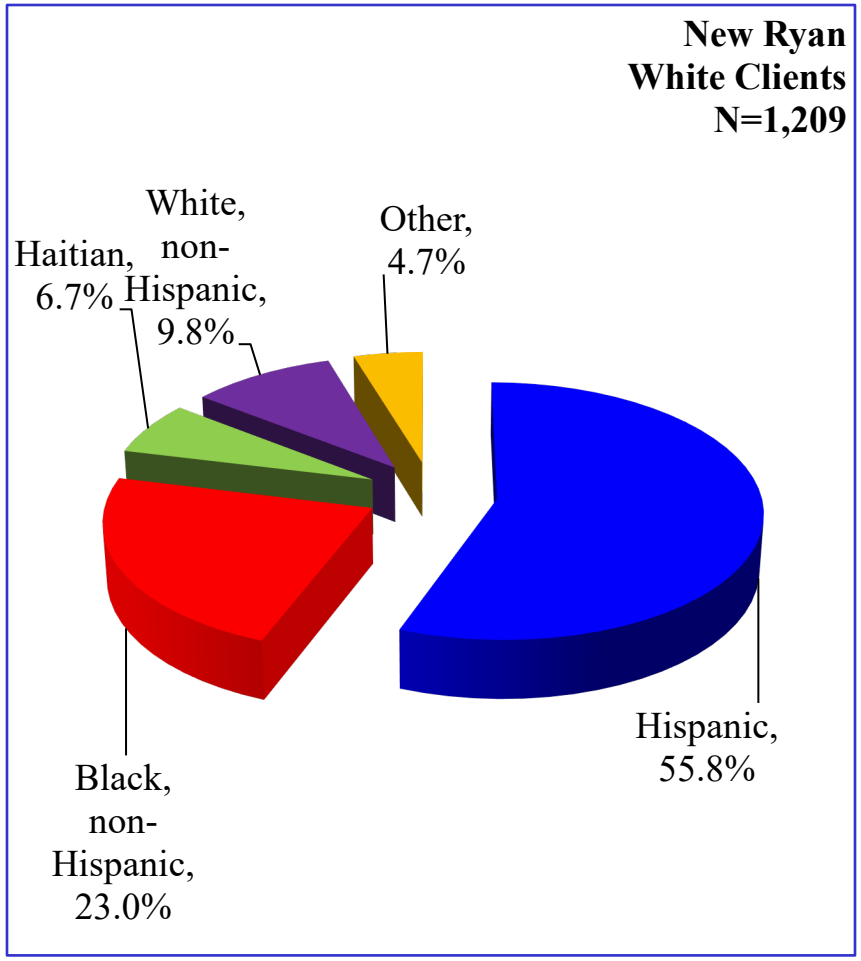
Race/Ethnicity of Clients in Care
Ryan White Program, FY 26 - FY 30



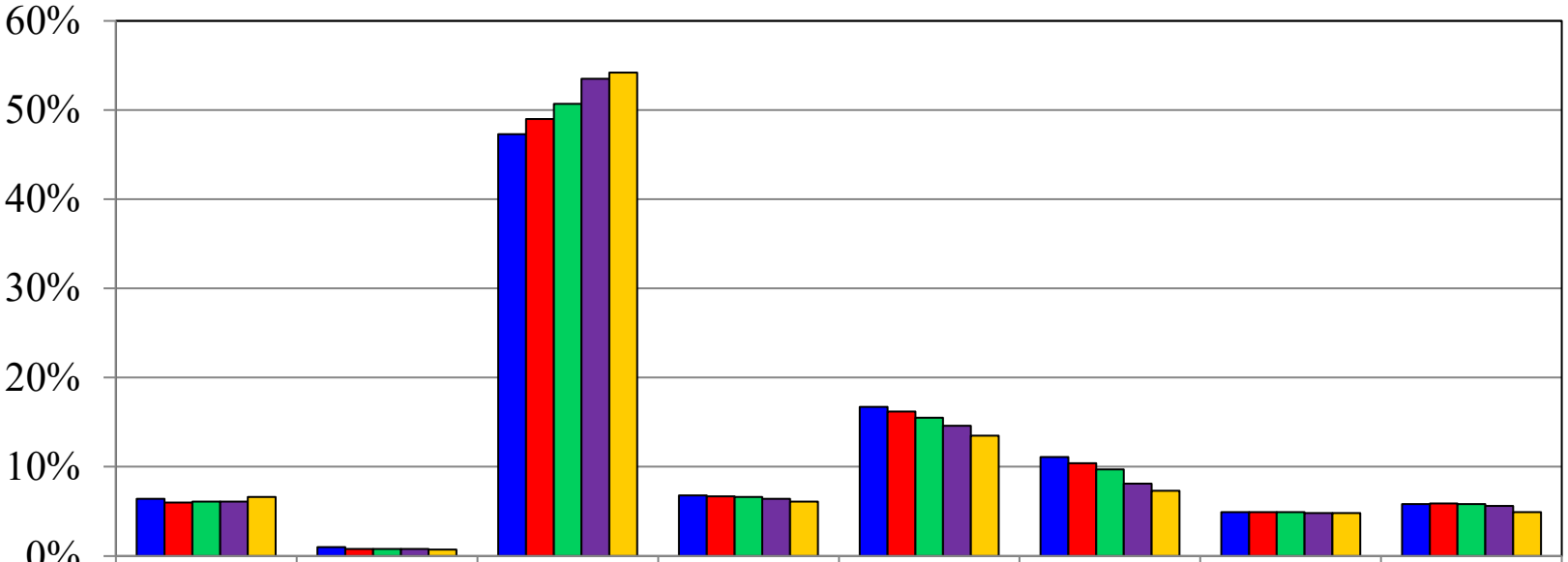
	FY 26	FY 27	FY 28	FY 29	FY 30
Hispanic	54%	55%	57%	60%	60%
Black, non-Hispanic	28%	27%	25%	23%	21%
Haitian	11%	11%	11%	10%	10%
White, non-Hispanic	7%	7%	7%	7%	7%
Other	0%	0%	1%	1%	2%

Race/Ethnicity Distribution of New and Total Clients in Care Ryan White Program, FY 30



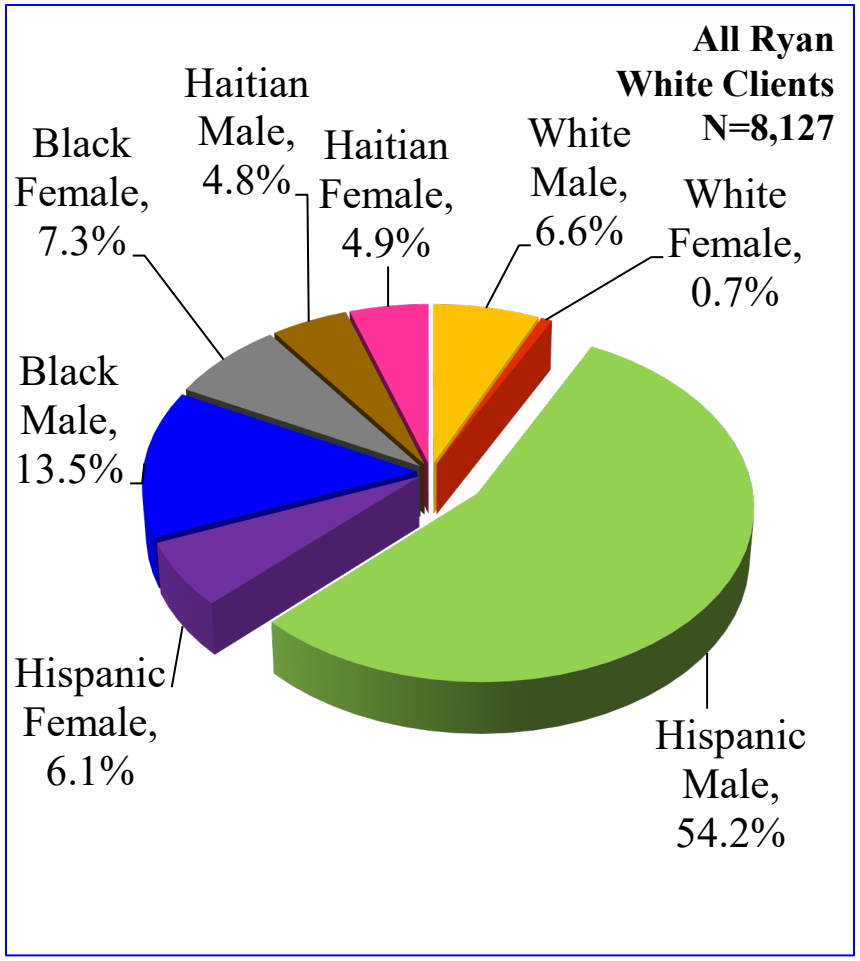


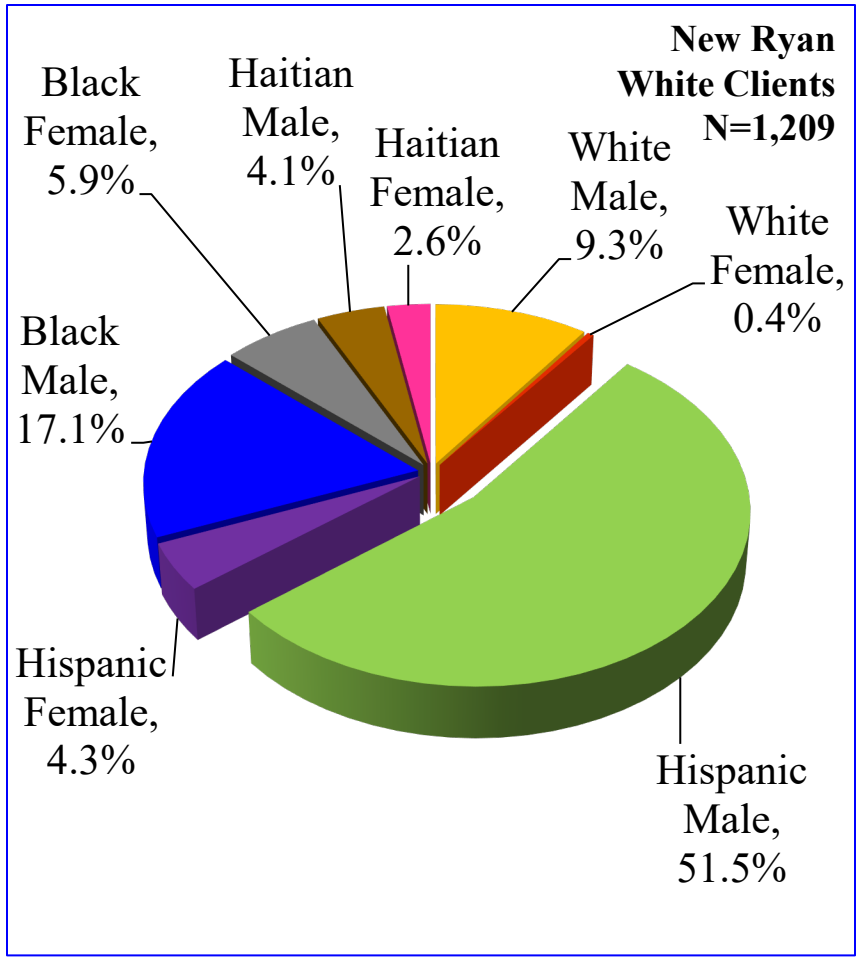
Race/Ethnicity of Clients in Care, by Gender
Ryan White Program, FY 26 - FY 30



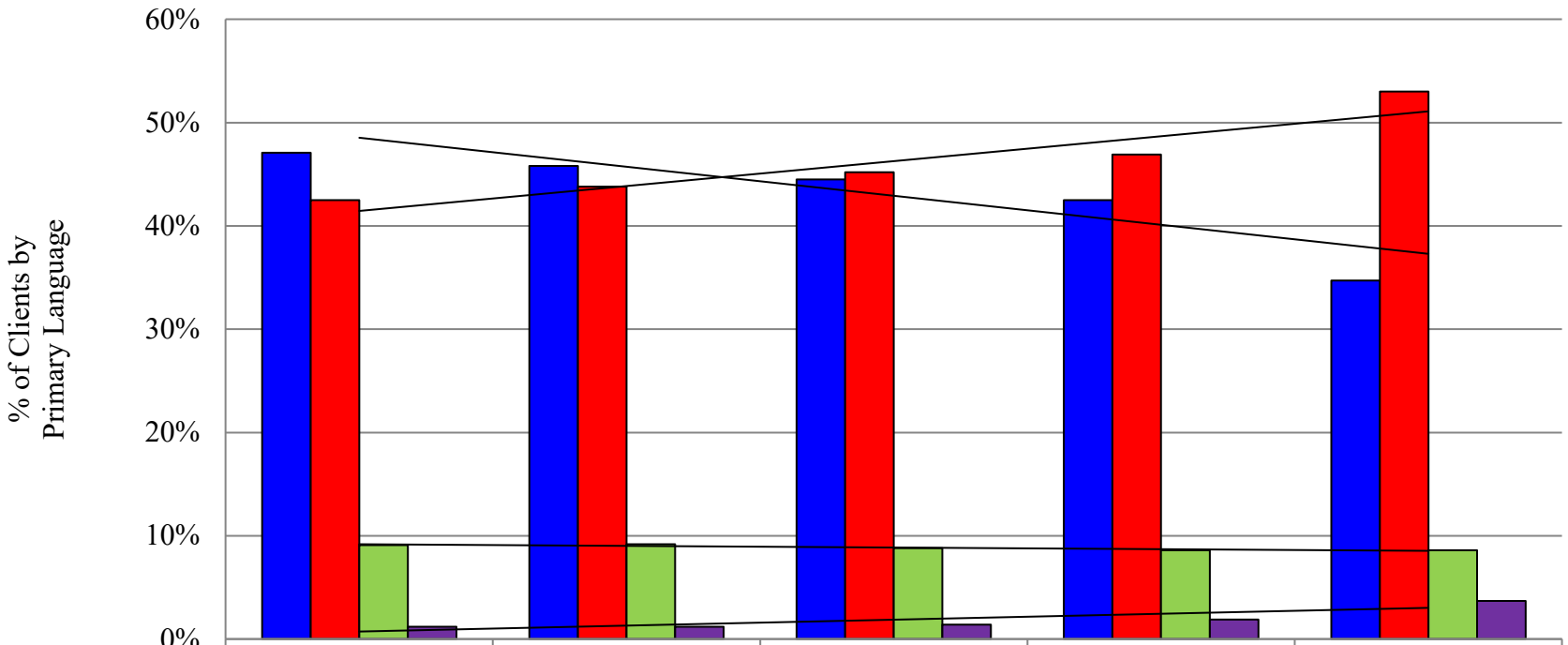
	White Male	White Female	Hispanic Male	Hispanic Female	Black Male	Black Female	Haitian Male	Haitian Female
FY 26	6%	1%	47%	7%	17%	11%	5%	6%
FY 27	6%	1%	49%	7%	16%	10%	5%	6%
FY 28	6%	1%	51%	7%	16%	10%	5%	6%
FY 29	6%	1%	54%	6%	15%	8%	5%	6%
FY 30	7%	1%	54%	6%	14%	7%	5%	5%

Race/Ethnicity by Gender of New and Total Clients in Care Ryan White Program, FY 30





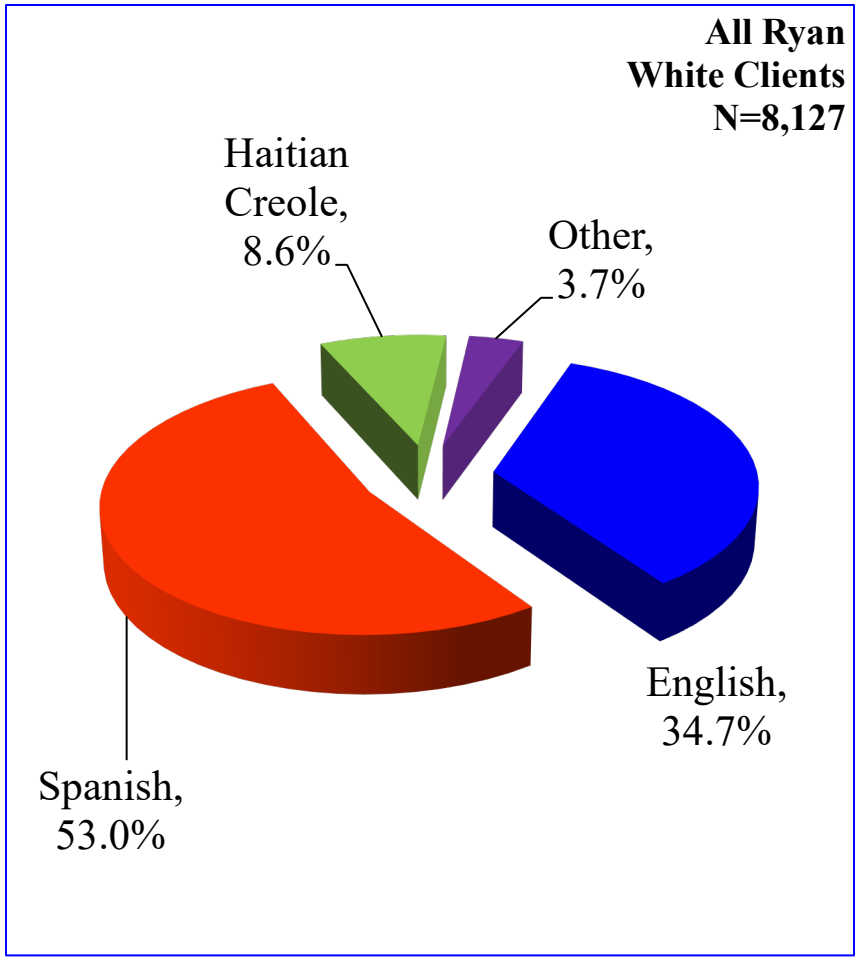
Primary Language of Clients in Care
Ryan White Program, FY 26 - FY 30

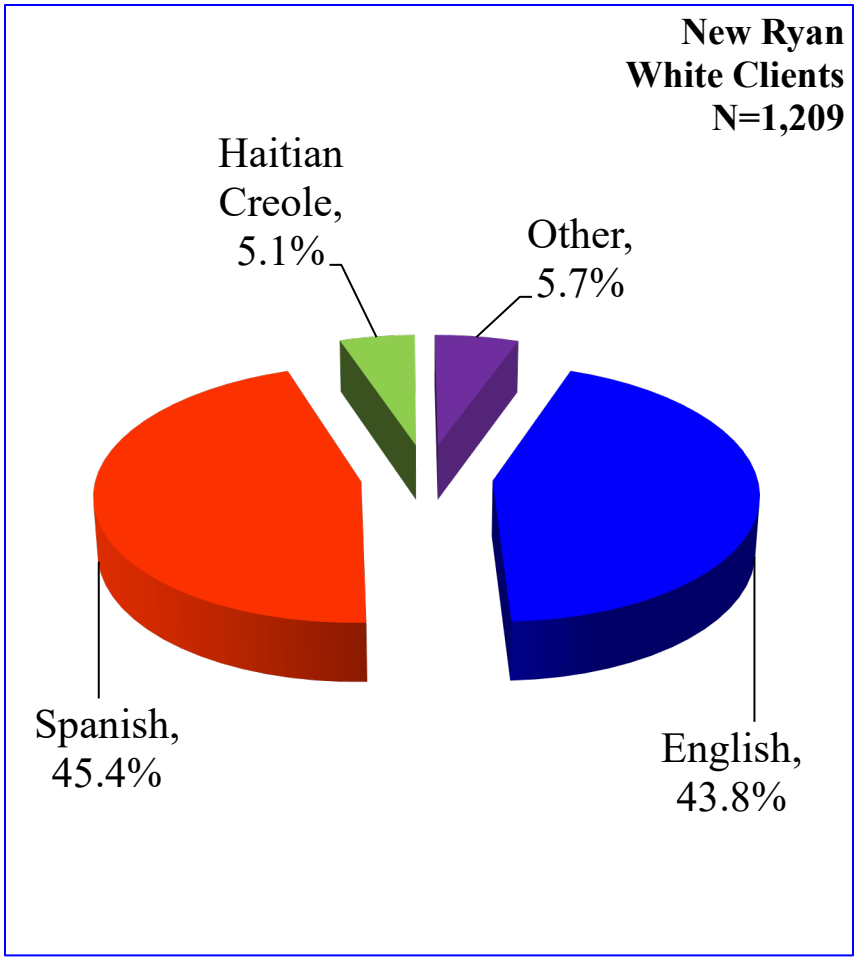


	FY 26	FY 27	FY 28	FY 29	FY 30
English	47%	46%	45%	43%	35%
Spanish	43%	44%	45%	47%	53%
Haitian Creole	9%	9%	9%	9%	9%
Other	1%	1%	1%	2%	4%

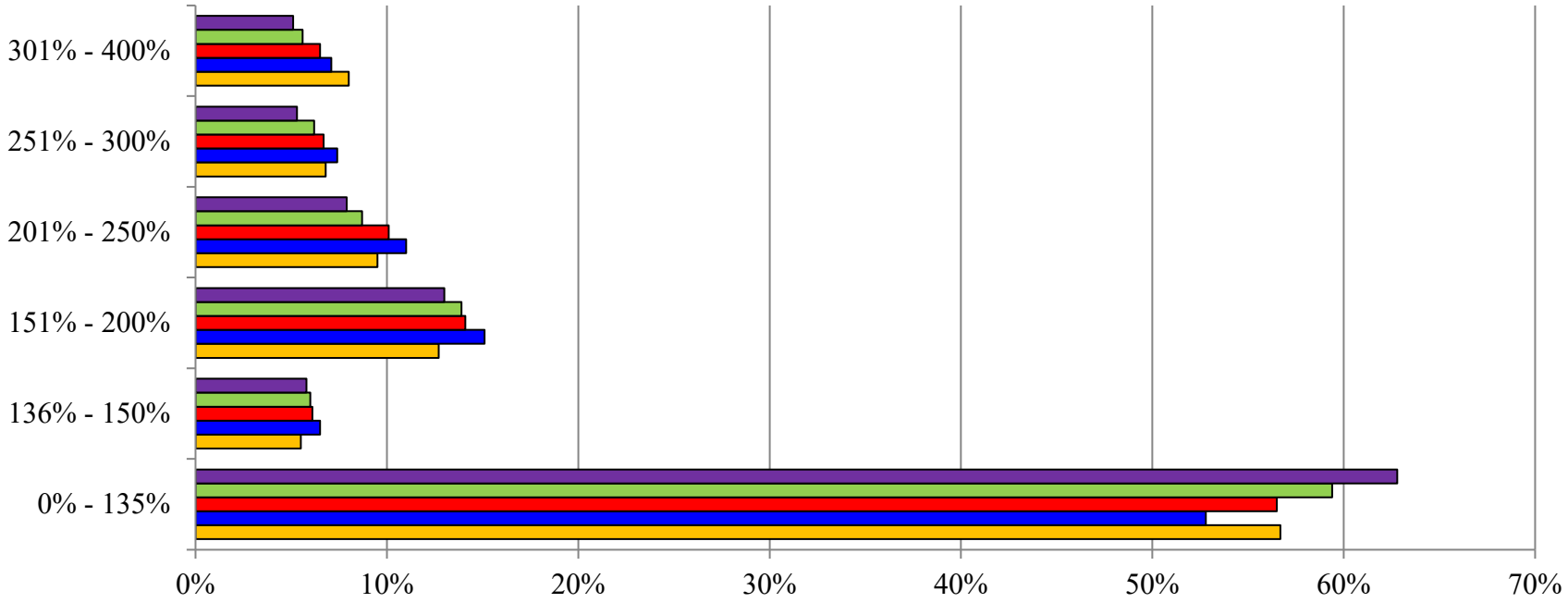
Ryan White FY 26 - 30

Primary Language of New and Total Clients in Care
Ryan White Program, FY 30



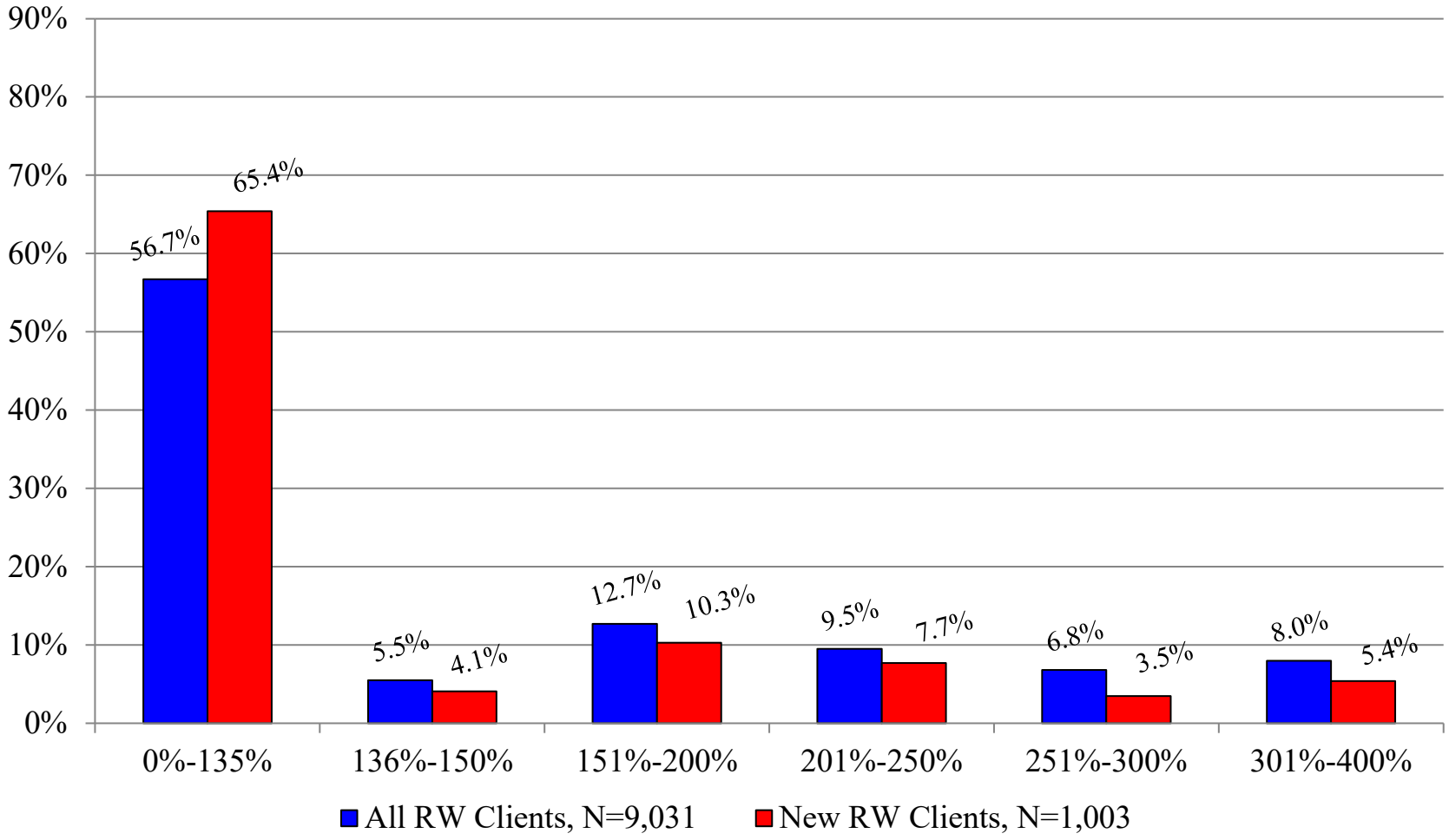


Income Level of Clients in Care
Ryan White Program, FY 26 - FY 30

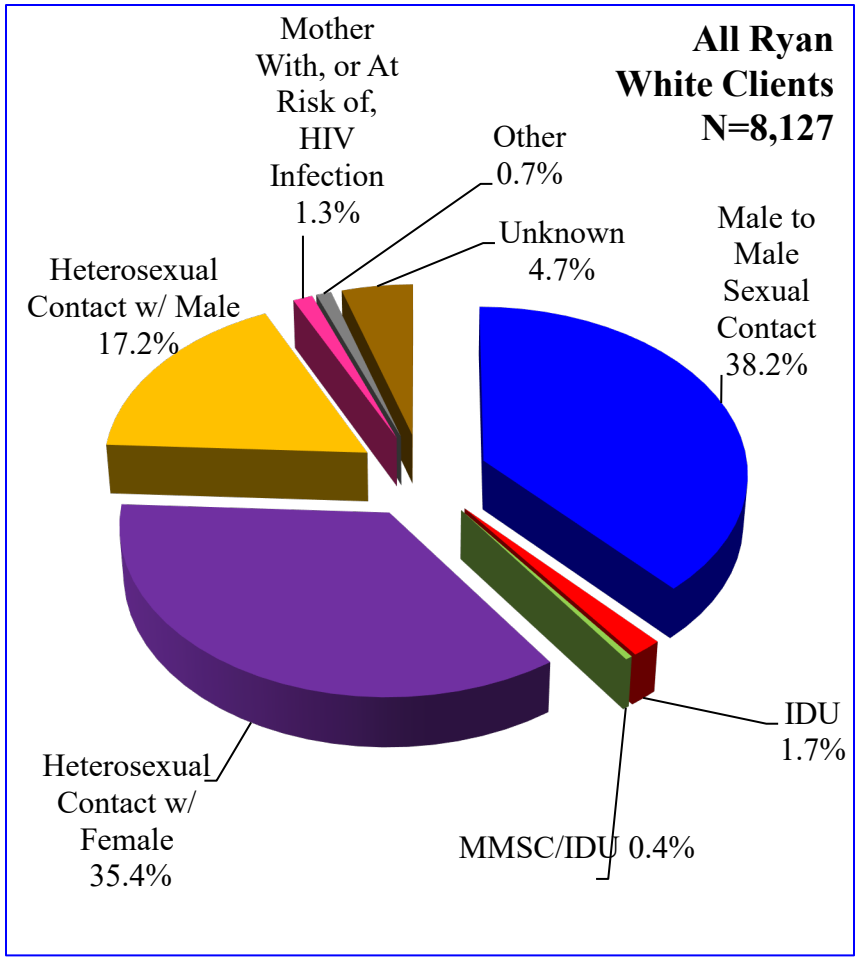


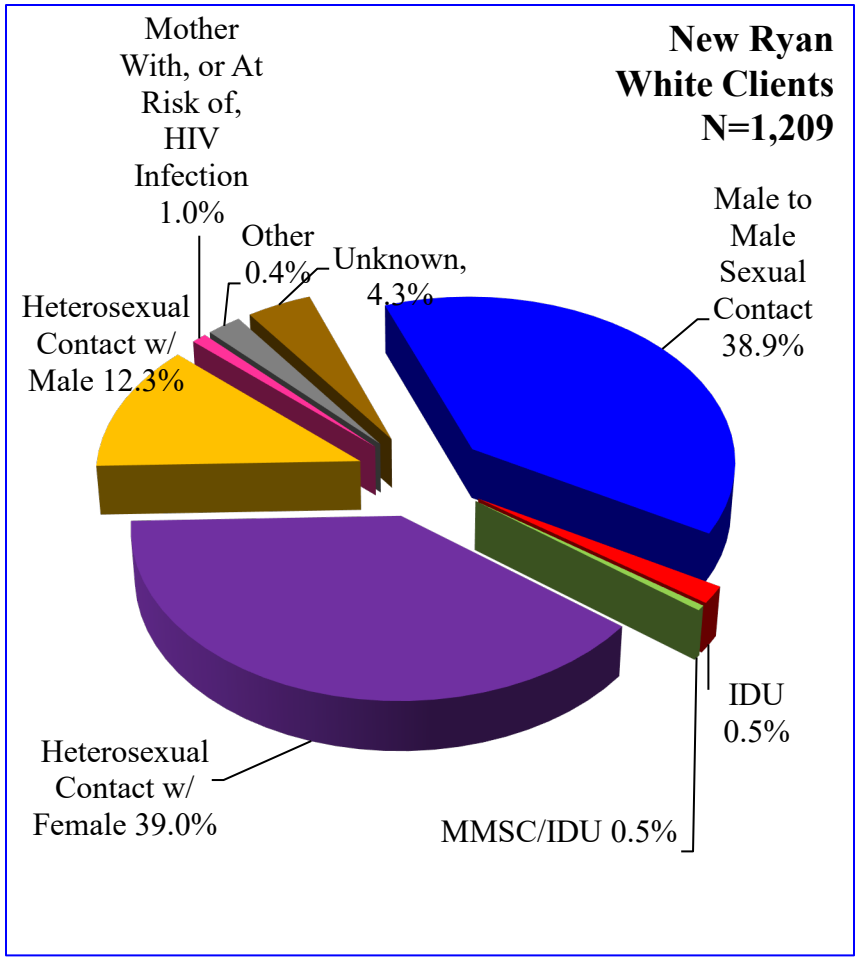
	0% - 135%	136% - 150%	151% - 200%	201% - 250%	251% - 300%	301% - 400%
FY 26	63%	6%	13%	8%	5%	5%
FY 27	59%	6%	14%	9%	6%	6%
FY 28	57%	6%	14%	10%	7%	7%
FY 29	53%	7%	15%	11%	7%	7%
FY 30	57%	6%	13%	10%	7%	8%

