



Care and Treatment
Thursday, May 4, 2023

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.	Introductions	All
III.	Meeting Housekeeping and Rules	Marlen Meizoso
IV.	Floor Open to the Public	Dr. Diego Shmuels
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 2, 2023	All
VII.	Reports	
	• Grantee reports (Part A, Part B, and ADAP)	All
	• Vacancy	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• Vice-Chair Election	All
	• FCPN Representative	All
	• Outreach Service Description	All
IX.	New Business	
	• Planning Council Responsibilities and Needs Assessment	Marlen Meizoso
	• 2022 Client Satisfaction Survey Results	Robert Ladner
X.	Open Discussion and Announcements	All
XI.	Next Meeting: June 1, 2023 at Main Library- Auditorium	Dr. Diego Shmuels
XII.	Adjournment	Dr. Diego Shmuels

Meeting documents available at: <http://aidsnet.org/meeting-documents/#docsct>

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

Updated April 17, 2023
Miami-Dade County Main Library Version

Disclaimer & Code of Conduct

- ❑ Audio of this meeting is being recorded and will become part of the public record.
- ❑ Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- ❑ Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- ❑ Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

Language Matters!

In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.



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

Please don't say **RISKS** . . . Instead, say **REASONS**.
Please don't say, **INFECTED with HIV** . . . Instead, say **ACQUIRED HIV, DIAGNOSED with HIV, or CONTRACTED HIV**.

Please **do not** use these terms . . .
Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .

General Housekeeping

- ❑ You must sign in to be counted as present.
- ❑ Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- ❑ Have your Cultural Center Parking Garage ticket validated at the Library front desk for a reduced parking rate.
- ❑ Eligible committee members should see staff for a voucher at the end of the meeting

Meeting Participation

- ❑ Raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.
- ❑ Raise your hand to be recognized by the Chair or added to 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.

Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- ❑ Today's presentation and supporting documents are online at aidsnet.org/meeting-documents/.



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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 line 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
March 2, 2023**

#	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	Kubilus, Barbara	X	
7	Mills, Vanessa	X	
8	Roelans, Ryan	X	
9	Siclari, Rick		X
10	Shmuels, Diego	X	
11	Trepka, Mary Jo	X	
12	Wall, Dan		X
Quorum: 5			

Guests	
Mester, Brad	
Poblete, Karen	
Valle-Schwenk, Carla	
Staff	
Robert Ladner	Marlen Meizoso

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

I. Call to Order

Dr. Diego Shmuels

Dr. Diego Shmuels, the Chair, called the meeting to order at 10:15 a.m.

II. Meeting Housekeeping and Rules

Dr. Diego Shmuels

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

III. Introductions

Dr. Diego Shmuels

Members and guests introduced themselves around the room.

IV. Floor Open to the Public

Dr. Diego Shmuels

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

All

The committee reviewed the agenda and made to motion approved it as presented.

Motion to accept the agenda, as presented.

Moved: Vanessa Mills

Seconded: Barbara Kubilus

Motion: Passed

**VI. Special Presentation: HIV Epidemiology
in Miami-Dade County, 2021**

Dr. Anthoni Llau

Dr. Anthoni Llau from the Department of Health presented “HIV Epidemiology in Miami-Dade County, 2021” which provided information on the HIV and AIDS cases, co-morbidity data, HIV care continuum, deaths, and prevention populations (copy on file). For 2021 (as of June 30, 2022) there were 1,204 HIV cases, 388 AIDS cases, and 27,782 living with HIV. Black people (African Americans and Haitians) are disproportionately affected within the epidemic.

VII. Review/Approve Minutes of January 12, 2023

All

The committee reviewed the minutes of January 12, 2023, and accepted them as presented.

Motion to accept the minutes from January 12, 2023, as presented.

Moved: Vanessa Mills

Seconded: Dennis Iadarola

Motion: Passed

VIII. Reports

• *Part A*

Carla Valle-Schwenk for Dan Wall

Carla Valle-Schwenk reviewed the January Recipient report on expenditures, which provided data on Part A/MAI reimbursements through March 1, 2023 (copy on file). Thus far, the program has served 8,472 unduplicated clients. An enhanced Service Utilization report is now being used with a definitions list on the last page. The expenditures have important items highlighted and reflect service through January 2023. Since its inception, TTRA has served over 3,369 clients. Amendments were executed prior to the close of February 28, 2023. All reports are up to date. The Ryan White Program Services Report (RSR) had an internal deadline of the end of February, and submissions are being reviewed. Monitoring site visits for Part A, MAI, and EHE subrecipients were conducted prior to the end of the fiscal year. Some findings from the site visits include missing documentation, insufficient documentation to support time and effort, and missing updates to policy and procedures. The final award notice has not been received but a partial notice of award (\$4,723,294) was received in January 2023. The County is working on a new Ending the Epidemic (EHE) RFP. Programing

enhancements have been made to Provide Enterprises for EHE subrecipients. Technical assistance continues to be provided by HRSA's provider on the Housing First Model to be included in the upcoming EHE RFP. The FCPN statewide Needs Assessment survey deadline has been extended until the end of March. Thus far, Miami-Dade has only provided 304 of the 2,700 surveys requested. Ms. Valle-Schwenk encouraged persons present to share the survey information with clients, and if a client could not complete the survey through the FCPN survey portal, they client could fill out a paper copy and BSR would input the data into the portal. The Medication Access Committee continues to meet. The Florida Part A and B recipients met for a coordination meeting February 27-28 to review statewide data to care initiatives, standardized self-attestation form, and standardized notice of eligibility.

- *Part B*

Marlen Meizoso

Marlen Meizoso reviewed the December 2022 (copy on file) report. Over \$1.6 million has been allocated but only \$63,343.93 has been spent on 93 clients.

- *ADAP*

Marlen Meizoso

Mrs. Meizoso reviewed the January 2023 (copy on file) report, including data on enrollments, pharmacy and insurance expenditures, program updates and current pharmacy listings.

- *General Revenue*

Marlen Meizoso

Mrs. Meizoso reviewed the General Revenue report for December 2022 (copy on file) which indicated 760 clients were served and \$476,316.30 was expended for the month.

- *Vacancies*

Marlen Meizoso

Mrs. Meizoso reviewed the February 22, 2023, vacancy report (copy on file) which indicated there are eleven vacancies for members of the affected community on the Partnership. There are 12 members on the Care and Treatment Committee, with four vacancies for members of the affected community since Travis Neff has resigned. Staff urged members to share vacancy information with clients and staff and to invite clients to trainings and meetings.

- *Medical Care Subcommittee Report*

Marlen Meizoso

The Medical Care Subcommittee (MCSC):

- Met on January 27 and February 24, 2023.
- Heard updates from the Ryan White Program and the ADAP Program.
- Re-elected Dr. Robert Goubeaux (chair) and James Dougherty (vice-chair).
- Welcomed a new member, Cristhian Ysea, to the Subcommittee.

The Subcommittee had previously reviewed the Oral Health Service standards and suggested additional language. The Subcommittee reviewed the item again and maintained the motion to accept the revisions.

1. Motion to accept the changes to the Oral Health Services Standards, as discussed. (Attachment 1).

Moved: Ryan Roelans

Second: Maria Henriquez

Motion: Passed

The Subcommittee concluded its review and updates to the Primary Medical Care Standards.

2. Motion to approve the Minimum Primary Care Standards, as presented. (Attachment 2)

Moved: Dennis Iadarola

Second: Ryan Roelans

Motion: Passed

The Subcommittee reviewed the Mental Health and Substance Abuse service description. Some revisions are being worked on, but the Subcommittee approved the revisions to the Substance Abuse service description. Revisions are in track changes.

3. Motion to approve the Substance Abuse service description, as presented. (Attachment 3)

Moved: Barbara Kubilus

Second: Etelvina Alcala

Motion: Passed

The Subcommittee began review of the medications approved on the ADAP formulary. The first 44 were reviewed for pricing, other options or payor sources, medication interactions, and if the medications were either lifesaving or cost effective. The Subcommittee recommended all but nine medications which have been shaded in grey on the attachment. Two medications were restricted to tablets only.

4. Motion to add all the medications included in the December 2022 ADAP formulary additions to the Ryan White Prescription Drug Formulary Items #1-44 sheet to the Ryan White Formulary with the restriction on #18 levonorgestrel and #22 clonidine to tablets only but excluding the following nine items: #2 diclofenac, #3 nepafenac, #10 rifapentine, #20 bempedoic acid, #24 olmesartan, #28 olmesartan/hydrochlorothiazide, #36 ezetimibe/rosuvastatin, #39 evolocumab, and #40 alirocumab. (Attachment 4)

Moved: Barbara Kubilus

Second: Etelvina Alcala

Motion: Passed

The Subcommittee requested data on utilization of four letters of medical necessity: the data showed very low utilization, and the Subcommittee voted to discontinue usage of the four letters to reduce paperwork.

5. Motion to discontinue the Letters of Medical Necessity for 1) Roxicodone and Percocet, 2) Neupogen, 3) Procrit or Epogen, and 4) the (lab test) for the Highly Sensitive Tropism Assay required to prescribe Maraviroc.

Moved: Barbara Kubilus

Second: Ryan Roelans

Motion: Passed

The Subcommittee continued work on revisions to the Allowable Conditions listing, including formatting and additions.

The next Subcommittee meeting was scheduled for March 24, 2023, but not take place because of a lack of quorum.

IX. Standing Business

All

- *2023 Officer Elections*

All

Dr Shmuels indicated that a memo announcing eligible candidates for vice-chair was included in the meeting materials and posted online (copy on file) indicating the four qualified candidates for the position: Dr. Mary Jo Trepka, Vanessa Mills, Ryan Roelans, and Barbara Kubilus. The only interested member was Ms. Kubilus, whom the committee voted into the vice-chair position.

Motion to elect Barbara Kubilus as vice-chair of the Care and Treatment Committee.

Moved: Dr. Mary Jo Trepka

Seconded: Etelvina Alcala

Motion: Passed

- *Service Descriptions: Outreach*

All

Staff distributed copies of the Outreach service description, which was updated for content and reviewed by CQM staff and an outreach worker. Updated language was included along with suggestions. There was a suggestion to strike a section on one-time referrals, but the Committee indicated instead that additional language should be included to have outreach workers connect a client to a medical case management site. Staff will provide some language, but the Committee also wanted the item to reviewed again.

Motion to send the Outreach service description back to staff and relevant parties to review.

Moved: Barbara Kubilus

Second: Dennis Iadarola

Motion: Passed

X. New Business

No new business.

XI. Announcements

All

Meeting announcements should be forwarded to Staff for distribution through the aidsnet.org website and weekly Community Notices.

Mrs. Meizoso indicated that annual source of income forms were located in member packets. She reviewed how to complete the forms. All forms must be completed before July 1, 2023, to comply with local and state rules. Penalties for non-completion include fees and removal from the committee.

A new candidate for the FCPN will be needed with Mr. Neff's resignation. Staff will contact FCPN for application materials and a memo will be sent out with requirements so that a vote can be made at the next meeting.

XII. Next Meeting

Dr. Diego Shmuels

The next meeting is scheduled for Thursday, April 6, 2023, at the Miami-Dade County Main Library Auditorium, 101 West Flagler Street, Miami, FL 33130, from 10:00 a.m. to 12:00 p.m.

XIII. Adjournment

Dr. Diego Shmuels

With business concluded, Dr. Shmuels thanked the members for participating in today's meeting and adjourned the meeting at 11:45 a.m.



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PART A

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
FORMULA AND SUPPLEMENTAL FUNDING

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

This report includes YTD paid reimbursements for FY 2022 Part A service months up to February 2023, as of 5/3/2023. This report reflects final reimbursement requests that were due by 4/7/2023; and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process total \$415,337.60. Miami-Dade County staff are still in the process of closing out FY 2022, as well as processing the final invoices and administrative charges. A final expenditure report will be forthcoming.

Project #: BURW3201	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,141,380.00	FORMULA	
Grant Award Amount Supplemental	4,121,835.00	SUPPLEMENTAL	FY 2022 Award
Grant Award Amount FY'20 Supplemental	4,268,879.00	PY_SUPPLEMENTAL	\$24,532,094
Carryover Award FY'21 Formula	4,076,477.00	CARRYOVER	
Total Award	\$ 28,608,571.00		

Note:

The recipient has reached its budgeted direct services Formula minimum expenditures. Until the end of the current period of performance, only budgeted Administrative and Quality Management expenditures and a carryover allowance will be applied to this funding source in order to surpass the 95% minimum expenditure threshold.

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Core Medical Services	Allocations	Carryover Allocations
4 AIDS Pharmaceutical Assistance	84,492.00	
6 Health Insurance Services	335,776.00	259,924.00
1 Medical Case Management	5,826,737.00	400,000.00
3 Mental Health Therapy/Counseling	51,237.00	91,457.00
5 Oral Health Care	2,864,445.00	1,000,000.00
2 Outpatient/Ambulatory Health Svcs	8,695,763.00	600,000.00
9 Substance Abuse - Outpatient	28,099.00	17,369.00

CORE Services Totals: 20,255,299.00

Support Services	Allocations	Carryover Allocations
11 Emergency Financial Assistance	9,853.00	
8 Food Bank	1,660,108.00	1,000,000.00
10 Medical Transportation	209,912.00	
13 Other Professional Services	154,449.00	
12 Outreach Services	178,086.00	
7 Substance Abuse - Residential	1,338,406.00	200,000.00

SUPPORT Services Totals: 4,750,814.00

DIRECT SERVICES TOTAL: \$ 25,006,113.00

Total Core Allocation 17,886,549.00
Target at least 80% core service allocation 17,149,890.40
Current Difference (Short) / Over \$ 736,658.60

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

Quality Management \$ 641,522.00

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

Unobligated Funds (Formula & Supp) \$ -
Unobligated Funds (Carry Over) \$ 507,727.00 3,602,458.00 28,608,571.00

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

Cannot be under 75% 83.44% Within Limit

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

Cannot be over 5% 2.62% Within Limit

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

Cannot be over 10% 10.00% Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures
5606970000	AIDS Pharmaceutical Assistance	3,954.10	
5606920000	Health Insurance Services	297,151.61	0.00
5606870000	Medical Case Management	5,415,024.15	0.00
5606860000	Mental Health Therapy/Counseling	51,237.00	12,333.00
5606900000	Oral Health Care	2,864,445.00	409,199.50
5606610000	Outpatient/Ambulatory Health Svcs	7,661,572.65	0.00
5606910000	Substance Abuse - Outpatient	4,401.00	0.00

CORE Services Totals: 16,719,318.01

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	1,540,864.00	1,000,000.00
5606460000	Medical Transportation	153,904.90	
5606890000	Other Professional Services	67,581.00	
5606950000	Outreach Services	114,924.86	
5606930000	Substance Abuse - Residential	1,053,800.00	0.00

SUPPORT Services Total: 3,931,074.76

TOTAL EXPENDITURES DIRECT SVCS & % : \$ 20,650,392.77 82.58%

Formula Expenditure % 94.84%

5606710000 Recipient Administration 1,642,024.58

5606880000 Quality Management 620,491.00 2,262,515.58

Grant Unexpended Balance FY 2022 Award 3,040,718.15
Carryover 2,654,944.50 5,695,662.65

Total Grant Expenditures & % \$ 22,912,908.35 80.09%

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

Cannot be under 75% 95.56% 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% 6.69% Within Limit

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
MINORITY AIDS INITIATIVE (MAI) FUNDING

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

PROJECT #: BURW3201	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount MAI	1,089,480.00	MAI	FY 2022 Award
Grant Award Amount FY'20 MAI	1,623,771.00	PY_MAI	2,713,251.00
Carryover Award FY'21 MAI	1,212,670.00	MAI_CARRYOVER	
Total Award	\$ 3,925,921.00		

This report includes YTD paid reimbursements for FY 2022 MAI service months up to February 2023, as of 5/3/2023. This report reflects final reimbursement requests that were due by 4/7/2023; and have been paid. There are no pending MAI reimbursement requests. Miami-Dade County staff are still in the process of closing out FY 2022 and processing administrative charges. A final expenditure report will be forthcoming.

