



Committee Reports to the Executive Committee
Presented September 27, 2023

This report contains thirteen (13) motions and an overview of each committee’s activities for the meeting date(s) indicated for approval by the Executive Committee in its authority to deal with emergency measures which are time-sensitive since the Partnership did not reach quorum on September 18, 2023.

CARE AND TREATMENT COMMITTEE – SEPTEMBER 14, 2023 *10 MOTIONS*

Members:

- Approved Dr. Daniel Shmuels as a new member.
- Heard updates from Ryan White Program Part A and Part B; and AIDS Drug Assistance Program (ADAP).
- Heard a report from the Medical Care Subcommittee and approved edits to the allowable conditions list.

Attachment #1
Allowable Medical Conditions List Edits

#	Motion	Details
1	Motion to accept the changes to the Allowable Medical Conditions List as presented.	Clarification of some notations and conditions was provided for the ophthalmology and podiatry specialties of the Allowable Medical Conditions List. Revisions have been incorporated in the attached draft pages 5 and 6 of the document.

Priority Setting and Resource Allocations (PSRA)

The Committee concluded the five-month Annual Needs Assessment during which they reviewed a broad scope of data to inform the PSRA recommendations below. Data presented during Needs Assessment and the complete Needs Assessment book are online at www.aidsnet.org/partners/annual-needs-assessment/.

The Committee:

- Made directives as indicated in the motions, below.

Directives		
#	Motion	Details
2	Motion to direct the Recipient to include Housing, Emergency Financial Assistance, Non-medical Case Management, Psychosocial Support, and Health Education/Risk Reduction in the next Request for Proposals (RFP) that would result in contracts beginning March 1, 2025.	The Committee discussed addressing unmet needs, providing more holistic care, combating stigma, and the rigors of the request for proposal (RFP) cycle length.
3*	Motion to direct the Recipient to bundle Outpatient/Ambulatory Health Services, Medical Case Management and Mental Health Services such that proposers/providers seeking funding for Outpatient/Ambulatory Health Services in the next RFP would be required to provide Medical Case Management and Mental Health Services as well.	They suggested two motions for consideration by the Partnership. If additional services are considered, this would allow the Committee the time to develop definitions in time for RFP release for contracts beginning March 1, 2025.

**Motion three in prior iteration erroneously indicated a date but the corrected motion is indicated above.*

- Conducted Priority Setting and Resource Allocations (PSRA), as indicated in the motions, below.

<i>Attachment #2a</i> Priority Setting – Part A		
#	Motion	Details
4	Motion to accept the Ryan White Part A YR 2024-2025 priorities, as presented.	Part A priorities were ranked, reviewed, discussed, and voted upon as presented.

<i>Attachment #2b</i> Priority Setting – Minority AIDS Initiative (MAI)		
#	Motion	Details
5	Motion to accept the Ryan White Minority AIDS Initiative YR 2024-2025 priorities, as presented.	MAI priorities were ranked, reviewed, discussed, and voted upon as presented.

Attachment #3a
Resource Allocations – Part A Flat Funding (Formula and Supplemental)

#	Motion	Details
6	Motion to allocate \$529,539 to Food Bank in the Ryan White Part A YR 2024-2025 flat funding budget.	The Committee discussed projection data, prior expenditures, RFP totals, and unmet needs in the development of the flat funding budget.
7	Motion to allocate the balance of funds in the Ryan White Part A YR 2024-2025 flat funding budget as presented.	A separate motion was made for Food Bank because one member was conflicted as the sole provider in the Food Bank service category. <i>These motion may be combined since there is no conflict at the Executive Committee meeting.</i>

Attachment #3b
Resource Allocations – Part A HRSA Non-competing Continuation Ceiling

#	Motion	Details
8	Motion to approve the Ryan White Part A YR 2024-2025 HRSA Non-competing Continuation Ceiling budget as presented.	Using the flat funding budget as a base, the Committee once again discussed adjustments based on data presented and then approved the HRSA Non-competing Continuation Ceiling budget. There was no conflict in the Food Bank category based on members present at the time of the vote. <i>This motion may move forward as is since there is no conflict at the Executive Committee meeting.</i>

Attachment #3c
Resource Allocations – Minority AIDS Initiative (MAI) Flat Funding (Formula and Supplemental)

#	Motion	Details
9	Motion to approve the Ryan White Minority AIDS Initiative (MAI) YR 2024-2025 flat funding budget as presented.	Under MAI, the Committee discussed projection estimates, prior expenditures, RFP totals, and unmet needs in the development of the flat funding budget. There was no conflict in the Mental Health, Outpatient Substance Abuse, and Outreach categories based on members present during the time of the vote. <i>This motion may need to be split if there is a conflict at the Executive Committee meeting.</i>

Attachment #3d
Resource Allocations – MAI HRSA Non-competing Continuation Ceiling

#	Motion	Details
10	Motion to approve the Minority AIDS Initiative (MAI) YR 2024-2025 HRSA Non-competing Continuation Ceiling budget as presented.	<p>Using the MAI flat funding budget as a base, the Committee once again discussed adjustments based on data presented and then approved the HRSA Non-competing Continuation Ceiling budget.</p> <p>There was no conflict in the Mental Health, Outpatient Substance Abuse, and Outreach categories based on members present at the time of the vote.</p> <p><i>This motion may need to be split if there is a conflict at the Executive Committee meeting.</i></p>

STRATEGIC PLANNING COMMITTEE – SEPTEMBER 8, 2023 **2 MOTIONS**

Members:

- Conducted their final review of the 2022 Annual Report and the Assessment of the Ryan White Program Recipient Administrative Mechanism March 1, 2022 – February 28, 2023 Report.
- Have concluded their stand-alone committee business for the calendar year and elected to cancel their November and December 2023 meetings.

Attachment #4
2022 Annual Report

#	Motion	Details
11	Motion to approve the 2022 Annual Report as presented.	<p>Members have worked on the report extensively over several meetings. This report will be presented to the Mayor of Miami-Dade County and the Board of County Commissioners as a snapshot of HIV in Miami-Dade County.</p> <p>The report will also be included with the request for sponsorship of the changes to the Partnership Ordinance proposed by the Partnership in August 2023.</p>

Attachment #5
Assessment of the Ryan White Program Recipient Administrative Mechanism (AAM)
March 1, 2022 – February 28, 2023 Report

#	Motion	Details
12	Motion to approve the Assessment of the Ryan White Program Recipient Administrative Mechanism March 1, 2022 – February 28, 2023 Report as presented.	<p>The AAM Report is an annual Health Resources and Services Administration requirement for Ryan White Program planning councils.</p> <p>Members reviewed the narrative and responses and suggested corrections and improvements. The Recipient addressed each comment.</p> <p>Members approved the Report with corrections and Recipient responses, with the caveat that the Recipient will review the final draft.</p> <p>The Recipient reviewed the final draft which is presented here as Attachment #5.</p>

OTHER

▪ **Community Coalition Roundtable – August 28, 2023**

Members:

- Participated in a roundtable discussion on HIV criminalization, led by Kamaria Laffrey of the Sero Project.

▪ **Prevention Committee – August 31, 2023**

Members:

- Approved Daniel Periera as a new member.
- Heard reports on recent activities of the Florida Department of Health in Miami Dade County (FDOH-MDC) Prevention Workgroups and Speaker’s Bureau.
- Heard a presentation by FDOH-MDC on Family Planning and Prenatal Care Services and discussed options for making women’s services more accessible, particularly among underserved populations.

▪ **Executive Committee and Housing Committee**

- These committees have not met since the last Partnership meeting.

NEXT MEETINGS

Members are expected to RSVP; review materials in advance as posted at www.aidsnet.org/meeting-documents/ and available from staff; and attend meetings. See www.aidsnet.org/calendar/ for details or contact staff at hiv-aidsinfo@behavioralscience.com.

OCTOBER 2023				
RYAN WHITE PART A/MAI PROGRAM AND MIAMI-DADE HIV/AIDS PARTNERSHIP CALENDAR				
Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
9 Columbus Day / Indigenous Peoples' Day	10 JIPRT: Joint Integrated Plan Review Team - Strategic Planning Committee and Prevention Committee 10:00 AM to 1:00 PM at MDC Main Library	11	12 Care & Treatment Committee 10:00 AM to 12:00 PM at MDC Main Library	13 National Latinx AIDS Awareness Day (Sunday, October 15)
16 Miami-Dade HIV/AIDS Partnership 10:00 AM to 12:00 PM at MDC Main Library	17	18  Get on Board! Virtual Training Series 12:00 PM to 1:00 PM via Zoom	19 Housing Committee UPDATED! 1:00 PM to 3:00 PM at Care Resource	20 Clinical Quality Management Committee 9:30 AM to 11:30 AM via Zoom
23	24	25 Executive Committee <i>Meets as needed</i>	26	27 Medical Care Subcommittee 9:30 AM to 11:30 AM at BSR Corp.
30 Community Coalition Roundtable featuring Special Presentation: <i>Fighting Stigma Across the HIV Care Continuum</i> 5:00 PM to 7:00 PM at Empower U CHC	31	<p>REGULAR MEETING LOCATIONS</p> <p>BSR Corp. - Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134</p> <p>MDC Main Library - Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 33130</p> <p>SPECIAL MEETING LOCATIONS</p> <p>Empower U CHC - Empower U Community Health Center, 7900 NW 27th Avenue, Suite C3A, Miami, FL 33147</p> <p>Care Resource - Midtown Miami Location: 3510 Biscayne Boulevard, First Floor Community Room, Miami, FL 33137</p>		

Events listed on this calendar are open to the public.

People with HIV are encouraged to attend!



Are you attending a meeting or training?



Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials for distribution.

To attend, RSVP to:
(305) 445-1076 or hiv-aidsinfo@behavioralscience.com

Visit our website for more information www.aidsnet.org

Version 09/08/23
Information on this calendar is subject to change

APPROVAL OF REPORTS *1 MOTION*

Approval of Reports	
#	Motion
13	Motion to accept the Committee Reports as presented.

