



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Care and Treatment Thursday, May 5, 2022

10:00 a.m. – 12:00 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 February 3, 2022	All
VII.	Reports	
	○ Part A	Dan Wall
	○ Part B	David Goldberg
	○ ADAP	Dr. Javier Romero
	○ General Revenue	Marlen Meizoso
	○ Vacancies Report	Marlen Meizoso
	○ Report to Committees (reference only)	Marlen Meizoso
	○ Medical Care Subcommittee Report	Marlen Meizoso
VIII.	New Business	
	• Planning Council Responsibilities and Needs Assessment	Marlen Meizoso
	• 2022 Needs Assessment	All
	• Legal Services and Gender Affirming Care	All
IX.	Announcements	Marlen Meizoso
X.	Next Meeting: <b>June 2, 2022</b> at Main Library- Auditorium	Dr. Diego Shmuels
XI.	Adjournment	Dr. Diego Shmuels

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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](mailto:marlen@behavioralscience.com)

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# Meeting Housekeeping

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

Updated May 1, 2022

# Disclaimer & Code of Conduct

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- 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.



# Resource Persons

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- 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

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

# Attendance

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- 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.

# Meeting Participation

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- **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.

# Parking

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- **Miami-Dade County Main Library**

*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).*

- **Behavioral Science Research**

*Please write your car tag (license plate) number on the **SIGN IN** sheet to have your parking validated.*

# 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 and Zoom  
February 3, 2022**

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

Guests	
Monte Brown	
Brad Mester*	
Vanessa Mills	
Javier Romero	
Carla Valle-Schwenk	
Staff	
Barbara Kubilus	Marlen Meizoso

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at [www.aidsnet.org/meeting-documents](http://www.aidsnet.org/meeting-documents). This meeting was held in a hybrid format with some members and guests participating via Zoom while other members maintained physical quorum.

**I. Call to Order**

Dr. Diego Shmuels, Chair, called the meeting to order at 10:25 a.m.

**II. Meeting Housekeeping and Rules**

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

**III. Introductions and Roll Call**

Members and guest introduced themselves around the room. Mrs. Meizoso read the names of attendees present on Zoom.

**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.

**V. Review/Approve Agenda**

The committee reviewed the agenda and adopted it as presented.

**Motion to accept the agenda, as presented.**

**Moved: Dan Wall**

**Seconded: Ryan Roelans**

**Motion: Passed**

**VI. Review/Approve Minutes of November 4, 2021**

The committee reviewed the minutes of November 4, 2021, and accepted them as presented.

**Motion to accept the minutes from November 4, 2021, as presented.**

**Moved: Dan Wall**

**Seconded: Ryan Roelans**

**Motion: Passed**

**VII. Reports-Part A, B, ADAP, General Revenue, and Vacancies**

Dan Wall reviewed the Part A reports for November 2021 as of January 31, 2022, (copies on file). The Miami-Dade County Ryan White Part A Program (RWP) has a new HRSA project officer, Jennifer Gray, who also oversees the RWP of Orange County. Letters have gone out to the subrecipients regarding reallocations and amendments to contracts. Monitoring for 2020-2021 has been completed and results shared. The monitoring visits primarily focused on the newly funded agencies and treated more as a Technical Assistance with risk assessments completed. Site visits for 2022 are being planned. The County is working with the State on various items including reciprocal eligibility and data sharing, but this last item still has some work to meet legal hurdles. There were 2,200 clients enrolled in Affordable Care Act health plans for 2022, which is an increase from last year, including 8% (186 clients) who were 75-100% FPL. Through January 26, 2022, Test and Treat Rapid Access (TTRA) served 2,489 clients.

Mrs. Meizoso reviewed the October 2021 Part B report (copy on file) which listed the expenditures, budgets, and funded categories.

Dr. Javier Romero reviewed the January 2022, AIDS Drug Assistance Program (ADAP) report (copy on file). A new pharmacy benefits manager, Magellan, has been assigned. The Part A programs have been in contact with Magellan and are exploring whether they are able to participate in their program.

Mrs. Meizoso reviewed the December 2021, General Revenue report (copy on file) which indicated the number of clients served, categories funded, expenditures, and overall budget.

Mrs. Meizoso reviewed the January 2022, Vacancy report (copy on file). There are 12 vacancies on the Care and Treatment Committee since Ashley Richardson and Michelle Antunez resigned. If anyone knows of interested individuals, they may invite them to a meeting or have them contact staff.

Mr. Wall suggested contacting the attendees of the HRSA EHE meeting earlier in the week to see if they would be interested in joining.

## VIII. Standing Business

### ▪ *Medical Care Subcommittee Report*

*Marlen Meizoso*

Mrs. Meizoso reviewed the Medical Care Subcommittee report. The Medical Care Subcommittee: Met on November 19, 2021, and January 28, 2022.

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

Completed the discussion on Cabenuva barriers and shared the findings with the Recipient and Florida Department of Health.

Elected Dr. Robert Goubeaux as chair and James Dougherty as chair elect.

Reviewed the medications added to the ADAP formulary in September. The Subcommittee reviewed the cost as well as other funders who had the medications on their formularies. The addition of these medications will ensure that insured clients can have their co-payments covered and expand the number of medications accessible for co-occurring conditions. The Subcommittee wanted to ensure a notation was added to naltrexone indicating that it is only an oral formulation as indicated on the ADAP formulary.

**Motion to recommend to the Ryan White Prescription Drugs Formulary the medications on the Florida AIDS Drug Assistance Program (ADAP) Formulary September 2021 list except for numbers 8 and 9, and to add a notation to naltrexone. (*Attachment 1*)**

**Moved: Dan Wall**

**Seconded: Ryan Roelans**

**Motion: Passed**

Completed updates to the Primary Medical Care Standards after an extensive review.

Reviewed their draft workplan for 2022.

Addressed some oral health care issues but deferred further discussion until the March meeting.

Reviewed and made some revisions to the Oral Health Care, Mental Health and Substance Abuse service descriptions. Changes in red indicated suggested changes, and items highlighted in yellow indicate updates that will need to be made for 2022.

Reviewed the Oral Health Service standards and suggested some updates. The Subcommittee made a motion to accept the revisions updating terminology (SDIS to management information system and certified referral to internal referral)

**Motion to accept the Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards, as presented in attachment 2; the changes to the Oral Health Care Services, as presented in attachment 3, the Mental Health service description, as presented in attachment 4; Substance Abuse service descriptions, as presented in attachment 5, and the changes to the Oral Health Services standards, as presented in attachment 6.**

**Moved: Dan Wall**

**Seconded: Ryan Roelans**

**Motion: Passed**

Reviewed topics related to the aging population with HIV and assigned topics for the agenda for February-May.

Revised the Allowable Conditions list to include pregnancy since this is not listed. The current category genitourinary/gynecology would need to include obstetrics. The Subcommittee made a motion for the additions to the allowable medical conditions list.

**Motion to add obstetrics to genitourinary/gynecology specialty and pregnancy as a condition to the allowable medical conditions list. (Attachment 7)**

**Moved: Dan Wall**

**Seconded: Ryan Roelans**

**Motion: Passed**

The next subcommittee is scheduled for February 25, 2022.

▪ *Officer Elections* *All*

Mrs. Meizoso reviewed the Officer Elections memo (copy on file). Dr. Shmuels is eligible to become chair since he was serving the prior chair's term. Frederick Downs Jr. had previously indicated he was interested in serving as vice-chair. No eligible members reached out to staff or indicated interest at the meeting. The Committee decided to elect the two interested candidates.

