



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, July 7, 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 June 2, 2022 | All |
| VII. | Reports | |
| | • Recipients (Parts A, B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Legal Services Definition Edit | All |
| IX. | New Business | |
| | • Sweeps #2 Part A and MAI | All |
| | • CY 2020 and CY 2021 EIIHA Comparison | Dr. Robert Ladner |
| | • FY 31 Ryan White Program HIV Care Continuum | Dr. Robert Ladner |
| | • Client Satisfaction Survey Results | Dr. Robert Ladner |
| | • FCPN Nominations | All |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: August 4, 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.



www.aidsnet.org

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 may be 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
June 2, 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	
Louvens Fils Aime	
Angela Machado	
Brad Mester	
Javier Romero, MD	
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 10:17 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.

Dan Wall indicated he would like to see more members of the affected community participate in meetings. He volunteered to make a presentation at Community Coalition to get more participants. Some members suggested making the information more digestible. Attendance has suffered at all meetings between member health issues, COVID-19, and scheduling conflicts.

V. Review/Approve Agenda

The committee reviewed the agenda. Sweeps 1-Carryover Request of Available YR 31 Funds was added as the first item of New Business.

Motion to accept the agenda, with the discussed addition.

Moved: Dan Wall
Passed

Seconded: Dr. Mary Jo Trepka

Motion:

VI. Review/Approve Minutes of May 5, 2022

The committee reviewed the minutes of May 5, 2022, and accepted them as presented.

Motion to accept the minutes from February 3, 2022, as presented.

Moved: Dan Wall
Passed

Seconded: Dr. Mary Jo Trepka

Motion:

VII. Reports

• *Part A*

Dan Wall

Dan Wall reported that FY 2021 (March 1, 2021 to February 28, 2022), has been closed out. For FY 2021, 8,418 unduplicated clients were served, an increase from pre-pandemic levels, although expenditures have not followed suit. FY 2021 expenditure reports are included in meeting handouts and posted on www.aidsnet.org. The State of Florida has hired consultants to review the Part B allocation process. Part A was asked to provide input. The FY 2022 award notice was received yesterday, and indicates a 3.07% increase from last year, from \$26,432,895 to \$27,245,345. A TTRA provider meeting (joint Part A and B) is being planned for June 2022. Federal reports have been completed. The Florida Comprehensive Planning Network (FCPN) meetings continue and are scheduled to meet to review the Integrated Plan the third week of August. The Medication Access Committee has made a motion requesting that EHE funds be used to assist clients through ADAP for clients above the current FPL. Miami-Dade County Part A, Part B, and EHE recipients were invited by HRSA to present on Community Engagement efforts at the 2022 National Ryan White Conference scheduled for August 23-26.

- *Part B*

Marlen Meizoso for David Goldberg

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

- *ADAP*

Dr. Javier Romero

Dr. Javier Romero reviewed the May 2022, as of June 1, 2022 ADAP report (copy on file). Enrollments, expenditures, and payments were reviewed. Currently there is only one participant with Magellan, CVS Specialty Pharmacy whose contract has been expanded to September 30. As of June 1st, Cabreuva utilization is 52% direct dispense and 48% insurance. There is a special enrollment period monthly for clients to sign up for marketplace plans for clients between 100-150% FPL, contingent on meeting marketplace rules.

There was a question if there was any data on client preference since there currently is only one option to pick up medications from ADAP. Clients were offered surveys for the last 6-7 years when they picked up medications at ADAP and they indicated they prefer to stay at the current location (89%). Responses are 6% of those who replied to the survey. If a client wishes to not use ADAP, the only option is CVS Specialty Pharmacy which has a series of processes. The program anticipates that additional pharmacies will be included in the ADAP program (via Magellan). Clients have been informed that there is another option, they receive a 90-day supply but will need to get new prescriptions for the program. There is short window (per quarter) for pharmacies to apply and be approved for the 340B program. Once agencies are in the program, promotion of the location can be done. For those clients who have been served by CVS Specialty Pharmacy to date, it has been slightly challenging because the pharmacy requires to speak to the client and clients are reluctant to pick up the phone from an unknown number. ADAP staff has had to work with those clients to facilitate the access to CVS Specialty Pharmacy. The Part A program will query the agencies that applied to the Magellan program and been approved, to request if a one-page document could be developed to provide to clients with the requirements to receive services. Once all the one pagers have been collected, a possible composite document could be developed to streamline the process.

- *General Revenue*

Angela Machado

Mrs. Meizoso reviewed the March 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 twelve 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.

- *Report to Committees (reference only)*

Marlen Meizoso

Mrs. Meizoso referenced the report to committees (copy on file) which details the Partnership motions from the last meeting. If anyone has any questions regarding the report, they can contact staff.

VIII. Standing Business

▪ *SFAN Jail Linkage Program*

Louvens Fils-Aime

Louvens Fils-Aime (MWS, MPH, CTTS) presented on the South Florida AIDS Network (SFAN) Jail Linkage (copy on file). He provided a brief introduction on the program, reviewed what is meant by linkage, the types of planning conducted, and some demographic information. Services are provided at three detention centers. In 2021, there were 318 unduplicated clients served. Most clients were Hispanic (38%) and Black/African American (35%). Fully 98% were male.

▪ *Legal Services and Gender Affirming Care*

All

Mrs. Meizoso indicated that based on conversations from the last meeting, revisions adding language to allow for a name change (copy on file) was included in the legal services description. A draft of the language was shared. The Committee decided to defer a vote until the next meeting. At the next meeting, a “Dear Colleague” letter regarding gender affirming care will be presented, which would tie in well with the service description change.

IX. New Business

• *Sweeps 1-Carryover Request of Available YR 31 Funds*

All

Dan Wall explained that FY 31 carryover funding was available to be requested for both Part A and MAI (copies on file). Under Part A, \$4,076,477 was available. The Recipient suggested allocating these funds as follows: \$400,000 to medical case management; \$600,000 to outpatient/ambulatory; \$300,000 to mental health services; \$1 million to oral health; \$259,924 to health insurance; \$200,000 to substance abuse residential; \$1 million to food bank, and \$316,553 to substance abuse outpatient. While mental health is always mentioned as a needed service category, utilization is low. Adding additional funds to the mental health service category would allow for the hiring of more full-time personnel. Under oral health, additional funds are being added because of the possible impact of the cost of the new implant repair codes.

Motion to allocate FY 31 Part A carryover funds as shown (\$400,000 medical case management; \$600,000 to outpatient/ambulatory; \$300,000 to mental health services; \$1 million to oral health; \$259,924 to health insurance; \$200,000 to substance abuse residential, and \$316,553 to substance abuse outpatient) except for food bank.

Moved: Dan Wall

Seconded: Dr. Mary Jo Trepka

Motion: Passed

Rick Siclari is a conflicted member for the food 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. Under food bank, \$1 million dollars was being allocated, which would bring the service category higher than in past years, but with rising inflation additional cost and utilization are likely. Upon conclusion of the vote Mr. Siclari returned to the room.

Motion to allocate \$1,000,000 of FY 31 Part A carryover funds to food bank.

Moved: Dan Wall

Seconded: Dr. Mary Jo Trepka

Motion: Passed

Under MAI, \$1,212,670 was available, with recommended allocations as follows: \$400,000 to medical case management, \$500,000 outpatient/ambulatory health; \$106,335 to mental health; \$106,335 to substance abuse outpatient, and \$100,000 to outreach services.

Motion to allocate FY 31 MAI carryover funds of \$400,000 to medical case management and \$500,000 to outpatient/ambulatory health.

Moved: Dan Wall

Seconded: Dr. Mary Jo Trepka

Motion: Passed

Dr. Diego Shmuels is a conflicted member for mental health, substance abuse, and outreach under MAI. He was asked to step out of the room while the vote on the item was being made. Form 8B will be completed and included with the meeting minutes. Dr. Mary Jo Trepka volunteered to chair the meeting in the chair's absence. Upon conclusion of the vote, Dr. Trepka relinquished chairing and Dr. Shmuels entered the room.

Motion to allocate \$106,335 to mental health, \$106,335 to substance abuse, and \$100,000 to outreach of FY 31 MAI carryover funds.

Moved: Dan Wall

Seconded: Dr. Mary Jo Trepka

Motion: Passed

- *Setting Priorities and Allocating Resources Process*

Marlen Meizoso

Mrs. Meizoso reviewed the Setting Priorities and Allocation Resources Process document (copy on file). The document detailed the nine steps that the Committee will follow throughout the needs assessment process for 2022 which will run from June to September.

Motion to accept the setting priorities and allocating resources process.

Moved: Vanessa Mills

Seconded: Dan Wall

Motion: Passed

- *Summary of HIV Epi Profile Data, 2019-2020*

Robert Ladner

Robert Ladner presented the Summary of HIV Epidemiology Profile Data, 2019-2020 (copy on file). The full 2020 Epi profile is posted online for reference and will be included in the needs assessment book. The numbers for 2020 because of COVID-19 issues are lower than usual, so data from CY 2019 was included. Information on prevalence was shared and indicated that approximately 27,214 were living with HIV in 2020, of whom 48% were Hispanic, 40% Black non-Hispanic, and 10% were White non-Hispanic. For incidence, males make up 85% of those with HIV and 72% of those with AIDS, most of whom have male to male sexual

contact as a transmission category. Information on transgender transmission was included under incidence; this group accounts for 0.5% and for prevalence 0.3%. Co-occurring conditions including hepatitis (B and C), tuberculosis, and sexually transmitted disease. Sexually transmitted infections continue to increase among persons with HIV. Since 2016, Gonorrhea cases co-infected with HIV have increased by 104%, early syphilis cases co-infected with HIV have increased by 53%, and chlamydia cases have increased by 73%.

- *2021 Ryan White Demographics*

Robert Ladner

Dr. Ladner reviewed the Ryan White Program Demographic Data FY 31 (copy on file). The presentation for the book will include summary slides at the beginning of the document. A total of 8,418 clients were served in FY 2021- 22, which is 4% higher than last year. There was a total of 1,540 new clients in the program, which is a 27% increase from last year. Demographic information on age, gender, race/ethnicity, language, income level, HIV status, and insurance status were reviewed for a five-year period and for the current year. Over 70% of Ryan White Program clients are age 35 and older. Males continue to dominate the client base. Information on transgender clients was included for new and established clients; these persons comprise 1.1% of clients. As in the past, the proportion of Hispanics continues to rise from year to year, with an 8% increase in FY 2021- 2022, and a 7% decrease in Black/African Americans. With the increase of Hispanic clients, Spanish language preference has increased 11%. There has been a marked increase in clients between 301%-400% of the Federal Poverty Level. There appears to be a decrease (2%) of clients identifying Medicaid from FY 27 to FY 31.