**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. These conditions are related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment. 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 and treatment for HIV-related eye problems/complications such as the examples listed above and; ~~but~~ will ~~not~~ pay for the

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

filling of prescriptions for corrective lenses (e.g. astigmatism, myopia, hyperopia):-

PODIATRY:

diabetic foot care

foot and ankle pain*

plantar fasciitis related to lipoatrophy and other known associated causes

**IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for diagnostic evaluation, diagnosis, and treatment of foot and ankle pain for HIV related conditions or co-morbidities. Conditions such as hammer toes, bunions, and 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

DRAFT

Ryan White Program Part A Priorities YR 2024-25	
Rank	Services
1	Medical Case Management, including Treatment Adherence Services [C]
2	Outpatient/Ambulatory Health Services [C]
3	Mental Health Services [C]
4	Oral Health Care [C]
5	Food Bank/Home-Delivered Meals [S]
6	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
7	Substance Abuse Services (Residential) [S]
8	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
9	Substance Abuse Outpatient Care [C]
10	AIDS Drug Assistance Program (ADAP) Treatment [C]
11	Housing Services [C]
12	Emergency Financial Assistance [S]
13	Medical Transportation (Vouchers) [S]
14	Outreach Services [S]
15	Other Professional Services (Legal Assistance and Permanency Planning) [S]
16	Psychosocial Support [S]
17	Non-Medical Case Management [S]
18	Health Education/Risk Reduction [S]
19	Early Intervention Services [C]
20	Medical Nutrition Therapy [C]
21	Home and Community Based Health Care [C]
22	Referral for Health Care and Support Services [S]
23	Linguistic Services [S]
24	Home Health Care [C]
25	Child Care Services [S]
26	Hospice Services [C]
27	Rehabilitation Services [S]
28	Respite Care [S]

C=core services S=support services

Ryan White Program Minority AIDS Initiative (MAI) Priorities YR 2024-25	
Rank	Services
1	Medical Case Management, including Treatment Adherence Services [C]
2	Outpatient/Ambulatory Health Services [C]
3	Mental Health Services [C]
4	AIDS Drug Assistance Program (ADAP) Treatment [C]
5	Emergency Financial Assistance [S]
6	Substance Abuse Outpatient Care [C]
7	Outreach Services [S]
8	Oral Health Care [C]
9	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
10	Food Bank/Home-Delivered Meals [S]
11	Substance Abuse Services (Residential) [S]
12	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
13	Medical Transportation (Vouchers) [S]
14	Housing Services [C]
15	Psychosocial Support [S]
16	Early Intervention Services [C]
17	Health Education/Risk Reduction [S]
18	Home and Community Based Health Care [C]
19	Medical Nutrition Therapy [C]
20	Non-Medical Case Management [S]
21	Referral for Health Care and Support Services [S]
22	Other Professional Services (Legal Assistance and Permanency Planning) [S]
23	Home Health Care [C]
24	Hospice Services [C]
25	Rehabilitation Services [S]
26	Child Care Services [S]
27	Linguistic Services [S]
28	Respite Care [S]

C=core services S=support services

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2024 PART A FLAT FUNDING (FORMULA & SUPPLEMENTAL FUNDING) BUDGET			
FY 2024 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2024 RECOMMENDED ALLOCATION ¹	FY 2024 %
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$ 5,869,052	26.87%
2	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$ 8,847,707	40.50%
3	MENTAL HEALTH SERVICES [C]	\$ 132,385	0.61%
4	ORAL HEALTH CARE [C]	\$ 3,088,975	14.14%
5	FOOD BANK*/HOME DELIVERED MEALS [S]	\$ 529,539	2.42%
6	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS	\$ 491,909	2.25%
7	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$ 2,169,744	9.93%
8	AIDS PHARMACEUTICAL ASSISTANCE [C]	\$ 48,255	0.22%
9	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$ 44,128	0.20%
10	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded	N/A
11	HOUSING [S]	Not Part A Funded	N/A
12	EMERGENCY FINANCIAL ASSISTANCE [S]	\$ 48,253	0.22%
13	MEDICAL TRANSPORTATION [S]	\$ 154,449	0.71%
14	OUTREACH SERVICES [S]	\$ 264,696	1.21%
15	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING)	\$ 154,449	0.71%
16	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Part A Funded	N/A
17	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Part A Funded	N/A
18	HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded	N/A
19	EARLY INTERVENTION SERVICES [C]	Not Part A Funded	N/A
20	MEDICAL NUTRITION THERAPY [C]	Not Part A Funded	N/A
21	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded	N/A
22	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded	N/A
23	LINGUISTIC SERVICES [S]	Not Part A Funded	N/A
24	HOME HEALTH CARE [C]	Not Part A Funded	N/A
25	CHILD CARE SERVICES [S]	Not Part A Funded	N/A
26	HOSPICE [C]	Not Part A Funded	N/A
27	REHABILITATION SERVICES [S]	Not Part A Funded	N/A
28	RESPIRE CARE [S]	Not Part A Funded	N/A
	SUBTOTAL	\$21,843,541	100.0%

* Funded component of the service category.

[C]= Core Service; [S] = Support Service

ADMINISTRATION ²	
CLINICAL QUALITY MANAGEMENT	\$2,493,726
TOTAL	\$600,000
	\$24,937,267

Exp. Ratios

Core Services ⁴ 84.80%

Support Services 15.20%

NOTES:

¹ Total based on the RWP FY 2023 final award.

² Administration includes Partnership Staff Support and Data Support (Provide® Enterprise-Miami).

³ Service categories shaded in grey have been added for "FY 2024 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is requirement under the HRSA Non-competing Continuation instructions and will assist other funding sources (e.g.,

⁴ Actual FY 2022 Core Service's expenditure ratio was 85.07%, net of expenditures funded by the carryover award. Per RWP legislation, Core Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2024 PART A FUNDING CEILING (FORMULA & SUPPLEMENTAL) BUDGET			
FY 2024 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2024 RECOMMENDED ALLOCATION ¹	FY 2024 %
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$ 5,869,052	25.56%
2	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$ 8,847,707	38.53%
3	MENTAL HEALTH SERVICES [C]	\$ 132,385	0.58%
4	ORAL HEALTH CARE [C]	\$ 3,088,975	13.45%
5	FOOD BANK *HOME DELIVERED MEALS [S]	\$ 1,651,715	7.19%
6	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	\$ 491,909	2.14%
7	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$ 2,169,744	9.45%
8	AIDS PHARMACEUTICAL ASSISTANCE [C]	\$ 48,255	0.21%
9	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$ 44,128	0.19%
10	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded	N/A
11	HOUSING [S]	Not Part A Funded	N/A
12	EMERGENCY FINANCIAL ASSISTANCE [S]	\$ 48,253	0.21%
13	MEDICAL TRANSPORTATION [S]	\$ 154,449	0.67%
14	OUTREACH SERVICES [S]	\$ 264,696	1.15%
15	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	\$ 154,449	0.67%
16	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Part A Funded	N/A
17	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Part A Funded	N/A
18	HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded	N/A
19	EARLY INTERVENTION SERVICES [C]	Not Part A Funded	N/A
20	MEDICAL NUTRITION THERAPY [C]	Not Part A Funded	N/A
21	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded	N/A
22	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded	N/A
23	LINGUISTIC SERVICES [S]	Not Part A Funded	N/A
24	HOME HEALTH CARE [C]	Not Part A Funded	N/A
25	CHILD CARE SERVICES [S]	Not Part A Funded	N/A
26	HOSPICE [C]	Not Part A Funded	N/A
27	REHABILITATION SERVICES [S]	Not Part A Funded	N/A
28	RESPIRE CARE [S]	Not Part A Funded	N/A
SUBTOTAL		\$22,965,717	100.0%

* Funded component of the service category.
[C]= Core Service; [S] = Support Service

ADMINISTRATION ²	\$2,618,413
CLINICAL QUALITY MANAGEMENT	\$600,000
TOTAL ³	\$26,184,130

Exp. Ratios	
Core Services ⁴	80.65%
Support Services	19.14%

NOTES:

- ¹ Award Ceiling Totals \$28,936,790 [\$26,184,130 (Part A) and \$2,752,660 (MAD)] per HRSA's FY 2024 Non-competing Continuation Instructions.
- ² Administration includes Partnership Staff Support and Data Support (Provide® Enterprise-Miami).
- ³ Service categories shaded in grey have been added for "FY 2024 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is requirement under the HRSA Non-competing Continuation instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available MAI.
- ⁴ Actual FY 2022 Core Service's expenditure ratio was 85.07%, net of expenditures funded by the carryover award. Per RWP legislation, Core Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Services waiver.

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2024 MINORITY AIDS INITIATIVE (MAI) FLAT FUNDING BUDGET			
FY 2024 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2024 RECOMMENDED ALLOCATION ¹	FY 2024 %
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$903,920.00	40.01%
2	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$1,268,954.00	56.16%
3	MENTAL HEALTH SERVICES [C]	\$18,960.00	0.84%
4	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A
5	EMERGENCY FINANCIAL ASSISTANCE [S]	\$12,087.00	0.53%
6	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$8,058.00	0.36%
7	OUTREACH SERVICES [S]	\$39,816.00	1.76%
8	ORAL HEALTH CARE [C]	Not MAI Funded	N/A
9	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A
10	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A
11	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A
12	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS	Not MAI Funded	N/A
13	MEDICAL TRANSPORTATION [S]	\$7,628.00	0.34%
14	HOUSING [S]	Not MAI Funded	N/A
15	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A
16	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A
17	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A
18	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A
19	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A
20	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A
21	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A
22	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A
23	HOME HEALTH CARE [C]	Not MAI Funded	N/A
24	HOSPICE [C]	Not MAI Funded	N/A
25	REHABILITATION SERVICES [S]	Not MAI Funded	N/A
26	CHILD CARE SERVICES [S]	Not MAI Funded	N/A
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A
28	RESPIRE CARE [S]	Not MAI Funded	N/A
SUBTOTAL		\$2,259,423	100.00%

[C] = Core Services; [S] = Support Service

ADMINISTRATION	
CLINICAL QUALITY MANAGEMENT	\$262,158
TOTAL	\$100,000
	\$2,621,581

Exp. Ratios	
Core Services ³	97.37%
Support Services	2.63%

NOTES:

¹ Total based on the RWP FY 2023 final award.