**Motion to elect Dr. Diego Shmuels as chair and Frederick Downs, Jr. as vice-chair.**

**Moved: Dan Wall**

**Seconded: Maria Henriquez**

**Motion: Passed**

**IX. New Business**

▪ *HRSA Policy Clarification Notice (PCN) 21-02* *All*

Mrs. Meizoso informed the members about the HRSA Policy Clarification Notice (PCN) 21-02 (copy on file) that was released in October. The purpose for this new PCN is to respond to recipient requests to reduce administrative and client burden while enhancing continuity of care to ensure that clients have access to medical and support services to achieve viral suppression. There are two major changes incorporated in PCN 21-02. It eliminates the six-month recertification requirement, and replaces it with allowing RWHAP recipients and subrecipients the flexibility to conduct timely eligibility confirmation in accordance with their policies and procedures to assess if there are changes in a client's income and/or residency status. The PCN also states affirmatively that immigration status is irrelevant for the purposes of eligibility for RWHAP services.

Ms. Valle-Schwenk informed the members that the County is still working on updating the RWP client eligibility policies and procedures to align with PCN 21-02. Any suggestions or questions can be forwarded to BSR. The idea is to enable clients to obtain and maintain access to RWP care and treatment services and reduce unnecessary disenrollment, without compromising the integrity, scope, and implementation of the RWP. Clients would still be able to reach out to a case manager if they had a need. It was suggested that feedback from clients and medical case managers may be helpful in developing policies. Case closures are also amended until formal confirmation has been made.

- *Service Descriptions: Medical Case Management including Treatment Adherence, Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals, and Medical Transportation* *All*

Reviewed service descriptions for Medical Case Management, Health Insurance and Medical Transportation. Additional revisions were suggested to the Medical Case Management Including Treatment Adherence Services indicated below.

**Motion to accept the Medical Case Management, Including Treatment Adherence service descriptions as presented with minor revision-keep at least every 6 months, strike language on closures, strike Provide System statement, strike green highlight language “in conjunction with the client’s re-certification” on page 55, and include language as maybe amended via formal written notification from Grantee. (Attachment 8)**

**Moved: Dan Wall**

**Seconded: Gena Grant**

**Motion: Passed**

**Motion to accept the changes to the Health Insurance and Medical Transportation service descriptions. (Attachments 9 and 10)**

**Moved: Dan Wall**

**Seconded: Ryan Roelans**

**Motion: Passed**

- *Community Coalition Roundtable Reply* *All*

Mrs. Meizoso explained that in August, the Community Coalition developed some roundtable items which were assigned (copy on file) for feedback and recommendations. One item related to the status of the Jail Linkage Coordinator. Staff indicated that SFAN does have a jail linkage coordinator, but the Committee has not heard a presentation on the program in years. Staff will see if a presentation can be made in March or April, preferably.

- *2022 Calendar of Activities* *All*

Mrs. Meizoso reviewed the 2022 calendar of activities (copy on file). The document provided an overview of the items for the year. The Needs Assessment process will take place June through September 2022, as part of the regular scheduled meetings. The meetings maybe extended for an hour, if needed.

- *Discussion of Gender Affirming Care* *All*

Mrs. Meizoso shared the HRSA letter regarding Gender Affirming Care (copy on file). The Committee was asked to share ideas. The Committee suggested the Medical Care Subcommittee first review the letter and bring back suggestions. Representatives from the community would be invited to the Medical Care Subcommittee meeting to provide input. The information would then be shared with the Committee. Currently in the Part A program, birth gender, preferred gender, and preferred name/pronoun are fields in the data management system.

## **X. Announcements**

Mrs. Meizoso indicated that it was very important that members RSVP in advance and reply to correspondence from staff. Financial disclosure forms will be shared shortly and must be completed in timely manner. The Integrated Plan is being developed, please participate as available and share details with others.



**XI. Next Meeting**

The next meeting is scheduled for Thursday, March 3, 2021, at the Miami-Dade County Main Library, Auditorium, 101 West Flagler Street, Miami, FL 33130.

**XII. Adjournment**

**Motion to adjourn.**

**Moved: Dan Wall**

**Seconded: Maria Henriquez Motion: Passed**

Dr. Shmuels adjourned the meeting at 11:35 a.m.



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| VI.   | Review/Approve Minutes of February 3, 2022                    | All               |
| VII.  | Reports   |                   |
|       | ○ Part A  | Dan Wall          |
|       | ○ Part B  | David Goldberg    |
|       | ○ ADAP  | Dr. Javier Romero |
|       | ○ General Revenue   | Marlen Meizoso    |
|       | ○ Vacancies Report  | Marlen Meizoso    |
|       | ○ Report to Committees (reference only)                       | Marlen Meizoso    |
|       | ○ Medical Care Subcommittee Report                            | Marlen Meizoso    |
| VIII. | New Business  |                   |
|       | • Planning Council Responsibilities and Needs Assessment      | Marlen Meizoso    |
|       | • 2022 Needs Assessment                                       | All               |
|       | • Legal Services and Gender Affirming Care                    | All               |
| IX.   | Announcements   | Marlen Meizoso    |
| X.    | Next Meeting: <b>June 2, 2022</b> at Main Library- Auditorium | Dr. Diego Shmuels |
| XI.   | Adjournment   | Dr. Diego Shmuels |

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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](mailto:marlen@behavioralscience.com)

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [twitter.com/HIVPartnership](https://twitter.com/HIVPartnership) | [instagram.com/hiv\\_partnership/](https://instagram.com/hiv_partnership/)

RYAN WHITE PART A PROGRAM  
MIAMI-DADE COUNTY EMA

FY 2021

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**

Monthly

Year-to-date

Monthly

Year-to-date

11

191

11

183

154

1,383

154

1,255

3,695

12,290

3,590

7,843

28

144

28

121

542

2,672

542

2,237

1,104

5,798

1,084

4,422

0

17

0

17

426

1,090

426

712

35

680

35

645

63

679

22

44

14

122

14

117

11

75

11

66

**TOTALS:**

6,083

25,141

Total unduplicated clients (month):

4,367

Total unduplicated clients (YTD):

8,421

**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**

This report includes YTD paid reimbursements for FY 2021 Part A service months up to February 2022, as of 5/2/2022. This report reflects reimbursement requests that were due by 4/5/2022, the deadline for final FY 2021 invoices to be submitted; and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process total \$286,539.11. Final expenditures will be reported next month.

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

Priority Ranking #	CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS		
	<b>DIRECT SERVICES:</b>		
	<b>Core Medical Services</b>	<b>Allocations</b>	
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
	<b>Support Services</b>	<b>Allocations</b>	
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
	<b>DIRECT SERVICES TOTAL:</b>	<b>\$ 21,552,125.00</b>	

Total Core Allocation	18,399,244.00
Target at least 80% core service allocation	17,241,700.00
<b>Current Difference (Short) / Over</b>	<b>\$ 1,157,544.00</b>
<b>Recipient Admin. (OMB-GC, PC, GTL)</b>	<b>\$ 2,382,940.00</b>
<b>Quality Management</b>	<b>\$ 603,600.00</b>
<b>(+) Unobligated Funds / (-) Over Obligated:</b>	
Unobligated Funds (Formula & Supp)	\$ -
Unobligated Funds (Carry Over)	\$ -
	2,986,540.00

