



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 4, 2022

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 | Dr. Diego Shmuels |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Introductions | All |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 7, 2022 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Report to Committees (reference only) | All |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • FCPN Nominations | All |
| IX. | New Business | |
| | • Ryan White Program FY 31 Service Utilization Data | Dr. Robert Ladner |
| | • Other Funding and Dashboard Cards | Marlen Meizoso |
| | • Service Categories | All |
| | • Next steps | Marlen Meizoso |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: September 1, 2022 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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Meeting Housekeeping

Miami-Dade HIV/AIDS Partnership, Committees, and Subcommittee

Updated June 21, 2022

Miami-Dade County Main Library Version

Disclaimer & Code of Conduct

- Audio of 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.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

Language Matters!

In today's world, there are many words that can be stigmatizing.

Here are a few suggestions for better communication.



Remember **People First** Language . . .

People with HIV, **People** with substance use disorders, **People** who are homeless, etc.

Please don't say **RISKS** . . .

Instead, say **REASONS**.

Please don't say, **INFECTED with HIV** . . .

Instead, say **ACQUIRED HIV, DIAGNOSED with HIV, or CONTRACTED HIV**.

Please **do not** use these terms . . .

Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .

Resource Persons

- Behavioral Science Research Corp. (BSR) 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 no longer required to be worn in County buildings but because meeting attendees maybe immunocompromised, attendees are asked to wear a mask at all meetings. While masking cannot be enforced, we hope you will respect the health concerns of members and guests and choose to wear a mask for the duration of each meeting. Mask are available from staff.
- Place cell phones on mute or vibrate.
 - ❖ *If you must take a call, please excuse yourself from the meeting.*
- Only voting members and applicants should be seated at the meeting table.
 - ❖ *You may move your chair if concerned about social distancing.*

Meeting Participation

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

Attendance

- All 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.*
- Please **SIGN IN** to be counted as present at the meeting.

Parking

- *See the front desk attendee to have your parking validated or see staff after the meeting for a parking sticker (available to members of the affected community).*

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!



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Floor Open to the Public

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item 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 phone line and email for statements to be read into the record. No statements were received.”



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**Care and Treatment Committee Meeting
Miami-Dade Public Library, Auditorium
101 West Flagler, Miami, FL 33130
July 7, 2022**

#	Committee Members	Present	Absent
1	Alcala, Etelvina		X
2	Downs, Frederick		X
3	Grant, Gena	X	
4	Henriquez, Maria	X	
5	Iadarola, Dennis	X	
6	Mills, Vanessa		X
7	Neff, Travis		X
8	Roelans, Ryan		X
9	Siclari, Rick	X	
10	Shmuels, Diego	X	
11	Trepka, Mary Jo	X	
12	Wall, Dan	X	
Quorum = 5			

Guests	
Mester, Brad	
Poblete, Karen	
Romero, Javier	
Tramel, Alecia	
Valle-Schwenk, Carla	
Staff	
Robert Ladner	
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

Dr. Diego Shmuels, Chair, called the meeting to order at 10:16 a.m.

II. Meeting Housekeeping and Rules

Marlen Meizoso reviewed a Housekeeping and Rules presentation (copy on file), which reviewed the environmental reminders, parking, and meeting decorum for all participants.

III. Introductions

Members and guest introduced themselves around the room.

IV. Floor Open to the Public

Dr. Shmuels 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.

Alecia Tramel commented that it was important to use people-first language and glad it was being incorporated at meetings.

V. Review/Approve Agenda

The committee reviewed the agenda. Sweeps 2 for Part A and MAI was requested to be moved to after the Medical Care Subcommittee report since some members had to leave early. The Committee approved the recommended change to the agenda.

Motion to move Sweeps 2 after the Medical Care Subcommittee reports.

Moved: Dan Wall

Seconded: Gena Grant

Motion: Passed

Motion to accept the revised agenda.

Moved: Dan Wall

Seconded: Dennis Iadarola

Motion: Passed

VI. Review/Approve Minutes of June 2, 2022

The committee reviewed the minutes of June 2, 2022, and accepted them as presented.

Motion to accept the minutes from June 2, 2022, as presented.

Moved: Dan Wall

Seconded: Dr. Mary Jo Trepka

Motion: Passed

VII. Reports

- *Part A*

Dan Wall

Dan Wall reported that the final FY 2021 unduplicated client count was 8,420 (copy on file). Final expenditures have been shared (copies on file). The FY 2022 award notice was received and totals \$27,245,345. The application scored 99.32% and was one of the top six of the EMAs. The Ending the Epidemic grant award was received on June 15 and totaled \$3,464,861. As of July 5, 2022, 2,837, unduplicated clients have been served under TTRA. The integrated plan is being worked on and is due December 9, 2022. The PCPG meeting is scheduled in person for August 14-16, 2022, to finalize the state integrated plan. Coordination meetings have been taking place with the State Department of Health and a data sharing agreement is now approved which would allow Part A and State DOH to identify clients who are lost to care. A state rule change will be taking place that will allow for all state programs to accept Part A proof of HIV documents. The start date is October 1, 2022. Clients will also sign attestations annually and bring in proof of eligibility every two years. The 2022 National Ryan White Conference will be taking place online from August 23-26;

registration will be closing soon. With the recent changes of joint eligibility, the Ryan White Medical Case Management eligibility list is being updated and once completed it will be shared with Dr. Romero. The County is trying to piggyback on the State's quarterly Medicaid client lookups but since this component is not part of the current data sharing agreement the County may need to pay to have it done twice a year.

- *Part B*

Marlen Meizoso for David Goldberg

Mrs. Meizoso reviewed the April 2022 Part B report (copy on file) which listed the expenditures, budgets, and funded categories.

- *ADAP*

Dr. Javier Romero

Dr. Javier Romero reviewed the June 2022, as of July 5, 2022, ADAP report (copy on file). Enrollments, expenditures, and payments were reviewed. Magellan is supposed to start October 1. On July 16, a number of pharmacies will start participating in the program, but details have yet to be shared by the State. Cabreuva utilization as of July 5 is at 127, 56% direct dispense and 44% insured. Broward Regional will be contacting insured clients to reconcile tax forms and credits. Clients will first be contacted by email then by phone. An estimated 2,300 clients will be contacted in Miami-Dade County.

- *General Revenue*

Angela Machado

Mrs. Meizoso reviewed the May 2022, General Revenue report (copy on file) which indicated the number of clients served, categories funded, expenditures, and overall budget.

- *Vacancies*

Marlen Meizoso

Mrs. Meizoso reviewed the May 2022, vacancy report (copy on file). There are 12 vacancies on the Care and Treatment Committee. If anyone knows of interested individuals, they may invite them to a meeting or have them contact staff.

- *Medical Care Subcommittee Report*

Marlen Meizoso

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

The Medical Care Subcommittee:

Met on June 24 and July 5, 2022.

Heard updates from the Ryan White Program and the ADAP Program.

Continued discussing topics related to HIV and aging.

Reviewed, edited, and finalized a draft "Dear Colleague" regarding gender affirming care.

**Motion to accept the “Dear Colleague” letter regarding gender affirming care with changes.
(as presented in attachment 1)**

Moved: Dennis Iadarola

Seconded: Dan Wall

Motion: Passed

Because carryover funds have been added to the oral health care service category, the Subcommittee discussed adopting new dental implant codes based on prior discussions. Input was gathered from oral health care providers limiting the scope of the implant codes and this information was shared. A letter of medical necessity was generated and revised, and the Subcommittee approved the five oral health codes for implants limited to patients who had no teeth and could not keep dentures in place. An effective start date for use of the codes and letter of August 1, 2022, was suggested, pending Partnership approval.

Motion to add D6010 (Surgical placement of implant body, second-stage surgery, placement of healing cap), D6191 (Semi-precision abutment-placement), D6192 (semi-precision attachment-placement), D6110 (Implant/abutment supported removal denture for edentulous arch-maxillary), and D6111(Implant/abutment supported removal denture for edentulous arch-mandibular) to the Ryan White Oral Health Care Formulary as detailed in the Letter of Medical Necessity for Dental Implants for edentulous patients with insufficient bone support for conventional complete dentures; advanced resorption of the bone that supports dentures, so they have difficulty keeping them in place; the implants are not cosmetic; and limited to 8 units.

Moved: Dennis Iadarola

Seconded: Rick Siclari

Motion: Passed

**Motion to accept the Letter of Medical Necessity for Dental Implants as amended.
(as presented in attachment 2)**

Moved: Rick Siclari

Seconded: Dan Wall

Motion: Passed

Motion to have an effective start date of August 1, 2022, pending approval of Partnership for Letter of Medical Necessity for Dental Implants.

Moved: Dennis Iadarola

Seconded: Dan Wall

Motion: Passed

The next subcommittee meeting is scheduled for July 22, 2022.

- *Sweeps 2 Part A and MAI*

All

Members reviewed the Sweeps 2 for MAI. Under MAI, recommended reductions totaled \$18,179 to two categories (outpatient medical and emergency financial assistance) and the only request was \$6,883 under clinical quality management. The Committee voted to allocate the requested funds.

Motion to allocated MAI funds of \$6,883 to clinical quality management.

Moved: Dan Wall

Seconded: Dennis Iadarola

Motion: Passed

Under Sweeps 2 for Part A, recommended reductions totaling \$1,045,848 and requests totaled \$3,583,631. While the full request could not be met, when the carryover funding that is pending is received most of the requests can be fulfilled for direct services. The clinical quality management

program requested additional funding also. Emergency financial assistance funds have been requested since a provider has exhausted funding from General Revenue. Food bank allocations were separated due to subrecipient conflict of interest. Rick Siclari is a conflicted member for the food bank service category. He stepped out of the room while the vote on the item was being made. Form 8B will be completed and included with the meeting minutes. Upon conclusion of the vote, Mr. Siclari returned to the room. The rest of the allocations are as indicated below.

Motion to allocate under Part A \$766,083 to the food bank service category.

Moved: Dan Wall

Seconded: Maria Henriquez

Motion: Passed

Motion to allocate under Part A \$5,815,461 to medical case management; \$8,577,172 to outpatient/ambulatory health; \$132,385 to mental health service; \$84,492 to AIDS pharmaceutical assistance; \$3,088,975 to oral health care; \$335,776 to health insurance services; \$1,969,744 to substance abuse residential; \$44,128 substance abuse outpatient care; \$194,149 to medical transportation; \$9,853 to emergency financial assistance; \$264,696 to outreach services; and \$154,449 to other professional services (legal).

Moved: Dan Wall

Seconded: Dennis Iadarola

Motion: Passed

VIII. Standing Business

- *Legal Services and Gender Affirming Care*

All

Mrs. Meizoso indicated that based on conversations over the prior two meetings, revisions were added to the language to allow for a name change (copy on file) under legal services description marked draft. The County has issued a revised service description and the committee adopted that version with language since it would allow for the service to be provided without disclosing a client is transgender, rather than the suggested draft.

Motion to accept the legal services description as presented with gender-affirming language.

Moved: Dan Wall

Seconded: Rick Siclari

Motion: Passed

IX. New Business

- *CY 2020 and CY 2021 EIIHA Comparison*

Dr. Robert Ladner

Dr. Robert Ladner reviewed the calendar year 2020 and 2021 Early Identification of Individuals with HIV/AIDS (EIIHA) presentation (copy on file). The data provided are from the Department of Health HIV/AIDS testing program which indicated that in calendar year 2021, 22% more tests were conducted than in 2020. The positivity rate is 0.9% and unlike previous years the Black male to male sexual contact risk group had the highest linkage to care rates. Data from this presentation are online at www.aidsnet.org.

- *FY 31 Ryan White Program HIV Care Continuum*

Dr. Robert Ladner

Dr. Ladner presented the Ryan White Program HIV Care Continuum Fiscal Year 31 (copy on file). The 2020 and 2021 Ryan White continuum graphs are similar for four of the five measures. In 2021, the EIIHA linked to care figures were lower than in 2020. Continuum data were presented by race/ethnicity, gender, and exposure categories for three measures in medical care, retained in medical care, and suppressed viral load. Black non-Hispanics, transgenders, and those who identified other risks had the lowest suppressed viral load rates.

- *Client Satisfaction Survey Results*

Dr. Robert Ladner

Dr. Ladner reviewed the Client Satisfaction Survey results (copy on file). The 2021 survey was conducted differently than in the past, both in methodology and scope. Interviews were conducted via phone and a quota sample by medical provider based on the top 50 providers for which outpatient ambulatory health services and oral health care were evaluated. A total of 517 outpatient ambulatory clients were interviewed and 205 qualified under oral health. Overall, 56% of those sampled worked either full-time (34%) or part-time (22%) so their biggest obstacle was work conflicts for appointments. Sixty-two percent (Spanish 55% and Creole 7%) spoke a language other than English so it important for providers to have multilingual staff at provider sites. Service satisfaction is higher for outpatient ambulatory health services and continues to decline for oral health.

- *FCPN Nominations*

All

Mrs. Meizoso announced that FCPN nominations are due for area 11A (copy on file) and shared the FCPN bylaws. Anyone interested in being the representative or alternate should contact her prior to the next meeting. Appointments are for three years and once approved will need to submit an application. Prior representatives can serve again but will need to be voted on. At the next meeting, a vote will need to take place.

X. Announcements

Mrs. Meizoso indicated that it was especially important that members RSVP in advance to the meetings. Mrs. Meizoso indicated two flyers (copies on file) that should be shared with others. The first flyer announces a monthly symposium (June-September) presented by FIU/BSR on research conducted on the Ryan White Program. The second flyer promotes the Community Coalition Roundtables being held at three provider sites (Jessie Trice, Empower U, and Borinquen).

XI. Next Meeting

The next meeting is scheduled for Thursday, August 4, 2021, at the Miami-Dade County Main Library, Auditorium, 101 West Flagler Street, Miami, FL 33130 from 10 a.m. to 1 p.m.

XII. Adjournment

Dr. Shmuels adjourned the meeting at 12:25 p.m.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME Siclarl, Richard		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE Miami-Dade HIV/AIDS Partnership	
MAILING ADDRESS [REDACTED]		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF:	
CITY [REDACTED]		<input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY	
COUNTY Miami-Dade		NAME OF POLITICAL SUBDIVISION:	
DATE ON WHICH VOTE OCCURRED July 7, 2022		MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTIVE	

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which would inure to his or her special private gain or loss. Each elected or appointed local officer also **MUST ABSTAIN** from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you are not prohibited by Section 112.3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Richard Siclari, hereby disclose that on July 7, 20 22 :

(a) A measure came or will come before my agency which (check one or more)

- ☐ inured to my special private gain or loss;
- ☐ inured to the special gain or loss of my business associate, _____ ;
- ☐ inured to the special gain or loss of my relative, _____ ;
- ☐ inured to the special gain or loss of _____ , by whom I am retained; or
- ☒ inured to the special gain or loss of Food for Life Network , which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

FY 22 Ryan White Program Part A sweeps allocations requested for food bank for which Food for Life Network is the sole provider.



If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

Date Filed

7/7/22

Signature



NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



Care and Treatment
Thursday, August 4, 2022

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 | Dr. Diego Shmuels |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Introductions | All |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 7, 2022 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Report to Committees (reference only) | All |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • FCPN Nominations | All |
| IX. | New Business | |
| | • Ryan White Program FY 31 Service Utilization Data | Dr. Robert Ladner |
| | • Other Funding and Dashboard Cards | Marlen Meizoso |
| | • Service Categories | All |
| | • Next steps | Marlen Meizoso |
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Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)

PART A

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32

FORMULA AND SUPPLEMENTAL FUNDING

Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

Project #: BURW3201	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount Formula	16,141,380.00	FORMULA
Grant Award Amount Supplemental	4,121,835.00	SUPPLEMENTAL
Grant Award Amount FY'20 Supplemental	4,268,879.00	PY_SUPPLEMENTAL
Carryover Award FY'17 Formula		CARRYOVER

Total Award \$ 24,532,094.00

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
4 AIDS Pharmaceutical Assistance	84,492.00	
6 Health Insurance Services	335,776.00	
1 Medical Case Management	5,815,461.00	
3 Mental Health Therapy/Counseling	132,385.00	
5 Oral Health Care	3,088,975.00	
2 Outpatient/Ambulatory Health Svcs	8,577,172.00	
9 Substance Abuse - Outpatient	44,128.00	18,078,389.00

Support Services	Allocations	
11 Emergency Financial Assistance	9,853.00	
8 Food Bank	766,083.00	
10 Medical Transportation	194,149.00	
13 Other Professional Services	154,449.00	
12 Outreach Services	264,696.00	
7 Substance Abuse - Residential	1,969,744.00	3,358,974.00

DIRECT SERVICES TOTAL: \$ 21,437,363.00

Total Core Allocation 18,078,389.00
 Target at least 80% core service allocation 17,149,890.40
Current Difference (Short) / Over \$ 928,498.60

Recipient Admin. (GC, GTL, BSR Staff) \$ 2,453,209.00

Quality Management \$ 641,522.00

(+) Unobligated Funds / (-) Over Obligated:

Unobligated Funds (Formula & Supp) \$ -
 Unobligated Funds (Carry Over) \$ - 3,094,731.00 24,532,094.00

Core medical % against Total Direct Service Allocation (Not including C/O):

Cannot be under 75% **84.33% Within Limit**

Quality Management % of Total Award (Not including C/O):

Cannot be over 5% **2.62% 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:

Account	Core Medical Services	Expenditures	Carryover Expenditures
5606970000	AIDS Pharmaceutical Assistance	0.00	
5606920000	Health Insurance Services	0.00	
5606870000	Medical Case Management	0.00	
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care	0.00	
5606610000	Outpatient/Ambulatory Health Svcs	0.00	
5606910000	Substance Abuse - Outpatient	0.00	0.00

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	529,470.00	529,470.00
5606460000	Medical Transportation	0.00	
5606890000	Other Professional Services	26,874.00	
5606950000	Outreach Services	0.00	
5606930000	Substance Abuse - Residential	86,520.00	642,864.00

TOTAL EXPENDITURES DIRECT SVCS & % : \$ 642,864.00 3.00%

Formula Expenditure % 9.08%

5606710000 **Recipient Administration 622,284.69**

5606880000 **Quality Management 200,000.00 822,284.69**

Grant Unexpended Balance 23,066,945.31

Total Grant Expenditures & % \$ 1,465,148.69 5.97%

Core medical % against Total Direct Service Expenditures (Not including C/O):

Cannot be under 75% **0 Danger!!!!**

Quality Management % of Total Award (Not including C/O):

Cannot be over 5% **0.82% Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):

Cannot be over 10% **2.54% Within Limit**

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32

MINORITY AIDS INITIATIVE (MAI) FUNDING

Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

MAI

PROJECT #: BURW3201	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	1,089,480.00	MAI
Grant Award Amount FY'20 MAI	1,623,771.00	PY_MAI
Carryover Award FY'21 MAI		MAI_CARRYOVER
Total Award	\$ 2,713,251.00	

Priority Order

CONTRACT ALLOCATIONS

DIRECT SERVICES:

	Core Medical Services	Allocations	
	AIDS Pharmaceutical Assistance		
	Health Insurance Services		
1	Medical Case Management	903,920.00	
3	Mental Health Therapy/Counseling	18,960.00	
	Oral Health Care		
2	Outpatient/Ambulatory Health Svcs	1,356,661.00	
4	Substance Abuse - Outpatient	8,058.00	2,287,599.00
	Support Services	Allocations	
7	Emergency Financial Assistance	0.00	
	Food Bank		
5	Medical Transportation	7,628.00	
	Other Professional Services		
6	Outreach Services	39,816.00	
	Substance Abuse - Residential		47,444.00

DIRECT SERVICES TOTAL: \$ 2,335,043.00

Total Core Allocation 2,287,599.00
 Target at least 80% core service allocation 1,868,034.40
Current Difference (Short) / Over \$ 419,564.60

Recipient Admin. (OMB-GC) \$ 271,325.00 2,713,251.00

Quality Management \$ 106,883.00

(+) Unobligated Funds / (-) Over Obligated:
 Unobligated Funds (MAI) \$ - 378,208.00 2,713,251.00
 Unobligated Funds (Carry Over) \$ -

Core medical % against Total Direct Service Allocation (Not including C/O):
 Cannot be under 75% 97.97% Within Limit

Quality Management % of Total Award (Not including C/O):
 Cannot be over 5% 3.94% 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:

Account	Core Medical Services	Expenditures	Carryover Expenditures
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	0.00	
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	0.00	
5606910000	Substance Abuse - Outpatient	0.00	0.00
Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	0.00	
5606890000	Other Professional Services		
5606950000	Outreach Services	0.00	
5606930000	Substance Abuse - Residential		0.00

TOTAL EXPENDITURES DIRECT SVCS & %: \$ - 0.00%

5606710000 **Recipient Administration 31,506.79**
 5606880000 **Quality Management 33,333.32 64,840.11**
Grant Unexpended Balance 2,648,410.89

Total Grant Expenditures & % (Including C/O): \$ 64,840.11 2.39%

Core medical % against Total Direct Service Expenditures (Not including C/O):
 Cannot be under 75% #DIV/0! #DIV/0!