X. Announcements

Mrs. Meizoso indicated that it was especially important that members RSVP in advance to the meetings. Annual financial disclosure forms can be found in member packets and should be completed and returned at the end of the meeting. All financial disclosure forms are due by the end of June.

XI. Next Meeting

The next meeting is scheduled for Thursday, July 7, 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 12:59 p.m.

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

LAST NAME—FIRST NAME—MIDDLE NAME Shmuels, MD, Diego	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE Miami-Dade HIV/AIDS Partnership
MAILING ADDRESS <div style="background-color: black; height: 1.2em; width: 100%;"></div>	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY <div style="background-color: black; height: 1.2em; width: 100%;"></div>	COUNTY Miami-Dade
DATE ON WHICH VOTE OCCURRED June 2, 2022	NAME OF POLITICAL SUBDIVISION: 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, Diego Shmuels, MD, hereby disclose that on June 2, 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 Borinquen Medical Center, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

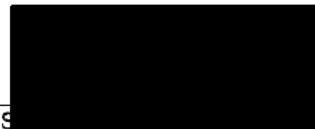
(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

For FY 31 Ryan White Program Minority AIDS Initiative carryover funding requested for FY 32, in mental health, outpatient substance abuse, and outreach, Borinquen is the sole service 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.

06/02/2022

Date Filed



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.

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

LAST NAME—FIRST NAME—MIDDLE NAME Siclari, 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]	COUNTY Miami-Dade	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY	
DATE ON WHICH VOTE OCCURRED June 2, 2022		NAME OF POLITICAL SUBDIVISION:	
		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)

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- The form must be read publicly at the next meeting after the form is filed.

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- 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 June 2, 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:

For FY 31 Ryan White Program Part A carryover allocations requested for FY 32 under food bank, 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

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.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, July 7, 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 June 2, 2022 | All |
| VII. | Reports | |
| | • Recipients (Parts A, B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Legal Services Definition Edit | All |
| IX. | New Business | |
| | • Sweeps #2 Part A and MAI | All |
| | • CY 2020 and CY 2021 EIIHA Comparison | Dr. Robert Ladner |
| | • FY 31 Ryan White Program HIV Care Continuum | Dr. Robert Ladner |
| | • Client Satisfaction Survey Results | Dr. Robert Ladner |
| | • FCPN Nominations | All |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: August 4, 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

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

February 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	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	11	296	11	183
	254	4,826	154	1,255
	7,511	97,373	3,589	7,842
	46	852	28	121
	748	8,035	542	2,237
	1,730	28,073	1,084	4,422
	0	30	0	17
	1,439	13,160	426	712
	58	2,416	35	645
	70	1,082	22	44
	25	557	14	116
	230	4,611	11	66
TOTALS:	12,122	161,311		

Total unduplicated clients (month):

4,366

Total unduplicated clients (YTD):

8,420

NOTE: Page 1 of this report combines Part A and MAI. Page 2 is Part A only. Page 3 is MAI only.

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

February 2022

Ryan White Part A

SERVICE CATEGORIES

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	11	296	11	183
Health Insurance Premium and Cost Sharing Assistance	254	4,826	154	1,255
Medical Case Management	6,571	85,192	3,293	7,728
Mental Health Services	42	795	24	107
Oral Health Care	748	8,035	542	2,237
Outpatient Ambulatory Health Services	1,651	26,521	1,052	4,379
Substance Abuse Outpatient Care	0	26	0	13
Support Services				
Food Bank/Home Delivered Meals	1,439	13,160	426	712
Medical Transportation	56	2,376	33	635
Other Professional Services	70	1,082	22	44
Outreach Services	20	519	9	91
Substance Abuse Services (residential)	230	4,611	11	66
TOTALS:	11,092	147,439		
Total unduplicated clients (month):	<u>4,165</u>			
Total unduplicated clients (YTD):	<u>8,363</u>			

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

February 2022

Ryan White MAI

SERVICE CATEGORIES

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	940	12,181	399	994
Mental Health Services	4	57	4	14
Outpatient Ambulatory Health Services	79	1,552	52	429
Substance Abuse Outpatient Care	0	4	0	4
Support Services				
Medical Transportation	2	40	2	15
Outreach Services	5	38	5	25
TOTALS:	1,030	13,872		
Total unduplicated clients (month):	<u>441</u>			
Total unduplicated clients (YTD):	<u>1,304</u>			

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

May 2022

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
21	82	20	63
43	614	24	302
6,589	21,615	3,174	5,633
63	206	29	54
697	2,342	507	1,182
1,701	6,078	1,075	2,519
0	1	0	1
1,339	4,077	470	564
372	1,047	194	339
91	238	20	40
83	205	13	39
66	497	4	15
TOTALS:		11,065	37,002

Total unduplicated clients (month):

4,041

Total unduplicated clients (YTD):

6,446

NOTE: Page 1 of this report combines Part A and MAI. Page 2 is Part A only. Page 3 is MAI only.

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

May 2022

Ryan White Part A

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	
<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
21	82	20	63
43	614	24	302
5,887	19,086	2,931	5,373
63	199	29	49
697	2,342	507	1,182
1,626	5,782	1,033	2,473
0	1	0	1
1,339	4,077	470	564
368	1,034	190	330
91	238	20	40
81	197	11	31
66	497	4	15
TOTALS:	10,282	34,149	

Total unduplicated clients (month):

3,858

Total unduplicated clients (YTD):

6,311

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

May 2022

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

Medical Case Management

Mental Health Services

Outpatient Ambulatory Health Services

Support Services

Medical Transportation

Outreach Services

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Medical Case Management	702	2,529	375	633
Mental Health Services	0	7	0	5
Outpatient Ambulatory Health Services	75	296	63	158
Medical Transportation	4	13	4	10
Outreach Services	2	8	2	8
TOTALS:	783	2,853		
Total unduplicated clients (month):	427			
Total unduplicated clients (YTD):	751			

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: April
Year: 2022-2023



Report generated on: 06/16/2022

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	April	0	0	\$105,175.00	\$6,328.40	\$6,328.40	6%
Medical Case Management (including treatment adherence)	April	14	14	\$175,390.00	\$1,587.00	\$1,587.00	1%
Mental Health Services - Outpatient	April	7	35	\$35,000.00	\$1,137.60	\$1,137.60	3%
Emergency Financial Assistance	April	6	6	\$712,440.00	\$14,211.76	\$14,211.76	2%
Housing	April	0	0	\$400,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	April	24	24	\$146,957.00	\$11,856.46	\$11,856.46	8%
Clinical Quality Management	April	0	0	\$69,905.00	\$1,825.39	\$1,825.39	3%
Planning and Evaluation	April	0	0	\$34,982.00	\$2,915.38	\$2,915.38	8%
Totals		51	79	\$1,679,849.00	\$39,861.99	\$39,861.99	

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	\$39,861.99
Current Reductions	\$0.00				Minus UNPAID Advances	\$0.00
Remaining Advances	\$0.00				Balance To Draw	\$1,639,987.01
		Total Expenditures this period:		\$39,861.99		
		Less Advance Payback this period:		\$0.00		

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$39,861.99

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

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.

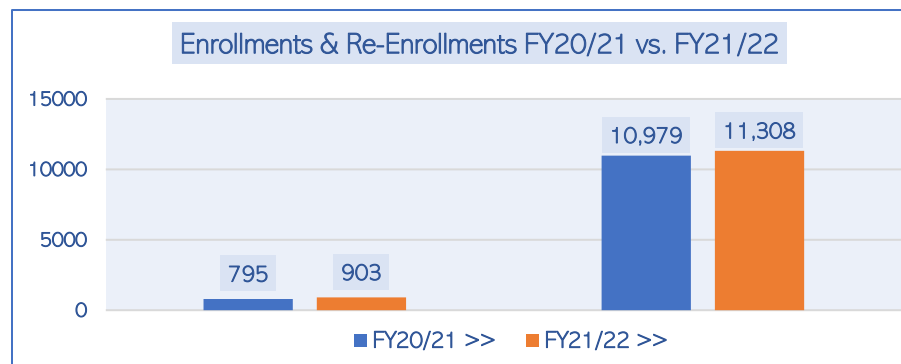
State Surgeon General

July 5, 2022

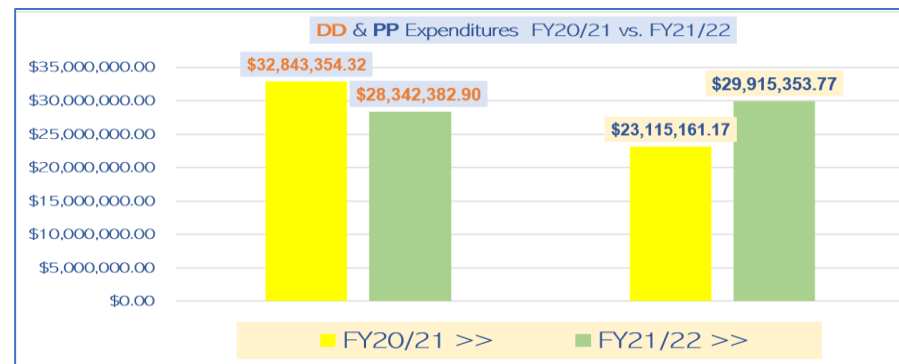
ADAP Miami-Dade / Summary Report – June 2022

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										
Aug-22										
Sep-22										
Oct-22										
Nov-22										
Dec-22										
Jan-23										
Feb-23										
Mar-23										
FY22/23 >>	312	2,647		\$7,324,964.44	12,601	4,201	3.0	\$8,526,917.99	7,147	\$1,193.07

SOURCE: Provide - DATE: 06/01/22 - Subject to Review & Editing - * West Perine Direct Dispense ~325 clients NOT INCLUDED. (Estimate - ~\$5 million/TBC).



* 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: CVS Specialty (thru 9/30/22).
- * Cabenuva utilization @ ADAP Miami (07/05/22): 127 (2.0%) clients. Direct Dispense 71 (56%); Premium Plus 56 (44%)
- * ACA-MP Special Enrollment Period: APTC+=>100% FPL; <150 % FPL. Requirements apply.