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

	CURRENT CONTRACT EXPENDITURES		
	<b>DIRECT SERVICES:</b>		
	<b>Core Medical Services</b>	<b>Expenditures</b>	<b>Carryover Expenditures</b>
5606610000	Outpatient/Ambulatory Health Svcs	7,088,775.00	
5492120000	AIDS Pharmaceutical Assistance	4,061.02	
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	4,998,144.65	
5216120000	Substance Abuse - Outpatient	1,146.00	14,980,705.13
	<b>Support Services</b>	<b>Expenditures</b>	<b>Carryover Expenditures</b>
5492250000	Food Bank	629,522.40	709,256.00
5212100000	Other Professional Services	97,371.00	1,338,778.40
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
	<b>TOTAL EXPENDITURES DIRECT SVCS &amp; % :</b>	<b>\$ 17,588,011.61</b>	<b>81.61%</b>

<b>Formula Expenditure %</b>	<b>70.21%</b>	
<b>Recipient Administration</b>	<b>1,672,458.81</b>	
<b>Quality Management</b>	<b>603,600.00</b>	2,276,058.81
<b>Grant Unexpended Balance</b>	<b>4,674,594.58</b>	
<b>Total Grant Expenditures &amp; %</b>	<b>\$ 19,864,070.42</b>	<b>80.95%</b>

<b>Core medical % against Total Direct Service Expenditures (Not including C/O):</b>		
Cannot be under 75%	88.75%	Within Limit
<b>Quality Management % of Total Award (Not including C/O):</b>		
Cannot be over 5%	2.53%	Within Limit
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>		
Cannot be over 10%	7.02%	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**

This report includes YTD paid reimbursements for FY 2021 MAI service months up to February 2022, as of 5/2/2022. This report reflects reimbursement requests that were due by 4/5/2022, the deadline for final FY 2021 invoices to be submitted; and have been paid thus far. There are no pending reimbursement requests for FY 2021 MAI services. All subrecipient invoices have been processed.

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

Priority Ranking #	MAI CONTRACT ALLOCATIONS
	<b>DIRECT SERVICES:</b>
	<b>Core Medical Services</b>
	<b>Allocations</b>
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
	<b>Support Services</b>
	<b>Allocations</b>
	Food Bank
6	Other Professional Services
	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):**  
 Cannot be under 75% 97.97% Within Limit

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% 3.84% Within Limit

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% 10.00% Within Limit

	CURRENT CONTRACT EXPENDITURES
	<b>DIRECT SERVICES:</b>
	<b>Core Medical Services</b>
	<b>Expenditures</b>
	<b>Carryover Expenditures</b>
ACCOUNT	5606610000 Outpatient/Ambulatory Health Svcs 366,105.33 94,662.73 460,768.06
	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
	<b>Support Services</b>
	<b>Expenditures</b>
	<b>Carryover Expenditures</b>
ACCOUNT	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
	<b>TOTAL EXPENDITURES DIRECT SVCS &amp; %:</b> 1,153,685.12 49.28%

Recipient Administration 156,084.56

Quality Management 99,999.96 256,084.52

Grant Unexpended Balance 1,291,713.36

**Total Grant Expenditures & % (Including C/O):** \$ 1,409,769.64 52.19%

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75% 96.33% Within Limit

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% 3.84% Within Limit

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% 6.00% Within Limit

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY  
FOR THE PERIOD OF:

March 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

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
	23	23	23	23
	73	73	73	73
	3,540	3,540	3,378	3,378
	33	33	33	33
	644	644	644	644
	1,191	1,191	1,166	1,166
	453	453	453	453
	147	147	147	147
	63	63	24	24
	20	20	20	20
	9	9	9	9
TOTALS:	6,196	6,196		
Total unduplicated clients (month):	4,297			
Total unduplicated clients (YTD):	4,297			



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Care and Treatment Thursday, May 5, 2022

10:00 a.m. – 12:00 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 February 3, 2022                    | All               |
| VII.  | Reports   |                   |
|       | ○ Part A  | Dan Wall          |
|       | ○ Part B  | David Goldberg    |
|       | ○ ADAP  | Dr. Javier Romero |
|       | ○ General Revenue   | Marlen Meizoso    |
|       | ○ Vacancies Report  | Marlen Meizoso    |
|       | ○ Report to Committees (reference only)                       | Marlen Meizoso    |
|       | ○ Medical Care Subcommittee Report                            | Marlen Meizoso    |
| VIII. | New Business  |                   |
|       | • Planning Council Responsibilities and Needs Assessment      | Marlen Meizoso    |
|       | • 2022 Needs Assessment                                       | All               |
|       | • Legal Services and Gender Affirming Care                    | All               |
| IX.   | Announcements   | Marlen Meizoso    |
| X.    | Next Meeting: <b>June 2, 2022</b> at Main Library- Auditorium | Dr. Diego Shmuels |
| XI.   | Adjournment   | Dr. Diego Shmuels |

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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](mailto:marlen@behavioralscience.com)

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

**Florida Department of Health**  
**Expenditure/Invoice Report**  
**Program Name: Patient Care-Consortia**  
**Area Name: AREA 11A**  
**Month: February**  
**Year: 2021-2022**



Report generated on: 04/19/2022

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	February	0	0	\$129,890.00	\$21,405.52	\$108,936.17	84%
Home Health Care	February	0	0	\$0.00	\$0.00	\$0.00	0%
Medical Case Management (including treatment adherence)	February	18	18	\$175,390.00	\$4,347.00	\$121,942.62	70%
Mental Health Services - Outpatient	February	9	34	\$35,000.00	\$1,105.00	\$16,885.00	48%
Outpatient Ambulatory Health Service	February	0	0	\$394,000.00	\$0.00	\$0.00	0%
Emergency Financial Assistance	February	9	9	\$800,160.00	\$21,124.33	\$472,158.88	59%
Medical Transportation Services	February	0	0	\$10,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	February	22	22	\$79,620.00	\$0.00	\$77,110.63	97%
Clinical Quality Management	February	0	0	\$87,602.00	\$18,468.32	\$49,880.54	57%
Planning and Evaluation	February	0	0	\$43,478.00	\$9,318.96	\$35,012.24	81%
<b>Totals</b>		<b>58</b>	<b>83</b>	<b>\$1,755,140.00</b>	<b>\$75,769.13</b>	<b>\$881,926.08</b>	



Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
-------------------	-------------------	-----------------	-----------------------	--------------------	--------------------	-------------------	-------------------

#### ADVANCE(S) INFORMATION:

Total Advances	\$0.00				Total Contract Amount	\$1,755,140.00
Previous Reductions	\$0.00				Minus Expended Y-T-D	\$881,926.08
Current Reductions	\$0.00				Minus UNPAID Advances	\$0.00
Remaining Advances	\$0.00				Balance To Draw	\$873,213.92
				Total Expenditures this period:	\$75,769.13	
				Less Advance Payback this period:	\$0.00	

**AMOUNT OF FUNDS REQUESTED THIS REPORT: \$75,769.13**

*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



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Care and Treatment Thursday, May 5, 2022

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium  
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|-------|---|-------------------|
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**Mission:**