Quality Management % of Total Award (Not including C/O):
 Cannot be over 5% 1.23% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):
 Cannot be over 10% 1.16% Within Limit

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

June 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)
Health Insurance Premium and Cost Sharing Assistance
Medical Case Management
Mental Health Services
Oral Health Care
Outpatient Ambulatory Health Services
Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals
Medical Transportation
Other Professional Services
Outreach Services
Substance Abuse Services (residential)

Service Units		Unduplicated Client Count	
Monthly	Year-to-date	Monthly	Year-to-date
27	106	21	74
31	1,014	17	484
6,673	28,485	3,158	6,077
44	244	23	58
741	3,107	536	1,395
1,694	8,291	1,066	2,915
1	7	1	5
693	4,770	420	585
362	1,424	192	394
61	299	17	45
81	287	16	51
23	564	4	17
TOTALS:		10,431	48,598

Total unduplicated clients (month):

3,931

Total unduplicated clients (YTD):

6,849

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

SERVICE CATEGORIES

June 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	27	106	21	74
Health Insurance Premium and Cost Sharing Assistance	31	1,014	17	484
Medical Case Management	5,989	25,256	2,926	5,826
Mental Health Services	41	233	20	51
Oral Health Care	741	3,107	536	1,395
Outpatient Ambulatory Health Services	1,627	7,869	1,026	2,872
Substance Abuse Outpatient Care	0	1	0	1
Support Services				
Food Bank/Home Delivered Meals	693	4,770	420	585
Medical Transportation	356	1,405	186	383
Other Professional Services	61	299	17	45
Outreach Services	78	276	13	40
Substance Abuse Services (residential)	23	564	4	17
TOTALS:	9,667	44,900		
Total unduplicated clients (month):	3,759			
Total unduplicated clients (YTD):	6,727			

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

SERVICE CATEGORIES

June 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	684	3,229	339	686
Mental Health Services	3	11	3	7
Outpatient Ambulatory Health Services	67	422	57	200
Substance Abuse Outpatient Care	1	6	1	4
Support Services				
Medical Transportation	6	19	6	12
Outreach Services	3	11	3	11
TOTALS:	764	3,698		
Total unduplicated clients (month):	387			
Total unduplicated clients (YTD):	841			



Care and Treatment
Thursday, August 4, 2022

10:00 a.m. – 1:00 p.m.

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

AGENDA

- | | | |
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| I. | Call to Order | Dr. Diego Shmuels |
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| | • Service Categories | All |
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Please turn off or mute cellular devices – Thank you

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Provider Agency Name & Address
FDOH in Miami-Dade County
1350 N.W. 14th St.,
Miami, 33125

Florida Department of Health
Expenditure/Invoice Report
Program Name: Patient Care-Consortia
Area Name: AREA 11A
Month: June
Year: 2022-2023



Report generated on: 08/02/2022

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	June	0	0	\$105,175.00	\$4,980.60	\$17,637.40	17%
Medical Case Management (including treatment adherence)	June	38	38	\$175,390.00	\$5,865.00	\$11,592.00	7%
Mental Health Services - Outpatient	June	0	0	\$35,000.00	\$0.00	\$2,242.60	6%
Emergency Financial Assistance	June	12	12	\$712,440.00	\$27,920.55	\$89,855.17	13%
Housing	June	0	0	\$400,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	June	1	1	\$146,957.00	\$6,959.20	\$30,672.12	21%
Clinical Quality Management	June	0	0	\$69,905.00	\$3,310.35	\$6,961.13	10%
Planning and Evaluation	June	0	0	\$34,982.00	\$1,656.56	\$7,486.82	21%
Totals		51	51	\$1,679,849.00	\$50,692.26	\$166,447.24	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
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ADVANCE(S) INFORMATION:

Total Advances	\$0.00				Total Contract Amount	\$1,679,849.00
Previous Reductions	\$0.00				Minus Expended Y-T-D	\$166,447.24
Current Reductions	\$0.00				Minus UNPAID Advances	\$0.00
Remaining Advances	\$0.00				Balance To Draw	\$1,513,401.76
		Total Expenditures this period:		\$50,692.26		
		Less Advance Payback this period:		\$0.00		

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$50,692.26

I certify that the above report is a true, accurate and correct reflection of the activities this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

Signature & Title of Provider Agency Official

Date

Contract Manager Signature

Date

Contract Manager's Supervisor Signature

Date



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Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Ron DeSantis

Governor

Joseph A. Ladapo, M.D., Ph.D.

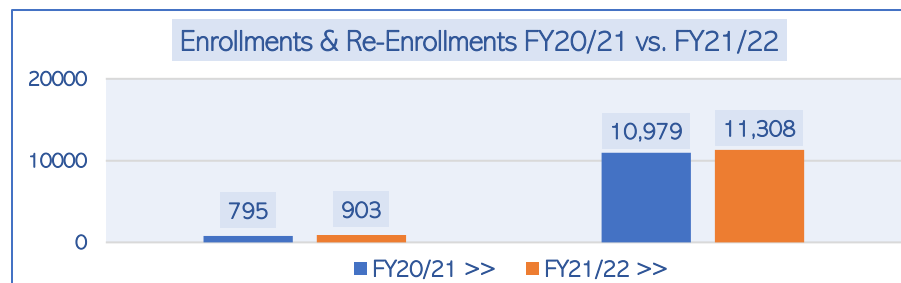
State Surgeon General

August 1, 2022

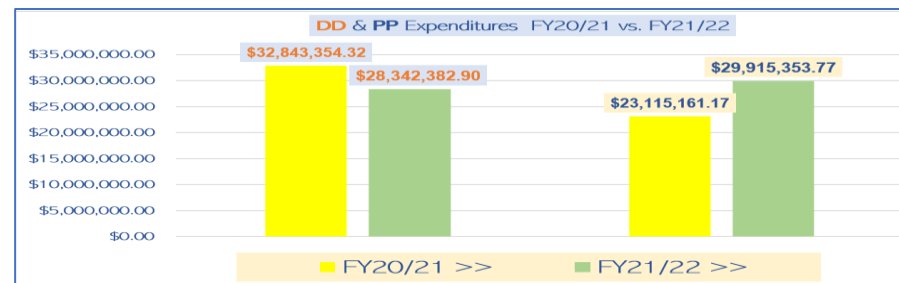
ADAP Miami-Dade / Summary Report – July 2022

FY 21/22	First Enrollments	6-mo. Re-Enrollments	OPEN ACTIVE	CHD Pharmacy Expenditures	RXs	Patients	RX/Pt	Premium Payments	Number of Premiums	Average Premium
FY20/21 >>	795	10,979	6,150	\$32,843,354.32	52,678	17,944	2.9	\$23,115,161.17	25,395	\$ 910.22
FY21/22 >>	903	11,308	6,074	\$28,342,382.90	49,549	16,381	3.0	\$29,915,353.77	27,419	\$1,091.04
Apr-22	113	914	6,143	\$2,334,995.84	4,164	1,377	3.0	\$2,885,135.63	2,429	\$1,187.79
May-22	114	808	6,205	\$2,428,021.98	4,295	1,385	3.1	\$2,844,770.69	2,374	\$1,198.30
Jun-22	85	925	6,205	\$2,561,946.62	4,142	1,439	2.9	\$2,797,011.67	2,344	\$1,193.26
Jul-22	71	875	6,263	\$2,393,320.77	4,049	1,342	3.0	\$2,807,326.41	2,350	\$1,194.61
Aug-22										
Sep-22										
Oct-22										
Nov-22										
Dec-22										
Jan-23										
Feb-23										
Mar-23										
FY22/23 >>	383	3,522		\$9,718,285.21	16,650	5,543	3.0	\$11,334,244.40	9,497	\$1,193.45

SOURCE: Provide - DATE: 08/01/22 - Subject to Review & Editing - * West Perine: DD 258; PP 170. Expenditures not included.



* FY20/21: 11,774 v. FY21/22: 12,211 > Net Increase: 3.7% (New: +13.6%; Re-E: +3.0%)



*FY20/21 \$55,958,515.49 v FY21/22 \$58,257,736.67. Net Increase: 4.1% (DD -13.7%; PP +29.4%)

PROGRAM UPDATE

- * Magellan RX PBM: for uninsured clients. Implementation: 10/01/22. Participating pharmacies: PENDING. Required for WP 258 clients.
- * Cabenuva utilization @ ADAP Miami (08/01/22): 137 clients. Direct Dispense 72 (53%); Premium Plus 56 (47%)
- * ACA-MP Special Enrollment Period: APTC+=>100% FPL; <150 % FPL. Requirements apply.
- * Monkeypox: Providers must contact FDOH EPI at 305-470-5660 for guidance and coordination. Do NOT send pts to CHD Pharmacy.

For additional information: www.ADAPMiami.com or ADAP.FLDOHMDC@flhealth.gov



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Membership Report

July 19, 2022

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners

Opportunities for People with HIV

People with HIV who receive one or more Ryan White Program Part A services and who are not affiliated or employed by a Ryan White Program Part A funded service provider are invited to join the Partnership as a Representative of the Affected Community.

9 available seats |

General Membership Opportunities

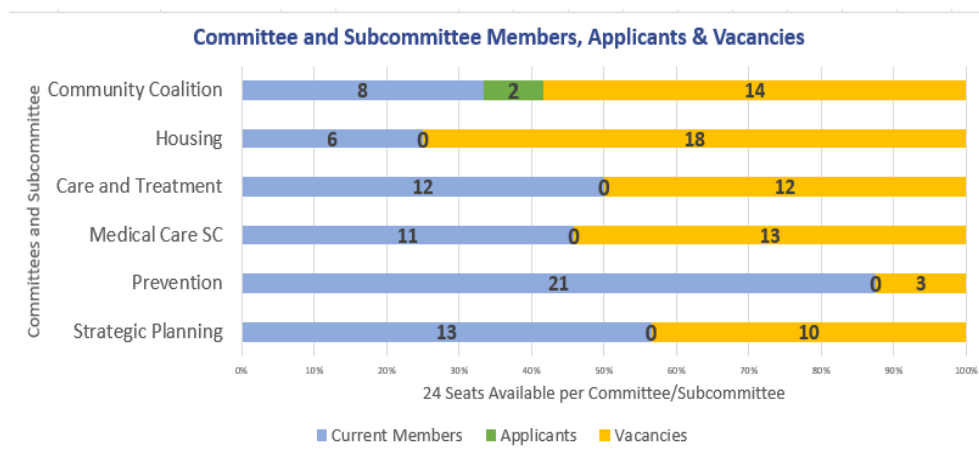
These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:

- Representative Co-infected with Hepatitis B or C
- Hospital or Health Care Planning Agency Representative
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Federally Recognized Indian Tribe Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative

Partnership Committees

Committees are now accepting applications for new members.

People with HIV are encouraged to apply.



Scan the QR code with your phone's camera for membership applications!

MEMBERSHIP

Are you a Member?

Thank you for your service to people with HIV!
Be sure to bring a Ryan White client to your next meeting!

Do You Qualify for Membership?



If you answer "Yes" to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

Note: Some seats for people with HIV are exempt from this requirement.

Can you volunteer three to five hours per month for Partnership activities?

Committee Activities

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!

People with HIV are encouraged to join!

- ⌘ Allocate more than \$27 million in Ryan White Program funds with the **Care and Treatment Committee**
- ⌘ Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- ⌘ Recruit and train new Partnership members with the **Community Coalition**
- ⌘ Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
- ⌘ Oversee updates and changes to medical treatment guidelines for the Ryan White Part/MAI Program with the **Medical Care Subcommittee**
- ⌘ Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the **Care and Treatment Committee**
- ⌘ Share a meal and testimonials at Roundtable Luncheons with the **Community Coalition**
- ⌘ Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee & Prevention Committee**
- ⌘ Develop your leadership skills and be a committee leader with the **Executive Committee**
- ⌘ Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- ⌘ Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee & Strategic Planning Committee**
- ⌘ Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

Visit aidsnet.org/membership for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at hiv-aidsinfo@behavioralscience.com or 305-445-1076 for assistance.



Care and Treatment
Thursday, August 4, 2022

10:00 a.m. – 1:00 p.m.

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

AGENDA

- | | | |
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| I. | Call to Order | Dr. Diego Shmuels |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Introductions | All |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 7, 2022 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
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Partnership Report to Committees and Subcommittee July 18, 2022 Meeting

Supporting documents related to motions in this report are available online at aidsnet.org/meeting-documents/, or from staff at Behavioral Science Research Corp. (BSR).

For more information, please contact hiv-aidsinfo@behavioralscience.com.

The Partnership heard reports and approved the following motions:

1. Motion to adopt the updated Code of Conduct.
2. Motion to accept the “Dear Colleague” letter regarding gender-affirming care, with changes.
3. Motion to add codes to the Ryan White Oral Health Care Formulary: D6010 (Surgical placement of implant body, second-stage surgery, placement of healing cap); D6191 (Semi-precision abutment-placement); D6192 (Semi-precision attachment-placement); D6110 (Implant/abutment supported removal denture for edentulous arch-maxillary); and D6111 (Implant/abutment supported removal denture for edentulous arch-mandibular). As detailed in the Letter of Medical Necessity for Dental Implants, the implants are not cosmetic. They are for edentulous patients [patients lacking teeth] with insufficient bone support for conventional complete dentures and/or advanced resorption of the bone that supports dentures so they have difficulty keeping them in place. Limit is 8 units.
4. Motion to accept the Letter of Medical Necessity for Dental Implants with changes.
5. Motion to have an effective start date of August 1, 2022 [for the above referenced changes], pending approval by the Partnership of the Letter of Medical Necessity for Dental Implants.
6. Motion to accept the Other Professional Services: Legal Services and Permanency Planning services description with gender-affirming language as presented.
7. Motion to allocate \$766,083 of Part A Sweeps 2 funds to the Food Bank service category.
8. Motion to allocate Part A Sweeps 2 funds: \$5,815,461 to Medical Case Management; \$8,577,172 to Outpatient/Ambulatory Health Services; \$132,385 to Mental Health Services; \$84,492 to AIDS Pharmaceutical Assistance; \$3,088,975 to Oral Health Care; \$335,776 to Health Insurance Services; \$1,969,744 to Substance Abuse Residential; \$44,128 Substance Abuse Outpatient Care; \$194,149 to Medical Transportation; \$9,853 to Emergency Financial Assistance; \$264,696 to Outreach Services; and \$154,449 to Other Professional Services (Legal).
9. Motion to allocate MAI Sweeps 2 funds of \$6,883 to Clinical Quality Management.

10. Motion to appoint Alecia Tramel as designated Miami-Dade HIV/AIDS Partnership member liaison to the I am a Work of ART Campaign.

Meeting calendars are online:

- Partnership Website: <http://aidsnet.org/calendar/>, and
- County Website: <https://www8.miamidade.gov/global/calendar/global.page>

Please RSVP: Scan the QR Code to RSVP to July, 2022 meetings, or contact us at (305) 445-1076, cbontempo@behavioralscience.com, or marlen@behavioralscience.com.





MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 4, 2022

10:00 a.m. – 1:00 p.m.

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

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Medical Care Subcommittee Meeting July 22, 2022
Report to the Care and Treatment Committee
Presented August 4, 2022

The Medical Care Subcommittee (MCSC):

- Met on July 22, 2022.
- Heard updates from the Ryan White Program and the ADAP Program.
- Concluded discussion on topics related to HIV and aging.
- Cancelled their August 26, 2022 meeting.
- Will start work on updates to the Primary Medical Care Standards in September.

The next subcommittee meeting is scheduled for September 23, 2022.

All motions are subject to Partnership approval.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 4, 2022

10:00 a.m. – 1:00 p.m.

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The Florida HIV/AIDS Comprehensive Planning Network (FCPN) strives to have a membership body that has diverse representation from all communities affected by HIV/AIDS in Florida.

At present, the Florida Comprehensive Planning Network (FCPN) Membership, Nominations and Bylaws Committee is calling for nominations for the following positions:

- Odd-numbered Area Representatives & Alternates for Patient Care, Prevention, and Department of Health: 1, 3/13, 7, 9, 11A, 11B, & 15.
- Statewide At-Large Representatives & Alternates for Part A, Behavioral Science, and Transgender.
- Any vacant Representative or Alternate position

The three-year term will begin in the Fall of 2022 and end in the Fall of 2025. It is expected for the current member to continue to participate until the new members are announced.

To submit a nomination for a position, the following is required, unless specified:

1. A completed electronic FCPN Nomination form (link below)
2. A letter of nomination from the local consortia, partnership, planning body/council, or HAPC (Patient Care, Prevention, or At-Large); OR County Health Department Director or his/her designee (Department of Health)
3. Nominee's resume (requested, but not required)

The deadline to apply for membership is **August 31, 2022**.

To apply, please click **[FCPN 2022 Application](#)** and answer all questions to the best of your ability.

2022 FCPN Application

Bylaws of the Florida Comprehensive Planning Network (FCPN)

Article 1 – Name of Group

The name of the group shall be the “Florida Comprehensive Planning Network (FCPN).”

Article 2 – Purpose

To facilitate and coordinate the HIV planning process and to assist the Florida Department of Health (DOH), HIV/AIDS Section, in developing, writing, monitoring, revising, and evaluating the Integrated HIV Prevention and Care Plan for the State of Florida.

Article 3 – Members

Section 1 – Membership

There will be a maximum of fifty-three (53) representatives made up as follows:

- One community (non-DOH) Patient Care representative, one community (non-DOH) Prevention representative, and one Department of Health (DOH) representative from each of the fourteen regional Consortia (42 total)
- Six (6) community (non-DOH) Part A Representatives one from each Eligible Metropolitan Area or Transitional Grant Area (EMA or TGA)
- Five (5) community (non-DOH) At-Large representatives

The At-Large appointed representatives will be reflective of Florida’s HIV/AIDS epidemic and the need for expertise in the areas of Behavioral Science, Youth, persons with HIV (PWH), Transgender, and/or Substance Abuse.

In addition to the above representatives, there will be alternates for each of the representatives.

Section 2 – Appointment of Members

Community representatives (and alternates) representing Patient Care will be nominated by either their local Consortia or Part A Planning Councils. Community representatives (and alternates) representing Prevention will be nominated by their local areas. DOH representatives (and alternates) will be nominated by the local HIV/AIDS Program Coordinator (HAPC). In the event there is no HAPC, the appointments will come from the Administrator of the HIV/AIDS Section. The Community representatives (and alternates) representing Ryan White Part A will be nominated by the respective Part A entity. At-Large representatives (and alternates) may be self-nominated or nominated by anyone in the state due to their statewide roles.

All representatives (and alternates) must be active participants in their local HIV planning processes. Appointments are made by the Administrator of the HIV/AIDS Section; they are based upon several factors, which facilitate Parity, Inclusion, and Representation (PIR). These factors may include race/ethnicity, age, gender, risk category, serostatus, and partnership or planning experience.

Changing from a Community representative (or alternate), Part A representative (or alternate), or an At-Large representative (or alternate) to a Department of Health (DOH) employee, moving out of and/or no longer working within the elected area voids the position of the incumbent. The representative’s seat defaults to the alternate and a new alternate is nominated and submitted for approval. If a DOH representative leaves their employment with the Department of Health or moves within the Department to another area, this voids their position, and a new DOH person is appointed.

Section 2 – Term Limits

Community Co-Chairs may not serve more than two consecutive two-year terms.

Section-3 – Vacancies

If a vacancy occurs in the Community Co-Chair position, a new election will take place for the Community Co-Chair at the next regularly scheduled meeting to fulfill the remainder of that term (does not count towards term limits).

Article 5 – Meetings

Section 1 – Regular Meetings

There will be a minimum of two (2) regular meetings of the FCPN each calendar year, generally held in the Spring and the Fall. One must be face-to-face and the other can be an electronic meeting (web based or conference call). Both meetings require attendance by either the representative or their designated alternate. The second meeting of the year will be designated the annual meeting when elections take place.

Section 2 – Quorum

Twenty-eight (28) representatives (or seated alternates) present will constitute a quorum for the purpose of conducting official business.

Section 3 – Conduct of Meetings

It is the goal of the FCPN to operate and make decisions by consensus. All members, alternates and guests attending meetings are expected to conduct themselves in a manner that is professional, respectful, and courteous. Anyone who fails to abide by the aforementioned guidelines will be asked to leave the meeting by the Co-Chairs.

Article 6 – Committees

Section 1 – Executive Committee

The Executive Committee will consist of the two (2) Community Co-Chairs as well as the Co-Chairs of any standing and ad hoc committees. In addition, the Community HIV/AIDS Advisory Group (CHAG) and Florida Gay Men's Workgroup (FGMW) Co-Chairs may participate in an information only capacity. The Executive Committee will be responsible for working with HIV/AIDS Section staff in developing meeting agendas, providing conflict resolution within the FCPN, and interact via face-to-face or teleconference meetings, as necessary. The Executive Committee will oversee work of all other committees, ensure completion of all tasks, and maintain full and active participation by all members. Executive Committee meetings will occur as necessary or as mandated.

Section 2 – Other Committees

As the need arises, the FCPN may find it necessary to create standing and/or ad hoc committees to conduct work assignments, develop policy, etc. The Co-Chairs may also appoint ad hoc committees as needed or requested by the HIV/AIDS Section to complete tasks or provide input. Active participation on committees is mandatory. Community Co-Chairs may serve as committee chairs.

Article 7 – Amendment of Bylaws

These bylaws may be amended by a two-thirds (2/3) vote of the seated representatives in attendance at such time as proposed changes are presented. Any proposed changes must be submitted in writing to ALL members 30 days prior to the next regularly scheduled meeting, and have it placed on the next meeting's agenda for an official vote.