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

General Revenue July 2021 - June 2022
HIV/AIDS Demographic Data for PHT/SFAN

	May-2022			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt.	Annual Budget	YTD Units
<u>Ambulatory - Outpatient Care</u>	<u>462</u>	<u>907</u>	<u>158,369</u>	<u>1,325,783</u>	<u>1,693,185</u>	<u>7,404</u>
<u>Drug Pharmaceuticals</u>	<u>95</u>	<u>185</u>	<u>44,353</u>	<u>529,737</u>	<u>631,838</u>	<u>2,465</u>
<u>Home & Community Base Services</u>	<u>1</u>	<u>1</u>	<u>723</u>	<u>1,133</u>	<u>2,000</u>	<u>7</u>
<u>Home Health Care</u>	<u>9</u>	<u>1,127</u>	<u>52,464</u>	<u>75,457</u>	<u>99,900</u>	<u>1,697</u>
<u>Mental Health Services</u>	<u>46</u>	<u>60</u>	<u>7,447</u>	<u>74,804</u>	<u>103,010</u>	<u>525</u>
<u>Nutrition Counseling</u>	<u>3</u>	<u>3</u>	<u>412</u>	<u>8,593</u>	<u>16,000</u>	<u>63</u>
<u>Medical Case Management</u>	<u>935</u>	<u>1,988</u>	<u>161,838</u>	<u>1,254,666</u>	<u>1,443,682</u>	<u>12,720</u>
<u>Non-Medical Case Management</u>	<u>253</u>	<u>256</u>	<u>30,574</u>	<u>459,015</u>	<u>601,439</u>	<u>3,447</u>
<u>Other Support Services / Emergency Fin. Assistance</u>	<u>11</u>	<u>13</u>	<u>24,760</u>	<u>152,406</u>	<u>182,000</u>	<u>81</u>
<u>Transportation</u>	<u>141</u>	<u>153</u>	<u>8,072</u>	<u>58,999</u>	<u>67,250</u>	<u>1,169</u>
<u>Referral for Health Care / Supportive Services</u>	<u>53</u>	<u>123</u>	<u>29,335</u>	<u>330,997</u>	<u>353,494</u>	<u>2,016</u>
<u>Substance Abuse Residential</u>	<u>5</u>	<u>78</u>	<u>17,390</u>	<u>288,943</u>	<u>381,955</u>	<u>1,296</u>
<u>Residential Care - Adult</u>	<u>10</u>	<u>390</u>	<u>16,770</u>	<u>169,936</u>	<u>204,035</u>	<u>3,952</u>
<u>Nursing Home Care</u>	<u>5</u>	<u>155</u>	<u>38,157</u>	<u>377,001</u>	<u>453,063</u>	<u>1,491</u>
<u>Hospital Services</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>437,027</u>	<u>618,844</u>	<u>1,036</u>
	<u>2,029</u>	<u>5,439</u>	<u>590,663</u>	<u>5,544,495.91</u>	<u>6,851,695</u>	<u>39,369</u>



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, July 7, 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 |
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Membership Report

June 28, 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

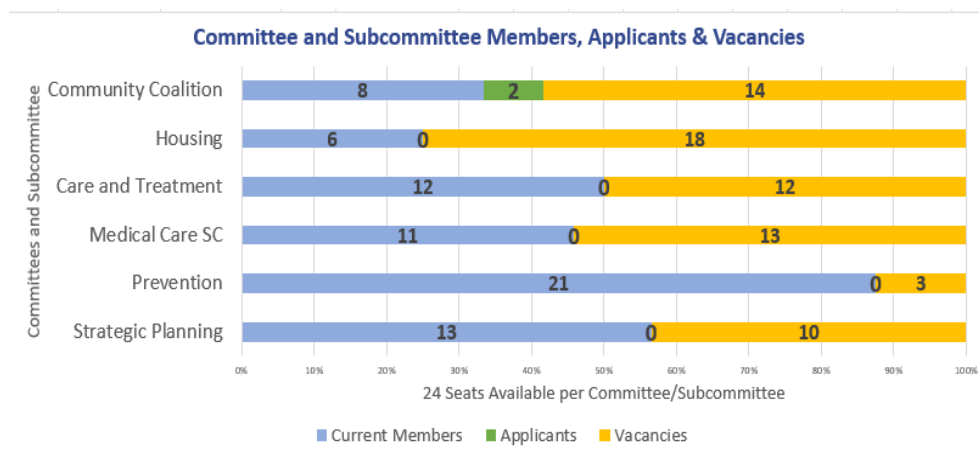
These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:

- 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
- Non-Elected Community Leader, not an HIV Provider

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.



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Medical Care Subcommittee Meeting June 24, 2022 and July 5, 2022
Report to the Care and Treatment Committee
Presented July 7, 2022

The Medical Care Subcommittee (MCSC):

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.

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

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.

2. 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.

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

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

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

All motions are subject to Partnership approval.



June 24, 2022

Dear Colleagues:

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

Care and Treatment Issues

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

Training

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

Non-Matching and Changed Names

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

We appreciate your consideration of these recommendations.

Sincerely,

Signature

Robert Goubeaux, MD, Medical Care Subcommittee Chair

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



Pridelines

<https://pridelines.org/>

TransSOCIAL, Inc.

<https://www.transsocial.org/>

TransSOCIAL Resource Guide

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

TransInclusive Group

<https://www.transinclusivegroup.org/>

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

RYAN WHITE PROGRAM
Letter of Medical Necessity for
Dental Implants

Client's Full Name

Prescriber Full Name

Preferred Name

Prescriber License # (D.M.D, D.D.S.)

Date of Birth

Prescriber Telephone #

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

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

I understand:

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

Prescriber Signature and Date

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

Approved x/xx/2022



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**OTHER PROFESSIONAL SERVICES:
LEGAL SERVICES AND PERMANENCY PLANNING**

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

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

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

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

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

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

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

IMPORTANT NOTES:

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

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

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

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(SSDI and SSI) benefits, Unemployment Compensation, as well as welfare appeals, and similar public/government services.

- Name Change-issues related to updating legal name given at birth to match current gender identity required to access services such as government benefits and health insurance.
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MIAMI-DADE COUNTY - RYAN WHITE PART A
FY 2022-23 (YR 32) FORMULA & SUPPLEMENTAL GRANT FUNDING ALLOCATIONS
SWEEPS 2 (SW2) - FUNDING REALLOCATIONS

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

DIRECT SERVICES:

\$ (22,027,332) YR 32 RFP Award Allocation
\$ 21,478,885 YR 32 Direct Services Available Funds
\$ (548,447) DIFFERENCE (Reduction Needed)

YR 32 Current Award (Breakdown by Funding Source)

Formula Funding	\$ 16,141,380	
Supplemental Funding	\$ 4,121,835	
FY'20 Supplemental	\$ 4,268,879	\$24,532,094
MAI Funding	\$ 1,089,480	
FY'20 MAI	\$ 1,623,771	
YR 32 Total Award	\$ 27,245,345	

NOTES:

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

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

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

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

MIAMI-DADE COUNTY RYAN WHITE PART A
FY 2022-23 (YR 32) MINORITY AIDS INITIATIVE (MAI) GRANT FUNDING ALLOCATIONS
SWEEPS 2 (SW2) - FUNDING REALLOCATIONS

RANKING ORDER ¹	SERVICE CATEGORIES	CORE/SUPPORT	YR 32 ALLOCATIONS ²	SW2 RECOMMENDED REDUCTIONS	SW2 ADDITIONAL FUNDING REQUESTS	PROPOSED ALLOCATIONS AFTER SW2 ³
1	MEDICAL CASE MANAGEMENT	CORE	\$ 903,920			\$ 903,920
2	OUTPATIENT/AMBULATORY HEALTH	CORE	\$ 1,362,753	\$ (6,092)		\$ 1,356,661
3	MENTAL HEALTH SERVICE	CORE	\$ 18,960			\$ 18,960
4	SUBSTANCE ABUSE OUTPATIENT CARE	CORE	\$ 8,058			\$ 8,058
5	MEDICAL TRANSPORTATION	SUPPORT	\$ 7,628			\$ 7,628
6	OUTREACH SERVICES	SUPPORT	\$ 39,816			\$ 39,816
7	EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	\$ 12,087	\$ (12,087)		\$ -
	SUBTOTAL		\$ 2,353,222	\$ (18,179)	\$ -	\$ 2,335,043
	CLINICAL QUALITY MANAGEMENT		\$ 100,000		6,883	\$ 106,883
	ADMINISTRATION (10%)		\$ 271,325			\$ 271,325
	GRAND TOTAL		\$ 2,724,547	\$ (18,179)	\$ 6,883	\$ 2,713,251

DIRECT SERVICES:

\$ (2,353,222) YR 32 RFP Award Allocation
\$ 2,341,926 YR 32 Direct Services Available Funds
\$ (11,296) DIFFERENCE (Reduction Needed)

YR 32 Current Award (Breakdown by Funding Source)

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

\$2,713,251

NOTES:

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

² Provisional award letters currently include contract base amounts approved by the Board of County Commissioners through Resolution NO. R-246-20, as a result of RFP RW-DS-0320. CORE Services Total = \$2,293,691 (97%); SUPPORT Services Total = \$59,531 (3%).

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

Total Expenditures

Services	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	\$5,094,347
Mental Health Services	\$112,346	\$133,790	\$135,505	\$90,019	\$56,566
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	\$7,268,816
Substance Abuse Services Outpatient	\$110,357	\$55,390	\$23,970	\$23,556	\$1,146
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	\$146,988	\$139,855	\$140,937	\$5,642	\$98,584
Other Professional Services - Legal Services	\$161,815	\$140,599	\$150,849	\$146,336	\$97,371
Outreach Services	\$337,463	\$307,380	\$332,602	\$148,155	\$104,263
Substance Abuse Services (Residential)	\$2,276,435	\$1,854,140	\$1,237,830	\$1,320,120	\$968,310

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RYAN WHITE PART A GRANT AWARD (BU033101)
FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE
FORMULA, SUPPLEMENTAL AND, MAI FUNDING
Per Resolution # R-1192-20 AND R-246-20

PROJECTS: BU033101 and BU033102 (MAI)	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	15,689,960.00	FORMULA	
Grant Award Amount Supplemental	7,877,731.00	SUPPLEMENTAL	
Grant Award Amount FY'19 Supplemental	261,718.00	PY_SUPPLEMENTAL	Award - W/out CO \$26,432,895.00
Carryover Award FY'20 Formula	709,256.00	CARRYOVER	
Grant Award Amount MAI	2,603,486.00	MAI	
Carryover Award FY'20 MAI	97,997.00	MAI_CARRYOVER	
Total Award	\$ 27,240,148.00		