Income Level of New and Total Clients in Care
Ryan White Program, FY 30



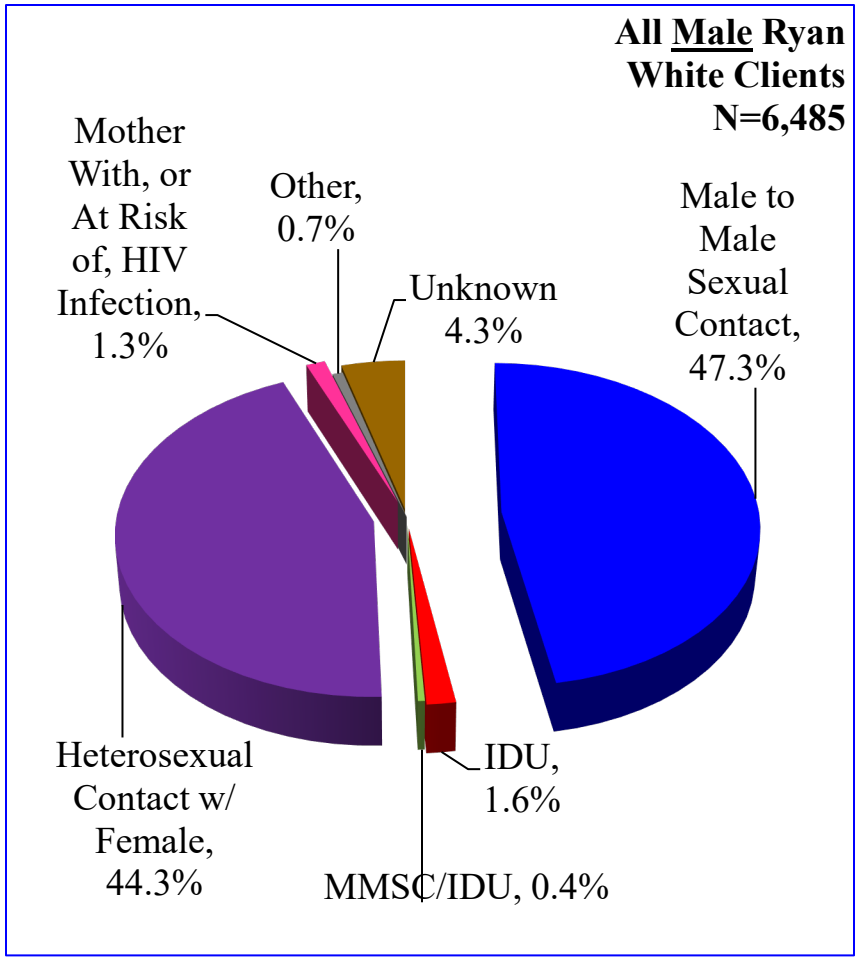
Primary Mode of Exposure of New and Total Clients In Care Ryan White Program, FY 30

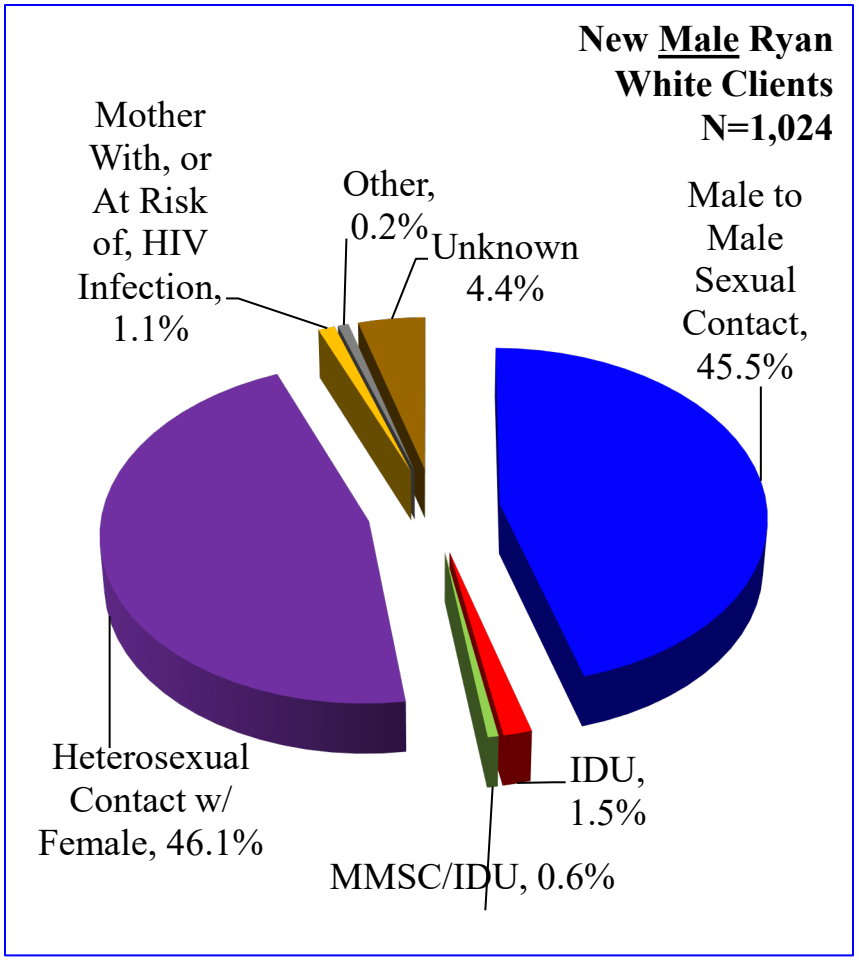




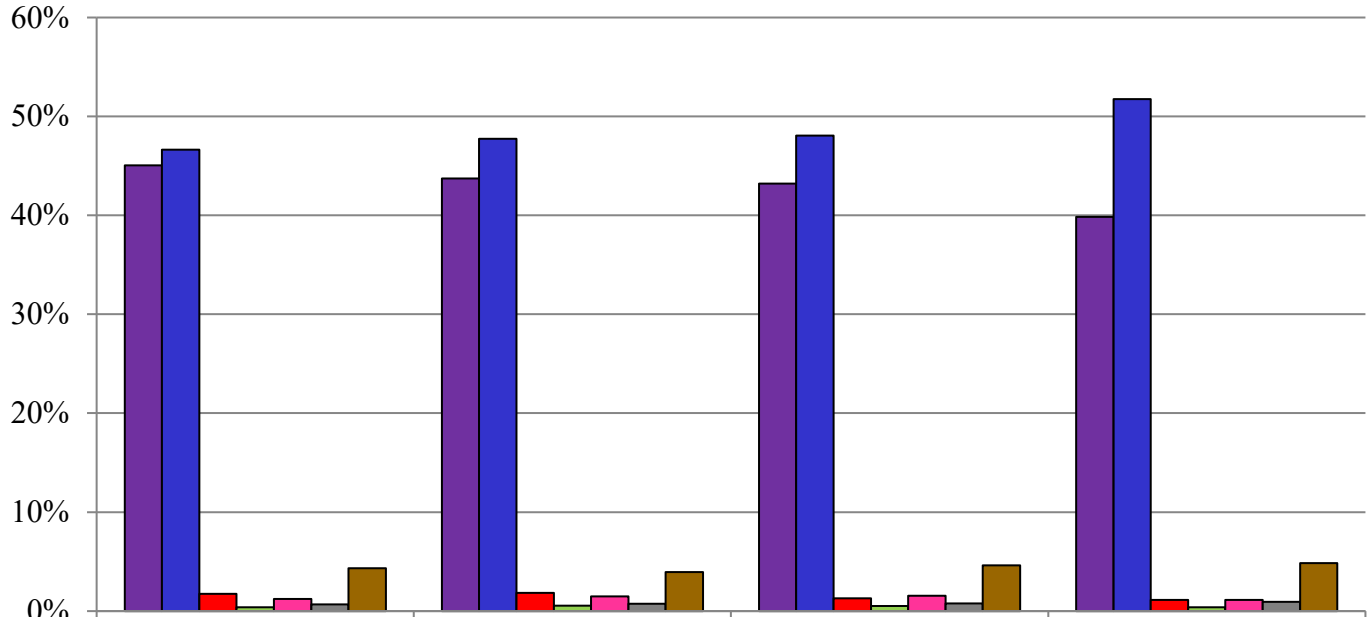
www.aidsnet.org

Primary Mode of Exposure
New and Total Males in Care
Ryan White Program, FY 30



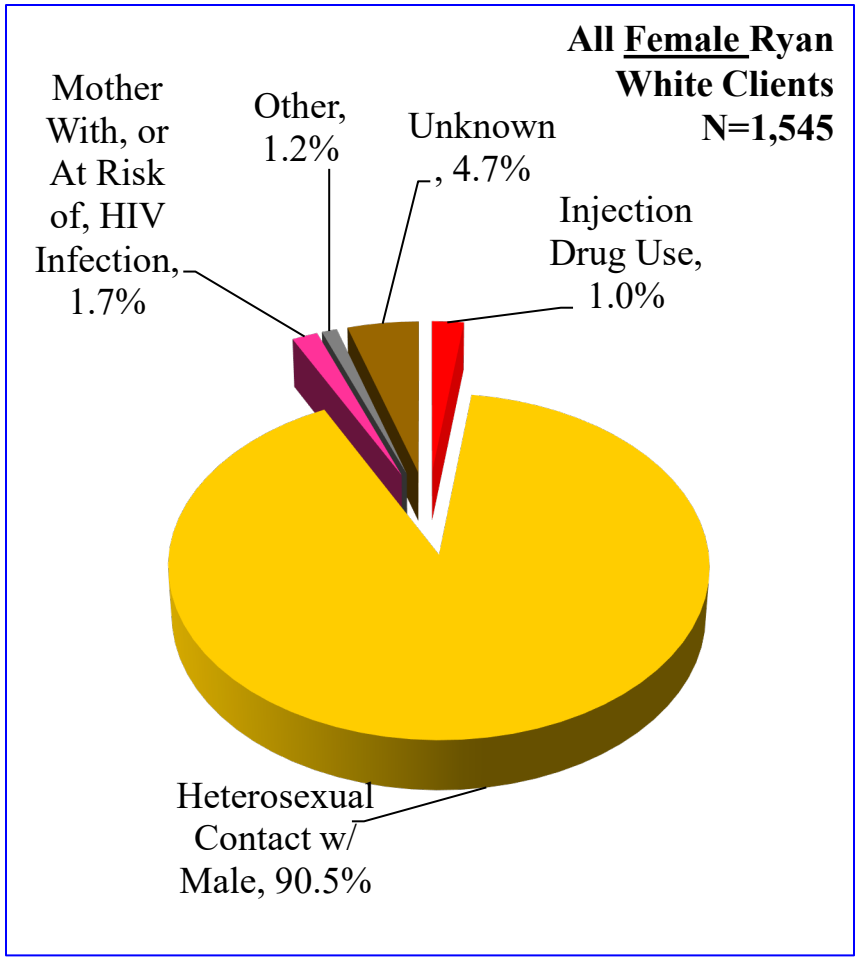


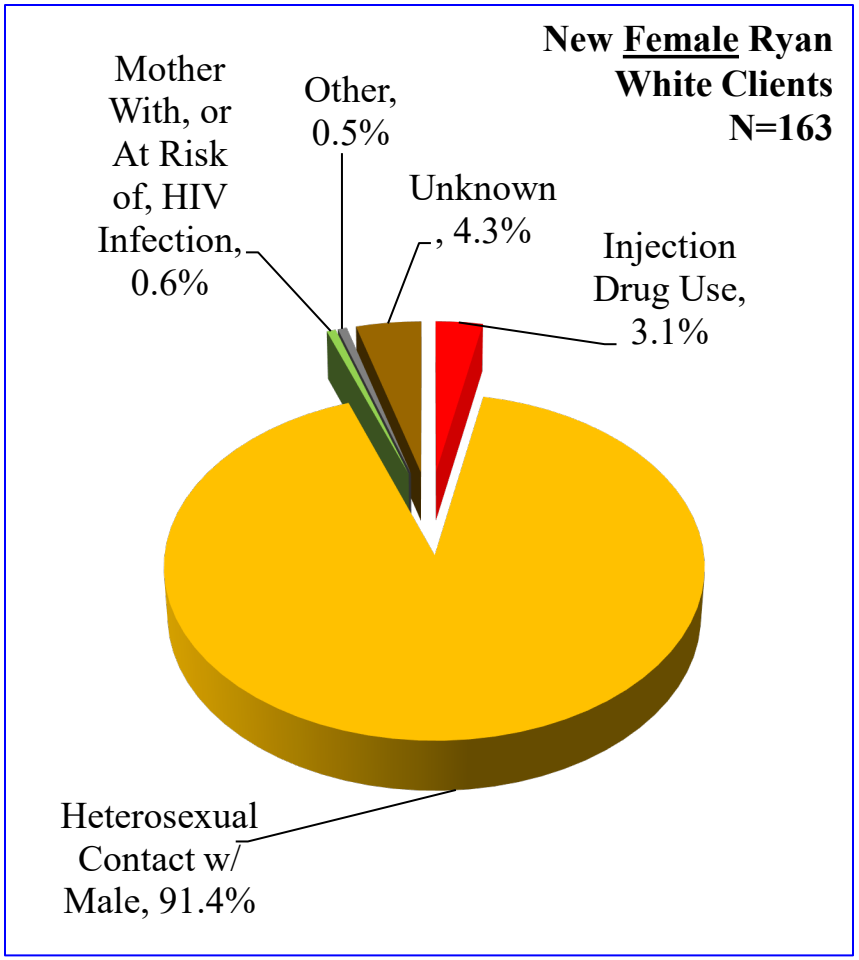
Primary Mode of Exposure by Race/Ethnicity
Males in Care,
Ryan White Program, FY 30



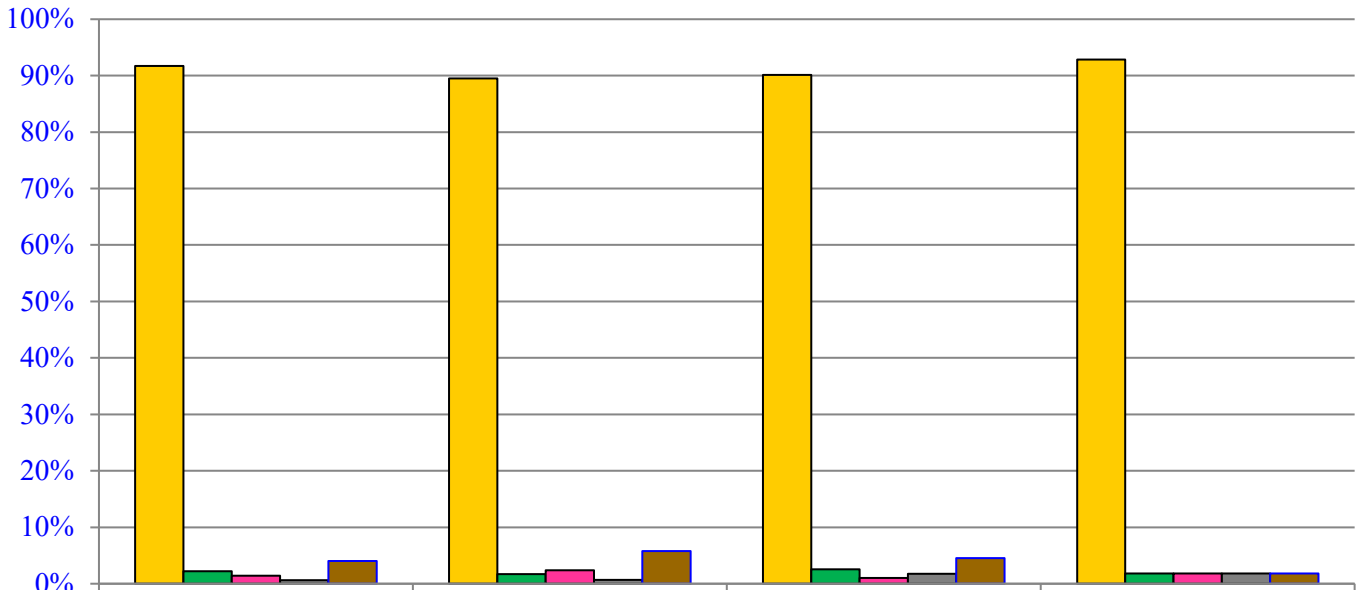
	Hispanic	Black, Non-Hispanic	Haitian	White, Not-Hispanic
Heterosexual Female	45%	44%	43%	40%
Male to Male Sexual Contact	47%	48%	48%	52%
Injection Drug Use	2%	2%	1%	1%
Male to Male Sexual Contact/IDU	0%	1%	1%	0%
Mother	1%	1%	2%	1%
Other	1%	1%	1%	1%
Unknown	4%	4%	5%	5%

Primary Mode of Exposure
New and Total Females in Care
Ryan White Program, FY 30





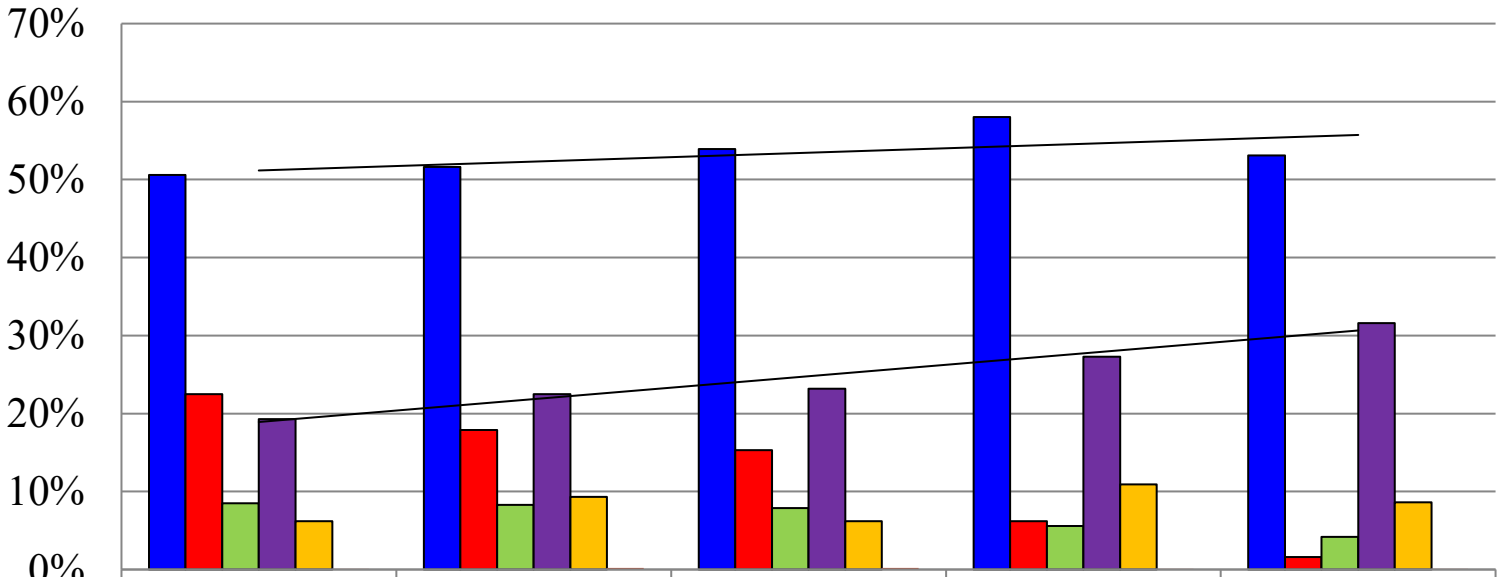
Primary Mode of Exposure by Race/Ethnicity
Females in Care
Ryan White Program, FY 30



	Hispanic	Black, Non-Hispanic	Haitian	White, Non-Hispanic
Heterosexual Male	92%	89%	90%	93%
Injection Drug Use	2%	2%	3%	2%
Mother with or at risk	1%	2%	1%	2%
Other	1%	1%	2%	2%
Unknown	4%	6%	5%	2%

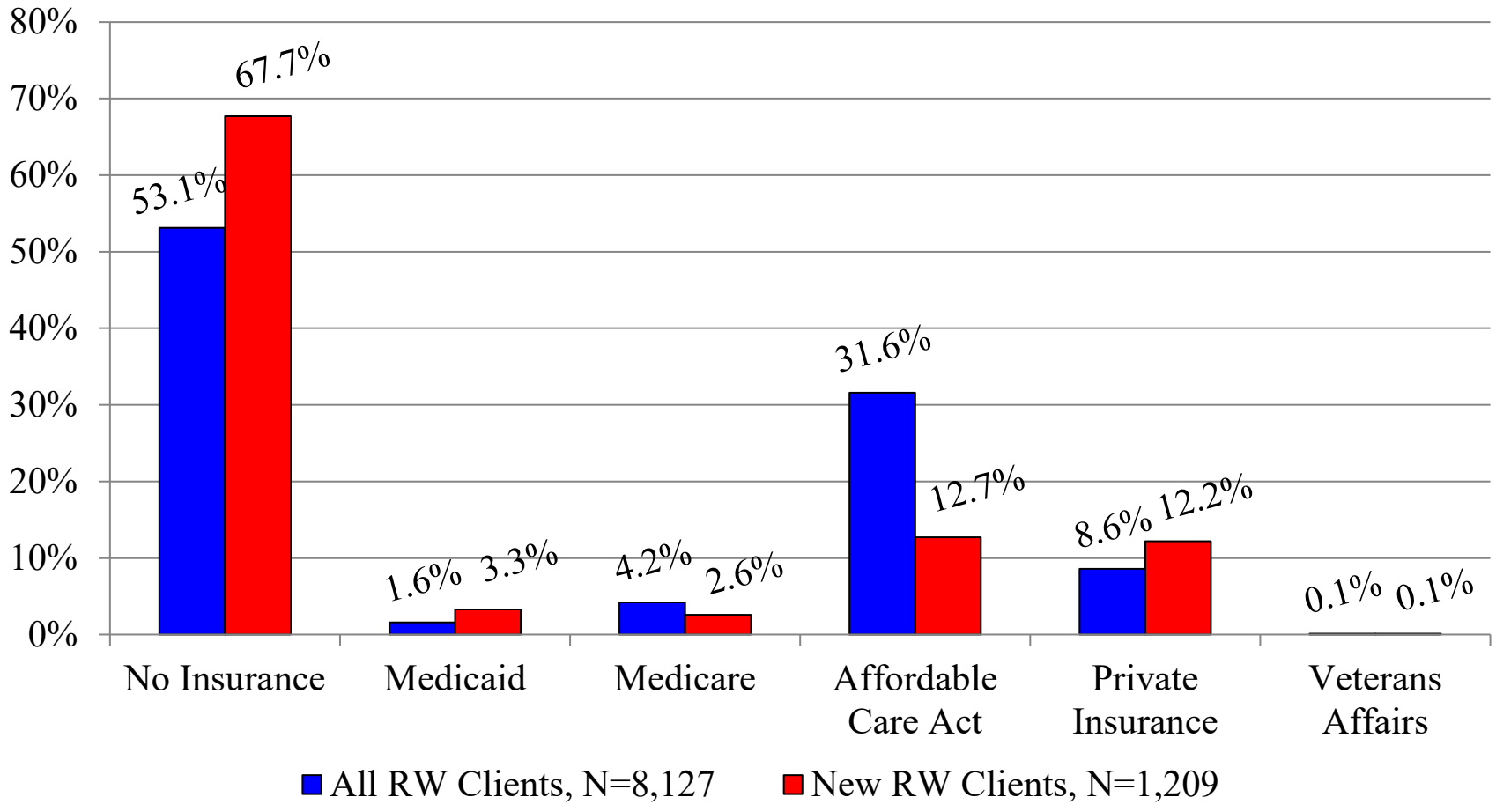
www.aidsnet.org

Insurance Coverage of Clients in Care
Ryan White Program, FY 26 - FY 30



	FY 26	FY 27	FY 28	FY 29	FY 30
No Insurance	51%	52%	54%	58%	53%
Medicaid	23%	18%	15%	6%	2%
Medicare	9%	8%	8%	6%	4%
ACA	19%	23%	23%	27%	32%
Private Ins	6%	9%	6%	11%	9%
VA	0%	0%	0%	0%	0%

Insurance Coverage of New and Total Clients in Care
Ryan White Program, FY 30



Thank you for your attention!

Any questions?

aidsnet.org

Ryan White Program
Co-Occurring Conditions
Fiscal Year 30
(3/1/2020 thru 2/28/2021)
Revised

Presented June 18, 2021
Revised and Updated on July 27, 2021

Based on Data from Provide Enterprise
Billed Service Detail Data Table

Prepared by Behavioral Science Research Corporation

Definition of Terms

<136% FPL	Ryan White Program (RWP) clients with an income of up to 136% 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 ACA), or employer-paid insurance
Mental Illness	RWP clients who received mental health counseling and/or psychiatric services in the current fiscal year or have ever received mental health counseling.
Subs. Use	RWP clients who have used drugs or alcohol in the past 12 months, or have ever injected drugs, or have received substance abuse counseling in the fiscal year thru the RWP, or currently attend AA/NA meetings.
Hepatitis B or C	RWP clients who have or have had a positive Hepatitis B or Hepatitis C test result within the last three (3) fiscal years.
STI	RWP clients who had a positive lab test result for either Syphilis, Gonorrhea, or Chlamydia in the current fiscal year.
Homeless/ Unstably Housed	RWP clients who reported having non-permanent housing (homeless, transient, or transition) and/or answered the question "With whom are you living?" with "I am Homeless" during the fiscal year.
WoCA	Women of child-bearing age – RWP female clients between the ages of 15 and 44
VL	Viral load.
COC	Co-Occurring Conditions
ACA	Affordable Care Act
MMSC	Male to Male Sexual Contact

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, MMSC, Hispanics, and Younger Hispanics under 26.
- The are eight (8) co-occurring conditions (COC) 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 OR C infection, STI (chlamydia, gonorrhea, and/or syphilis) infection, and being Homeless/unstably housed.

Summary of Findings

- Special Need Groups (SNG):
  - The Hispanic MMSC SNG (VL suppression 84.6%) was the SNG with the highest VL suppression rate.
    - Accounted for 25% of the total population.
    - Lowest average COC at 1.72/client
    - Substance Users by far had the largest average COC at 3.1/client
  - The Black MMSC and WOCA SNG accounted for the lowest VL suppression rate (roughly 70%).
- Co-Occurring Conditions (COC):
  - Clients with Hep B or C and clients with STI had an average VL suppression rate higher than the RWP average
  - Homeless, by far, had the lowest VL suppression rate, 65.5%
  - Mental Illness and Homeless clients accounted for the two highest costs per client, $2,750 and $3,104 respectively.
  - Approximately half of the population had 2 or 3 COC.

Incidence of Co-Occurring Conditions among Special Need Populations

SPECIAL NEEDS GROUPS	Total N	<136% FPL	AIDS Dx	No Health Ins	Mental Illness	Subs. Use	Hep B or C	STI	Homeless/ Unstably Housed	Average Co-Occ Condition	VL Supp % of Clients
Total RWP Clients	8,127 100%	4,601 56.6%	2,662 32.8%	4,313 53.1%	1,008 12.4%	1,290 15.9%	699 8.6%	598 7.4%	345 4.2%	1.92	80.3%
Hispanic MMSC	2,054 25.3%	1,031 50.3%	559 27.3%	995 48.6%	219 10.7%	325 15.9%	171 8.3%	166 8.1%	49 2.4%	1.72	84.6%
Hisp., Age < 26	162 2.0%	99 61.1%	21 13.0%	114 70.4%	26 16.0%	38 23.5%	7 4.3%	19 11.7%	1 0.6%	2.01	80.9%
Black Male Hetero	478 5.9%	320 66.9%	181 37.9%	305 63.8%	64 13.4%	94 19.7%	53 11.1%	50 10.4%	46 9.6%	2.33	71.1%
Black MMSC	523 6.4%	343 65.6%	203 38.8%	355 67.9%	77 14.7%	111 21.2%	45 8.6%	53 10.1%	57 10.9%	2.38	70.0%
Black Female	590 7.3%	392 66.8%	263 44.8%	320 54.5%	101 17.2%	70 11.9%	38 6.4%	18 3.1%	42 7.2%	2.12	73.4%
Haitian	786 9.7%	508 64.6%	403 51.3%	428 54.5%	52 6.6%	42 5.3%	69 8.8%	30 3.8%	18 2.3%	1.97	79.6%
WoCA, Age 15-44	486 6.0%	331 68.4%	154 31.8%	320 66.1%	101 20.9%	69 14.3%	29 6.0%	15 3.1%	38 7.9%	2.18	69.1%
Substance Use	1,290 15.6%	759 28.8%	346 26.8%	756 58.6%	396 30.7%	1,290 100%	162 12.6%	135 10.5%	155 12.0%	3.10	82.6%
VL Supp % of Clients	80.3%	77.7%	77.9%	74.4%	82.2%	82.6%	84.1%	88.6%	65.5%		

Number of RWP Clients with Various Co-Occurring Conditions

Co-Occurring Condition	FY 29 RWP Clients w/ Co-Occurring Condition			Total Tx Cost (from PE Billed Service Detail Data)	Avg. Tx Cost per Client with COC
	# of RW clients with COC data	# of RW clients with COC	% of RW clients w/ COC		
No Insurance	8,094	4,313	53.2%	$9,543,702.02	$2,212.78
<136% FPL	8,062	4,601	56.8%	$9,714,549.96	$2,111.40
AIDS diagnosis	8,094	2,662	32.9%	$5,145,685.98	$1,933.02
Substance Use	7,132	1,290	18.1%	$3,014,869.62	$2,337.11
STI	4,187	598	14.3%	$1,303,703.09	$2,180.11
Mental Illness	7,389	1,027	13.9%	$2,825,216.54	$2,750.94
Hepatitis B or C	5,831	699	12.0%	$1,482,064.17	$2,120.26
Homeless/UH	7,213	345	4.8%	$1,071,087.46	$3,104.60

Per Capita Cost by Number of Co-Occurring Conditions

Number of Co-Occurring Conditions	Clients with Multiple Co-Occurring Conditions		Annual Tx Cost (from PE Billed Service Detail)	Annual Avg. Tx Cost per Client
	N	%		
None	1,131	13.9%	$1,394,418.52	$1,232.91
One	2,042	25.4%	$3,088,183.95	$1,512.33
Two	2,472	30.5%	$4,522,523.99	$1,829.50
Three	1,606	19.8%	$3,475,992.60	$2,164.38
Four or more	843	10.4%	$2,516,924.04	$2,985.68

aidsnet.org

Thank you for your attention!