Priority Order

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Core Medical Services	Allocations	
AIDS Pharmaceutical Assistance		
Health Insurance Services		
1 Medical Case Management	903,920.00	
3 Mental Health Therapy/Counseling	18,960.00	
Oral Health Care		
2 Outpatient/Ambulatory Health Svcs	1,356,661.00	
4 Substance Abuse - Outpatient	8,058.00	2,287,599.00

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

DIRECT SERVICES TOTAL: \$ 2,335,043.00

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

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

Quality Management \$ 106,883.00

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

Unobligated Funds (MAI) \$ - 378,208.00 2,713,251.00
 Unobligated Funds (Carry Over) \$ 1,212,670.00

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

Cannot be under 75% **97.97% Within Limit**

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

Cannot be over 5% **3.94% Within Limit**

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

Cannot be over 10% **10.00% Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	616,313.20	
5606860000	Mental Health Therapy/Counseling	1,007.50	
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	660,366.80	
5606910000	Substance Abuse - Outpatient	570.00	1,278,257.50

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	5,647.59	
5606890000	Other Professional Services		
5606950000	Outreach Services	36,498.00	
5606930000	Substance Abuse - Residential		42,145.59

TOTAL EXPENDITURES DIRECT SVCS & %: \$ 1,320,403.09 56.55%

5606710000	Recipient Administration	138,968.04	
5606880000	Quality Management	106,883.00	245,851.04

Grant Unexpended Balance
 FY 2022 Award 1,146,996.87
 Carryover 1,212,670.00 2,359,666.87

Total Grant Expenditures & % (Including C/O): \$ 1,566,254.13 39.90%

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

Cannot be under 75% **96.81% Within Limit**

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

Cannot be over 5% **3.94% Within Limit**

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

Cannot be over 10% **5.12% Within Limit**

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

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

February 2023

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
4	252	4	156
169	4,852	125	1,454
8,931	99,114	4,282	8,052
41	766	17	101
786	9,687	598	2,575
1,943	31,330	1,089	4,506
3	73	2	22
TOTALS:		14,486	179,199

Total unduplicated clients (month):

5,067

Total unduplicated clients (YTD):

8,584

See page 4 for
Service Unit
Definitions

NOTE: Amounts above are subject to change as we complete closeout of FY 2023. A recent CQM Report Card reflects 8,599 clients served in past 12 months. We are reviewing the data to determine the cause of the difference in the YTD for this report (= 15 clients).

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

SERVICE CATEGORIES

February 2023

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	4	252	4	156
Health Insurance Premium and Cost Sharing Assistance	169	4,852	125	1,454
Medical Case Management	8,214	89,580	4,034	7,894
Mental Health Services	41	746	17	93
Oral Health Care	786	9,687	598	2,575
Outpatient Ambulatory Health Services	1,818	29,156	1,028	4,442
Substance Abuse Outpatient Care	3	59	2	17
Support Services				
Food Bank/Home Delivered Meals	1,932	21,700	730	1,130
Medical Transportation	189	5,046	108	713
Other Professional Services	48	751	15	78
Outreach Services	67	820	23	129
Substance Abuse Services (residential)	363	4,684	21	72
TOTALS:	13,634	167,333		
Total unduplicated clients (month):	<u>4,902</u>			
Total unduplicated clients (YTD):	<u>8,526</u>			

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

SERVICE CATEGORIES

February 2023

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	717	9,534	381	892
Mental Health Services	0	20	0	8
Outpatient Ambulatory Health Services	125	2,174	87	680
Substance Abuse Outpatient Care	0	14	0	5
Support Services				
Medical Transportation	9	97	9	26
Outreach Services	1	27	1	26
TOTALS:	852	11,866		
Total unduplicated clients (month):	450			
Total unduplicated clients (YTD):	1,335			

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
Core Medical Services	
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program; LPAP)	1 filled prescription
Health Insurance Premium & Cost Sharing Assistance	1 health insurance payment (copayment or deductible)
Medical Case Management (MCM; Incl. Treatment Adherence)	1 MCM encounter
Mental Health Services	1 individual or group encounter
Oral Health Care	1 oral health care visit
Outpatient/Ambulatory Health Services	1 medical visit
Substance Abuse Outpatient Care	1 individual or group encounter
Support Services	
Emergency Financial Assistance (limited access)	1 filled prescription
Food Bank	1 bag of groceries
Medical Transportation	1 medical transportation voucher or one-way rideshare trip
Other Professional Services (Legal Assistance & Permanency Planning)	1 hour of legal assistance
Outreach Services	1 individual encounter
Substance Abuse Services-Residential	1 day of residential substance abuse services

NOTE: MAI-funded services are limited to minority clients from priority subpopulations or emerging need subpopulations.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, May 4, 2023

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. | Introductions | All |
| III. | Meeting Housekeeping and Rules | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
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| | • Grantee reports (Part A, Part B, and ADAP) | All |
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| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Vice-Chair Election | All |
| | • FCPN Representative | All |
| | • Outreach Service Description | All |
| IX. | New Business | |
| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • 2022 Client Satisfaction Survey Results | Robert Ladner |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: June 1, 2023 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Meeting documents available at: <http://aidsnet.org/meeting-documents/#docsct>

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Marlen Meizoso at 305-445-1076 or 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



Contract Name: 2022-2023 Miami CHD Consortia

Area Name: AREA 11A

Month: January

Year: 2022-2023

Report generated on: 04/21/2023

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	January	0	0	\$116,720.00	\$4,376.01	\$66,893.10	57%
Medical Case Management (including treatment adherence)	January	50	50	\$175,390.00	\$8,728.50	\$67,292.25	38%
Mental Health Services - Outpatient	January	7	18	\$35,000.00	\$585.00	\$12,918.75	37%
Emergency Financial Assistance	January	36	36	\$713,220.00	\$41,132.56	\$463,604.95	65%
Housing	January	0	0	\$375,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	January	26	26	\$156,572.00	\$14,550.73	\$126,811.13	81%
Referral for Health Care/Supportive Services	January	0	0	\$0.00	\$0.00	\$0.00	0%
Clinical Quality Management	January	0	0	\$71,083.00	\$4,160.91	\$38,951.00	55%
Planning and Evaluation	January	0	0	\$36,864.00	\$3,318.67	\$30,226.66	82%
Totals		119	130	\$1,679,849.00	\$76,852.38	\$806,697.84	

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	\$806,697.84
Current Reductions	\$0.00				Minus UNPAID Advances	\$0.00
Remaining Advances	\$0.00				Balance To Draw	\$873,151.16
		Total Expenditures this period:	\$76,852.38			
		Less Advance Payback this period:	\$0.00			

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$76,852.38

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

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



Contract Name: 2022-2023 Miami CHD Consortia

Area Name: AREA 11A

Month: February

Year: 2022-2023

Report generated on: 04/21/2023

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	\$116,720.00	\$4,621.08	\$71,514.18	61%
Medical Case Management (including treatment adherence)	February	64	64	\$175,390.00	\$10,177.50	\$77,469.75	44%
Mental Health Services - Outpatient	February	4	12	\$35,000.00	\$390.00	\$13,308.75	38%
Emergency Financial Assistance	February	36	36	\$713,220.00	\$28,222.46	\$491,827.41	69%
Housing	February	0	0	\$375,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	February	18	18	\$156,572.00	\$15,829.82	\$142,640.95	91%
Referral for Health Care/Supportive Services	February	0	0	\$0.00	\$0.00	\$0.00	0%
Clinical Quality Management	February	0	0	\$71,083.00	\$12,841.94	\$51,792.94	73%
Planning and Evaluation	February	0	0	\$36,864.00	\$3,504.52	\$33,731.18	92%
Totals		122	130	\$1,679,849.00	\$75,587.32	\$882,285.16	

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	\$1,679,849.00
Previous Reductions	\$0.00				Minus Expended Y-T-D	\$882,285.16
Current Reductions	\$0.00				Minus UNPAID Advances	\$0.00
Remaining Advances	\$0.00				Balance To Draw	\$797,563.84
		Total Expenditures this period:		\$75,587.32		
		Less Advance Payback this period:		\$0.00		

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$75,587.32

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



Care and Treatment
Thursday, May 4, 2023

10:00 a.m. – 12:00 p.m.

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

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Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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

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

May 1, 2023

ADAP Miami-Dade / Summary Report* – April 2023

Fiscal Year	1 st Enrollments	Re-Enrollments	OPEN	CHD Pharmacy	RXs	Patients	RX/Pt	Payments	Premiums	~ 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
FY22/23 >	1,080	11,342	6,494	\$26,011,252.99	44,997	14,827	3.0	\$35,906,940.99	28,587	\$1,256.06
FY23/24 >	113	914	6,364	\$2,334,995.84	4,164	1,377	3.0	\$2,885,135.63	2,429	\$1,187.79
Apr-23	113	914	6,364	\$2,334,995.84	4,164	1,377	3.0	\$2,885,135.63	2,429	\$1,187.79
May-23										
Jun-22										
Jul-22										
Aug-22										
Sep-22										
Oct-22										
Nov-22										
Dec-22										
Jan-23										
Feb-23										
Mar-23										

SOURCE: Provide - DATE: 05/01/23 - Subject to Review & Editing * NOTE: West Perrine: 457 clients (05/01/23): DD 275(60%); PP 182 (40%). Expenditures not included in this report.

PROGRAM UPDATE

- * 5/1/23: Cabenuva® utilization @ ADAP Miami: 138 patients. Direct Dispense 73 (53%); Premium Plus 65 (47%)
- * 4/1/23: **NEW** Medicaid Unwinding (4/1/23-3/31/24): Eligible for ADAP approved plans. Medicaid letter (<400%); not letter (75-400%).
- * 4/1/23: **NEW** Copay & Deductible Assistance for non-approved ACA-MP plans (6 clients). Client pays premium. Program pays maximum out of pocket (MOOP).
- * 4/1/23: **NEW** CHI added to Uninsured Pharmacy Network – Magellan RX PBM (2 sites). Care Resource no longer participating (2/1/23).
- * 4/25/23: **NEW** ADAP Formulary additions (FL HIV-AIDS Patient Care Programs communication).

CURRENT Ongoing CHD Pharmacy Services		
1	CHD Pharmacy @ Flagler Street	On Site
2	CHD Pharmacy @ Flagler Street	Mail order
3	ADAP Program @ West Perrine	CVS Specialty Mail Order

NOTE: Pharmacy selection is the client's choice only. Providers, case managers, pharmacies, and agencies, must refer client to ADAP Miami Program Office to process pharmacy selection and document choice.

ADDITIONAL Pharmacies - Magellan RX PBM Miami-Dade – As of 4/1/23		
1	AIDS Healthcare Foundation	Four (4) sites
2	Borinquen Healthcare Center	One (1) site
3	Miami Beach Community Health Center	Three (3) sites
4	WINN DIXIE Stores	Seven (7) sites
5	CVS Specialty Mail Order	Mail Order / Monroeville, PA
6	NEW Community Health of South Florida - CHI	Two (2) sites

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

From: FL HIV-AIDS Patient Care Programs <FLHIV-AIDSPatientCarePrograms@flhealth.gov>

Sent: Tuesday, April 25, 2023 4:39 PM

Subject: Announcement: ADAP Formulary Update

Dear Colleagues,

We are pleased to announce an update to the AIDS Drug Assistance Program (ADAP) formulary May 1, 2023. These changes will improve the provision of quality treatment and allow ADAP clients to receive the latest medications.

Changes were implemented after review and consideration by the HIV Section Medication Formulary Workgroup, the Bureau of Public Health Pharmacy: Pharmacy and Therapeutics Committee, and the HIV/AIDS Section's administration.

The following medications are being added:

- Betamethasone/clotrimazole
- Ciprofloxacin/dexamethasone
- Dextromethorphan/promethazine
- Fluticasone/salmeterol
- Budesonide

Please direct any medical questions to Jeannette Iriye, RN, BSN, MSN, HIV/AIDS nurse consultant, at Jeannette.Iriye@flhealth.gov or 850-901-6708 or Dr. Andréa Sciberras, Medical Director, Division of Disease Control and Health Protection, at Andrea.Sciberras@flhealth.gov or (850) 756-2283.

If you have any questions or concerns regarding these formulary changes, contact the ADAP Central Office at 844-381-2327.

The complete ADAP formulary is available at FloridaADAP.org.

Kind regards,

Jimmy R. LLaque, Director
Florida HIV Patient Care and Treatment Access Program

Florida Department of Health | Division of Disease Control and Health Protection | Bureau of Communicable Diseases | HIV/AIDS Section
4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399 | Office: 850.245.4477 | Mobile: 850.545.6836 | Fax: 850.412.2680

Florida Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.



Care and Treatment
Thursday, May 4, 2023

10:00 a.m. – 12:00 p.m.

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Membership Report

as of April 17, 2023

Partnership

11 available seats for People with HIV

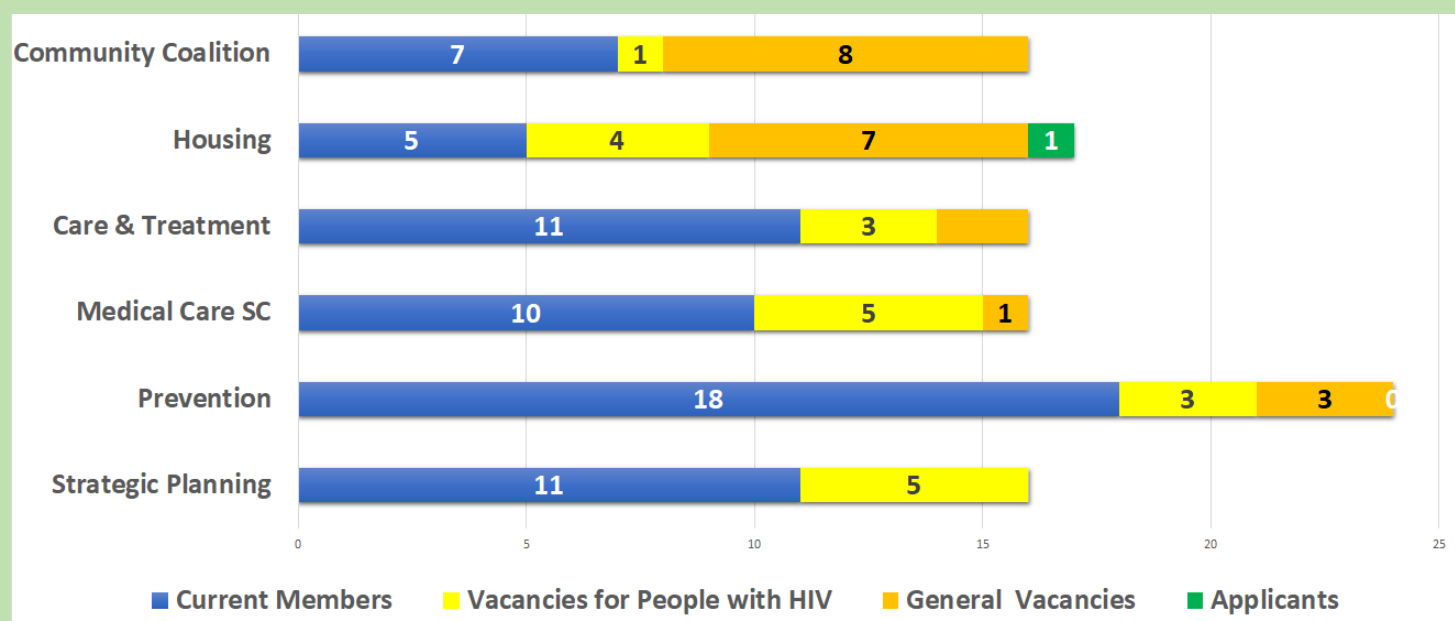
People with HIV who receive one or more Ryan White Program Part A services and who are not affiliated or employed by a Ryan White Program Part A funded service provider

6 available seats under the following categories:

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

Partnership 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 the seats.