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	10,010,471.00	
AIDS Pharmaceutical Assistance	83,595.00	
Oral Health Care	3,108,975.00	
Health Insurance Services	442,447.00	
Mental Health Therapy/Counseling	169,464.00	
Medical Case Management	6,825,797.00	
Substance Abuse - Outpatient	52,186.00	20,692,935.00

Support Services	Allocations	
Food Bank	1,385,995.00	
Other Professional Services	154,449.00	
Medical Transportation	158,316.00	
Outreach Services	212,096.00	
Substance Abuse - Residential	1,289,469.00	
Emergency Financial Assistance	0.00	3,200,325.00

DIRECT SERVICES TOTAL: \$ **23,893,260.00**

Total Core Allocation 20,692,935.00
Target at least 80% core service allocation 19,114,608.00
Current Difference (Short) / Over \$ 1,578,327.00

Recipient Admin. (OMB-GC, PC, GTL) \$ 2,643,288.00

Quality Management \$ 703,600.00

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

Unobligated Funds (Formula & Supp) \$ -
Unobligated Funds (Carry Over) \$ - 3,346,888.00

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% **89.21%** **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% **2.66%** **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	
5606610000	Outpatient/Ambulatory Health Svcs	7,634,921.26	94,662.73	7,729,583.99
5492120000	AIDS Pharmaceutical Assistance	4,379.02		
5216100000	Oral Health Care	2,533,061.80		
5223550000	Health Insurance Services	298,950.41		
5114040000	Mental Health Therapy/Counseling	60,238.75		
5211100000	Medical Case Management	5,744,512.45		
5216120000	Substance Abuse - Outpatient	1,356.00		16,372,082.42

ACCOUNT	Support Services	Expenditures	Carryover Expenditures	
5492250000	Food Bank	629,522.40	709,256.00	1,338,778.40
5212100000	Other Professional Services	97,371.00		
5602400000	Medical Transportation	100,955.62		
5224700000	Outreach Services	140,761.02		
5224130000	Substance Abuse - Residential	968,310.00		
5224300000	Emergency Financial Assistance	0.00		2,646,176.04

TOTAL EXPENDITURES DIRECT SVCS & % : \$ **19,018,258.46** **79.60%**

Formula Expenditure % **74.02%**

Recipient Administration **2,225,807.72**

Quality Management **703,599.96** 2,929,407.68

Grant Unexpended Balance **5,292,481.86**

Grant Eligible Funds for Carryover \$5,289,147.59

27,240,148.00 **Total Grant Expenditures & %** \$ **21,947,666.14** **80.57%**

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% **89.37%** **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% **2.66%** **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% **8.42%** **Within Limit**

RYAN WHITE PART A GRANT AWARD (BU033101)
FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution # R-1192-20 AND R-246-20

PROJECT: BU033101	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	15,689,960.00	FORMULA	
Grant Award Amount Supplemental	7,877,731.00	SUPPLEMENTAL	
Grant Award Amount FY'19 Supplemental	261,718.00	PY_SUPPLEMENTAL	Award - W/out CO
Carryover Award FY'20 Formula	709,256.00	CARRYOVER	<u>\$23,829,409.00</u>
Total Award	\$ 24,538,665.00		

Priority Ranking #	CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS		
	DIRECT SERVICES:		
	Core Medical Services	Allocations	
2	Outpatient/Ambulatory Health Svcs	8,647,718.00	
9	AIDS Pharmaceutical Assistance	83,595.00	
4	Oral Health Care	3,108,975.00	
6	Health Insurance Services	442,447.00	
3	Mental Health Therapy/Counseling	150,504.00	
1	Medical Case Management	5,921,877.00	
7	Substance Abuse - Outpatient	44,128.00	18,399,244.00
	Support Services	Allocations	
5	Food Bank	1,385,995.00	
13	Other Professional Services	154,449.00	
10	Medical Transportation	150,688.00	
11	Outreach Services	172,280.00	
8	Substance Abuse - Residential	1,289,469.00	
12	Emergency Financial Assistance	0.00	3,152,881.00
	DIRECT SERVICES TOTAL:	\$ 21,552,125.00	
	Total Core Allocation	18,399,244.00	
	Target at least 80% core service allocation	17,241,700.00	
	Current Difference (Short) / Over	\$ 1,157,544.00	
	Recipient Admin. (OMB-GC, PC, GTL)	\$ 2,382,940.00	
	Quality Management	\$ 603,600.00	
	(+) Unobligated Funds / (-) Over Obligated:		
	Unobligated Funds (Formula & Supp)	\$ -	
	Unobligated Funds (Carry Over)	\$ -	2,986,540.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	85.37%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.46%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	9.71%	Within Limit

	CURRENT CONTRACT EXPENDITURES		
	DIRECT SERVICES:		
	ACCOUNT	Core Medical Services	Expenditures
	5606610000	Outpatient/Ambulatory Health Svcs	7,268,815.93
	5492120000	AIDS Pharmaceutical Assistance	4,379.02
	5216100000	Oral Health Care	2,533,061.80
	5223550000	Health Insurance Services	298,950.41
	5114040000	Mental Health Therapy/Counseling	56,566.25
	5211100000	Medical Case Management	5,094,347.45
	5216120000	Substance Abuse - Outpatient	1,146.00
			15,257,266.86
	ACCOUNT	Support Services	Expenditures
	5492250000	Food Bank	629,522.40
	5212100000	Other Professional Services	97,371.00
	5602400000	Medical Transportation	98,584.06
	5224700000	Outreach Services	104,263.02
	5224130000	Substance Abuse - Residential	968,310.00
	5224300000	Emergency Financial Assistance	0.00
			2,607,306.48
	TOTAL EXPENDITURES DIRECT SVCS & % :	\$ 17,864,573.34	82.89%
	Formula Expenditure %	74.02%	
	Recipient Administration	1,994,014.38	
	Quality Management	603,600.00	2,597,614.38
	Grant Unexpended Balance	4,076,477.28	
	Grant Eligible Funds for Carryover	4,076,477.28	
	Total Grant Expenditures & %	\$ 20,462,187.72	83.39%

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	88.94%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.53%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	8.37%	Within Limit

RYAN WHITE PART A GRANT AWARD (BU033101)
FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE
MINORITY AIDS INITIATIVE (MAI) FUNDING
Per Resolution # R-1192-20 AND R-246-20

PROJECT: BU033102	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,603,486.00	MAI
Carryover Award FY'20 MAI	97,997.00	MAI_CARRYOVER
Total Award	\$ 2,701,483.00	

Priority Ranking #	MAI CONTRACT ALLOCATIONS		
	DIRECT SERVICES:		
	Core Medical Services	Allocations	
2	Outpatient/Ambulatory Health Svcs	1,362,753.00	
	AIDS Pharmaceutical Assistance		
	Oral Health Care		
	Health Insurance Services		
3	Mental Health Therapy/Counseling	18,960.00	
1	Medical Case Management	903,920.00	
4	Substance Abuse - Outpatient	8,058.00	2,293,691.00
	Support Services	Allocations	
	Food Bank		
	Other Professional Services		
6	Medical Transportation	7,628.00	
5	Outreach Services	39,816.00	
	Substance Abuse - Residential		
7	Emergency Financial Assistance	0.00	47,444.00
	DIRECT SERVICES TOTAL:	\$ 2,341,135.00	
	Total Core Allocation	2,293,691.00	
	Target at least 80% core service allocation	1,872,908.00	
	Current Difference (Short) / Over	\$ 420,783.00	
	Recipient Admin. (OMB-GC)	\$ 260,348.00	
	Quality Management	\$ 100,000.00	
	(+) Unobligated Funds / (-) Over Obligated:		
	Unobligated Funds (MAI)	\$ -	360,348.00
	Unobligated Funds (Carry Over)	\$ -	
	Core medical % against Total Direct Service Allocation (Not including C/O):	97.97%	Within Limit
	Cannot be under 75%		
	Quality Management % of Total Award (Not including C/O):	3.84%	Within Limit
	Cannot be over 5%		
	OMB-GC Administrative % of Total Award (Cannot include C/O):	10.00%	Within Limit
	Cannot be over 10%		

	CURRENT CONTRACT EXPENDITURES		
	DIRECT SERVICES:		
	ACCOUNT	Core Medical Services	Expenditures
	5606610000	Outpatient/Ambulatory Health Svcs	366,105.33
	5492120000	AIDS Pharmaceutical Assistance	
	5216100000	Oral Health Care	
	5223550000	Health Insurance Services	
	5114040000	Mental Health Therapy/Counseling	3,672.50
	5211100000	Medical Case Management	650,165.00
	5216120000	Substance Abuse - Outpatient	210.00
			1,114,815.56
	ACCOUNT	Support Services	Expenditures
	5492250000	Food Bank	
	5212100000	Other Professional Services	
	5602400000	Medical Transportation	2,371.56
	5224700000	Outreach Services	36,498.00
	5224130000	Substance Abuse - Residential	
	5224300000	Emergency Financial Assistance	0.00
			38,869.56
	TOTAL EXPENDITURES DIRECT SVCS & %:	1,153,685.12	49.28%
	Recipient Administration	231,793.34	
	Quality Management	99,999.96	331,793.30
	Grant Unexpended Balance	1,216,004.58	
	Grant Eligible Funds for Carryover	1,212,670.31	
	Total Grant Expenditures & % (Including C/O):	\$ 1,485,478.42	54.99%
	Core medical % against Total Direct Service Expenditures (Not including C/O):	96.33%	Within Limit
	Cannot be under 75%		
	Quality Management % of Total Award (Not including C/O):	3.84%	Within Limit
	Cannot be over 5%		
	OMB-GC Administrative % of Total Award (Cannot include C/O):	8.90%	Within Limit
	Cannot be over 10%		



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, July 7, 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 June 2, 2022 | All |
| VII. | Reports | |
| | • Recipients (Parts A, B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Legal Services Definition Edit | All |
| IX. | New Business | |
| | • Sweeps #2 Part A and MAI | All |
| | • CY 2020 and CY 2021 EIIHA Comparison | Dr. Robert Ladner |
| | • FY 31 Ryan White Program HIV Care Continuum | Dr. Robert Ladner |
| | • Client Satisfaction Survey Results | Dr. Robert Ladner |
| | • FCPN Nominations | All |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: August 4, 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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Early Identification of Individuals with HIV/AIDS (EIIHA)

Trends in HIV+ Diagnosis and Linkage to Care Calendar Years (CY) 2020 and 2021

July 7, 2022

Data from: Florida Department of Health (FDOH)

Prepared by Behavioral Science Research Corporation

www.aidsnet.org

- In CY 2020 – a year characterized by COVID-19 disruptions in service delivery, transportation and access to care – the Florida Department of Health in Miami-Dade (FDOH-MDC) conducted 38% fewer HIV tests than in 2019 (**39,369 tests, down from 64,043 conducted in CY 2019**). Black females accounted for 18% of these tests, Black Male-to-Male Sexual Contact (MMSC) accounted for 2%, and Hispanic/Latinx MMSC accounted for 14%.
- While in CY 2021- **48,115** test were conducted, up **22%** from 2020.
- The 39,369 tests yielded 392 newly-diagnosed HIV+ persons (1% of the total tests, consistent with CY 2019's 0.7% positivity rate). Of these persons, **309 (79%) were linked to care**, down from the 86% linked to care in CY 2019.
- The 48,115 test yielded 452 newly-diagnosed HIV+ persons (0.9% positivity rate). Of these persons, **314 (69%) were linked to care**, down from the 79% linked to care in CY 2020.
- Unlike previous years, when Hispanic/Latinx MMSC showed the highest rates of new-diagnosis linkage to care, **only 83% of the newly-diagnosed Hispanic/Latinx MMSC were linked to care in CY 2021. Black MMSC had the highest linkage to care in CY 2021, at 100%.**
- In CY 2021, 25 previously diagnosed Black females tested HIV+, and 83% were linked to care in Miami-Dade. Similarly, 31 previously diagnosed Black MMSC tested HIV+, and 97% were linked to care (**the highest of the three linkage to care groups**). Of 186 previously diagnosed Hispanic/Latinx MMSC testing HIV+, 95% were linked to care.