² Service categories shaded in grey have been added for "FY 2024 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is requirement under the HRSA Non-competing Continuation instructions and will assist other funding sources (e.g.,

³ FY 2022 Core Services expenditure ratio was 96.81% of expenditures (no MAI carryover expenditures during FY 2022). Per RWP legislation, Core Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2024 MINORITY AIDS INITIATIVE (MAI) FUNDING CEILING BUDGET			
FY 2024 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2024 RECOMMENDED ALLOCATION ¹	FY 2024 %
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$903,920	38.02%
2	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$1,386,925	58.34%
3	MENTAL HEALTH SERVICES [C]	\$18,960	0.80%
4	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A
5	EMERGENCY FINANCIAL ASSISTANCE [S]	\$12,087	0.51%
6	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$8,058	0.34%
7	OUTREACH SERVICES [S]	\$39,816	1.67%
8	ORAL HEALTH CARE [C]	Not MAI Funded	N/A
9	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A
10	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A
11	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A
12	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	Not MAI Funded	N/A
13	MEDICAL TRANSPORTATION [S]	\$7,628	0.32%
14	HOUSING [S]	Not MAI Funded	N/A
15	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A
16	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A
17	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A
18	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A
19	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A
20	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A
21	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A
22	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A
23	HOME HEALTH CARE [C]	Not MAI Funded	N/A
24	HOSPICE [C]	Not MAI Funded	N/A
25	REHABILITATION SERVICES [S]	Not MAI Funded	N/A
26	CHILD CARE SERVICES [S]	Not MAI Funded	N/A
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A
28	RESPIRE CARE [S]	Not MAI Funded	N/A
SUBTOTAL		\$2,377,394	100.00%

[C]= Core Service; [S] = Support Service

ADMINISTRATION	\$275,266
CLINICAL QUALITY MANAGEMENT	\$100,000
TOTAL ²	\$2,752,660

Exp. Ratios
 Core Services ³ **97.50%**
 Support Services **2.50%**

NOTES:

- ¹ Award Ceiling Totals \$28,936,790 [\$26,184,130 (Part A) and \$2,752,660 (MAI)] per HRSA's FY 2024 Non-competing Continuation Instructions.
- ² Service categories shaded in grey have been added for "FY 2024 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is requirement under the HRSA Non-competing Continuation instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available FY 2022 Core Service's expenditure ratio was 96.81% of expenditures (no MAI carryover expenditures during FY 2022). Per RWP legislation, Core Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Services waiver.

2022
ANNUAL
REPORT

HIV in Miami-Dade County

www.aidsnet.org



hiv-aidsinfo@behavioralscience.com



Notes:

- Hispanic Includes people who are Black Hispanic, White Hispanic, Latina, Latino, and Latinx, of any race.
- Black non-Hispanic includes Haitians.
- Data in this report is subject to change.

This report was prepared by Behavioral Science Research Corporation for the Miami-Dade County OMB and the Miami-Dade HIV/AIDS Partnership. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$27,558,848 as of March 29, 2023 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views, nor an endorsement by, HRSA, HHS or the U.S. Government.

State of the HIV Epidemic

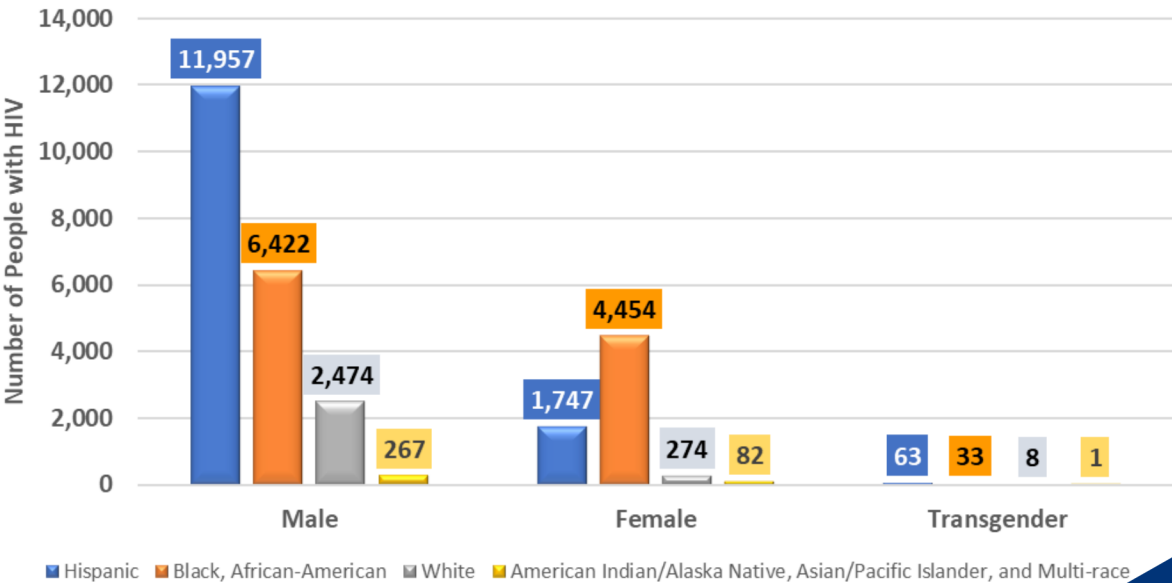
One out of every 97 people had HIV in Miami-Dade County in 2021.

Florida continues to have the highest annual incidence of new HIV diagnoses in the United States.

2021 Florida Department of Health Snapshot

- **#1** Although we are making great progress in identifying and treating people with HIV, Miami-Dade County has the highest rate of new diagnoses of HIV of any county in Florida.
- **27,782** people with HIV live in Miami-Dade County.
Total MDC population: 2,673,837
- **23%** of Florida residents with HIV live in Miami-Dade County.
Total Florida population: 22,244,823

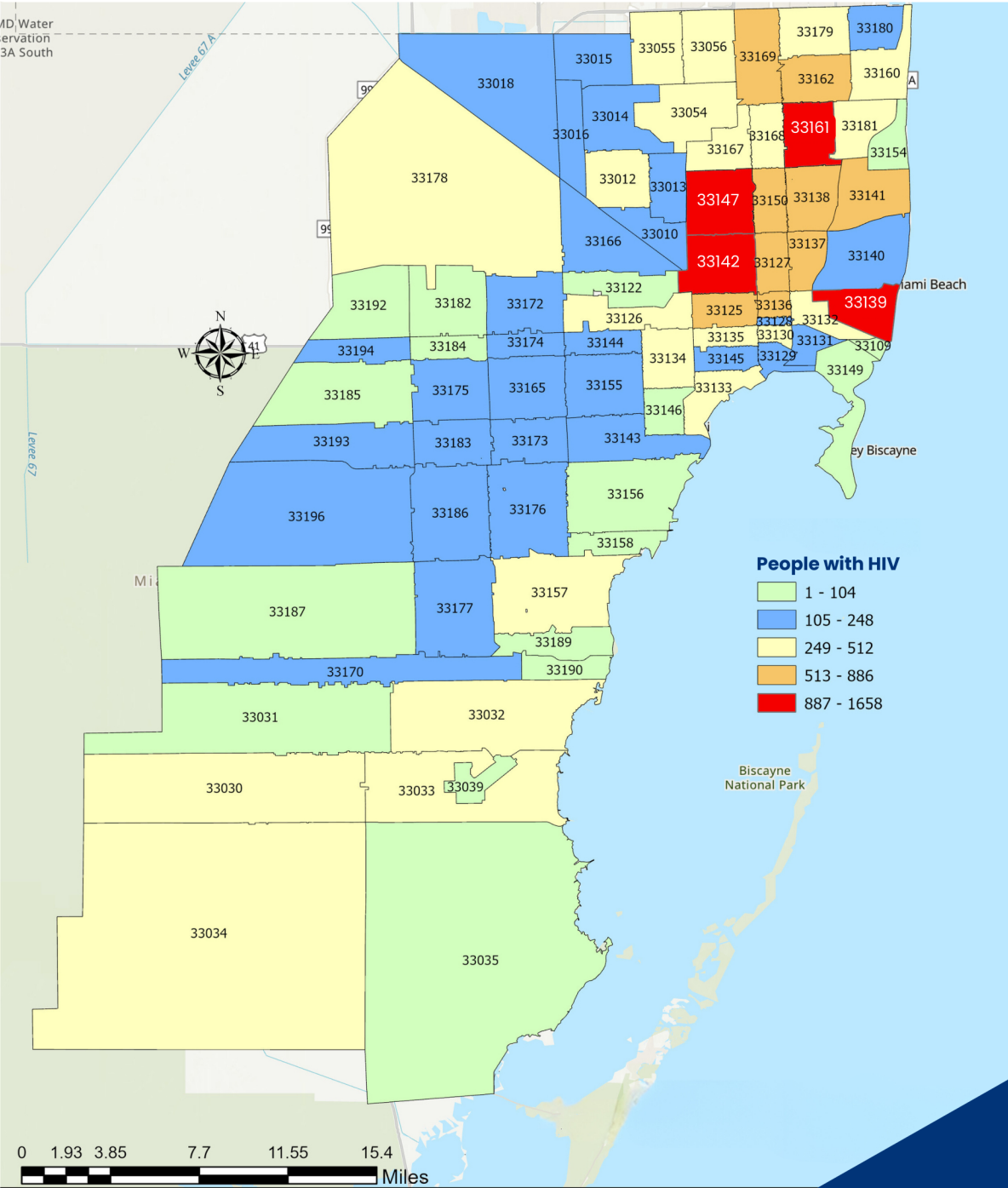
Race/Ethnicity and Gender of People with HIV in MDC (2021)



Geographic Trends

People with HIV live in every Zip Code in Miami-Dade County.