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



**Vision:** To be the Healthiest State in the Nation

**Ron DeSantis**

Governor

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

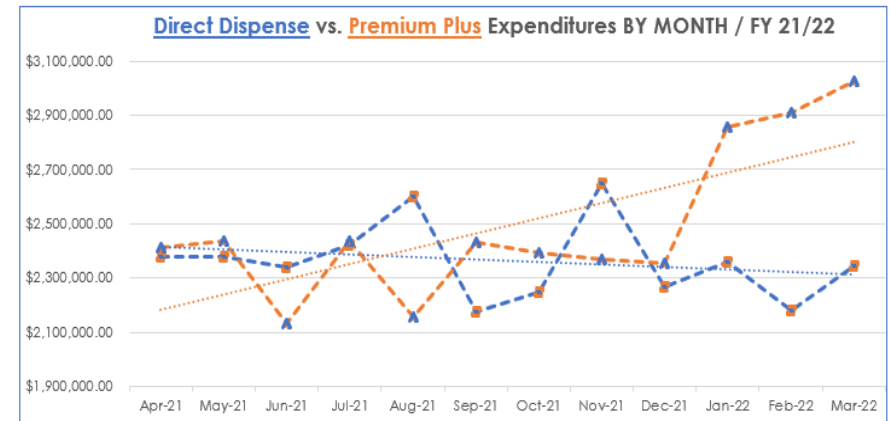
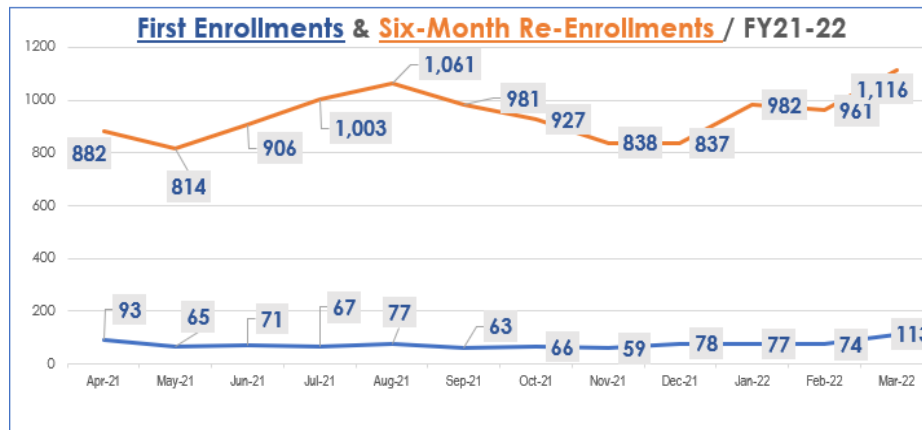
State Surgeon General

April 2, 2022

### ADAP Miami-Dade / Summary Report – March 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
<b>FY20/21 &gt;&gt;</b>	<b>795</b>	<b>10,979</b>	<b>6,150</b>	<b>\$32,843,354.32</b>	<b>52,678</b>	<b>17,944</b>	<b>2.9</b>	<b>\$23,115,161.17</b>	<b>25,395</b>	<b>\$ 910.22</b>
Apr-21	93	882	6,249	\$2,379,896.89	3,824	1,285	3.0	\$2,413,106.07	2,366	\$1,019.91
May-21	65	814	6,259	\$2,376,870.79	3,856	1,289	3.0	\$2,435,148.77	2,392	\$1,018.04
Jun-21	71	906	6,312	\$2,337,952.33	3,997	1,313	3.0	\$2,131,887.00	1,917	\$1,030.20
Jul-21	67	1,003	6,315	\$2,423,002.81	4,396	1,356	3.2	\$2,436,296.66	2,403	\$1,013.86
Aug-21	77	1,061	6,327	\$2,602,360.80	4,490	1,456	3.1	\$2,157,974.33	1,973	\$1,093.75
Sep-21	63	958	6,188	\$2,176,932.46	3,788	1,319	2.9	\$2,430,671.29	2,395	\$1,014.89
Oct-21	66	892	6,104	\$2,250,009.28	4,235	1,413	3.0	\$2,391,647.63	2,353	\$1,016.42
Nov-21	59	817	6,082	\$2,646,591.64	4,606	1,528	3.0	\$2,370,817.66	2,323	\$1,020.58
Dec-21	78	789	6,100	\$2,266,584.18	3,975	1,361	2.9	\$2,355,667.80	2,311	\$1,019.33
Jan-22	77	982	6,135	\$2,360,804.60	4,080	1,376	3.0	\$2,855,182.49	2,436	\$1,172.08
Feb-22	74	961	6,089	\$2,178,078.53	3,901	1,276	3.1	\$2,909,849.89	2,454	\$1,185.76
Mar-22	113	1,116	6,189	\$2,343,298.59	4,401	1,409	3.1	\$3,027,104.18	2,096	\$ 1,444.23
<b>FY21/22&gt;</b>	<b>903</b>	<b>11308</b>	<b>6,074</b>	<b>\$28,342,382.90</b>	<b>49,549</b>	<b>16,381</b>	<b>3.0</b>	<b>\$29,915,353.77</b>	<b>27,419</b>	<b>\$1,091.04</b>

SOURCE: Provide - DATE: 04/01/22 - Subject to Review & Editing - \* West Perrine Direct Dispense ~325 clients NOT INCLUDED. (Estimate - ~\$6 million/TBC).



#### PROGRAM UPDATE

- \* Magellan RX PBM: for uninsured clients. Implementation: 4/1/22. Participating pharmacies: CVS Specialty Pharmacy (thru 9/30/22).
- \* Cabenuva utilization @ ADAP Miami (03/02/22): 92 (38%) clients. Direct Dispense 46 (50%); Premium Plus 46 (50%)
- \* ACA-MP Special Enrollment Period: <150 % FPL. Pending guidance.

For additional information: [www.ADAPMiami.com](http://www.ADAPMiami.com) or [ADAP.FLDOHMDC@flhealth.gov](mailto:ADAP.FLDOHMDC@flhealth.gov)



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Care and Treatment Thursday, May 5, 2022

10:00 a.m. – 12:00 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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**General Revenue July 2021 - June 2022**  
**HIV/AIDS Demographic Data for PHT/SFAN**

	February-2022			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt.	Annual Budget	YTD Units
<b>Ambulatory - Outpatient Care</b>	<b>401</b>	<b>815</b>	<b>155,834</b>	<b>771,301.08</b>	<b>1,697,185</b>	<b>4,278</b>
<b>Drug Pharmaceuticals</b>	<b>95</b>	<b>188</b>	<b>56,093</b>	<b>375,428.94</b>	<b>686,738</b>	<b>1,866</b>
<b>Home &amp; Community Base Services</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>410.00</b>	<b>2,000</b>	<b>6</b>
<b>Home Health Care</b>	<b>6</b>	<b>200</b>	<b>10,100</b>	<b>22,992.88</b>	<b>70,000</b>	<b>570</b>
<b>Mental Health Services</b>	<b>38</b>	<b>43</b>	<b>4,938</b>	<b>47,951.21</b>	<b>82,010</b>	<b>372</b>
<b>Nutrition Counseling</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,435.70</b>	<b>8,000</b>	<b>40</b>
<b>Medical Case Management</b>	<b>564</b>	<b>1,055</b>	<b>88,382</b>	<b>695,655.18</b>	<b>1,583,682</b>	<b>6,501</b>
<b>Non-Medical Case Management</b>	<b>430</b>	<b>455</b>	<b>60,375</b>	<b>324,108.49</b>	<b>541,533</b>	<b>2,480</b>
<b>Other Support Services / Emergency Fin. Assistance</b>	<b>6</b>	<b>6</b>	<b>13,323</b>	<b>110,924.39</b>	<b>362,000</b>	<b>61</b>
<b>Transportation</b>	<b>91</b>	<b>95</b>	<b>5,077</b>	<b>37,427.31</b>	<b>77,156</b>	<b>755</b>
<b>Referral for Health Care / Supportive Services</b>	<b>85</b>	<b>176</b>	<b>27,943</b>	<b>230,606.45</b>	<b>353,494</b>	<b>1,531</b>
<b>Substance Abuse Residential</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>169,442.00</b>	<b>428,955</b>	<b>760</b>
<b>Residential Care - Adult</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>102,856.00</b>	<b>204,035</b>	<b>2,392</b>
<b>Nursing Home Care</b>	<b>5</b>	<b>132</b>	<b>32,501</b>	<b>263,760.00</b>	<b>436,063</b>	<b>1,031</b>
<b>Hospital Services</b>	<b>3</b>	<b>101</b>	<b>48,653</b>	<b>273,931.26</b>	<b>568,844</b>	<b>524</b>
	<b>1,724</b>	<b>3,266</b>	<b>503,219</b>	<b>3,432,230.89</b>	<b>7,101,695</b>	<b>23,167</b>