FDOH EIIHA Data

HIV Test Events, Miami-Dade EMA

Newly-Diagnosed, CY 2020 and CY 2021

	All	Black Female	Black MMSC	Hispanic/Latinx MMSC
Total publicly funded test events in Miami, 2020	39,369	7,047	820	5,637
Total publicly funded test events in Miami, 2021	48,115	7,655	914	6,636
Newly-diagnosed HIV+ test event, 2020	392	38	42	142
Newly-diagnosed HIV+ test event, 2021	452	41	31	110
New positives linked to care, 2020	309 (79%)	34 (89%)	39 (93%)	105 (74%)
New positives linked to care, 2021	314 (69%)	39 (95%)	31 (100%)	91 (83%)

Source: Florida Department of Health, Tallahassee, Florida

FDOH EIIHA Data

HIV Test Events, Miami-Dade EMA

Previously-Diagnosed, CY 2019 and CY 2020

	All	Black Female	Black MMSC	Hispanic /Latinx MMSC
Previously-diagnosed with new HIV+ test results, 2020	245	19	25	115
Previously-diagnosed with new HIV+ test results, 2021	484	25	31	186
Previously-diagnosed HIV+ linked to care, 2020	178	18 (95%)	21 (84%)	69 (60%)
Previously-diagnosed HIV+ linked to care, 2021	367	22 (88%)	30 (97%)	176 (95%)

Source: Florida Department of Health, Tallahassee, Florida

Any questions?



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, July 7, 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 |
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| VI. | Review/Approve Minutes of June 2, 2022 | All |
| VII. | Reports | |
| | • Recipients (Parts A, B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Legal Services Definition Edit | All |
| IX. | New Business | |
| | • Sweeps #2 Part A and MAI | All |
| | • CY 2020 and CY 2021 EIIHA Comparison | Dr. Robert Ladner |
| | • FY 31 Ryan White Program HIV Care Continuum | Dr. Robert Ladner |
| | • Client Satisfaction Survey Results | Dr. Robert Ladner |
| | • FCPN Nominations | All |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: August 4, 2022 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

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Ryan White Program HIV Care Continuum Fiscal Year 31 (3/1/2021 thru 2/28/2022)

aidsnet.org

July 7, 2022

**Based on Data from
Groupware's Provide Enterprise Miami database**

Prepared by Behavioral Science Research Corporation

Health Resources & Services Administration (HRSA)

HIV Care Continuum

HIV CARE CONTINUUM:

The steps that people with HIV take from diagnosis to achieving and maintaining viral suppression.



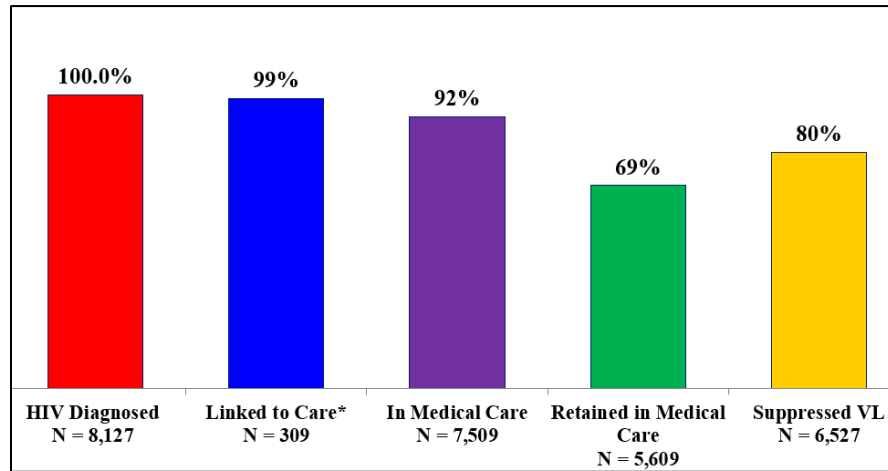
Ryan White Program HIV Care Continuum

Definitions

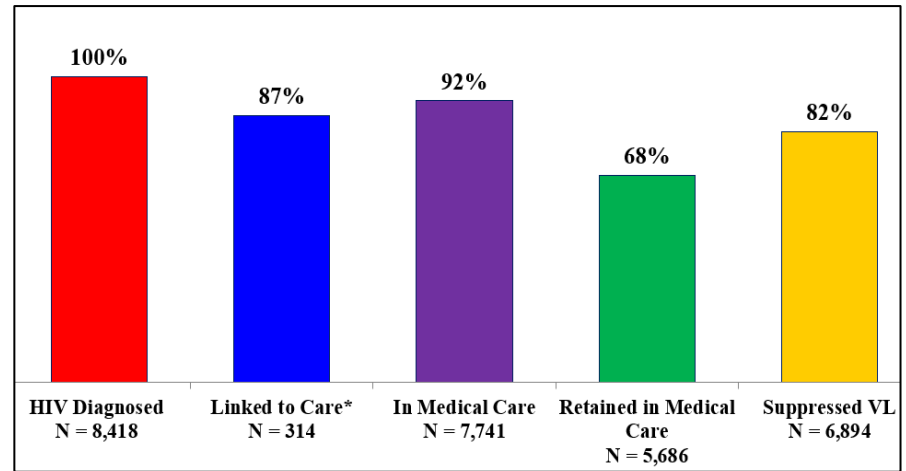
- **RWP Client** = Ryan White Program clients who received at least one Ryan White Part A or MAI -funded service in the fiscal year (FY 31: 03/01/2021 – 02/28/2022).
- **Linked to Care** = Newly-diagnosed persons with HIV, who were linked to HIV medical care anywhere in Miami-Dade County. Data from Florida Department Of Health (FDOH) Early Identification of Individuals with HIV/AIDS (EIIHA), CY 2021.
- **In Medical Care** = Active Ryan White Program clients receiving one or more medical visits with any Ryan White Program provider with prescribing privileges, Viral Load test, or medical visit copay, during the 12-month reporting period (FY 31).
- **Retained In Medical Care** = Active Ryan White Program clients receiving two or more billed medical visits with a Ryan White Program provider, or Viral Load test, or medical visit copay, at least 90 days apart, during the 12-month reporting period (FY 31).
- **Suppressed VL** = Active Ryan White Program clients with a documented suppressed Viral Load (<200 copies /mL) in the most recently reported lab test.