Zip Code of Residence of People with HIV in MDC (2021)

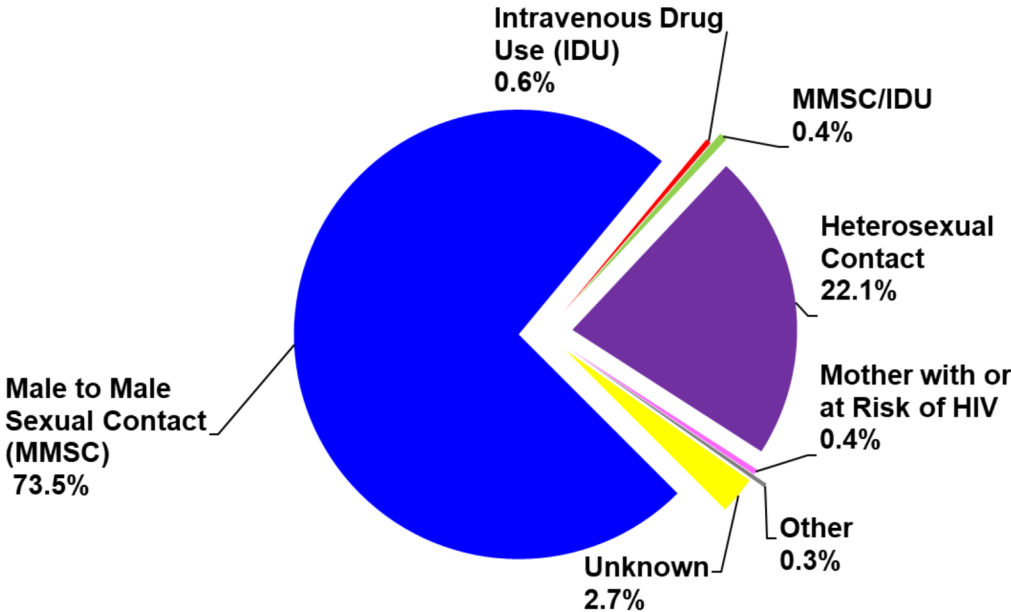


Modes of Acquiring HIV

In FY 2022, Ryan White Program (RWP) clients self-reported the following modes of acquiring HIV.

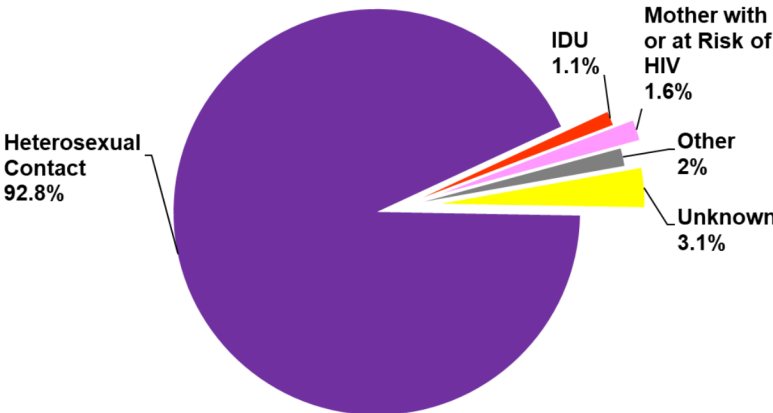
Acquiring HIV Among Male RWP Clients

N=7,028



Acquiring HIV Among Female RWP Clients

N=1,468



Ryan White Program Clients: Populations of Special Concern

8,590 people with HIV were served by the RWP in FY 2022. The *2022-2026 Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan* includes activities to ensure positive health outcomes for people aging with HIV and those who are experiencing homelessness.

People Aging with HIV

44%

RWP clients in care who were **over age 50** and aging into Medicare in 2022.

14%

RWP clients in care who are **Long-Term Survivors** – living with HIV for more than 20 years.

In addition to complications from HIV, people over 50 are more likely to have negative health outcomes due to lower cognitive functioning, diabetes, hypertension, and other co-morbidities.

People with HIV Experiencing Homelessness

456

RWP clients in care who were **homeless** at the end of 2021.

4,197

RWP clients in care who were **living below 136% of the Federal Poverty Level** in 2022.

27%

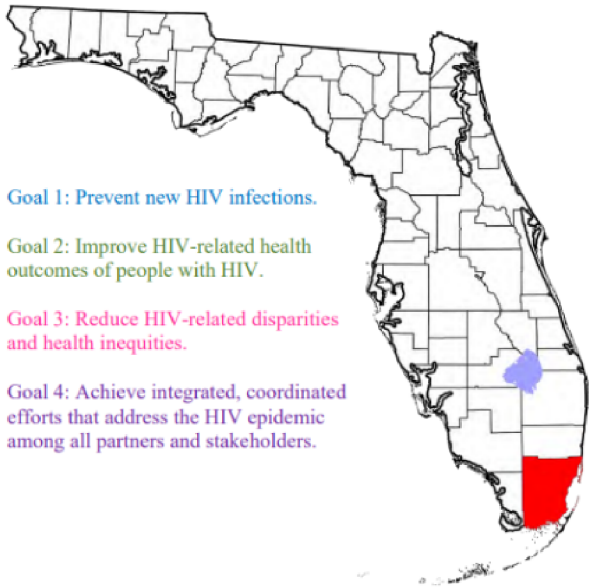
Miami-Dade County renters earning below 60% of the median household income of \$57,815, and spending **over 40% of their income** for rent.

Miami-Dade County Response Integrated Planning

Strategies and activities for achieving the National HIV/AIDS Strategy (NHAS) and Ending the HIV Epidemic (EHE) goals are detailed in the 2022-2026 Miami-Dade County Integrated HIV Prevention and Care Plan.

The Plan

MIAMI-DADE COUNTY 2022-2026 INTEGRATED HIV PREVENTION AND CARE PLAN



Goal 1: Prevent new HIV infections.

Goal 2: Improve HIV-related health outcomes of people with HIV.

Goal 3: Reduce HIV-related disparities and health inequities.

Goal 4: Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.



With participation by people with HIV and other community partners in Miami-Dade County.

Community Partners

The Miami-Dade HIV/AIDS Partnership

RWP Planning Council established by County Ordinance as the official County Advisory Board for HIV needs and services in MDC.

Providing coordination between people with HIV, including RWP clients, service providers, and administrators, FDOH-MDC, government officials, the Housing Opportunities for Persons with AIDS Program (HOPWA), General Revenue, Medicaid, universities, hospitals, and HIV advocates.

The Ryan White Program

RWP Parts A, B, C, D, F, and the Minority AIDS Initiative (MAI).

Providing life-saving HIV medical care and treatment and support services to more than 8,500 people with HIV in 2022.

The Florida Department of Health in Miami-Dade County Local County Health Department (FDOH-MDC)

Providing HIV and sexually transmitted disease testing and prevention services. More than 116,000 HIV tests administered in 2022, with 1,258 HIV positive test results.

Miami-Dade County Response Ending the HIV Epidemic (EHE)



Miami-Dade County is one of 57 EHE priority jurisdictions receiving funding for resources, technology, and expertise to expand HIV prevention, treatment, and support services. All residents – regardless of immigration status or income level – can benefit from RWP and FDOH-MDC EHE services.

RWP EHE Initiatives

Available Now!

- HealthTec - Enhancing telehealth services for medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and more!
- Quick Connect
 - Expanding the Test and Treat/Rapid Access (TTRA) protocol to ensure access to medical care and antiretroviral therapy (ART) within 7 days.
 - Educating providers on HIV treatment guidelines, the benefits of routinized opt-out HIV testing at hospitals and clinics, and more!
 - Engaging the community in HIV testing through social marketing and media campaigns throughout the county.

Coming Soon!

- Housing Stability Services - *Housing is Healthcare* - Providing transitional, short-term, or emergency housing assistance.
- Mobile GO Teams - Supporting Miami-Dade County's ability to rapidly respond to HIV transmission clusters.

FDOH-MDC EHE Initiatives

At 12 local agencies, Jackson Memorial Hospital and Homestead Hospital.

- Providing rapid HIV testing and at-home HIV testing.
- Educating hospitals and clinics on the benefits of routinized opt-out HIV testing.
- Ensuring all persons who test positive for HIV will have medication to reach viral load suppression.
- Establishing a referral network to connect people with HIV to care and services.
- Getting people who have fallen out of care back into care.
- Providing partner services and Pre-Exposure Prophylaxis (PrEP).
- Engaging the community in HIV testing through social marketing and media campaigns throughout the county.

HIV Prevention Initiatives

Gilead Sciences Frontlines of Communities in the United States (FOCUS) and FDOH-MDC HIV Testing

A collaborative model for routine communicable disease screening that enables partners to develop and share best practices in routine HIV, Hepatitis C, and Hepatitis B screening, diagnosis, and linkage to care.

FOCUS Partners

- Health Choice Network – 6 Sites
- Baptist Health South Florida – 5 Sites
- Jackson Memorial Hospital – 4 Sites
- University of Miami – 2 Sites

FOCUS Testing (2022)

- **116,774** HIV tests
- **1,258** people tested positive

FDOH-MDC Testing (2022)

- **53,724** HIV tests
- **746** people tested positive

Locate more than 180 HIV testing sites in Miami-Dade County at www.testmiami.org.

HIV Test & Treat/Rapid Access Protocol (TTRA)

TTRA is the standard of care for every person newly diagnosed with HIV:

- **Within 7 days:** Receive counseling, evaluation, baseline laboratory tests, and start antiretroviral treatment.
- **Within 14 days:** Enroll in the AIDS Drug Assistance Program (ADAP).
- **Within 30 days:** Be linked to RWP medical case management, peer support, substance abuse treatment, and mental health counseling, as needed.

TTRA Linkage and Viral Suppression

From July 2018 through June 2022:

- **1,365** new-to-HIV care clients
- **1,056** new-to-RWP care clients
- **1,133** returned-to-care clients
- **2,700** virally suppressed clients

HIV Prevention Initiatives

HIV testing is available with on-site rapid testing, after-hours rapid testing, mobile rapid testing, opt-out testing in emergency rooms and clinics, and at-home testing.



PrEP (Pre-Exposure Prophylaxis)

A comprehensive HIV prevention strategy for HIV-negative individuals that involves the use of antiretroviral medications to reduce the risk of contracting HIV.

PEP (Post-Exposure Prophylaxis)

Taking antiretroviral medicines after being potentially exposed to HIV, to prevent contracting HIV.

Locate a PrEP provider in Miami-Dade County at www.prelocator.org.

At Home Testing

Promoting HIV self-testing kits as an alternative option especially for hard-to-reach populations including youth, sex workers, and LGBTQ+ communities.

- **932** kits delivered from January 2021 through July 2023.