Any questions?

Service Utilization

Section 5

aidsnet.org

Ryan White Program
Service Utilization Preliminary Data
Fiscal Year 30-Summary
(3/1/2020 thru 2/28/2021)

Based on Data from Provide Enterprise
Generated on July 25, 2021

Presented August 5, 2021

Prepared by Behavioral Science Research Corporation

Fiscal Year 2020-2021 Summary

- The COVID-19 crisis had a strong impact on the utilization patterns in the Ryan White Program and generated several anomalies.
- Overall fewer clients were served.
- Alternate billing was used for part of the year, which affects utilization figures.
- The only service category with additional clients was Food Bank services
- Most service categories have lower expenditures than last year, except for legal services and residential substance abuse whose expenses were similar.

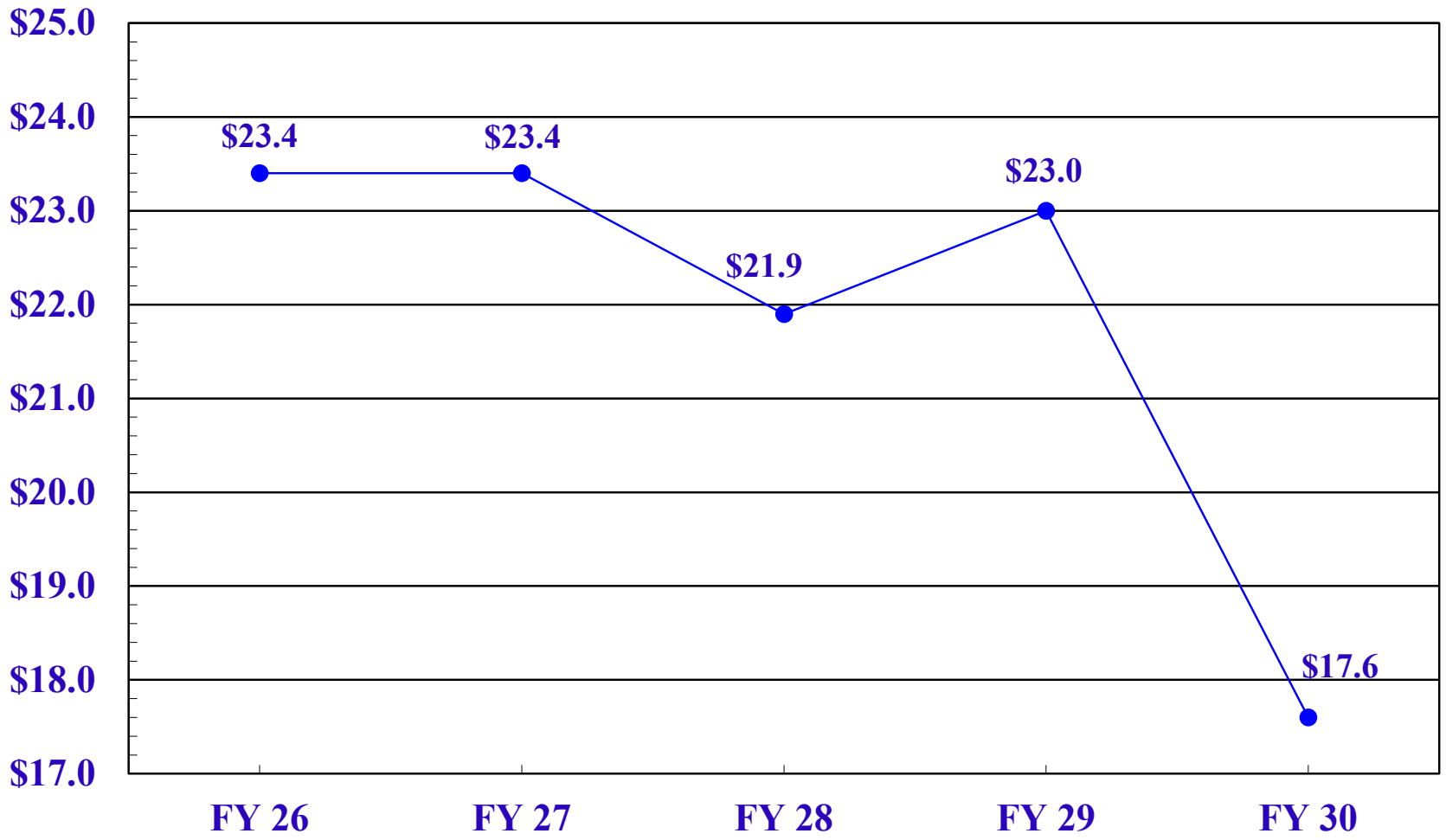
Ryan White Program
Years Defined

Fiscal Year 26 (FY 26) March 1 2015-February 29, 2016
Fiscal Year 27 (FY 27) March 1 2016-February 28, 2017
Fiscal Year 28 (FY 28) March 1 2017-February 28, 2018
Fiscal Year 29 (FY 29) March 1 2018-February 28, 2019
Fiscal Year 30 (FY 30) March 1 2019-February 29, 2020
FY=Fiscal Year

Ryan White Program
Service Expenditures & Clients Served

	FY 26	FY 27	FY 28	FY 29	FY 30
Total Expenditures	$23,436,979	$23,425,356	$21,934,627	$23,019,718	$17,660,190
Total Unduplicated Clients	10,156	9,883	9,578	9,031	8,127
Average Cost/Client	$2,308	$2,370	$2,290	$2,549	$2,173

Total Expenditures Between FY 26 and FY 30



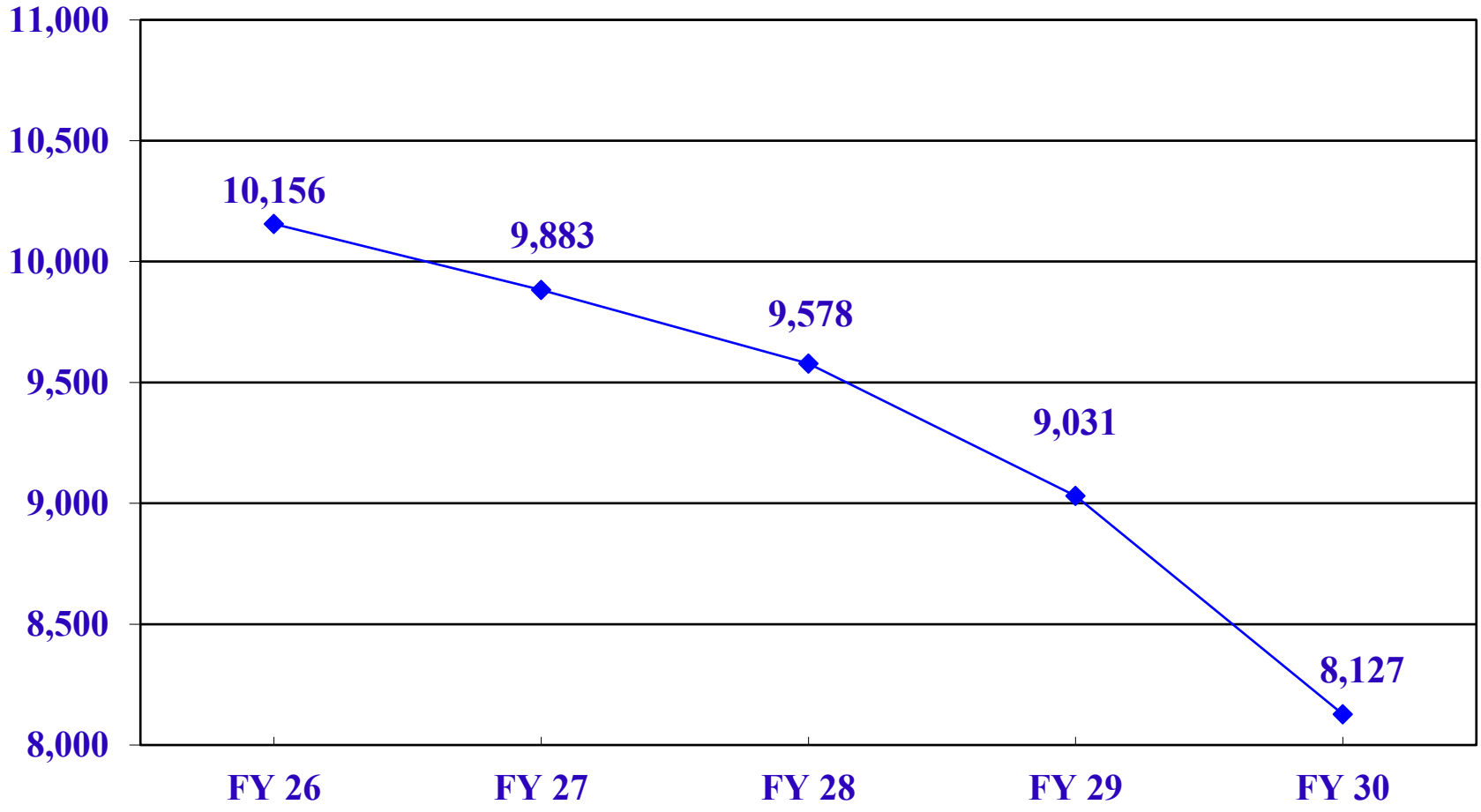
aidsnet.org

Behavioral Science Research

Miami-Dade HIV/AIDS Partnership

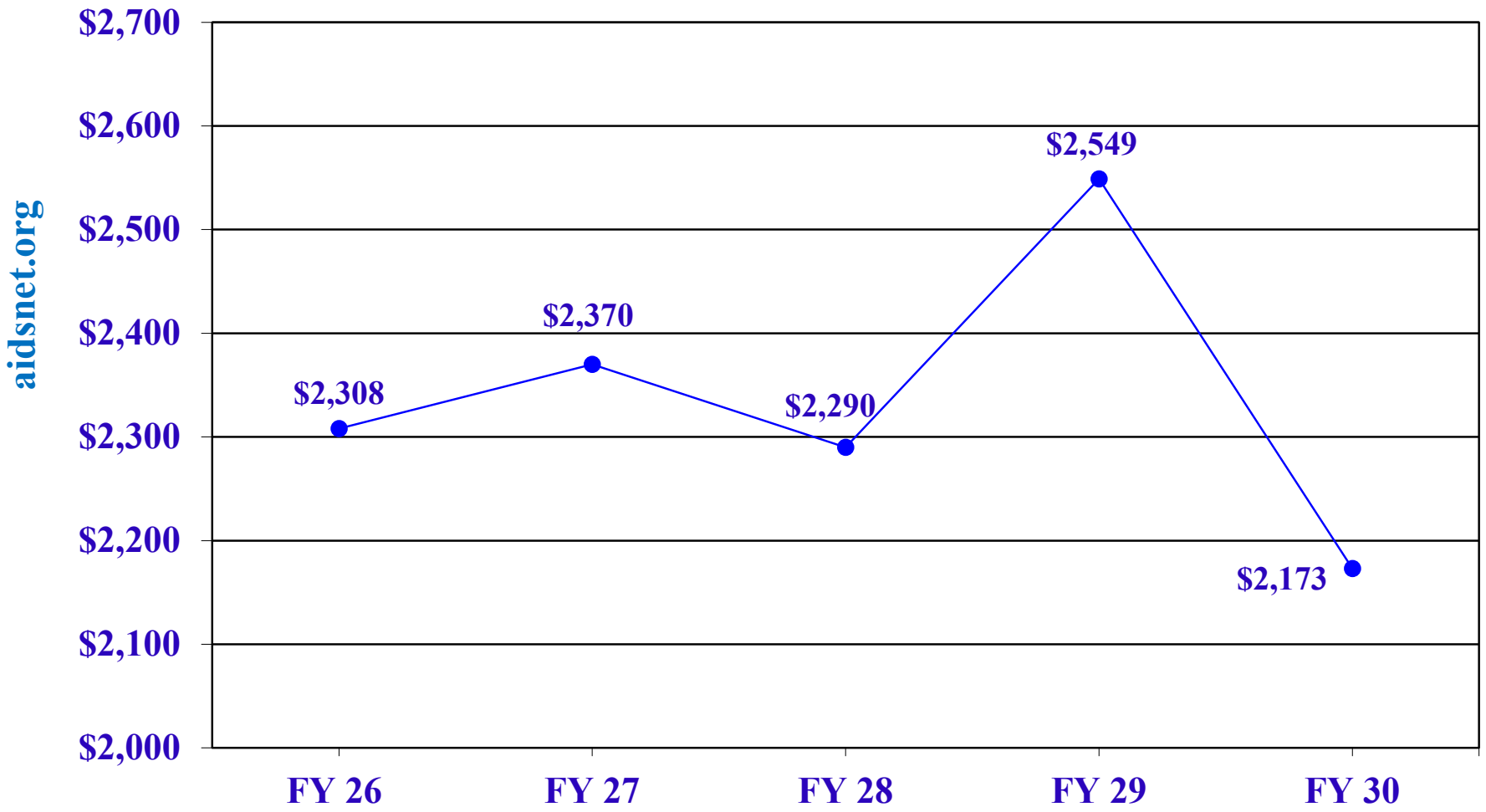
Miami-Dade County

Total Number of Unduplicated Clients Between FY 26 and FY 30



aidsnet.org

Average Cost Per Client Between FY 26 and FY 30



Total Number of Unduplicated Clients Served by Service Category

SERVICE CATEGORY	FY 26	FY 27	FY 28	FY 29	FY 30
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	9,009	8,656	8,496	8,116	7,378
Outpatient/Ambulatory Health Services	5,278	5,021	5,447	5,317	4,281
Oral Health Care	3,966	3,500	3,381	3,170	1,711
Health Insurance Premium & Cost Sharing Assist	1,331	1,415	1,307	1,335	1,125
AIDS Pharmaceutical Assistance (Local)	1,352	1,162	697	605	185
Mental Health Services	366	349	327	274	95
Substance Abuse Services Outpatient	83	120	115	55	0
Medical Transportation Services	703	733	638	720	94
Food Bank	769	709	701	715	735
Substance Abuse Services (Residential)	207	214	169	95	70
Other Professional Services - Legal Services	119	100	76	66	48
Outreach Services	1,208	965	624	472	130
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A

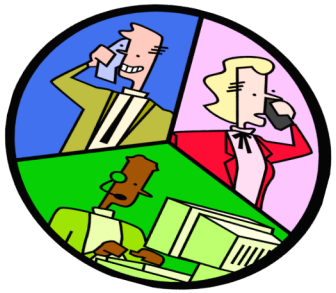
Total Expenditures by Core Service Category

CORE SERVICE CATEGORY	FY 26	FY 27	FY 28	FY 29	FY 30
Outpatient/Ambulatory Health Services	$6,158,906	$6,847,772	$9,112,521	$9,391,615	$7,397,592
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	$4,605,160	$4,165,958	$5,308,840	$5,776,806	$5,283,942
Oral Health Care	$3,051,083	$2,443,947	$2,841,838	$3,547,495	$1,645,879
Health Insurance Premium & Cost Sharing Assistance	$4,568,931	$5,348,849	$502,536	$372,895	$289,193
Mental Health Services	$104,260	$112,346	$133,790	$135,505	$90,019
AIDS Pharmaceutical Assistance (Local)	$782,605	$441,202	$86,210	$57,843	$5,993
Substance Abuse Services Outpatient	$112,180	$110,357	$55,390	$23,970	$23,556

Total Expenditures by Support Service Category

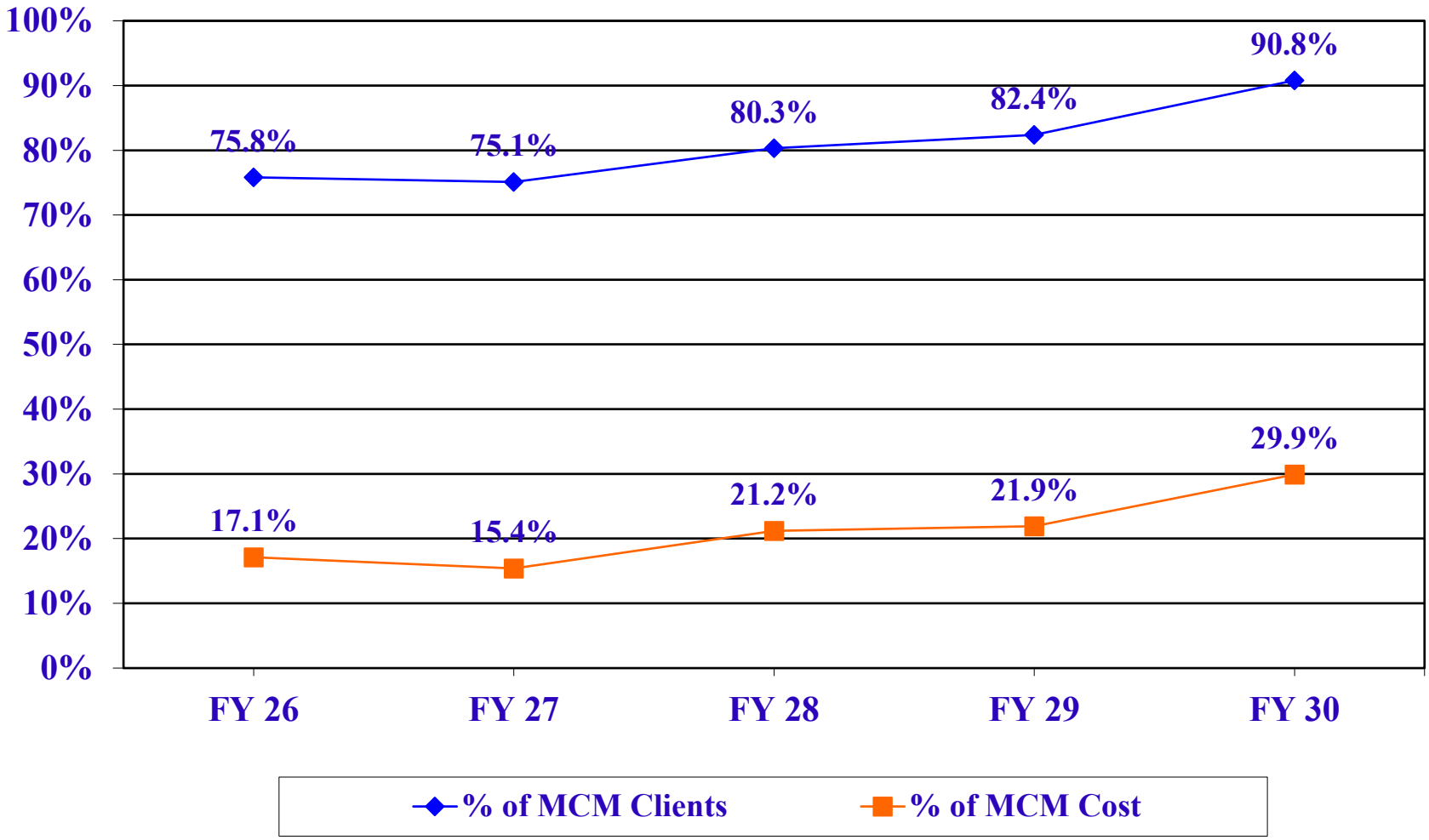
SUPPORT SERVICE CATEGORY	FY 26	FY 27	FY 28	FY 29	FY 30
Food Bank	$1,079,971	$1,032,226	$1,451,528	$1,851,369	$1,303,702
Substance Abuse Services (Residential)	$2,285,180	$2,276,435	$1,854,140	$1,237,830	$1,320,120
Other Professional Services - Legal Services	$138,731	$161,815	$140,599	$150,849	$146,336
Medical Transportation	$171,387	$146,988	$139,855	$140,937	$5,642
Outreach Services	$378,586	$337,463	$307,380	$332,602	$148,155
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A

Medical Case Management (MCM) including Treatment Adherence Services [includes Peer Education and Support Network (PESN)]



- Of the 8,127 clients in RWP care in FY 30, 91% received MCM services in FY 30. Although this represents a 9% decrease compared to the number served in FY 29, and it is the least number of clients served in five years, it is the highest percentage of clients.
- Thirty percent of all expenditures ($5.3 million) was spent on medical case management in FY 30.
- The most billed services were Documentation (33.1%), Telephone Encounters with Client/Rep (19.6%), and Adherence Counseling (18.5%).

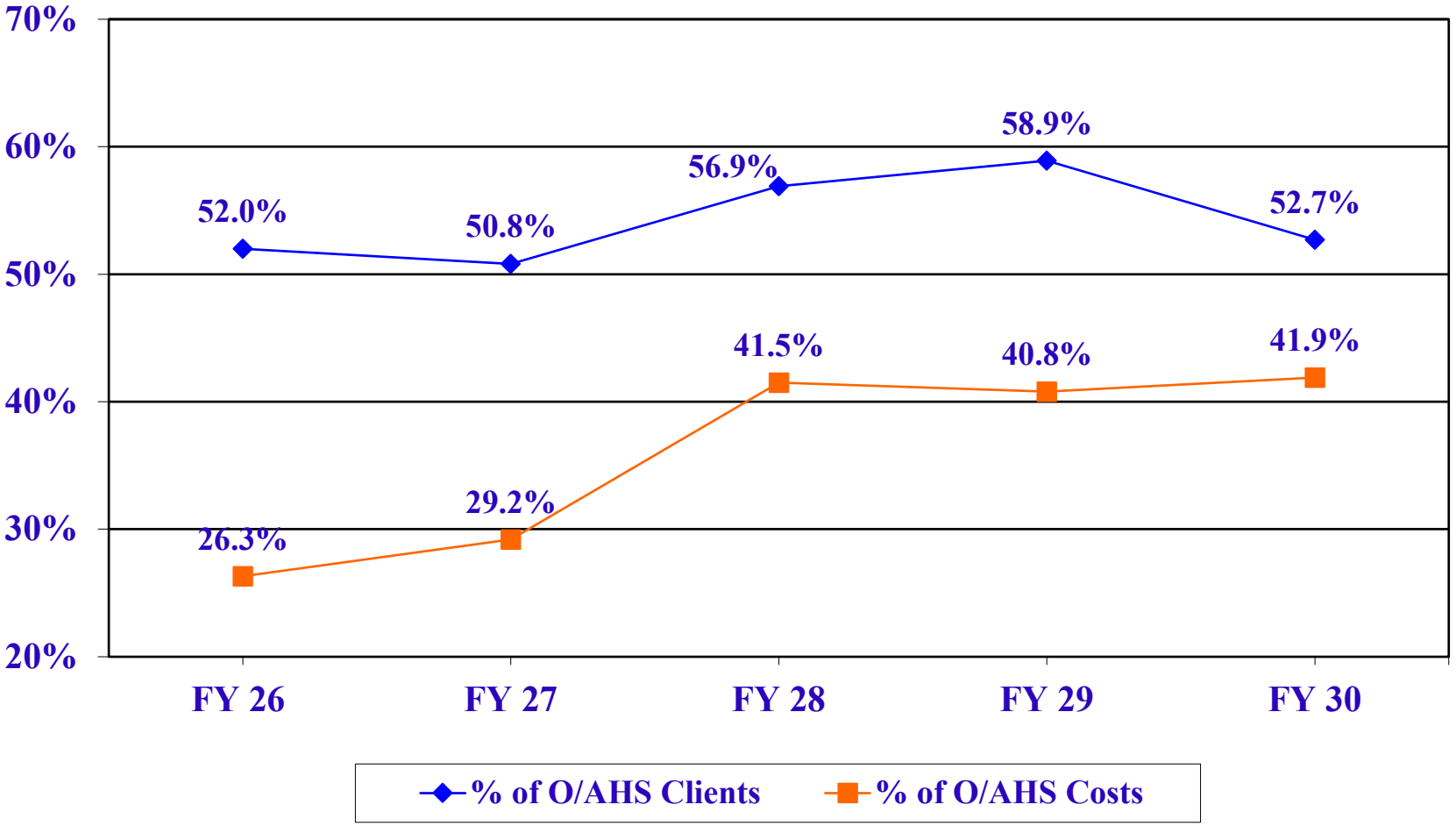
Percent of Clients Served and Percent Spent on Medical Case Management (MCM)



Outpatient/Ambulatory Health Services (O/AHS)

- Forty two percent of expenditures were spent on O/AHS– over $7.4 million – similar to the previous two fiscal years (FY) but roughly 10% higher than FY 26 and FY 27.
- Nearly 53% of all clients (4,281 clients) used O/AHS (this is the lowest percentage since FY 27 (50.8%).
- Top used services are:
  - IADNA Chlamydia Trachomatis Amplified Probe , 6.2%
  - IADNA Neisseria Gonorrhea E Amplified Probe TQ, 6.1%
  - IADNA HIV-1 Quant & Reverse Transcription, 5.2%
  - 25-minute outpatient office visits, 5.1%
  - Comprehensive Metabolic Panel, 5.0%

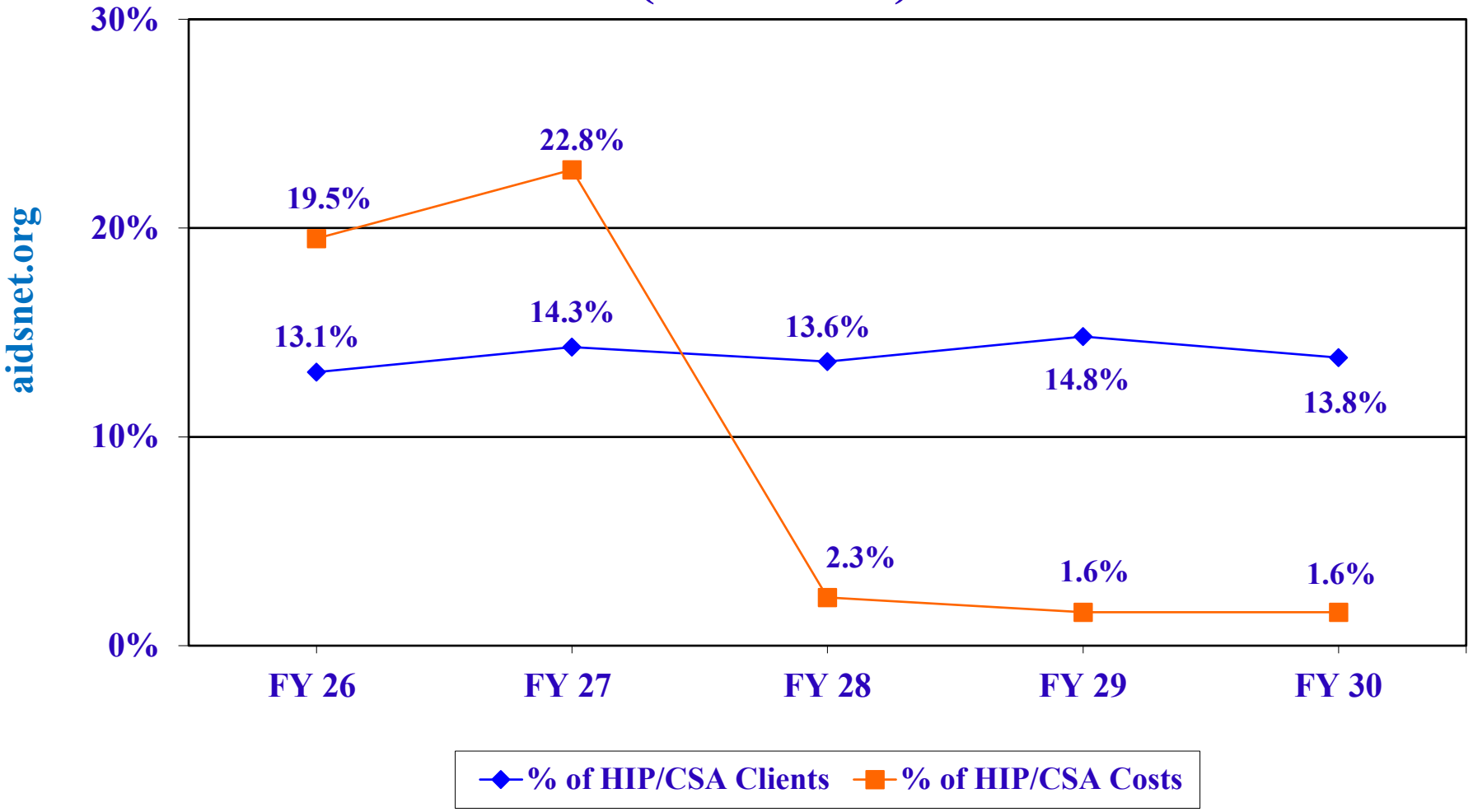
Percent of Clients Served and Percent Spent on Outpatient Ambulatory Health Services (O/AHS)



Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (HIP/CSA)

- In 2018-19, AIDS Drug Assistance Program (ADAP) began assuming responsibility for Ryan White Program client's Affordable Care Act (ACA) marketplace insurance premium payments. This resulted in a drastic drop in the dollars spent in this service category. The Ryan White Program now covers wrap around services for ACA clients. This downward trend continued in FY 2020-21, with spending declining to its lowest level of $289,193.
- The number of Ryan White Program clients served remained relatively stable at over 1,000 (1,125). This was because the program continued to cover co-payments and deductibles for medication, office visits and lab/diagnostic tests.
- The most used service were ACA related co-payments, 51.6% of all services.