Ryan White Program HIV Care Continuum FY 20 vs FY 21

2020

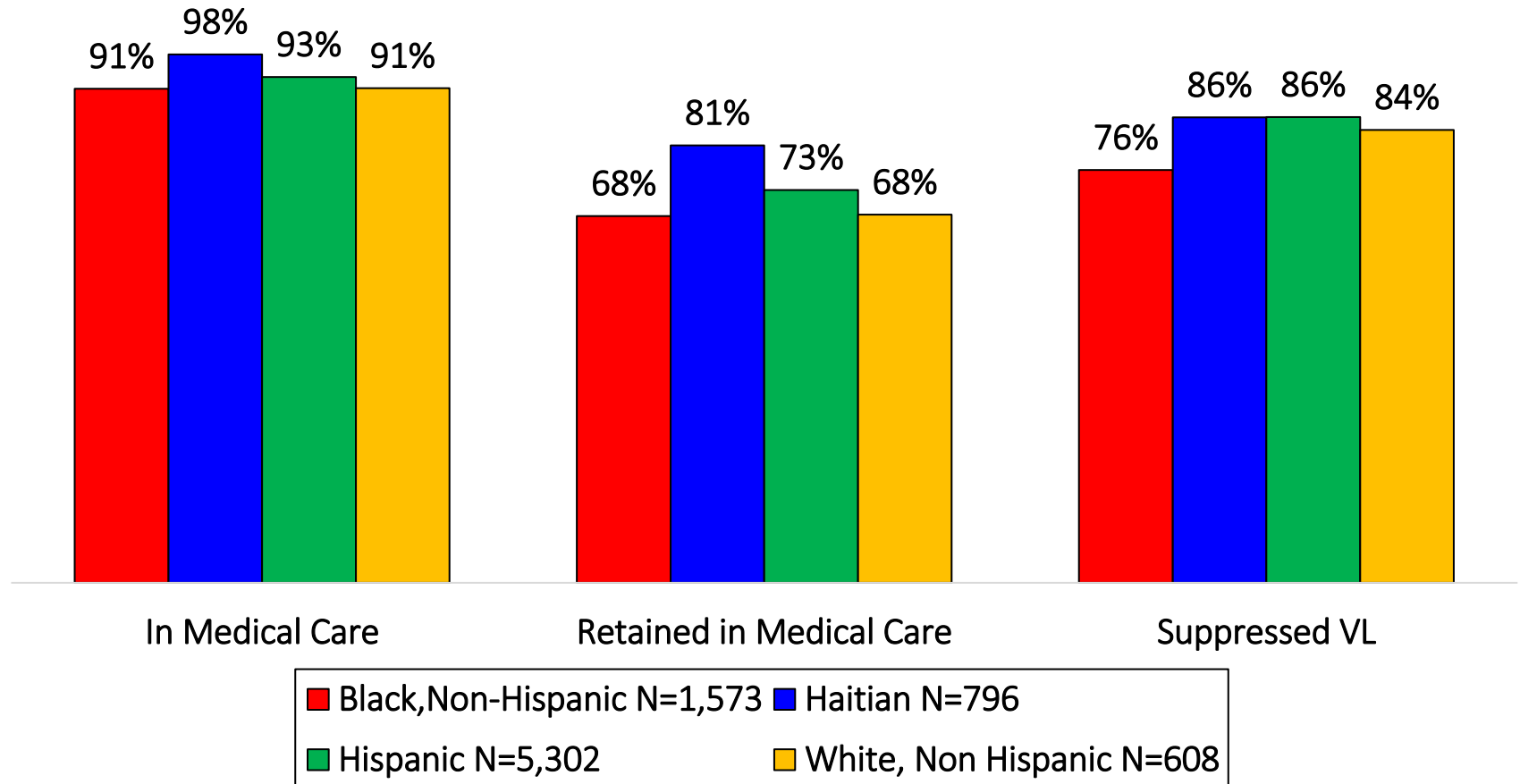


2021



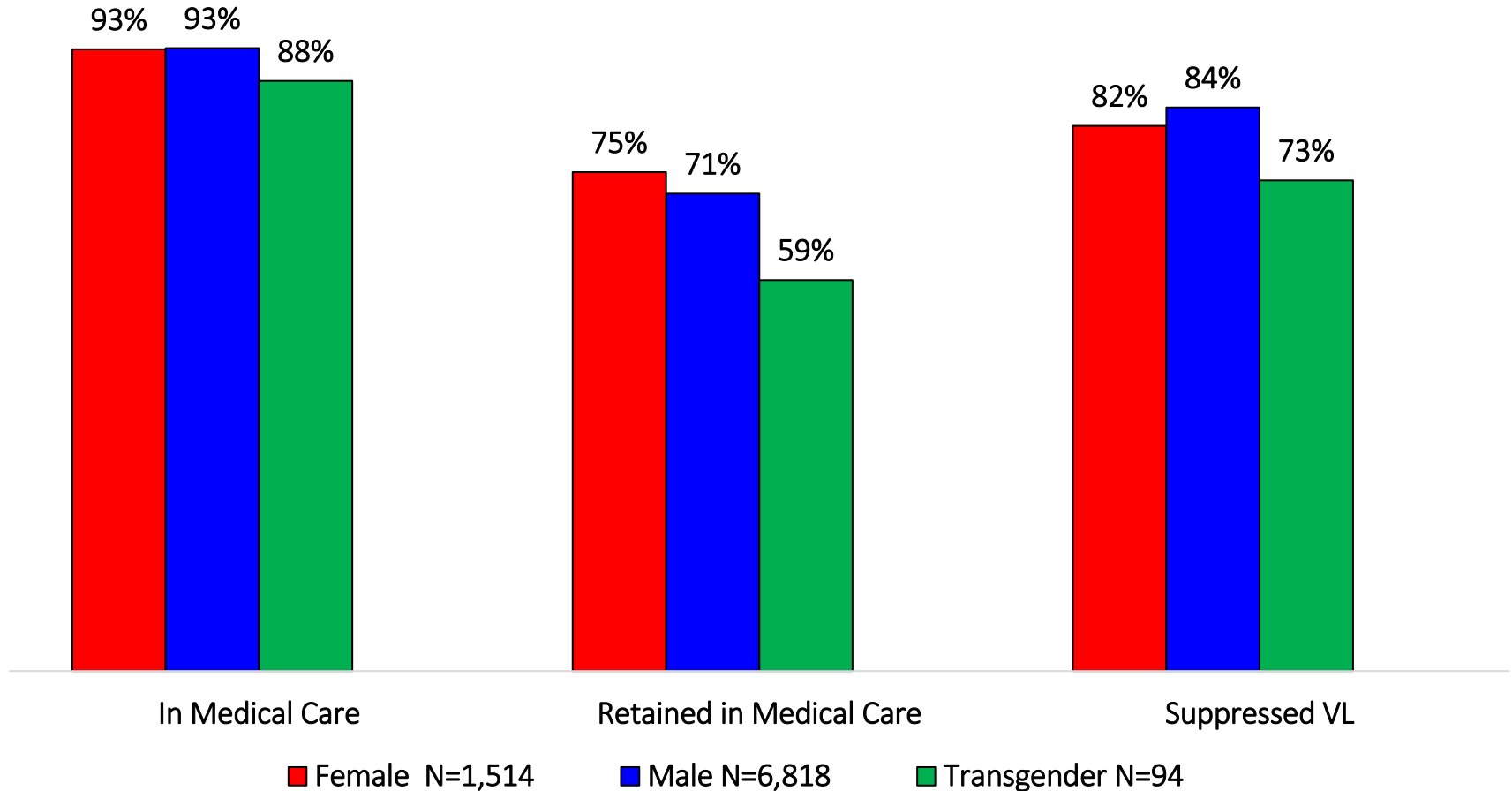
Ryan White Program HIV Care Continuum by Race/Ethnicity

aidsnet.org

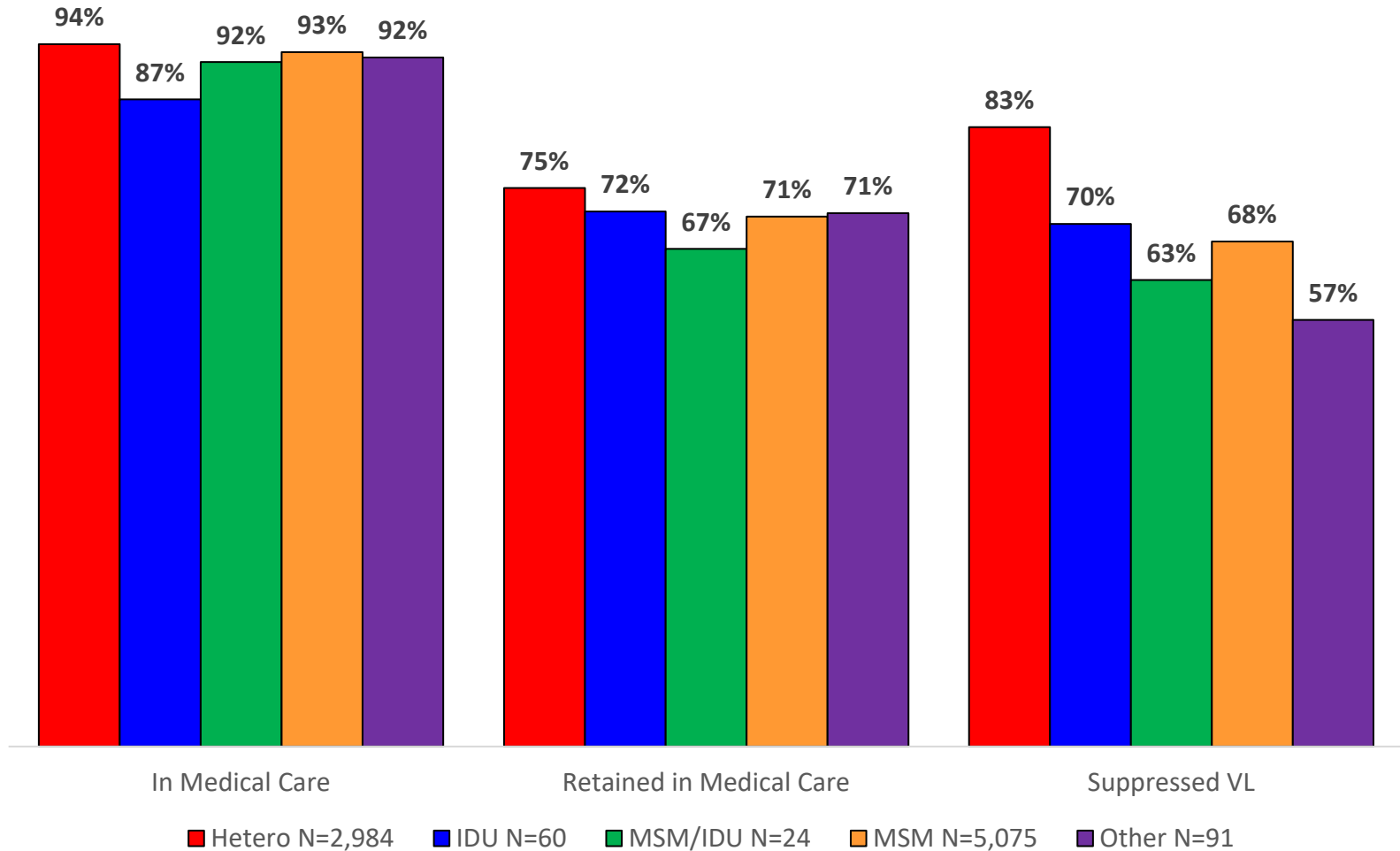


Ryan White Program HIV Care Continuum Percent by Gender

aidsnet.org



Ryan White Program HIV Care Continuum by Initial Exposure



Thank you for your attention!

Any questions?



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, July 7, 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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| III. | Introductions | All |
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Ryan White Program 2021 Client Satisfaction Survey Summary of Findings