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Ryan White Program Fiscal Year 31 Service Utilization Data (3/1/2021 thru 2/28/2022)

aidsnet.org

Based on Data from Provide Enterprise

Presented August 4, 2022

Prepared by Behavioral Science Research Corporation

Ryan White Program Years Defined

Fiscal Year 27 (FY 27) March 1 2017-February 28, 2018

Fiscal Year 28 (FY 28) March 1 2018-February 28, 2019

Fiscal Year 29 (FY 29) March 1 2019-February 28, 2020

Fiscal Year 30 (FY 30) March 1 2020-February 29, 2021*

Fiscal Year 31 (FY 31) March 2021-February 28, 2022*

FY=Fiscal Year

* Years impacted by COVID-19

SUMMARY

TOTALS AND GRAPHS

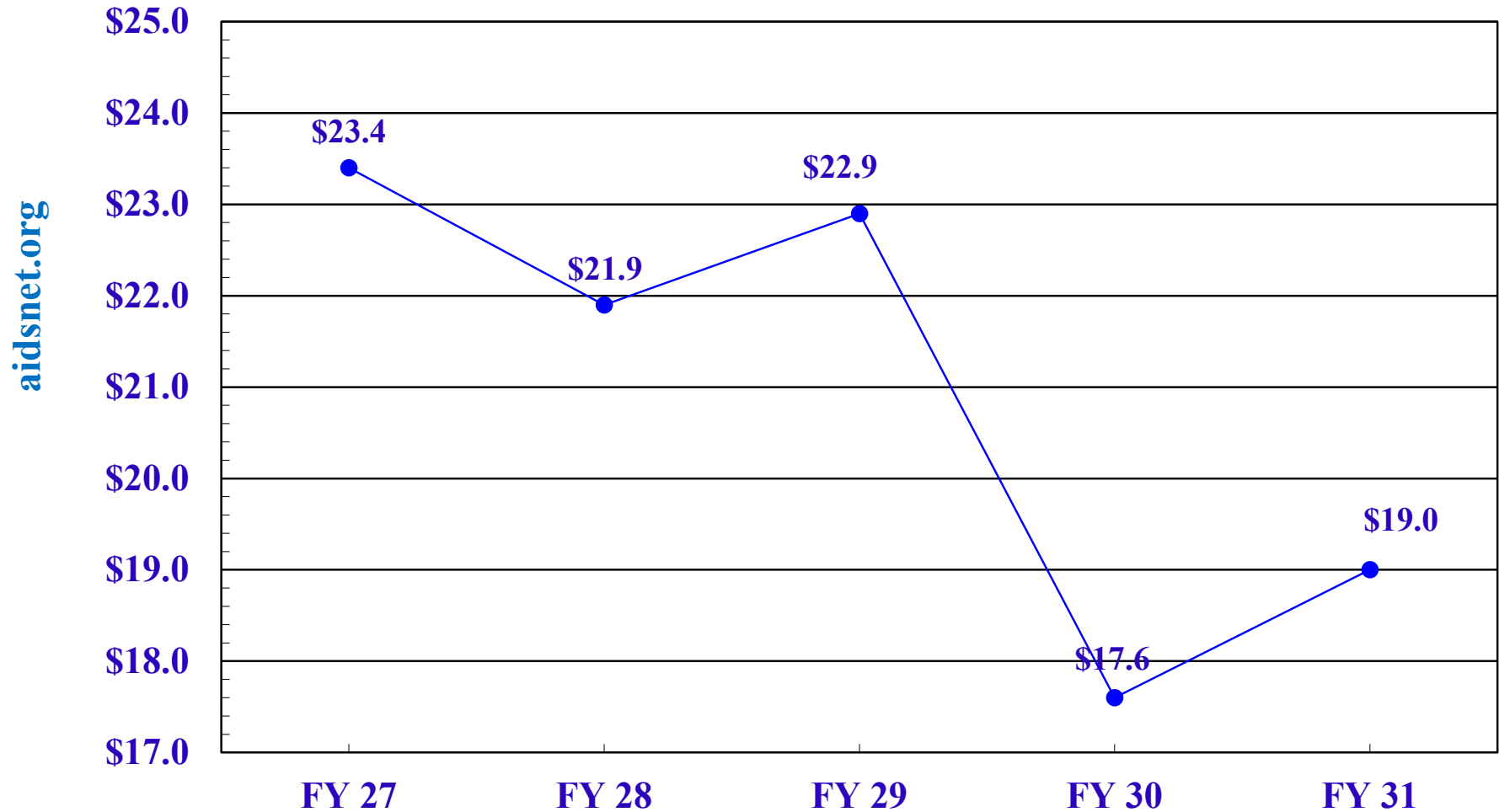
Ryan White Program

Service Expenditures and Clients Served

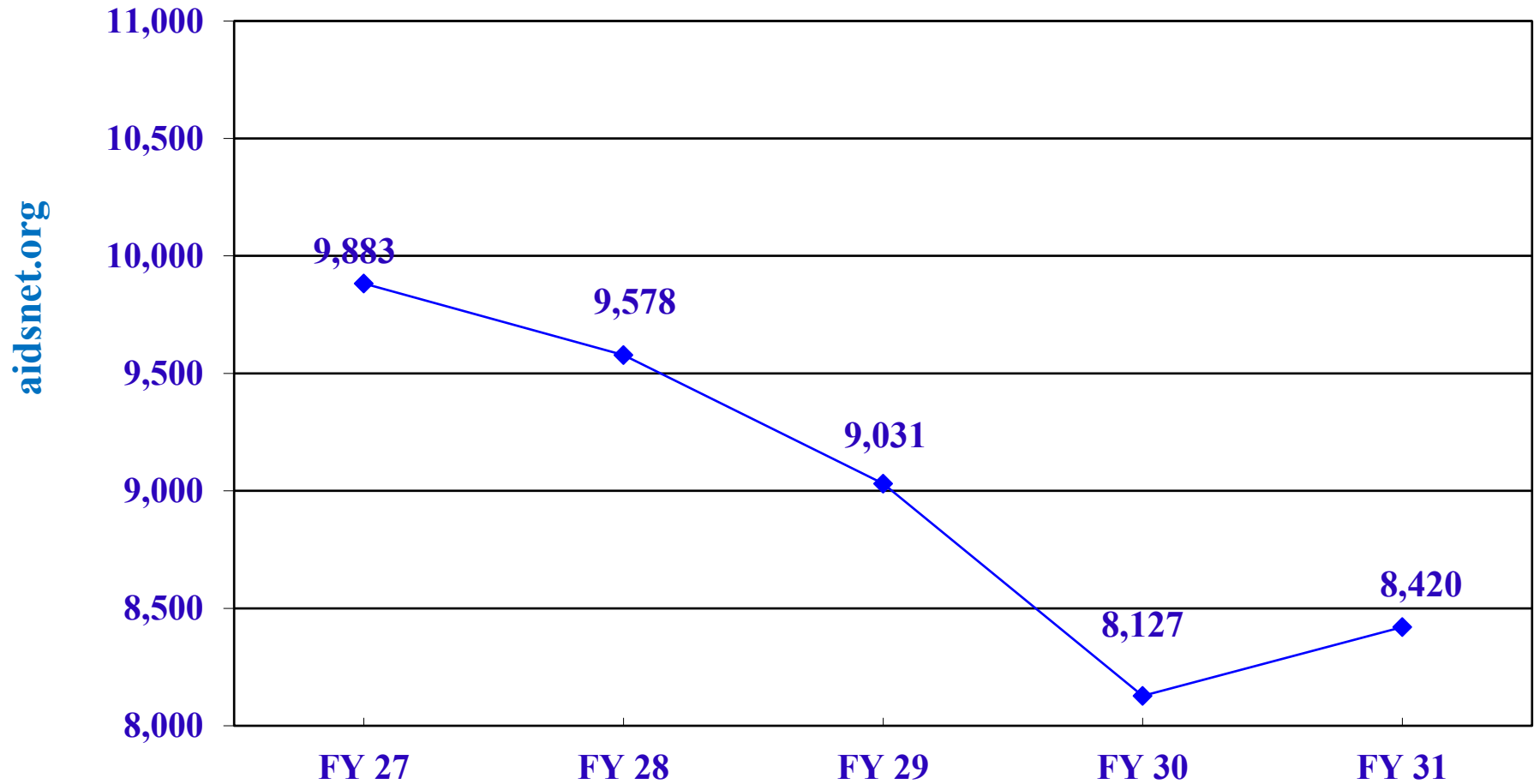
aidsnet.org

	<u>FY 27</u>	<u>FY 28</u>	<u>FY 29</u>	<u>FY 30</u>	<u>FY 31</u>
Total Expenditures	\$23,425,356	\$21,934,627	\$22,984,845	\$17,660,128	\$19,018,258
Total Unduplicated Clients	9,883	9,578	9,031	8,127	8,420
Average Cost/Client	\$2,370	\$2,290	\$2,545	\$2,173	\$2,258

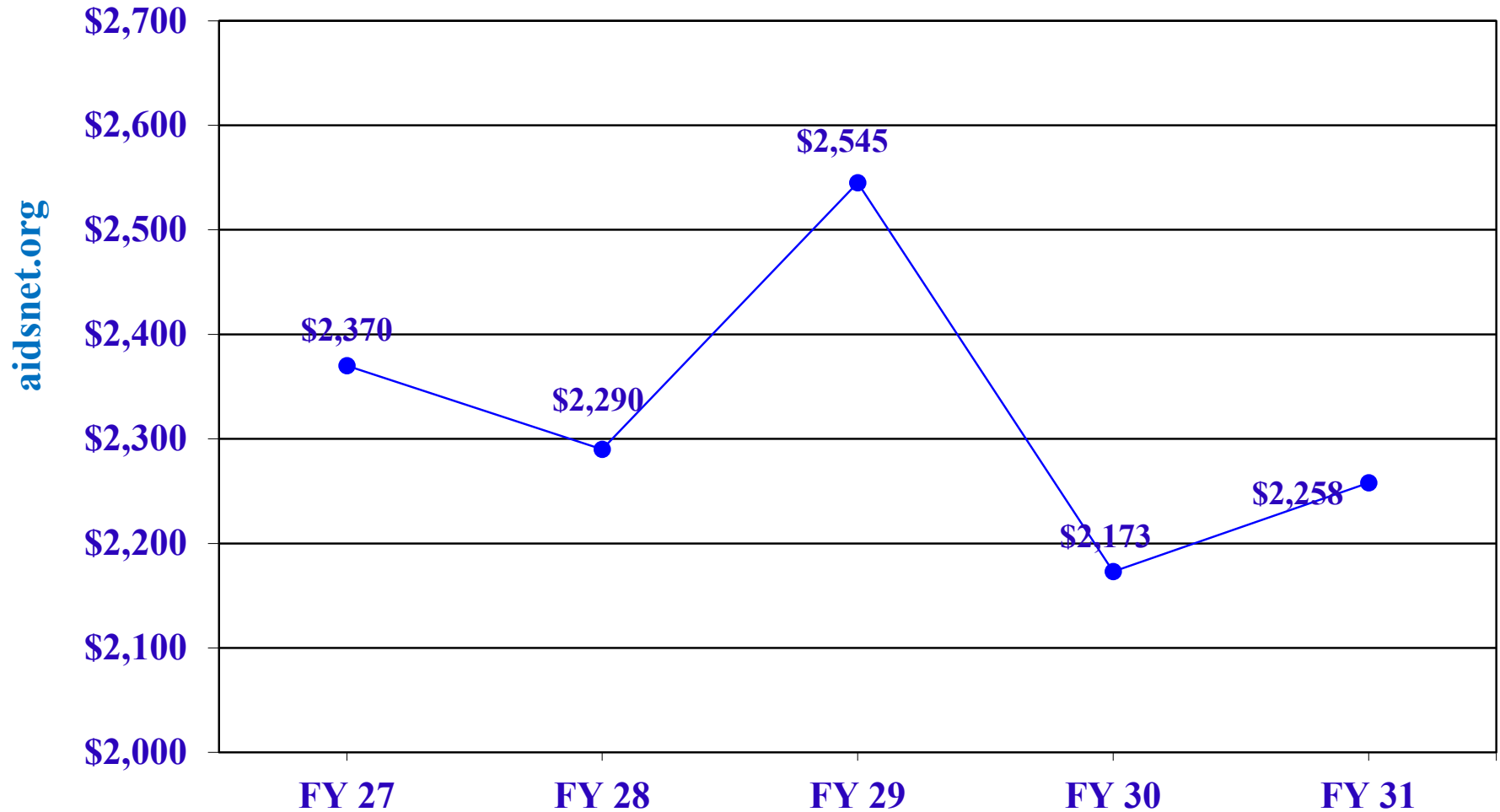
Total Expenditures Between FY 27 and FY 31



Total Number of Unduplicated Clients Between FY 27 and FY 31



Average Cost Per Client Between FY 27 and FY 31



TABLES

ALPHANUMERIC AND HIGHEST USAGE OR
COST SORTS

Total Number of Unduplicated **Clients** Served by Service Category (Alphabetic listing)

aidsnet.org

SERVICE CATEGORIES	FY 27	FY 28	FY 29	FY 30	FY 31
AIDS Pharmaceutical Assistance (Local)	1,162	697	605	185	183
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A
Food Bank	709	701	715	735	712
Health Insurance Premium & Cost Sharing Assist	1,415	1,307	1,335	1,125	1,255
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,656	8,496	8,116	7,378	7,842
Medical Transportation Services	733	638	720	94	645
Mental Health Services	349	327	274	95	121
Oral Health Care	3,500	3,381	3,170	1,711	2,237
Other Professional Services - Legal Services	100	76	66	48	44
Outpatient/Ambulatory Health Services	5,021	5,447	5,317	4,281	4,422
Outreach Services	965	624	472	130	116
Substance Abuse Services Outpatient	120	115	55	0	17
Substance Abuse Services (Residential)	214	169	95	70	66

Service Category Sort by Total Number of Unduplicated Clients in FY 31

aidsnet.org

SERVICE CATEGORIES	FY 27	FY 28	FY 29	FY 30	FY 31
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,656	8,496	8,116	7,378	7,842
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Substance Abuse Services (Residential)	214	169	95	70	66
Other Professional Services - Legal Services	100	76	66	48	44
Substance Abuse Services Outpatient	120	115	55	0	17
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A

Total Expenditures by Service Category (Alphabetic listing)

SERVICE CATEGORIES	FY 27	FY 28	FY 29	FY 30	FY 31
CORE SERVICES					
AIDS Pharmaceutical Assistance (Local)	\$441,202	\$86,210	\$57,843	\$5,993	\$4,379
Health Insurance Premium & Cost Sharing Assistance	\$5,348,849	\$502,536	\$372,895	\$289,193	\$298,950
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	\$4,165,958	\$5,308,840	\$5,776,806	\$5,283,942	\$5,744,512
Mental Health Services	\$112,346	\$133,790	\$135,505	\$90,019	\$60,239
Oral Health Care	\$2,443,947	\$2,841,838	\$3,547,495	\$1,645,879	\$2,533,062
Outpatient/Ambulatory Health Services	\$6,847,772	\$9,112,521	\$9,391,615	\$7,397,592	\$7,729,584
Substance Abuse Services Outpatient	\$110,357	\$55,390	\$23,970	\$23,556	\$1,356
SUPPORT SERVICES					
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A
Food Bank	\$1,032,226	\$1,451,528	\$1,851,369	\$1,303,702	\$1,338,778
Medical Transportation	\$161,815	\$139,855	\$140,937	\$5,642	\$100,956
Other Professional Services - Legal Services	\$146,988	\$140,599	\$115,976	\$146,336	\$97,371
Outreach Services	\$337,463	\$307,380	\$332,602	\$148,155	\$140,761
Substance Abuse Services (Residential)	\$2,276,435	\$1,854,140	\$1,237,830	\$1,320,120	\$968,310

Service Category Sort by FY 31 Total Expenditures

SERVICES CATEGORIES	FY 27	FY 28	FY 29	FY 30	FY 31
CORE SERVICES					
Outpatient/Ambulatory Health Services	\$6,847,772	\$9,112,521	\$9,391,615	\$7,397,592	\$7,729,584
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	\$4,165,958	\$5,308,840	\$5,776,806	\$5,283,942	\$5,744,512
Oral Health Care	\$2,443,947	\$2,841,838	\$3,547,495	\$1,645,879	\$2,533,062
Health Insurance Premium & Cost Sharing Assistance	\$5,348,849	\$502,536	\$372,895	\$289,193	\$298,950
Mental Health Services	\$112,346	\$133,790	\$135,505	\$90,019	\$60,239
AIDS Pharmaceutical Assistance (Local)	\$441,202	\$86,210	\$57,843	\$5,993	\$4,379
Substance Abuse Services Outpatient	\$110,357	\$55,390	\$23,970	\$23,556	\$1,356
SUPPORT SERVICES					
Food Bank	\$1,032,226	\$1,451,528	\$1,851,369	\$1,303,702	\$1,338,778
Substance Abuse Services (Residential)	\$2,276,435	\$1,854,140	\$1,237,830	\$1,320,120	\$968,310
Outreach Services	\$337,463	\$307,380	\$332,602	\$148,155	\$140,761
Medical Transportation	\$161,815	\$139,855	\$140,937	\$5,642	\$100,956
Other Professional Services - Legal Services	\$146,988	\$140,599	\$115,976	\$146,336	\$97,371
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A

SERVICE UTILIZATION



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

- Of the 8,420 clients in RWP care in FY 31, 93% received MCM services in FY 31. This represents a 6% increase over the number served in FY 30.
- In FY 31, thirty percent of all direct services expenditures (~\$5.7 million) were spent on Medical Case Management.
- The most frequently billed services:

MCM

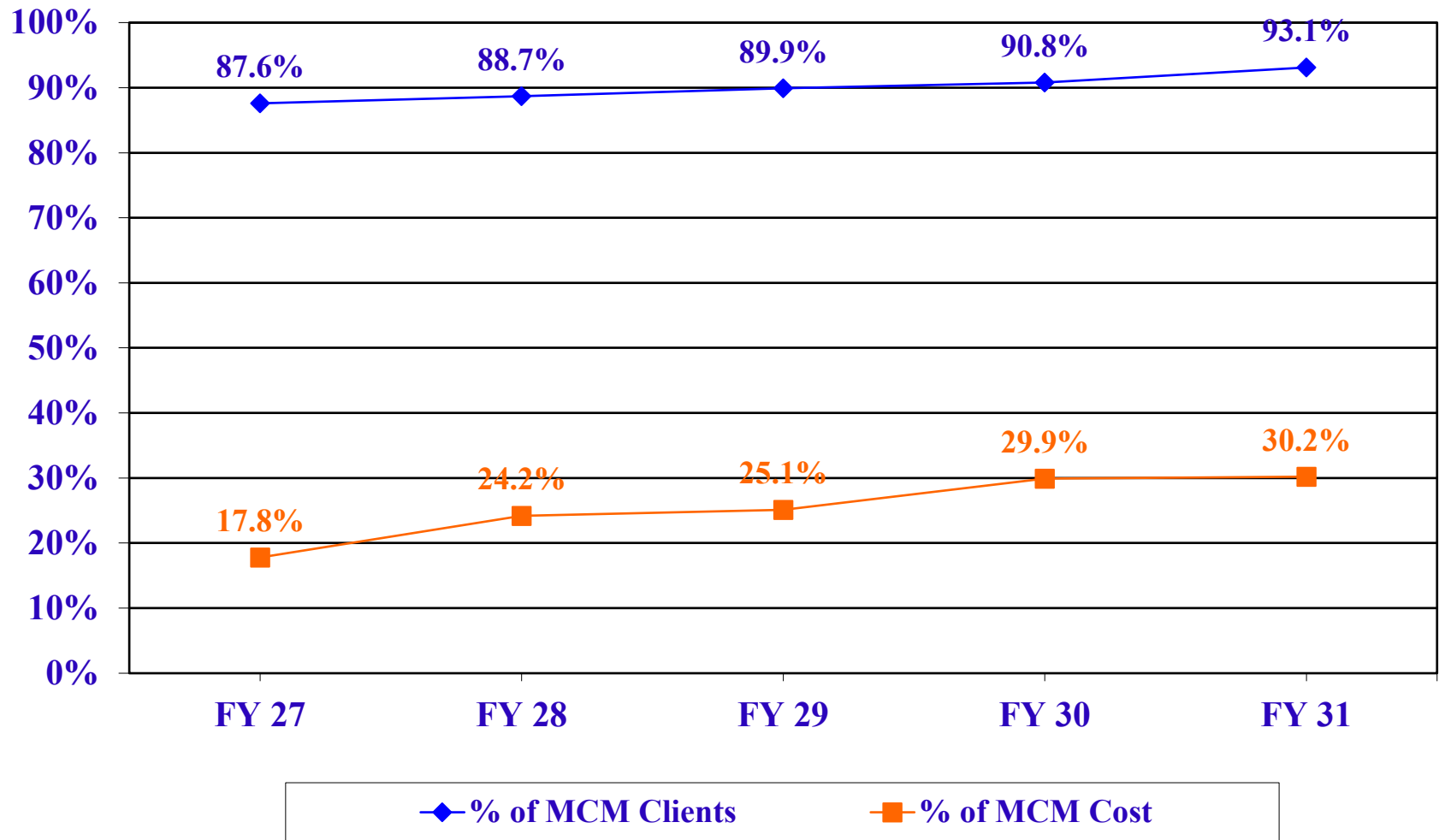
32% Documentation
23% Plan of Care
15% Adherence
14% Telephone
6% ACA Consult

PESN

39% Documentation
25% Collateral
14% Telephone Encounter
13% Adherence
6% Face to Face Encounter

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

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Medical Case Management by Gender and Ethnicity