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Care and Treatment Thursday, May 5, 2022

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library  
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## Membership Report

May 2, 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** |

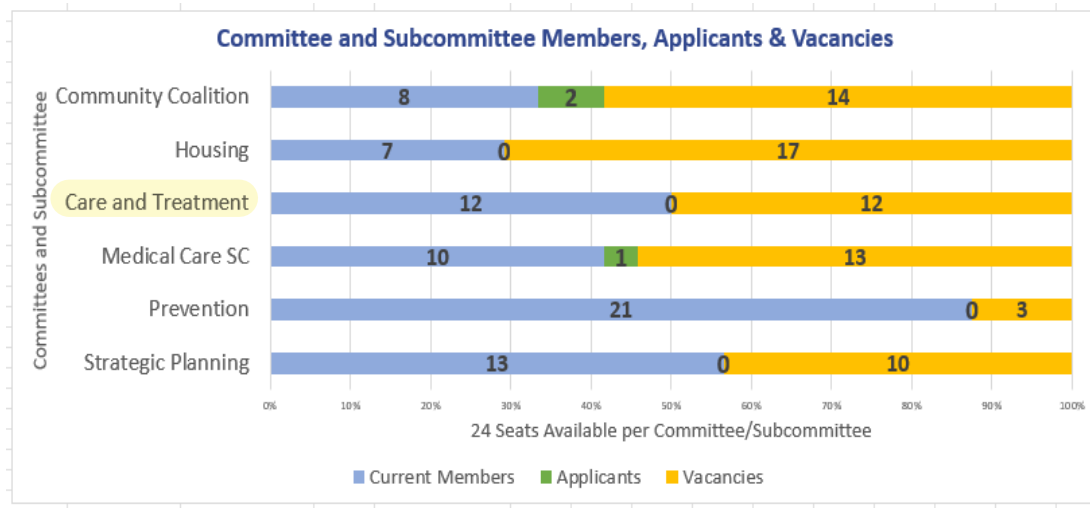
### General Membership Opportunities

*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](https://aidsnet.org/membership) for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com) or 305-445-1076 for assistance.





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## **Partnership Report to Committees April 18, 2022 Meeting**

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

*For more information, please contact [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com).*

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The Partnership heard reports and approved the following motions:

1. Motion to elect Dennis Iadarola as Miami-Dade HIV/AIDS Partnership Chair, and Alberto Perez Bermudez as Miami-Dade HIV/AIDS Partnership Vice Chair.
  2. Motion to hold Partnership, Committee, and Subcommittee meetings in person only.
  3. Motion to begin holding in person meetings, effective May 1, 2022.
- 

Meeting calendars are online:

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

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





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**Medical Care Subcommittee Meeting March 25, 2022, and April 24, 2022**  
**Report to the Care and Treatment Committee**  
**Presented May 5, 2022**

---

The Medical Care Subcommittee (MCSC):

Met on March 25 and April 24, 2022.

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

Continued discussing topics related to HIV and aging.

Had discussion regarding several oral health care items. A threshold had not been adopted regarding the percent of clients receiving oral health care who received annual oral examinations. Based on a data review and input, the committee moved to adopt a threshold of 75% for oral examinations.

**1. Motion to adopt the outcome threshold of 75% for oral examinations.**

The Subcommittee also discussed dental implants. Data were reviewed on the estimated cost of new and repairing existing implants. Repairing an implant would allow for the use of existing structures and improve quality of life while not being cost prohibitive. The Subcommittee made a motion approve four dental implant repair codes: D6058, D6065, D6068 and D6075.

**2. Motion to add codes D6058 (Abutment supported porcelain/ceramic crown), D6065 (Implant supported porcelain/ceramic crown), D6068 (Abutment supported retainer for porcelain/ceramic Fixed Partial Denture), and D6075 (Implant supported retained for ceramic Fixed Partial Denture) to the Ryan White Oral Health formulary.**

Discussed continuous glucose monitors for use by individuals with diabetes, which is now a standard of care. The Subcommittee drafted a letter of medical necessity for the devices, made some edits to the revised version, and accepted the letter as presented with this report.

**3. Motion to accept the revised Letter of Medical Necessity for Continuous Glucose Monitor (CGM) Devices, as discussed. (*Attachment 1*)**

Continued discussion regarding gender affirming care, reviewed a draft “Dear Colleague” letter, and will finalize the letter at their next meeting.

Revised the Allowable Medical Conditions list to include osteoarthritis and prostate cancer, since these are not listed. Prostate cancer would be added under the genitourinary category, and osteoarthritis would be added under the revised bone and joint disease (e.g., orthopedics/rheumatology) category. The Subcommittee made a motion for the additions to the allowable medical conditions list. The revisions are as indicated with this report.

**4. Motion to add prostate cancer under genitourinary/gynecology/obstetrics specialty and osteoarthritis under bone and joint disease (e.g., orthopedics/rheumatology) as conditions to the allowable medical conditions list. (*Attachment 2*)**

*All motions are subject to Partnership approval.*

**Medical Care Subcommittee Meeting March 25, 2022, and April 24, 2022**  
**Report to the Care and Treatment Committee**  
**Presented May 5, 2022**

---

The next subcommittee meeting is scheduled for June 24, 2022.

*All motions are subject to Partnership approval.*

**RYAN WHITE PROGRAM**  
**Letter of Medical Necessity for**  
**Continuous Glucose Monitoring (CGM) Devices**  
**Dexcom G6® or FreeStyle Libre 2®**

**Client's Full Name**

---

**Prescriber Full Name**

---

**Preferred Name**

---

**Prescriber License# (M.D.,D.O.,P.A.,A.P.R.N)**

---

**Date of Birth**

---

**Prescriber Telephone #**

---

I certify my client has the following diagnosis (please check ONE), requires a continuous glucose monitoring device, and meets all the following criteria:

- 1) Insulin-treated with multiple (three or more) daily administrations of insulin or a continuous subcutaneous insulin infusion (CSII) pump; and
- 2) Insulin treatment regimen requires frequent adjustment based on blood glucose meters or continuous glucose monitors; and
- 3) Six months prior to ordering (CGM), I have had an in-person visit with the client to evaluate their diabetes control.

Type I diabetes mellitus

☐ Dexcom G6 or ☐ FreeStyle Libre 2

Type II diabetes mellitus

☐ FreeStyle Libre 2

Every six months following receipt of the initial prescription for the CGM, I will have an in-person visit with the client to assess adherence to their CGM regimen and diabetes treatment plan.