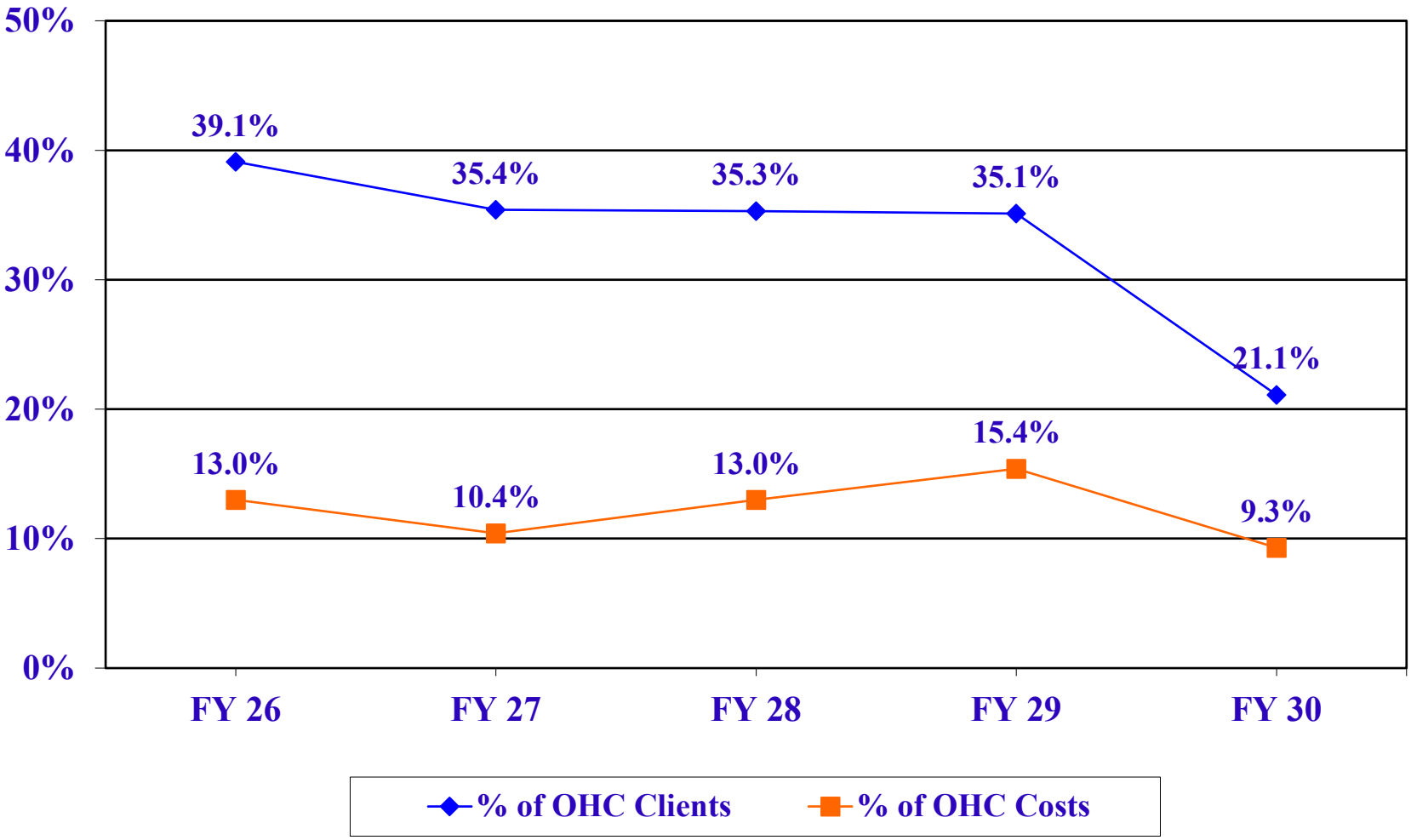
Percent of Clients Served and Percent Spent on Health Insurance Premium and Cost Sharing Assistance (HIP/CSA)



Oral Health Care (OHC)

- Utilization of Oral Health Care services dropped dramatically in FY 2020-2021, likely due to COVID-19. Roughly 21% of all Ryan White Program clients continued to use the service.
- With reduced clients, the expenditures dropped to $1.6 million, which accounted for 9.3% of all Ryan White Program expenditures.
- Top dental services used were:
  - Oral Hygiene Instructions, 9.1%
  - Intraoral – periapical first film,7.4%
  - Prophylaxis, 7.0%
  - Periodic Evaluation of established patient, 6.6%
  - Problem focused for emergencies/extractions, 6.4%

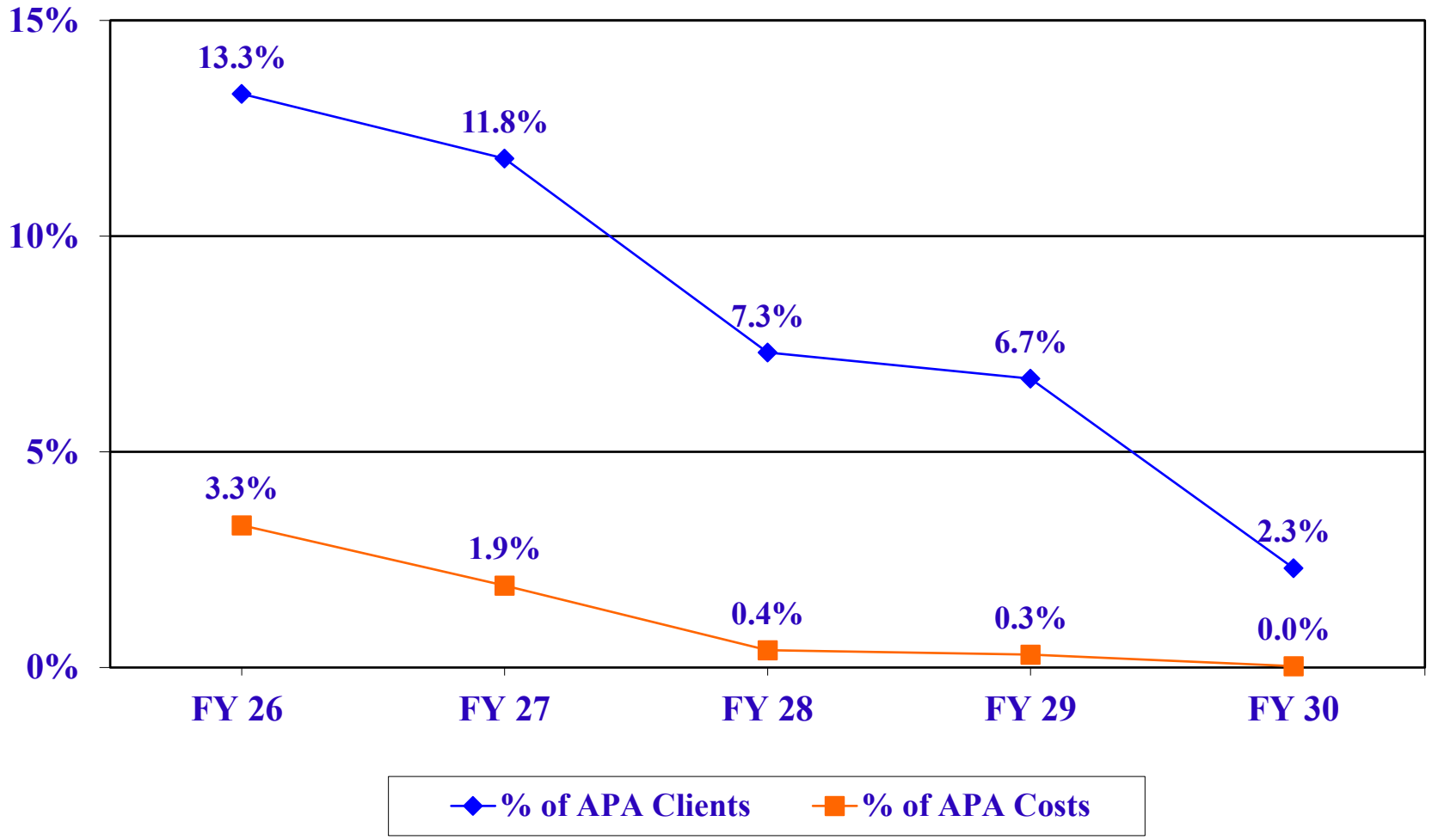
Percent of Clients Served and Percent Spent on Oral Health Care (OHC)



AIDS Pharmaceutical Assistance [Local Pharmaceutical Assistance Program] (APA)

- Since the expansion of the AIDS Drug Assistance Program (ADAP) formulary to include non-antiretroviral medications in FY 27 and the continued expansion of the ADAP formulary, the utilization of the Ryan White Program AIDS Pharmaceutical Assistance program continued to be reduced.
- 185 clients received pharmaceuticals from the Ryan White Program in FY 30, 70% less than FY 29 (605 clients used the service in FY 29).
  - Expenditures decreased to $6,000.
- Top medications dispensed:
  - Opioid drug treatment, 35.1%
  - Antibiotics, 23%
  - Psychiatric, 12.3%
  - Ophthalmic, 2.8%
  - Colonoscopy, 2.4%

Percent of Clients Served and Percent Spent on AIDS Pharmaceutical Assistance (APA)

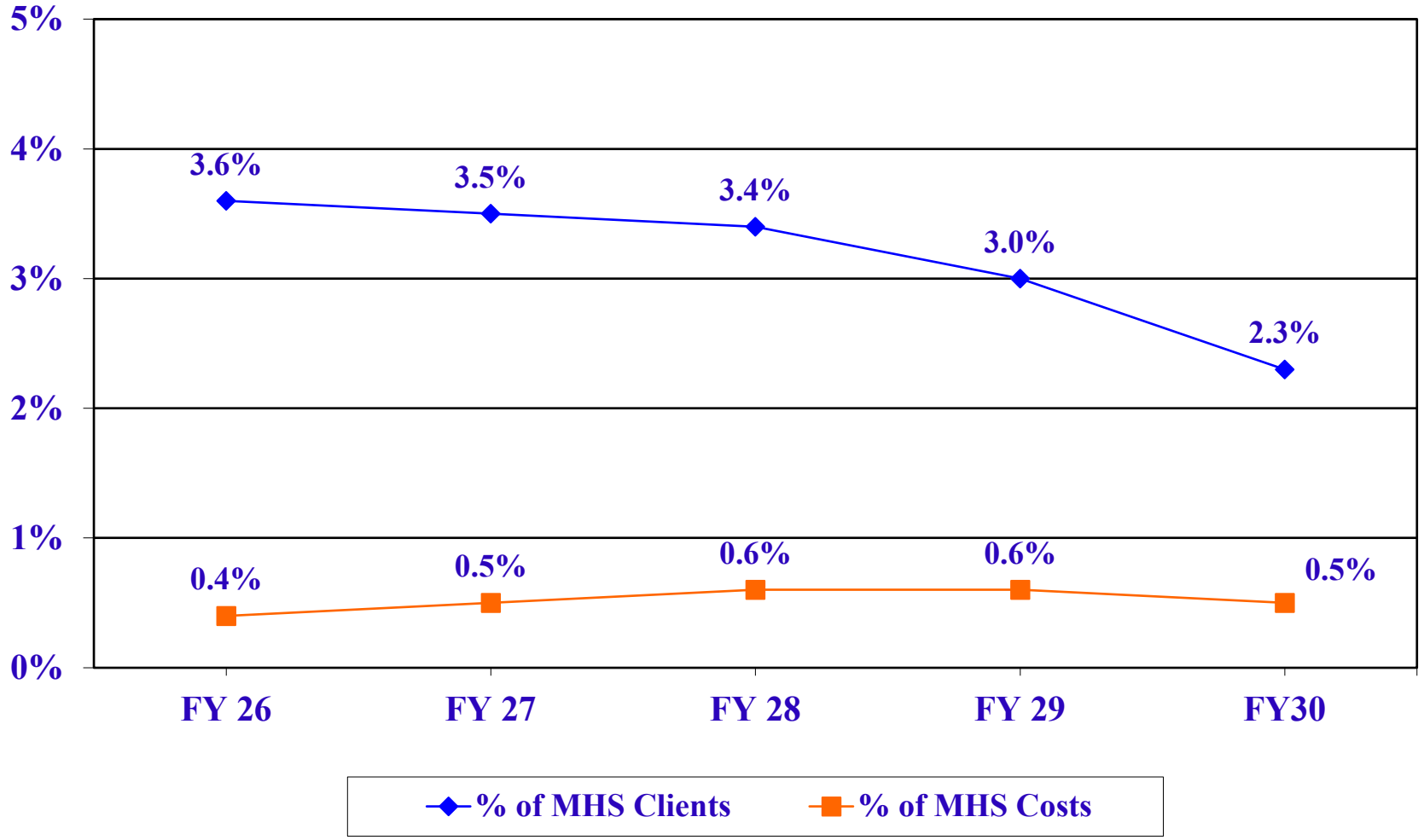


aidsnet.org

Mental Health Services (MHS)

- The number of clients receiving Mental Health Services continued its decline since FY 26
  - 95 MHS clients in FY 30, a 65% decline from FY 29 (274 clients)
- MHS expenditures as a percentage of all RWP expenditures remained roughly the same, 0.5%
- Service provided breakdown
  - Tele- Mental Health Individual Level II – 58.4%
  - Mental Health Individual Level II – 28.4%
  - Tele- Mental Health Individual Level I – 8.9%
  - Mental Health Individual Level I – 4.4%

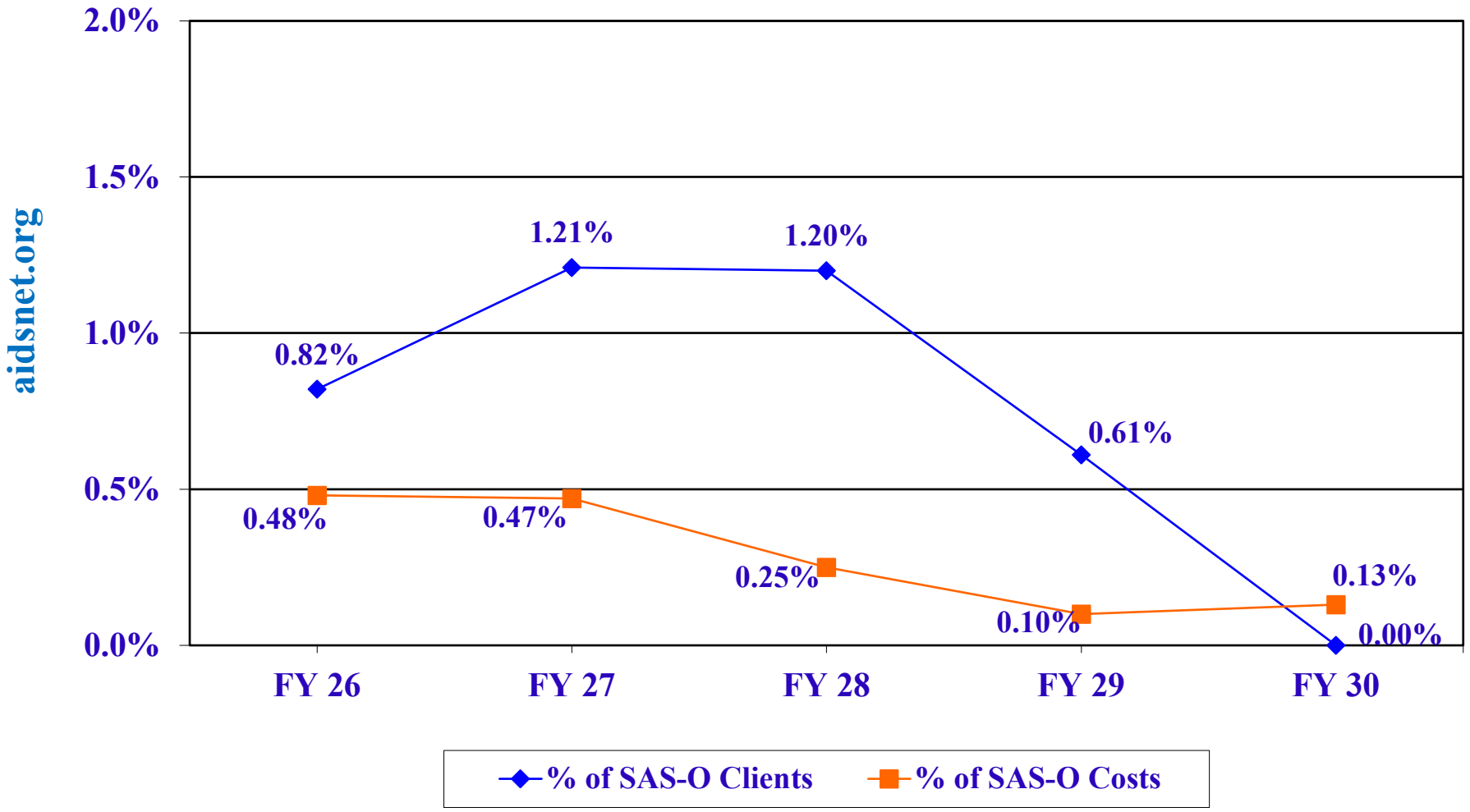
Percent of Clients Served and Percent Spent on Mental Health Services (MHS)



Substance Abuse Services-Outpatient

- No billing nor service utilization data are available in Provide for this service category. The $23,556 recorded in the expenditure tables, above, come from OMB disbursements for services.

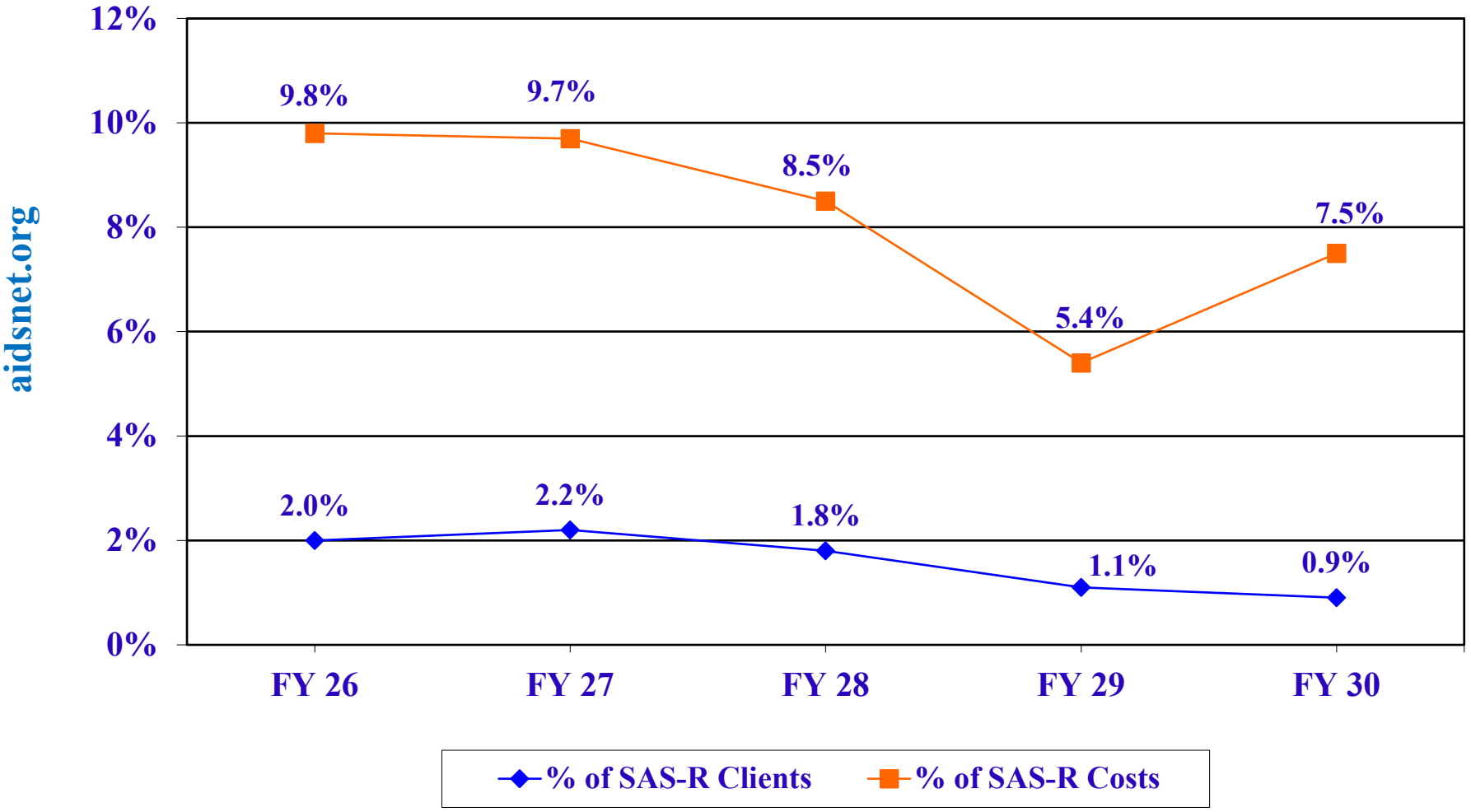
Percent of Clients Served and Percent Spent on Substance Abuse Services (Outpatient)



Substance Abuse Services (Residential)

- The number of clients receiving Substance Abuse Services Residential (SAS-R) continues to steadily decline since FY 26, dropping an additional 26% between FY 29 (95 clients) and FY 30 (70 clients).
- The dollars spent remained roughly the same, in FY 29 $1.2 million and FY 30 $1.3 million.

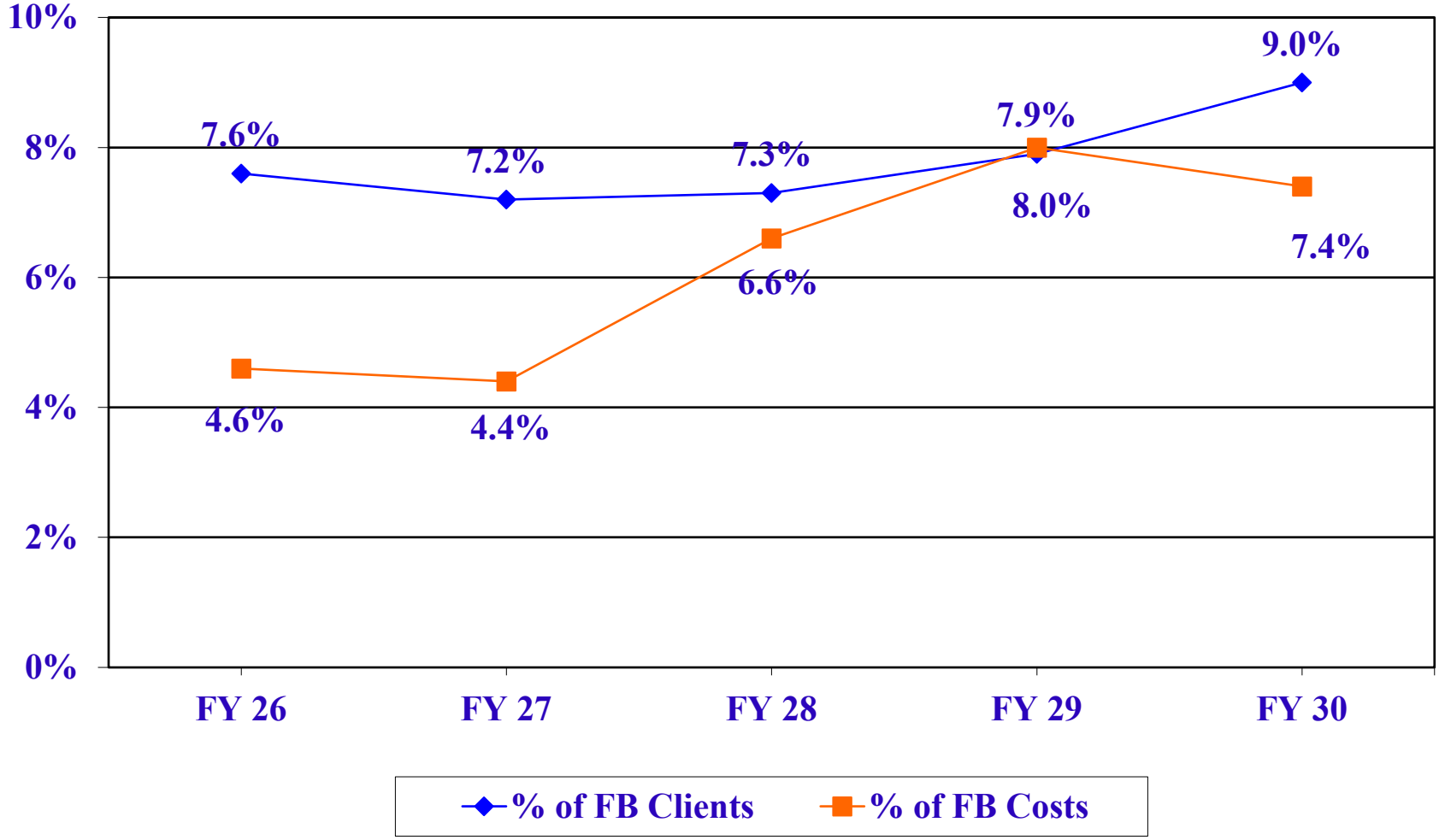
Percent of Clients Served and Percent Spent on Substance Abuse Services (Residential)



Food Bank (FB)

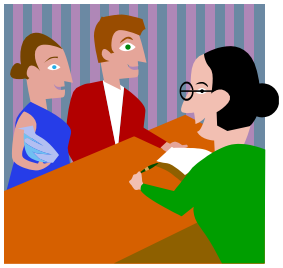
- The dollars spent on the service had a decreased by 29%, from $1.85 million in FY 29 to $1.3 million in FY 30.
- A total of 735 clients used the service in FY 30, a higher number than in FY 29.
- The COVID-19 crisis created additional food insecurity issues, but additional community resources were available.

Percent of Clients Served and Percent Spent on Food Bank (FB)



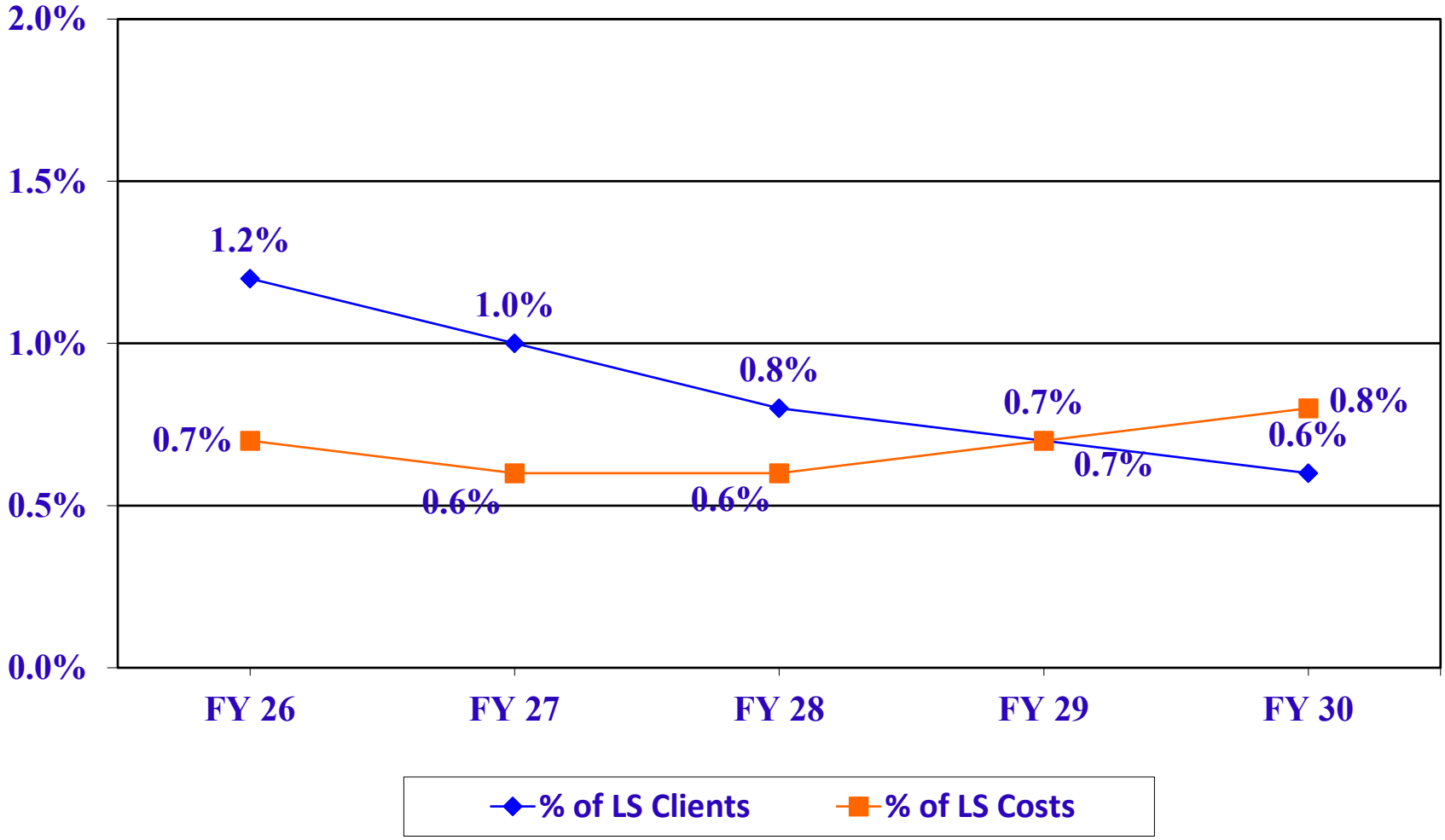
aidsnet.org

Other Professional Services- Legal Services and Permanency Planning (LS)

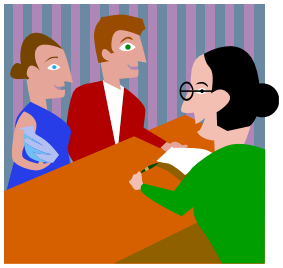


- The number of clients utilizing legal services continued to drop this fiscal year, from 66 to 48.
- The total expenditures are within range in comparison to the past five FY
- The service is most used to access government benefits, 89.4%

Percent of Clients Served and Percent Spent on Other Professional Service- Legal Services (LS)

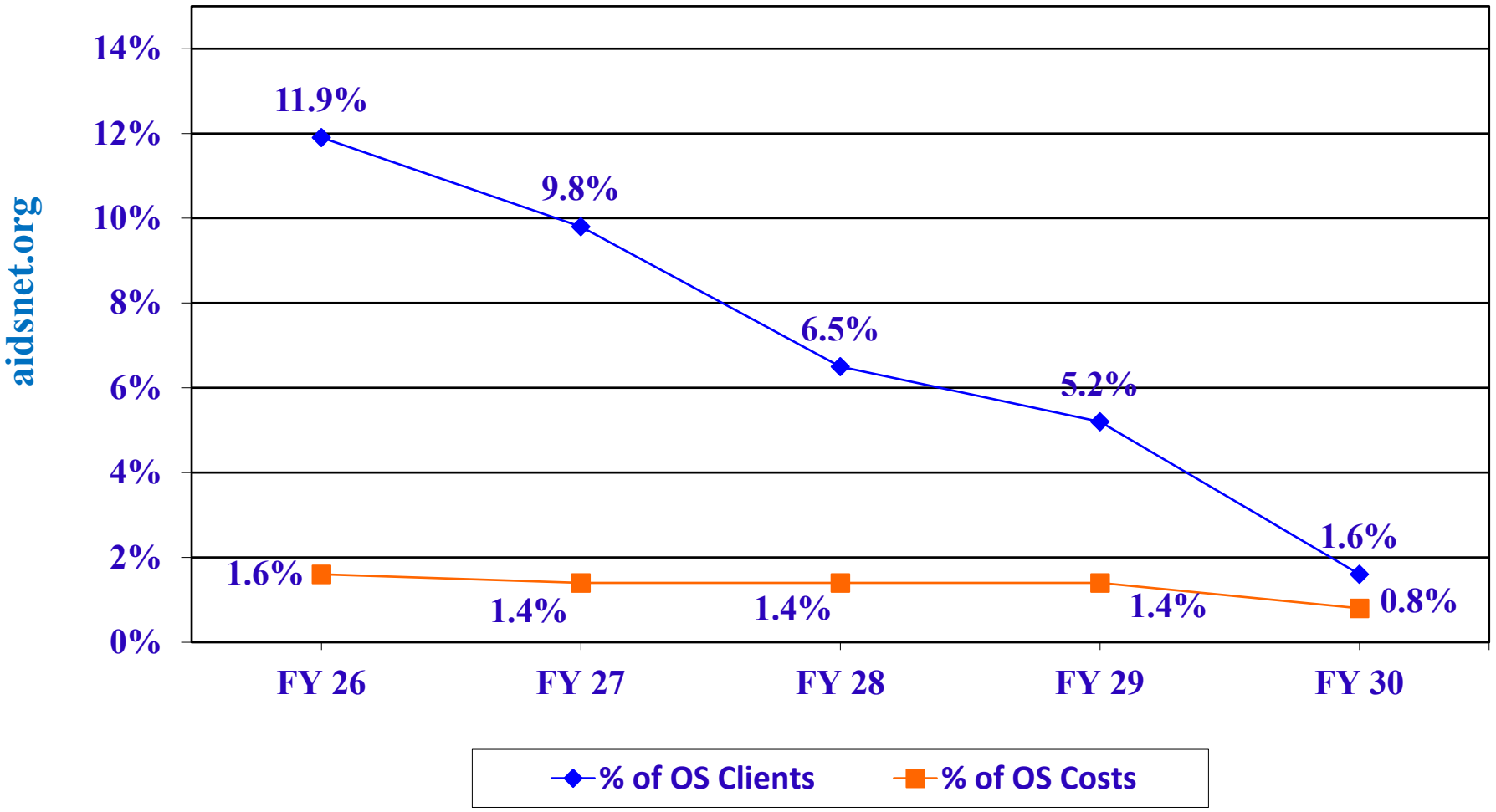


Outreach Services (OS)



- The number of clients reached by outreach continues to drop, serving only 130 clients this fiscal year, a 70% decline from the 472 clients served in FY 29.
- The service billed mostly documentation encounters, 49.9%, followed by telephone encounters, 35.4%.