aidsnet.org

Prepared for
2022 Needs Assessment
Ryan White Program Year 31
July 7, 2022

Prepared by
Behavioral Science Research Corporation

2021 Ryan White Program Client Satisfaction Survey

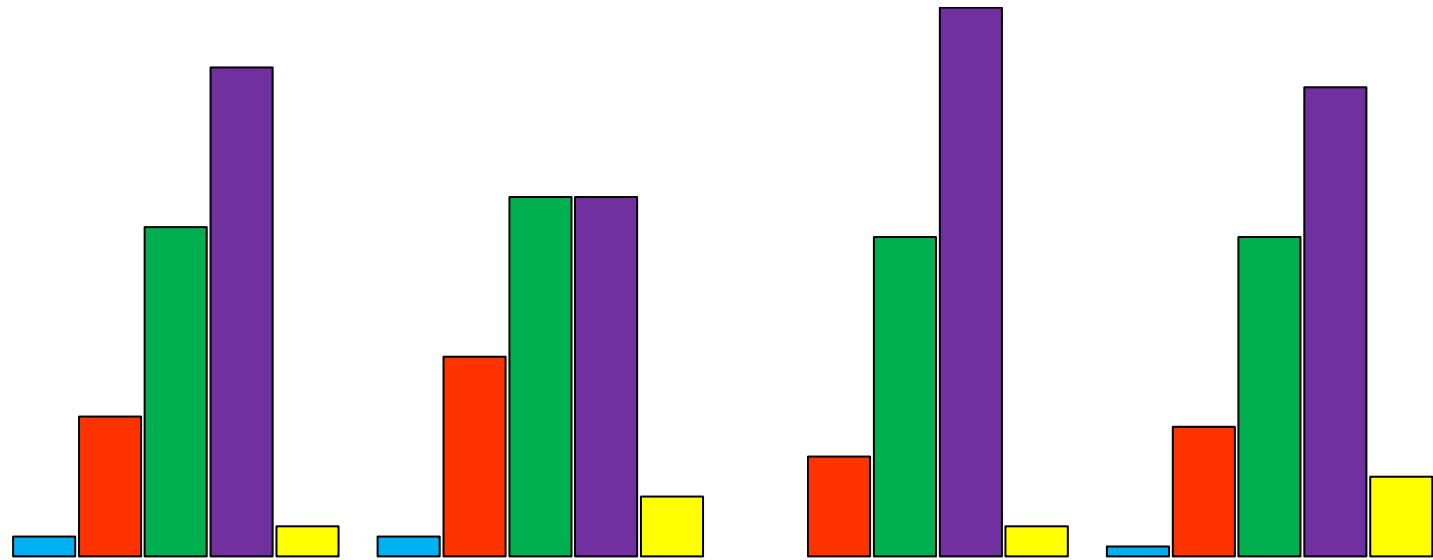
- FY 2021 was the 14th Ryan White Client Satisfaction Survey (CSS) administered by Behavioral Science Research (BSR)
- Previous surveys were conducted in 2006 and annually since 2008
- 517 client interviews were completed, focusing on OAHS and Oral Health Care service categories.
- CSS was conducted between September and November 2021.

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Survey Methodology

- Clients were interviewed by telephone to avoid COVID-19 contact issues, rather than by in-person interviews at Medical Case Management sites, as BSR had done in the past.
 - The clients were quota-sampled by Medical Provider, based on the number of clients seen by the top 50 OAHS providers. A total of 517 OAHS clients were interviewed, of whom 205 also qualified for OHC surveys .
 - These medical providers (MD, PA, RN) provide services at one of 21 RWP sites or at four private offices
 - Clients must have been in RWP MCM care at the site for at least 6 months.
 - Clients were recruited to participate by MCMs, from a list of clients receiving OAHS for selected providers, and who gave consent for BSR to conduct the interview before BSR could contact them.
- As an incentive to participate, clients were given a \$25 Walmart “e-gift” card, by phone text, by email, or sent by US mail.

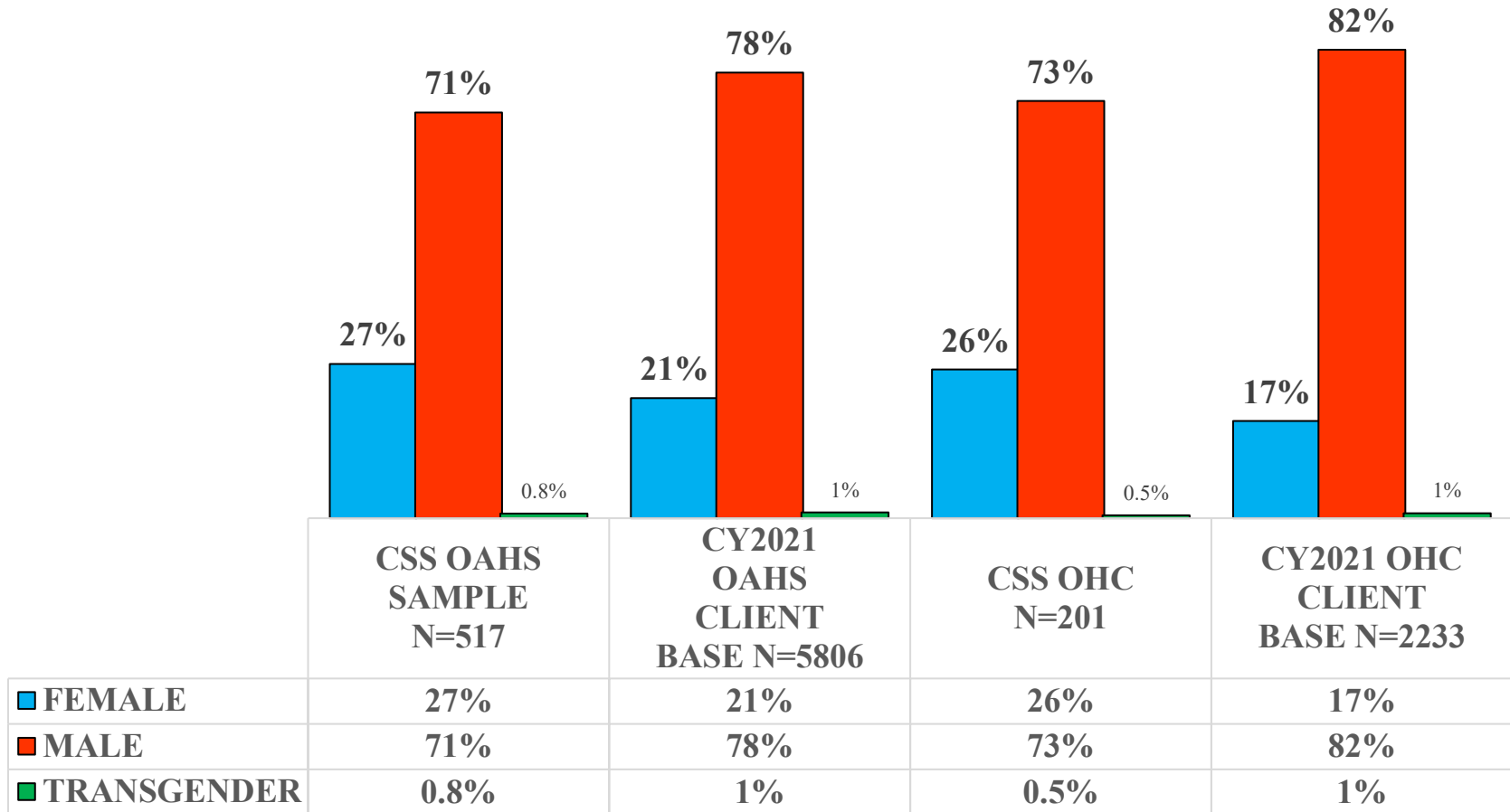
OAHS and OHC Survey Respondent Ages Compared to Clients in Care



	CSS OAHS SAMPLE N=517	CY2021 OAHS CLIENT BASE N=5806	CSS OHC SAMPLE N=201	CY2021 OHC CLIENT BASE N=2233
Under 25	2%	2%	0%	1%
25 to 34	14%	20%	10%	13%
35 to 49	33%	36%	32%	32%
50 to 64	49%	36%	55%	47%
65+	3%	6%	3%	8%

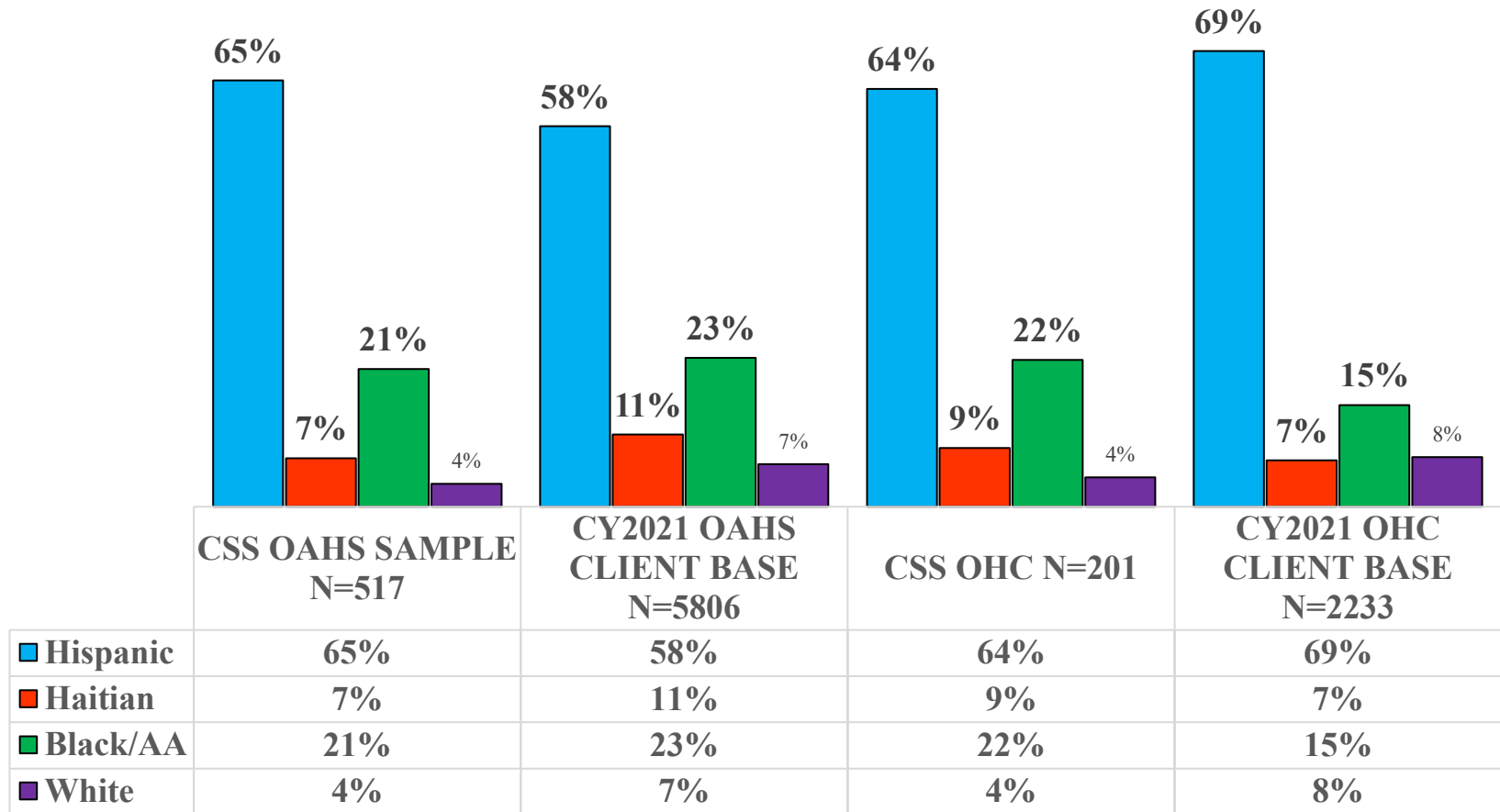
OAHS and OHC Survey Respondent Genders Compared to Clients in Care