**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.

Created 3/25/2022

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*These conditions are related to or exacerbated by HIV, comorbidities related to HIV, and complications of HIV treatment.*

*This list is intended to address the federal Health Resources and Services Administration's requirement that services provided through outpatient medical care be related to an individual's HIV status. This list was created to assist medical providers with specialty care referrals and to emphasize the importance of documenting the link between an individual's HIV status and the specialty care service to which a client is referred. This list is a sample guideline to be used in Miami-Dade County's Ryan White Part A/Minority AIDS Initiative Program of the most common conditions exacerbated or caused by HIV or its treatment.*

*Routine medical diagnostic testing (e.g., Pap smear, mammogram, bone density test, colonoscopy, colorectal cancer screening, and ophthalmologic screening) is allowable as long as such testing follows established medical guidelines, such as U.S. Public Health Service (PHS), American Medical Association, Health Resources and Services Administration (HRSA), or other local guidelines, as a standard of care. Please see the most current, local Ryan White Program Service Delivery Guidelines for more information.*

When provided in an outpatient setting, labs, diagnostics and treatments related to HIV, as indicated above, including complications of HIV treatment related to the following conditions may be covered:

**BONE AND JOINT DISEASES (E.G. ORTHOPEDICS/RHEUMATOLOGY):**

avascular necrosis of hip, knee, etc.

Fibromyalgia

HIV-related myopathy/myalgia

HIV-related rheumatic diseases

osteoarthritis

osteopenia/osteoporosis

**CARDIOLOGY:**

atherosclerosis

coronary artery disease

hyperlipidemia

phlebitis

peripheral artery disease

**CHIROPRACTIC/PHYSICAL MEDICINE:**

Fibromyalgia

Peripheral neuropathy

Rheumatic diseases

Osteopenia/osteoporosis

Avascular necrosis (Stage 1 or 2 only)

Chronic myopathy/myalgia,

HIV related Chronic arthralgia, HIV related

---

**GASTROINTESTINAL:**

colitis (syphilitic colitis--very rare)  
diarrhea  
esophageal candidiasis  
nausea/vomiting

**GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):**

abnormal Pap smear  
cervical human papillomavirus  
erectile dysfunction (*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics of erectile dysfunction; but, the treatment of erectile dysfunction is not covered by the local Ryan White Part A/MAI Program.*)  
gynecological cancers  
hematuria (related to neoplasms)  
pregnancy  
prostate cancer  
tinea cruris (jock itch) or scrotal candidiasis  
vaginal candidiasis

**HEMATOLOGY/ONCOLOGY:**

anemia  
Kaposi's sarcoma  
lymphoma  
polycythemia vera  
thrombocytopenia

**INFECTIOUS DISEASE:**

herpes simplex infections (1 and especially type 2), varicella zoster infections, non tuberculous mycobacterial infections  
histoplasmosis  
leishmaniasis  
syphilis  
tuberculosis  
viral hepatitis (hepatitis B and C)





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# Planning Council Responsibilities AND Needs Assessment

May 5, 2022



Slides prepared by Behavioral Science Research Corporation

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

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

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

# Planning Council Legislative Responsibilities

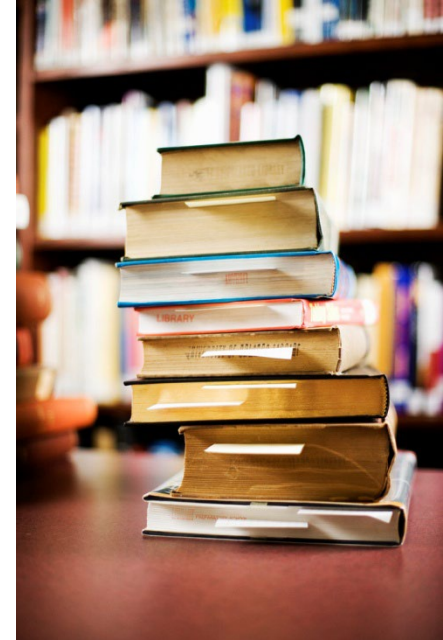
- Determine the size and demographics of the population of individuals with HIV/AIDS in the Miami-Dade County eligible metropolitan area (EMA)
- Determine the needs of such population, with particular attention to:
  - individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related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

# HRSA Expectations

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

## Data Collection For This Year

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



# Components of a Ryan White Needs Assessment

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

# Epidemiologic Profile

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



## “Epi” Terms

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

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

## “Epi” Terms (cont.)

**Prevalence** – The total number of people in a defined population with a specific disease or condition at a given time – such as the total number of people diagnosed with HIV in Miami-Dade County as of December 31, 2019.

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

# Planning Council Responsibilities: Setting Priorities

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

# Planning Council Responsibilities:

## Resource Allocations

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

## Planning Council Responsibilities: Resource Allocations (continued)

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

### Core Services

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

# Core Medical Services

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

## Support Services

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

# Support Services

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



# Planning Council Responsibilities: Developing Directives

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

# Service Utilization and Continuous Quality Improvement Data Usage

## ➤ In setting service priorities

What service categories have fully used all funding, which had waiting lists, which had unused resources, which needed more funding?

## ➤ In allocating resources

How can we use cost per client data to determine funding allocations for anticipated new clients?

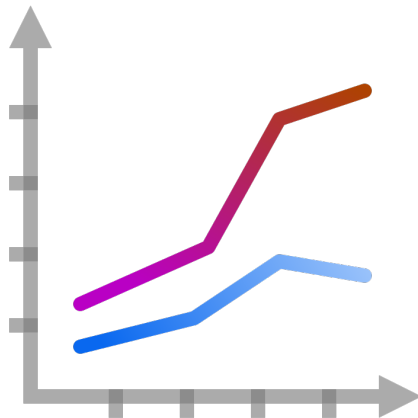
## ➤ In preparing directives to the Recipient

What access to care issues have been identified and how can these be addressed?

## Some Basic Points Regarding Data

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

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



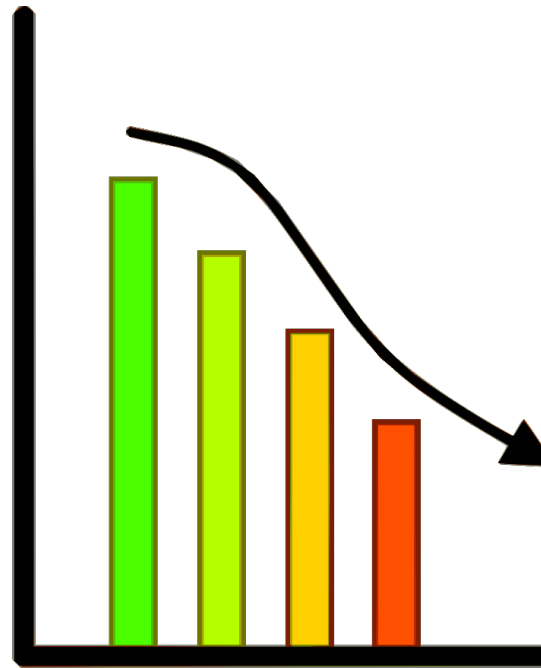
**Table 17.3** Solubilities of Ionic Compounds\* aq = aqueous (dissolves in water); s = solid (does not dissolve in water)