Condom Distribution

More than **1.9 million** free condoms were distributed in 2021 with the help of a broad variety of community partners, including bars and clubs, colleges and schools, faith-based organizations, and street outreach.

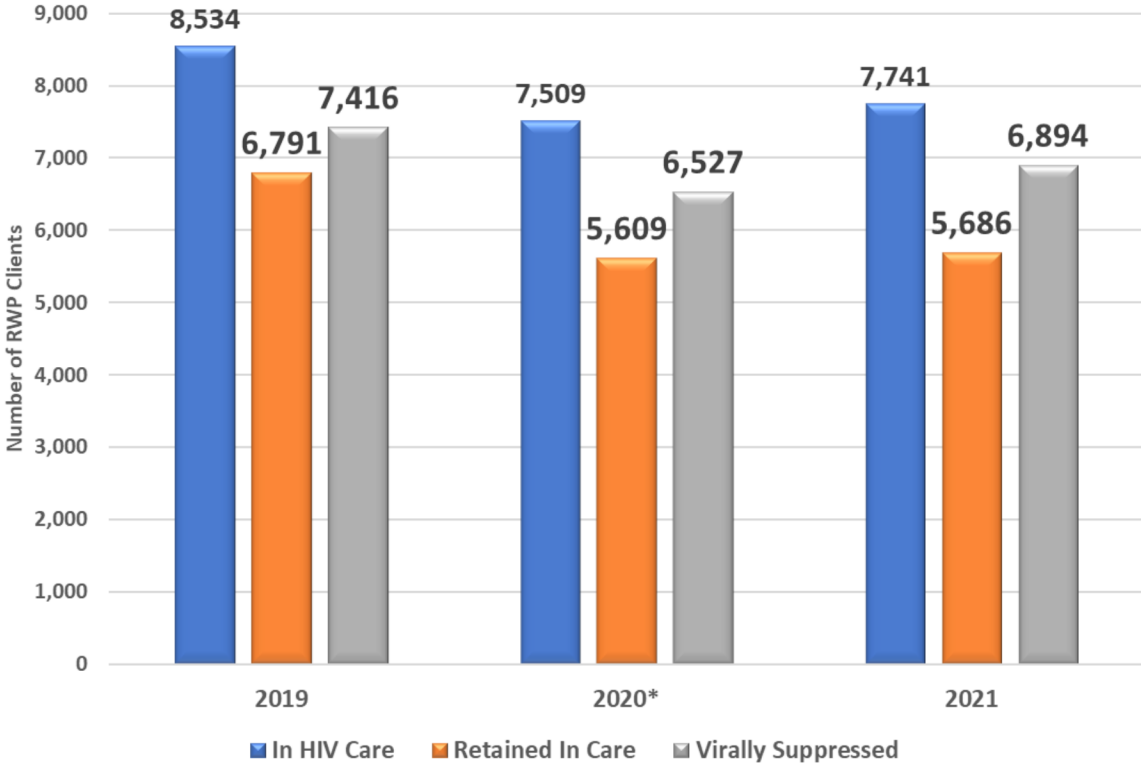


TestMiami.Org

HIV Treatment Successes

Throughout the COVID-19 pandemic, the RWP maintained clients in care and kept them virally suppressed.

HIV Care Continuum for RWP Clients



In HIV Care

- Having at least one medical visit, a CD4 test, or viral load test in a 12 month period.

Retained In Care

- Having two or more medical visits, CD4 tests, or viral load tests at least 3 months apart.

Virally Suppressed

- Having less than 200 copies of HIV per milliliter of blood in the most recent test, which is achieved by consistently taking HIV medicine as prescribed.

*2020 marks the beginning of the COVID-19 pandemic.

HIV Treatment Successes

In 2022, the local RWP provided life-saving core and support services to 8,590 people with HIV in Miami-Dade County, up from 8,127 in 2020.



Core Medical Services

- AIDS Pharmaceutical Assistance
- Health Insurance Premium and Cost Sharing Assistance
- Medical Case Management
- Mental Health Services
- Oral Health Care
- Outpatient Ambulatory Health Services
- Substance Abuse Outpatient Care



Download RWP services brochures at www.aidsnet.org/partners/services/.

Support Services

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

HIV Innovations and Interventions



Infectious Disease Elimination Act

HIV transmission via injection drug use was mitigated by the Infectious Disease Elimination Act - IDEA Exchange, an innovative Syringe Services Program (SSP), which started in December 2016 in Miami-Dade County and has become a statewide SSP model.

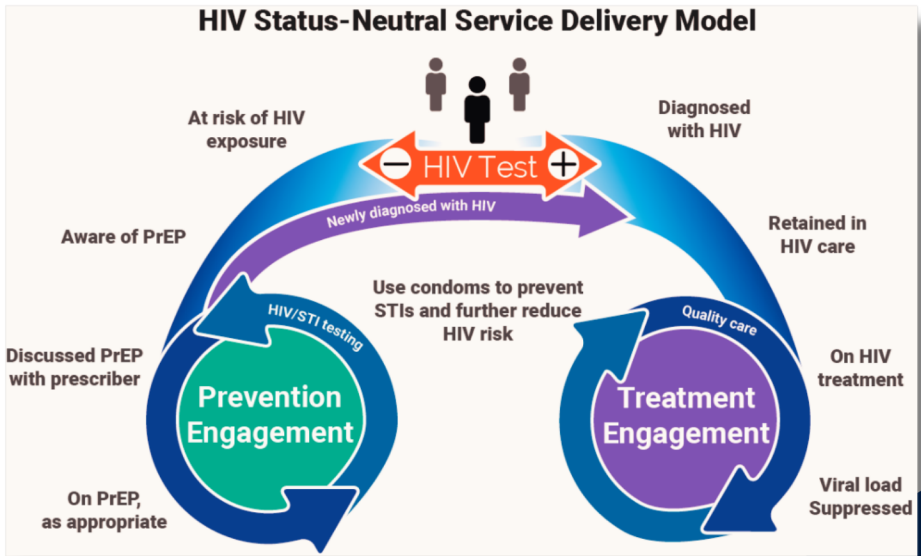


No Babies Born with HIV

For the fourth year in a row (2019-2022), **no babies were born with HIV** to HIV positive mothers in Miami-Dade County, due in large part to the initiatives funded by the Ryan White Program Part D at University of Miami – Miller School of Medicine, Dept. of Obstetrics, Gynecology & Reproductive Sciences.

HIV Status Neutral Service Delivery Model

The MDC Integrated Plan includes activities to promote the CDC-recommended HIV Status Neutral Service Delivery Model, where HIV testing serves as an entry point to services regardless of a positive or negative HIV result, to improve HIV prevention and care outcomes.



Everyone has a role in ending the HIV epidemic!



- Support funding for the HIV initiatives of the Ryan White Program, Florida Department of Health in Miami-Dade County, and Housing Opportunities for Persons with AIDS (HOPWA).

Get tested for HIV and promote HIV testing in your community.

- Locate an HIV testing site: www.testmiami.org.
- Go to www.aidsnet.org/ and learn how to be supportive when someone tells you they are HIV positive.

Remember that language matters!

- Adopt "People First" language such as, "*people* with HIV" or "*people* experiencing homelessness".
- Please don't say, "infected" with HIV, instead, say "acquired HIV," "diagnosed with HIV," or "contracted HIV."
- Please don't use stigmatizing terms such as "dirty," "clean," or "victim".

Learn how you can support HIV prevention, care, and treatment initiatives.

- The Miami-Dade HIV/AIDS Partnership: www.aidsnet.org.
- FDOH HIV Epidemiological Profile: www.floridahealth.gov.
- FDOH Community Health Assessment Resource Tool Set: www.flhealthcharts.com.
- Miami-Dade County Ryan White Program: www.miamidade.gov/grants/ryan-white-program/.
- Federal HIV/AIDS Web Council: www.HIV.gov.
- Tools for HRSA's Ryan White HIV/AIDS Program: www.TargetHIV.org.
- Undetectable = Untransmittable (U=U): www.preventionaccess.org.

Contact Us

☎ (305) 445-1076

✉ hiv-aidsinfo@behavioralscience.com



Assessment of the Ryan White Program Recipient Administrative Mechanism March 1, 2022 – February 28, 2023

Approved September 8, 2023 by the Strategic Planning Committee



Behavioral Science Research Corporation

2121 Ponce de Leon Boulevard,
Suite 240 Coral Gables, FL 33134

hiv-aidsinfo@behavioralscience.com



Prepared by Behavioral Science Research Corporation for the Miami-Dade County Office of Management and Budget-Grants Coordination and the Miami-Dade HIV/AIDS Partnership. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2023 award totaling \$27,558,848 as of March 29, 2023, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government.

INTRODUCTION

The Assessment of the Recipient Administrative Mechanism (AAM) is a Ryan White Part A/Minority AIDS Initiative (MAI) Program legislative requirement and responsibility of the local Ryan White Planning Council, the Miami-Dade HIV/AIDS Partnership (the Partnership). Aggregated responses are used to evaluate the performance of the Eligible Metropolitan Area (EMA)'s Recipient, the Miami-Dade County Office of Management and Budget-Grants Coordination. Selected responses are included in the annual Ryan White Part A/MAI Program grant application and non-competing continuation reports. All data and reports are submitted to the Recipient without information that would identify any Partnership member or Part A/MAI subrecipient as the respondent.

The Partnership's Strategic Planning Committee reviewed this draft report at their September 8, 2023 meeting. The Recipient was also given the opportunity to further review and respond to survey results and comments following the meeting and prior to final review of the report. This provides a more thoughtful and comprehensive response to areas of concern identified from the survey results. Those responses were incorporated into the final version of this report.

Results of the surveys will provide data on Recipient performance for the annual Ryan White Program non-competing continuation reports, will guide improvements in planning council administration, and will guide the Recipient in enhancements in administrative functions.

For questions or clarification, please contact Behavioral Science Research Corp.: Robert Ladner, rladner@behavioralscience.com, or Christina Bontempo, cbontempo@behavioralscience.com.

Special thanks to all those who made this report possible: Strategic Planning Committee Members for survey design and review of this report; Miami-Dade HIV/AIDS Partnership Members and Miami-Dade County Ryan White Program Part A/MAI Subrecipients for survey responses; and the Recipient for review and feedback.