Partnership Committees





Care and Treatment
Thursday, May 4, 2023

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. | Introductions | All |
| III. | Meeting Housekeeping and Rules | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of March 2, 2023 | All |
| VII. | Reports | |
| | • Grantee reports (Part A, Part B, and ADAP) | All |
| | • Vacancy | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Vice-Chair Election | All |
| | • FCPN Representative | All |
| | • Outreach Service Description | All |
| IX. | New Business | |
| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • 2022 Client Satisfaction Survey Results | Robert Ladner |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: June 1, 2023 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Meeting documents available at: <http://aidsnet.org/meeting-documents/#docsct>

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 | instagram.com/hiv_partnership/

Medical Care Subcommittee Meeting for April 2023
Report to the Care and Treatment Committee
Presented May 4, 2023

The Medical Care Subcommittee (MCSC):

Met on April 28, 2023.

Heard updates from the Ryan White Program and the ADAP Program

Reviewed and approved a request to add two codes, D5284- Removal unilateral partial denture and D3221-Pulpal debridement to the Oral Health Care formulary since the codes would be beneficial to clients.

1. Motion to add D5284-Removal unilateral partial denture and D3221-Pulpal debridement to the Ryan White Oral Health Care formulary.

After numerous revisions, the Subcommittee approved the revised Allowable Conditions as presented.

2. Motion to approve the revised Allowable Conditions list as presented. (*Attachment 1*)

After numerous revisions, the Subcommittee approved the Mental Health service description. Additional language was added to clarify certain issues and allow for certain mental health services provided by licensed mental health professionals to be reimbursed under the outpatient/ambulatory health services description. References highlighted in yellow will need to be updated (see attachment).

3. Motion to accept the Mental Health service description as discussed (*and presented*). [*Attachment 2*]

Along with the edits to the Mental Health service description the Subcommittee requested language in the Outpatient/Ambulatory Health Services be amended to include the language included in the mental health service description regarding mental health services provided by select licensed mental health professionals.

4. Motion to amend the Outpatient/Ambulatory Health service description to include the following language “Additional mental health services may be provided under Outpatient/Ambulatory Health Services when delivered by a licensed psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or physician assistant.”

Continued review of the medications approved on the ADAP formulary for items #45-75 for pricing, other options or payor sources, medication interactions, and if the medications were either lifesaving or cost effective. The Subcommittee recommended all the medications be added except for #72-75, which are not allowed because they are over-the-counter products. Comments and restrictions are listed on the form.

All motions are subject to Partnership approval.

Medical Care Subcommittee Meeting for April 2023
Report to the Care and Treatment Committee
Presented May 4, 2023

5. Motion to add medications #45-71 included in the December 2022 ADAP formulary additions to the Ryan White Prescription Drug Formulary Items sheet to the Ryan White Formulary with comments and restrictions, as indicated. (*Attachment 3*)

The ADAP program also recently added five new medications to the ADAP Formulary. The Subcommittee discussed these additions and decided to also add them to the Ryan White Prescription Drug Formulary.

6. Motion to add betamethasone/clotrimazole, ciprofloxacin/dexamethasone, dextromethorphan/promethazine, fluticasone/salmeterol, and budesonide to the Ryan White prescription drug formulary.

The next subcommittee meeting is scheduled for May 26, 2023.

All motions are subject to Partnership approval.

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

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

Conditions listed may be accessible under multiple specialties though not specifically referenced.

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 is not exhaustive and is a sample guideline 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.

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 Manual 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):

osteoarthritis

**BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY) and
CHIROPRACTIC/PHYSICAL MEDICINE:**

avascular necrosis of hip, knee, etc. (Stage 1 or 2 only for CHIROPRACTIC/PHYSICAL MEDICINE)

fibromyalgia

myopathy/myalgia, HIV-related (chronic for CHIROPRACTIC/PHYSICAL MEDICINE)

osteopenia/osteoporosis

rheumatic diseases

CARDIOLOGY:

atherosclerosis

coronary artery disease

heart disease

hyperlipidemia

peripheral artery disease

phlebitis

CHIROPRACTIC/PHYSICAL MEDICINE:

HIV-related chronic arthralgia

peripheral neuropathy

IMPORTANT NOTE: According to CDC, chronic pain is defined as pain having duration of at least three months. Chronic pain is considered a co-morbidity of HIV. This may also contribute to the depression with pain comorbidity

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

complex (DPC). Treatment of acute pain is not covered.

COLORECTAL:

abnormal anal Pap smears
fistulas
hernias

COLORECTAL and ONCOLOGY:

anal cancers

DENTAL (ORAL HEALTH CARE):

giant aphthous ulcers

DENTAL (ORAL HEALTH CARE); and EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY:

human papillomavirus associated oral lesions

**DENTAL (ORAL HEALTH CARE); EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY; and
ONCOLOGY:**

dental cancers
oral cancers

DERMATOLOGY:

dermatitis
eczema/seborrheic dermatitis
eosinophilic folliculitis
impetigo
Methicillin-resistant Staphylococcus aureus (MRSA)
molluscum contagiosum
photodermatitis
pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)
psoriasis
skin conditions and symptoms, including skin appendages and oral mucosa
warts

DERMATOLOGY and GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):

tinea infections

DERMATOLOGY and INFECTIOUS DISEASES:

herpes simplex virus

DERMATOLOGY and ONCOLOGY:

Kaposi's sarcoma
skin cancers (squamous cell carcinoma, etc.)

DERMATOLOGY and PODIATRY:

onychomycosis

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:

chronic sinusitis
oral human papillomavirus

ENDOCRINOLOGY:

diabetes
hormone replacement therapy (for individuals of trans experience)
hypogonadism

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*
hematuria (related to neoplasms)
pregnancy
scrotal candidiasis
vaginitis

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB) and ONCOLOGY:

gynecological cancers
prostate cancer

**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.*

HEMATOLOGY:

anemia
neutropenia
thrombocytopenia

HEMATOLOGY and ONCOLOGY:

polycythemia vera

INFECTIOUS DISEASE:

histoplasmosis
leishmaniasis
non-tuberculous mycobacterial infections
syphilis
varicella zoster infections
viral hepatitis (hepatitis B and C)

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

INFECTIOUS DISEASE and DERMATOLOGY:

Mpox

INFECTIOUS DISEASE and OPHTHAMOLOGY:

toxoplasmosis

INFECTIOUS DISEASE and PULMONOLOGY:

tuberculosis

MENTAL HEALTH SERVICES and PSYCHIATRY:

mental health disorder caused or exacerbated by HIV diagnosis or HIV treatment

mental health disorder/condition that significantly hinders a client's HIV treatment adherence

IMPORTANT NOTES

Under Mental Health Services, a mental health professional (PhD, EdD, PsyD, MA, MS, MSW, or M. Ed) will assess, diagnose, and treat mental illness under the mental health service category.

Under Psychiatry, a Psychiatrist will assess, diagnose, and treat mental illness in an outpatient/ambulatory health care setting.

NEPHROLOGY:

human immunodeficiency virus-associated nephropathy

renal failure (may be related to coronary artery disease induced by HIV or diabetes mellitus induced by HIV, etc.)

NEUROLOGY:

delirium

HIV-associated neurocognitive disorder (HAND) ^{1,2}

HIV- related encephalopathy

neuropathy

neurosyphilis

¹ National Institute of Mental Health info: <https://www.nimh.nih.gov/about/organization/dar/developmental-and-clinical-neuroscience-of-hiv-prevention-and-treatment-branch/clinical-neuroscience-of-hiv-infection-program>

[NOTE: old NIMH web link not accessible. Additional link added below by OMB-GC/Ryan White Program]

² UCSF Weill Institute for Neurosciences:

https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF_HIV%20Dementia_Providers_11-6-17.pdf

NUTRITION:

lipodystrophy

wasting

weight gain

weight loss

MIAMI-DADE COUNTY RYAN WHITE PROGRAM ALLOWABLE MEDICAL CONDITIONS LIST

ONCOLOGY:

Cancers may include but not limited to: breast, eye (e.g., squamous cell carcinoma of the eye, etc.), lymphoma, polycythemia vera, prostate

IMPORTANT NOTE: the local Ryan White Part A/MAI Program is restricted to evaluation, diagnostics, and treatment in an outpatient setting.

OPHTHALMOLOGY/OPTOMETRY:

Clients must also meet at least one of these criteria to access ophthalmology/optometry services:

- Client has a low CD4 count (at or less than 200 cells/mm³) *currently*
- Client has a comorbidity (e.g., diabetes, hypertension, STI, etc.)
- Client has a prior diagnosis of cytomegalovirus retinitis (CMV)
- Client has Immune Reconstitution Syndrome

Referrals to an optometrist or ophthalmologist must indicate a condition attempting to rule out complications of HIV. Any one of these conditions listed below would apply as examples.

Manifestations due to opportunistic infections:

- acute retinal necrosis
- bacterial retinitis
- candida endophthalmitis
- cryptococcus chorioretinitis
- cytomegalovirus retinitis
- pneumocystis choroiditis

Visual disturbances to rule out complication of HIV due to:

- cataracts
- dry eyes (sicca)
- glaucoma
- intra-retinal hemorrhages
- reactive arthritis
- trichomegaly or eyelash hypertrichosis (exaggerated growth of the eye lashes found in the later stages of the disease)
- uveitis

History of STI and complications of STI:

- herpes simplex virus
- herpes zoster-varicella visual changes
- syphilis

IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics for HIV-related eye problems/complications; but, not the filling of prescriptions for corrective lenses.

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

PODIATRY:

diabetic foot care
foot and ankle pain*

**IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for diagnostic evaluation of foot and ankle pain. Conditions such as hammer toes, bunions, heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present.*

PULMONARY:

mycobacterium
pneumocystis pneumonia
recurrent pneumonia

MENTAL HEALTH SERVICES
(Year 33 Service Priorities: #9 for Part A and #4 for MAI)

Mental Health Services are a set of core medical services that consist of counseling and treatment for diagnosed behavioral health disorders. These services are designed to reduce harmful behaviors and episodes of instability and improve mental status and client health outcomes. These Mental Health Services include the provision of outpatient psychological and behavioral health screening, assessment, diagnosis, treatment, and counseling services offered to people with HIV. Services are based on an individualized treatment plan and are conducted in group and individual sessions. All services are provided by mental health professionals licensed or otherwise authorized within the State of Florida to render such services. All clients receiving this service must have at least one mental or behavioral health diagnosis specified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or International Classification of Disease, Tenth Revision, Clinical Modification (ICD-10-CM; Codes F01-F99, excluding “Mental and behavioral disorders due to psychoactive substance use” – codes F10-F19).

Mental Health Services require an individualized treatment plan, as noted above. Treatment plans incorporate the findings of assessment and diagnostic tools and specify the goals and objectives to be achieved during the treatment episode. The treatment plan also specifies the recommended clinical interventions and frequency with which these interventions shall be delivered.. Mental health providers may use this service category to conduct the assessment and diagnostic steps for the development of a treatment plan. If ongoing mental health services are being provided to a client, it is expected that the client receives a mental health treatment plan review at least every six months.

Psychiatric treatment with medication management and evaluation should be billed and recorded under Outpatient/Ambulatory Health Services. Additional mental health services may be billed under Outpatient/Ambulatory Health Services when provided by a licensed psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or physician assistant.

Mental Health Services are allowable only for program-eligible clients. This service is not available to family members without HIV. Ryan White Program funds may **not** be used for bereavement support for uninfected family members or friends.

Mental Health Services reimbursed under Part A or MAI of the Ryan White Program are limited to conditions impacting the treatment of the client’s underlying HIV disease (e.g., assessing, diagnosing, and treating a mental health condition that hinders HIV treatment adherence) and treated within the context of the client’s HIV or AIDS diagnosis. This service is intended to address issues that impact a person’s ability to remain engaged in HIV care, strengthen coping skills and self-care, and promote engagement in ongoing medical care and treatment. It is important for the Level I or Level II mental health professional to regularly gauge and document the client’s progress and determine if the client is still in need of the service.

- **Mental Health Services (Level I):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess **a Doctorate degree in psychology or counseling or related field (PhD, EdD, PsyD), and must be licensed by the State of Florida** as a Licensed Clinical Psychologist, LCSW, LMHC, or LMFT to provide such services.
- **Mental Health Services (Level II):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess **a Master's degree in psychology, psychotherapy or counseling or related field (MS, MA, MSW, or M.Ed.), and must be licensed by the State of Florida** as a LCSW, LMHC or LMFT to provide such services. **Direct service providers may also be:** 1) Florida registered interns as defined by Florida Statute (F.S.) 491.0045 (Clinical Social Work Intern, Mental Health Counselor Intern, or Marriage and Family Therapy Intern), or 2) a Psychology Intern, Postdoctoral Resident, or Fellow satisfying Rule 64B19-11.005 of the Florida Administrative Code (F.A.C.). Such interns must provide services under the supervision of a LCSW, LMHC, LMFT or Licensed Psychologist licensed in the State of Florida.

Mental Health Service Components:

Level I counseling services provided to Ryan White Program clients include psychosocial assessment and evaluation, testing, diagnosis, treatment planning with written goals, crisis counseling, periodic re- assessments, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to clients living with HIV such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Level II counseling services provided to Ryan White Program clients include crisis counseling, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to clients living with HIV such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Group Counseling (Levels I and II) refers to a group of individuals [minimum of three (3) Ryan White Program clients, maximum of fifteen (15) total clients] with similar problems meeting under the expert guidance of a trained mental health professional. Members of the group will be selected by the mental health professional in order to maximize the interaction, learning, and benefits derived from a group dynamic. Group counseling provides therapy in a social context, reduces the feeling of isolation many clients experience, provides an opportunity for clients to share methods of problem-solving, and allows the therapist an opportunity to observe how an individual interacts with others.

- A. Program Operation Requirements:** Staff must demonstrate knowledge of HIV disease, its psychosocial dynamics and implications, including cognitive impairment, and generally accepted treatment modalities and practices. Services may be delivered to non-HIV+ family members (as defined by the client) only if the program-eligible client is also being served. Providers will comply with super-confidentiality laws as per State of Florida's guidelines. The ratio of group counseling participants to counselors may not be lower than 3:1 and may not be higher than 15:1, as described above. One visit is equal to one half-hour counseling session.

Clients who are newly diagnosed with HIV or have returned to care should be offered the opportunity to speak with a mental health provider as a routine component of the services available through the local Ryan White Part A Program. An initial mental health visit could be used to identify, assess, or verify mental health conditions that may affect a client's treatment adherence. Subsequent or on-going Mental Health Services under the Ryan White Part A Program require a mental health diagnosis documented in the client's chart. To facilitate this process for newly diagnosed or returned to care clients who are TTRA mental health services are limited to one encounter (all mental health services provided on one day) within 30 days of starting the TTRA protocol, while program eligibility is being determined. For clients following the Newly Identified Client (NIC) protocol, Mental Health Services may be provided with these same limitations.

Tele-mental health services are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

- B. Additional Service Delivery Standards:** Level I and Level II providers must adhere to generally accepted clinical guidelines for psychological treatment of persons with HIV/AIDS-related illnesses. (Please refer to Section III of this FY 2023 Service Delivery Manual for details, as may be amended.)