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

© 2004 Thomson/Brooks/Cole

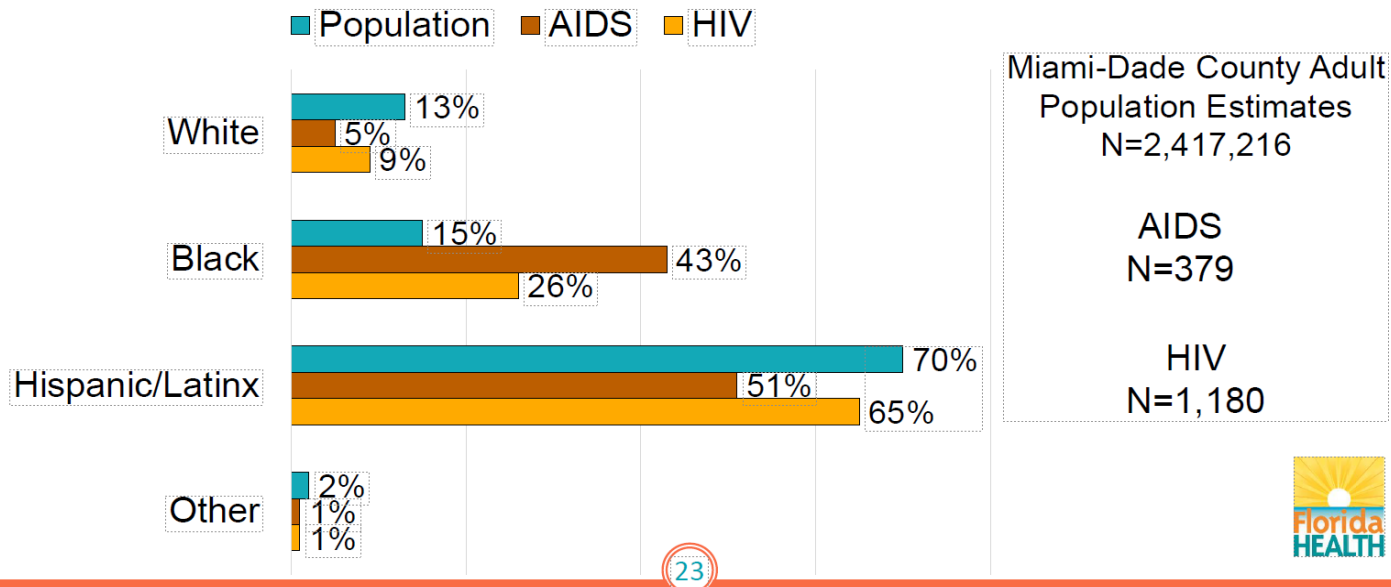
# EPI DATA

Number of people living with a disease



# EPI Data Sample Using a *Bar Graph*

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



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

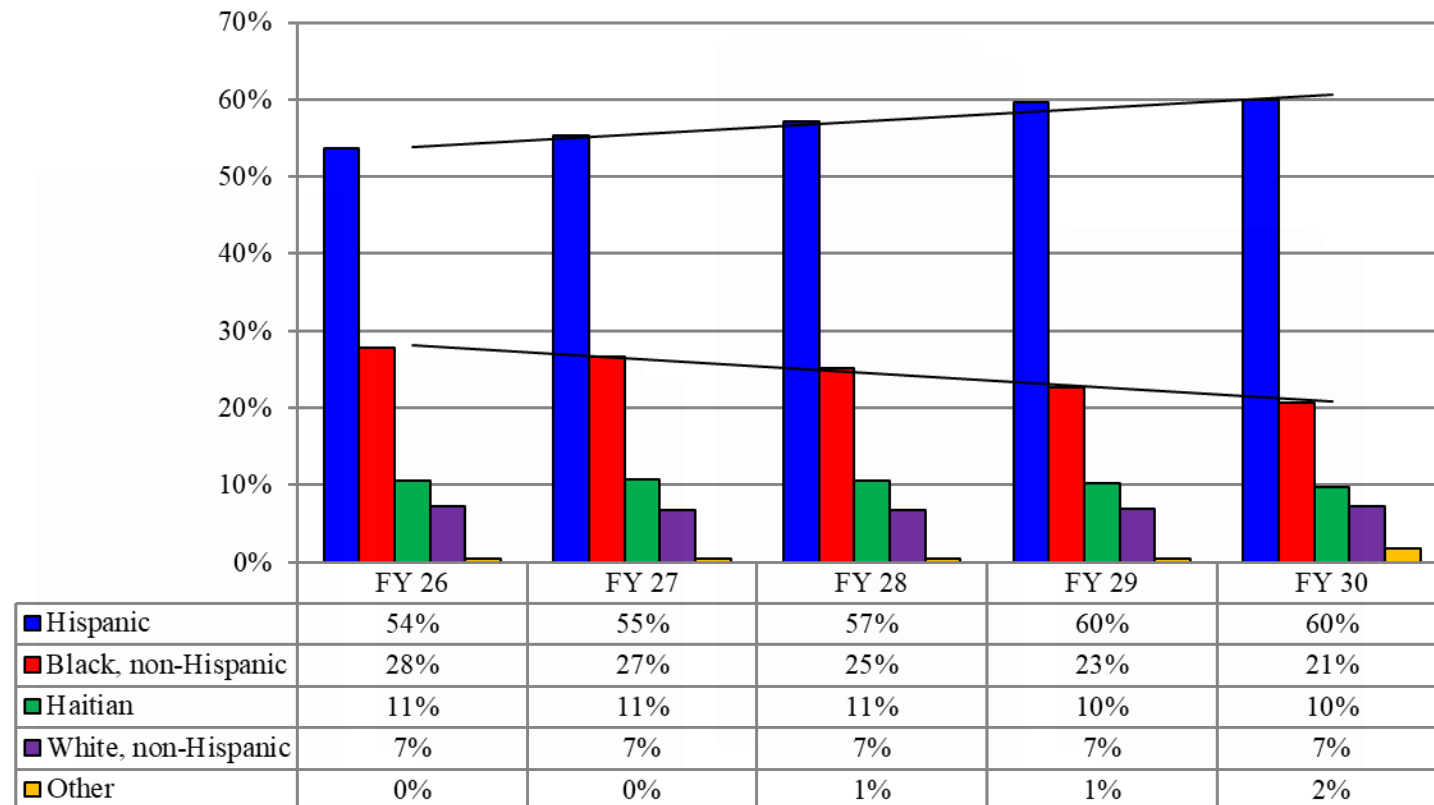
# DEMOGRAPHICS

Statistical data relating to the population and particular groups within it



# Demographics Sample Using a Bar Graph

## Race/Ethnicity - People with HIV In Care, Ryan White Program - FY 26 to FY 30



*What patterns can we see from this data?* Hispanics have been steadily increasing in the program, while Black, non-Hispanics have been steadily decreasing.



# SERVICE UTILIZATION

A measure of expenditures and units of service across service categories.



# Utilization Sample Using a Chart

## Total Clients by Service Category

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

*What patterns can we see from this data?* Utilization varies by service category – some have seen increases, some have seen decreases over the last five years.

## Utilizations Detail Using Text

### Outpatient/Ambulatory Health Services

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

# DASHBOARD CARDS

Tool to visualize utilization and other funding data



# Dashboard Card Sample Using Tables

2021 Needs Assessment Dashboard Cards  
Ryan White Program

Core Service: AIDS Pharmaceutical Assistance

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

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

## Ranking, Allocation and Expenditure History

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
FY 26	3	\$793,817.00	\$744,882.90	93.84%
FY 27	4	\$449,500.00	\$425,218.67	94.60%
FY 28	4	\$137,000.00	\$81,547.78	59.52%
FY 29	4	\$87,000.00	\$52,697.84	60.57%
FY 30	3	\$66,007.00	\$5,993.21	9.08%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 26	3	\$100,000.00	\$37,721.87	37.72%
FY 27	3	\$17,000.00	\$15,983.13	94.02%
FY 28	3	\$100,000.00	\$4,661.97	4.66%
FY 29	7	\$100,000.00	\$5,145.45	5.15%
FY 30	NA	NA	NA	NA

## Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 26	10,156	1,352	13.3%	\$782,605	\$579
FY 27	9,883	1,162	11.8%	\$441,202	\$380
FY 28	9,578	697	7.3%	\$86,210	\$124
FY 29	9,031	605	6.7%	\$57,843	\$96
FY 30	8,127	185	2.3%	\$5,993	\$32

## Other Funding Streams

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

Notes:

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

# OTHER FUNDING

Non-Part A funding in the community for  
persons living with HIV



# Other Funding Streams Sample Using a Chart

## Other Funding Streams: AIDS Pharmaceutical Assistance (Prescription Drugs)

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

*What information can we see from this data?* There are four sources for AIDS Pharmaceutical Assistance with the Medicaid program being the largest provider.