Percent of Clients Served and Percent Spent on Outreach Services (OS)



Emergency Financial Assistance

No billing data was provided for this fiscal year.

aidsnet.org

Thank you for your attention!

Any questions?

Other Funding and Services

Section 6

Other HIV-Specific Funding Sources

July 13, 2021

Slides prepared by Behavioral Science Research Corp.

Hows and Whys?

- Every year, BSR disseminates a survey to explore the different funding sources that support care to persons with HIV in Miami-Dade County. These sources include Ryan White Program 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 recently completed fiscal year, as well as the *expenditures* for these services.
- The data used for this analysis are derived from this survey. Please note that not all providers reported complete data on the survey, and the clients maybe duplicated across funding sources and services provided.

Different Ryan White Programs Parts-What do they do?

Miami-Dade County providers represent five Ryan White Program parts (A-F):

- Part A Core and support services provided through the Eligible Metropolitan Area (EMA)
- Part B Services provided through states/territories and AIDS Drug Assistance Program (ADAP)
- Part C Community-Based Early Intervention Services
- Part D Women, Infants, Children and Youth (WICY)
- Part F Dental Programs, AIDS Education and Training Centers (AETC), Special Projects of National Significance (SPNS) projects

How are the data presented for the parts?

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

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

Other Funding: Age, Gender, Clients and Expenditures

www.aidsnet.org

2021 Needs Assessment Age, Gender, Funding and Clients Served

	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)		
Services	Amount $ Expended	# of clients	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-11 years old)	# of Children (2-11 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)	Funding Source
Early Intervention Services (EIS)	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Part C
Emergency Financial Assistance	[illegible]												Part B
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
Food Bank	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			Part D
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Other
Health Education	[illegible]	[illegible]	0.00	0	0.00	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Part C
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			Part D
Health Insurance Premium and Cost-Sharing Assistance for Low Income Individuals	[illegible]	[illegible]	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	ADAP/PNB
HIV Counseling/Testing (for at-risk youth, includes HIV testing, health ed, outreach services)	[illegible]	[illegible]					[illegible]	[illegible]					Part D
Home and Community-Based Health Services	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
Home Health Care	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
Hospital Services (and ER Services)	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
Housing	[illegible]	[illegible]											HOPWA
Linguistic Services	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			Part D
Linkage Specialist	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	$0.00		Part C
Medical Case Management, including Treatment Adherence	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
	[illegible]												Part B
	[illegible]	[illegible]	0.00	0	0.00	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Part C
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			Part D
Medical Nutrition Therapy	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Other
	[illegible]												Part C
Medical Transportation	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Part C
	[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			Part D
Mental Health Services	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
	[illegible]												Part B
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Part C
	[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			Part D
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Other
Non-Medical Case Management Services	[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
	[illegible]	[illegible]											HOPWA
	[illegible]												Part B
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			Part D
Nursing Home Services	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
Oral Health Care	[illegible]	[illegible]							[illegible]	[illegible]	[illegible]	[illegible]	Part C
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Other
Outpatient/ Ambulatory Health Services	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Other
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Part C
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			Part D
Outreach Services	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Part C
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]			Part D
Prescription Drugs (AIDS Pharmaceutical Assistance)	[illegible]	[illegible]	0	0	0	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	ADAP/PNB
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
	[illegible]												Part C
Psychosocial Support Services	[illegible]												Part C
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			Part D
Referral for Health Care and Supportive Services	[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	General Revenue
	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Other
	[illegible]	[illegible]					[illegible]	[illegible]					Part D
Specialty patient navigation	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	$0.00		Part C
Substance Abuse Outpatient Care	[illegible]	[illegible]					[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Other

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Medicaid

- The following slide and two tables included in your materials provide details on the Medicaid program's total number of HIV/AIDS clients served, including 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 2017-18 through FY 2019-20

	FY 2017-18	FY 2018-19	FY 2019-20
Expenses	$191,927,978	$218,589,221	$328,303,705
Clients Served	6,992	7,101	7,783
Average annual cost per client	$27,449.65	$30,782.88	$42,182.15

Note: Relative to FY 2018-19, FY 2019-20 shows an increase in the number of clients served (+9.60%) and total expenditures (+50.19%) .

FY 19-20 Medicaid

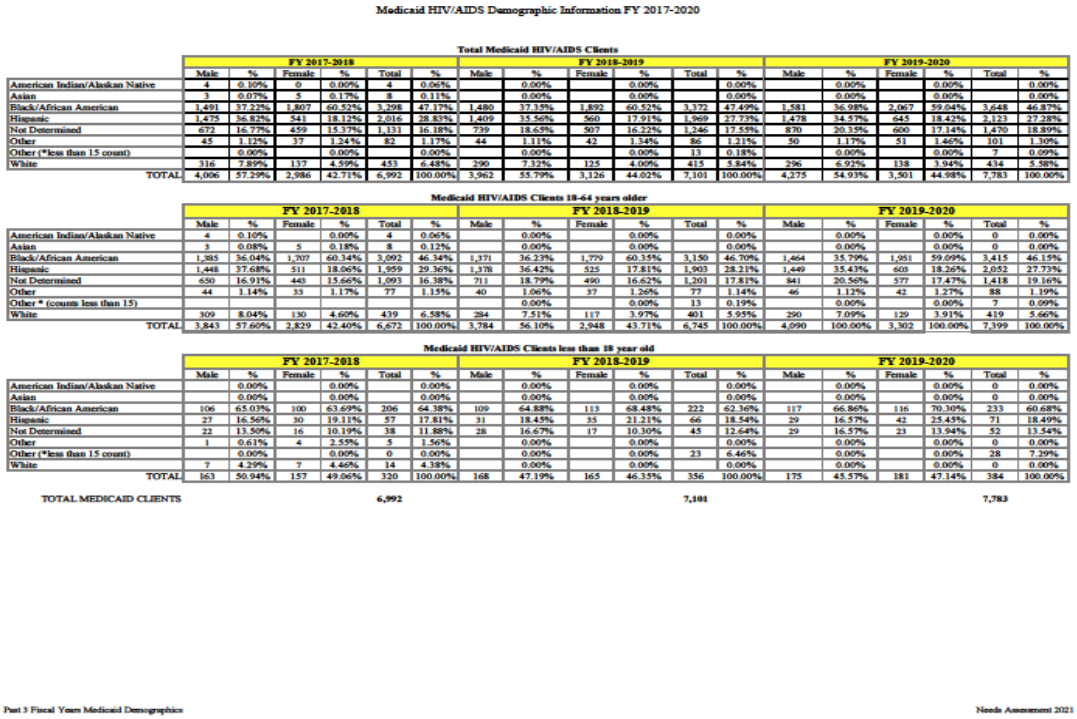
Miami-Dade County
Medicaid FY 2019-20

Bucket	Service	Recipients	Amount Spent
00	CaseMonths		
01	HOSPITAL INPATIENT SERV	697	$7,870,597.51
02	HOSPITAL INSURANCE BENE	357	$412,789.36
03	HOSPITAL OUTPATIENT SER	3,319	$4,953,046.58
04	HOSPITAL OUTPATIENT XOV	1,065	$490,781.57
06	SKILLED NURSING CARE	96	$4,043,379.46
07	INTERMEDIATE CARE	45	$1,839,607.43
08	GENERAL CARE	24	$601,629.61
12	PHYSICIAN SERVICES	4,983	$6,353,915.32
13	PHYSICIAN XOVER	1,223	$447,100.02
14	PRESCRIBED MEDICINE	5,213	$104,595,615.34
15	OTHER LAB AND X-RAY	3,087	$700,934.24
16	LAB AND X-RAY XOVER	351	$83,826.55
17	TRANSPORTATION	2,393	$1,293,666.73
18	TRANSPORTATION XOVER	229	$83,124.86
19	FAMILY PLANNING SERVICE	43	$4,785.58
20	HOME HEALTH SERVICES	1,232	$2,434,214.94
21	HOME HEALTH XOVER	201	$144,749.51
22	EPSDT SCREENING	187	$11,067.81
24	CHILD VISUAL SERVICES	32	$1,008.11
27	ADULT VISUAL SERVICES	715	$47,775.63
29	CASE MANAGEMENT-CMS	111	$151,961.91
31	NURSE PRACTITIONER SERV	102	$16,040.48
32	OTHER XOVER PRACTITIONE	304	$28,524.34
33	HOSPICE	56	$936,206.45
34	COMMUNITY MENTAL HLTH S	1,853	$2,626,266.13
35	HCB-AGING	446	$1,518,369.60
36	HCB-DEVELOPMENTAL SERVI	63	$1,959,795.80
37	HCB-AIDS	376	$615,956.53
39	PREPAID HEALTH PLAN	8,893	$155,754,097.88
40	RURAL HEALTH CLINICS	952	$132,569.59
43	PRIVATE DUTY NURSING SE	20	$432,054.40
44	PHYSICAL THERAPY SERVIC	135	$146,381.06
45	SPEECH THERAPY SERVICES	34	$81,216.13
46	OCCUPATIONAL THERAPY SE	20	$48,427.48
49	FEDERALLY QUALIFIED CEN	15	$564.56
53	CLINIC SERVICES	53	$9,342.80
56	CASE MANAGEMENT-ADULT M	223	$467,518.11
59	TSFC-COMMUNITY MENTAL H	129	$112,087.73
62	PHYSICIAN ASSISTANT SER	608	$46,181.16
65	DIALYSIS CENTER	90	$1,210,129.69
67	BRAIN & SPINAL CORD INJU	145	$274,635.71
71	ASSISTIVE CARE SERVICES	134	$540,223.98
72	HEALTHY START WAIVER	45	$11,772.00
78	CYSTIC FIBROSIS	24	$38,615.25
79	ALZHEIMERS WAIVER		
94	PREPAID LTC	788	$22,356,658.42
	OTHER	188	$2,374,491.67
	Total:		$328,303,705.02

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

Source: MDA SQL Encounter tables FY2019-20 and FY2019-20 Eligibility tables

Medicaid HIV/AIDS Demographic Tables



Medicaid HIV/AIDS Demographic Information FY 2017-2020

Total Medicaid HIV/AIDS Clients

	FY 2017-2018						FY 2018-2019						FY 2019-2020					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native	4	0.10%	0	0.00%	4	0.06%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
Asian	3	0.07%	5	0.17%	8	0.11%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
Black/African American	1,491	37.22%	1,807	60.52%	3,298	47.17%	1,480	37.35%	1,892	60.52%	3,372	47.49%	1,581	36.98%	2,067	59.04%	3,648	46.87%
Hispanic	1,475	36.82%	541	18.12%	2,016	28.83%	1,409	35.56%	560	17.91%	1,969	27.73%	1,478	34.57%	645	18.42%	2,123	27.28%
Not Determined	672	16.77%	459	15.37%	1,131	16.18%	739	18.65%	507	16.22%	1,246	17.55%	870	20.35%	600	17.14%	1,470	18.89%
Other	45	1.12%	37	1.24%	82	1.17%	44	1.11%	42	1.34%	86	1.21%	50	1.17%	51	1.46%	101	1.30%
Other (*less than 15 count)		0.00%		0.00%		0.00%		0.00%		0.00%	13	0.18%		0.00%		0.00%	7	0.09%
White	316	7.89%	137	4.59%	453	6.48%	290	7.32%	125	4.00%	415	5.84%	296	6.92%	138	3.94%	434	5.58%
TOTAL	4,006	57.29%	2,986	42.71%	6,992	100.00%	3,962	55.79%	3,126	44.02%	7,101	100.00%	4,275	54.93%	3,501	44.98%	7,783	100.00%

Medicaid HIV/AIDS Clients 18-64 years older

	FY 2017-2018						FY 2018-2019						FY 2019-2020					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native	4	0.10%		0.00%	4	0.06%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Asian	3	0.08%	5	0.18%	8	0.12%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Black/African American	1,385	36.04%	1,707	60.34%	3,092	46.34%	1,371	36.23%	1,779	60.35%	3,150	46.70%	1,464	35.79%	1,951	59.09%	3,415	46.15%
Hispanic	1,448	37.68%	511	18.06%	1,959	29.36%	1,378	36.42%	525	17.81%	1,903	28.21%	1,449	35.43%	603	18.26%	2,052	27.73%
Not Determined	650	16.91%	443	15.66%	1,093	16.38%	711	18.79%	490	16.62%	1,201	17.81%	841	20.56%	577	17.47%	1,418	19.16%
Other	44	1.14%	33	1.17%	77	1.15%	40	1.06%	37	1.26%	77	1.14%	46	1.12%	42	1.27%	88	1.19%
Other * (counts less than 15)								0.00%		0.00%	13	0.19%		0.00%		0.00%	7	0.09%
White	309	8.04%	130	4.60%	439	6.58%	284	7.51%	117	3.97%	401	5.95%	290	7.09%	129	3.91%	419	5.66%
TOTAL	3,843	57.60%	2,829	42.40%	6,672	100.00%	3,784	56.10%	2,948	43.71%	6,745	100.00%	4,090	100.00%	3,302	100.00%	7,399	100.00%

Medicaid HIV/AIDS Clients less than 18 year old

	FY 2017-2018						FY 2018-2019						FY 2019-2020					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Asian		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Black/African American	106	65.03%	100	63.69%	206	64.38%	109	64.88%	113	68.48%	222	62.36%	117	66.86%	116	70.30%	233	60.68%
Hispanic	27	16.56%	30	19.11%	57	17.81%	31	18.45%	35	21.21%	66	18.54%	29	16.57%	42	25.45%	71	18.49%
Not Determined	22	13.50%	16	10.19%	38	11.88%	28	16.67%	17	10.30%	45	12.64%	29	16.57%	23	13.94%	52	13.54%
Other	1	0.61%	4	2.55%	5	1.56%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Other (*less than 15 count)		0.00%		0.00%	0	0.00%		0.00%		0.00%	23	6.46%		0.00%		0.00%	28	7.29%
White	7	4.29%	7	4.46%	14	4.38%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
TOTAL	163	50.94%	157	49.06%	320	100.00%	168	47.19%	165	46.35%	356	100.00%	175	45.57%	181	47.14%	384	100.00%

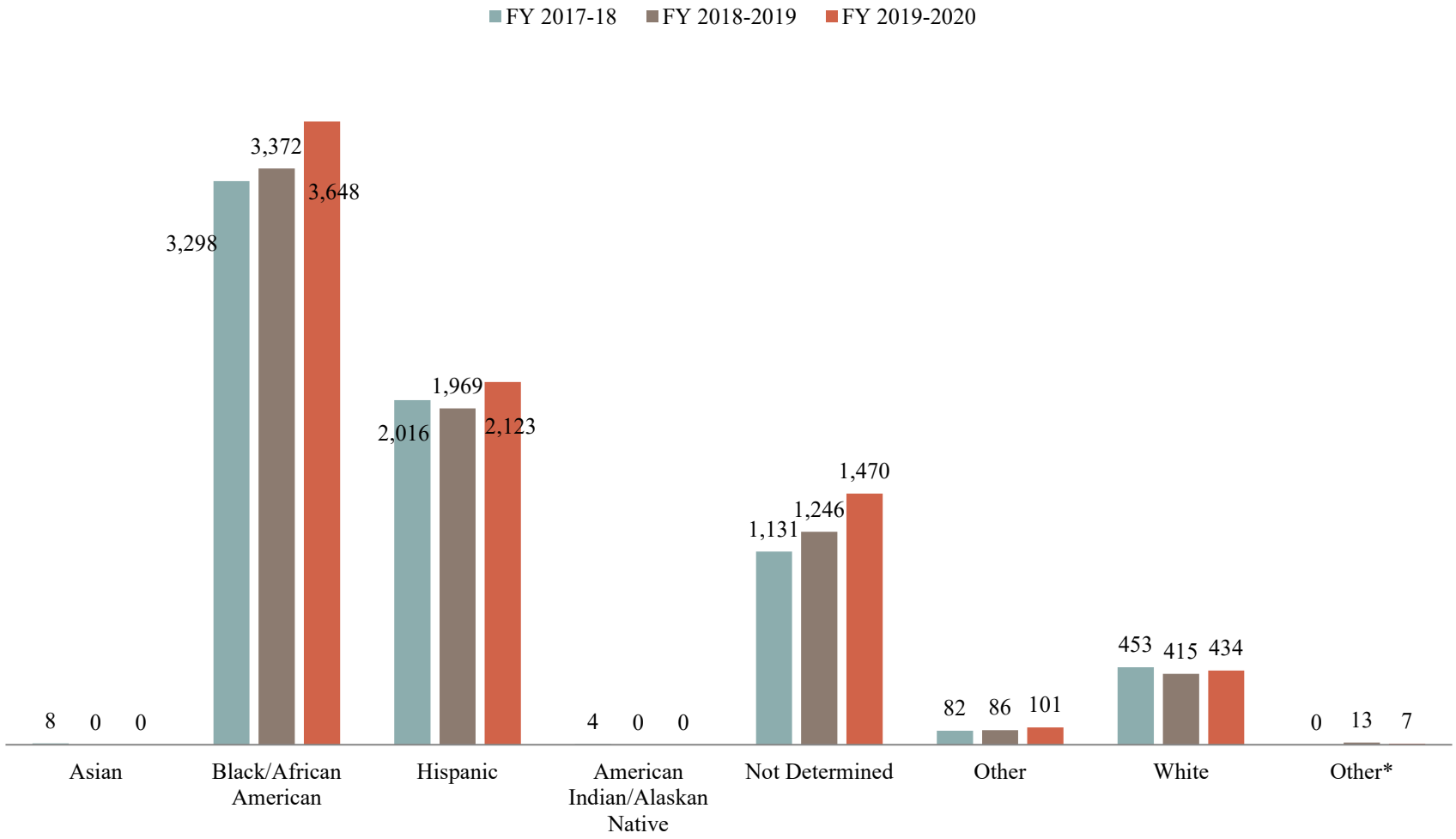
TOTAL MEDICAID CLIENTS	6,992	7,101	7,783

Part 3 Fiscal Years Medicaid Demographics

Needs Assessment 2021

Note: This chart is found in your materials; the chart displays three years of information. In terms of gender, there are slightly more men (54.93%) in the Medicaid program. The program serves more Black/African Americans (46.37%) than any other race.

Total Medicaid Clients by Demographics FY 2017-2020



www.aidsnet.org

Thank you for your attention!

Any questions?

2021 Needs Assessment Age, Gender, Funding and Clients Served

	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)		
Services	**Amount $ Expended**	**# 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)**	**Funding Source**
Early Intervention Services (EIS)	$232,984.00	4,166					$2,329.00	284	$72,225.00	691	$158,430.00	3,191	Part C
Emergency Financial Assistance	$705,742.92	NA											Part B
	$147,755.79	81					$24,180.01	11	$20,448.09	12	$103,127.69	58	General Revenue
Food Bank	$9,020.00	352	$1,720.00	86	$400.00	20	$2,300.00	62	$4,600.00	184			Part D
	$943.50	299					$3.16	1	$224.04	71	$716.30	227	Other
Health Education	$201,983.54	2,095	0.00	0	0.00	0	$8,872.25	186	$75,687.61	901	$117,423.68	1,008	Part C
	$35,998.00	339	$5,312.00	92	$3,888.00	23	$16,038.00	144	$10,760.00	80			Part D
Health Insurance Premium and Cost-Sharing Assistance for Low Income Individuals	$23,115,161.17	2,951	0	0	0	0	$227,156.79	29	$3,650,174.55	466	$19,237,829.83	2,456	ADAP-Pt B
HIV Counseling/Testing (for at-risk youth, includes HIV testing, health ed, outreach services)	$85,750.00	535					$85,750.00	535					Part D
Home and Community-Based Health Services	$904.85	8							$70.00	2	$834.85	6	General Revenue
Home Health Care	$35,141.00	9							$889.00	1	$34,252.00	8	General Revenue
Hospital Services (and ER Services)	$665,424.94	106					$290.36	3	$256,989.09	33	$408,145.49	70	General Revenue
Housing	$9,759,677.00	891											HOPWA
Linguistic Services	$5,028.00	148	$2,135.00	50	$770.00	15	$770.00	15	$1,353.00	68			Part D
Linkage Specialist	$1,022.98	249					$90.38	22	$932.60	227	$0.00		Part C
Medical Case Management, including Treatment Adherence	$1,274,974.98	1,032					$65,095.55	61	$382,342.85	287	$827,536.58	684	General Revenue
	$150,327.57												Part B
	$202,345.21	976	0.00	0	0.00	0	$2,351.82	15	$63,812.83	407	$86,860.70	554	Part C
	$152,985.00	442	$18,811.00	92	$9,547.00	23	$74,169.00	167	$50,458.00	160			Part D
Medical Nutrition Therapy	$1,425.24	42					$0.00	0	$305.60	9	$1,119.64	33	Other
	$34,412.34	NA											Part C
Medical Transportation	$42,023.65	270					$1,048.90	10	$10,512.15	80	$30,462.60	180	General Revenue
	$46,865.00	68					$8,270.29	12	$23,432.50	34	$15,162.21	22	Part C
	$4,370.00	211			$309.00	23	$2,416.00	62	$1,645.00	126			Part D
Mental Health Services	$64,477.05	147					$2,298.84	3	$14,995.28	37	$47,182.93	107	General Revenue
	$29,434.00	NA											Part B
	$86,684.10	359					$17,454.36	27	$36,407.32	126	$30,448.26	206	Part C
	$199,347.00	327			$15,817.00	23	$125,280.00	144	$58,250.00	160			Part D
	$21,404.05	119					$179.87	1	$2,697.99	15	$18,526.19	103	Other
Non-Medical Case Management Services	$138,617.86	1,738			$61.91	1	$5,138.58	70	$39,375.15	484	$94,042.22	1,183	General Revenue
	$1,533,563.00	848											HOPWA
	$91,135.00	NA											Part B
	$108,398.00	442	$34,173.00	92	$8,544.00	23	$50,672.00	167	$15,009.00	160			Part D
Nursing Home Services	$450,000.00	6							$216,969.12	3	$233,030.88	3	General Revenue

2021 Needs Assessment Age, Gender, Funding and Clients Served

Services	Amount $ Expended	# 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)	Funding Source
Oral Health Care	$148,819.87	271							$30,358.00	84	$66,594.00	187	Part C
	$3,424.64	55					$0.00	0	$622.66	10	$2,801.98	45	Other
Outpatient/ Ambulatory Health Services	$1,041,347.02	1,186					$15,217.47	26	$388,440.35	372	$637,689.20	788	General Revenue
	$441,610.05	2,005					$3,524.07	16	$50,878.76	231	$387,207.22	1,758	Other
	$961,056.42	2,865					$9,546.42	42	$247,400.33	1,005	$467,190.34	1,818	Part C
	$849,024.00	742	$81,810.00	92	$41,892.00	23	$264,598.00	167	$460,724.00	460			Part D
Outreach Services	$288,266.19	1,429					$28,783.25	176	$118,558.41	655	$122,408.55	598	Part C
	$13,960.00	143					$10,766.00	62	$3,194.00	81			Part D
Prescription Drugs (AIDS Pharmaceutical Assistance)	$32,843,354.00	4,596	0	0	0	0	$1,336,315.75	187	$6,710,163.06	939	$24,796,875.19	3,470	ADAP-Pt B
	$442,771.88	408					$10,523.27	7	$175,189.43	132	$257,059.18	269	General Revenue
	$32,874.33	NA											Part C
Psychosocial Support Services	$19,086.53	NA											Part C
	$33,080.00	339	$6,197.00	92	$3,098.00	23	$18,420.00	144	$5,365.00	80			Part D
Referral for Health Care and Supportive Services	$514,724.96	2,802			$227.75	2	$17,423.21	102	$134,147.35	746	$362,926.65	1,952	General Revenue
	$52,886.31	1,214					$291.27	7	$9,611.91	174	$42,983.13	1,033	Other
	$5,004.00	62					$5,004.00	62					Part D
Specialty patient navigation	$51,300.41	438					$1,405.49	12	$49,894.92	426	$0.00		Part C
Substance Abuse Outpatient Care	$162.00	3					$0.00	0	$0.00	0	$162.00	3	Other

Total Medicaid HIV/AIDS Clients

	FY 2017-2018						FY 2018-2019						FY 2019-2020					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native	4	0.10%	0	0.00%	4	0.06%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
Asian	3	0.07%	5	0.17%	8	0.11%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
Black/African American	1,491	37.22%	1,807	60.52%	3,298	47.17%	1,480	37.35%	1,892	60.52%	3,372	47.49%	1,581	36.98%	2,067	59.04%	3,648	46.87%
Hispanic	1,475	36.82%	541	18.12%	2,016	28.83%	1,409	35.56%	560	17.91%	1,969	27.73%	1,478	34.57%	645	18.42%	2,123	27.28%
Not Determined	672	16.77%	459	15.37%	1,131	16.18%	739	18.65%	507	16.22%	1,246	17.55%	870	20.35%	600	17.14%	1,470	18.89%
Other	45	1.12%	37	1.24%	82	1.17%	44	1.11%	42	1.34%	86	1.21%	50	1.17%	51	1.46%	101	1.30%
Other (*less than 15 count)		0.00%		0.00%		0.00%		0.00%		0.00%	13	0.18%		0.00%		0.00%	7	0.09%
White	316	7.89%	137	4.59%	453	6.48%	290	7.32%	125	4.00%	415	5.84%	296	6.92%	138	3.94%	434	5.58%
TOTAL	4,006	57.29%	2,986	42.71%	6,992	100.00%	3,962	55.79%	3,126	44.02%	7,101	100.00%	4,275	54.93%	3,501	44.98%	7,783	100.00%

Medicaid HIV/AIDS Clients 18-64 years older

	FY 2017-2018						FY 2018-2019						FY 2019-2020					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native	4	0.10%		0.00%	4	0.06%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Asian	3	0.08%	5	0.18%	8	0.12%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Black/African American	1,385	36.04%	1,707	60.34%	3,092	46.34%	1,371	36.23%	1,779	60.35%	3,150	46.70%	1,464	35.79%	1,951	59.09%	3,415	46.15%
Hispanic	1,448	37.68%	511	18.06%	1,959	29.36%	1,378	36.42%	525	17.81%	1,903	28.21%	1,449	35.43%	603	18.26%	2,052	27.73%
Not Determined	650	16.91%	443	15.66%	1,093	16.38%	711	18.79%	490	16.62%	1,201	17.81%	841	20.56%	577	17.47%	1,418	19.16%
Other	44	1.14%	33	1.17%	77	1.15%	40	1.06%	37	1.26%	77	1.14%	46	1.12%	42	1.27%	88	1.19%
Other * (counts less than 15)								0.00%		0.00%	13	0.19%		0.00%		0.00%	7	0.09%
White	309	8.04%	130	4.60%	439	6.58%	284	7.51%	117	3.97%	401	5.95%	290	7.09%	129	3.91%	419	5.66%
TOTAL	3,843	57.60%	2,829	42.40%	6,672	100.00%	3,784	56.10%	2,948	43.71%	6,745	100.00%	4,090	100.00%	3,302	100.00%	7,399	100.00%

Medicaid HIV/AIDS Clients less than 18 year old

	FY 2017-2018						FY 2018-2019						FY 2019-2020					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
American Indian/Alaskan Native		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Asian		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Black/African American	106	65.03%	100	63.69%	206	64.38%	109	64.88%	113	68.48%	222	62.36%	117	66.86%	116	70.30%	233	60.68%
Hispanic	27	16.56%	30	19.11%	57	17.81%	31	18.45%	35	21.21%	66	18.54%	29	16.57%	42	25.45%	71	18.49%
Not Determined	22	13.50%	16	10.19%	38	11.88%	28	16.67%	17	10.30%	45	12.64%	29	16.57%	23	13.94%	52	13.54%
Other	1	0.61%	4	2.55%	5	1.56%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
Other (*less than 15 count)		0.00%		0.00%	0	0.00%		0.00%		0.00%	23	6.46%		0.00%		0.00%	28	7.29%
White	7	4.29%	7	4.46%	14	4.38%		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%
TOTAL	163	50.94%	157	49.06%	320	100.00%	168	47.19%	165	46.35%	356	100.00%	175	45.57%	181	47.14%	384	100.00%

TOTAL MEDICAID CLIENTS	**6,992**	**7,101**	**7,783**

Bucket	Service	Recipients	Amount Spent
00	CaseMonths		
01	HOSPITAL INPATIENT SERV	697	$7,870,597.51
02	HOSPITAL INSURANCE BENE	357	$412,789.36
03	HOSPITAL OUTPATIENT SER	3,319	$4,953,046.58
04	HOSPITAL OUTPATIENT XOV	1,065	$490,781.57
06	SKILLED NURSING CARE	96	$4,043,379.46
07	INTERMEDIATE CARE	45	$1,839,607.43
08	GENERAL CARE	24	$601,629.61
12	PHYSICIAN SERVICES	4,983	$6,353,915.32
13	PHYSICIAN XOVER	1,223	$447,100.02
14	PRESCRIBED MEDICINE	5,213	$104,595,615.34
15	OTHER LAB AND X-RAY	3,087	$700,934.24
16	LAB AND X-RAY XOVER	351	$83,826.55
17	TRANSPORTATION	2,393	$1,293,666.73
18	TRANSPORTATION XOVER	229	$83,124.86
19	FAMILY PLANNING SERVICE	43	$4,785.58
20	HOME HEALTH SERVICES	1,232	$2,434,214.94
21	HOME HEALTH XOVER	201	$144,749.51
22	EPSDT SCREENING	187	$11,067.81
24	CHILD VISUAL SERVICES	32	$1,008.11
27	ADULT VISUAL SERVICES	715	$47,775.63
29	CASE MANAGEMENT-CMS	111	$151,961.91
31	NURSE PRACTITIONER SERV	102	$16,040.48
32	OTHER XOVER PRACTITIONE	304	$28,524.34
33	HOSPICE	56	$936,206.45
34	COMMUNITY MENTAL HLTH S	1,853	$2,626,266.13
35	HCB-AGING	446	$1,518,369.60
36	HCB-DEVELOPMENTAL SERVI	63	$1,959,795.80
37	HCB-AIDS	376	$615,956.53
39	PREPAID HEALTH PLAN	8,893	$155,754,097.88
40	RURAL HEALTH CLINICS	952	$132,569.59
43	PRIVATE DUTY NURSING SE	20	$432,054.40
44	PHYSICAL THERAPY SERVIC	135	$146,381.06
45	SPEECH THERAPY SERVICES	34	$81,216.13
46	OCCUPATIONAL THERAPY SE	20	$48,427.48
49	FEDERALLY QUALIFIED CEN	15	$564.56
53	CLINIC SERVICES	53	$9,342.80
56	CASE MANAGEMENT-ADULT	223	$467,518.11
59	TSFC-COMMUNITY MENTAL H	129	$112,087.73
62	PHYSICIAN ASSISTANT SER	608	$46,181.16
65	DIALYSIS CENTER	90	$1,210,129.69
67	BRAIN & SPINAL CORD INJU	145	$274,635.71
71	ASSISTIVE CARE SERVICES	134	$540,223.98
72	HEALTHY START WAIVER	45	$11,772.00
78	CYSTIC FIBROSIS	24	$38,615.25
79	ALZHEIMERS WAIVER		
94	PREPAID LTC	788	$22,356,658.42
	OTHER	188	$2,374,491.67
	Total:		$328,303,705.02

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

Source: MDA SQL Encounter tables FY2019-20 and FY2019-20 Eligibility tables

Dashboard Cards

Section 7

aidsnet.org

Tools for Needs Assessment: A Guide to Dashboard Cards

August 5, 2021

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

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.