Rules for Reimbursement: Reimbursement for individual and group Mental Health Services will be based on a half-hour counseling session "unit" not to exceed \$32.50 per unit for Level I individual counseling; \$35.00 per unit for Level I group counseling; \$32.50 per unit for Level II individual counseling; and \$35.00 per

unit for Level II group counseling. Reimbursement for individual counseling units are calculated for each client receiving the therapy (i.e., number of individual counseling units per client), whereas, reimbursement for group counseling units are calculated for the counselor that provided the group counseling (i.e., number of group counseling units per counselor).

Tele-mental health services are reimbursed as follows:

Billing Code	Description	Flat rate Reimbursement
THMHT1	Tele-Mental Health provided by a Level I provider (individual client only)	\$32.50 per 30-minute session
THMHT2	Tele-Mental Health provided by a Level II provider (individual client only)	\$32.50 per 30-minute session

- C. Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group Mental Health Services is a one-half-hour counseling session and the unduplicated number of clients served. Providers will report individual and group activity separately for Level I and Level II Mental Health Services.
- D. Additional Rules for Documentation:** Providers must also maintain certifications and licensure documents of the mental health professionals providing services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Client charts **must** include a specific mental or behavioral health diagnosis and detailed treatment plan for each eligible client that includes all required components and the mental health professional's signature and/or the signature of person supervising the professional.
- E. Additional Treatment Guidelines and Standards:** Providers of Mental Health Services (Levels I and II) will adhere to generally accepted clinical guidelines for mental health therapy/counseling of people with HIV. The following are examples of such guidelines:
- American Psychiatric Association (APA). HIV Psychiatry - Training and Education, as well as HIV Psychiatry Resources and Publications [e.g., Fact Sheets: HIV and Clinical Depression; HIV and Anxiety; HIV and Cognitive Disorders; HIV and Delirium; HIV and Substance Use; HIV and People with Severe Mental Illness (SMI); Sleep Disorders and HIV; and Pain in HIV/AIDS; Publications (including links to other related books and journals, such as the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition - DSM-5); and additional web materials.

Available at:

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychiatry> and

<https://www.psychiatry.org/psychiatrists/search-directories-databases>

Accessed 6/20/2022.

- American Psychiatric Association. Latest Published and Legacy APA Clinical Practice Guidelines; including, but not limited to, The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition, 2015.

Available at:

<https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines>
and <https://psychiatryonline.org/guidelines>

Accessed 6/20/2022.

- Best Practices Compilation Search provides interventions that improved client treatment outcomes (viral load suppression, ARV adherence and retention in care):

<https://targethiv.org/bestpractices/search?keywords=mental%20health>

Accessed 1/5/2023

December 2022 ADAP Formulary Additions
Ryan White Prescription Drug Formulary Review
Items 45-75 (Therapeutic/Pharmacological Sort)

Attachment 3

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Restrictions/Comments
45	modafinil	Provigil	Central Nervous System	Stimulant	Add to Comments: wakefulness promoting agent
46	canagliflozin/metformin	Invokamet	Diabetes	Anti-diabetic	
47	dapagliflozin/metformin	Xigduo XR	Diabetes	Anti-diabetic	
48	glipizide/metformin	Metaglip	Diabetes	Anti-diabetic	
49	metformin/sitagliptin	Janumet	Diabetes	Anti-diabetic	
50	pioglitazone	Actos	Diabetes	Anti-diabetic. Thiazolidinediones.	
51	sildenafil	Viagra	Erectile Dysfunction	Phosphodiesterase-5 enzyme inhibitors	
52	tadalafil	Cialis	Erectile Dysfunction	Phosphodiesterase-5 enzyme inhibitors	
53	varденаfil	Levitra	Erectile Dysfunction	Phosphodiesterase-5 enzyme inhibitors	
54	pancrelipase (amylase, lipase, protease)	Pancreaze	Gastrointestinal agent	Enzyme	
55	lansoprazole	Prevacid	Gastrointestinal agent	Proton Pump Inhibitor	
56	tizanidine	Zanaflex	Muscle Relaxant	Antispastic	
57	amphetamine/dextroamphetamine	Adderall	Neurobehavioral/Neurologic Disorders	CNS Stimulant	
58	dorzolamide/ timolol	Cosopt	Ophthalmic agent, antiglaucoma	Non-selective betablocker, carbonic anhydrase inhibitor	
59	travoprost	Travatan	Ophthalmic agent, antiglaucoma	Prostaglandin	
60	loteprednol etabonate	Lotemax/Lotemex	Ophthalmic agent, corticosteroid	Corticosteroid	
61	donepezil	Aricept	Psychiatric Conditions	Acetylcholinesterase inhibitor	
62	lurasidone	Latuda	Psychiatric Conditions	Atypical antipsychotic	
63	fluoxetine/olanzapine	Symbyax	Psychiatric Conditions	SSRI/Atypical antipsychotic	
64	tiotropium	Spiriva	Pulmonary, anticholinergic	Long acting anticholinergic	
65	fluticasone (nasal spray)	Flonase	Pulmonary, corticosteroids	Corticosteroids	
66	fluticasone (oral inhaled)	Flovent HFA	Pulmonary, corticosteroids	Corticosteroids	
67	lidocaine	Xylocaine	Skin and Mucous Membrane Preparation, Anesthetic	Anesthetic	Restriction to: topical
68	naloxone	Narcan	Substance Abuse	Opiate Antagonist	Restriction to: nasal spray
69	tretinoin	Retin-A	Topical skin	Retinoic acid derivative	
70	hydrocortisone	Dermacort	Topical, corticosteroid	Corticosteroids	
71	mometasone (topical, nasal, oral inhalation)	Elocon	Topical, Pulmonary, corticosteroid	Corticosteroid	



Care and Treatment
Thursday, May 4, 2023

10:00 a.m. – 12:00 p.m.

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101 West Flagler Street, Auditorium
Miami, FL 33130

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| II. | Introductions | All |
| III. | Meeting Housekeeping and Rules | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of March 2, 2023 | All |
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| | • Vice-Chair Election | All |
| | • FCPN Representative | All |
| | • Outreach Service Description | All |
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| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • 2022 Client Satisfaction Survey Results | Robert Ladner |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: June 1, 2023 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Meeting documents available at: <http://aidsnet.org/meeting-documents/#docsct>

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 | instagram.com/hiv_partnership/



Memo

To: Care and Treatment Committee Members

From: Marlen Meizoso

Date: April 14, 2023

Re: 2023 Elections

At the next Care and Treatment Committee meeting, we will be holding elections for the Vice-Chair.

The following members are eligible for the officer position: Dr. Mary Jo Trepka, Ryan Roelans, and Vanessa Mills.

Eligible candidates interested in being on the ballot for the Vice-Chair must contact me **ASAP**.

For details on the qualifications for officers as they relate to this Committee, please see Section 5.1 of the Miami-Dade HIV/AIDS Partnership Bylaws:

<http://aidsnet.org/wp-content/uploads/2020/07/2020-Bylaws-FinalTAS.pdf>.

If you interested in being placed on the ballot, please contact me at 305-445-1076 or by email at marlen@behavioralscience.com.



Care and Treatment
Thursday, May 4, 2023

10:00 a.m. – 12:00 p.m.

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| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of March 2, 2023 | All |
| VII. | Reports | |
| | • Grantee reports (Part A, Part B, and ADAP) | All |
| | • Vacancy | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Vice-Chair Election | All |
| | • FCPN Representative | All |
| | • Outreach Service Description | All |
| IX. | New Business | |
| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • 2022 Client Satisfaction Survey Results | Robert Ladner |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: June 1, 2023 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Meeting documents available at: <http://aidsnet.org/meeting-documents/#docsct>

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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Memo

To: Care and Treatment Committee Members

From: Marlen Meizoso

Date: April 14, 2023

Re: FCPN nominations

At the next Care and Treatment Committee meeting, we will be holding a vote for the vacant Florida Comprehensive Planning Network (Care and Treatment) representative seat for area 11A. FCPN usually meets face-to-face twice a year in the spring and fall and they hold monthly one hour committee calls. Please see attached copy of the FCPN bylaws for additional information.

The following members are eligible for the seat: Dr. Mary Jo Trepka, Ryan Roelans, Vanessa Mills, Maria Henriquez, and Frederick Downs, Jr.

If you are interested in serving, please contact me at 305-445-1076 or by email at marlen@behavioralscience.com.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, May 4, 2023

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. | Introductions | All |
| III. | Meeting Housekeeping and Rules | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of March 2, 2023 | All |
| VII. | Reports | |
| | • Grantee reports (Part A, Part B, and ADAP) | All |
| | • Vacancy | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
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| | • Outreach Service Description | All |
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| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • 2022 Client Satisfaction Survey Results | Robert Ladner |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: June 1, 2023 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

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OUTREACH SERVICES

(Year ~~33~~ Service Priorities: ~~#14~~ for Part A and ~~#10~~ for MAI)

I. Definition and Purposes of Outreach Services

Ryan White Program **Outreach Services** are support services. Ryan White Part A/MAI Outreach Services in Miami-Dade County will use targeted approaches to locate people with HIV who are in need of assistance accessing HIV care and treatment who are:

- Newly diagnosed with HIV or AIDS, not receiving medical care;
- People with HIV, formerly in care, currently not receiving medical care (lost to care);
- People with HIV, at risk of being lost to care; or
- People with HIV, never in care.

Ryan White Program Outreach Services are directed to those persons known to have HIV and consist of activities to: a) engage and enroll newly diagnosed clients into the system of care; b) assist people with HIV who are lost to care with re-entry into the care and treatment system; and c) assist people with HIV who are determined to be at risk of being lost to care with their retention and access to ongoing medical care and treatment.

Outreach programs must be: 1) conducted at times and in places where there is a high probability that people with HIV and/or persons exhibiting high-risk behavior will be nearby; 2) designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness; 3) planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort; and 4) targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.

With implementation of the Early Identification of Individuals with HIV/AIDS (EIIHA) initiative and in collaboration with the Florida Department of Health in Miami-Dade County's (FDOH-MDC) Early Intervention Program, newly diagnosed clients are the primary focus of service provision for Outreach Workers. Clients testing positive at state- licensed testing and counseling sites who sign an outreach consent form at the time they receive their preliminary reactive test result (Referral/Consent for Outreach Linkage to Care) will be contacted by Part A or MAI Outreach Workers for linkage to care either through Medical Case Management or Outpatient/Ambulatory Health Services. Outreach Workers will enter all demographic and program-related information in the Provide® Enterprise Miami data management system for every client contacted, including those not eligible for Ryan White Program-funded medical care. **Thirty (30) and sixty (60) day follow-ups from the date of initial appointment with a medical provider and/or Medical Case Manager must be documented in the outreach progress note and labeled as a 30 and 60 day follow-up in the Provide® Enterprise Miami data management system.**

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Once a lost-to-care or at risk of being lost-to-care client is located, or a newly diagnosed and/or never in care person with HIV is located, The Outreach Worker may assist the client in obtaining necessary documentation to receive services and may accompany the person to a point of entry into the system of care. Outreach Workers must follow-up on each referral to ensure that the client is enrolled in Medical Case Management and/or Outpatient/Ambulatory Health Services. The outcome (e.g., connection to care or inability to locate the client) must be documented in the Client Profile in the Provide® Enterprise Miami data management system.

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IMPORTANT NOTE: Outreach Services may be provided to clients with a rapid test preliminary positive result while a confirmatory HIV test result is pending, for the purpose of rapidly linking the client to care. However, it is still necessary to obtain a confirmatory HIV test result; however, within thirty (30) calendar days, Outreach Services (e.g., connecting a newly diagnosed client to Outpatient/Ambulatory Health Services or Medical Case Management services) may be provided while a confirmatory HIV test result is pending. **Time spent by Outreach Workers with clients who have a preliminary reactive test result and a pending confirmatory HIV test result is limited to a total of up to three (3) encounters within a 30-calendar day period. After which time a confirmatory HIV test result is required to continue serving the client. If the HIV positive status cannot be confirmed or the result is negative, any services provided to the client must be disallowed.**

Referrals to Ryan White Program Part A or MAI-funded Outreach Services from state-licensed counseling and testing sites may only be initiated if there is a valid outreach-specific consent (Referral/Consent for Outreach Linkage to Care) signed by the client and filed in the client's chart or scanned into the Client Profile in the Provide® Enterprise Miami data management system.

IMPORTANT NOTE: Outreach Workers are required to pick up the Ryan White Program Referral/Consent for Outreach Linkage to Care within 24 hours of notice that a signed consent is waiting AND must make an initial attempt to contact the client within 48 hours (i.e., 2 business days) of such notice. During a public health emergency or extreme weather event the process to pick up the consent forms may be altered by the Florida Department of Health and/or the Miami-Dade County Office of Management and Budget-Grants Coordination. In such cases, outreach service providers will be notified in writing.

The Outreach Referral end date is thirty (30) calendar days from the initial referral date. At least one encounter must be provided within this 30-day period. Additionally, an Outreach Episode of Care must be opened in the Provide® Enterprise Miami data management system to coincide with the first date of Outreach Services and the period covered by the related referral. Final Outreach Services must be provided within ninety (90) calendar days of the initial referral date. After the ninety (90) calendar day period, the Outreach Episode of Care must be closed in the Provide® Enterprise Miami data

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management system. New and lost to care clients who are served by Ryan White Part A/MAI Program Outreach Workers apart from the FDOH linkage process and are not successfully connected to care within ninety (90) calendar days should have their case closed unless there is a well-documented, reasonable justification for keeping the case open.

Newly diagnosed clients who are referred to the Ryan White Part A or MAI Program through the Florida Department of Health (FDOH) linkage referral process who are not successfully contacted by a Ryan White Program Outreach Worker within thirty (30) calendar days of receiving a signed consent shall be referred to FDOH-MDC Linkage Specialist or Disease Intervention Specialist for appropriate follow up.

A. Newly Diagnosed or Never in Care Person with HIV

1. Linkage agreements form the basis of collaborative relationships between providers. Outreach providers must have formal referral and linkage agreements with one or more of the eleven (11) key points of entry to the system of care listed below for the purpose of receiving referrals for program-eligible clients identified at key points of entry.
 - Florida Department of Health (FDOH) Miami-Dade County's (M-DC) Sexually Transmitted Disease (STD) clinics
 - FDOH state-licensed HIV counseling and testing sites
 - Hospitals/emergency room departments/urgent care centers
 - Hospital discharge clinics/departments
 - Substance abuse treatment providers/programs
 - Mental health clinics/programs
 - Adult and juvenile detention centers
 - Jail and/or correctional facilities, including, but not limited to, re-entry programs
 - Homeless shelters
 - Detoxification centers
 - Federally Qualified Health Centers (FQHCs)

Linkage agreements must include the Outreach Worker's contact information, work schedule availability, geographic areas of the County covered, and a description of the Outreach Services offered. Clients referred from a key point of entry will be assisted to obtain necessary documentation for enrollment in the service system, will receive a referral to the primary medical care and/or Medical Case Management service provider of their choice, may be accompanied to the initial appointment and must be followed-up to ensure that they are connected to care. Ryan White Program-funded outreach providers are required to cooperate with the FDOH-MDC's Early Intervention Counseling and Testing sites by supplying outreach/linkage to care workers at "Take Control Miami"

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events. Under the EIIHA mandate it is the responsibility of Ryan White Program-funded outreach/linkage to care workers to connect every new positive who has signed a Referral/Consent for Outreach Linkage to Care to Medical Case Management and/or Outpatient/Ambulatory Health Services; this includes connecting clients who are not eligible for Ryan White Program-funded services to appropriate care under other funding sources. The Outreach Worker must provide the client with provider information and track the client to ensure, through 30- and 60-day follow-ups from the date of initial appointment with a medical provider and/or Medical Case Manager, that the client is actually linked to a Medical Case Manager and/or a medical provider.