METHODOLOGY

Two versions of the AAM surveys have been developed and refined over the history of this activity. One survey is administered to Partnership members; and one survey is administered to subrecipients. The surveys were drafted by Behavioral Science Research Corp (BSR), with input from the Strategic Planning Committee. They were formatted in Survey Monkey, and distributed variously as a URL, QR code, or paper copy. Both versions were self-administered, and programmed so that if a respondent was unable to complete the survey in one sitting, the respondent could pause in taking the survey, save the partially completed survey, and return to it later. Both surveys allowed respondents to make comments on each question and to make general comments unrelated to specific questions at the end of the survey.

The Partnership survey was distributed at the May 15, 2023 general meeting, and was available online via URL or QR code. Instructions were emailed to each subrecipient. All respondents were given more than two weeks to complete the survey. Subrecipients who were also serving as Partnership members were instructed to complete both the Subrecipient and the Partnership surveys.

The Partnership member survey:

1. Evaluated how well the Recipient responds to the funding priorities and directives set by the Partnership;
2. Evaluated whether the Recipient disburses Part A and Minority AIDS Initiative (MAI) funds to Ryan White Program service providers (subrecipients) in a timely manner consistent with Partnership recommendations;
3. Evaluated the overall performance of the Recipient and the administrative subrecipient; and
4. Allowed for open-ended comments and suggestions.

Subrecipient surveys were emailed directly to one or more representatives at each subrecipient organization. Their version allowed for more than one respondent from the subrecipient organization to answer, if appropriate, and record his/her name(s) as co-respondents.

The subrecipient survey:

1. Evaluated whether the Recipient disburses Part A and Minority AIDS Initiative (MAI) funds to Ryan White Program service providers (subrecipients) in a timely manner, consistent with Partnership recommendations;
2. Evaluated how the Recipient manages contracts with Ryan White Program Part A/MAI subrecipients;
3. Evaluated the overall performance of the Recipient and the administrative/clinical quality management subrecipient;
4. Evaluated the Groupware Technologies, LLC (GTL) Provide[®] Enterprise Miami (PE Miami) data management system; and
5. Allowed for open-ended comments and suggestions.

COMPARATIVE ANALYSIS OF AAM RESULTS, 2018-2021 AND 2023

Behavioral Science Research Corp. (BSR) staff historically has provided the Recipient and the Partnership a five-year longitudinal analysis of the AAM results to identify ongoing challenges, if any, and to document progress made toward improving the administrative agent's functions. This report contains data from the 2018, 2019, 2020, 2021, and 2023 AAM surveys. In 2022 (for FY 2021-2022 administrative functions), no survey was distributed because the Strategic Planning Committee, the Partnership, and the Recipient were solely focused on development of the 2022-2026 Integrated HIV Prevention and Care Plan, and on meeting the Plan submission deadline.

Surveys from 2018-2020 evaluated the responses of 13 subrecipients, the total number of contracted subrecipients at that time. Surveys in 2021 and 2023 evaluated the responses of 16 subrecipients, the total number of contracted subrecipients at that time. Note that Care Resource reported both for Care Resource and Food for Life Network. All results are reported by percentages, separated by reporting year.

Partnership response has varied year to year based on the number of active members on the roster. In 2023, 19 active Partnership members completed the survey. All results are reported by percentages, separated by reporting year.

Survey questions related to the COVID-19 response were dropped from this year's surveys and those questions are no longer being tracked.

PARTNERSHIP MEMBER SURVEY RESULTS

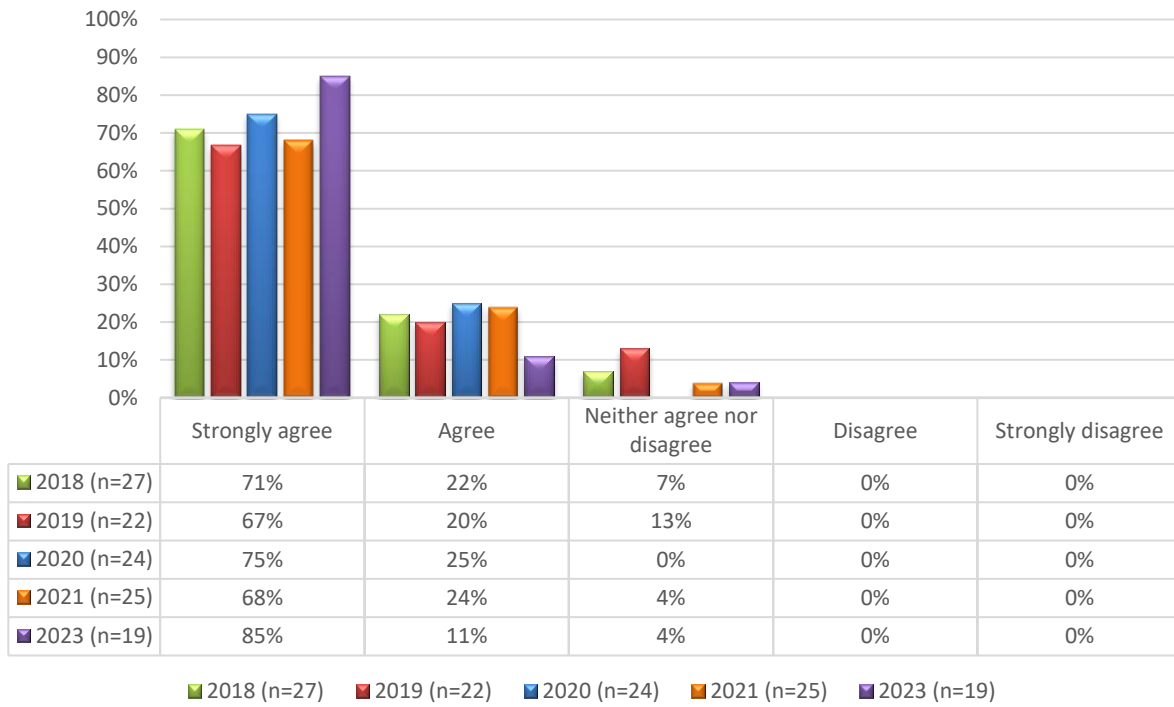
Partnership General Comments for 2023

- Great job.
- Very happy to be part of the Partnership.
- Overall very good performance.
- We need to find solution to mental health stigma.
 - *Recipient response:* The Recipient appreciates the feedback and agrees we need work together as a community to find solutions to the issue of mental health stigma.

Partnership General Notes

- Reference to the Miami-Dade County Office of Management and Budget-Grants Coordination was updated to “the Recipient.” Previous versions used the reference, “the County.”
- The optional general comments field was updated to read, “Additional comments/suggestions regarding the Recipient, BSR, and/or other matters.” Previous versions read, “Additional comments/suggestions.”

1. The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) kept the Partnership well informed of policies, procedures, and updates from HRSA which impact the Ryan White Program.



Comments for 2023

- Well presented, maybe address areas of low utilization and discuss solutions before sweeps.

 - *Recipient response:* The Recipient will try to provide more details and work with the Partnership to address this concern. Going forward, the monthly Top Line Summary Report will include category-specific issues regarding under- and over-utilization to highlight challenges, open discussion for solutions, and better inform decisions about Sweeps. Under-utilization in some services are likely a result of the Ryan White Part A Program funds being used as the payor of last resort; that will also be noted on the Top Line Summary Report.

- Recipient provides monthly reports and handouts as appropriate.

 - *Recipient response:* The Recipient appreciates the comment.

Reference Report for Statements 2-6

PART A

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.

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

Project #:	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 FY20 Supplemental	4,268,879.00	PY_SUPPLEMENTAL	\$24,532,094
Carryover Award FY21 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.

Priority Order	CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER		
	Allocations	Carryover Allocations	
DIRECT SERVICES:			
Core Medical Services			
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			
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

CURRENT CONTRACT EXPENDITURES				
	Account	Core Medical Services	Expenditures	Carryover Expenditures
DIRECT SERVICES:				
Core Medical Services				
	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
	5606810000	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
Support Services				
	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	114,524.86	
	5606930000	Substance Abuse - Residential	1,053,800.00	0.00
		SUPPORT Services Totals:		3,931,074.76
		TOTAL EXPENDITURES DIRECT SVCS & %:	\$ 20,650,392.77	82.58%

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	\$ 641,822.00	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ 607,727.00	3,602,458.00
		28,608,571.00

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 Allocation (Not including C/O):	83.44%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	2.62%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include C/O):	10.00%	Within Limit
Cannot be over 10%		

Core medical % against Total Direct Service Expenditures (Not including C/O):	95.56%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	2.53%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include C/O):	6.69%	Within Limit
Cannot be over 10%		

Printed on: 5/3/2023

Page 1

Reference Report for Statements 2-6

MAI

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

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.