2021 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: AIDS Pharmaceutical Assistance

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Total	RFP Allocation	Allocation as % of Award
Total		$22,027,332		
Part A	9		$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%
FY 30	3	$66,007.00	$4,996.81	7.57%

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%
FY 30	NA	NA	NA	NA

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	$96
FY 30	8,400	468	5.6%	$4,997	$11

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP-Pt B	$32,843,354.00	4,596	$7,146.07
2	General Revenue	$442,771.88	408	$1,085.23
3	Medicaid	$104,595,615.00	5213	$20,064.38
4	Part C	$32,874.33	N/A	N/A

Notes:
Expenditures continue on downward trend because most clients will access the ADAP program for this service.

1

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.

aidsnet.org

BEHAVIORAL SCIENCE RESEARCH

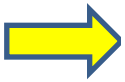
MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

aidsnet.org

This table list the current year's allocation for Part A and Minority AIDS Initiative Funding (MAI). Items are broken out into four categories: current priority ranking (**YR 31 Ranking**), **YR 31 Direct Services Direct Services Total** (amount allocated in sweeps), **YR 31 Total as % (**percent of direct services total that the allocation represents) **and RFP Allocation** amount for the service category

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



Core Service: AIDS Pharmaceutical Assistance

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 Total as %	RFP Allocation
Total		$20,846,469		
Part A	9	$88,255	0.42%	$88,255

This table provides historical information for the last five years. 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. If the service is no longer applicable, this will be designated with NA.

Ryan White Program information:

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%
FY 30	3	$66,007.00	$4,996.81	7.57%

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%
FY 30	NA	NA	NA	NA

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 five years 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.**

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	$96
FY 30	8,400	468	5.6%	$4,997	$11

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 left-hand 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 regarding the service category.

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP-Pt B	$32,843,354.00	4,596	$7,146.07
2	General Revenue	$442,771.88	408	$1,085.23
3	Medicaid	$104,595,615.00	5213	$20,064.38
4	Part C	$32,874.33	N/A	N/A

Notes:

Expenditures continue on downward trend because most clients will access the ADAP program for this service.

aidsnet.org

Thank you!

2021 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: AIDS Pharmaceutical Assistance

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 Total as %	RFP Allocation
Total		$20,846,469		
Part A	9	$88,255	0.42%	$88,255

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%
FY 30	3	$66,007.00	$5,993.21	9.08%

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%
FY 30	NA	NA	NA	NA

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	$96
FY 30	8,127	185	2.3%	$5,993	$32

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP-Pt B	$32,843,354.00	4,596	$7,146.07
2	General Revenue	$442,771.88	408	$1,085.23
3	Medicaid	$104,595,615.00	5213	$20,064.38
4	Part C	$32,874.33	N/A	N/A

Notes:

Expenditures continue on downward trend because most clients will access the ADAP program for this service.

Support Service: Emergency Financial Assistance

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 Total as %	RFP Allocation
Total		$23,089,607		
Part A	12	$0	0.00%	$88,253
MAI	7	$0	0.00%	$12,087

Ranking, Allocation and Expenditure History

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
FY 29	12	NA	NA	NA
FY 30	12	NA	NA	NA

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 29	6	NA	NA	NA
FY 30	7	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
FY 30	NA	NA	NA	NA	NA

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	Part B	$705,742.92	NA	NA
2	General Revenue	$147,755.79	81	$1,824.15

Notes:
No expenditures have been made in this category since Test and Treat Rapid Access (TTRA) funds have not been exhausted by the Department of Health.

Support Service: Food Bank

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 Total as %	RFP Allocation
Total		$20,846,469		
Part A	5	$529,539	2.54%	$529,539

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%
FY 30	8	$1,303,799.00	$1,303,702.40	99.99%

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	769	7.6%	$1,079,971	$1,404
FY 27	9,883	709	7.2%	$1,032,226	$1,456
FY 28	9,578	701	7.3%	$1,451,528	$2,071
FY 29	9,031	715	7.9%	$1,851,369	$2,589
FY 30	8,127	735	9.0%	$1,303,702	$1,774

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per Client
1	Part D	$9,020.00	352	$25.63
2	Other	$943.50	299	$3.16

Notes:
Clients have increased in FY 30 although expenditures were slightly lower than FY 29. During the pandemic several entities in the community (e.g. County, City, Churches) provided service.

Core Service: Health Insurance Services

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 Total as %	RFP Allocation
Total		$20,846,469		
Part A	6	$442,447	2.12%	$595,700

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%
FY 30	5	$459,450.00	$289,193.00	62.94%

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
FY 30	8,127	1,125	13.8%	$289,193	$257.06

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	ADAP	$23,115,161.17	2,951	$7,832.99
2	Medicaid	$155,754,098.00	8,893	$17,514.24

Notes:
With the ADAP program paying for ADAP eligible clients, cost are on a downward trend since only wraparound services are being paid.

Core Service: Medical Case Management

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 Total as %	RFP Allocation
Total		$23,089,607		$6,772,972
Part A	1	$5,632,466	27.02%	$5,869,052
MAI	1	$903,920	40.30%	$903,920

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%
FY 30	1	$5,745,493.00	$4,932,874.00	85.86%

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%
FY 30	1	$1,156,338.00	$351,067.69	30.36%

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	$511.17
FY 27	9,883	8,656	87.6%	$4,165,958	$481.28
FY 28	9,578	8,496	88.7%	$5,308,840	$624.86
FY 29	9,031	8,116	89.9%	$5,776,806	$711.78
FY 30	8,127	7,378	90.8%	$5,283,942	$716.18

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$1,274,974.98	1,032	$1,235.44
2	Medicaid	$619,480.00	334	$1,854.73
3	Part B	$150,327.57	NA	NA
4	Part C	$202,345.21	NA	NA
5	Part D	$152,985.00	442	$346.12

Notes:
Expenditures lower than prior year

Support Service: Medical Transportation

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 as %	RFP Allocation
Total		$23,089,607		$162,077
Part A	10	$150,688	0.72%	$154,449
MAI	6	$7,628	0.34%	$7,628

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%
FY 30	10	$158,277.00	$5,641.90	3.56%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 30	6	$7,628.00	$0.00	0.00%

Service Program

Limitations: 400% FPL; passes are monthly

Fiscal Year	RW Clients	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
FY 30	8,127	94	1.2%	$5,642	$60.02

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$42,023.65	270	$155.64
2	Medicaid	$1,376,802.00	2,622	$525.10
3	Part C	$46,865.00	68	$689.19
4	Part D	$4,370.00	211	$20.71

Notes:
Expenses lower than usual because transportation was free for part of FY 30

Core Service: Mental Health

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 as %	RFP Allocation
Total		$23,089,607		$151,345
Part A	3	$132,385	0.64%	$132,385
MAI	3	$18,960	0.85%	$18,960

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%
FY 30	4	$123,257.00	$82,435.31	66.88%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 29	4	N/A	N/A	N/A
30	3	$18,960.00	$7,584.00	40.00%

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	366	3.6%	$104,260	$284.86
FY 27	9,883	349	3.5%	$112,346	$321.91
FY 28	9,578	327	3.4%	$133,790	$409.14
FY 29	9,031	274	3.0%	$135,505	$494.54
FY 30	8,127	95	1.2%	$90,019	$947.57

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$64,477.05	147	$438.62
2	Medicaid	$2,626,266.00	1,853	$1,417.30
3	Part B	$29,434.00	NA	NA
4	Part C	$86,684.10	NA	NA
5	Part D	$199,347.00	327	$609.62
5	Other	$21,404.05	119	$179.87

Notes:
Expenditures rose in FY 29 but dropped in FY 30 but this service has several other funders.

Core Service: Oral Health Care

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 as %	RFP Allocation
Total		$20,846,469		
Part A	4	$3,088,975	14.8%	$3,088,975

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%
FY 30	6	$2,888,975	$1,645,878.57	56.97%

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
FY 30	8,127	1,711	21%	$1,645,879	$961.94

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
1	Part C	$148,819.87	271	NA
1	Other	$3,424.64	55	$62.27

Notes:
Lower expenditure in FY 30

Core Service: Outpatient/Ambulatory Health Services

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 as %	RFP Allocation
Total		$23,089,607		$10,210,460
Part A	2	$8,430,785	40.44%	$8,847,707
MAI	2	$1,264,756	56.38%	$1,362,753

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%
FY 30	2	$8,661,870.00	$6,911,765.91	79.80%

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%
FY 29	3	$1,067,636.00	$952,901.29	89.25%
FY 30	2	$1,491,992.00	$485,887.01	32.57%

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	$1,166.90
FY 27	9,883	5,021	50.8%	$6,847,772	$1,363.83
FY 28	9,578	5,447	56.9%	$9,112,521	$1,672.94
FY 29	9,031	5,317	58.9%	$9,391,615	$1,766.34
FY 30	8,127	4,281	52.7%	$7,397,592	$1,728.01

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per client
1	General Revenue	$1,041,347.02	1,186	$878.03
2	Medicaid	$13,130,258.00	15,110	$868.98
3	Part C	$961,056.42	NA	NA
4	Part D	$849,024.00	742	$1,144.24
5	Other	$441,610.05	2,005	$220.25

Notes:
Lower expenditures in FY 30 and has several funders

Support Services: Other Professional Services-Legal

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 as %	RFP Allocation
Total		$20,846,469		
Part A	13	$154,449	0.74%	$154,449

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%
FY 30	13	$154,449.00	$146,335.50	94.75%

Service Program

Limitations: **400 % FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	119	1.2%	$138,731	$1,165.81
FY 27	9,883	100	1.0%	$161,815	$1,618.15
FY 28	9,578	76	0.8%	$140,599	$1,849.99
FY 29	9,031	66	0.7%	$150,849	$2,285.59
FY 30	8,127	48	0.6%	$146,336	$3,048.67

Notes:
Increase from last year's expenditures

Support Services: Outreach Services

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 as %	RFP Allocation
Total		$23,089,607		$304,512
Part A	11	$264,696	1.27%	$264,696
MAI	5	$39,816	1.78%	$39,816

Ranking, Allocation and Expenditure 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%
FY 30	11	$264,696.00	$118,293.86	44.69%

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%
FY 30	5	$39,816.00	$29,861.00	75.00%

Service Program

Limitations: **NA**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	1,208	11.9%	$378,586	$313.40
FY 27	9,883	965	9.8%	$337,463	$349.70
FY 28	9,578	624	6.5%	$307,380	$492.60
FY 29	9,031	472	5.2%	$332,602	$704.67
FY 30	8,127	130	1.6%	$148,155	$1,139.65

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per client
1	Part C	$288,266.19	NA	NA
2	Part D	$13,960.00	143	$97.62

Notes:
Expenditures have dropped in FY 30

Core Service: Substance Abuse Outpatient

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 as %	RFP Allocation
Total		$23,089,607		$52,186
Part A	7	$44,128	0.21%	$44,128
MAI	4	$8,058	0.36%	$8,058

Ranking, Allocation and Expenditure 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%
FY 30	7	$44,128.00	$19,527.19	44.25%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 29	5	NA	NA	NA
FY 30	4	$8,058.00	$4,029.00	50.00%

Service Program

Limitations: **400% FPL**

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	83	0.8%	$112,180	$1,351.57
FY 27	9,883	120	1.2%	$110,357	$919.64
FY 28	9,578	115	1.2%	$55,390	$481.65
FY 29	9,031	55	0.6%	$23,970	$435.82
FY 30	8,127	NA	0.0%	$23,556	NA

Other Funding Streams

	Funder	Expended	Number of Clients	Cost Per Client
2	Other	$162.00	3	$54.00

Notes:
Expenditures have steadily declined, in FY 30 alternate billing was used

Support Service: Substance Abuse Residential

FY 31: March 1, 2021-February 28, 2022

	YR 31 Ranking	YR 31 Direct Services Totals as of 7/14/21	YR 31 as %	RFP Allocation
Total		$20,846,469		
Part A	8	$1,887,656	9%	$2,169,744

Ranking, Allocation and Expenditure 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%
FY 30	9	$1,773,744.00	$1,320,120.00	74.43%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI 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%
FY 30	NA	NA	NA	NA

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	$11,039.52
FY 27	9,883	214	2.17%	$2,276,435	$10,637.55
FY 28	9,578	169	1.76%	$1,854,140	$10,971.24
FY 29	9,031	95	1.05%	$1,237,830	$13,029.79
FY 30	8,127	70	0.86%	$1,320,120	$18,858.86

Notes:
Expenditures increased in FY 30.

Unmet Need

Section 8

Ryan White Program
2020 Client Satisfaction Survey
Summary of Findings

aidsnet.org

Prepared for
2021 Needs Assessment
Ryan White Program Year 30
July 13, 2021

Prepared by
Behavioral Science Research Corporation

2020 Ryan White Program Client Satisfaction Survey

- FY 2020 was the 13th Ryan White Client Satisfaction Survey (CSS) administered by Behavioral Science Research (BSR)
- Previous surveys were conducted in 2006 and annually since 2008
- 325 client interviews were completed, focusing on four core service categories:
  - Medical Case Management
  - Outpatient Ambulatory Health Services
  - AIDS Pharmaceutical Assistance
  - Oral Health Care
- Survey was truncated because of COVID-19 service impacts

Survey Methodology in the Year of COVID-19

- Clients were interviewed by telephone, rather than in-person interviews at subrecipient Medical Case Management sites, as BSR had done in the past.
  - The interviews were quota-sampled by MCM site, based on the number of clients case-managed at the site. Clients must have been in RWP MCM care at the site for at least 6 months.
  - Clients were recruited to participate in two ways:
    - by MCMs, from a randomized list of clients receiving MCM services at the site, and who gave permission for BSR to conduct the interview before BSR could contact them;
    - by BSR directly, from a randomized list of the site's clients who had previously-executed "Consent to be Contacted by BSR for Future Research" form in their Provide records.
- As an incentive to participate, clients were given a $25 Walmart "e-gift" card, by phone text, by email or sent by US mail.

Service Utilization among Client Satisfaction Survey Respondents, 2018-2020

SERVICE CATEGORY	2018		2019		2020	
	# Served	% of Total	# Served	% of Total	# Served	% of Total
Medical Case Management	505	100%	507	100%	325	100%
Outpatient Ambulatory Health Services	496	98%	466	92%	315	97%
AIDS Pharmaceutical Services	485	96%	501	99%	315	97%
Oral Health Care	309	61%	315	62%	133	42%
Mental Health Services	113	22%	120	24%	55	17%
Subs. Abuse Services – Outpatient	8	3%	14	3%	0	0%
Subs. Abuse Services – Residential	13	3%	9	2%	7	2%

Summary of Client Satisfaction Survey Respondent Characteristics (1)

Ethnicity	
Hispanic	56%
Black non-Hispanic	26%
Haitian	11%
White non-Hispanic, other	6%

Age	
Under 34 years	17%
35-49 years	31%
50-64 years	47%
65 years and above	4%

Languages “spoken well”	
English	68%
Spanish	59%
Haitian Creole	12%
French, Portuguese, other	10%

Education	
Less than High School	18%
High School, Trade School	33%
AA or Post-HS certificate	24%
College or post-grad	25%

Summary of Client Satisfaction Survey Respondent Characteristics (2)

Year of HIV/AIDS Diagnosis (9% don't know)	
Before 1995	14%
1995 – 2004	21%
2005-2014	35%
2015 – present	21%

First Treated in Miami-Dade County (5% don't know)	
Before 1995	7%
1995-2004	21%
2005-2014	32%
2015 – present	35%

Employment Status	
Working full time	36%
Working part time	20%
Sporadic, episodic	8%
Not working	36%

Living Arrangements	
Living alone	32%
Dyadic, with spouse/partner	28%
Living with other family	29%
Living with other non-family	11%

Summary of Client Satisfaction Survey Respondent Characteristics (3)

Frequency of Sending/Receiving Email	
Daily	50%
Weekly	23%
Monthly	5%
Rarely/Never/NA	22%

Frequency of Video/Teleconference Calls	
Daily	31%
Weekly	17%
Monthly	7%
Rarely/Never/NA	45%

Gender	
Males	64%
Females	35%

Reported Problems	
Signing up for Ryan White Program services?	2%
Language barriers in services?	0.3%

Percent "Very Satisfied" by Service Category 2018-2020

SERVICE CATEGORY	2018	2019	2020
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Medical Case Management	85%	76%	81%
Outpatient Ambulatory Health Services	84%	69%	72%
AIDS Pharmaceutical Services	81%	62%	61%
Oral Health Care	73%	58%	56%

Percent "Very Satisfied" with Specific Personnel 2018-2020

SERVICE CATEGORY	2018	2019	2020
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Medical Case Manager	88%	79%	81%
Physician (MD, DO), ARNP, PA	85%	70%	72%
Pharmacist	79%	56%	61%
Other pharmacy staff	79%	53%	50%
Dentist	74%	59%	56%
Oral hygienist	--	--	55%

Adherence Counseling at Medical Case Management (MCM)/Primary Medical Provider (PMP) Visits

When you visit your MCM/PMP, how frequently does this person …	For MCMs	For PMPs
Discuss the importance of client making all appointments (% at every visit)	75%	84%
Information is clear and easy to understand	63%	65%
Discuss the importance of the client taking all required medications (% at every visit)	78%	89%
Information is clear and easy to understand	64%	67%
Discuss the importance of getting/keeping VLs undetectable (% at every visit)	70%	87%
Information is clear and easy to understand	64%	66%

Percent "Very Satisfied" with Lagtime to Next Appointment 2018-2020

SERVICE CATEGORY	2018	2019	2020
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Medical Case Management	80%	58%	58%
Outpatient Ambulatory Health Services	76%	39%	51%
Oral Health Care	62%	26%	37%

Percent "Very Satisfied" with Time it Takes to Get Through to a Provider on the Phone 2018-2020

SERVICE CATEGORY	2018	2019	2019
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Medical Case Management	77%	51%	56%
Outpatient Ambulatory Health Services	74%	39%	37%

Percent "Very Satisfied" with the Amount of Time it Takes to Get a Phone Call Returned 2018-2020

SERVICE CATEGORY	2018	2019	2020
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Medical Case Management	80%	53%	55%
Outpatient Ambulatory Health Services	74%	35%	36%

Major Client Satisfaction Survey (CSS) findings to keep in mind …

- Demographics of the 2020 CSS sample generally matched the ethnicity/race of Ryan White Program clients, slightly over-represented among females and persons 35-64 years old.
- Over half the CSS client base is working full-time (36%) or part-time (20%), potentially complicating service delivery.
- Preferred language is English for 39% of CSS sample, 43% Spanish, 8% Creole, very close to Ryan White Program demographics of clients in care. "Language barrier preventing service" was not an issue for clients in survey.
- Overall satisfaction with MCM services is very high, even during pandemic, with over 80% "very satisfied."

More Client Satisfaction Survey (CSS) findings …

- Satisfaction is lower for outpatient/ambulatory health services (72% very satisfied), consistent with previous years, and weaker for Part A/ADAP pharmacy services (61%) and oral health care (56%).

- Adherence counseling is an issue: while majority of MCM and OAHS clients cite frequent encouragement to keep appointments and take medications, many clients do not find the information clear and easy to understand. This varies considerably from one subrecipient to another.

- Satisfaction levels are low when it comes to the lagtime in (1) getting a "new or next" MCM, OAHS or OHC appointment (especially OHC); (2) with getting through to MCM and OAHS providers on the phone; or (3) getting a call back from MCM or OAHS providers, although COVID-19 service disruptions did not reduce overall satisfaction below 2019-2020 levels.

Thank you for your attention.

Any Questions?

2021 Needs Assessment
Unmet Need Population Worksheet

	Prevalence in Miami-Dade County (FDOH) CY 2019	Ryan White Program clients served, FY 2020-2021	% of the FDOH CY 2019 prevalence served by the RWP	Current Integrated Plan Priority Population
Total	27,319	8,400	30.7%	
SAMPLE PRIORITY POPULATIONS				
Black Females	4,656	616	13.2%	*
Black Women of Childbearing Age (age 15-44)	1,430	207	14.5%	
Black Male w/ Hetero Contact	2,514	507	20.2%	*
Black Male to Male Sexual Contact	3,147	549	17.4%	*
All Black Males	6,540	1,154	17.6%	
Haitian Males and Females	2,655	858	32.3%	*
Hispanic Females	1,746	520	29.8%	
Hispanic Women of Childbearing Age (age 15-44)	526	183	34.8%	
Hispanic Male w/ Hetero Contact	1,084	2,030	187.3%	
Hispanic Male to Male Sexual Contact	9,567	2,095	21.9%	*
All Hispanic Males	11,233	4,499	40.1%	
White Females	295	57	19.3%	
White Women of Childbearing Age (age 15-44)	88	21	23.9%	
White Male w/ Hetero Contact	100	217	217.0%	
White Male to Male Sexual Contact	2,156	282	13.1%	
All White Males	2,438	546	22.4%	

2021 Needs Assessment
Unmet Need
Priority Population Worksheet

Select **THREE (3)** priority populations of focus based on the data provided.

	Category	Totals	Numerical Inputs				Auto-Calculated Percentages					
							Within Categories			Across Categories		
		# of People Living with Diagnosed HIV Infection	# New Diagnoses	# Late Diagnoses	# Unmet Need	# In Care, Not Virally Suppressed	% Late Diagnosed	% Unmet Need	% In Care, Not Virally Suppressed	% Late Diagnosed	% Unmet Need	% In Care, Not Virally Suppressed
A	B	C	D	E	F	G	H	I	J	K	L	M
HIV SURVEILLANCE DATA -Source: 2019 Epi Profile												
1	Total	27,319	1,181	380	8,025	2,215	32.2%	29.4%	11.5%	100.0%	100.0%	100.0%
2	**SAMPLE PRIORITY POPULATIONS**											
a	Black Females	4,656	111	53	1,357	618	47.7%	29.1%	18.7%	13.9%	16.9%	27.9%
b	Black Women of Childbearing Age (age 15-44)	1,430	57	21	441	272	36.8%	30.8%	27.5%	5.5%	5.5%	12.3%
c	Black Male w/ Hetero Contact	2,514	63	45	1,042	247	71.4%	41.4%	16.8%	11.8%	13.0%	11.2%
d	Black Male to Male Sexual Contact	3,147	136	57	1,004	342	41.9%	31.9%	16.0%	15.0%	12.5%	15.4%
cd	Black Males	6,540	202	108	2,383	713	53.5%	36.4%	17.2%	28.4%	29.7%	32.2%
e	Haitians	2,655	67	45	1,091	244	67.2%	41.1%	15.6%	11.8%	13.6%	11.0%
f	Hispanic Females	1,746	91	25	519	162	27.5%	29.7%	13.2%	6.6%	6.5%	7.3%
g	Hispanic Women of Childbearing Age (age 15-44)	526	53	12	143	59	22.6%	27.2%	15.4%	3.2%	1.8%	2.7%
i	Hispanic Male w/ Hetero Contact	1,084	66	26	361	73	39.4%	33.3%	10.1%	6.8%	4.5%	3.3%
j	Hispanic Male to Male Sexual Contact	9,567	593	137	2,229	442	23.1%	23.3%	6.0%	36.1%	27.8%	20.0%
ij	Hispanic Male	11,233	666	164	2,826	572	24.6%	25.2%	6.8%	43.2%	35.2%	25.8%
k	White Females	295	9	2	114	30	22.2%	38.6%	16.6%	0.5%	1.4%	1.4%
l	White Women of Childbearing Age (age 15-44)	88	6	1	32	14	16.7%	36.4%	25.0%	0.3%	0.4%	0.6%
m	White Male w/ Hetero Contact	100	8	3	46	4	37.5%	46.0%	7.4%	0.8%	0.6%	0.2%
n	White Male to Male Sexual Contact	2,156	81	13	613	71	16.0%	28.4%	4.6%	3.4%	7.6%	3.2%
mn	White Male	2,438	90	17	723	80	18.9%	29.7%	4.7%	4.5%	9.0%	3.6%
RYAN WHITE HIV/AIDS PROGRAM (RWHAP) DATA-Source: FY 2020-2021												
	Category	Totals	Numerical Inputs				Auto-Calculated Percentages					
								Within Categories			Across Categories	
		# of RWHAP Clients			# Unmet Need	# In Care, Not Virally Suppressed		% Unmet Need	% In Care, Not Virally Suppressed		% Unmet Need	% In Care, Not Virally Suppressed
A	B	C			F	G		I	J		L	M
5	Total	8,400			658	1,042		7.8%	13.5%		100.0%	100.0%
6	**SAMPLE PRIORITY POPULATIONS**											
a	Black Females	616			70	99		11.4%	18.1%		10.6%	9.5%
b	Black Women of Childbearing Age (age 15-44)	207			28	24		13.5%	13.4%		4.3%	2.3%
c	Black Male w/ Hetero Contact	507			59	97		11.6%	21.7%		9.0%	9.3%
d	Black Male to Male Sexual Contact	549			55	117		10.0%	23.7%		8.4%	11.2%
cd	Black Males	1,154			124	236		10.7%	22.9%		18.8%	22.6%
e	Haitians	858			49	129		5.7%	15.9%		7.4%	12.4%
f	Hispanic Females	520			40	57		7.7%	11.9%		6.1%	5.5%
g	Hispanic Women of Childbearing Age (age 15-44)	183			16	31		8.7%	18.6%		2.4%	3.0%
i	Hispanic Male w/ Hetero Contact	2,030			120	209		5.9%	10.9%		18.2%	20.1%
j	Hispanic Male to Male Sexual Contact	2,095			141	194		6.7%	9.9%		21.4%	18.6%
ij	Hispanic Male	4,499			292	436		6.5%	10.4%		44.4%	41.8%
k	White Females	57			4	7		7.0%	13.2%		0.6%	0.7%
l	White Women of Childbearing Age (age 15-44)	21			0	6		0.0%	28.6%		0.0%	0.6%
m	White Male w/ Hetero Contact	217			26	18		12.0%	9.4%		4.0%	1.7%
n	White Male to Male Sexual Contact	282			27	29		9.6%	11.4%		4.1%	2.8%
mn	White Male	546			59	48		10.8%	9.9%		9.0%	4.6%

Notes:

Shaded grey rows include multiple transmission categories for the ethnic/gender group
Haitians include males and females

HIV Surveillance Data

C) # of People Living with Diagnosed HIV Infection-Number of people living with diagnosed HIV infection in the jurisdiction based on most recent know address who had a HIV diagnosis, or any other HIV-related lab reported to the HIV surveillance program during the most recent five calendar period. **Data Source Used: 2019 DOH Prevalence**

D) # New Diagnosis-Number of people in the jurisdiction with HIV diagnosed in the most recent calendar year based on residence at time of diagnosis. **Data Source Used: 2019 DOH HIV Incidence**

E) # Late Diagnosis-Number of people with late diagnosed HIV in the most recent calendar year in the jurisdiction based on resident at time of diagnosis. Late diagnosed HIV is based on the first CD4 test results or document of an AIDS-defining condition ≤3 months after a diagnosis of HIV infection. **Data Source Used: 2019 DOH AIDS Incidence**

F) # Unmet Need-Number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address without any CD4 or VL test in the most recent calendar year. **Data Source Used: 2019 DOH No Viral Load**

G) # In Care, Not Virally Suppressed-Number of people living with diagnosed HIV infection in the jurisdiction who are in care and whose most recent viral load test results was ≥200 copies/mL in the most recent calendar year. **Data Source Used: 2019 DOH Retained in Care, Not Virally Suppressed**

HIV Surveillance Data Calculations

ROW (Withing Category) Totals

H) % Late Diagnosed= E/D

I) % Unmet Need=F/C

J) % In Care, Not Virally Suppressed=G9/(C-F)

COLUMN (Across Category) Totals

K) % Late Diagnosed=E row/E total

L) % Unmet Need=F row/ F total

M) % In Care, Not Virally Suppressed= G row/G total

Ryan White HIV/AIDS Program Data

C) # of RWHAP Clients-Number of Ryan White HIV/AIDS Program clients in the jurisdiction who received any RWHAP or RWHAP-related funded service in the most recent calendar year**. Data Source Used: FY 2020-2021 Ryan White Program data**

F) # Unmet Need-Number of Ryan White HIV/AIDS Program clients in the jurisdiction without any CD4, VL test or OAHS visits in the most recent calendar year. **Data Source Used: FY 2020-2021 Ryan White Program data**

G) # In Care, Not Virally Suppressed- Number of Ryan White HIV/AIDS Program clients in the jurisdiction who are in care and whose most recent viral load test results was ≥200 copies/mL in the most recent calendar year. **Data Source Used: FY 2020-2021 Ryan White Program data**

Ryan White HIV/AIDS Program Data Calculations

ROW (Withing Category) Totals

H) % Unmet Need=F/C

I) % In Care, Not Virally Suppressed=G9/(C-F)

COLUMN (Across Category) Totals

J) % Unmet Need=F row/ F total

K) % In Care, Not Virally Suppressed= G row/G total

Service Categories

Section 9

Note: items in red show local restrictions

Miami-Dade Ryan White Program Service Standard Excerpts for FY 2022

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 Outpatient/Ambulatory Health Services.

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.

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.