B. Outreach to People Lost to Care or at Risk of Being Lost to Care

1. Outreach Workers must work with service providers, including Medical Case Managers, to locate people lost to medical care or Medical Case Management and bring them back to care. The Medical Case Manager, or pharmacy staff, after three (3) repeated attempts to contact the client by phone and/or mail without success, may refer the case through a Ryan White Program In Network Referral in the Provide® Enterprise Miami data management system to an Outreach Worker. Jail linkage and prison re-entry coordinators may refer a client to an Outreach Worker if they have a signed document with permission for a Ryan White Program Part A or MAI Outreach Worker to contact them; such documents must be included with the OON referral and the supporting documentation being sent to the outreach provider. There must be clear documentation in the client chart at the referring agency and recorded in the Ryan White Program In Network Referral, of at least three (3) repeated attempts by the Medical Case Manager, pharmacy staff, or jail linkage/prison re-entry coordinator to contact the client and the reason why the case is being referred to an Outreach Worker. A Ryan White Program In Network Referral with last known contact information on the client indicating the reason for the outreach referral must be provided to the Outreach Worker and be maintained in both the Medical Case Management and outreach client charts. In instances where it is clearly documented that a client has a history of non-compliance or clear documentation of extenuating circumstances, such as homelessness, repeated non-compliance with their treatment regimen, mental health issues, and/or a history of substance abuse, referrals to an Outreach Worker may be made after one or two attempts at contacting the client.
2. A Physician, Physician Assistant, or Advanced Practice Registered Nurse may immediately and directly request outreach assistance for a client who meets any of the conditions listed directly below in Section B.3., or for similar circumstances (e.g., abnormal lab results, significant risk of non-

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adherence to treatment regimen, etc.). Such circumstances must be clearly documented in the client's chart and indicate that the assistance of an Outreach Worker was requested (i.e., the medical practitioner writes a prescription for the needed outreach and documents such in the client's medical record).

3. Examples of clients considered lost to care or at risk of being lost to care, which require a valid consent for outreach and three (3) documented attempts by the referring agency to reach the client, include:

- Missing two (2) consecutive medical appointments;
- Having no contact with a Medical Case Manager for more than three months;
- Checking out of residential substance abuse treatment;
- Not "reporting to" residential substance abuse treatment;
- Missing the first medical care appointment after hospital discharge and/or referral to care;
- Missing picking up prescription medications or prescription referrals from a pharmacy or a Medical Case Manager;
- Missing an appointment with the jail linkage or prison re-entry coordinator; and/or
- Missing a medical or social service appointment that the jail linkage or prison re-entry coordinator has scheduled.

IMPORTANT NOTE: Clients lost to care or at risk of being lost to care may be contacted after one or two unsuccessful attempts at communication ONLY IF extenuating circumstances as outlined above are clearly documented in the individual client chart and are recorded in the Ryan White Program In Network Referral or OON Referral from the Jail Linkage or Prison Re-entry programs.

Outreach providers must work with and establish formal linkages with Ryan White Program medical providers and Medical Case Management sites in order to receive outreach referrals from these providers who will identify clients who are lost to care or at risk of being lost to care. Outreach Workers will then try to locate these clients and assist them in returning to ongoing medical care and treatment.

C. One Time Referrals

If in the course of outreach activities, Outreach Workers encounter a high-risk person with no documentation of HIV+ status, a referral should be made to an HIV testing site and/or appropriate prevention program to determine the client's HIV status. The goal of this one-time referral is to assist with the coordination to an HIV testing site and for the outreach worker's efforts to be recorded into the Provide® Enterprise Miami data management system in the Outreach Registration screen. This is a **secondary** outreach function that will be monitored by OMB and should not supersede the primary goals of connecting newly diagnosed (newly identified)

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clients to care, as well as locating and reconnecting to the service system those clients who have been lost to care or who are at risk of becoming lost to care.

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D. Allowable Outreach Activities

1. Ryan White Part A/MAI-funded Outreach Workers may provide services to clients in the following situations to link or retain clients in HIV care: 1) for their agency's own clients; 2) upon receipt of a Ryan White Program In Network Referral for a particular client, for whom the referring agency has a valid informed outreach-specific consent signed by the client and filed in the client's chart; 3) upon receipt of a signed, completed Consent/Referral for Linkage to Care from state-licensed Counseling and Testing sites; 4) a prescription from a Physician, Physician Assistant, or Advanced Practice Registered Nurse; or 4) by a letter or OON Referral from a jail linkage or prison re-entry coordinator as indicated in Section B above.
2. Outreach Workers may engage in the following activities, if the activity is properly documented and filed in the client's chart at the referring agency and at the receiving agency where applicable:
 - Obtain from the client all required consents for the Outreach Worker to access client-related information in the Ryan White Program's Provide® Enterprise Miami data management system;
 - Conduct brief intakes for new clients referred from a state-licensed Counseling and Testing Site, jail linkage or prison re-entry coordinator and enter data into the Provide® Enterprise Miami data management system outreach registration screen;
 - Upon receipt of a proper referral, review data in the Provide® Enterprise Miami data management system for existing clients who are lost to care or are at risk of falling out of care;
 - Complete assessments and document new clients' barriers to accessing care and lost-to-care clients' reasons for falling out of care;
 - Contact the service provider of the client's choice to coordinate appointments and obtain required documentation for services;
 - Accompany newly diagnosed, lost to care, or otherwise unconnected program-eligible people with HIV (clients) to the initial physician appointment and/or Medical Case Management appointment for the purpose of reconnecting them to care or enrolling them in service;
 - Accompany clients, as necessary, for the purpose of assisting them to obtain necessary documents for entry into the service system;
 - Contact clients who have a history or are at risk of falling out of care (i.e. substance abuse history, homelessness, mental illness) during the 30 and 60 day follow-up period with the end of increasing retention in care;

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- Conduct home visits to meet with a client for the purpose of connecting them to care;

➤ **IMPORTANT NOTES:**

- If a Part A/MAI-funded outreach service provider has an established agency policy not to send staff to conduct home visits, and it is determined that a home visit is necessary for successful linkage, the client's case **must** be transitioned to a Part A/MAI-funded outreach provider that is able to conduct home visits;
- In cases of transfer due to the home visits, the new outreach provider agency replaces the previous outreach provider agency;
- Maintain tracking and contact logs for new to care and lost to care clients;
- As a safety precaution, Ryan White Program Outreach Workers who must locate clients in high-risk areas or very rough neighborhoods may go out in two-person teams. In this scenario, both Outreach Workers should document the activity in the client chart or outreach log, making note that they went to a high-risk area, with one of the Outreach Workers clearly stating that they went along as a safety back-up and should use the OSFT safety back-up code to record the service. Both Outreach Workers may reflect the time they spent on the encounter and have their agency or respective agencies report for the time and be reimbursed accordingly. However, in the Provide® Enterprise Miami data management system the encounter should only be counted/recorded (i.e., OFFE, OTEL, ORFL, etc.) by the main Outreach Worker/agency that received the referral;
- **IMPORTANT NOTE:** If a Peer Educator is the safety back-up, the Peer Educator must use the corresponding safety encounter code, PSFT, under the PESN billing category.
- Provide education on available care and treatment options and services for people with HIV who receive outreach services via a Ryan White Program In Network Referral, Jail linkage referral, Department of Corrections Certification or a Referral Consent Linkage to Care form with the goal of directly empowering and enabling the client to access existing HIV/AIDS service programs, including Counseling & Testing sites;

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- Provide out-stationed linkage and coordination to care services at key points of entry, including but not limited to counseling and testing facilities and other facilities with a high percentage of people with HIV as identified by the counseling and testing facility and verified by the Ryan White Part A/MAI Program;
- Coordinate and participate in planned outreach/testing events such as “Take Control Miami” in cooperation with the FDOH-MDC;
- Conduct 30- and 60-day follow-ups from the date of initial appointment with a medical provider or Medical Case Manager to ensure the client (regardless of whether the client is receiving services through the Ryan White Program) remains connected to care.

E. Inappropriate Outreach Activities

Funds awarded under Part A and MAI of the Ryan White HIV/AIDS Treatment Extension Act of 2009 may not be used for outreach programs that exclusively promote HIV education and prevention programs, condom distribution, and/or case finding that have as their main purpose broad-based or general HIV prevention education. Additionally, broad-scope awareness activities about HIV services that target the general public (i.e., poster campaigns for display on public transit, TV or radio public service announcements, health fairs directed at the general public, etc.) will not be funded.

Ryan White Part A/MAI Program funds may not be used to pay for HIV counseling or testing under this service category. Ryan White Part A/MAI Outreach Services must be planned and delivered in coordination with local HIV prevention programs to avoid duplication of effort.

Outreach Workers may not conduct random searches in the Provide® Enterprise Miami data management system for clients who are not enrolled at the Outreach Workers’ assigned agency, or for clients for whom they do not have a Ryan White Program In Network Referral. Searches conducted in the Provide® Enterprise Miami data management system to identify clients lost to care must be initiated by the Medical Case Manager or medical or pharmacy staff of the referring agency.

Ryan White Program-funded outreach activities are not to be used for general recruitment of clients to the Outreach Worker’s agency.

F. Documentation of Outreach Activity

All Outreach Workers must maintain documentation which includes the following:

- Name of Outreach Worker;

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- Name, signature, and consent of client;
- Client's date of birth;
- Client's gender;
- Client's race and ethnicity;
- Client's address or follow-up information;
- Date of diagnosis and site of diagnosis;
- Date of the encounter;
- Type of encounter (i.e., telephone, face-to-face, collateral, travel, referral, or coordination of care);
- Description of the encounter with a client and/or work done on behalf of the client;
- Time spent on the encounter in minutes;
- Total units documented;
- For newly diagnosed clients, a Referral/Consent for Linkage to Care;
- For clients lost to care, a Ryan White Program signed outreach consent to be contacted (found at the top of the County's Notice of Privacy Practices form);
- Site where client was identified (i.e., last known contact information, a specific geographic region, and/or key point of entry into the system of care in Miami-Dade County);
- One-time referral to a testing site for a high-risk client without documentation of HIV status;
- Document "initial contact" and all "follow-up" contacts;
- Maintain call logs and tracking logs for new-to-care and lost-to-care clients;
- If lost to care or identified as at risk of being lost to care, a copy of the initiating agency's referral to outreach;
- An individualized assessment of the client's barriers to care or reasons for falling out of care;
- Documentation that explanation of service system and choice of provider agency were provided;
- A copy of a Provide® Enterprise Miami In Network referral or documented attempt to make a referral by the Outreach Worker to a Medical Case Management agency and/or medical provider of the client's choice;
- Documentation of 30- and 60-day (calendar days) follow-up on referrals to ensure that the client is enrolled in medical care and treatment;
- Final disposition of the client must be documented in the Provide® Enterprise Miami data management system, the client's chart or service log indicating whether or not the client was connected to care (i.e., referral was made; client was taken to a medical provider or Medical Case Manager) or if the case was closed with a statement as to why it was closed; and

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- Contact with the referring agency to communicate the client's final disposition.

II. Outreach Worker Incentives, Program Operation Requirements, and Staff Training Requirements

As incentives for productivity, providers are encouraged to provide Outreach Workers with educational training opportunities. The Ryan White Program also has educational and training requirements for Outreach Workers to improve productivity.

A. Program Operation Requirements:

1. **Staff Training.** Outreach Workers must possess at least a High School diploma or GED. All staff providing Outreach Services must complete the FDOH's "HIV/AIDS 101 – Know Your HIV Status" video training [this training is available on-line at <https://knowyourhivstatus.com/hiv-resources/>]. Outreach Workers must attend periodic training provided by the Ryan White Program's Clinical Quality Management and Training Program provided by BSR. In addition, effective June 1, 2018, any new hire Outreach Worker or Outreach Supervisor under the Ryan White Part A or MAI Programs must complete all 13 of the Southeast AIDS Education and Training Center's (SE-AETC) web-based Medical Case Management Curriculum and Cultural Competency Curriculum modules as required and as may be amended by the local Ryan White Part A Program **prior to** being approved for Provide® Enterprise Miami User Access. These curricula modules are indicated on the local Ryan White Program's AETC Training Module Checklist and the modules can be accessed at the following website: <https://www.seaetc.com/modules/>. Time spent completing the SE-AETC training modules **cannot** be charged to the local Ryan White Part A/MAI Programs.

Outreach providers must ensure that Outreach Workers are knowledgeable about resources and providers of medical care, substance abuse treatment, Medical Case Management, and other core medical and support services. At a minimum, the outreach provider should have reference material on hand which provides information on services offered, intake requirements, hours of operation, and contact personnel information. Outreach Workers must also have on hand Ryan White Program consent forms available for signature by clients lost to care or at risk of being lost to care.

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2. **Hours.** Outreach Services must be offered during non-traditional business hours, 10 hours at a minimum per week, per agency. Traditional business hours are defined as 9:00 a.m. to 5:00 p.m., Monday through Friday. Each Ryan White Program-funded outreach provider must have written procedures in place to address on-call coverage to reach an Outreach Worker after traditional business hours. The written procedures should include steps for contacting an on-call medical provider and/or Medical Case Manager, where immediate intervention is necessary.
3. **Cultural Sensitivity.** Providers are encouraged to be creative in developing outreach programs that are culturally sensitive and that meet the specific needs of the identified target subpopulations (i.e., substance abusers, illiterate persons, hard of hearing, sex workers, etc.). It is desirable that Outreach Workers reflect the community in which they are working and/or are targeting.
4. **Documentation of Units of Service.** Providers are required to document in the client's chart each unit (15-minute encounter) of outreach service performed (including the time spent) as a face-to-face encounter, telephone contact, collateral encounter on behalf of the client, coordination of care, travel, or referral activity on behalf of a client. Use the appropriate code from the following table to record outreach services (listed in alphabetical order by code):

Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Collateral Contacts	OCOL	<p>Use this code to record all activities related to coordination of care for clients, including communication with other care providers, such as telephone contacts or other electronic methods of communication (e.g., email or fax). This code also includes other coordination of care activities that are conducted for or on behalf of the client, such as referral activities that are not face-to-face with the client and obtaining completed documents for the client from another (outside) care provider.</p> <p>This code should NOT be used for internal agency activities that are unrelated to the coordination of care for clients with outside providers. Examples of inappropriate use of this code include pulling a chart to copy documents for a client's personal use or filing for chart maintenance.</p>

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Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Consultation	OCON	Only Outreach Supervisors may use this OCON code. This code shall be used to record activities associated with consulting with outreach staff on Ryan White Program-related client, supervisory, or quality management issues.
Documentation	ODOC	Use this code to record activities related to documenting any encounter in the Provide® Enterprise Miami data management system, such as the client's care plan, progress note, face-to-face encounter, telephone contact, etc. This service code also includes time spent filing or organizing the client chart or pulling the chart to make copies that are unrelated to coordination of care for the client. IMPORTANT NOTE: See subsection II.D. below regarding "Applicability to Local Ryan White Program Requirements" for staff supervising Ryan White Program-funded Outreach Workers.
Face to Face Encounter	OFFE	This encounter is defined as any time the Outreach Worker or Outreach Supervisor has direct contact with the client in person. The OFFE encounter includes activities that are conducted face-to-face with the client where no other encounter code is appropriate. OFFE may also include referral activities if done face-to-face with the client.
Chart Review Activity	OREV	Only Outreach Supervisors may use this OREV code. This code should be used to record activities associated with chart review processes to ensure that outreach staff is in compliance with this service definition, and with the Ryan White Program System-wide Standards of Care. As of May 1, 2018, there is no longer a required number of hours of OREV code use. IMPORTANT NOTE: See subsection II.D. below regarding "Applicability to Local Ryan White Program Requirements" for staff supervising Ryan White Program-funded Outreach Workers.