PROJECT #: BURW3201	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount MAI	1,089,480.00	MAI	FY 2022 Award
Grant Award Amount FY20 MAI	1,623,771.00	PY_MAI	2,713,251.00
Carryover Award FY21 MAI	1,212,670.00	MAI_CARRYOVER	
Total Award	\$ 3,925,921.00		

Priority Order

CONTRACT ALLOCATIONS

DIRECT SERVICES:		Allocations	
Core Medical Services			
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			
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:			\$ 2,336,043.00

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	3,925,921.00
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		

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:		Expenditures	Carryover	Expenditures
Account	Core Medical Services			
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			
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank			
5606460000	Medical Transportation	5,647.59		
5606880000	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	Carryover	
	1,146,996.87	1,212,670.00	2,359,666.87

Total Grant Expenditures & % (Including C/O): \$ 1,566,284.13 39.90%

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

Quality Management % of Total Award (Not including C/O): 3.94% Within Limit

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

Core medical % against Total Direct Service Expenditures (Not including C/O): 96.81% Within Limit

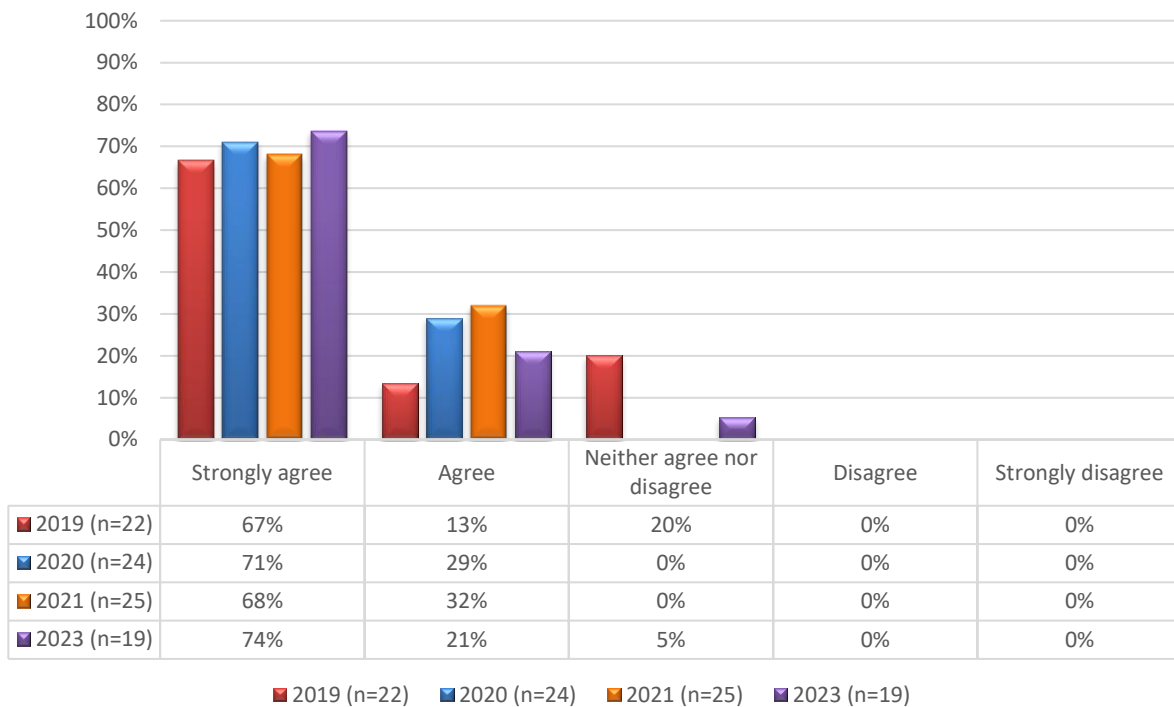
Quality Management % of Total Award (Not including C/O): 3.94% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O): 5.12% Within Limit

Printed on: 5/3/2023

Page 2

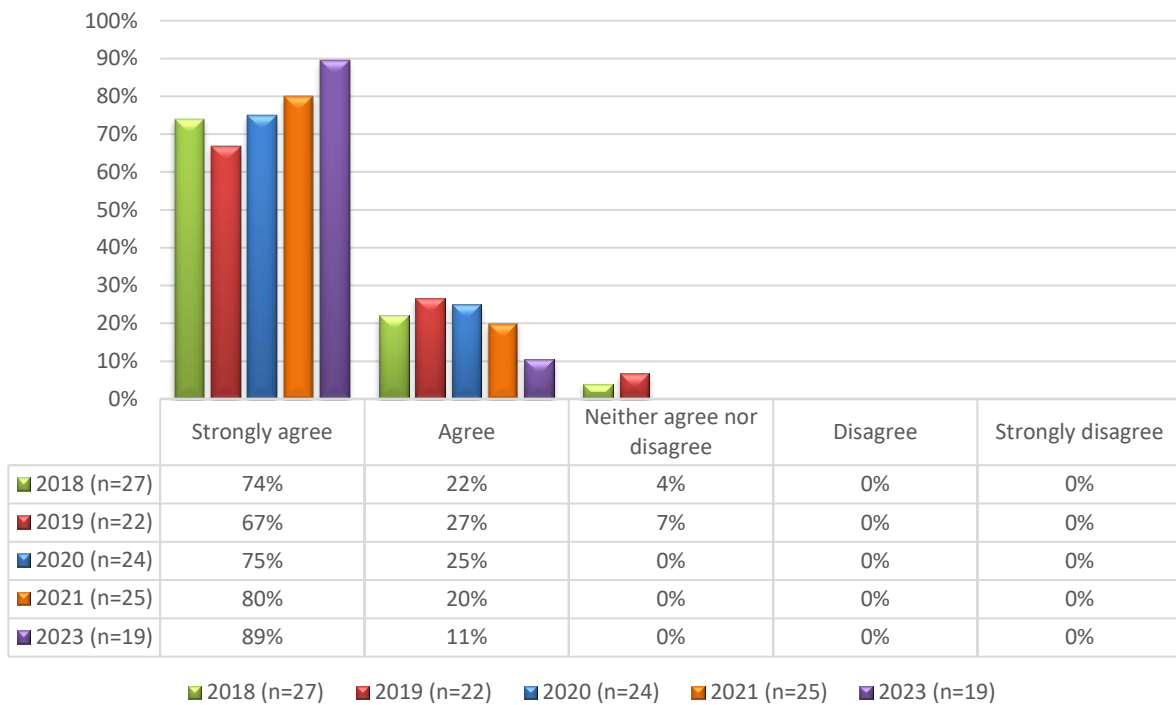
2. I understand the information presented on the Recipient’s Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports. (See Reports, above).



Comments for 2023

- Would be interesting to see challenges.
 - *Recipient response:* Going forward, the Top Line Summary Report will include category-specific issues regarding under- and over-utilization to highlight challenges, open discussion for solutions, and better inform decisions about Sweeps.
- Questions are appropriately responded to.
 - *Recipient response:* The Recipient appreciates the comment.

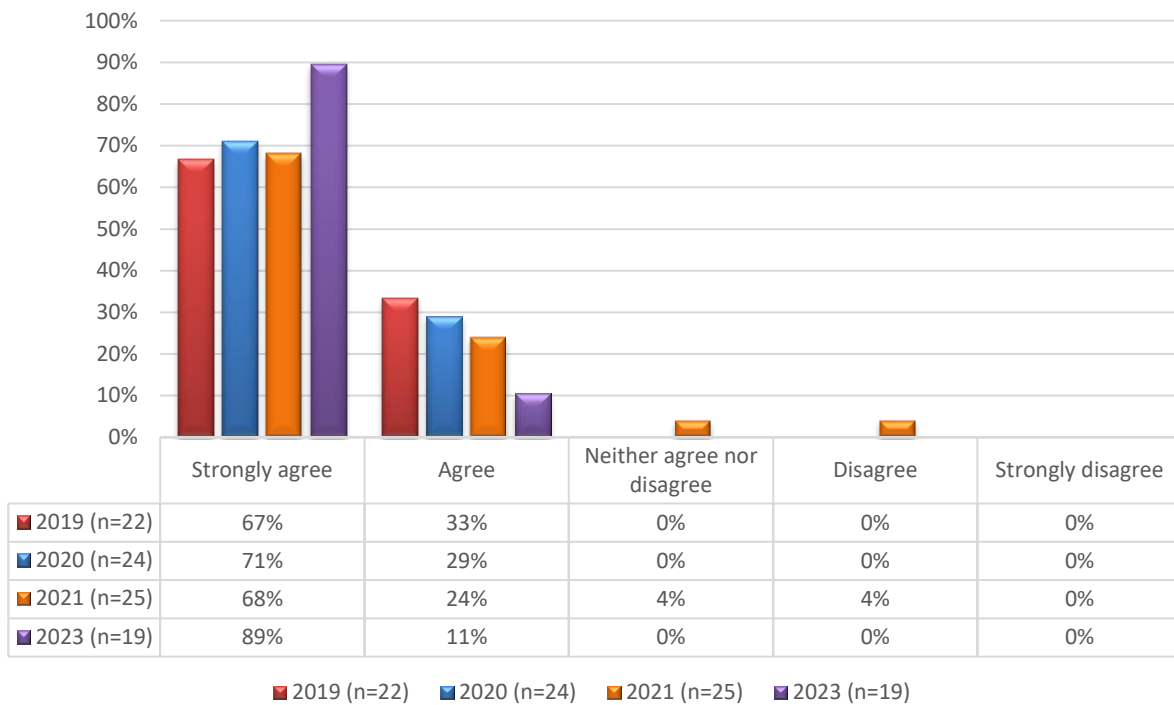
3. The Recipient followed the Partnership’s recommendations for service priorities and resource allocations. (See Reports, above).



Comments for 2023

- Well organized.
 - *Recipient response:* The Recipient appreciates the comment.

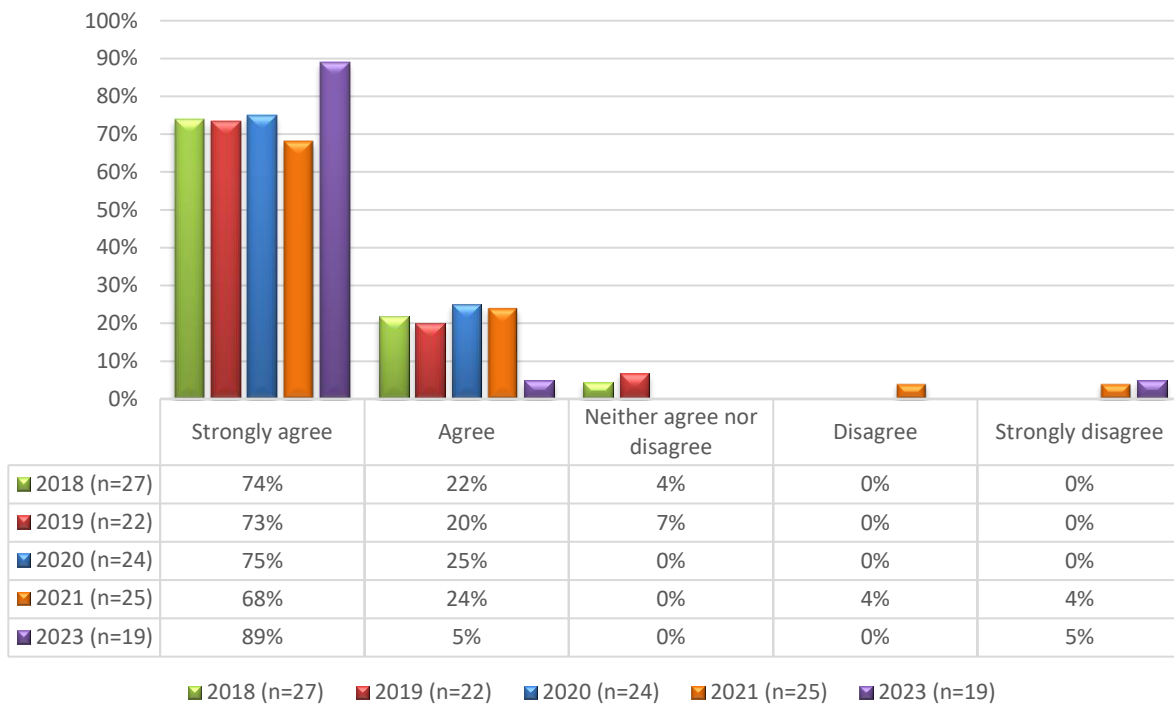
4. The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership. (See Reports, above).