Priorities, Allocations and Budgets

Section 10

Ryan White Program (Part A/MAI)
Last Four Year's Priority Ranking

Ryan White Program Part A Priorities, YR 2018-2022

Services	FY 28 (YR 18-19)	FY 29 (YR 19-20)	FY 30 (YR 20-21)	FY 31 (YR 21-22)
AIDS Pharmaceutical Assistance (Prescription Drugs) [C]	4	4	3	9
Emergency Financial Assistance [S]		12	12	12
Food Bank/Home-Delivered Meals (Food Bank) [S]	9	7	8	5
Health Insurance Premium And Cost-Sharing Assistance for Low-Income Individuals [C]	3	5	5	6
Medical Case Management, including Treatment Adherence Services[C]	2	1	1	1
Medical Transportation (Transportation Vouchers) [S]	7	10	10	10
Mental Health Services [C]	6	6	4	3
Oral Health Care [C]	5	2	6	4
Other Professional Services (Legal Assistance/Permanency Planning) [S]	12	13	13	13
Outpatient/Ambulatory Health Services [C]	1	3	2	2
Outreach Services[S]	10	9	11	11
Substance Abuse Outpatient Care [C]	8	8	7	7
Substance Abuse Services (residential) [S]	11	11	9	8

Ryan White Program MAI Priorities, YR 2018-2022

Services	FY 28 (YR 18-19)	FY 29 (YR 19-20)	FY 30 (YR 20-21)	FY 31 (YR 21-22)
AIDS Pharmaceutical Assistance (Prescription Drugs) [C]	3			
Emergency Financial Assistance [S]		6	7	7
Medical Case Management, including Treatment Adherence Services[C]	2	1	1	1
Medical Transportation			6	6
Mental Health Services [C]		4	3	3
Outpatient/Ambulatory Health Services [C]	1	3	2	2
Outreach Services [S]	4	2	5	5
Substance Abuse Outpatient Care [C]		5	4	4
Substance Abuse Services (residential) [S]	5			

C=core services S=support services

YEAR 32
Ranking Sheet
Member Results

Ryan White Program Part A Priorities

YR 32	Rank	Services
	1	Medical Case Management, including Treatment Adherence Services [C]
	2	Outpatient/Ambulatory Health Services [C]
	3 or 4	Mental Health Services [C]
	3 or 4	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	5	Oral Health Care [C]
	6	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
	7	Substance Abuse Services (Residential) [S]
	8	Food Bank [S]
	9	Substance Abuse Outpatient Care [C]
	10	Medical Transportation (Vouchers) [S]
	11	Emergency Financial Assistance [S]
	12	Outreach Services [S]
	13	Other Professional Services (Legal Assistance and Permanency Planning) [S]

C=core services S=support services

Ryan White Program MAI Priorities

YR 32	Rank	Services
	1	Medical Case Management, including Treatment Adherence Services [C]
	2	Outpatient/Ambulatory Health Services [C]
	3	Mental Health Services [C]
	4	Substance Abuse Outpatient Care [C]
	5	Medical Transportation (Vouchers) [S]
	6	Outreach Services [S]
	7	Emergency Financial Assistance [S]

C=core services S=support services

RYAN WHITE PART A GRANT AWARD (BU0330)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR30
FORMULA, SUPPLEMENTAL AND MAI FUNDING
Per Resolution #s: R-1125-19, R-246-20, R-247-20, AND R-817-19

GRANT #: BU0330	AWARD AMOUNTS	GRANT DETAILS	
Grant Award Amount Formula	15,610,424.00	01FORM	
Grant Award Amount FY'18 Formula	1,632.00	01FOR2	
Grant Award Amount Supplemental	7,612,515.00	01SUPP	
Grant Award Amount FY'18 Supplemental	697,021.00	01SUP2	23,921,592.00
Carryover Award FY'19 Formula	**707,084.00**	**01CYOV**	W/out CO
Grant Award Amount MAI	2,688,357.00	02MAIA	
Grant Award Amount FY'18 MAI	23,133.00	02MAI2	2,711,490.00
Carryover Award FY'19 MAI	**382,451.00**	**02MAIC**	W/out C/O
Total Award	**$ 27,722,617.00**		

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	10,153,862.00	
AIDS Pharmaceutical Assistance	66,007.00	
Oral Health Care	2,888,975.00	
Health Insurance Services	459,450.00	
Mental Health Therapy/Counseling	142,217.00	
Medical Case Management	6,901,831.00	
Substance Abuse - Outpatient	52,186.00	20,664,528.00

Support Services	Allocations	
Emergency Financial Assistance	0.00	
Food Bank	1,303,799.00	
Other Professional Services	154,449.00	
Medical Transportation	158,277.00	
Outreach Services	304,512.00	
Substance Abuse - Residential	1,773,744.00	3,694,781.00

DIRECT SERVICES TOTAL:		**$ 24,359,309.00**	
Total Core Allocation	20,664,528.00		
Target at least 80% core service allocation	19,487,447.20		
Current Difference (Short) / Over	**$ 1,177,080.80**		
Grantee Admin. (GC, ACMS, BSR Staff)	**$ 2,663,308.00**		
Quality Management	**$ 700,000.00**		
(+) Unobligated Funds / (-) Over Obligated:		3,363,308.00	27,722,617.00
Unobligated Funds (Formula & Supp)	$ -		
Unobligated Funds (Carry Over)	$ -	Check:	$0.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**84.83%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.63%**	**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	7,267,558.74	130,033.00	7,397,591.74	
49212	AIDS Pharmaceutical Assistance	5,993.21			
21610	Oral Health Care	1,645,878.57			
22353	Health Insurance Services	289,193.00			
11404	Mental Health Therapy/Counseling	90,019.31			
21110	Medical Case Management	5,175,527.14	108,414.55	5,283,941.69	
21612	Substance Abuse - Outpatient	23,556.19			14,736,173.71

S/O	Support Services	Expenditures	Carryover Expenditures		
22430	Emergency Financial Assistance	0.00			
49225	Food Bank	596,618.40	707,084.00	1,303,702.40	
21210	Other Professional Services	146,335.50			
60240	Medical Transportation	5,641.90			
22470	Outreach Services	148,154.86			
22413	Substance Abuse - Residential	1,320,120.00			2,923,954.66

TOTAL EXPENDITURES DIRECT SVCS & % :				**$ 17,660,128.37**	**72.50%**
Formula Expenditure %	**95.46%**				
Grantee Administration	**2,518,580.48**				
Quality Management	**699,999.96**			3,218,580.44	
Grant Unexpended Balance	**6,843,908.19**				
Eligible for Carryover	**Part A**	**MAI**			
	$709,256.69	$1,721,768.72			
Total Grant Expenditures & %				**$ 20,878,708.81**	**75.31%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**85.52%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.63%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**9.46%**	**Within Limit**

RYAN WHITE PART A GRANT AWARD (BU0330)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR30
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution #s: R-1125-19, R-246-20, R-247-20, AND R-817-19

GRANT #: BU0330	AWARD AMOUNTS	GRANT DETAILS	
Grant Award Amount Formula	15,610,424.00	01FORM	
Grant Award Amount FY'18 Formula	1,632.00	01FOR2	
Grant Award Amount Supplemental	7,612,515.00	01SUPP	
Grant Award Amount FY'18 Supplemental	697,021.00	01SUP2	23,921,592.00
Carryover Award FY'19 Formula	707,084.00	01CYOV	W/out CO
Total Award	**$ 24,628,676.00**		

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	8,661,870.00	
AIDS Pharmaceutical Assistance	66,007.00	
Oral Health Care	2,888,975.00	
Health Insurance Services	459,450.00	
Mental Health Therapy/Counseling	123,257.00	
Medical Case Management	5,745,493.00	
Substance Abuse - Outpatient	44,128.00	17,989,180.00

Support Services	Allocations	
Emergency Financial Assistance	0.00	
Food Bank	1,303,799.00	
Other Professional Services	154,449.00	
Medical Transportation	150,649.00	
Outreach Services	264,696.00	
Substance Abuse - Residential	1,773,744.00	3,647,337.00

DIRECT SERVICES TOTAL:		**$ 21,636,517.00**	
Total Core Allocation	17,989,180.00		
Target at least 80% core service allocation	17,309,213.60		
Current Difference (Short) / Over	**$ 679,966.40**		
Grantee Admin. (GC, ACMS, BSR Staff)	**$ 2,392,159.00**		
Quality Management	**$ 600,000.00**		
(+) Unobligated Funds / (-) Over Obligated:		2,992,159.00	24,628,676.00
Unobligated Funds (Formula & Supp)	$ -		
Unobligated Funds (Carry Over)	$ -	Check:	$0.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**83.14%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.51%**	**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	6,911,704.73		
49212	AIDS Pharmaceutical Assistance	5,993.21		
21610	Oral Health Care	1,645,878.57		
22353	Health Insurance Services	289,193.00		
11404	Mental Health Therapy/Counseling	82,435.31		
21110	Medical Case Management	4,932,874.00		
21612	Substance Abuse - Outpatient	19,527.19		13,887,606.01

S/O	Support Services	Expenditures	Carryover Expenditures		
22430	Emergency Financial Assistance	0.00			
49225	Food Bank	596,618.40	707,084.00	1,303,702.40	
21210	Other Professional Services	146,335.50			
60240	Medical Transportation	5,641.90			
22470	Outreach Services	118,293.86			
22413	Substance Abuse - Residential	1,320,120.00			2,894,093.66

TOTAL EXPENDITURES DIRECT SVCS & % :			**$ 16,781,699.67**	**77.56%**
Formula Expenditure %	**95.46%**			
Grantee Administration	**2,268,840.31**			
Quality Management	**600,000.00**		2,868,840.31	
Grant Unexpended Balance	**4,978,136.02**			
Total Grant Expenditures & %			**$ 19,650,539.98**	**79.79%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**86.39%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.51%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**9.48%**	**Within Limit**

RYAN WHITE PART A GRANT AWARD (BU0330)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR30
MINORITY AIDS INITIATIVE (MAI) FUNDING
Per Resolution #s: R-1125-19, R-246-20, R-247-20, AND R-817-19

GRANT #: BU0330	AWARD AMOUNTS	GRANT DETAILS	
Grant Award Amount MAI	2,688,357.00	02MAIA	
Grant Award Amount FY'18 MAI	23,133.00	02MAI2	2,711,490.00
Carryover Award FY'19 MAI	382,451.00	02MAIC	W/out C/O
Total Award	**$ 3,093,941.00**		

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	1,491,992.00	
AIDS Pharmaceutical Assistance		
Oral Health Care		
Health Insurance Services		
Mental Health Therapy/Counseling	18,960.00	
Medical Case Management	1,156,338.00	
Substance Abuse - Outpatient	8,058.00	2,675,348.00

Support Services	Allocations	
Emergency Financial Assistance	0.00	
Food Bank		
Other Professional Services		
Medical Transportation	7,628.00	
Outreach Services	39,816.00	
Substance Abuse - Residential		47,444.00

DIRECT SERVICES TOTAL:		**$ 2,722,792.00**	
Total Core Allocation	2,675,348.00		
Target at least 80% core service allocation	2,178,233.60		
Current Difference (Short) / Over	**$ 497,114.40**		
Grantee Admin. (OGC)	**$ 271,149.00**		
Quality Management	**$ 100,000.00**		
(+) Unobligated Funds / (-) Over Obligated:		371,149.00	3,093,941.00
Unobligated Funds (MAI)	$ -		
Unobligated Funds (Carry Over)	$ -	Check:	0.00

Core medical % against Total Direct Service Allocation (Not including C/O):	
Cannot be under 75%	**98.26%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**3.69%** **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	355,854.01	130,033.00	485,887.01	
49212	AIDS Pharmaceutical Assistance				
21610	Oral Health Care				
22355	Health Insurance Services				
11404	Mental Health Therapy/Counseling	7,584.00			
21110	Medical Case Management	242,653.14	108,414.55	351,067.69	
21612	Substance Abuse - Outpatient	4,029.00			848,567.70

S/O	Support Services	Expenditures	Carryover Expenditures		
22430	Emergency Financial Assistance	0.00			
49225	Food Bank				
21210	Other Professional Services				
60240	Medical Transportation	0.00			
22470	Outreach Services	29,861.00			
22413	Substance Abuse - Residential				29,861.00

TOTAL EXPENDITURES DIRECT SVCS & %:			**$ 878,428.70**	**32.26%**
Eligible for Carryover	**$1,721,768.72**			
Grantee Administration	**249,740.17**			
Quality Management	**99,999.96**		349,740.13	
Grant Unexpended Balance	**1,865,772.17**			
Total Grant Expenditures & % (Including C/O):			**$ 1,228,168.83**	**39.70%**

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	**96.60%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**3.69%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**9.21%** **Within Limit**

MIAMI DADE COUNTY
RYAN WHITE PROGRAM
YR 32 PART A GRANT FUNDING
BUDGET WORKSHEET

YR 32 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	YR 30 EXPENDITURES	YR 30 %	YR 31 RFP AWARD	YR 31%	YR 32 RECOMMENDATION [3]	YR 32 %	YR 32 RECOMMENDED ALLOCATION	YR 32 %
	AIDS PHARMACEUTICAL ASSISTANCE [C]	$5,993.21	0.04%	$88,255	0.40%	$88,255	0.40%		0.00%
	EMERGENCY FINANCIAL ASSISTANCE [S]	$0.00	0.00%	$88,253	0.40%	$88,253	0.40%		0.00%
	FOOD BANK [S]	$1,303,702.40	7.77%	$529,539	2.40%	$529,539	2.42%		0.00%
	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C	$289,193.00	1.72%	$595,700	2.70%	$595,700	2.72%		0.00%
	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$4,932,874.00	29.39%	$5,869,052	26.64%	$5,869,052	26.78%		0.00%
	MEDICAL TRANSPORTATION [S]	$5,641.90	0.03%	$154,449	0.70%	$154,449	0.70%		0.00%
	MENTAL HEALTH SERVICES [C]	$82,435.31	0.49%	$132,385	0.60%	$132,385	0.60%		0.00%
	ORAL HEALTH CARE [C]	$1,645,878.57	9.81%	$3,088,975	14.02%	$3,088,975	14.09%		0.00%
	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	$146,335.50	0.87%	$154,449	0.70%	$154,449	0.70%		0.00%
	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$6,911,704.73	41.19%	$8,847,707	40.17%	$8,847,707	40.37%		0.00%
	OUTREACH SERVICES [S]	$118,293.86	0.70%	$264,696	1.20%	$264,696	1.21%		0.00%
	SUBSTANCE ABUSE OUTPATIENT CARE [C]	$19,527.19	0.12%	$44,128	0.20%	$44,128	0.20%		0.00%
	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$1,320,120.00	7.87%	$2,169,744	9.85%	$2,061,204	9.40%		0.00%
	SUBTOTAL	**$16,781,699.67**	100.00%	**$22,027,332**	100.00%	**$21,918,792**	100.00%	**$21,918,792**	**100.0%**
	ADMINISTRATION [1]	**$2,268,840.31**				**$2,502,088**		**$2,502,088**	
	CLINICAL QUALITY MANAGEMENT	**$600,000.00**		**$600,000**		**$600,000**		**$600,000**	
	TOTAL [2]	**$19,650,539.98**				**$25,020,880**		**$25,020,880**	
	Core %	**82.75%**				**84.74%**		**0.00%**	
	Support %	**17.25%**				**15.26%**		**0.00%**	
								$0	**Sum Chec**

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 2022 (YR 32) Total Grant Funding Award Ceiling Totals $27,754,540 [$25,020,880 (Part A) and $2,733,660 (MAI)]** per HRSA's Notice of Funding Opportunity No. HRSA-22-018. This total amount ceiling represents an approximate 5% increase over the current FY 2021 award allocation of $26,432,895 [$23,829,409 (Part A) and $2,603,486 (MAI)]

[3] The "YR 32 Recommendation" adopts the current (YR 31) RFP Award allocation and deducts the difference of -$108,540 between the NOFO award ceiling and the RFP award from Substance Abuse Services (Residential).

MIAMI DADE COUNTY
RYAN WHITE PROGRAM
YR 32 MINORITY AIDS INITIATIVE (MAI) GRANT FUNDING
BUDGET WORKSHEET

YR 32 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	YR 30 EXPENDITURES	YR 31%	YR 31 RFP AWARD	YR 31%	YR 32 RECOMMENDATION	YR 32%	YR 32 RECOMMENDED ALLOCATION	YR 32%
	EMERGENCY FINANCIAL ASSISTANCE [S]	$0.00	0.00%	$12,087.00	0.51%	$12,087.00	0.51%		0.00%
	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$351,067.69	39.97%	$903,920.00	38.41%	$903,920.00	38.41%		0.00%
	MENTAL HEALTH [C]	$7,584.00	0.86%	$18,960.00	0.81%	$18,960.00	0.81%		0.00%
	MEDICAL TRANSPORTATION [S]	$0.00	0.00%	$7,628.00	0.32%	$7,628.00	0.32%		0.00%
	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$485,887.01	55.31%	$1,362,753.00	57.91%	$1,362,753.00	57.91%		0.00%
	OUTREACH SERVICES [S]	$29,861.00	3.40%	$39,816.00	1.69%	$39,816.00	1.69%		0.00%
	SUBSTANCE ABUSE SERVICES OUTPATIENT [C]	$4,029.00	0.46%	$8,058.00	0.34%	$8,058.00	0.34%		0.00%
SUBTOTAL		**$878,428.70**	100.00%	**$2,353,222.00**	100.00%	**$2,353,222.00**	100.00%	**$2,360,294**	0.00%

ADMINISTRATION	**$249,740.17**		**$273,366**		**$273,366**
CLINICAL QUALITY MANAGEMENT	**$99,999.96**	**$100,000**	**$100,000**		**$100,000**
TOTAL [1]	**$1,228,168.83**		**$2,726,588**	↔	**$2,733,660**
			See Note 2		
Core %	**96.60%**		**97.47%**		**0.00%**
Support %	**3.40%**		**2.53%**		**0.00%**

$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 2022 (YR 32) Total Grant Funding Award Ceiling Totals $27,754,540 [$25,020,880 (Part A) and $2,733,660 (MAI)]** per HRSA's Notice of Funding Opportunity No. HRSA-22-018. This total amount ceiling represents an approximate 5% increase over the current FY 2021 award allocation of $26,432,895 [$23,829,409 (Part A) and $2,603,486 (MAI)].

[2] If adopting the "YR 31 RFP Award" allocation, an **additional allocation of $7,072** must be added to a service category(s) in order to match the "YR 32 Recommendation" allocation amount to the NOFO Ceiling Amount.

Additional Materials

Section 11

2021 HHS FEDERAL POVERTY GUIDELINES
Annual Income Ranges (Gross Household Income)

(Effective March 1, 2021 through February 28, 2022 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 $12,880 - $17,516	$17,517 - $19,448	$19,449 - $25,888	$25,889 - $32,328	$32,329 - $38,768	$38,769 - $51,648	$51,649 +
2	< or equal to $17,420 - $23,690	$23,691 - $26,303	$26,304 - $35,013	$35,014 - $43,723	$43,724 - $52,433	$52,434 - $69,853	$69,854 +
3	< or equal to $21,960 - $29,865	$29,866 - $33,159	$33,160 - $44,139	$44,140 - $55,119	$55,120 - $66,099	$66,100 - $88,059	$88,060 +
4	< or equal to $26,500 - $36,039	$36,040 - $40,014	$40,015 - $53,264	$53,265 - $66,514	$66,515 - $79,764	$79,765 - $106,264	$106,265 +
5	< or equal to $31,040 - $42,213	$42,214 - $46,869	$46,870 - $62,389	$62,390 - $77,909	$77,910 - $93,429	$93,430 - $124,469	$124,470 +
6	< or equal to $35,580 - $48,388	$48,389 - $53,725	$53,726 - $71,515	$71,516 - $89,305	$89,306 - $107,095	$107,096 - $142,675	$142,676 +
7	< or equal to $40,120 - $54,562	$54,563 - $60,580	$60,581 - $80,640	$80,641 - $100,700	$100,701 - $120,760	$120,761 - $160,880	$160,881 +
8	< or equal to $44,660 - $60,737	$60,738 - $67,436	$67,437 - $89,766	$89,767 - $112,096	$112,097 - $134,426	$134,427 - $179,086	$179,087 +
9	< or equal to $49,200 - $66,911	$66,912 - $74,291	$74,292 - $98,891	$98,892 - $123,491	$123,492 - $148,091	$148,092 - $197,291	$197,292 +
10	< or equal to $53,740 - $73,085	$73,086 - $81,146	$81,147 - $108,016	$108,017 - $134,886	$134,887 - $161,756	$161,757 - $215,496	$215,497 +
+1	$4,540	$6,810	$9,080	$11,350	$13,620	$18,160	$18,205 +

SOURCE: *https://aspe.hhs.gov/poverty-guidelines (Based on the table titled, "2021 Poverty Guidelines for the 48 Contiguous States and the District of Columbia")*

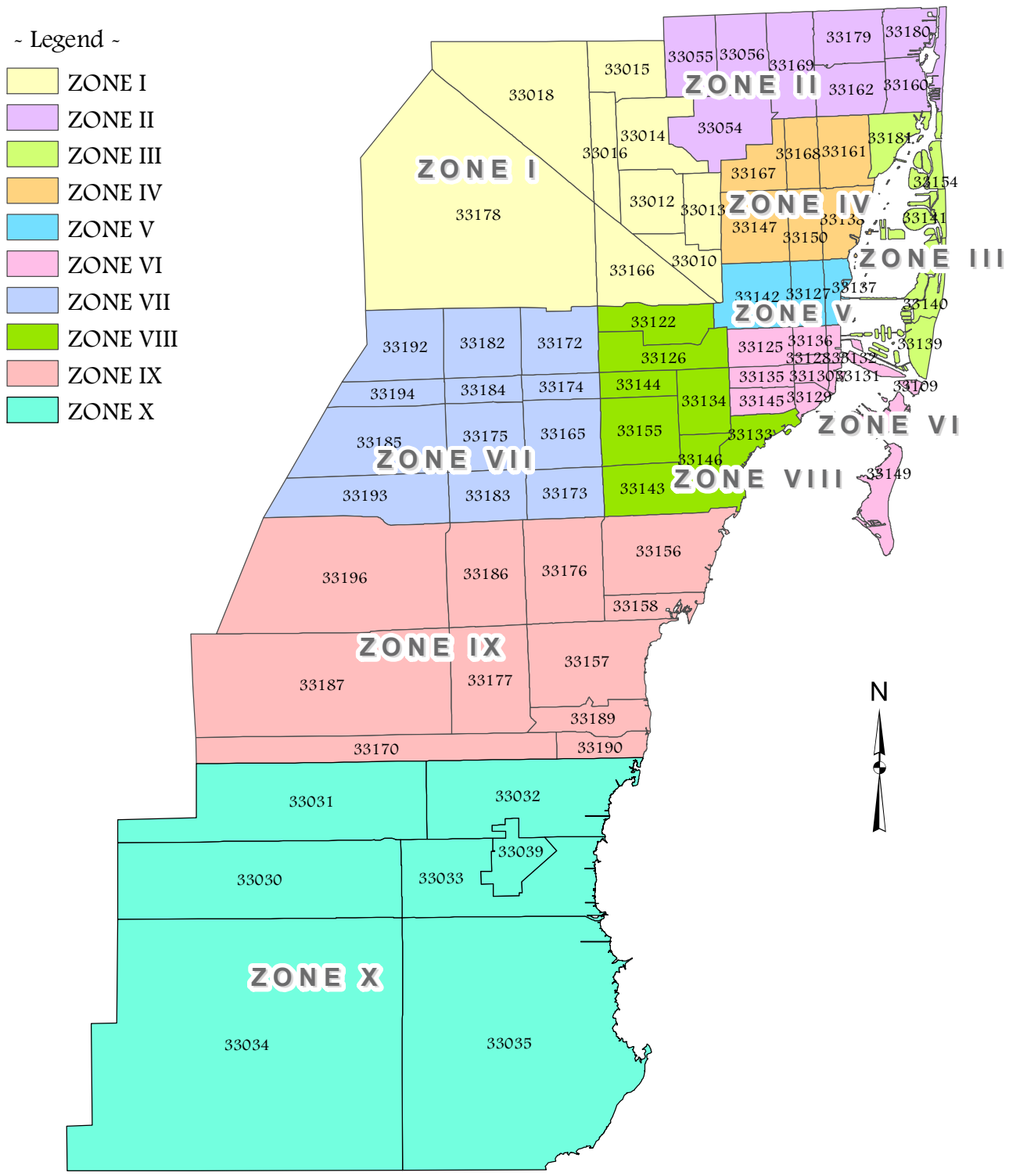
IMPORTANT NOTES:

1) Using the table above as a guide for families/households with more than ten (10) members, add $4,540 for EACH additional family/household member.

2) The Miami-Dade County Ryan White Program Provide® Enterprise Miami data management system will be programmed according to these guidelines, effective March 1, 2021 through February 28, 2022.

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.



Miami-Dade County
Zones for HIV & AIDS Cases

Florida HEALTH
Miami-Dade County

Scale 1: 370,000
Map Units: Decimal Degrees
Distance Units: Miles
Classification: Natural Breaks
Projection: Transverse-Mercator
Author: Rodolfo Boucugnani

Ryan White Program (Part A/MAI)
Current Providers by Life Zone

Life Zone	Subrecipient Agency	Address	City	Zip	AIDS Pharmaceutical Assistance	Health Insurance Services	Medical Case Management	Mental Health Services	Outpatient/ Ambulatory Health Services	Oral Health Care	Substance Abuse Outpatient	Emergency Financial Assistance	Food Bank	Medical Transportation	Other Professional: Legal Asst.	Outreach Services	Substance Abuse Services (Residential)
I	Citrus Health Network	60 East 3rd St, Ste. 102-C	Hialeah	33010	x		x	x	x	x		x		x			
I	Citrus Health Network	4175 W 20th Avenue	Hialeah	33012	x												
I	PHT-South Florida AIDS Network	1490 West 49th Place, Ste. 310	Hialeah	33012			x							x		x	
II	PHT-North Dade Health Center	16555 NW 25th Avenue	Opa Locka	33054	x		x		x					x		x	
II	CAN Community Health	18360 NW 47th Avenue	Miami	33055	x		x		x	x		x		x		x	
II	AIDS Healthcare Foundation	100 NW 170th Street	North Miami Beach	33169	x		x	x	x			x		x		x	
III	AIDS Healthcare Foundation	1613 Alton Road	Miami Beach	33139	x		x		x			x		x		x	
III	Care Resource	1680 Michigan Ave, Ste. 912	Miami Beach	33139	x		x		x		x	x		x			
III	CAN Community Health	427 Washington Ave	Miami Beach	33139	x		x		x	x		x		x		x	
III	Miami Beach Community Health Center-Stanley C. Myers Center	710 Alton Road	Miami	33139	x	x	x	x	x	x		x		x			
III	PHT-P.E.T. Center	615 Collins Avenue	Miami	33139			x		x	x				x		x	
III	Latino Salud	925 Arthur Godfrey Rd, Ste. 200	Miami Beach	33140			x							x			
III	AIDS Healthcare Foundation	4308 Alton Road, Ste. 950/960	Miami Beach	33140	x		x	x	x			x		x		x	
III	Miami Beach Community Health Center-Beverly Press Center	1221-71 Street	Miami Beach	33141	x	x	x	x	x			x		x			
III	Miami Beach Community Health Center-North	11645 Biscayne Boulevard, Ste. 208	North Miami	33181	x	x	x	x	x	x		x		x			
IV	Empower U	7900 NW 27th Avenue, Ste. E-12	Miami	33147	x		x		x		x	x				x	
IV	Jessie Trice Community Health System, Inc.	1190 NW 95 St, Ste. 110	Miami	33150					x								
IV	Miami Beach subcontract-St. Lukes	7707 NW 2nd Avenue	Miami	33150													x
IV	Borinquen Health Care Center	681 NE 125 Street	Miami	33161	x											x	
IV	Borinquen Health Care Center	12601 NE 7th Ave.	Miami	33161						x							
IV	Borinquen Health Care Center	12603 NE 7th Ave.	Miami	33161	x				x							x	
V	Betterway of Miami	800 NW 28th Street	Miami	33127							x						x
V	Care 4 U Health Center	4690 NW 7th Avenue	Miami	33127													
V	AIDS Healthcare Foundation	2900 Biscayne Blvd	Miami	33137	x		x		x			x		x		x	
V	Borinquen Health Care Center	3601 Federal Hwy.	Miami	33137	x		x		x	x						x	
V	Borinquen Health Care Center	3000 Biscayne Blvd.	Miami	33137	x		x				x	x		x		x	
V	Care Resource	3801 Biscayne Blvd, 2nd fl	Miami	33137	x		x		x		x	x		x		x	
V	Food for Life Network	3400 NE 2 Ave	Miami	33137									x				
V	Borinquen Health Care Center	100 NE 38 Streetm Ste. 3	Miami	33137	x		x	x	x							x	
V	AIDS Healthcare Foundation	1411 NW 54 St, Ste. C (Liberty City)	Miami	33142	x		x	x	x			x		x		x	
V	Jessie Trice Community Health System, Inc.	5607 NW 27 Avenue	Miami	33142						x							
V	Jessie Trice Community Health System, Inc.	5361 NW 22 Avenue	Miami	33142	x		x		x	x				x		x	
V	Jessie Trice Community Health System, Inc.	5607 NW 27 Avenue, Ste. 2-3	Miami	33142						x							
VI	Care Resource	1901 SW 1st Street	Miami	33135	x		x		x	x	x	x		x			
VI	University of Miami-IDEA Exchange	1690 NW 7th Ave	Miami	33136			x		x			x		x			
VI	PHT-South Florida AIDS Network	1611 NW 12th Avenue	Miami	33136	x		x	x	x	x		x		x		x	
VI	University of Miami-CAP	1800 NW 10th Avenue	Miami	33136	x		x	x	x			x		x		x	
VII	Latino Salud	2760 SW 97 Ave, Ste. 103	Miami	33165			x							x			
VIII	Borinquen Health Care Center	5050 NW 7th Street, Ste. 170	Miami	33126	x		x	x	x		x	x		x		x	
VIII	AIDS Healthcare Foundation	3661 S. Miami Ave, Ste. 806	Miami	33133	x		x	x	x			x		x		x	
VIII	Community Health of South Florida	#3 3831 Grand Avenue	Miami	33133					x	x		x				x	
VIII	Legal Services of Greater Miami	4343 West Flagler, Ste. 100	Miami	33134											x		
VIII	Community Health of South Florida	#8 6350 Sunset Drive	South Miami	33143					x	x		x				x	
IX	Community Health of South Florida	#6 18255 Homestead Avenue	Perrine	33157					x	x		x				x	
IX	Community Health of South Florida	#9 13540 SW 135 Avenue	Miami	33186					x	x		x				x	
IX	Community Health of South Florida	# 1 10300 SW 216th Street	Miami	33190	x				x	x		x				x	
X	Community Health of South Florida	#2 810 W. Mowry Drive	Homestead	33030	x				x	x		x				x	
X	New Hope C.O.R.P.S.	1020 N Krome Ave	Homestead	33030													x
X	Community Health of South Florida	# 5 13805 SW 264 Street	Naranja	33032					x	x		x				x	
X	AIDS Healthcare Foundation	925 NE 30 Terrace, Ste. 310	Homestead	33033	x		x	x	x			x		x		x	
X	Community Health of South Florida	# 7 13600 SW 312 Street	Homestead	33033					x	x		x				x	
X	PHT-South Florida AIDS Network	1600 NW 6th Ct	Florida City	33034			x							x		x	
X	Community Health of South Florida	#4 19300 SW 376 Street	Florida City	33034					x	x		x				x	

Agenda and Minutes

Section 12

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee
Friday, June 18, 2021

10:00 a.m. – 1:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Victor Gonzalez
II.	Meeting Housekeeping and Rules (Section 1)	Marlen Meizoso
III.	Introductions/Roll Call	All
IV.	Floor Open to the Public	Victor Gonzalez
V.	Review/Approve Agenda (Section 12)	All
VI.	Review/Approve Minutes of March 4, 2021 (Section 12)	All
VII.	Reports -Part A, Part B, ADAP, General Revenue, Vacancy and Motions Q & A	All
VIII.	Standing Business	
	• 2021 Elections Update	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
	• Meeting Format Changes	Marlen Meizoso
IX.	New Business	
	• Setting Priorities and Allocating Resources Process (Section 2)	Marlen Meizoso
	• Planning Council Responsibilities and Needs Assessment (Section 2)	Marlen Meizoso
	• Summary of HIV Epidemiology Profile Data, 2019 (Section 3)	Barbara Kubilus
	• EIIHA-Trends in HIV+ Diagnosis and Linkage to Care CY 2019 and 2020 (Section 3)	Robert Ladner
	• Ryan White Program Demographics Data FY 30 (Section 4)	Robert Ladner
	• Ryan White Program Co-Occurring Conditions FY 30 (Section 4)	Robert Ladner
X.	Announcements	Victor Gonzalez
XI.	Next Meeting: **July 13, 2021** at Main Library- **Auditorium**	Victor Gonzalez
XII.	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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Scan this QR code to access today's meeting evaluation:

Scan this QR code to RSVP for JULY meetings:

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee Meeting
Miami-Dade Public Library, Auditorium
101 West Flagler, Miami, FL 33130 and Zoom
March 4, 2021

#	Committee Members	Present	Absent
1	Alcala, Etelvina	*	
2	Atuñez, Michelle	X	
3	Downs, Frederick		X
4	Gonzalez, Victor		X
5	Grant, Gena	*	
6	Henriquez, Maria	X	
7	Iadarola, Dennis	X	
8	Mills, Vanessa		
9	Neff, Travis	*	
10	Richardson, Ashley		X
11	Roelans, Ryan		X
12	Siclari, Rick	X	
13	Schmuels, Diego	*	
14	Trepka, Mary Jo	*	
15	Wall, Dan	*	
Quorum = 6		***present physically**	

Guests	
Brad Mester	
Javier Romero	
Staff	
Christina Bontempo	
Marlen Meizoso	

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. This meeting was held in a hybrid format with some members and guest participating via Zoom while other members maintained physical quorum.