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Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Referral Activity	ORFL	Use this code to record outreach referral activities that do not fit in any other outreach encounter/activity in this list.
Safety Back-up	OSFT	Ryan White Part A/MAI Program-funded Outreach Workers who as a safety precaution accompany a Ryan White Program Outreach Worker when locating clients in high-risk areas or very rough neighborhoods, as indicated in Section I.D.1 above, should use the OSFT safety back-up code to record the service. In this scenario, if applicable, both Outreach Workers should document the activity in the client chart or outreach log, making note that they went to a high-risk area, with one of the Outreach Workers clearly stating that they went along as a safety back-up. Both Outreach Workers may reflect the time they spent on the encounter and have their agency or respective agencies bill for the time and be reimbursed accordingly. However, in the Provide® Enterprise Miami data management system the other outreach billing code (i.e., OFFE, OTEL, ORFL, etc.) should only be counted or recorded by the main Outreach Worker/agency that received the referral.
Outreach Telephone Encounter	OTEL	Use this code to record telephone contacts.
Outreach Contact Travel Time	OTVL	Use this code to document travel time with or on behalf of the client that is specific to care coordination, linkage to care, retention or retention in care activities. In such cases, documentation in the client chart must include reason for travel in relation to care coordination, linkage to care, or retention in care.
Take Control Miami events	TCM	Use this code to record outreach activities conducted at authorized "Take Control Miami" events.

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Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Training	TRN	<p>Use this code to record and bill for time spent attending authorized Ryan White Program trainings (TRN), such as Outreach Worker trainings, County-approved Provide® Enterprise Miami data management system trainings, and Ryan White Program Subrecipient (Service Provider) Forums.</p> <p>The TRN code may not be used to bill for any training that is not a Ryan White Program training; for example: use of the TRN code cannot be used to bill for staff attendance at Miami-Dade County HIV/AIDS Partnership and Committee meetings, on-site BSR technical assistance visits, appreciation luncheons, agency-specific staff development activities, HIPAA refresher training, confidentiality training, AETC training modules, or other employer-required training. Travel time is not included when billing the TRN code. Billing staff, data entry staff, and other administrative staff may not use the TRN code.</p>

Commented [SM3]: Outreach workers are not on the list to have access to the TRN encounter code.

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5. **Connection to Care.** Providers are expected to document the client's connection(s) to care in the Provide® Enterprise Miami data management system as evidenced by documentation on file at the outreach provider agency that at least fifty percent (50%) of people contacted and billed for are actually returned to primary medical care and/or Medical Case Management services or that a case was closed, and at least fifty percent (50%) of the people contacted and billed for are new to primary medical care and/or Medical Case Management services, on a quarterly basis. Connections to care will also be monitored by the County on a quarterly basis through the Provide® Enterprise Miami data management system and/or analysis of outreach data conducted by BSR, as a Clinical Quality Management Program activity.

- B. Rules for Reimbursement:** Providers will be reimbursed 1/12th of the contract total, subject to penalties for non-performance (i.e., reduced payment based on not meeting the required percentage of connections to care), as detailed below. Under this service category, Payment Requests

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(invoices) submitted (via mail, email or the Provide® Enterprise Miami data management system) without any recorded services will not be processed for payment without the County's prior approval. In months where this occurs, the County will automatically apply a 1/12th penalty for the month without services and will not take into consideration this month for purposes of the quarterly performance review.

Reimbursement will be performance-based. Initially, payment will be made in equal monthly installments of the contract award for this service, as may be amended through Reallocation/Sweeps awards or reductions. Subrecipients' performance under this service category will be reviewed quarterly to ensure effective service delivery; whereby at least 50% of the clients contacted through Outreach Services during the quarter must be connected for the first time (for new to care clients) or re-connected (for lost to care clients) to Outpatient/Ambulatory Health Services and/or Medical Case Management services. Failure to reach this 50% quarterly performance goal will result in penalties (i.e., payment reductions), as follows:

% of Unduplicated Outreach Clients who were Connected / Re-connected to Care During the Quarter Reviewed	% of Quarterly Reimbursement Totals Subrecipient is Authorized to Retain (i.e., no penalty applied) *
50% or more	100%
45 – 49%	90%
40 – 44%	80%
35 – 39%	70%
30 – 34%	60%
25 – 29%	50%
20 – 24%	30%
0 – 19%	0%

IMPORTANT NOTES:

- Adjustments (e.g., reductions, disallowances, etc.) will be made to reimbursements in monthly invoices following the quarter reviewed. Any adjustment will be made to one or more monthly reimbursement invoices in the subsequent months of the same grant fiscal year until the full amount of the penalty is recouped. For example, if only 36% of the outreach clients contacted/served in Quarter 1 – March to May – were connected to medical care and/or medical case management, the subrecipient would keep (retain) 70% of the amount reimbursed during that period and the amount of the penalty (i.e., 30% of amount reimbursed during the quarter) would be deducted from invoices between June and February until the full amount of the penalty is recouped.

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- 2) Special circumstances (e.g., new hires, complexity of care for subpopulation served, COVID-19 restrictions, etc.) may be considered at the County's sole discretion for adjustments to any penalty reductions indicated in the table directly above.
- 3) Each Outreach Worker must be an approved user/provider in the local Ryan White Part A Program's MIS system (e.g., Provide® Enterprise Miami data management system) BEFORE their first service date. Approvals will no longer be made retroactively for this service category.
- 4) Reallocations/Sweeps actions will also be prospective, not retroactive.
- 5) If an Outreach Services budget includes a staff vacancy and that vacancy is not filled by the end of the next quarter reviewed, a proportionate amount will be deducted from the total award to reduce the amount allocated to the vacant position.
- 6) Sweeps requests for additional funds cannot be used to cover prior penalties.
- 7) These new percentage rates (see table directly above) will be closely monitored by the Recipient (i.e., Miami-Dade County) for effectiveness and may be subject to change.

C. Additional Rules for Reporting: Monthly activity reporting for this service will be on the basis of an outreach contact in comparison with the amount of time and effort billed to the program for each Outreach Worker.

Reimbursement requests will be continuously evaluated on the basis of productivity; in particular, people contacted and connected to primary medical care or Medical Case Management services. A sufficient level of Outreach Services must be provided and a corresponding bill generated through the Provide® Enterprise Miami data management system on a monthly basis in order for reimbursement to be approved by the County. The County maintains the right to assess the sufficiency of the services provided before reimbursement for services is made.

Outreach staff must follow all applicable requirements of this service category in the Provide® Enterprise Miami data management system which include the following: managing an Outreach Episode of Care; ensuring that an In Network or OON referral is opened for a client;

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updating all client appointments evidencing connections to care; creating progress notes which fully document the client encounter; opening the Client Service Profile Record under the correct funding source; ensuring only eligible clients are served.

It is required that all staff working on Outreach Services review and become familiar with the Provide® Enterprise Miami user guides (manuals) titled “Outreach Services Program” and “Referrals: In Network Service and Out of Network” as part of their new outreach staff orientation and prior to providing outreach services. This practice will guide staff as they navigate and follow the requirements of this service category in the Provide® Enterprise Miami data management system with the goal of limiting unbillable services, which can affect the amount of reimbursement approved by the County if the service(s) entered cannot count towards the performance standards detailed above.

- D. Applicability to Local Ryan White Program Requirements:** If a staff person has a Ryan White Program outreach service caseload, even one client, they will be required to adhere to the local Ryan White Program Service Delivery Manual, System-wide Standards of Care, and Clinical Quality Management Program activities. This requirement is applicable whether or not the outreach staff person appears on the program’s line item budget and regardless of the percentage of time and effort spent performing Ryan White Program outreach activities. Similarly, if provider’s staff supervises any Ryan White Program outreach staff, whether or not they are on the budget for such, they also must follow the requirements in the local Ryan White Program Service Delivery Manual, System-wide Standards of Care, and Clinical Quality Management Program activities.

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Care and Treatment
Thursday, May 4, 2023

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. | Introductions | All |
| III. | Meeting Housekeeping and Rules | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of March 2, 2023 | All |
| VII. | Reports | |
| | • Grantee reports (Part A, Part B, and ADAP) | All |
| | • Vacancy | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Vice-Chair Election | All |
| | • FCPN Representative | All |
| | • Outreach Service Description | All |
| IX. | New Business | |
| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • 2022 Client Satisfaction Survey Results | Robert Ladner |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: June 1, 2023 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Meeting documents available at: <http://aidsnet.org/meeting-documents/#docsct>

Please turn off or mute cellular devices – Thank you

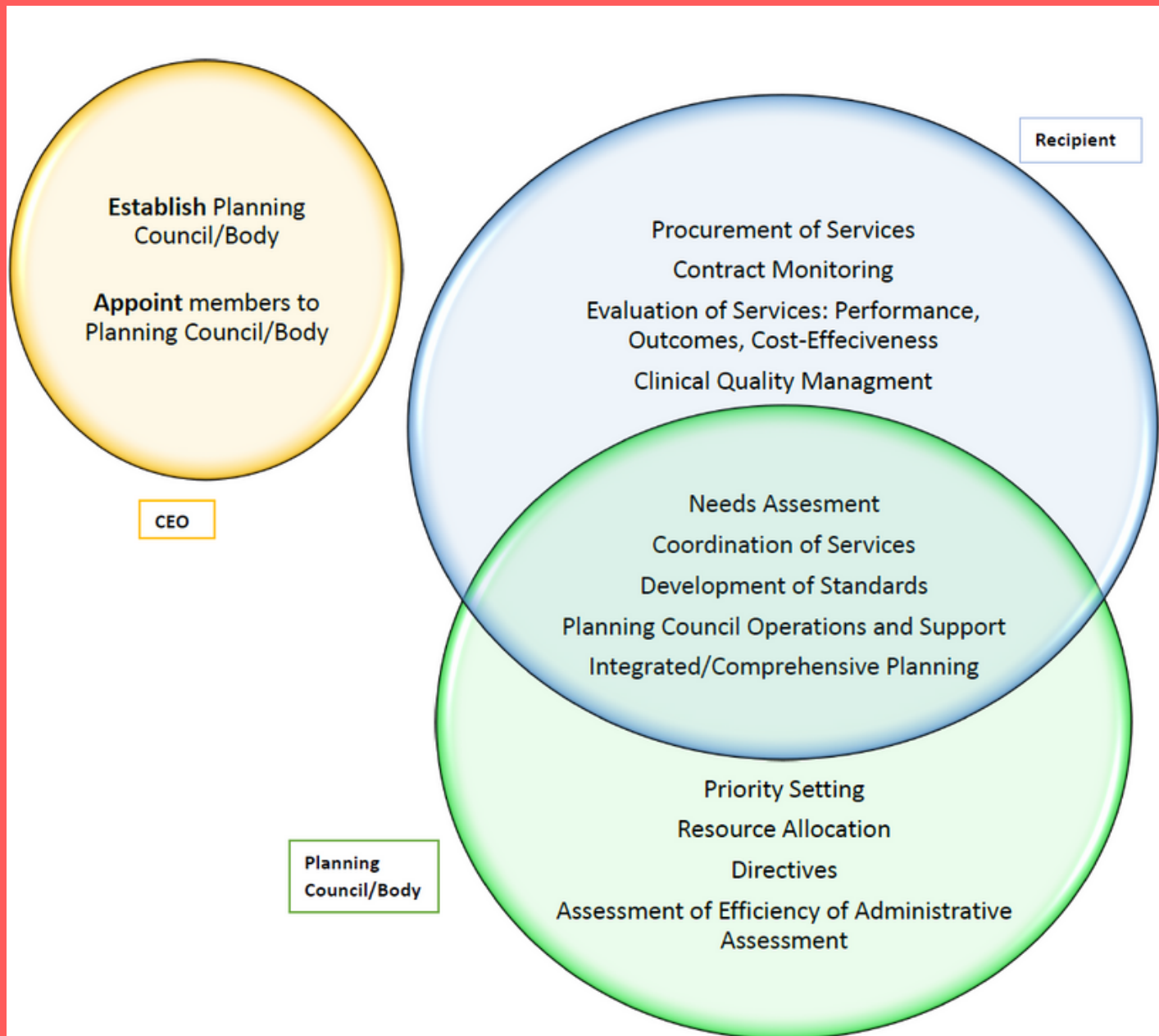
For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact
Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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

PLANNING COUNCIL RESPONSIBILITIES AND NEEDS ASSESSMENT



PRESENTED MAY 4, 2023



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

LEGISLATIVE RESPONSIBILITY

For the population of individuals living with HIV in the Miami-Dade County eligible metropolitan area (EMA):

Determine their **size** and **demographics** and **needs** particularly for those who know their HIV status and are **not receiving HIV-related services**; and address **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.

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 and 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.

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

Other funding information.

NEEDS ASSESSMENT DATES 2023*

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

June 1, 2023

July 13, 2023

August 3, 2023

*September 7, 2023 (if needed)



PRIORITY SETTING AND RESOURCE ALLOCATION (PSRA)

STEPS FOR 2023 NEEDS ASSESSMENT

- Training on responsibilities and data elements
- Additional training materials posted online
- Agreement on process
- Data elements provided
- Directives developed
- Priorities set
- Allocations determined

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.

9

May have cost implications.

Usually only a small number are developed.

Must be followed by Recipient in procurement, contracting, or other service planning.

PRIORITY SETTING

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.

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

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)

RESOURCE ALLOCATION

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.

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

RESOURCE ALLOCATIONS (CONTINUED)

Core Services

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

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/affecting the HIV-related clinical status of an individual with HIV/AIDS.

CONFLICT OF INTEREST

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.

BUDGET DEVELOPMENT OPTIONS

A) Flat

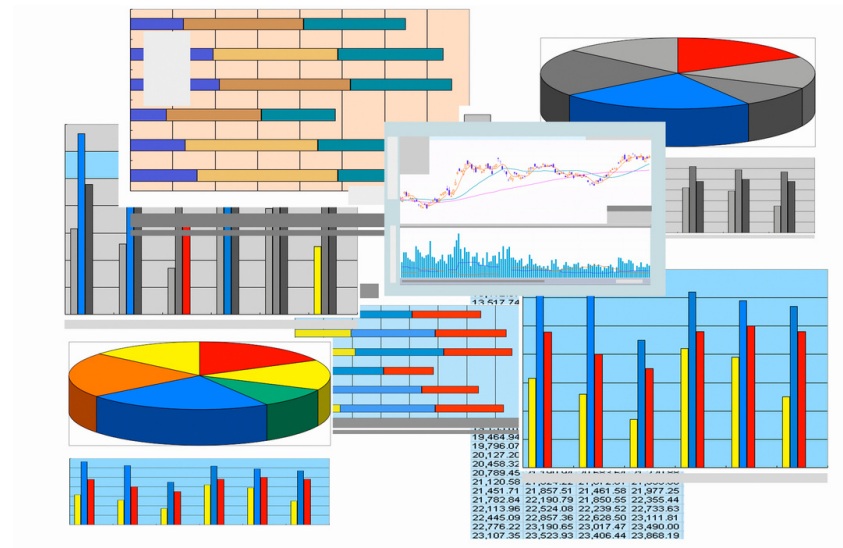
and

B) Increase (up to allowable threshold)

can include or not:

C) Decrease (determine %)

Types of Charts (bars, lines, pies, tables) for Data



EPI DATA

Number of people living with a disease.



EPIDEMIOLOGIC PROFILE

Describes the HIV Epidemic in the Miami-Dade service area

Focuses on the social and demographic groups and behaviors most affected by or 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) and those unaware of their status.

TERM-INCIDENCE

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 as of December 31 of the reference year .

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 as of December 31 of the reference year .