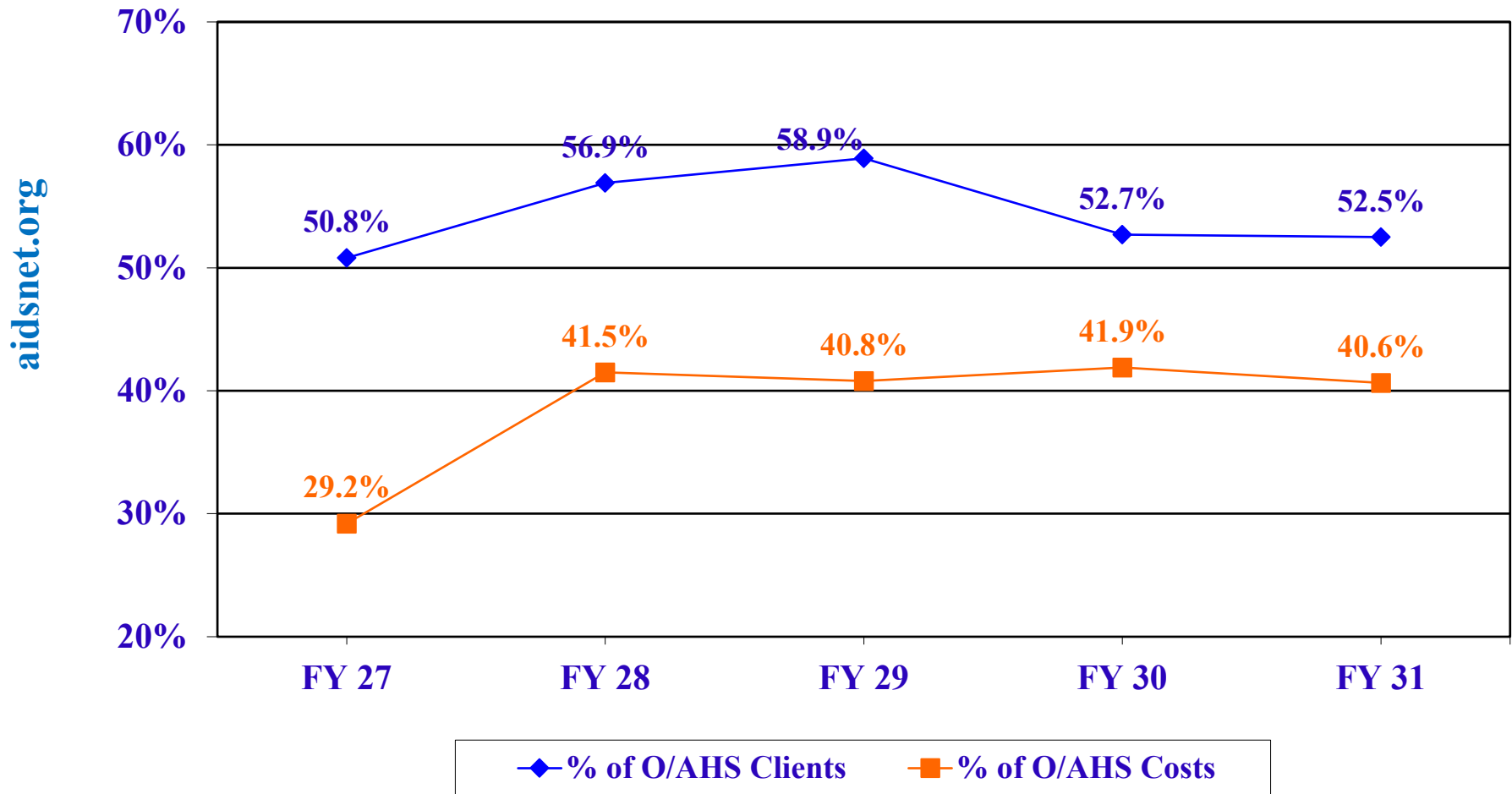
Gender and Ethnicity	% of Active Clients in Each Ethnic/Gender Group Receiving MCM	Percent of All RWP Clients in Each Group
Hispanic Male	87.8%	56.7%
Hispanic Female	87.1%	6.0%
Black Male	83.7%	12.9%
Black Female	81.8%	6.6%
Haitian Male	92.2%	4.7%
Haitian Female	93.0%	4.8%
White Male	85.0%	6.5%
White Female	86.8%	0.6%
Transgender	87.2%	1.1%
Total RWP	87.0%	100%



Outpatient/Ambulatory Health Services (O/AHS)

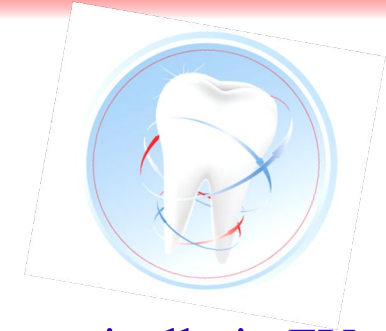
- Forty one percent of direct service expenditures were spent on O/AHS— over \$7.7 million – similar to last fiscal year though less than FY 28 and FY 29.
- Nearly 53% of all clients (4,422 clients) used O/AHS which is similar to last fiscal year.
- Top six most used services are:
 - Office Outpatient Visit 25 Minutes, 24%
 - Office Outpatient Visit 15 Minutes, 15%
 - Office Outpatient Visit 10 Minutes, 3%
 - Blood Collection, 3%
 - IADNA HIV-1 Quant & Reverse Transcription, 3%
 - IADNA Chlamydia Trachomatis Amplified Probe TQ, 3%

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



Outpatient Ambulatory Health Services by Gender and Ethnicity

Gender and Ethnicity	% of Active Clients in Each Ethnic/Gender Group Receiving OAHS	Percent of All RWP Clients in Each Group
Hispanic Male	50.1%	56.7%
Hispanic Female	62.2%	6.0%
Black Male	61.6%	12.9%
Black Female	48.6%	6.6%
Haitian Male	54.5%	4.7%
Haitian Female	62.2%	4.8%
White Male	46.2%	6.5%
White Female	49.1%	0.6%
Transgender	64.9%	1.1%
Total RWP	52.5%	100%

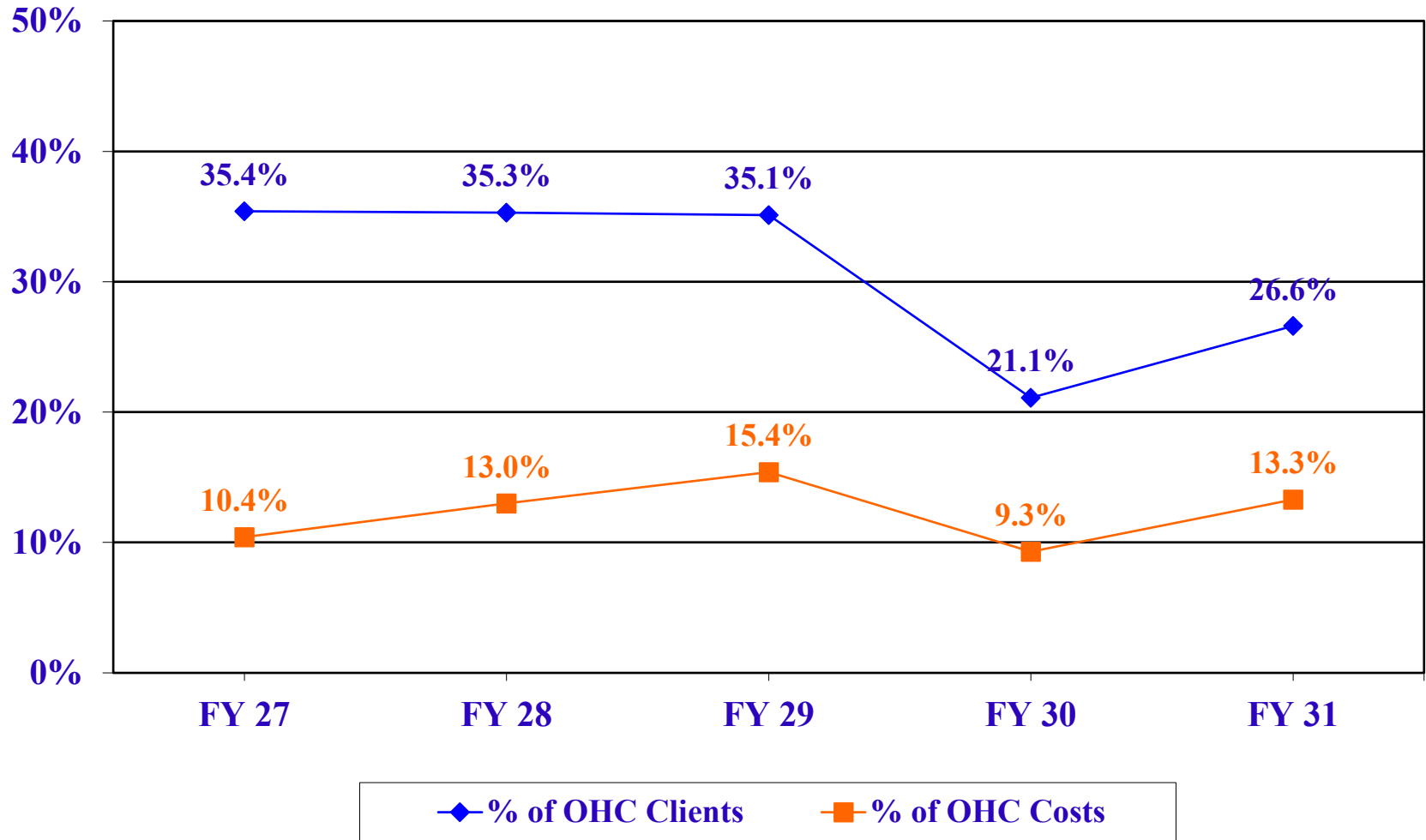


Oral Health Care (OHC)

- Utilization of Oral Health Care services dropped dramatically in FY 2020-2021, likely due to COVID-19, but climbed 30% in FY 2021-2022.
- Expenditures rose to over \$2.5 million, which accounted for 13% of all Ryan White Program expenditures and 27% of all clients in Ryan White.
- Top dental services used were:
 - Prophylaxis – Adult Age 12+, 14%
 - Periodontal Maintenance, 10%
 - Resin-based composite, one surface, posterior, 7%
 - Oral Hygiene Instructions, 7%
 - Periodontal Scaling and Root Planning, four or more per quadrant, 6%

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

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Oral Health Care by Gender and Ethnicity

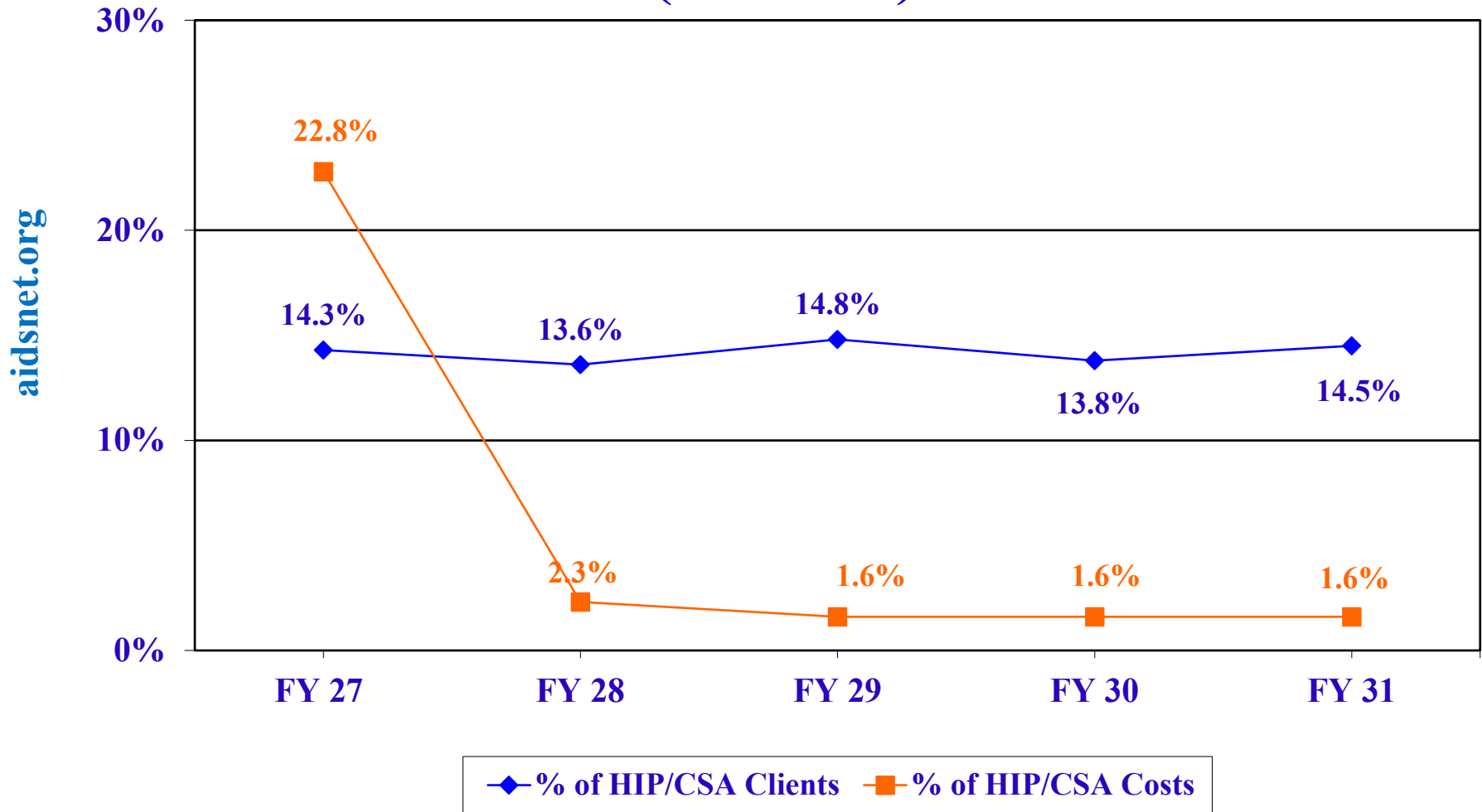
Gender and Ethnicity	% of Active Clients in Each Ethnic/Gender Group Receiving OHC	Percent of All RWP Clients in Each Group
Hispanic Male	29.4%	56.7%
Hispanic Female	28.9%	6.0%
Black Male	18.5%	12.9%
Black Female	24.9%	6.6%
Haitian Male	19.7%	4.7%
Haitian Female	20.8%	4.8%
White Male	28.6%	6.5%
White Female	28.3%	0.6%
Transgender	24.5%	1.1%
Total RWP	26.6%	100%



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 2021-22, with spending declining to \$298,950.
- The number of Ryan White Program clients served remained relatively stable at over 1,000 (1,225) over the last five years. 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, 77% of all services.

Percent of Clients Served and Percent Spent on Health Insurance Premium and Cost Sharing Assistance (HIPCSA)



Health Insurance Premium and Cost Sharing Assistance by Gender and Ethnicity

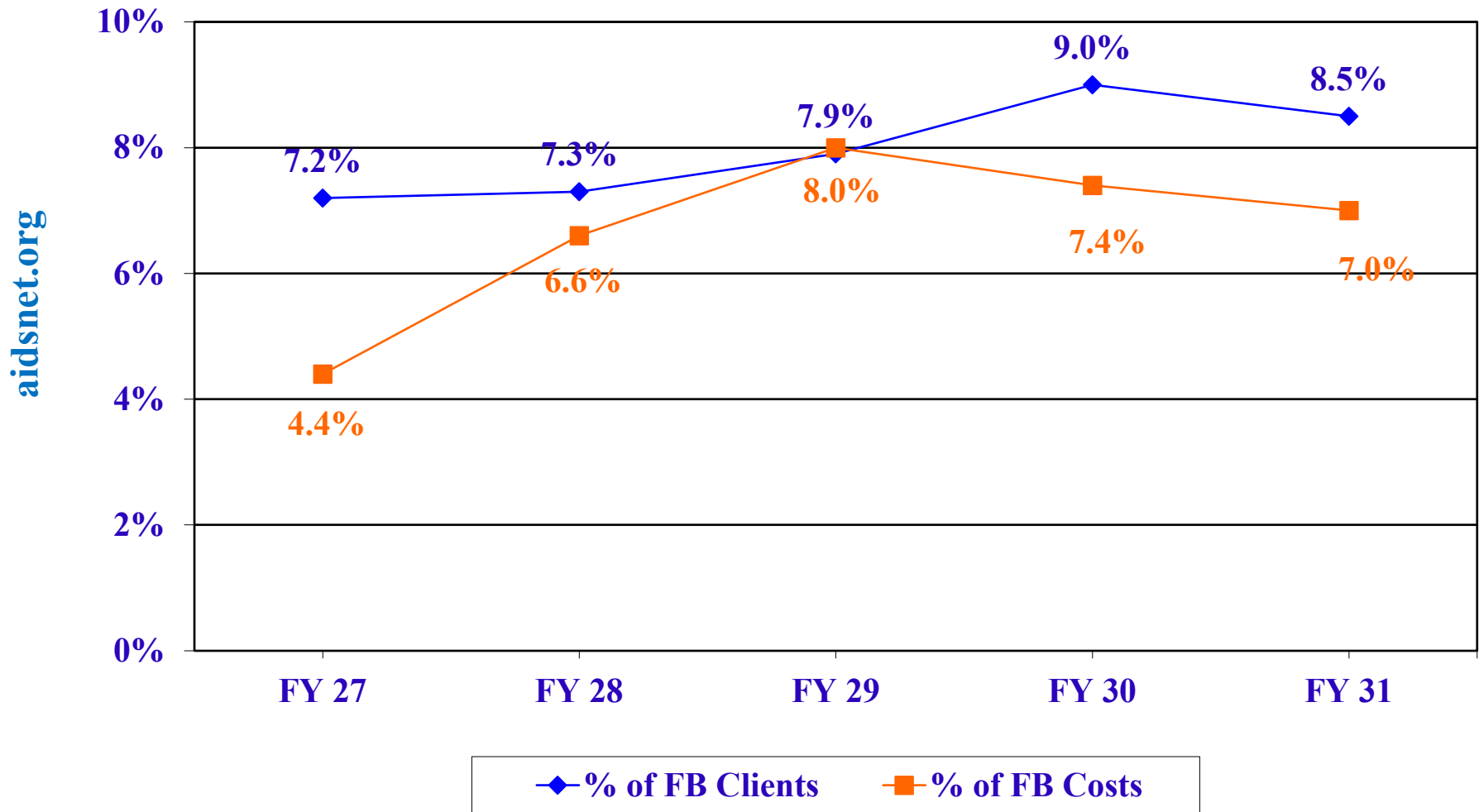
Gender and Ethnicity	% of Active Clients in Each Group Receiving HIPCSA	Percent of All RWP Clients in Each Group
Hispanic Male	19.0%	56.7%
Hispanic Female	14.7%	6.0%
Black Male	4.5%	12.9%
Black Female	6.1%	6.6%
Haitian Male	7.1%	4.7%
Haitian Female	9.8%	4.8%
White Male	15.2%	6.5%
White Female	5.7%	0.6%
Transgender	5.3%	1.1%
Total RWP	14.4%	100%



Food Bank (FB)

- The dollars spent on the service had a decreased by 28%, from \$1.85 million in FY 29 to over \$1.3 million in FY 31.
- A total of 712 clients used the service in FY 31, slightly less than in FY 30.

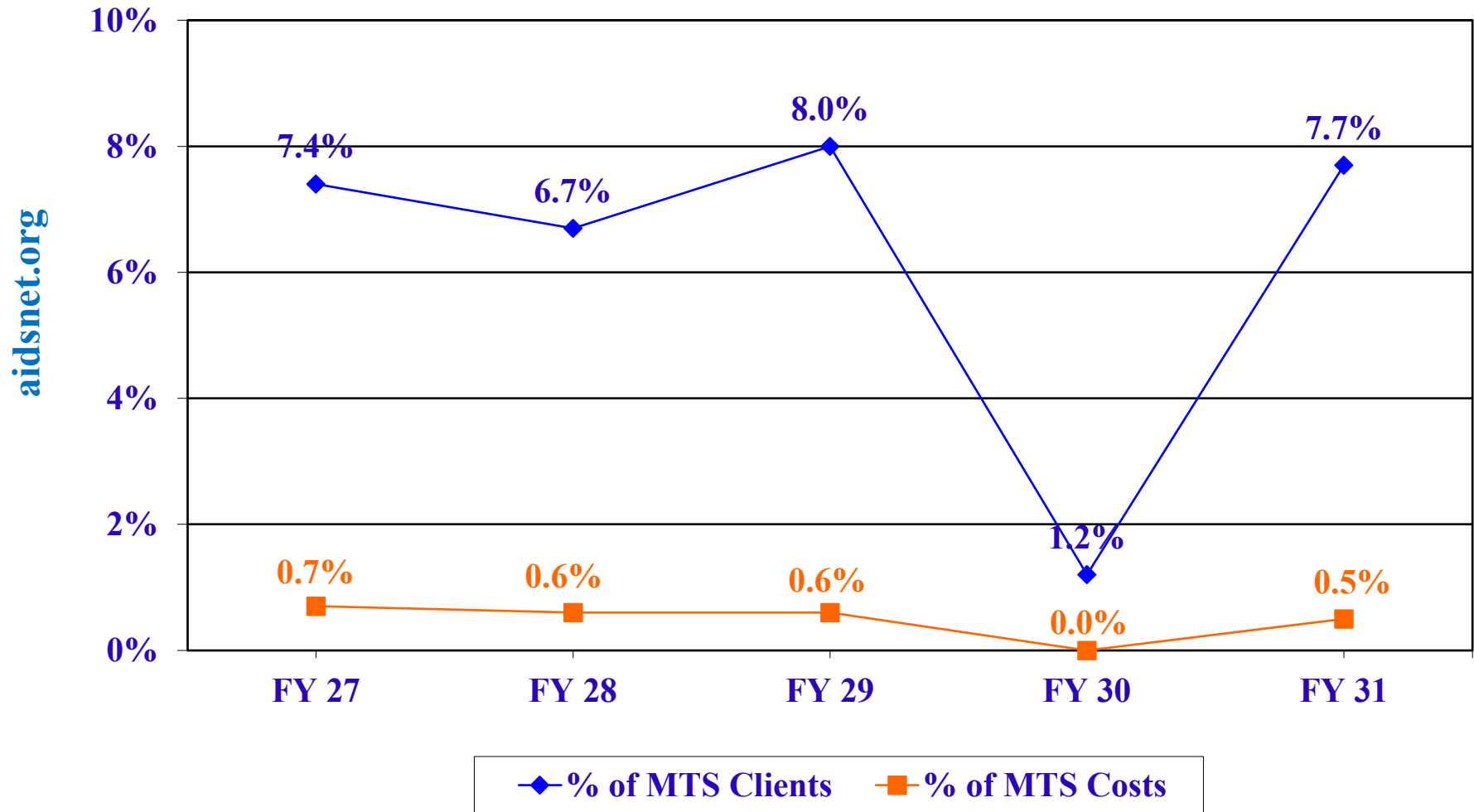
Percent of Clients Served and Percent Spent on Food Bank (FB)