I. Call to Order

Travis Neff volunteered to chair the meeting. He called the meeting to order at 10:20 a.m. Mr. Wall indicated he had a conflicting meeting and needed to leave by 10:50 a.m.

II. Meeting Housekeeping and Rules

Marlen Meizoso reviewed a Zoom Meeting Housekeeping and Rules presentation (copy on file), which reviewed the environmental reminders, agenda reminders, roll call, voting procedures, and microphone usage options available to physical participants and for those on Zoom.

III. Roll Call

Mrs. Meizoso read the list of members and guests at the meeting. Those present via Zoom chatted their names as "Present" or "Here" in the chat box.

IV. Review/Approve Agenda

The committee reviewed the agenda and adopted it as presented.

Motion to accept the agenda as presented.
Moved: Dan Wall **Seconded: Michelle Atuñez** **Motion: Passed**

V. Floor Open to the Public

Mr. Neff 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.

VI. Review/Approve Minutes of October 29, 2020

The committee reviewed the minutes of October 29, 2020 and accepted them as presented.

Motion to accept the October 29, 2020 minutes, as presented.
Moved: Dan Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

VII. Reports-Q&A

Mr. Neff indicated all reports had been posted online, and if anyone had any questions on the Ryan White Part A, ADAP, General Revenue or Vacancy reports they could raise their hands. No questions were asked.

VIII. Standing Business

- *Medical Care Subcommittee Report* *Marlen Meizoso*

Mrs. Meizoso read the Medical Care Subcommittee report. The MCSC held their meeting in the new hybrid form on January 24, 2021.

The MCSC elected new officers: Carlos Palacios as chair and Dr. Robert Goubeaux as vice-chair.

The subcommittee discussed the ten Letters of Medical Necessity (LOMN) and suggested edits to six of the letters (Antiretroviral Assay-#1, Neupogen-#4, Procrit/Epogen-#5, Roxicodone-#6, Testosterone-#8, and Highly Sensitive Tropism-#9) and deleted four letters (Aptivus, Fuzeon, Sporonox and Nutritional Supplements). The edits included updating language on the letters as reflected in the current versions attached and numbered. The letters are numbered for identification during the review process only. All the medications will still be on the formulary unless specifically removed. The Committee lumped the ten motions below into one motion for the sake of expediency during the meeting.

1. Motion to accept the revisions to the Antiretroviral Assay Letter for Phenotype as discussed. (Letter #1)

2. Motion to delete the Letter of Medical Necessity for Fuzeon.
3. Motion to delete the Letter of Medical Necessity for Aptivus.
4. Motion to delete the Letter of Medical Necessity for Sporonox.
5. Motion to accept the revisions to the Letter of Medical Necessity for Neupogen. (Letter #4)
6. Motion to accept the revisions to the Letter of Medical Necessity for Procrit or Epogen. (Letter #5)
7. Motion to accept the revisions to the Roxicodone the Letter of Medical Necessity. (Letter #6)
8. Motion to accept the revisions to the Letter of Medical Necessity for Testosterone Supplementation.
9. Motion to accept the revisions to the Highly Sensitive Tropism Assay required to prescribe Maraviroc (Selsentry). (Letter #9)
10. Motion to delete the Ryan White Program Nutritional Supplemental Referral two-page letter.

Motion to accept all the deletions and revisions to the Letters of Medical Necessity listed in motions 1-10 in the Medical Care Subcommittee report (*as shown above***).**
Moved: Dan Wall **Second: Dr. Diego Shmuels** **Motion: Passed**

In 2015, the Partnership restricted access to J1050 (Depo-Provera-medroxyprogesterone acetate injectable) under Outpatient/Ambulatory Health Services as a prevention therapy, but HRSA Policy Clarification Notice 16-02 (PCN 16-02 RWHAP Services Eligible Individuals and Allowable Uses of Funds (hrsa.gov) allows for preventive care under Outpatient/Ambulatory Health Services. The MCSC decided to unrestrict its usage since it is now allowable.

Motion to remove the restriction on J1050 under Outpatient Ambulatory Health Services.
Moved: Dan Wall **Second: Dr. Mary Jo Trepka** **Motion: Passed**

The Ryan White prescription drug formulary allows for all formulations unless restricted. The Subcommittee indicated that all the formulations of medroxyprogesterone acetate should be included along with the brand names.

Motion to modify the RWP prescription drug formulary to include all formulations of medroxyprogesterone acetate, including injectables, and to add brand names.
Moved: Dan Wall **Second: Dr. Diego Shmuels** **Motion: Passed**

The next subcommittee is scheduled for March 26, 2021

IX. New Business

- *Officer Elections* *All*

Mrs. Meizoso reviewed the revised Officer Elections memo (copy on file). The prior memo sent to members indicated that elections would be held at the March meeting. Based on correspondence with the Assistance County Attorney elections will be held at the next meeting. At today's meetings anyone interested in being nominated may indicate their interest. All eligible candidates were included in the memo. No members indicate interest.

- *Work Plan Review* *All*

Mrs. Meizoso reviewed the current work plan (copy on file). Items are all subject to change. If there are no business items, the committee will not meet. Presentations will be posted online. The needs

assessment is tentatively scheduled for last two weeks of June with a possible extra date in July. Flexibility will be needed since dates have to be booked and the current venue does not allow for books more than two months in advance.

- *Annual Disclosures* *`All*

Mrs. Meizoso reviewed the annual disclosure forms (copy on file) sent out last month. The forms are due by July 1st to the County, but all members are requested to complete the forms by the end of the month. The only items that need to be completed are the section at the top with name and address, the section at the bottom indicating the source of income, signature, and date.

X. Announcements

Mr. Neff strongly encouraged those members who can attend in person to come to meetings.

Gena Grant inquired if there were any data on HIV positive patients and COVID. Dr. Mary Jo Trepka indicated that the Florida Department of Health was working on a database to merge E-HARS and COVID data.

XI. Next Meeting

The next meeting is scheduled for Thursday, April 1, 2021 at the Miami-Dade County Main Library, Auditorium, 101 West Flagler Street, Miami, FL 33130.

XII. Adjournment

Mr. Neff adjourned the meeting at 10:53 a.m.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Subcommittee
Tuesday, July 13, 2021

10:00 a.m. – 1:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Victor Gonzalez
II.	Meeting Housekeeping and Rules (Section 1)	Marlen Meizoso
III.	Introductions	All
IV.	Floor Open to the Public	Victor Gonzalez
V.	Review/Approve Agenda (Section 12)	All
VI.	Review/Approve Minutes of June 18, 2021 (Section 12)	All
VII.	Reports -Part A, Part B, ADAP, General Revenue, and Vacancy Q&A	All
VIII.	Standing Business	
	• Chair-elect election	All
IX.	New Business	
	• YR 31 Sweeps Allocations	All
	• YR 30 Carryover Allocations	All
	• Other Funding (Section 6)	Marlen Meizoso
	• 2021 Ryan White Client Satisfaction Survey Findings (Section 8)	Robert Ladner
	• Unmet Need and Priority Populations (Section 8)	Robert Ladner
	• Ryan White Program HIV Care Continuum (Section 3)	Robert Ladner
	• Service Categories (Section 9)	Robert Ladner
	• Next Steps at August meeting	Marlen Meizoso
X.	Announcements	All

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Scan this QR code to access today's meeting evaluation:

Scan this QR code to RSVP for August meetings:

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Care and Treatment Committee Meeting
Miami-Dade Public Library, Auditorium
101 West Flagler, Miami, FL 33130 and Zoom
June 18, 2021

#	Committee Members	Present	Absent
1	Alcala, Etelvina		X
2	Antunez, Michelle	*	
3	Downs, Frederick	X	
4	Gonzalez, Victor	*	
5	Grant, Gena	*	
6	Henriquez, Maria	X	
7	Iadarola, Dennis		X
8	Mills, Vanessa		X
9	Neff, Travis	*	
10	Richardson, Ashley	*	
11	Roelans, Ryan		X
12	Siclari, Rick	X	
13	Schmuels, Diego	*	
14	Trepka, Mary Jo	*	
15	Wall, Dan		X
Quorum = 6		***present physically**	

In Person Guests	Virtual Guests
Giselle Gallo	Tekisha Durand
Brad Mester	David Goldberg
John McFeely	Courtney Gillens
Guillermo Rodriguez	Jimmy Hernandez
Robert Ward	Karen Hilton
	Susana Martinez
	Miguel Puente
	April Sarmiento
	Sandra Sergi
	Carla Valle-Schwenk
Staff	
Christina Bontempo	Robert Ladner
Barbara Kubilus	Marlen Meizoso

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. This meeting was held in a hybrid format with some members and guest participating via Zoom while other members maintained physical quorum.

I. Call to Order

Victor Gonzalez, Chair, called the meeting to order at 10:30 a.m.

II. Meeting Housekeeping and Rules

Marlen Meizoso reviewed the Meeting Housekeeping and Rules presentation (copy on file), which reviewed the environmental reminders, agenda reminders, introduction/roll call, and voting procedures available to physical participants and for those participating via Zoom.

III. Introductions/Roll Call

The Chair called for all attendees present in the room to introduce themselves. Christina Bontempo read the names of those participants present via Zoom, and requested they chatted their names as "Present" or "Here" in the chat box to have their attendance recorded.

IV. Floor Open to the Public

Mr. Gonzalez opened the floor to the public with the following statement:

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. The floor was then closed.

V. Review/Approve Agenda

The committee reviewed the agenda. Mrs. Meizoso and Ms. Bontempo requested to be added under announcements. The Committee made a motion to adopt the agenda as presented.

Motion to accept the agenda as presented.
Moved: Travis Neff **Seconded: Michelle Antunez** **Motion: Passed**

VI. Review/Approve Minutes of March 4, 2021

The committee reviewed the minutes of March 4, 2021. Two corrections were suggested. On page three, under officer elections a "d" will be added to "indicate". On page four, under "Annual Disclosure forms" the word "financial" will be added.

Motion to accept the March 4, 2021 minutes with the changes discussed.
Moved: Michelle Antunez **Seconded: Dr. Diego Shmuels** **Motion: Passed**

VII. Reports-Part A, Part B, ADAP, General Revenue, Vacancy and Motions-Q & A

Mr. Gonzalez indicated that all reports had been posted online, and if anyone had any questions on the Ryan White Part A, Part B, ADAP, General Revenue, Motions or Vacancy reports they could raise their hands. No questions were asked. Questions could also be asked after the meeting.

VIII. Standing Business

- *2021 Elections Update* *Marlen Meizoso*

Mrs. Meizoso explained that the standard elections that would have taken place in January are on hold until the Partnership meets. Per the County Attorney recommendations, the Partnership must determine whether to suspend the bylaws rules regarding elections. Until the issue is resolved, all officers remain. Meanwhile, the Committee has had a vacancy for a chair-elect since last year, which should be filled. Dr. Diego Shmuels indicated he was interested in having his name placed on the ballot. Anyone else who is interested in having their name added to the ballot should contact staff before the next meeting, when the election will take place.

- *Medical Care Subcommittee Report* *Marlen Meizoso*

Mrs. Meizoso reviewed the Medical Care Subcommittee (MCSC) report.

The MCSC met on April 23, 2021.

The MCSC discussed the Antiretroviral Assay Letter of Medical Necessity for Phenotype and concerns by Dr. Beal about low usage and minimizing barriers. The Subcommittee reviewed the suggestions and decided to recommend its removal, since additional barriers to access were not warranted given its low usage. Should usage become unusually high in the future, the Subcommittee can address the issue then. A recommendation was made to remove the letter of Medical Necessity for Phenotype.

Motion to remove the Antiretroviral Assay Letter of Medical Necessity for Phenotype.
Moved: Dr. Mary Jo Trepka Seconded: Dr. Diego Shmuels Motion: Passed

Members reviewed the historical information on the Testosterone Letter of Medical Necessity. The Subcommittee decided to recommend removal of the letter, since additional barriers to access were not warranted given its low usage. Should usage become unusually high in the future, the Subcommittee can address the issue then.

Motion to remove the Letter of Medical Necessity for Testosterone.
Moved: Dr. Mary Jo Trepka Seconded: Dr. Diego Shmuels Motion: Passed

The Subcommittee reviewed literature on substance use disorders including the SAMHSA Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders, an evidence-based resource guide series now posted on aidsnet.org. The Subcommittee wanted to emphasize to the Care and Treatment Committee that substance use treatment is an important component of care, especially during the COVID-19 pandemic.

The Subcommittee will be reviewing the Primary Medical Care Standards at their next meeting.

The next subcommittee meeting is scheduled for July 23, 2021.

- *Meeting Format Changes* *Marlen Meizoso*

Mrs. Meizoso reviewed an infographic of meeting formats from March 2020 to the present (copy on file). Effective July 1, 2021, all meetings will return to an in-person format with no virtual option. As always, the meetings must have quorum to be held. Parking validation will only be offered to members of the affected community who are members of the Partnership (including committee and subcommittee). If there are any changes related to parking, staff will inform participants.

IX. New Business

- *Setting Priorities and Allocating Resources Process* *Marlen Meizoso*

Mrs. Meizoso reviewed the Setting Priorities and Allocation Resources Process document (copies on file). The document detailed the nine steps that the Committee will follow throughout the needs assessment process in 2021. Because the Committee could not make quorum at the last meeting, the dates indicated on the sheet are slightly off. It was suggested that the section with these dates be reworded to be more general but indicate that the needs assessment and prioritization process must be completed no later than mid-September; to meet grant deadlines. The opening language would now read "The annual Priority Setting and Resource Allocation needs assessment process is a series of Care and Treatment meetings scheduled as three meetings in the Summer 2021 but no later than mid-September (2021)". Members voted to accept the document with the suggested revision.

Motion to accept the Setting Priorities and Allocation Resources document with the recommended change.
Moved: Frederick Downs, Jr. Second: Michelle Antunez Motion: Passed

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

Mrs. Meizoso presented the Planning Council Responsibilities and Needs Assessment Summary 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 types of data points that will be presented throughout the process were also shared and reviewed. An additional presentation detailing the Ryan White Program legislation was shared online under the title 2021 Needs Assessment Preparation and will be included in the needs assessment book.

- *Summary of HIV Epidemiology Profile Data, 2019* *Barbara Kubilus*

Barbara Kubilus presented the Summary of HIV Epidemiology Profile Data, 2019 (copy on file). The full 2019 Epi profile is posted online for reference and will be included in the needs assessment book. Overall, the population of the County is female, Hispanic and 60 years and older. Information on prevalence was shared and indicated that approximately 27,319 were living with HIV in 2019, of which 48% were Hispanic, 41 % Black non-Hispanic, and 10% were White non-Hispanic. Males make up 75% of those with HIV and of these 74% identify as male to male sexual contact (MMSC, formerly known as "MSM," men who have sex with men) as a transmission category. Around 55% of those with HIV identify as coming from the Caribbean. Deaths continue to decrease. Miami-Dade County continues to have the highest rate of new HIV infections nationwide. Blacks continue to be overrepresented in both HIV and AIDS cases compared to their population total. Sexually transmitted infections have increased among persons with HIV. Since 2015, Gonorrhea cases co-infected with HIV have increased by 173%, early syphilis cases co-infected with HIV have increased by 54%, and chlamydia cases have increased by 120%. Hepatitis B or C is a frequent co-occurring condition among those with HIV, particularly among those with substance use disorders and among Blacks.

- *EIIHA-Trends in HIV+ Diagnosis and Linkage to Care CY 2019 and 2020* *Robert Ladner*

Dr. Robert Ladner presented information on Calendar years 2019 and 2020 Early Identification of Individuals with HIV/AIDS (EIIHA) presentation (copy on file). From 2019 to 2020, there was a 38% drop in the number of HIV tests conducted. Of those tested, 79% were linked to care, down from last year. Hispanic MMSC who were newly diagnosed positive had the highest new linked to care rates In the Ryan White Program, 38% of new clients came through the Florida Department of Health testing program.

- *Ryan White Program Demographic Data FY 30* *Robert Ladner*

Dr. Ladner reviewed the Ryan White Program Demographic Data FY 30 (copy on file). The presentation includes summary slides at the beginning of the document. A total of 8,400 clients were served in FY 2020-21, which is 7% lower than last year. There was a total of 1,271 new clients in the program, which is a 21% increase 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. Seventy percent of Ryan White Program clients are age 35 and older. Males continue to dominate the client base. As in the past, the proportion of Hispanics continues to rise from year to year, with a 6% increase in FY 2020-2021, and a 7% decrease in Black/African Americans. With the increase of Hispanic clients, Spanish language preference has increased 10%. The proportion of clients with income levels between 201%-400% of the Federal Poverty Level slightly increased. The largest exposure category both for current and new clients continues to be MMSC. There appears to be a large decrease (23%) of clients identifying Medicaid

as a payer source. A large portion of the new clients in care were uninsured.

- *Ryan White Program Co-Occurring Conditions FY 30* *Robert Ladner*

Dr. Ladner reviewed the Ryan White Program Co-Occurring Conditions FY 30 (copy on file). There are seven special need demographic groups and eight co-occurring conditions presented. Hispanic MMSC clients have the highest viral load suppression rates and account for 25% of the Ryan White Program clients. Women of childbearing age had the lowest viral load suppression rates and the highest rates of mental illness. The annual cost of clients with mental illness and housing instability account for the highest annual cost per client (of all clients).

Announcements

Mrs. Meizoso announced that the link to today's evaluation is found on the reverse side of today's agenda.

Christina Bontempo reviewed the aidsnet.org website, including the location of meeting materials, newsletter and new QR code feature to RSVP on calendars.

Gena Grant announced that the US Conference on AIDS is being held Halloween weekend (Oct. 28-31) in-person in Washington DC. Scholarships are available. Ms. Bontempo noted that the information on the conference was posted on aidsnet.org.

Carla Valle-Schwenk indicated that although a Part B representative from the Department of Health could not attend today's meeting, Part B will be using recommendations made during this year's Needs Assessment priority setting and allocations process to guide Ryan White Part B decisions.

X. Next Meeting

The next meeting is scheduled for Tuesday, July 13, 2021, at the Miami-Dade County Main Library, Auditorium, 101 West Flagler Street, Miami, FL 33130 from 10 a.m. to 1 p.m. It is very important that members participate, since at this meeting Sweeps and Carryover will be decided and additional materials of the needs assessment will be presented. Remember meetings are no longer being offered via Zoom so all participants must attend in person and RSVP.

XI. Adjournment

Mr. Gonzalez adjourned the meeting at 1:00 p.m.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee
Thursday, August 5, 2021

10:00 a.m. – 1:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order/Introductions	Victor Gonzalez
II.	Meeting Housekeeping and Rules (Section 1)	Marlen Meizoso
III.	Floor Open to the Public	Dr. Diego Shmuels
IV.	Review/Approve Agenda (Section 12)	All
V.	Review/Approve Minutes of July 13, 2021 (Section 12)	All
VI.	Reports -Part A, Part B, Vacancy and Motions Q & A	All
VII.	Standing Business	
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	New Business	
	• 2020 Ryan White Utilization Summary (Section 5)	Robert Ladner
	• Dashboard Cards (Section 6)	Marlen Meizoso
	• Needs Assessment Overview and Next Steps	Marlen Meizoso
	• Directives	All
	• Priorities Setting Part A and MAI (Section 11)	All
	• Allocating Resources for Grant Part A and MAI (Section 11)	All
X.	Announcements (copies on file)	Victor Gonzalez
XI.	Next Meeting: **September 2, 2021** at Main Library- **Auditorium**	Dr. Diego Shmuels
XII.	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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Scan QR code to access today's meeting evaluation:

Scan QR code to RSVP for September meetings:

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Care and Treatment Committee Meeting
Miami-Dade Public Library, Auditorium
101 West Flagler, Miami, FL 33130
July 13, 2021

#	Committee Members	Present	Absent
1	Alcala, Etelvina	X	
2	Antunez-Rodriguez, Michelle		X
3	Downs, Frederick		X
4	Gonzalez, Victor	X	
5	Grant, Gena		X
6	Henriquez, Maria	X	
7	Iadarola, Dennis		X
8	Mills, Vanessa		X
9	Neff, Travis	X	
10	Richardson, Ashley	X	
11	Roelans, Ryan	X	
12	Siclari, Rick		X
13	Schmuels, Diego		X
14	Trepka, Mary Jo	X	
15	Wall, Dan	X	
Quorum = 6			

Miguel Puente	
Brad Mester	
Karen Poblete	
David Goldberg	
Nicole Marriott	
Javier Romero	
Carla Valle-Schwenk	
Robert Hyde	
Staff	
Christina Bontempo	Robert Ladner
Barbara Kubilus	Marlen Meizoso

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

Victor Gonzalez, Chair, called the meeting to order at 10:10 a.m.

II. Meeting Housekeeping and Rules

Marlen Meizoso reviewed the Meeting Housekeeping and Rules presentation (copy on file), which reviewed the general meeting decorum, agenda reminders, voting procedures and reviewed the conflict of interest.

III. Introductions

The Chair called for all attendees present in the room to introduce themselves starting with members then guests.

IV. Floor Open to the Public

Mr. Gonzalez opened the floor to the public with the following statement:

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. The floor was then closed.

V. Review/Approve Agenda

The committee reviewed the agenda. Mrs. Meizoso suggested the Sweeps and Carryover item be combined since the sheets have both items presented by either Part A or MAI. The Committee made a motion to accept the agenda with the suggested changes.

Motion to accept the agenda as discussed.
Moved: Dan Wall **Seconded: Travis Neff** **Motion: Passed**

VI. Review/Approve Minutes of June 18, 2021

The committee reviewed the minutes of June 18, 2021 and made a motion to accept them as presented.

Motion to accept the June 18, 2021, minutes as presented.
Moved: Dan Wall **Seconded: Travis Neff** **Motion: Passed**

VII. Reports-Part A, Part B, ADAP, General Revenue, Vacancy and Motions-Q & A

Mr. Gonzalez indicated that all reports had been posted online, and if anyone had any questions on the Ryan White Part A, Part B, ADAP, General Revenue, Vacancy or Motions reports they could raise their hands. No questions were asked. Questions could also be asked after the meeting.

VIII. Standing Business

- *Vice-Chair Elections* *Marlen Meizoso*

Mrs. Meizoso explained that the Committee has had a vacancy for a vice-chair since last year which needs to be filled. Per the discussion at the last meeting, only one candidate expressed interest in the position, Dr. Diego Shmuels and no one else expressed interest at the meeting. The Committee moved to elect Dr. Shmuels as vice-chair.

Motion to accept Dr. Diego Shmuels as vice-chair of the Care and Treatment Committee.
Moved: Dan Wall **Seconded: Travis Neff** **Motion: Passed**

IX. New Business

- *YR 31 Sweeps and YR 30 Carryover Allocations* *Marlen Meizoso*

Mrs. Meizoso indicated that no conflicted members were present for these items.

Mr. Wall reviewed the Minority AIDS Initiative (MAI) Sweeps 1 Reallocation sheet (copy on file). Under Ryan White MAI funds $2,243,138 was available in direct services for YR 31 but the RFP award totals were $2,353,222, which is an overage of $110,084. The Committee recommended reductions of $110,084 in two service categories (Outpatient/Ambulatory Health and Emergency Financial Assistance).

Motion to reduce $97,997 from Outpatient/Ambulatory Health and $12,087 from Emergency Financial Assistance in YR 31 MAI funding allocations.
Moved: Dan Wall **Seconded: Mary Jo Trepka** **Motion: Passed**

YR 30 carryover was also discussed and $97,997 was identified as funding which could be requested. The full amount was recommended to be applied to YR 31 Outpatient/Ambulatory Healthcare Services (since funds were removed from Outpatient/Ambulatory Health Services) during the YR 31 allocations.

Motion to request $97,997 in unspent YR 30 MAI funds be allocated to Outpatient/Ambulatory Health.
Moved: Dan Wall **Seconded: Travis Neff** **Motion: Passed**

Under Ryan White Part A funds, the total received in direct service was $20,846,469 but the total allocated per the RFP was $22,027,332. A reduction of $1,180,863 was needed to balance the totals. The Committee voted to reduce six categories (Medical Case Management, Outpatient/Ambulatory Health Services, Health Insurance Services, Substance Abuse-Residential, Medical Transportation, and Emergency Financial Assistance) based on expenditures over the last three years. Additional sweeps will likely be held later in the year should needs be identified.

Motion to reduce $236,586 from Medical Case Management, $416,922 from Outpatient/ Ambulatory Health, $153,253 from Health Insurance Services, $282,088 from Substance Abuse Residential, $3,761 from Medical Transportation, and $88,253 from Emergency Financial Assistance from Part A allocations for YR 31 .
Moved: Dan Wall **Seconded: Mary Jo Trepka** **Motion : Passed**

YR 30 carryover was also discussed for Ryan White Part A services. A final total is not yet available because totals have not been finalized but these should be completed by the HRSA deadline at the end of July. The Committee opted to use a percent and allocate these unexpended funds to Food Bank which was underfunded for FY 31.

Motion to request 100% of unexpended YR 30 Ryan White Part A funds be allocated to Food Bank.
Moved: Dan Wall **Seconded: Travis Neff** **Motion : Passed**

- *Other Funding* *Marlen Meizoso*

Mrs. Meizoso reviewed the Other Funding presentation (copy on file) which provided background on other funding and their importance. Using information from the annual Women, Infants, Children and Youth (WICY) survey which request HIV specific funding for Parts B-F, General Revenue and the other providers. This information is also included in the Dashboard cards which will be presented at the next meeting. Medicaid expenditure and demographics was also provided. There has been an increase of 9.60% in clients served and 50.19% in total expenditures from FY 18-19 to FY 19-20. A question was asked regarding the sharp increase in expenditures, staff will inquire and report on the reply once it is available. Medicaid demographic data from the past 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 slightly more men (54.93%) than women.

- *2020 Ryan White Client Satisfaction Survey Findings* *Robert Ladner*

Robert Ladner presented the 2020 Ryan White Client Satisfaction Survey Findings (copy on file). The FY 2020 version of the survey focused on four core services (Medical Case Management, Outpatient/

Ambulatory Health Services, AIDS Pharmaceutical Assistance and Oral Health Care). A total of 325 clients were interviewed but the survey was impacted by COVID-19 since clients had to be contacted via phone instead of in-person. Clients were mostly Hispanic, 50-64 years old, spoke English and had a high school or higher educational level. The majority of clients were diagnosed from 2005 onwards, had full or part-time jobs, lived alone and were treated in Miami-Dade County from 2005 onward. Overall satisfaction with services improved for Outpatient/Ambulatory Health Services and Medical Case Management relative to FY 2019-2020 but decreased for Oral Health Care. Adherence counseling is an issue cited as needing improvement. Satisfaction with appointment lag times is low for medical case management, outpatient ambulatory health services and oral health.

Housing instability has been identified as a concern for several years in the client satisfaction survey. Fifteen percent of clients are concerned about their living arrangements and 9% have indicated they were homeless. Housing issues have also been identified in the Mayor's Getting 2 Zero Taskforce and Ending the Epidemic initiatives. The Miami Dade County Department of Health has indicated they will have unspent funds which may be placed into Emergency Financial Assistance to assist with short-term rental help. Nicole Marriot from the Health Council of South Florida indicated that they have a pilot project to assist with short-term housing for individuals who are HIV positive. The current special populations are being re-evaluated and awaiting permission to make the program more inclusive. The Program is working with the Homeless Trust, Lotus House, IDEA exchange and others along the care continuum. There are two programs, STRMU (Short-Term Rental, Mortgage and Utility Assistance) which can offer assistance for up to 21 weeks. There is also a rapid rehousing program which can provide rental assistance for up to 12 months and will ensure that clients can transition into other programs. Funding for the program has been extended to October 2022. Information about these program will be shared with staff for posting and distributing.

- *Ryan White Program HIV Care Continuum* *Robert Ladner*

Dr. Ladner reviewed the Ryan White Program HIV Care Continuum FY 30 data (copy on file), which includes Ryan White Program (RWP) and Florida Department of Health (FDOH) data for Miami-Dade. Overall RWP viral load suppression rate for FY 30 was 80%, which is slightly lower than last year but reasonable considering the COVID-19 pandemic and related treatment and viral load measurement issues. The continuum was also presented in terms of race/ethnicity, gender, and risk factor. Overall, Black, non-Hispanics have the lowest retention and viral load suppression numbers. Females in care have lower retention and viral suppression rates than males.

- *Unmet Need and Priority Populations* *Robert Ladner*

Dr. Ladner reviewed the Unmet Need Populations worksheet (copy on file). One of the new requirements of the HRSA grant is the requirement that eligible metropolitan areas (EMAs) select three priority populations for more intense treatment in FY 2022-2023. The required HRSA table which uses surveillance and Ryan White Program data was presented using the 2019 epi profile data from FDOH and FY 2020-2021 data from the RWP. Sixteen sample priority populations were presented; reviewing size of the populations, unmet needs, and viral load suppression rate, the Committee selected (1) Black Males, (2) Black Females and (3) Hispanic Male to Male Sexual Contact. The Committee opted to use Blacks which may include Haitians. The broader categories of Blacks was used since this could include Haitians in some data sets.

Motion to prioritize for the grant application the following priority populations: Black males, Black females, and Hispanic Male to Male Sexual Contact.
Moved: Dan Wall **Seconded: Ashley Richardson** **Motion: Passed**

- *Service Categories* *Robert Ladner*

Dr. Ladner reviewed the draft Miami-Dade Ryan White Program Service Standard Excerpts for FY 22

derived from the policy clarification notice #16-02 (revised 10/22/18) (copy on file). He reviewed the document and indicated no changes were made from last year. Local exemptions were indicated in red. The excerpts will be included as part of the service description standards. 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 22.
Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

- *Next Steps at August Meeting* *Marlen Meizoso*

Mrs. Meizoso revied the next steps for the August meeting. All needs assessment materials will be accessible online at www.aidsnet.org. Members were encouraged to read materials before the meeting. Utilization and dashboard cards will be presented at the next meeting. The final items left of the needs assessment process are a review of service utilization, directives to the Recipient, priority setting and resource allocation. A priority setting exercise will be shared via survey monkey with members and guest. Deadline to complete the surveys is noon on July 28, 2021, to be counted. Members were strongly encouraged to RSVP since in-person quorum is needed to meet and complete the process in time to meet HRSA deadlines.

X. Announcements

Mrs. Meizoso announced that the link to today's evaluation is found on the reverse side of today's agenda.

XI. Next Meeting

The next meeting is scheduled for Thursday, August 5, 2021, at the Miami-Dade County Main Library, Auditorium, 101 West Flagler Street, Miami, FL 33130 from 10 a.m. to 1 p.m. It is very important that members participate since at this next meeting priority setting and resource allocations for the grant application will be decided.

adjournment

Mr. Gonzalez adjourned the meeting at 12:53 p.m.