TERM-PREVALENCE

PREVALENCE

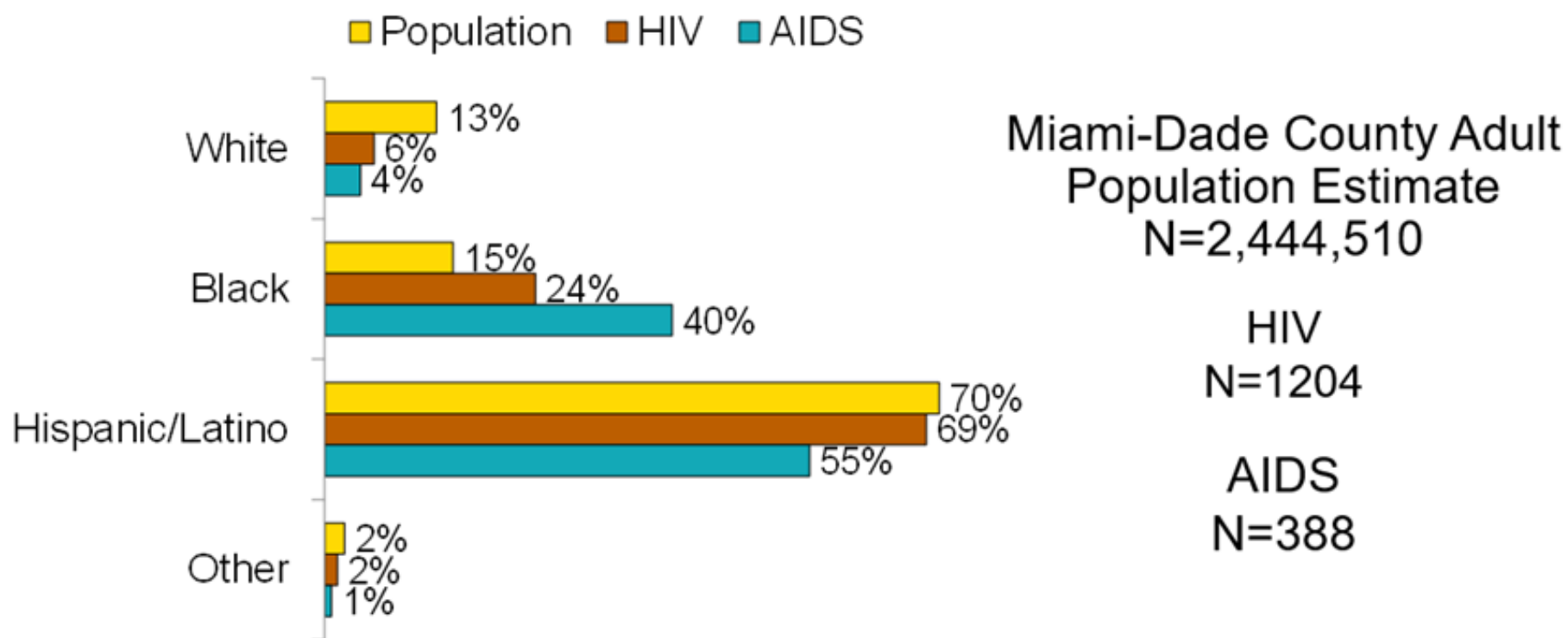
The **total** number of people in a defined population with a specific disease or condition at a given time – such as the total number of people diagnosed with HIV in Miami-Dade County as of December 31 of the reference year.

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 of the reference year.

EPI DATA SAMPLE USING A BAR GRAPH

Adult HIV and AIDS Diagnoses and Population by Race or Ethnicity, 2021, Miami-Dade County



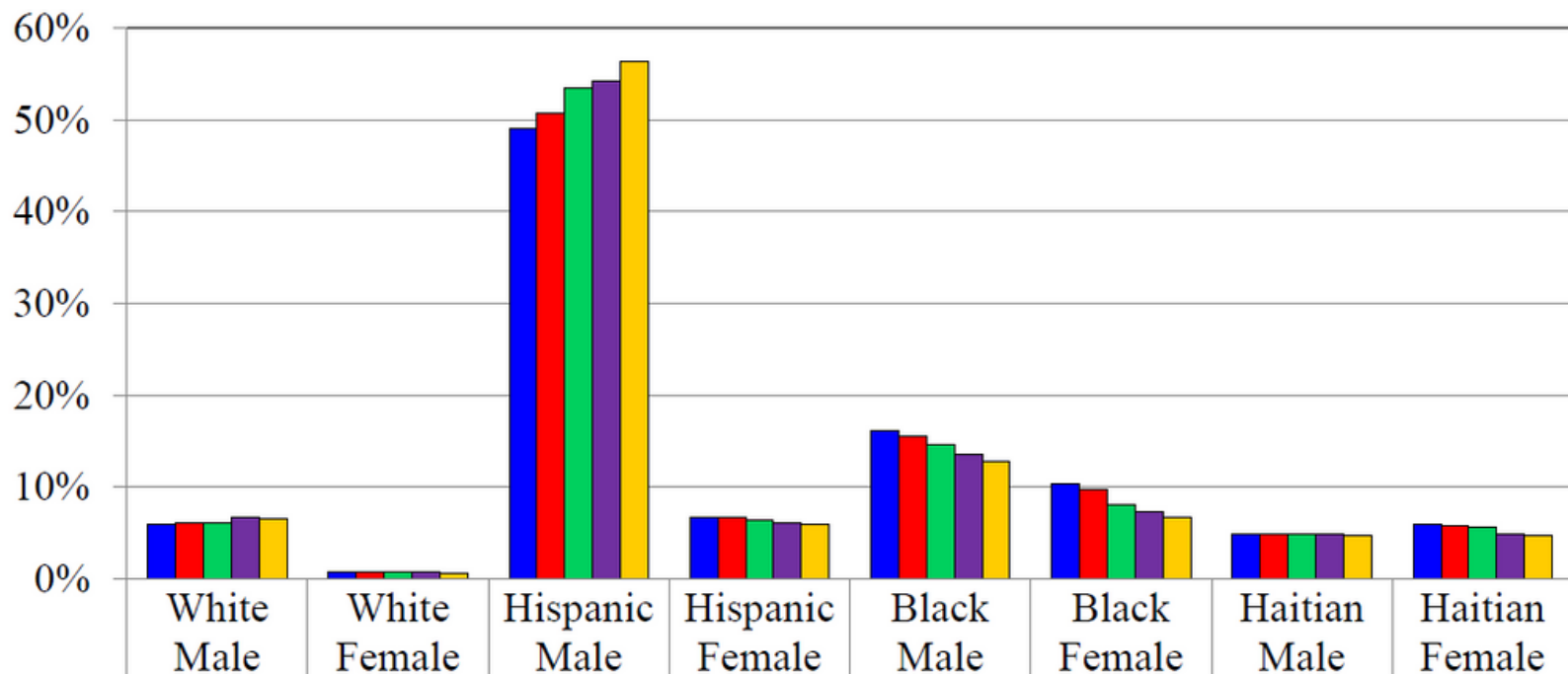
DEMOGRAPHICS

Statistical data relating to the population and particular groups within it.



DEMOGRAPHICS DATA SAMPLE USING A BAR GRAPH

Race/Ethnicity of Clients in Care, by Gender Ryan White Program, FY 2017 - FY 2021



	White Male	White Female	Hispanic Male	Hispanic Female	Black Male	Black Female	Haitian Male	Haitian Female
FY 2017	6%	1%	49%	7%	16%	10%	5%	6%
FY 2018	6%	1%	51%	7%	16%	10%	5%	6%
FY 2019	6%	1%	54%	6%	15%	8%	5%	6%
FY 2020	7%	1%	54%	6%	14%	7%	5%	5%
FY 2021	7%	1%	56%	6%	13%	7%	5%	5%

SERVICE UTILIZATION

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



UTILIZATION DATA SAMPLE USING A TABLE

Total Clients by Service Category

SERVICE CATEGORIES	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,656	8,496	8,116	7,378	7,842
Outpatient/Ambulatory Health Services	5,021	5,447	5,317	4,281	4,422
Oral Health Care	3,500	3,381	3,170	1,711	2,237
Health Insurance Premium & Cost Sharing Assist	1,415	1,307	1,335	1,125	1,255
Food Bank	709	701	715	735	712
Medical Transportation Services	733	638	720	94	645
AIDS Pharmaceutical Assistance (Local)	1,162	697	605	185	183
Mental Health Services	349	327	274	95	121
Outreach Services	965	624	472	130	116
Substance Abuse Services (Residential)	214	169	95	70	66
Other Professional Services - Legal Services	100	76	66	48	44
Substance Abuse Services Outpatient	120	115	55	0	17
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A

UTILIZATION DATA SAMPLE USING TEXT

Outpatient/Ambulatory Health Services

- Forty one percent of direct service expenditures were spent on O/AHS—over \$7.7 million – similar to last fiscal year though less than FY 2018 and FY 2019.
- Nearly 53% of all clients (4,422 clients) used O/AHS which is similar to last fiscal year.
- Top six most used services are:
 - 1.Office Outpatient Visit 25 Minutes, 24%
 - 2.Office Outpatient Visit 15 Minutes, 15%
 - 3.Office Outpatient Visit 10 Minutes, 3%
 - 4.Blood Collection, 3%
 - 5.IADNA HIV-1 Quant & Reverse Transcription, 3%
 - 6.IADNA Chlamydia Trachomatis Amplified Probe TQ, 3%

DASHBOARD CARDS

Tool to visualize utilization and other funding data.



DASHBOARD CARD DATA SAMPLE USING TABLES

2022 Needs Assessment Dashboard Cards
Ryan White Program

Core Service: AIDS Pharmaceutical Assistance

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

Ranking, Allocation, and Expenditure History			
Fiscal Year	Expenditure	Expense as %	
FY 2017	\$23,425,356	1.9%	
FY 2018	\$21,934,627	0.4%	
FY 2019	\$23,019,718	0.3%	
FY 2020	\$17,660,128	0.3%	
FY 2021	\$19,018,258	0.2%	

Fiscal Year	Part A Ranking	Final Allocation	Final Expenditure	% Spent
FY 2017	4	\$449,500.00	\$425,218.67	94.60%
FY 2018	4	\$137,000.00	\$81,547.78	59.52%
FY 2019	4	\$87,000.00	\$52,697.84	60.57%
FY 2020	3	\$66,007.00	\$5,993.21	9.08%
FY 2021	9	\$83,595.00	\$4,379.02	5.24%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2017	3	\$17,000.00	\$15,983.13	94.02%
FY 2018	3	\$100,000.00	\$4,661.97	4.66%
FY 2019	7	\$100,000.00	\$5,145.45	5.15%
FY 2020	NA	NA	NA	NA
FY 2021	NA	NA	NA	NA

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	%	Expenditure	Avg Per Client
FY 2017	9,883	1,162	11.8%	\$441,202	\$379.69
FY 2018	9,578	697	7.3%	\$86,210	\$123.69
FY 2019	9,031	605	6.7%	\$57,843	\$95.61
FY 2020	8,127	185	2.3%	\$5,993	\$32.40
FY 2021	8,420	183	2.2%	\$4,379	\$23.93

OTHER FUNDING DATA (DASHBOARD CARD) SAMPLE USING CHART

Other Funding Streams: AIDS Pharmaceutical Assistance (Prescription Drugs)

Other Funding Streams 2021				
	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$32,843,354.00	4,596	\$7,146.07
2	General Revenue	\$442,771.88	408	\$1,085.23
3	Medicaid	\$104,595,615.00	5,213	\$20,064.38
4	Part C	\$32,874.33	N/A	N/A

Other Funding Streams 2022				
	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$28,342,383.90	4,587	\$6,178.85
2	General Revenue	\$262,520.31	547	\$479.93
3	Medicaid	\$109,082,427.54	5,435	\$20,070.36
4	Part C	\$25,492.00	N/A	N/A