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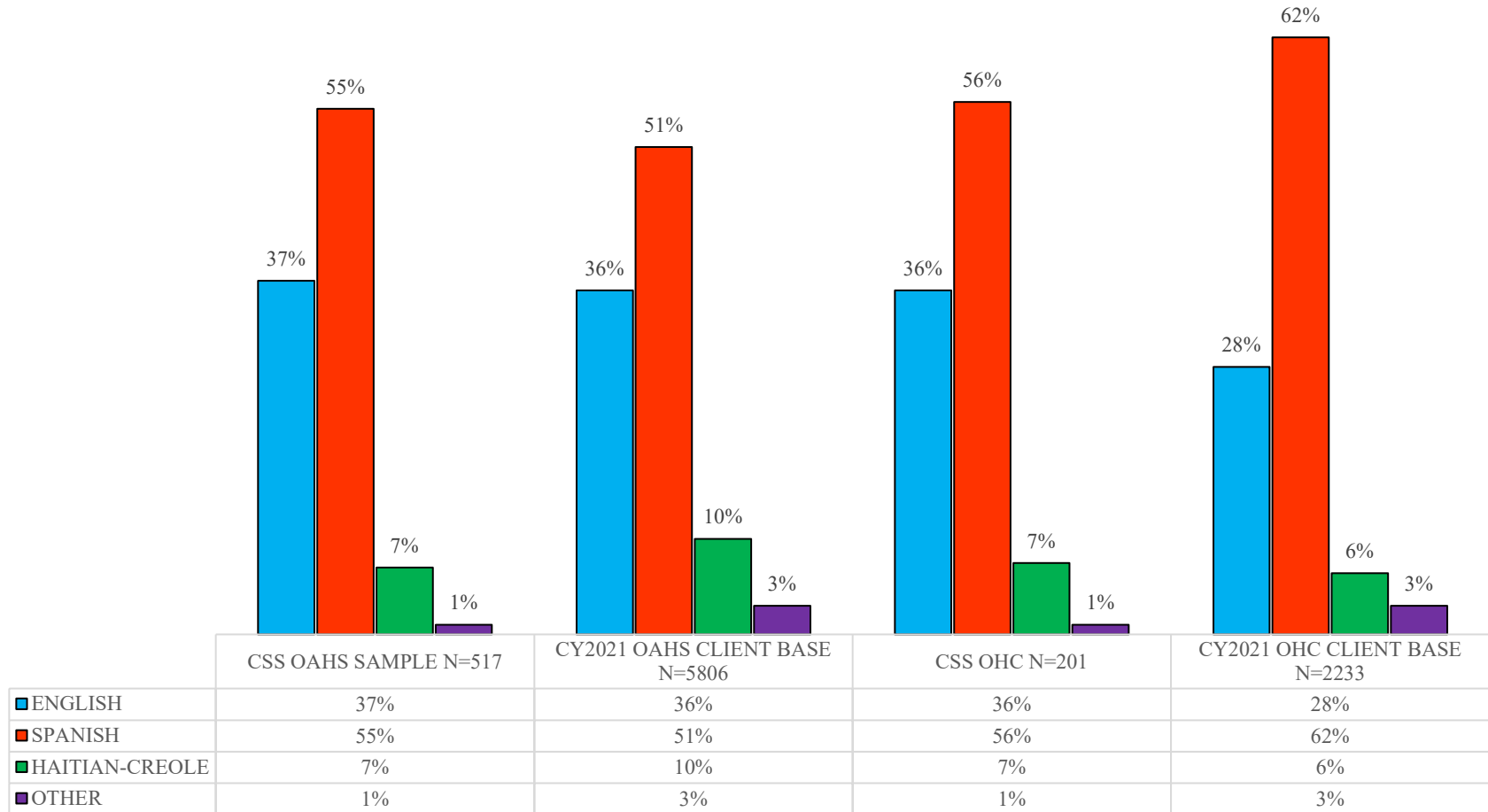
OAHS and OHC Survey Respondent Race/Ethnicity Compared to Clients in Care

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OAHS and OHC Respondent Preferred Language Compared to Clients in Care

aidsnet.org



Respondent Characteristics (1)

Year of HIV/AIDS Diagnosis (4.1% don't know)	
Before 1995	10%
1995 – 2004	22%
2005-2014	36%
2015 – present	27%

Employment Status	
Working full time	34%
Working part time	22%
Sporadic, episodic	11%
Not working	34%

First Treated in MDC (2.5% don't know)	
Before 1995	6.6%
1995-2004	18%
2005-2014	33%
2015 – present	41%

Living Arrangements	
Living alone	29%
Dyadic, with spouse/partner	23%
Living with other family	37%
Living with other non-family	16%

Respondent Characteristics (2)

Frequency of Sending/Receiving Email	
Daily	53%
Weekly	19%
Monthly	8%
Rarely/Never/NA	21%

Frequency of Sending/Receiving Texts	
Daily	76%
Weekly	11%
Monthly	4%
Rarely/Never/NA	9%

Reported Problems	
Signing up for RWP services?	2.7%
Language barriers in services?	2.5%

Tele-Health Use for OAHS	
All in person	43%
Most in person, some tele-health	24%
Half in person, half tele-health	18%
Most or all tele-health	15%

Percent “Very Satisfied” with Care Provided by Specific Personnel, 2019-2021

SERVICE CATEGORY	2019	2020	2021
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Physician (MD, DO), ARNP, PA	70%	72%	76%
Dentist	59%	56%	56%
Oral hygienist	--	55%	66%

Client-Centered Care by Medical Provider

When you visited your medical care provider, how often did your doctor ...	% always
...talk to you about your health questions or concerns about your HIV care?	45%
(Probe: If/when he/she did, how often did you get information that was clear and easy to understand?)	90%
...ask you if there are things that make it hard for you to take care of your health?	45%
...discuss the importance of getting/keeping VLs undetectable?	83%

Percent “Very Easy” to Make Appointments for Care

SERVICE CATEGORY	2021
	% Very Easy
Outpatient Ambulatory Health Services	46%
Oral Health Care	26%

Note: 17% reported problems keeping appointments with their primary care providers. Of those who had problems, the most frequently mentioned reason (30%) was that they had conflicts with their work schedules.

Percent “Very Satisfied” with Lagtime to Next Appointment 2019-21

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SERVICE CATEGORY	2019	2020	2021
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Outpatient Ambulatory Health Services	39%	51%	46%
Oral Health Care	26%	37%	23%

A supplementary question in 2021 asked OAHS clients if they had contacted their doctors for “care that they needed right away.” Of the 27% who had done so, 73% reported getting an appointment as soon as it was needed. Similar findings were reported for the clients who needed emergency OHC services: 30% of the OHC clients reported calling for an emergency OHC appointment, and 53% reported an appointment as soon as it was needed.

Percent “Very Satisfied” with Time it Takes to Get Through to a Provider on the Phone 2019-2021

SERVICE CATEGORY	2019	2020	2021
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Outpatient Ambulatory Health Services	39%	37%	43%
Oral Health Care	39%	37%	21%

Major Client Satisfaction Survey (CSS)

findings to keep in mind ...

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- Hispanics and persons 50-64 years old were slightly over-represented in the OAHS and OHC samples. Generally, however, the demographic profile of the CSS sample is remarkably close to the demographics of the OAHS and OHC clients in RWP care.
- Over half the OAHS/OHC client base is working full-time (34%) or part-time (22%), potentially complicating access to RWP services. The most commonly reported obstacle to keeping an OAHS appointment is a *work conflict*.
- Preferred language is English for 37% of the respondents, Spanish for 55%, and Haitian Creole for 7%, very close to Ryan White Program demographics of clients in care. “Language barrier preventing service” was not an issue for clients in survey.

More Client Satisfaction Survey (CSS) findings ...

- “Service satisfaction” is higher than previous years for outpatient/ ambulatory health services (76% very satisfied). Oral health care remain the same for dentists (56% very satisfied) and has improved for oral hygienists (66%) .
- “Appointment satisfaction” and “contact satisfaction” levels are generally low.
 - Compared to FY 2020, the “year of COVID,” both OAHS and OHC clients show lower levels of satisfaction with the lagtime to getting a “new or next” appointment (46% for OAHS, 23% for OHC).
 - While satisfaction with the time it takes to talk to a provider on the phone has improved for OAHS clients (43% very satisfied, vs. 37% in FY 2020), it continues to deteriorate for OHC clients (21% very satisfied, vs. 37% in FY 2020).

**Thank you for your attention.
Any Questions?**



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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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2022 NEEDS ASSESSMENT

EVALUATION: JULY 7, 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							
Prior Meeting							
Did you attend the last Care and Treatment Needs Assessment meeting on June 2, 2022? 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
CY 2020 and CY 2021 EIIHA Comparison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
FY 31 Ryan White Program HIV Care Continuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Client Satisfaction Survey Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COMMENTS ON PRESENTATIONS							
Was there any additional information that you think would have been helpful in today's presentation? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please indicate what additional information you would like:							
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.



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.

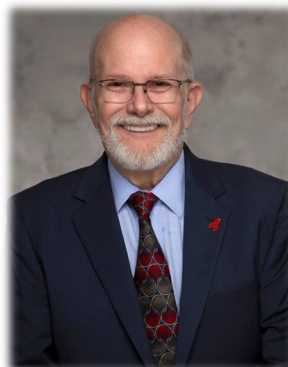
Zoom Meeting ID: 890 7532 6180 ~ Passcode: 358766

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.



People with HIV make the difference!

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on health and
wellness issues!

Network with your
peers and meet new
people!

Share a delicious meal &
learn something new!

Help to end
the HIV epidemic
in Miami-Dade!

Improve the Ryan White
Program and have a say
in program funding!



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Community Coalition
Roundtable Dinner and be
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who speaks for the HIV
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HIV/AIDS PARTNERSHIP



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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, July 7, 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 June 2, 2022 | All |
| VII. | Reports | |
| | • Recipients (Parts A, B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Legal Services Definition Edit | All |
| IX. | New Business | |
| | • Sweeps #2 Part A and MAI | All |
| | • CY 2020 and CY 2021 EIIHA Comparison | Dr. Robert Ladner |
| | • FY 31 Ryan White Program HIV Care Continuum | Dr. Robert Ladner |
| | • Client Satisfaction Survey Results | Dr. Robert Ladner |
| | • FCPN Nominations | All |
| X. | Announcements | Marlen Meizoso |
| XI. | Next Meeting: August 4, 2022 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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