Food Bank by Gender and Ethnicity

Gender and Ethnicity	% of Active Clients in Each Group Receiving Food Bank Services	Percent of All RWP Clients in Each Group
Hispanic Male	9.4%	56.7%
Hispanic Female	7.6%	6.0%
Black Male	6.4%	12.9%
Black Female	13.0%	6.6%
Haitian Male	5.8%	4.7%
Haitian Female	5.5%	4.8%
White Male	4.6%	6.5%
White Female	5.7%	0.6%
Transgender	14.9%	1.1%
Total RWP	8.5%	100%

Percent of Clients Served and Percent Spent on Medical Transportation (MTS)



Medical Transportation by Gender and Ethnicity

Gender and Ethnicity	% of Active Clients in Each Group Receiving Medical Transport	Percent of All RWP Clients in Each Group
Hispanic Male	6.3%	56.7%
Hispanic Female	11.4%	6.0%
Black Male	11.7%	12.9%
Black Female	10.3%	6.6%
Haitian Male	12.1%	4.7%
Haitian Female	10.8%	4.8%
White Male	5.1%	6.5%
White Female	9.4%	0.6%
Transgender	10.6%	1.1%
Total RWP	8.1%	100%

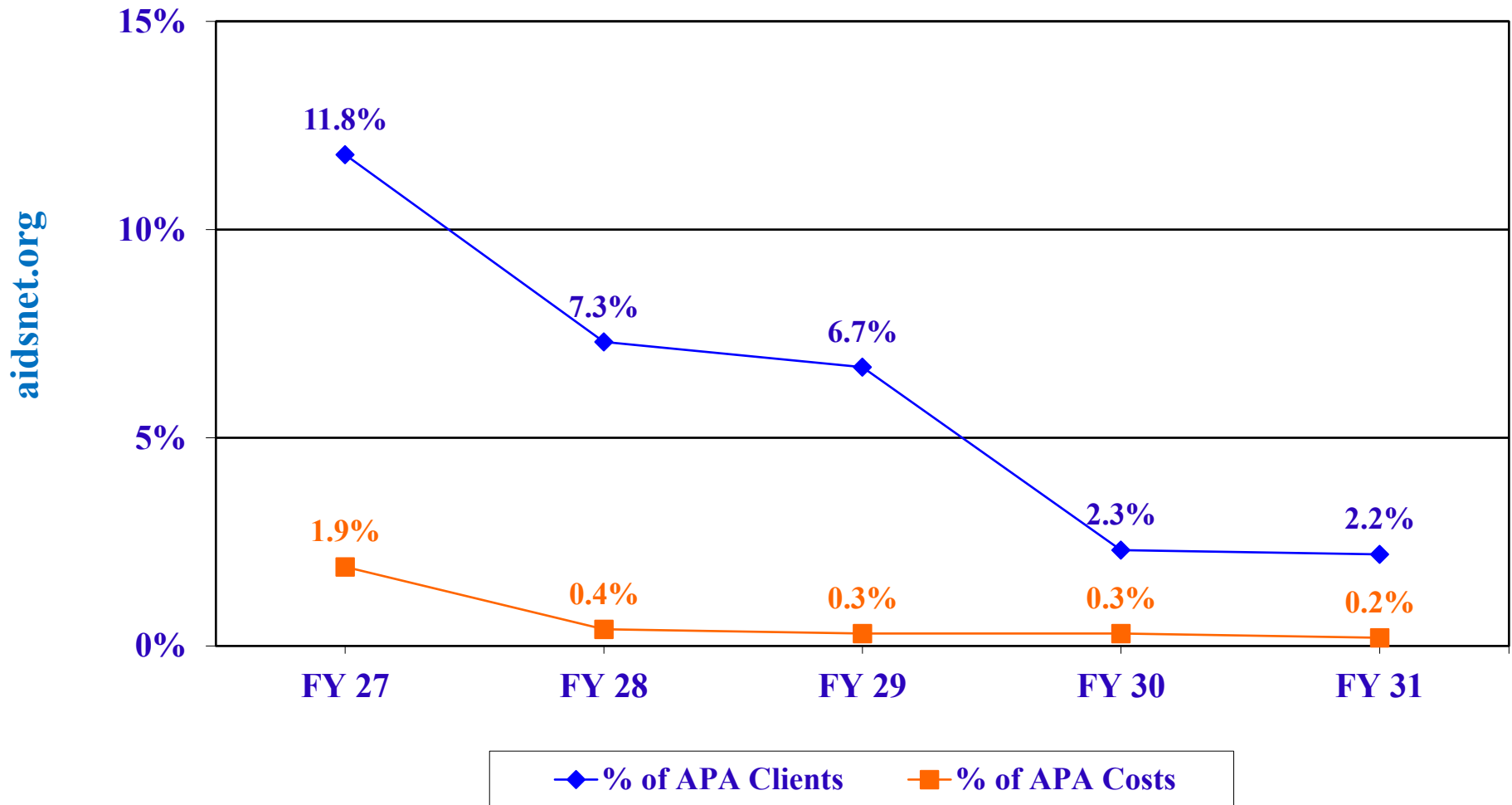
AIDS Pharmaceutical Assistance (APA) the Local Pharmaceutical Assistance Program



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- Since the expansion of the AIDS Drug Assistance Program (ADAP) formulary to include non-antiretroviral medications in 2017 and the continued expansion of the ADAP formulary, the utilization of the Ryan White Program AIDS Pharmaceutical Assistance program continues to be reduced.
- 183 clients received pharmaceuticals from the Part A in FY 31, similar to last year but still lower than in FY 29.
- Expenditures decreased to \$4,379.
- Top medications dispensed:
 - Opioid drug treatment, 23%
 - Psychiatric, 16%
 - Antibiotics and Cholesterol, 11%
 - Colonoscopy Prep, 9%

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



AIDS Pharmaceutical Assistance (APA) by Gender and Ethnicity

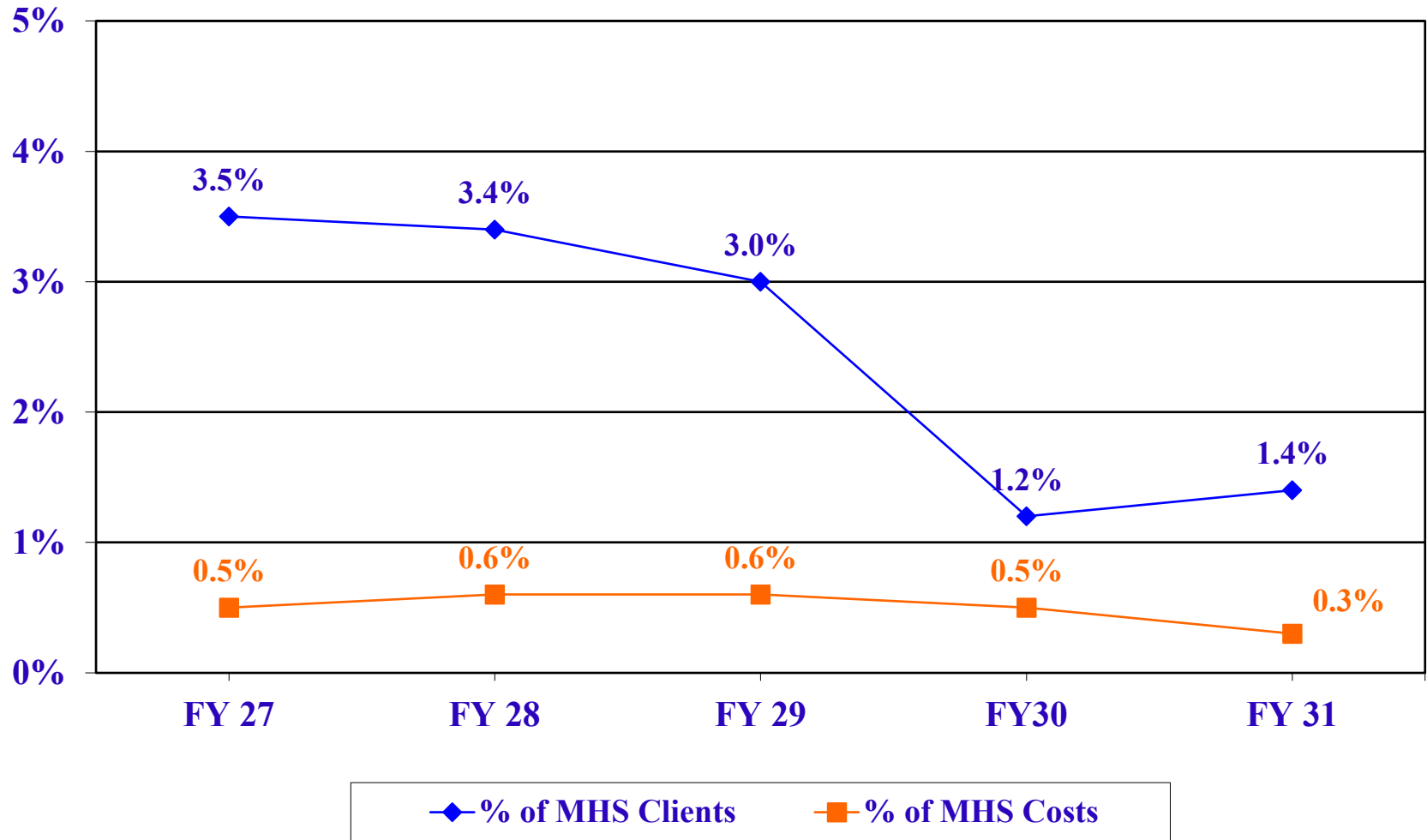
Gender and Ethnicity	% of Active Clients in Each Group Receiving APA	Percent of All RWP Clients in Each Group
Hispanic Male	2.8%	56.7%
Hispanic Female	2.0%	6.0%
Black Male	2.0%	12.9%
Black Female	0.2%	6.6%
Haitian Male	0.5%	4.7%
Haitian Female	0.3%	4.8%
White Male	2.4%	6.5%
White Female	1.9%	0.6%
Transgender	1.1%	1.1%
Total RWP	2.2%	100%

A word cloud of psychology-related terms, with 'mental health' being the largest and most central. Other prominent words include 'stresses', 'anxiety disorders', 'depression', 'psychological', 'personality', 'dopamine', 'drugs', 'coping', 'social', 'philosophies', 'ineffective', 'problem', 'expressive', 'pathological', 'related', 'disorder', 'brain', and 'wellness'. The words are arranged in a circular pattern, with some overlapping.

- The number of clients receiving Mental Health Services continued its decline since FY 26
 - 121 MHS clients in FY 31, a 65% decline from FY 27 (349 clients)
- MHS expenditures as a percentage of all RWP expenditures slightly dropped to 0.3% (lowest levels in over 5 years)
- Service provided breakdown
 - Tele-Mental Health Individual Level II – 34%
 - Office Outpatient Visit 25 Minutes – 14%
 - Mental Health Individual Level II – 12%
 - Telehealth Mental Health Individual Level I – 9%

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

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Mental Health Services by Gender and Ethnicity

Gender and Ethnicity	% of Active Clients in Each Group Receiving Mental Health Serv.	Percent of All RWP Clients in Each Group
Hispanic Male	1.3%	56.7%
Hispanic Female	1.0%	6.0%
Black Male	2.1%	12.9%
Black Female	2.2%	6.6%
Haitian Male	1.0%	4.7%
Haitian Female	1.0%	4.8%
White Male	1.5%	6.5%
White Female	3.8%	0.6%
Transgender	1.1%	1.1%
Total RWP	1.4%	100%

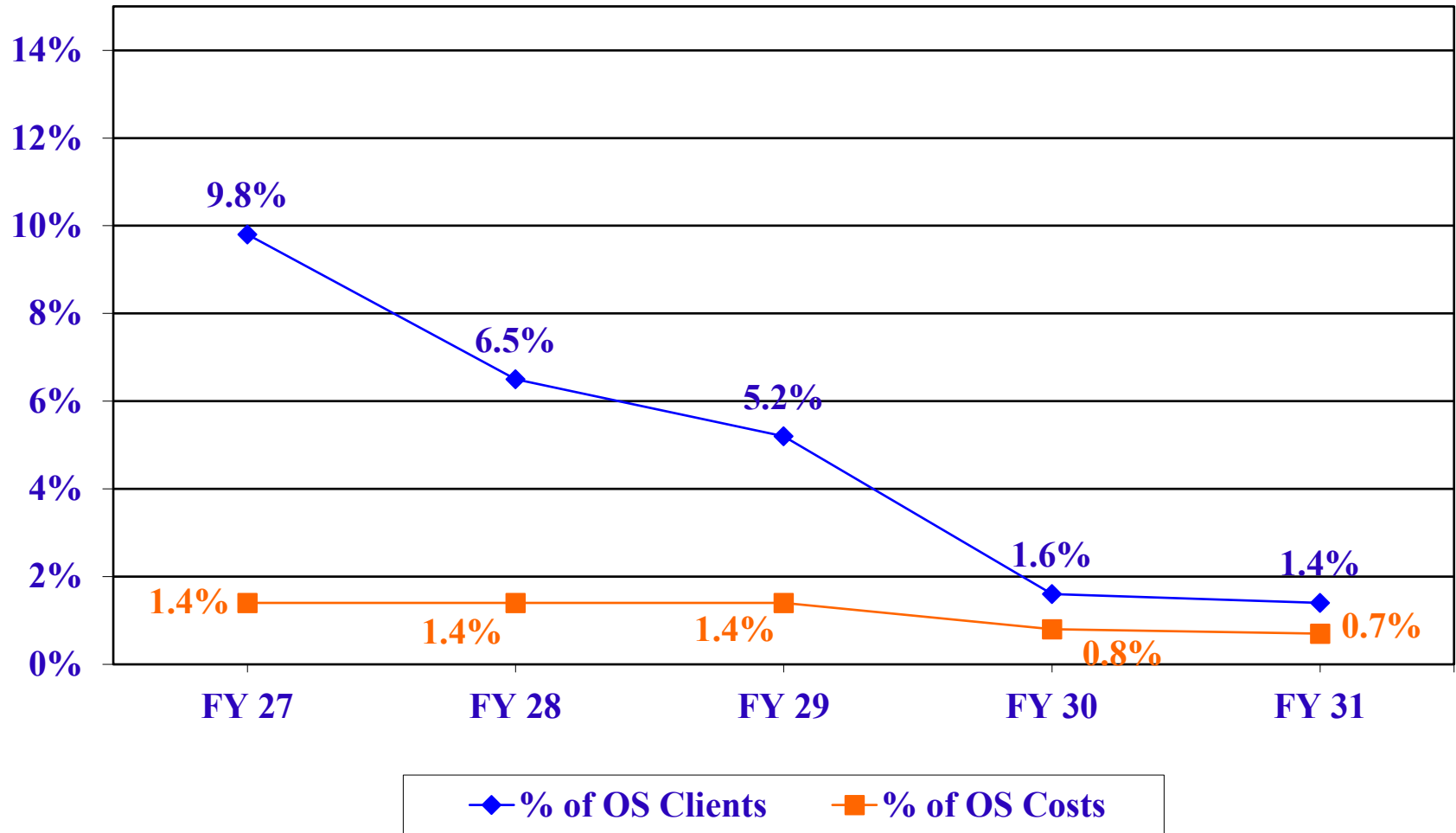


Outreach Services (OS)

- The number of clients reached by outreach continues to drop, with FY 31 serving the least amount of clients (116), an 88 % decline from the 965 clients served in FY 27.
- The service billed mostly documentation encounters, 41%, followed by telephone encounters, 38%.

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

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Outreach Services by Gender and Ethnicity

Gender and Ethnicity	% of Active Clients in Each Group Receiving Outreach Services	Percent of All RWP Clients in Each Group
Hispanic Male	1.6%	56.7%
Hispanic Female	1.4%	6.0%
Black Male	1.7%	12.9%
Black Female	2.2%	6.6%
Haitian Male	1.0%	4.7%
Haitian Female	1.0%	4.8%
White Male	0.7%	6.5%
White Female	0%	0.6%
Transgender	4.3%	1.1%
Total RWP	1.5%	100%

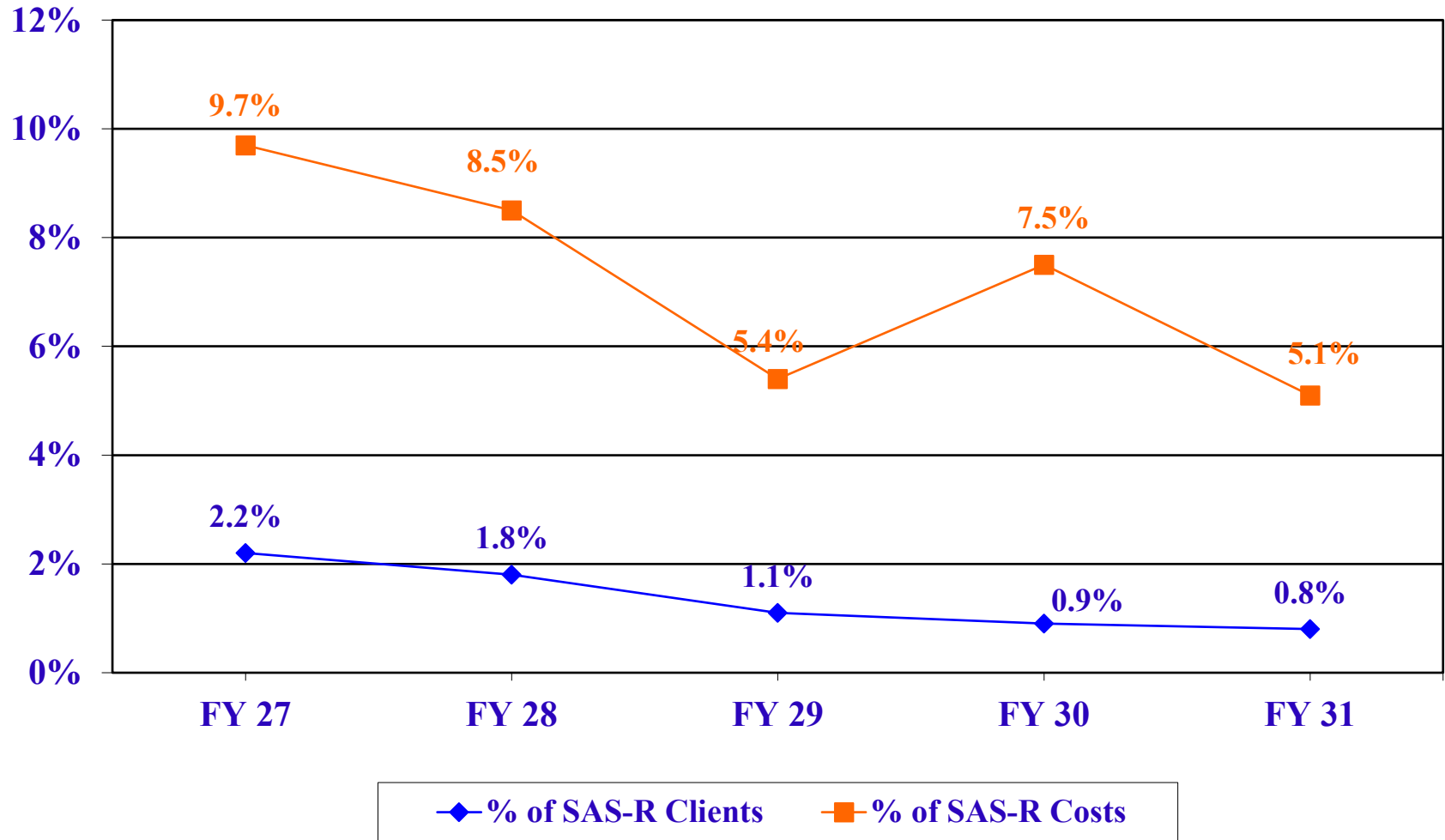
Substance Abuse Services (Residential)



- The number of clients receiving Substance Abuse Services Residential (SAS-R) continues to steadily decline since FY 26, dropping 69% between FY 27 (214 clients) and FY 31 (66 clients).
- The dollars spent dropped, in FY 31 less than \$1 million was spent.