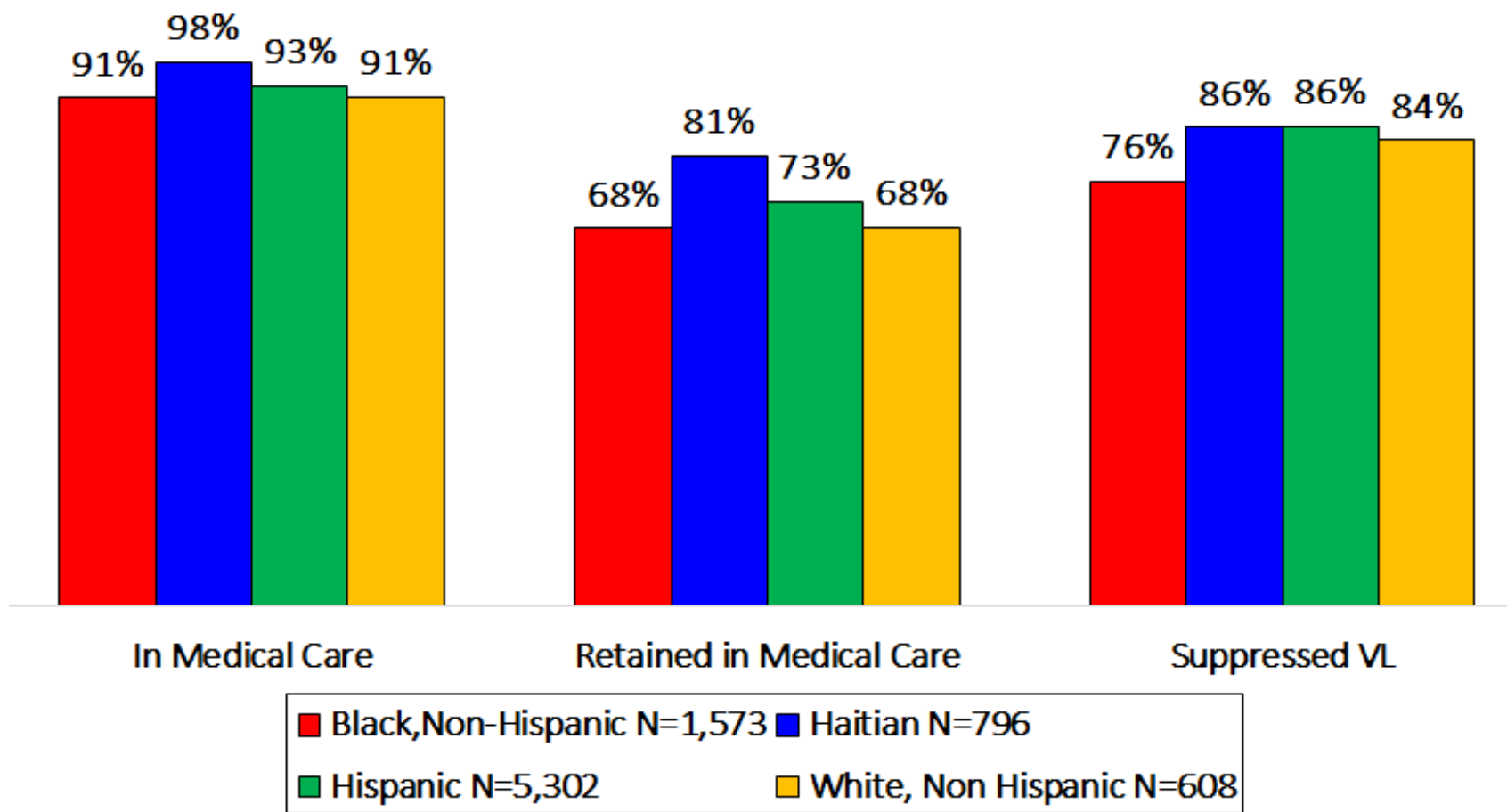
CARE CONTINUUM

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

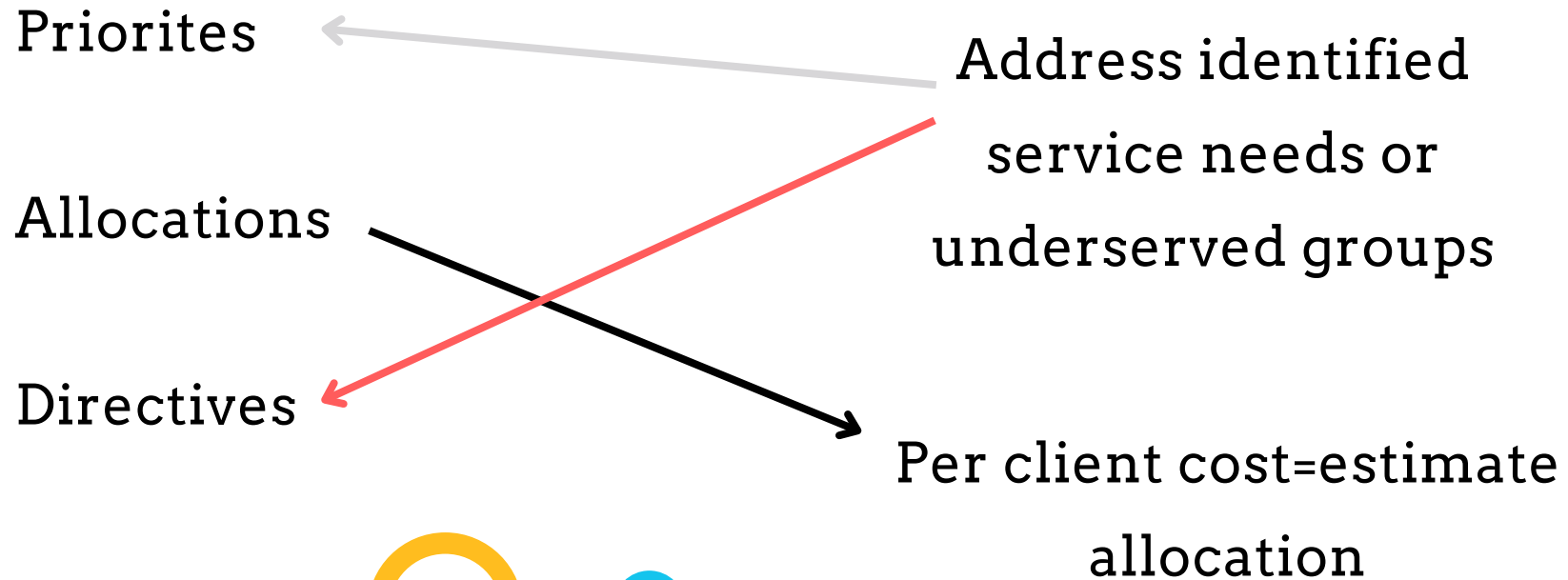


HIV CARE CONTINUUM DATA SAMPLE BAR GRAPH

Ryan White Program HIV Care Continuum by Race/Ethnicity



How do we connect the data?



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?

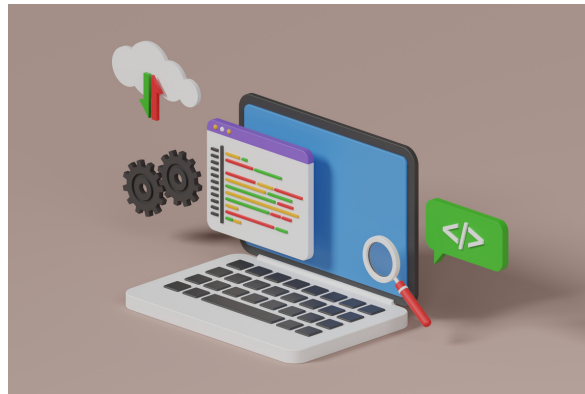
In preparing directives to the Recipient

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

Think 3 D!

Data, Driven, Decisions!

Use data to make informed decisions to improve the service delivery system for people living with HIV in Miami-Dade.



THANK YOU!



WWW.AIDSNET.ORG



Care and Treatment
Thursday, May 4, 2023

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
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| | • Outreach Service Description | All |
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| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • 2022 Client Satisfaction Survey Results | Robert Ladner |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: June 1, 2023 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Meeting documents available at: <http://aidsnet.org/meeting-documents/#docsct>

Please turn off or mute cellular devices – Thank you

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

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Ryan White Program 2022 Client Satisfaction Survey Summary of Findings

Presented on
May 4, 2023

Prepared by
Behavioral Science Research Corporation

aidsnet.org

2022 Ryan White Program Client Satisfaction Survey

- FY 2022 was the 14th consecutive Ryan White Client Satisfaction Survey (CSS) administered by Behavioral Science Research (BSR). This survey has been conducted annually since 2008.
- Provides BSR and the Miami-Dade County RWP with an annual opportunity to take the pulse of program clients.
- 589 client interviews were completed, focusing on Medical Case Management (MCM), Outpatient Ambulatory Health Services (OAHS) and Oral Health Care (OHC) service categories.
- Survey data collection was conducted between September and October 2022.

Survey Methodology

- Clients were interviewed by telephone to avoid COVID-19 contact issues.
 - The clients were quota-sampled by MCM Subrecipient site, based on the number of clients currently being seen at each site. A total of 589 MCM clients were interviewed, of whom 311 also qualified for OHC surveys. A representative sample of clients with ACA insurance was sampled from each service site.
 - 23 RWP MCM sites were sampled.
 - 220 clients had ACA insurance.
 - Clients must have been in MCM care at the site for at least 6 months.
 - Clients were recruited by MCMs from a list of clients receiving MCM services. These clients gave consent for BSR to conduct the interview before BSR could contact them.
- As an incentive to participate, clients were given a \$30 Walmart “e-gift” card, by text, email, or sent by US mail.

Service Utilization among Client Satisfaction Survey Respondents, FY 2020-2022

aidsnet.org

SERVICE CATEGORY	2020		2021		2022	
	# Served	% of Total	# Served	% of Total	# Served	% of Total
Medical Case Management	325	100%	N/A	N/A	589	100%
Outpatient Ambulatory Health Services	315	97%	517	100%	553	94%
Oral Health Care	133	42%	201	39%	311	53%

Summary of Client Satisfaction Survey

Respondent Characteristics (1)

Ethnicity (2% other)	
Hispanic	59%
Black non-Hispanic	23%
Haitian	11%
White non-Hispanic	5%

Age	
Under 35 years	18%
35-49 years	29%
50-64 years	48%
65 years and above	5%

Preferred Language	
English	42%
Spanish	48%
Haitian Creole	10%

Gender	
Males	78%
Females	21%
Transgender	1%

Summary of Client Satisfaction Survey

Respondent Characteristics (2)

Year of HIV/AIDS Diagnosis (5% don't remember)	
Before 1995	11%
1995 – 2004	23%
2005-2014	30%
2015 – present	31%

First Treated in Miami-Dade County (5% don't know)	
Before 1995	4%
1995-2004	18%
2005-2014	27%
2015 – present	46%

Employment Status	
Working full time	41%
Working part time	20%
Sporadic, episodic	11%
Not working	28%

Education	
Less than High School	3%
High School, Trade School	45%
AA or Post-HS certificate	19%
College or post-grad	33%

Summary of Client Satisfaction Survey

Respondent Characteristics (3)

Sexual Orientation (1% refused to answer)	
Heterosexual	35%
Gay/Lesbian	53%
Bisexual/Pansexual	10%
Other	1%

Tele-Health Use for MCM	
All visits in person	59%
Most in person, some tele-health	14%
Half in person, half tele-health	13%
Most or all visits tele-health	14%

Mode of Acquisition (10% don't know)	
Male-Male Sexual Contact (MMSC)	56%
Male heterosexual contact	11%
Female heterosexual contact	15%
Male IDU	3%
Female IDU	<1%
Some other way	4%

Reported Problems	
Signing up for Ryan White Program services?	3%
Language barriers in services?	2%

Summary of Client Satisfaction Survey

ACA Usage by 220 Clients

**MCM gave full instructions on how to use GAP card?
(2% don't remember)**

Yes	92%
No	6%

**Was GAP card used at PCP?
(1% don't remember)**

GAP Card was used (n = 184)	84%
GAP Card was not used	15%

Of 184 clients who used the GAP Card, were there problems using it?

Yes (n-41)	22%
No	78%

**Of 41 clients with problems, was problem resolved so client did not pay out of pocket?
(2% don't remember)**

Yes	37%
No	61%

Percent “Very Satisfied” with Specific Personnel FY 2020-2022

SERVICE CATEGORY	2020	2021	2022
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Medical Case Manager	81%	N/A	80%
Physician (MD, DO), APRN, PA	72%	76%	80%
Dentist	56%	56%	58%
Oral hygienist	55%	66%	62%

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

When the client visits their MCM/PMP, how frequently does the provider...	For MCMs	For PMPs
Discuss the importance of client making all appointments? (% at every visit)	76%	85%
<i>Information is clear and easy to understand</i>	81%	82%
Discuss the importance of the client taking all required medications? (% at every visit)	74%	89%
<i>Information is clear and easy to understand</i>	81%	81%
Discuss the importance of getting/keeping VLs undetectable? (% at every visit)	71%	88%
<i>Information is clear and easy to understand</i>	79%	81%

Percent “Very Satisfied” with Lagtime to New/Next Appointment 2020-2022

SERVICE CATEGORY	2020	2021	2022
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Medical Case Management	58%	N/A	65%
Outpatient Ambulatory Health Services	51%	46%	51%
Oral Health Care	37%	23%	26%

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Percent “Very Satisfied” with the Amount of Time it Takes to Get a Phone Call Returned 2020-2022

SERVICE CATEGORY	2020	2021	2022
	% Very Satisfied	% Very Satisfied	% Very Satisfied
Medical Case Management	55%	N/A	65%
Outpatient Ambulatory Health Services	36%	28%	38%

Percent “Very Easy” to Make New/Next Appointments for Care

SERVICE CATEGORY	2021	2022
	% Very Easy	% Very Easy
Medical Case Management	N/A	64%
Outpatient Ambulatory Health Services	46%	52%
Oral Health Care	26%	32%

Note: 9% reported problems keeping appointments with their OAHS providers. Of those who had problems, the most frequently mentioned reason (27%) was that they had conflicts with their work schedules.

Major Client Satisfaction Survey (CSS)

findings to keep in mind ...

- Black/African Americans and persons 50-64 years old were slightly over-represented in the CSS sample when compared to the RWP as a whole (based on Needs Assessment demographic data, 2022).
- Over half the MCM client base is working full-time (41%) or part-time (20%), potentially complicating access to RWP services.
 - However, only 9% reported problems keeping their medical appointments. Of these, only 27% reported that work conflicts were the main obstacle.
- Preferred survey language was English for 42% of the respondents, Spanish for 48%, and Haitian Creole for 10%.
 - Only 2% reported difficulty communicating with agency staff in preferred language.

More Client Satisfaction Survey (CSS) findings ...

- “Ease of making an appointment” is easiest for MCM (64%), over OAHS (52%) and OHC (32%).
 - “Very easy” ratings for OAHS and OHC clients are higher than 2021.
- “Appointment satisfaction” and “contact satisfaction” levels in 2022 are higher for MCM than OAHS and OHC.
 - 64% of MCM clients are “very satisfied” with lagtime to getting a “new or next” appointment (vs. 52% for OAHS, 32% for OHC).
 - MCM client satisfaction with appointment lagtime in 2022 is much higher than the 58% reported in 2020.
 - Satisfaction with the time it takes to get a phone call returned is higher for MCM clients (65% very satisfied) than for OAHS (38%).
 - MCM client satisfaction with returned phone calls in 2022 is much higher than the 55% reported in 2020.

Reported Feelings of (Non)Discrimination Within the Ryan White Program

Discrimination at Medical Provider's Office (2021 CSS) or MCM's Office (2022 CSS)	MCM (% no)	PMP (% no)
Did _____ say or do anything to make you feel uncomfortable or discriminated against?	98%	99%
Were you ever treated unfairly at your _____ office because of your race/ethnicity?	99%	99%
...because of your country of origin?	99%	99%
...because of your sexual orientation?	99%	99%
...because of your HIV infection?	99%	99%
...because of your gender?	99%	99%
Did anyone at your _____ office do or say anything to make you feel uncomfortable or discriminated against?	96%	97%

Ryan White Program Testimonials from Qualitative Stigma Study

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- “It was a situation that made me cry (acquiring HIV)... they hugged me and told me not to cry... those are beautiful things that made me stay (in the program) and feel at perfect ease.”
- "Never ever did I feel that there was someone who had... a type of discrimination or had said a word that hurt me ... on the contrary, everyone received me with great affection and gave me great encouragement.”
- “(Other providers outside the RWP) don’t inspire confidence. They discriminate against me because of my appearance... (The personnel in the RWP) treat me really well. I don’t have any complaints about them.”
- “I cannot say anything negative (about the care within the program)... They always welcome me, if I have an urgency to see the doctor and I did not have appointment, they let me in.”
- “I am eternally grateful for Ryan White... The care I receive is wonderful, it’s familial, very beautiful, very empathetic. I am very grateful to God and to Ryan White.”

“Experienced Stigma” Scores by Priority Populations

Total and Component Abbreviated Stigma Scale Scores by Race/Ethnicity/Gender Client Group					
Priority Population	Total Stigma Score	Disclosure Concerns	Negative Self Image	Personalized Stigma	Public Attitudes
BAA Male Hetero	27.0	8.5	5.5	5.7	7.3
BAA MSM	28.3	8.6	5.6	6.0	8.0
BAA Female	28.8	8.7	6.1	6.1	7.8
Haitian Male	28.7	9.5	6.5	5.8	7.0
Haitian Female	30.1	10.2	6.2	6.0	7.8
Hispanic Male Hetero	29.7	9.0	6.3	6.7	7.6
Hispanic MSM	27.8	8.6	5.9	6.0	7.3
Hispanic Female	29.6	8.7	6.4	6.6	8.0
White Male	24.1	7.3	5.1	5.0	6.8
White Female	27.0	8.0	4.5	6.5	8.0
Other	25.3	7.9	4.9	5.4	7.1
All Respondents	28.0	8.7	5.9	6.0	7.4

* Highlighted cells indicate deviation ≥ 0.5 points above the average for that section.

**Midpoint for Total Stigma Score is 30.0. Midpoint for each stigma component is 7.5.

“Experienced Stigma” Scores by Age of Clients

Total and Component Abbreviated Stigma Scale Scores by Age of Clients					
Age Categories	Total Stigma Score	Disclosure Concerns	Negative Self-Image	Personalized Stigma	Public Attitudes
18-24 (n=10)	28.4	9.4	5.6	5.2	8.2
25-34 (n=90)	28.2	8.6	5.9	5.9	7.7
35-44 (n=105)	28.6	8.6	6.0	6.2	7.8
45-54 (n=138)	27.2	8.4	5.7	6.0	7.1
55-64 (n=181)	28.3	8.8	6.0	6.0	7.4
65+ (n=26)	27.3	8.8	5.7	5.7	7.1
All Respondents	28.0	8.7	5.9	6.0	7.4

*Highlighted cells indicate deviation ≥ 0.5 points above the average for that section.

**Midpoint for Total Score is 30.0. Midpoint for each stigma component is 7.5.

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



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, May 4, 2023

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. | Introductions | All |
| III. | Meeting Housekeeping and Rules | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of March 2, 2023 | All |
| VII. | Reports | |
| | • Grantee reports (Part A, Part B, and ADAP) | All |
| | • Vacancy | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Marlen Meizoso |
| VIII. | Standing Business | |
| | • Vice-Chair Election | All |
| | • FCPN Representative | All |
| | • Outreach Service Description | All |
| IX. | New Business | |
| | • Planning Council Responsibilities and Needs Assessment | Marlen Meizoso |
| | • 2022 Client Satisfaction Survey Results | Robert Ladner |
| X. | Open Discussion and Announcements | All |
| XI. | Next Meeting: June 1, 2023 at Main Library- Auditorium | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Meeting documents available at: <http://aidsnet.org/meeting-documents/#docsct>

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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



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