# Treatment Cascade

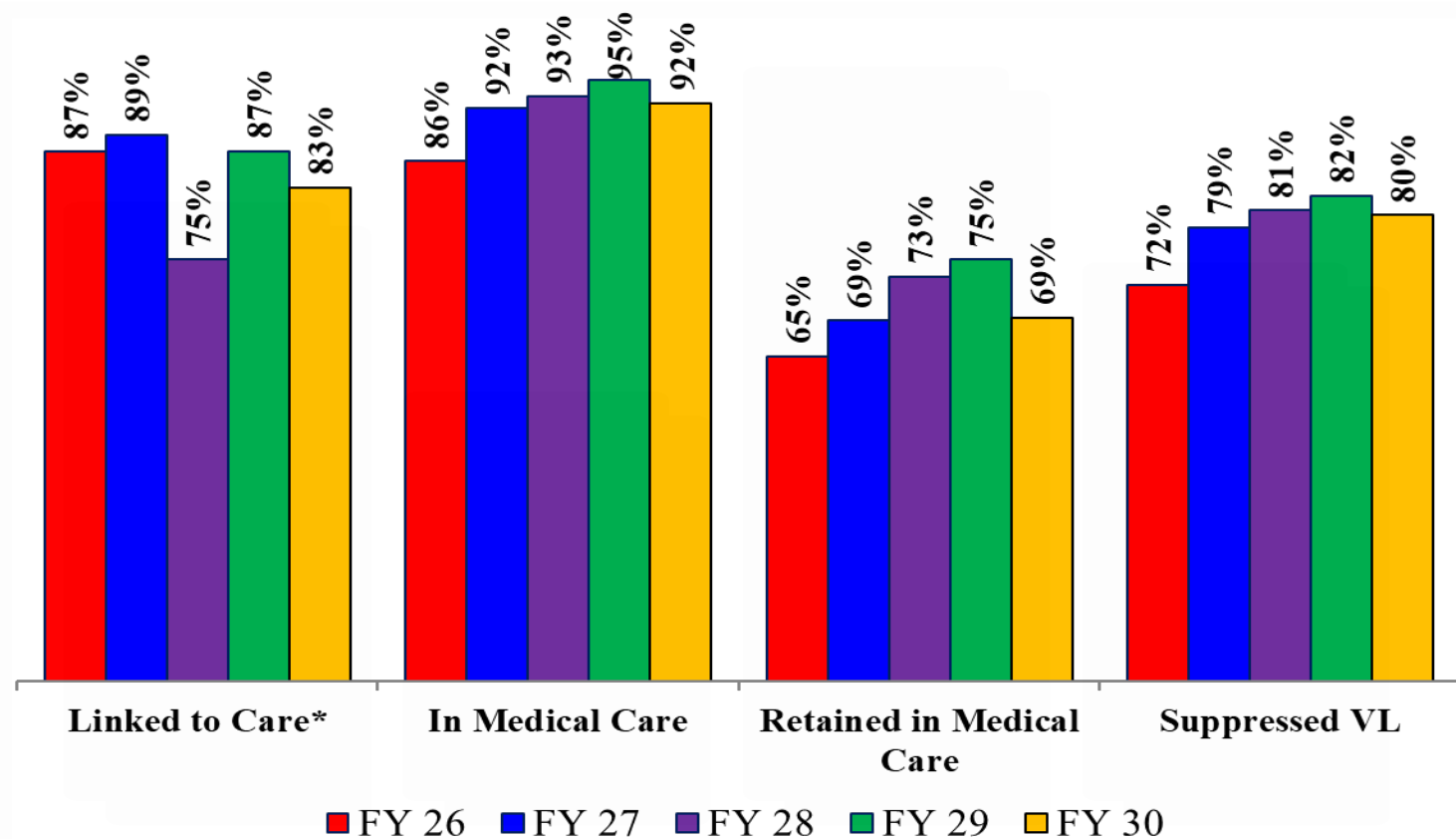
Model that outlines the steps/ stages that people with HIV go through whose goal is viral suppression\*

**\*Ending the Epidemic**



# Sample HIV Care Continuum Using a Bar Graph

## RWP HIV Care Continuum - FYs 26 thru 30



*What patterns can we see from this data?* There has been steady improvement in all four measures.

# Steps for 2022 Needs Assessment

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



# Think 3**D**!

## **D**ata

## **D**riven

## **D**ecisions

**But ultimately, it's about . . .**



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

**Thank you!**



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Care and Treatment Thursday, May 5, 2022

10:00 a.m. – 12:00 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 February 3, 2022                    | All               |
| VII.  | Reports   |                   |
|       | ○ Part A  | Dan Wall          |
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|       | ○ Medical Care Subcommittee Report                            | Marlen Meizoso    |
| VIII. | New Business  |                   |
|       | • Planning Council Responsibilities and Needs Assessment      | Marlen Meizoso    |
|       | • 2022 Needs Assessment                                       | All               |
|       | • Legal Services and Gender Affirming Care                    | All               |
| IX.   | Announcements   | Marlen Meizoso    |
| X.    | Next Meeting: <b>June 2, 2022</b> at Main Library- Auditorium | Dr. Diego Shmuels |
| XI.   | 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](mailto:marlen@behavioralscience.com)

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# Needs Assessment 2022

Four meetings

June 2, 2022

July 7, 2022

August 4, 2022

September 1, 2022

10:00 a.m. to 1:00 p.m.

\*October 6, 2022

# Needs Assessment 2022

## Budget Planning Options:

- 1) Flat
- 2) Increase 5%
- 3) Decrease of x



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

*(Year 31 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. 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 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).

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.
- 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 2021 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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| IX.   | Announcements   | Marlen Meizoso    |
| X.    | Next Meeting: <b>June 2, 2022</b> at Main Library- Auditorium | Dr. Diego Shmuels |
| XI.   | Adjournment   | Dr. Diego Shmuels |

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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](mailto:marlen@behavioralscience.com)

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The **Virtual** 2022 National Ryan White Conference is August 23 - 26, 2022:

- *No registration fee, but you must be registered to attend.*
- All are invited to attend, ***especially people with HIV***, subrecipients, recipients and other stakeholders.
- No cap on registration (i.e., no maximum number of participants).
- Registration closes August 9th.
- There will be many different learning sessions; something for everyone.
- The medical conference (Clinical Pathways) that was usually held at the same time, will be held at a different date.
- <https://ryanwhiteconference.hrsa.gov/register/>



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Care and Treatment Thursday, May 5, 2022

10:00 a.m. – 12:00 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 February 3, 2022                    | All                      |
| VII.  | Reports   |                          |
|       | ○ Part A  | Dan Wall                 |
|       | ○ Part B  | David Goldberg           |
|       | ○ ADAP  | Dr. Javier Romero        |
|       | ○ General Revenue   | Marlen Meizoso           |
|       | ○ Vacancies Report  | Marlen Meizoso           |
|       | ○ Report to Committees (reference only)                       | Marlen Meizoso           |
|       | ○ Medical Care Subcommittee Report                            | Marlen Meizoso           |
| VIII. | New Business  |                          |
|       | • Planning Council Responsibilities and Needs Assessment      | Marlen Meizoso           |
|       | • 2022 Needs Assessment                                       | All                      |
|       | • Legal Services and Gender Affirming Care                    | All                      |
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