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

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Substance Abuse (Residential) by Gender and Ethnicity

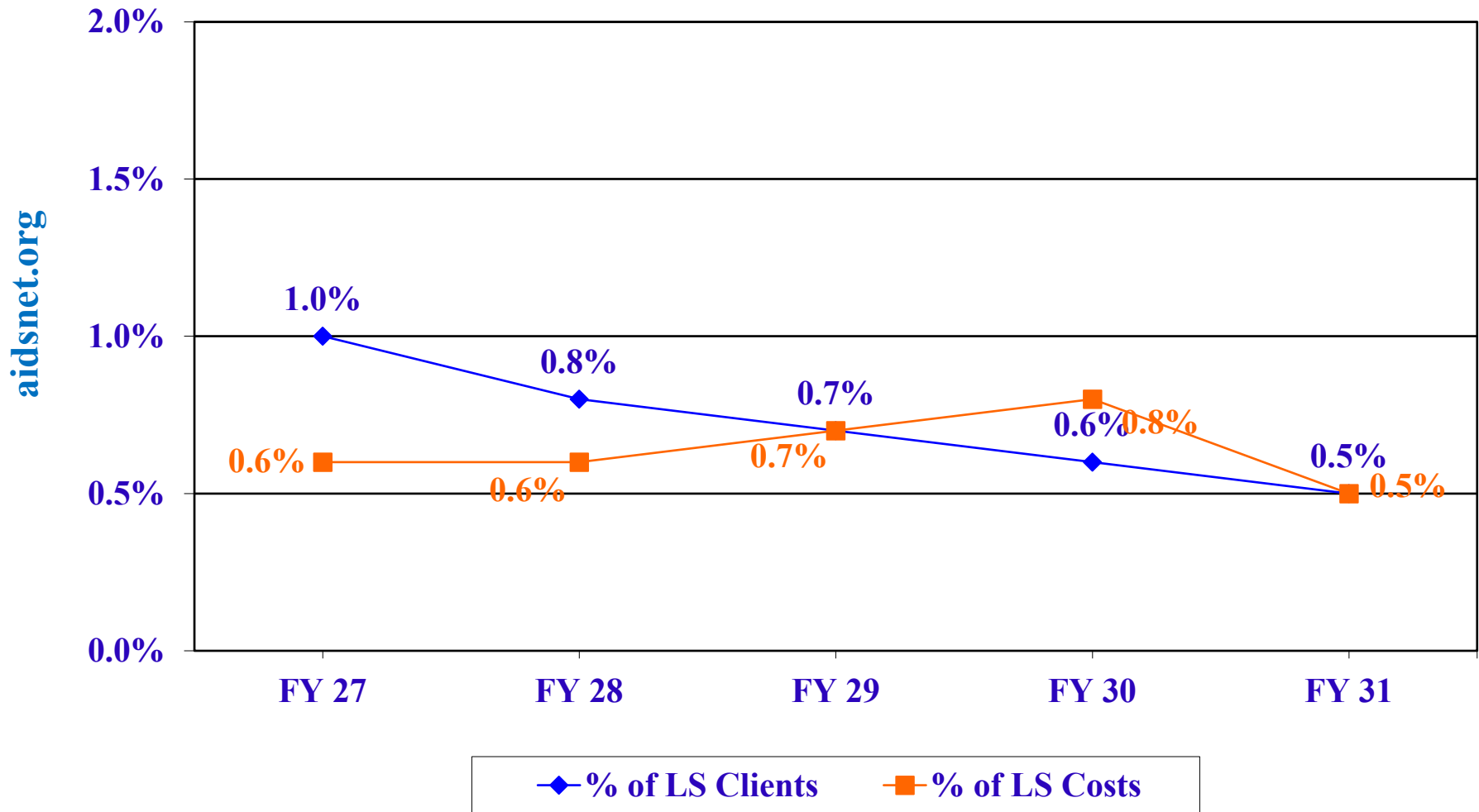
Gender and Ethnicity	% of Active Clients in Each Group Receiving SAS (Residential)	Percent of All RWP Clients in Each Group
Hispanic Male	0.4%	56.7%
Hispanic Female	0.6%	6.0%
Black Male	2.4%	12.9%
Black Female	1.3%	6.6%
Haitian Male	0%	4.7%
Haitian Female	0.8%	4.8%
White Male	1.3%	6.5%
White Female	0%	0.6%
Transgender	2.1%	1.1%
Total RWP	0.8%	100%

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



- The number of clients utilizing legal services continued to drop FY 30 to FY 31, from 48 to 44.
- The total expenditures are the lowest in the past five years \$97,371 (40% decrease) from FY 27
- The service is most used to access government benefits, 93%

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



Other Professional Services by Gender and Ethnicity

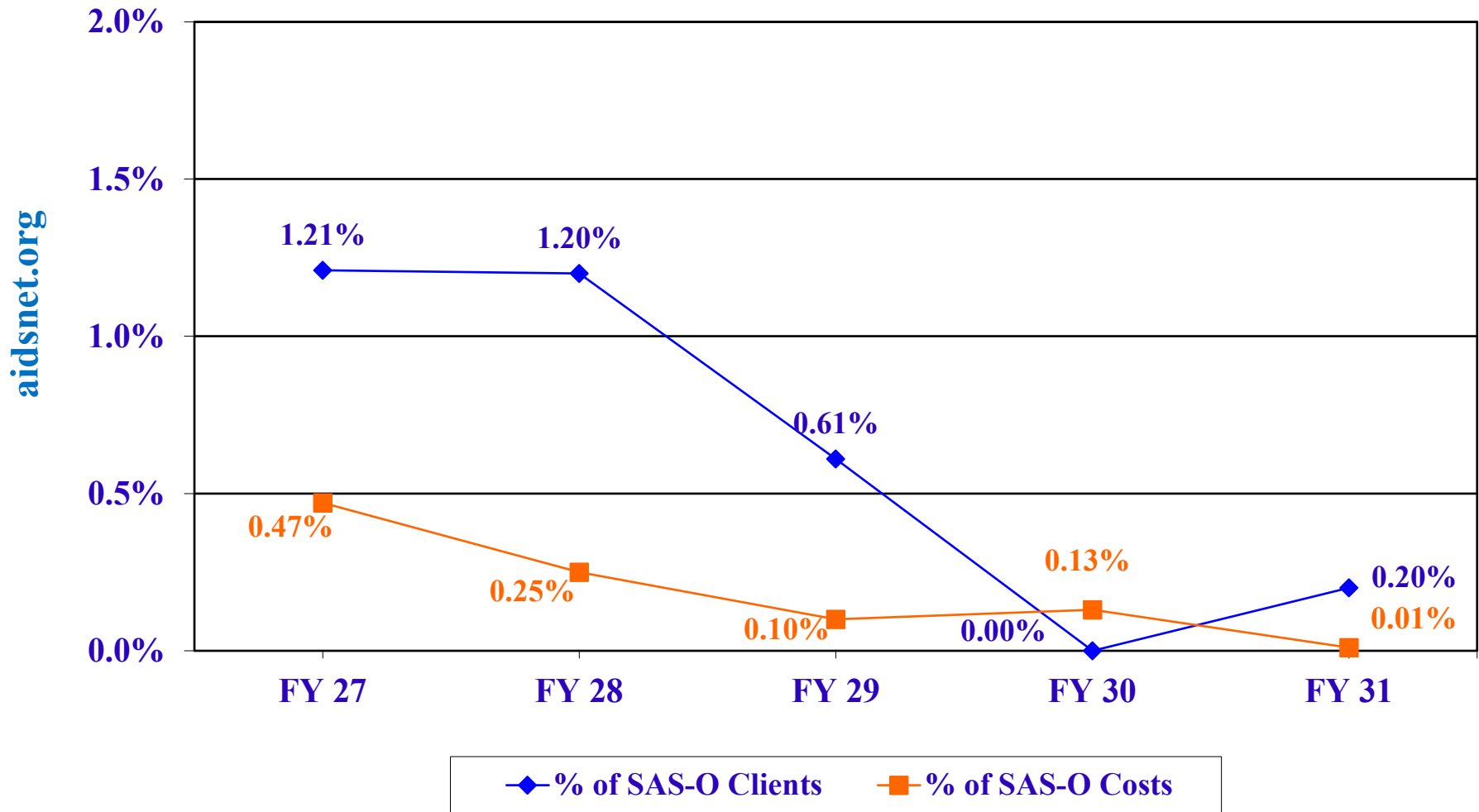
Gender and Ethnicity	% of Active Clients in Each Group Receiving Other Prof. Services	Percent of All RWP Clients in Each Group
Hispanic Male	0.7%	56.7%
Hispanic Female	0.8%	6.0%
Black Male	0.8%	12.9%
Black Female	0.9%	6.6%
Haitian Male	1.3%	4.7%
Haitian Female	0.3%	4.8%
White Male	1.7%	6.5%
White Female	3.8%	0.6%
Transgender	4.3%	1.1%
Total RWP	0.9%	100%



Substance Abuse Services- Outpatient

- Utilization of this service continues to decline with the lowest expenditure (\$1,356) and number of clients (17) in FY 31.
- Expenditures have decrease 99% from FY 27 and clients served have decreased 89%

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



Substance Abuse Services (Outpatient) by Gender and Ethnicity

Gender and Ethnicity	% of Active Clients in Each Group Receiving SAS (Outpatient)	Percent of All RWP Clients in Each Group
Hispanic Male	0.4%	56.7%
Hispanic Female	0.2%	6.0%
Black Male	0.3%	12.9%
Black Female	0.2%	6.6%
Haitian Male	0.0%	4.7%
Haitian Female	0.0%	4.8%
White Male	0.0%	6.5%
White Female	0.0%	0.6%
Transgender	0.0%	1.1%
Total RWP	0.3%	100%

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Emergency Financial Assistance



No billing data was provided for this fiscal year.

Thank you for your attention!

Any questions?



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 4, 2022

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 | Dr. Diego Shmuels |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Introductions | All |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 7, 2022 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Report to Committees (reference only) | All |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • FCPN Nominations | All |
| IX. | New Business | |
| | • Ryan White Program FY 31 Service Utilization Data | Dr. Robert Ladner |
| | • Other Funding and Dashboard Cards | Marlen Meizoso |
| | • Service Categories | All |
| | • Next steps | Marlen Meizoso |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: September 1, 2022 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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Other HIV-Specific Funding Sources

August 4, 2022

Slides prepared by Behavioral Science Research Corp.

www.aidsnet.org

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, and D; 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.
- Information on Ending the Epidemic funding was included by special request based on last year's totals.

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 are sorted by service categories.

Other Funding: Age, Gender, Clients and Expenditures

2022 (WICY) Needs Assessment Funding and Clients Served Survey

Services	Totals		Funding Source	Infants (0-23 months old)		Children (2-12 years old)		Youth (13-24 years old)		Adult Females (25+ years old)		Adult Males (25+ years old)	
	Amount \$ Expended	# of clients		Amount \$ Expended on Infants (0-23)	# of Infants (0-23 months old)	Amount \$ Expended on Children (2-12)	# of Children (2-12 years old)	Amount \$ Expended on Youth (13-24)	# of Youth (13-24 years old)	Amount \$ Expended on Adult Females	# of Adult Females (25+ years old)	Amount \$ Expended on Adult Males (25+)	# of Adult Males (25+ years old)
Early Intervention Services (EIS)	\$209,534.00	3,774	Part C			\$521.00	1	\$1,042.00	293	\$59,941.00	607	\$148,030.00	2,873
Emergency Financial Assistance	\$596,089.79	244	Part B					\$2,370.82	1	\$29,384.66	13	\$564,334.31	230
	\$112,883.32	57	General Revenue					\$6,309.59	3	\$25,101.69	13	\$81,472.04	41
Food Bank	\$13,331.00	313	Part D	\$1,107.37	26	\$596.27	14	\$4,855.38	114	\$6,771.98	159		
	\$46,986.80	387	Other					\$364.24	3	\$10,805.75	89	\$35,816.81	295
Health Education	\$301,394.99	2,643	Part C			\$521.00	1.00	\$2,844.26	64	\$94,907.58	962	\$203,122.15	1,617
	\$31,753.00	718	Part D	\$4,811.00	52	\$2,599.00	15	\$13,845.00	121	\$10,498.00	530		
Health Insurance Premium and Cost-Sharing Assistance	\$29,915,352.99	3,144	ADAP					\$294,966.90	31	\$4,681,410.20	492	\$24,938,975.89	2,621
Home and Community-Based Health Services	\$2,760.00	8	General Revenue							\$1,625.00	3	\$1,135.00	5
Home Health Care	\$6,822.44	5	General Revenue									\$6,822.44	5
Housing (TBRA, STRMU, and Project)	\$10,621,140.00	878	HOPWA										
Housing Specialist	\$1,483,804.00	840	HOPWA										
Linguistic Services	\$7,031.00	87	Part D	\$1,858.77	23	\$323.26	4	\$484.90	6	\$4,364.07	54		
Medical Case Management, including Treatment Adherence	\$1,527,950.92	1,897	General Revenue					\$47,521.93	59	\$438,973.78	545	\$1,041,455.21	1,293
	N/A	23	Other					\$0.00	1	\$0.00	6	\$0.00	16
	\$122,567.03	297	Part B					\$1,996.33	11	\$48,172.52	300	\$72,213.82	482
	\$170,452.67	793	Part C					\$28,587.19	144	\$128,046.81	645		
Medical Nutrition Therapy	\$3,575.59	53	General Revenue							\$1,065.00	15	\$2,510.59	38
	N/A	51	Other							\$0.00	16	\$0.00	35
	\$42,120.00	n/a	Part C										
Medical Transportation	\$800.00	36	Part C					\$44.44	2	\$355.56	16	\$400.00	18
	\$2,188.53	32	General Revenue					\$56.25	1	\$1,063.53	12	\$1,068.75	19
	\$7,095.01	320	Part D	\$1,241.63	56	\$443.44	20	\$3,059.72	138	\$2,350.22	106		

2022 (WICY) Needs Assessment Funding and Clients Served Survey

	Totals		Funding Source	Infants (0-23 months old)		Children (2 -12 years old)		Youth (13-24 years old)		Adult Females (25+ years old)		Adult Males (25+ years old)	
Services	Amount \$ Expended	# of clients		Amount \$ Expended on Infants (0-23	# of Infants (0-23 months old)	Amount \$ Expended on Children (2-12	# of Children (2-12 years old)	Amount \$ Expended on Youth (13-24	# of Youth (13-24 years old)	Amount \$ Expended on Adult Females	# of Adult Females (25+ years old)	Amount \$ Expended on Adult Males (25+	# of Adult Males (25+ years old)
Early Intervention Services (EIS)	\$209,534.00	3,774	Part C			\$521.00	1	\$1,042.00	293	\$59,941.00	607	\$148,030.00	2,873
Emergency Financial Assistance	\$596,089.79	244	Part B					\$2,370.82	1	\$29,384.66	13	\$564,334.31	230
			General Revenue					\$6,309.59	3	\$25,101.69	13	\$81,472.04	41
	\$112,883.32	57											
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Health Education	\$301,394.99	2,643	Part C			\$521.00	1.00	\$2,844.26	64	\$94,907.58	962	\$203,122.15	1,617
	\$31,753.00	718	Part D	\$4,811.00	52	\$2,599.00	15	\$13,845.00	121	\$10,498.00	530		
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Home and Community-Based Health Services	\$2,760.00	8	General Revenue							\$1,625.00	3	\$1,135.00	5
Home Health Care	\$6,822.44	5	General Revenue									\$6,822.44	5
Housing (TBRA, STRMU, and Project)	\$10,621,140.00	878	HOPWA										
Housing Specialist	\$1,483,804.00	840	HOPWA										
Linguistic Services	\$7,031.00	87	Part D	\$1,858.77	23	\$323.26	4	\$484.90	6	\$4,364.07	54		
Medical Case Management, including Treatment Adherence	\$1,527,950.92	1,897	General Revenue					\$47,521.93	59	\$438,973.78	545	\$1,041,455.21	1,293
	N/A	23	Other					\$0.00	1	\$0.00	6	\$0.00	16
	\$122,567.03	297	Part B										
	\$170,452.67	793	Part C					\$1,996.33	11	\$48,172.52	300	\$72,213.82	482
	\$174,501.00	879	Part D	\$14,095.08	71	\$3,771.92	19	\$28,587.19	144	\$128,046.81	645		
Medical Nutrition Therapy	\$3,575.59	53	General Revenue							\$1,065.00	15	\$2,510.59	38
	N/A	51	Other							\$0.00	16	\$0.00	35
	\$42,120.00	n/a	Part C										
Medical Transportation	\$800.00	36	Part C					\$44.44	2	\$355.56	16	\$400.00	18
			General Revenue					\$56.25	1	\$1,063.53	12	\$1,068.75	19
	\$2,188.53	32											
	\$7,095.01	320	Part D	\$1,241.63	56	\$443.44	20	\$3,059.72	138	\$2,350.22	106		

2022 (WICY) Needs Assessment Funding and Clients Served Survey

Services	Totals		Funding Source	Infants (0-23 months old)		Children (2 -12 years old)		Youth (13-24 years old)		Adult Females (25+ years old)		Adult Males (25+ years old)	
	Amount \$ Expended	# of clients		Amount \$ Expended on Infants (0-23	# of Infants (0-23 months old)	Amount \$ Expended on Children (2-12	# of Children (2-12 years old)	Amount \$ Expended on Youth (13-24	# of Youth (13-24 years old)	Amount \$ Expended on Adult Females	# of Adult Females (25+ years old)	Amount \$ Expended on Adult Males (25+	# of Adult Males (25+ years old)
Mental Health Services	\$62,817.71	188	General Revenue					\$131.36	3	\$19,061.09	56	\$43,625.26	129
	\$22,053.50	171	Part B										
	\$138,516.73	457	Part C				1.00	\$1,910.97	4	\$49,614.12	142	\$83,658.64	310
	\$174,713.00	280	Part D			\$12,387.00	18	\$110,059.00	113	\$52,267.00	149		
	\$612,554.02	141	Other					\$4,344.35	1	\$108,608.87	25	\$499,600.80	115
Non-Medical Case Management Services	\$512,972.70	2,384	General Revenue					\$15,277.29	71	\$139,647.35	649	\$358,048.06	1,664
	\$79,620.00	303	Part B										
	\$62,507.00	361	Part D	\$11,538.00	39	\$899.00	10	\$41,087.00	121	\$8,983.00	191		
Oral Health Care	\$158,813.00	399	Part C							\$28,014.00	115	\$69,182.00	284
Outpatient/Ambulatory Health Services	\$1,429,544.20	1,702	General Revenue					\$18,414.77	44	\$511,289.91	495	\$899,839.52	1,163
	\$733,179.27	2,049	Other					\$5,367.34	15	\$83,014.93	232	\$644,797.00	1,802
	\$1,056,071.28	3,119	Part C			\$521.00	1	\$23,180.82	54	\$354,762.06	1086	\$446,783.40	1,978
	\$809,464.00	871	Part D	\$54,892.00	75	\$13,723.00	20	\$292,333.00	159	\$448,516.00	617		
Outreach Services	\$126,191.56	1,335	Part C			\$226.00	1	\$2,111.68	46	\$39,081.26	461	\$84,772.62	827
	\$27,725.00	351	Part D					\$27,725.00	351	\$0.00	0		
Prescription Drugs (AIDS Pharmaceutical Assistance)	\$28,342,383.90	4,587	ADAP					\$933,006.32	151	\$5,276,737.70	854	\$22,132,639.88	3,582
	\$262,520.31	547	General Revenue					\$20.73	13	\$158,529.37	154	\$103,970.21	380
	\$25,492.00	n/a	Part C										
Referral for Health Care and Supportive Services	\$375,527.09	836	General Revenue					\$9,882.29	22	\$87,593.04	195	\$278,051.76	619
	N/A	1,333	Other					\$0.00	6	\$0.00	191	\$0.00	1,136
Risk reduction	\$24,343.00	702	Part D					\$13,845.00	121	\$10,498.00	581		
Specialty patient navigation	\$51,884.97	501	Part C					\$932.07	9	\$50,952.90	492	\$0.00	0
Substance Abuse Outpatient Care	N/A	4	Other							\$0.00	0	\$0.00	4
	\$12,527.90	13	Part C							\$7,709.48	8	\$4,818.42	5
Substance Abuse Services (residential)	\$166,097.75	18	General Revenue							\$166,097.75	18		

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 2018-19 through FY 2020-21

	FY 2018-19	FY 2019-20	FY 2020-21
Expenses	\$218,589,221	\$328,303,705	\$379,527,639.90
Clients Served	7,101	7,783	8,407
Average annual cost per client	\$30,782.88	\$42,182.15	\$45,1440.24

Note: Relative to FY 2019-20, FY 2020-21 shows an increase in the number of clients served (+8.02%) and total expenditures (+15.60%) .

Medicaid Data

Miami-Dade Medicaid Expenditures
FY 2020-2021

Bucket	Service	Recipients	Amount Spent
01	HOSPITAL INPATIENT SERV	1,084	\$ 13,660,135.16
02	HOSPITAL INSURANCE BENE	353	\$ 521,187.69
03	HOSPITAL OUTPATIENT SER	3,039	\$ 4,409,900.93
04	HOSPITAL OUTPATIENT XOV	1,048	\$ 632,378.49
06	SKILLED NURSING CARE	111	\$ 4,709,795.63
07	INTERMEDIATE CARE	42	\$ 1,805,943.70
12	PHYSICIAN SERVICES	4,786	\$ 6,796,463.15
13	PHYSICIAN XOVER	1,268	\$ 134,569.88
14	PRESCRIBED MEDICINE	5,435	\$ 109,082,427.54
15	OTHER LAB AND X-RAY	3,100	\$ 784,217.03
16	LAB AND X-RAY XOVER	437	\$ 6,431.32
17	TRANSPORTATION	2,244	\$ 1,317,946.11
18	TRANSPORTATION XOVER	222	\$ 37,711.89
19	FAMILY PLANNING SERVICE	35	\$ 6,011.15
20	HOME HEALTH SERVICES	1,205	\$ 2,444,033.58
21	HOME HEALTH XOVER	273	\$ 127,285.31
22	EPSDT SCREENING	224	\$ 18,726.30
24	CHILD VISUAL SERVICES	29	\$ 211.00
27	ADULT VISUAL SERVICES	649	\$ 44,738.00
29	CASE MANAGEMENT-CMS	70	\$ 104,558.86
31	NURSE PRACTITIONER SERV	111	\$ 16,500.90
32	OTHER XOVER PRACTITIONE	351	\$ 8,576.64
33	HOSPICE	45	\$ 1,035,361.25
34	COMMUNITY MENTAL HLTH S	2,250	\$ 5,943,520.18
35	HCB-AGING	419	\$ 1,377,216.70
36	HCB-DEVELOPMENTAL SERVI	69	\$ 2,277,172.79
37	HCB-AIDS	334	\$ 587,529.46
39	PREPAID HEALTH PLAN	9,506	\$ 192,843,127.42
40	RURAL HEALTH CLINICS	749	\$ 94,351.71
43	PRIVATE DUTY NURSING SE	17	\$ 492,204.79
44	PHYSICAL THERAPY SERVIC	136	\$ 113,908.88
49	FEDERALLY QUALIFIED CEN	693	\$ 80,843.29
53	CLINIC SERVICES	21	\$ 4,664.52
56	CASE MANAGEMENT-ADULT M	278	\$ 771,771.52
59	TSFC-COMMUNITY MENTAL H	155	\$ 168,117.68
62	PHYSICIAN ASSISTANT SER	584	\$ 49,228.39
64	SCHOOL BASED SERVICES	18	\$ 3,245.82
65	DIALYSIS CENTER	60	\$ 1,004,753.91
67	BRAIN & SPINAL CORD INJU	111	\$ 145,947.99
71	ASSISTIVE CARE SERVICES	110	\$ 508,566.33
72	HEALTHY START WAIVER	59	\$ 21,072.00
78	CYSTIC FIBROSIS	26	\$ 403,296.33
79	ALZHEIMERS WAIVER	37	\$ 8,724.00
94	PREPAID LTC	747	\$ 21,399,343.80
	OTHER	233	\$ 3,529,920.88
	Total:		\$ 379,527,639.90

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

Medicaid HIV/AIDS Demographic Information
FY 2018-2021

Total Medicaid HIV/AIDS Clients												
	FY 2018-2019				FY 2019-2020				FY 2020-2021			
	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%
Black/African American	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	1,409	35.56%	560	17.91%	1,969	27.73%	1,478	34.51%	645	18.42%	2,123	27.28%
Not Determined	739	18.65%	507	16.32%	1,248	17.55%	870	20.35%	690	17.14%	1,470	18.89%
Other	44	1.11%	42	1.34%	86	1.21%	50	1.17%	51	1.46%	101	1.30%
Other * (count less than 15 count)	0.00%	0.00%	13	0.18%	0.00%	0.00%	7	0.09%	0.00%	0.00%	10	0.12%
White	290	7.32%	125	4.00%	415	5.84%	296	6.92%	138	3.94%	434	5.58%
TOTAL	3,962	55.79%	3,126	44.03%	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 2018-2019				FY 2019-2020				FY 2020-2021			
	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%
Black/African American	1,371	36.33%	1,779	60.33%	3,150	46.70%	1,464	35.79%	1,951	59.09%	3,415	46.15%
Hispanic	1,378	36.42%	525	17.81%	1,903	28.21%	1,449	35.43%	603	18.26%	2,032	27.73%
Not Determined	711	18.79%	490	16.62%	1,201	17.81%	841	20.56%	577	17.47%	1,418	19.18%
Other	40	1.06%	37	1.26%	77	1.14%	46	1.12%	42	1.27%	88	1.19%
Other * (count less than 15)	0.00%	0.00%	13	0.19%	0.00%	0.00%	7	0.09%	0.00%	0.00%	10	0.12%
White	284	7.51%	117	3.97%	401	5.95%	290	7.09%	129	3.91%	419	5.66%
TOTAL	3,784	56.10%	2,948	43.71%	6,745	100.00%	4,090	55.38%	3,502	44.63%	7,599	100.00%

Medicaid HIV/AIDS Clients less than 18 years old												
	FY 2018-2019				FY 2019-2020				FY 2020-2021			
	Male	%	Female	%	Male	%	Female	%	Male	%	Female	%
Black/African American	109	64.88%	113	68.48%	222	62.36%	117	66.86%	116	70.30%	233	60.68%
Hispanic	31	18.45%	35	21.21%	66	18.54%	29	16.57%	42	25.45%	71	18.49%
Not Determined	28	16.67%	17	10.30%	45	12.64%	29	16.57%	23	13.94%	52	13.54%
Other	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11	2.72%	
Other * (less than 15 count)	0.00%	0.00%	23	6.46%	0.00%	0.00%	28	7.29%	0.00%	0.00%	19	4.69%
White	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
TOTAL	168	47.19%	165	46.35%	356	100.00%	175	45.57%	181	47.14%	384	100.00%

TOTAL MEDICAID CLIENTS			7,101		7,783		8,407	
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TOTAL MEDICAID CLIENTS

7,101

7,783

8,407

Per 3 Fiscal Years Medicaid Demographics

Needs Assessment 2022

Miami-Dade Medicaid Expenditures
FY 2020-2021

Bucket	Service	Recipients	Amount Spent
01	HOSPITAL INPATIENT SERV	1,084	\$ 13,660,135.16
02	HOSPITAL INSURANCE BENE	353	\$ 521,187.69
03	HOSPITAL OUTPATIENT SER	3,039	\$ 4,403,900.93
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06	SKILLED NURSING CARE	111	\$ 4,709,795.63
07	INTERMEDIATE CARE	42	\$ 1,805,943.70
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35	HCB-AGING	419	\$ 1,377,216.70
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65	DIALYSIS CENTER	60	\$ 1,004,753.91
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79	ALZHEIMERS WAIVER	37	\$ 8,724.00
94	PREPAID LTC	747	\$ 21,399,343.80
	OTHER	233	\$ 3,529,920.88
	Total:		\$ 379,527,639.90

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

Medicaid HIV/AIDS Demographic Information
FY 2018-2021

Total Medicaid HIV/AIDS Clients

	FY 2018-2019						FY 2019-2020						FY 2020-2021					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,480	37.35%	1,892	60.52%	3,372	47.49%	1,581	36.98%	2,067	59.04%	3,648	46.87%	1,666	36.38%	2,163	56.65%	3,829	45.55%
Hispanic	1,409	35.56%	560	17.91%	1,969	27.73%	1,478	34.57%	645	18.42%	2,123	27.28%	1,520	33.20%	769	20.14%	2,289	27.23%
Not Determined	739	18.65%	507	16.22%	1,246	17.55%	870	20.35%	600	17.14%	1,470	18.89%	1,044	22.80%	662	17.34%	1,706	20.29%
Other	44	1.11%	42	1.34%	86	1.21%	50	1.17%	51	1.46%	101	1.30%	53	1.16%	67	1.75%	120	1.43%
Other (*less than 15 count)		0.00%		0.00%	13	0.18%		0.00%		0.00%	7	0.09%		0.00%		0.00%	10	0.12%
White	290	7.32%	125	4.00%	415	5.84%	296	6.92%	138	3.94%	434	5.58%	296	6.46%	157	4.11%	453	5.39%
TOTAL	3,962	55.79%	3,126	44.02%	7,101	100.00%	4,275	54.93%	3,501	44.98%	7,783	100.00%	4,579	54.47%	3,818	45.41%	8,407	100.00%

Medicaid HIV/AIDS Clients 18-64 years older

	FY 2018-2019						FY 2019-2020						FY 2020-2021					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,371	36.23%	1,779	60.35%	3,150	46.70%	1,464	35.79%	1,951	59.09%	3,415	46.15%	1,542	35.21%	2,044	56.57%	3,586	44.81%
Hispanic	1,378	36.42%	525	17.81%	1,903	28.21%	1,449	35.43%	603	18.26%	2,052	27.73%	1,486	33.93%	725	20.07%	2,211	27.63%
Not Determined	711	18.79%	490	16.62%	1,201	17.81%	841	20.56%	577	17.47%	1,418	19.16%	1,015	23.18%	637	17.63%	1,652	20.64%
Other	40	1.06%	37	1.26%	77	1.14%	46	1.12%	42	1.27%	88	1.19%	46	1.05%	56	1.55%	102	1.27%
Other * (counts less than 15)		0.00%		0.00%	13	0.19%		0.00%		0.00%	7	0.09%		0.00%		0.00%	10	0.12%
White	284	7.51%	117	3.97%	401	5.95%	290	7.09%	129	3.91%	419	5.66%	290	6.62%	151	4.18%	441	5.51%
TOTAL	3,784	56.10%	2,948	43.71%	6,745	100.00%	4,090	55.28%	3,302	44.63%	7,399	100.00%	4,379	54.72%	3,613	45.15%	8,002	100.00%

Medicaid HIV/AIDS Clients less than 18 year old

	FY 2018-2019						FY 2019-2020						FY 2020-2021					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	109	64.88%	113	68.48%	222	62.36%	117	66.86%	116	70.30%	233	60.68%	124	66.31%	119	59.80%	243	60.00%
Hispanic	31	18.45%	35	21.21%	66	18.54%	29	16.57%	42	25.45%	71	18.49%	34	18.18%	44	22.11%	78	19.26%
Not Determined	28	16.67%	17	10.30%	45	12.64%	29	16.57%	23	13.94%	52	13.54%	29	15.51%	25	12.56%	54	13.33%
Other		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%		0.00%	11	5.53%	11	2.72%
Other (*less than 15 count)		0.00%		0.00%	23	6.46%		0.00%		0.00%	28	7.29%		0.00%		0.00%	19	4.69%
White		0.00%		0.00%		0.00%		0.00%		0.00%	0	0.00%		0.00%		0.00%		0.00%
TOTAL	168	47.19%	165	46.35%	356	100.00%	175	45.57%	181	47.14%	384	100.00%	187	46.17%	199	49.14%	405	100.00%

TOTAL MEDICAID CLIENTS

7,101

7,783

8,407

Medicaid Expenditures 2019-20 vs 2020-21

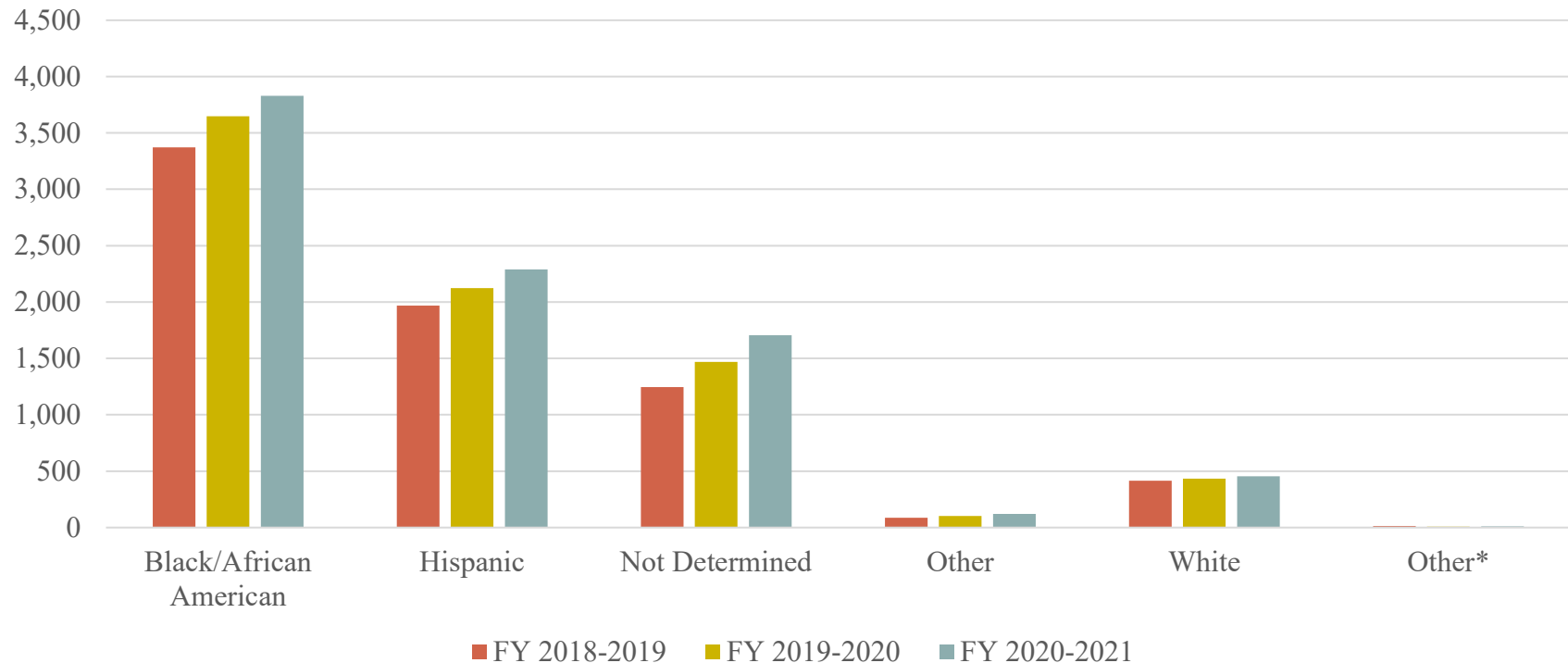
Increases in the 2020-2021 Medicaid figures are due to:

- ! Increased hospitalization services
- ! Increased medication usage
- ! Increased medical usage
- ! Increase mental health services
- ! Increased insurance usage
- ! Increased transportation

This is consistent with COVID-19 epidemics impact on service delivery.

Total Medicaid Clients by Demographics FY 2018-FY 2021

www.aidsnet.org



Note: This chart is found in your materials; the chart displays three years of information. In terms of gender, there are slightly more men (54.46%) in the Medicaid program. The program serves more Black/African Americans (45.54%) than any other race.

Ending the Epidemic Funding

Part A	\$2,887,384
Department of Health	\$2,624,939
Other FQHCs	\$2,045,615
Total	\$7,557,938

Services vary from prevention (e.g. HIV/STD testing, PrEP, partner services, condom distribution) to care and treatment services (e.g. outreach, linkage to care, telehealth, ART, mental health, and case management)

Thank you for your attention!

Any questions?



Care and Treatment
Thursday, August 4, 2022

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 | Dr. Diego Shmuels |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Introductions | All |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 7, 2022 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Report to Committees (reference only) | All |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • FCPN Nominations | All |
| IX. | New Business | |
| | • Ryan White Program FY 31 Service Utilization Data | Dr. Robert Ladner |
| | • Other Funding and Dashboard Cards | Marlen Meizoso |
| | • Service Categories | All |
| | • Next steps | Marlen Meizoso |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: September 1, 2022 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

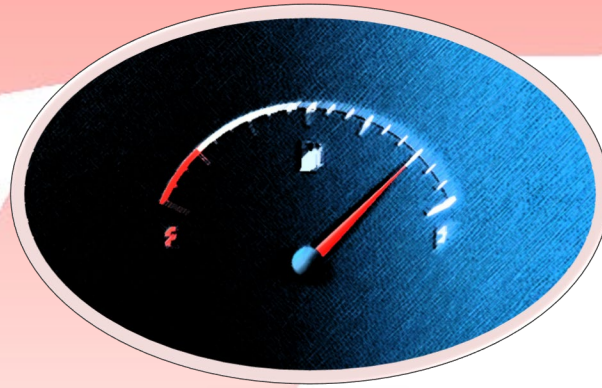
Please turn off or mute cellular devices – Thank you

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

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Tools for Needs Assessment: A Guide to Dashboard Cards 2022 Revision

aidsnet.org



August 4, 2022

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, summarize a lot of the information presented, provide information on other funders, and is intended to facilitate your decision-making process.

Core Service: AIDS Pharmaceutical Assistance

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of 7/7/22	YR 32 Total as %	RFP Allocation
Total				
Part A	4	\$84,492	0.39%	\$88,255

Ranking, Allocation and Expenditure History		
Fiscal Year	Final Expenditure	Category Expense as %
FY 27	\$23,425,356	1.9%
FY 28	\$21,934,627	0.4%
FY 29	\$23,019,718	0.3%
FY 30	\$17,660,128	0.3%
FY 31	\$19,018,258	0.2%

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	9	\$83,595.00	\$4,379.02	5.24%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
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
FY 31	NA	NA	NA	NA

Limitations: 400% FPL

Service Program

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 27	9,883	1,162	11.8%	\$441,202	\$379.69
FY 28	9,578	697	7.3%	\$86,210	\$123.69
FY 29	9,031	605	6.7%	\$57,843	\$95.61
FY 30	8,127	185	2.3%	\$5,993	\$32.40
FY 31	8,420	183	2.2%	\$4,379	\$23.93

5 Year AVERAGE		
Clients	Expenditure	%
566	\$119,125	0.6%

Other Funding Streams: 2021			
	Funder	Expended	Number of Clients
1	ADAP	\$32,843,354.00	4,596
2	General Revenue	\$442,771.88	408
3	Medicaid	\$104,595,615.00	5,213
4	Part C	\$32,874.33	N/A

Other Funding Streams: 2022			
	Funder	Expended	Number of Clients
1	ADAP	\$28,342,383.90	4,587
2	General Revenue	\$262,520.31	547
3	Medicaid	\$109,082,427.54	5,435
4	Part C	\$25,492.00	N/A

Notes:

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

Ryan White Program Dashboard Cards

We will break 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.**

This top section indicates if a service is a **core** or **support** service. The table details the current year's allocation for Part A and Minority AIDS Initiative Funding (MAI). Items are broken out into four categories: **YR 32 Ranking** (current priority number), **YR 32 Direct Services Direct Services Total** (amount allocated in sweeps), **YR 32 Total as %** (percent of direct services total that the allocation represents) and **RFP Allocation** (amount allocated for the service category during the last RFP).

Core Service: AIDS Pharmaceutical Assistance

FY 32: March 1, 2022-February 28, 2023

	YR 32 Ranking	YR 32 Direct Services Totals as of 7/7/22	YR 32 Total as %	RFP Allocation
Total				
Part A	4	\$84,492	0.39%	\$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**), 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.

Ranking, Allocation and Expenditure History

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	9	\$83,595.00	\$4,379.02	5.24%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
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
FY 31	NA	NA	NA	NA

New for 2022

This section is new for 2022 and shows the final direct services expenditure (**Final Expenditure**) for the relevant fiscal year (**Fiscal Year**) and what percent of the total the service category represented (**Category Expense as %**). For example, the AIDS Pharmaceutical expenditure was 0.2% of the direct services total (\$19,018,258) spent for FY 31.

Fiscal Year	Final Expenditure	Category Expense as %
FY 27	\$23,425,356	1.9%
FY 28	\$21,934,627	0.4%
FY 29	\$23,019,718	0.3%
FY 30	\$17,660,128	0.3%
FY 31	\$19,018,258	0.2%

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 back, including 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 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
FY 31	8,420	183	2.2%	\$4,379	\$24

New for 2022

This section is also new for 2022 and shows a five-year average for clients (**Clients**), category expenditures (**Expenditures**), and category expense as a percent (%). The averages are unweighted.

5 Year AVERAGE		
Clients	Expenditure	%
566	\$119,125	0.6%

The final table on the form indicates information on the other funding streams. This year information for 2021 and 2022 are included. 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 responded. The final data element are notes (**Notes**) which indicate things that are important to take note of regarding the service category.

Other Funding Streams 2021

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$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	5,213	\$20,064.38
4	Part C	\$32,874.33	N/A	N/A

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$28,342,383.90	4,587	\$6,178.85
2	General Revenue	\$262,520.31	547	\$479.93
3	Medicaid	\$109,082,427.54	5,435	\$20,070.36
4	Part C	\$25,492.00	N/A	N/A

Notes:

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

How can the Dashboard help?

Different data points can be used to allocate funds, assess if other funding streams pay for the service, or to estimate needs.

For example, **566** clients are expected to access the AIDS Pharmaceutical service category, at a yearly cost of **\$24**. Accordingly, the service category estimated allocation would be **\$13,584**.

For example, if the estimated number of Ryan White clients is **9,008**, with a yearly cost of **\$2,258** per client, the program would spend **\$20,340,064**.

Thank you!

2022 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: AIDS Pharmaceutical Assistance

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of 7/7/22	YR 32 Total as %	RFP Allocation
Total				
Part A	4	\$84,492	0.39%	\$88,255

Ranking, Allocation and Expenditure History			
	Fiscal Year	Final Expenditure	Category Expense as %
	FY 27	\$23,425,356	1.9%
	FY 28	\$21,934,627	0.4%
	FY 29	\$23,019,718	0.3%
	FY 30	\$17,660,128	0.3%
	FY 31	\$19,018,258	0.2%

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	9	\$83,595.00	\$4,379.02	5.24%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
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
FY 31	NA	NA	NA	NA

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 27	9,883	1,162	11.8%	\$441,202	\$379.69
FY 28	9,578	697	7.3%	\$86,210	\$123.69
FY 29	9,031	605	6.7%	\$57,843	\$95.61
FY 30	8,127	185	2.3%	\$5,993	\$32.40
FY 31	8,420	183	2.2%	\$4,379	\$23.93

5 Year AVERAGE

Clients	Expenditure	%
566	\$119,125	0.6%

Other Funding Streams 2021

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$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	5,213	\$20,064.38
4	Part C	\$32,874.33	N/A	N/A

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$28,342,383.90	4,587	\$6,178.85
2	General Revenue	\$262,520.31	547	\$479.93
3	Medicaid	\$109,082,427.54	5,435	\$20,070.36
4	Part C	\$25,492.00	N/A	N/A

Notes:

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

2022 Needs Assessment Dashboard Cards
Ryan White Program

Support Service: Emergency Financial Assistance

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of 7/7/22	YR 32 Total as %	RFP Allocation
Total				
Part A	11	\$9,853	0.05%	\$88,253
MAI	7	\$0	0.00%	\$12,087

Ranking, Allocation and Expenditure History			
	Fiscal Year	Final Expenditure	Category Expense as %
	FY 27	\$23,425,356	0%
	FY 28	\$21,934,627	0%
	FY 29	\$23,019,718	0%
	FY 30	\$17,660,128	0%
	FY 31	\$19,018,258	0%

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
FY 29	12	NA	NA	NA
FY 30	12	NA	NA	NA
FY 31	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
FY 31	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	9,031	NA	NA	NA	NA
FY 30	8,127	NA	NA	NA	NA
FY 31	8,420	NA	NA	NA	NA

5 Year AVERAGE

Clients	Expenditure	%
NA	NA	NA

Other Funding Streams 2021				
	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

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost Per Client
1	Part B	\$593,089.79	244	\$2,430.70
2	General Revenue	\$112,883.32	57	\$1,980.41

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. In FY 32, there will be funds expended in this category.

2022 Needs Assessment Dashboard Cards
Ryan White Program

Support Service: Food Bank

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of 7/7/22	YR 32 Total as %	RFP Allocation
Total				
Part A	8	\$766,083	3.57%	\$529,539

Ranking, Allocation and Expenditure History			
	Fiscal Year	Final Expenditure	Category Expense as %
	FY 27	\$23,425,356	4.4%
	FY 28	\$21,934,627	6.6%
	FY 29	\$23,019,718	8.1%
	FY 30	\$17,660,128	7.4%
	FY 31	\$19,018,258	7.0%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	5	\$1,385,995.00	\$1,338,778.40	96.59%

Limitations: 400% FPL

Service Program

Fiscal Year	RW Clients	Clients	%	Expenditure	Avg Per Client
FY 27	9,883	709	7.2%	\$1,032,226	\$1,455.89
FY 28	9,578	701	7.3%	\$1,451,528	\$2,070.65
FY 29	9,031	715	7.9%	\$1,851,369	\$2,589.33
FY 30	8,127	735	9.0%	\$1,303,702	\$1,773.74
FY 31	8,420	712	8.5%	\$1,338,778	\$1,880.31

5 Year AVERAGE

Clients	Expenditure	%
714	\$1,395,521	6.7%

Other Funding Streams 2021				
	Funder	Expended	Number of Clients	Cost per Client
1	Part D	\$9,020.00	352	\$25.63
2	Other	\$943.50	299	\$3.16

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost per Client
1	Part D	\$13,331.00	313	\$42.59
2	Other	\$46,986.80	387	\$121.41

Notes:

While expenditures have increased for FY 31, clients have not increased significantly. With the current financial burdens, expenditures are likely to increase.

2022 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: Health Insurance Services

FY 32: March 1, 2022-February 28, 2023				
Total Part A	YR 32 Ranking	YR 32 Direct Services Totals as of 7/7/22	YR 32 Total as %	RFP Allocation
	6	\$335,776	1.57%	\$595,700

Ranking, Allocation and Expenditure History			
Fiscal Year	Final Expenditure	Category Expense as %	
FY 27	\$23,425,356	22.8%	
FY 28	\$21,934,627	2.3%	
FY 29	\$23,019,718	1.6%	
FY 30	\$17,660,128	1.6%	
FY 31	\$19,018,258	1.6%	

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	6	\$442,447.00	\$298,950.41	67.57%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
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
FY 31	8,420	1,225	14.5%	\$298,950	\$244.04

5 Year AVERAGE

Clients	Expenditure	%
1,281	\$1,362,485	6.0%

Other Funding Streams 2021				
	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

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost Per Client
1	ADAP	\$29,915,352.99	3,144	\$9,515.06
2	Medicaid	\$192,843,127.42	9,506	\$20,286.46

Notes:

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

2022 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: Medical Case Management

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of	YR 32 Total as %	RFP Allocation
Total				\$6,772,972
Part A	1	\$5,815,461	27.13%	\$5,869,052
MAI	1	\$903,920	38.71%	\$903,920

Ranking, Allocation and Expenditure History			
Fiscal Year	Final Expenditure	Category Expense as %	
FY 27	\$23,425,356	17.8%	
FY 28	\$21,934,627	24.2%	
FY 29	\$23,019,718	25.1%	
FY 30	\$17,660,128	29.9%	
FY 31	\$19,018,258	30.2%	

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	1	\$5,921,877.00	\$5,094,347.45	86.03%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
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%
FY 31	1	\$903,920.00	\$650,165.00	71.93%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
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
FY 31	8,420	7,842	93.1%	\$5,744,512	\$732.53

5 Year AVERAGE

Clients	Expenditure	%
8,098	\$5,256,012	25.0%

Other Funding Streams 2021				
	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

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$1,527,950.92	1,897	\$805.46
2	Medicaid	\$876,330.38	348	\$2,518.19
3	Part B	\$122,567.03	297	\$412.68
4	Part C	\$170,452.67	793	\$214.95
5	Part D	\$174,501.00	879	\$198.52

Notes:

Expenditures almost back to pre-pandemic levels

2022 Needs Assessment Dashboard Cards
Ryan White Program

Support Service: Medical Transportation

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of	YR 32 Total as %	RFP Allocation
Total				\$162,077
Part A	10	\$194,149	0.91%	\$154,449
MAI	5	\$7,628	0.33%	\$7,628

Ranking, Allocation and Expenditure History		
Fiscal Year	Final Expenditure	Category Expense as %
FY 27	\$23,425,356	0.7%
FY 28	\$21,934,627	0.6%
FY 29	\$23,019,718	0.6%
FY 30	\$17,660,128	0.0%
FY 31	\$19,018,258	0.5%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	10	\$150,688.00	\$98,584.06	65.42%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 30	6	\$7,628.00	\$0.00	0.00%
FY 31	6	\$7,628.00	\$2,371.56	31.09%

Service Program

Limitations: 400% FPL; passes are monthly

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
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
FY 31	8,420	645	7.7%	\$100,956	\$156.52

5 Year AVERAGE

Clients	Expenditure	%
5,666	\$109,841	0.50%

Other Funding Streams 2021				
	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

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$2,188.53	32	\$68.39
2	Medicaid	\$1,355,658.00	2,466	\$549.74
3	Part C	\$800.00	36	\$22.22
4	Part D	\$7,095.01	320	\$22.17

Notes:

Expenditures have increased and are closer to FY 28-FY 29 levels

2022 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: Mental Health

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of 7/7/22	YR 32 Total as %	RFP Allocation
Total				\$151,345
Part A	3	\$132,385	0.62%	\$132,385
MAI	3	\$18,960	0.81%	\$18,960

Ranking, Allocation and Expenditure History			
	Fiscal Year	Final Expenditure	Category Expense as %
	FY 27	\$23,425,356	0.5%
	FY 28	\$21,934,627	0.6%
	FY 29	\$23,019,718	0.6%
	FY 30	\$17,660,128	0.5%
	FY 31	\$19,018,258	0.3%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	3	\$150,504.00	\$56,566.25	37.58%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 29	4	N/A	N/A	N/A
FY 30	3	\$18,960.00	\$7,584.00	40.00%
FY 31	3	\$18,960.00	\$3,672.50	19.37%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
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
FY 31	8,420	121	1.4%	\$60,239	\$497.84

5 Year AVERAGE

Clients	Expenditure	%
233	\$106,380	0.5%

Other Funding Streams 2021				
	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
6	Other	\$21,404.05	119	\$179.87

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$62,817.71	188	\$334.14
2	Medicaid	\$6,111,637.86	2,405	\$2,541.22
3	Part B	\$22,053.50	171	\$128.97
4	Part C	\$138,516.73	457	\$303.10
5	Part D	\$174,713.00	280	\$623.98
6	Other	\$612,554.02	141	\$4,344.35

Notes:

Expenditures continue to decline

2022 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: Oral Health Care

FY 32: March 1, 2022-February 28, 2023				
Total Part A	YR 32 Ranking	YR 32 Direct Services Totals as of	YR 32 Total as %	RFP Allocation
	5	\$3,088,975	14.4%	\$3,088,975

Ranking, Allocation and Expenditure History			
Fiscal Year	Final Expenditure	Category Expense as %	
FY 27	\$23,425,356	10.4%	
FY 28	\$21,934,627	13.0%	
FY 29	\$23,019,718	15.4%	
FY 30	\$17,660,128	9.3%	
FY 31	\$19,018,258	13.3%	

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	4	\$3,108,975	\$2,533,061.80	81.48%

Service Program

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

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 27	9,883	3,500	35.4%	\$2,443,947	\$698.27
FY 28	9,578	3,381	35.3%	\$2,841,838	\$840.53
FY 29	9,031	3,170	35.1%	\$3,547,495	\$1,119.08
FY 30	8,127	1,711	21.1%	\$1,645,879	\$961.94
FY 31	8,420	2,237	26.6%	\$2,533,062	\$1,132.35

5 Year AVERAGE

Clients	Expenditure	%
2,800	\$2,602,444	12.4%

Other Funding Streams 2021				
1	Funder Part C	Expended \$148,819.87	Number of Clients 271	Cost Per Client NA

Other Funding Streams 2022				
1	Funder Part C	Expended \$158,813.00	Number of Clients 399	Cost Per Client \$398.03

Notes:

Inclusion of implant codes to the OHC formulary may impact future utilization

2022 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: Outpatient/Ambulatory Health Services

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of	YR 32 Total as %	RFP Allocation
Total				\$10,210,460
Part A	2	\$8,577,172	40.01%	\$8,847,707
MAI	2	\$1,356,661	58.10%	\$1,362,753

Ranking, Allocation and Expenditure History			
Fiscal Year	Final Expenditure	Expense as %	
FY 27	\$23,425,356	29.2%	
FY 28	\$21,934,627	41.5%	
FY 29	\$23,019,718	40.9%	
FY 30	\$17,660,128	41.9%	
FY 31	\$19,018,258	40.6%	

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	2	\$8,647,718.00	\$7,268,815.93	84.05%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
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%
FY 31	2	\$1,362,753.00	\$366,105.33	26.87%

Limitations: 400% FPL

Service Program

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
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
FY 31	8,420	4,422	52.5%	\$7,729,584	\$1,747.98

5 Year AVERAGE

Clients	Expenditure	%
4,898	\$8,095,817	39.0%

Other Funding Streams 2021				
	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

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost per client
1	General Revenue	\$1,492,544.20	1,702	\$876.94
2	Medicaid	\$12,917,774.54	15,438	\$836.75
3	Part C	\$1,056,071.28	3,119	\$338.59
4	Part D	\$809,464.00	871	\$929.35
5	Other	\$733,179.27	2,049	\$357.82

Notes:

Higher expenditures and clients than in FY 30 and has several funders

2022 Needs Assessment Dashboard Cards
Ryan White Program

Support Services: Other Professional Services-Legal

FY 32: March 1, 2022-February 28, 2023				
Total Part A	YR 32 Ranking	YR 32 Direct Services Totals as of	YR 32 Total as %	RFP Allocation
	13	\$154,449	0.72%	\$154,449

Ranking, Allocation and Expenditure History			
Fiscal Year	Final Expenditure	Category Expense as %	
FY 27	\$23,425,356	0.6%	
FY 28	\$21,934,627	0.6%	
FY 29	\$23,019,718	0.5%	
FY 30	\$17,660,128	0.8%	
FY 31	\$19,018,258	0.5%	

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	13	\$154,449.00	\$97,371.00	63.04%

Service Program
Limitations: 400 % FPL

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 27	9,883	100	1.0%	\$146,988.00	\$1,469.88
FY 28	9,578	76	0.8%	\$140,599	\$1,849.99
FY 29	9,031	66	0.7%	\$115,976	\$1,757.21
FY 30	8,127	48	0.6%	\$146,336	\$3,048.67
FY 31	8,420	44	0.5%	\$97,371	\$2,212.98

5 Year AVERAGE		
Clients	Expenditure	%
67	\$129,454	0.6%

Notes:
Lower expenditure than last year, but possible increased utilization for transgender clients seeking name changes in FY 32 and o

2022 Needs Assessment Dashboard Cards
Ryan White Program

Support Services: Outreach Services

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of	YR 32 Total as %	RFP Allocation
Total				\$304,512
Part A	12	\$264,696	1.23%	\$264,696
MAI	6	\$39,816	1.71%	\$39,816

Ranking, Allocation and Expenditure History			
	Fiscal Year	Final Expenditure	Category Expense as %
	FY 27	\$23,425,356	1.4%
	FY 28	\$21,934,627	1.4%
	FY 29	\$23,019,718	1.4%
	FY 30	\$17,660,128	0.8%
	FY 31	\$19,018,258	0.7%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	11	\$172,280.00	\$104,263.02	60.52%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
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%
FY 31	5	\$39,816.00	\$36,498.00	91.67%

Service Program

Limitations: NA

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
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
FY 31	8,420	116	1.4%	\$140,761	\$1,213.46

5 Year AVERAGE

Clients	Expenditure	%
461	\$253,272	1.1%

Other Funding Streams 2021				
	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

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost per client
1	Part C	\$126,191.56	1,335	\$94.53
2	Part D	\$27,725.00	351	\$78.99

Notes:

Expenditures have continued to drop since FY 30

2022 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: Substance Abuse Outpatient

FY 32: March 1, 2022-February 28, 2023				
	YR 32 Ranking	YR 32 Direct Services Totals as of	YR 32 Total as %	RFP Allocation
Total				\$52,186
Part A	9	\$44,128	0.21%	\$44,128
MAI	4	\$8,058	0.35%	\$8,058

Ranking, Allocation and Expenditure History			
	Fiscal Year	Final Expenditure	Category Expense as %
	FY 27	\$23,425,356	0.5%
	FY 28	\$21,934,627	0.3%
	FY 29	\$23,019,718	0.1%
	FY 30	\$17,660,128	0.1%
	FY 31	\$19,018,258	0.0%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
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%
FY 31	7	\$44,128.00	\$1,146.00	2.60%

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%
FY 31	4	\$8,058.00	\$210.00	2.61%

Limitations: 400% FPL Service Program

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
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
FY 31	8,420	17	0.2%	\$1,356	\$79.76

5 Year AVERAGE		
Clients	Expenditure	%
77	\$42,926	0.19%

Other Funding Streams 2021				
	Funder	Expended	Number of Clients	Cost Per Client
2	Other	\$162.00	3	\$54.00

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost Per Client
2	Part C	\$12,527.90	13	\$963.68

Notes:

Expenditures have steadily declined with FY 31 having the lowest expenditure in over 5 years

2022 Needs Assessment Dashboard Cards
Ryan White Program

Support Service: Substance Abuse Residential

FY 32: March 1, 2022-February 28, 2023				
Total Part A	YR 32 Ranking	YR 32 Direct Services Totals as of	YR 32 Total as %	RFP Allocation
	7	\$1,969,744	9.19%	\$2,169,744

Ranking, Allocation and Expenditure History			
Fiscal Year	Final Expenditure	Category Expense as %	
FY 27	\$23,425,356	9.7%	
FY 28	\$21,934,627	8.5%	
FY 29	\$23,019,718	5.4%	
FY 30	\$17,660,128	7.5%	
FY 31	\$19,018,258	5.1%	

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 27	10	\$2,004,754.00	\$2,001,754.67	99.85%
FY 28	11	\$1,828,000.00	\$1,617,080.00	88.46%
FY 29	11	\$895,280.00	\$805,560.00	89.98%
FY 30	9	\$1,773,744.00	\$1,320,120.00	74.43%
FY 31	8	\$1,289,469.00	\$968,310.00	75.09%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
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
FY 31	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 27	9,883	214	2.2%	\$2,276,435	\$10,637.55
FY 28	9,578	169	1.8%	\$1,854,140	\$10,971.24
FY 29	9,031	95	1.1%	\$1,237,830	\$13,029.79
FY 30	8,127	70	0.9%	\$1,320,120	\$18,858.86
FY 31	8,420	66	0.8%	\$968,310	\$14,671.36

5 Year AVERAGE		
Clients	Expenditure	%
123	\$1,531,367	7.2%

Other Funding Streams 2022			
Funder	Expended	Number of Clients	Cost Per Client
General Revenue	\$166,097.75	18	\$9,227.65

Notes:

Expenditures are at the lowest levels



Care and Treatment
Thursday, August 4, 2022

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 | Dr. Diego Shmuels |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Introductions | All |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 7, 2022 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Report to Committees (reference only) | All |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • FCPN Nominations | All |
| IX. | New Business | |
| | • Ryan White Program FY 31 Service Utilization Data | Dr. Robert Ladner |
| | • Other Funding and Dashboard Cards | Marlen Meizoso |
| | • Service Categories | All |
| | • Next steps | Marlen Meizoso |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: September 1, 2022 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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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 HIV⁴ 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 in the absence of any other resources.

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.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 4, 2022

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 | Dr. Diego Shmuels |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Introductions | All |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 7, 2022 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Report to Committees (reference only) | All |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • FCPN Nominations | All |
| IX. | New Business | |
| | • Ryan White Program FY 31 Service Utilization Data | Dr. Robert Ladner |
| | • Other Funding and Dashboard Cards | Marlen Meizoso |
| | • Service Categories | All |
| | • Next steps | Marlen Meizoso |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: September 1, 2022 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

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Next Steps for the September 1, 2022, Meeting

- ✓ All needs assessment materials are accessible online at www.aidsnet.org, read your materials BEFORE the meeting.
- ✓ Three presentations remain and will be presented at the next meeting: Co-occurring Conditions, Community Input Results from IP and Aging Discussion, and Unmet Need/Service Gaps.
- ✓ The last items for the needs assessment after the data presentations are directives, priority setting, and resource allocations.
- ✓ A Survey Monkey link will be sent to members and guests who attend today's meeting to complete the priority setting exercise. Instructions on how to complete the survey and the due date will be sent out with the link. Please complete requested items by the due date.

Thank you for participating!



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Miami-Dade County Ryan White Program Monthly Research Symposium

Provided by Florida International University and Behavioral Science Research

*Join us each month via Zoom to explore findings from FIU/BSR research studies
drawn from Ryan White Program client interviews and client data analyses.*

Each 1 hour session will include 30 minutes of Q/A.

Lessons Learned About Access to HIV Care at the Height of the COVID-19 Pandemic

Wednesday, June 22, 12:00 p.m. – 1:00 p.m.

Zoom Meeting ID: 876 9818 0742 ~ Passcode: 322602



Challenges Experienced by Ryan White Program Clients During COVID

Wednesday, July 20, 12:00 p.m. – 1:00 p.m.

Zoom Meeting ID: 894 8279 2216 ~ Passcode: 243323



Effective Women Centered Care Practices from Ryan White Program Client and Provider Perspectives

Wednesday, August 31, 12:00 p.m. – 1:00 p.m.

Zoom Meeting ID: 817 7037 3251 ~ Passcode: 615937



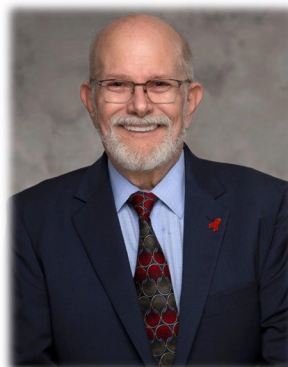
Barriers to Adherence and Retention in HIV Care Among Women

Wednesday, September 21, 12:00 p.m. – 1:00 p.m.

Zoom Meeting ID: 890 7532 6180 ~ Passcode: 358766

Presenters

Dr. Mary Jo Trepka
FIU Professor and Chair,
Dept. of Epidemiology,
Robert Stempel College of
Public Health & Social Work



Dr. Robert Ladner
President, Behavioral
Science Research Corp.



THE COMMUNITY COALITION ROUNDTABLE

We are the HIV Community who speaks for the HIV Community!

July-September 2022 Dinner Presentation Series

Please join us for Roundtables hosted by local service providers and featuring special presentations and dinners generously provided by Gilead Sciences, Inc.



GILEAD

Creating Possible



**JESSIE TRICE
COMMUNITY
HEALTH SYSTEM**

Since 1967

Special Presentation: Healthysexual
Monday, July 25, 2022, 5: 30 PM – 7: 30 PM
Hosted at Jessie Trice Community Health System
5361 NW 22nd Avenue, 2nd Floor, Miami 33142



Special Presentation: Cultural Humility - Session 1
Monday, August 29, 2022, 5: 30 PM – 7: 30 PM
Hosted at Pridelines
6360 NE 4th Court, Miami 33138



Special Presentation: Cultural Humility - Session 2
Monday, September 26, 2022, 5: 30 PM – 7: 30 PM
Hosted at Borinquen Medical Centers
3601 Federal Highway, Miami 33137

Your *RSVP* ensures we can provide enough food & resource materials.

To RSVP, please scan the QR code, [click here](#),
call (305) 445-1076, or email hiv-aidsinfo@behavioralscience.com.

Visit www.aidsnet.org for more information.



Because many Partnership members and guests are immunocompromised, attendees are asked to wear a mask to these events.
We hope you will respect the health concerns of members and guests and choose to wear a mask.



**MIAMI-DADE
HIV/AIDS PARTNERSHIP**

The Miami-Dade HIV/AIDS Partnership is the Official County Advisory Board for HIV in Miami-Dade County. The Community Coalition selects Partnership members and ensures Partnership decisions represent the needs of people with HIV in Miami-Dade County.

Welcome [Contact Us](#)

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NATIONAL **RYAN WHITE** CONFERENCE ON HIV CARE & TREATMENT

AUGUST 23-26, 2022

» REGISTER



2022 NEEDS ASSESSMENT

EVALUATION: AUGUST 4, 2022

Your responses and comments are important for developing future Needs Assessment programs. Please complete the evaluation form by checking the appropriate box after each statement.

INFORMATION							
Name <i>Optional</i>							
Membership <i>Check all that apply</i> <input type="checkbox"/> Care & Treatment Committee <input type="checkbox"/> Partnership <input type="checkbox"/> Other Committee(s) <input type="checkbox"/> Non-Member/Visitor							
Did you attend the June 2, 2022, meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Did you attend the July 7, 2022, meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>							
DATA PRESENTATIONS							
<i>For each item below please check off if this information was useful:</i>	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree		I learned something new
Ryan White Program FY 31 Service Utilization Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Other Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Dashboard Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS ON PRESENTATIONS							
Was there any information missing that you think would have been helpful in today's presentation? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please indicate items below?							
PROGRAM							
<i>For each item below please check off if:</i>	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree		
The meeting was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Three hours was enough time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All my questions were answered completely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
COMMENTS (use reverse side, if needed)							

Thank you for your input.





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