Comments for 2023

- Works with the Partnership and provide[s] guidance and suggestions that truly meet the needs of the organization.
 - *Recipient response:* The Recipient appreciates the comment.

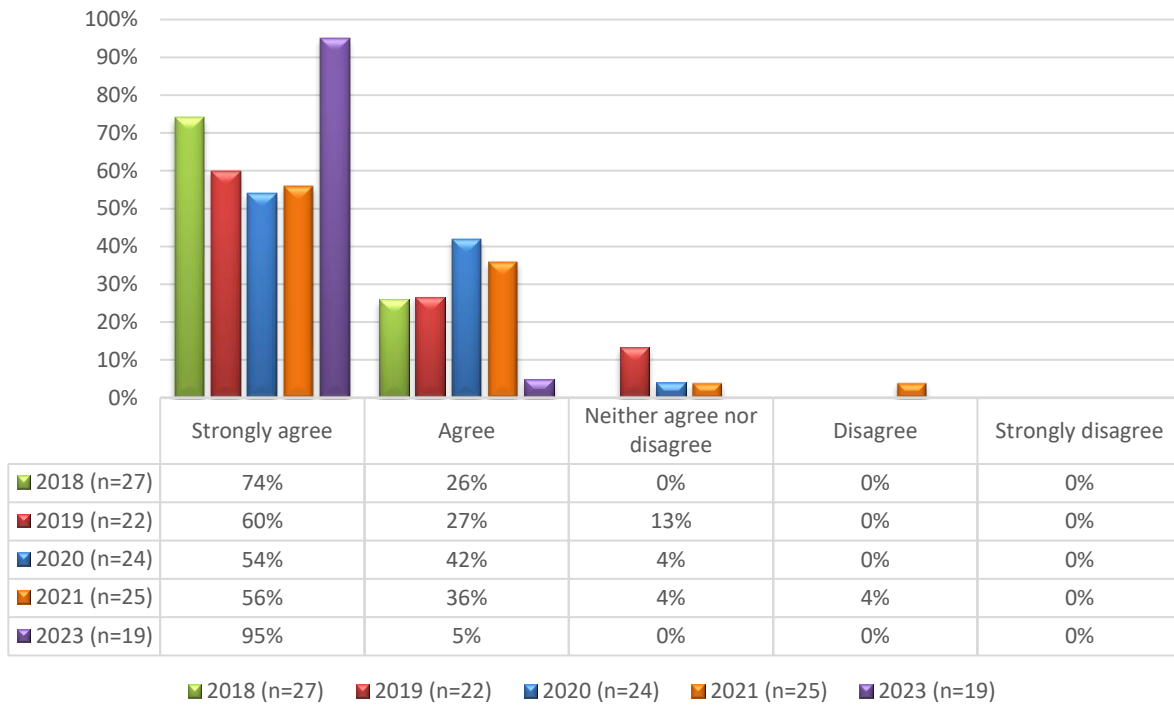
5. The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process. (See Reports, above).



Comment for 2023

- It would be better to track utilization of funds and discuss before sweeps are announced.
 - *Recipient response:* Going forward, the Top Line Summary Report will include category-specific issues regarding under- and over-utilization to highlight challenges, open discussion for solutions, and better inform decisions about Sweeps.

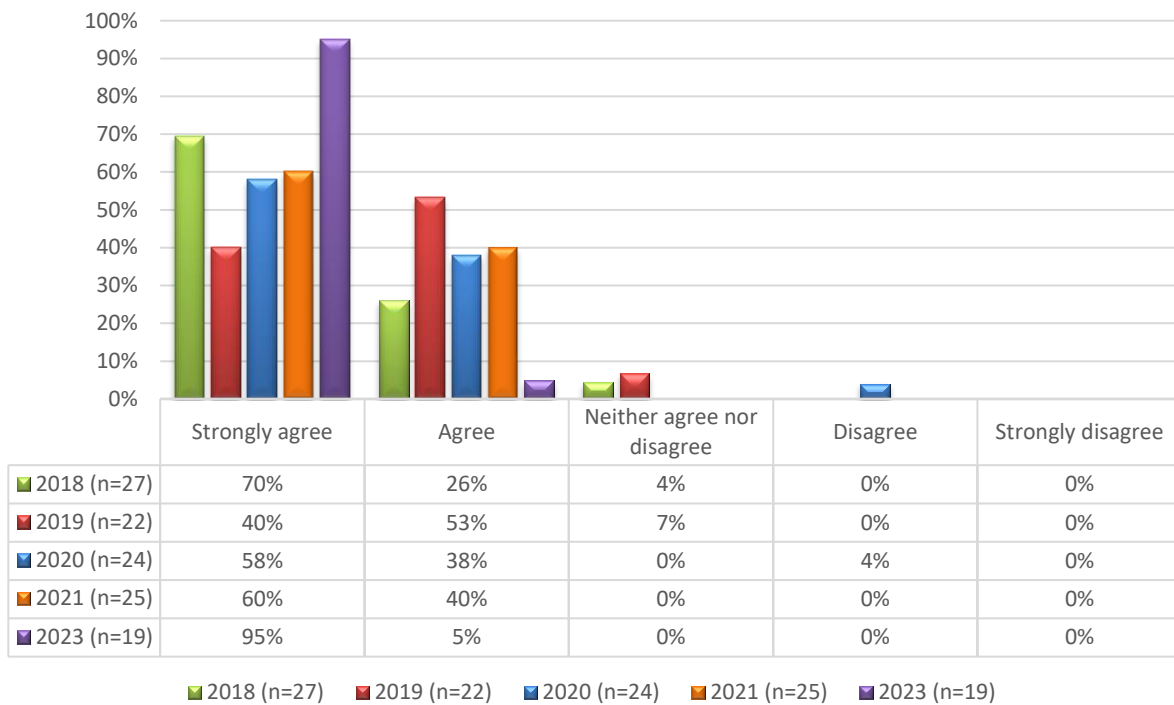
6. The Recipient responded to inquiries, requests, and problem-solving needs from the Partnership, including those related to the Partnership’s Needs Assessment in a timely manner.



Comment for 2023

- Provide language and guidance to engage everyone.
 - *Recipient response:* Meeting “housekeeping” invites participants to ask for clarification on any terminology that is confusing; however, due to the fast pace of meetings, this is not always possible or attendees may not feel comfortable asking. Table-toppers with commonly used terminology and acronyms will be created by BSR staff for meeting attendees to have a handy reference; and the Recipient will work with the Partnership and Staff Support Services team at BSR to develop additional ways to engage attendees and reduce complexities.

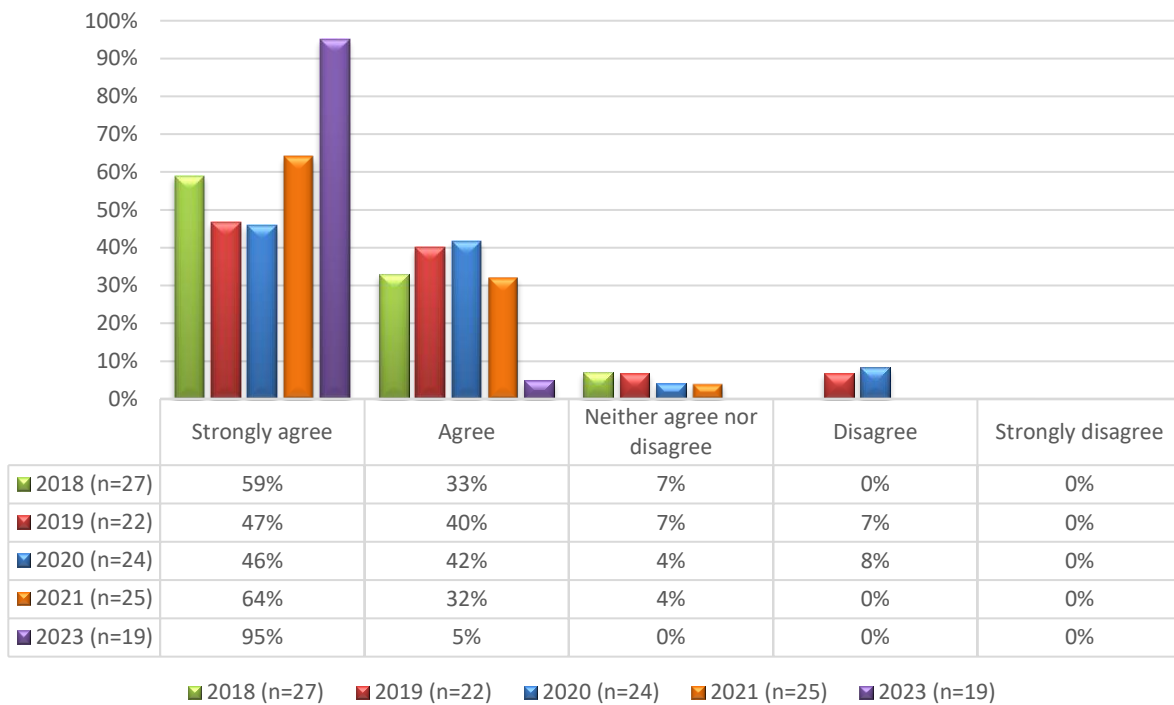
7. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the demographic population(s) of greatest need.



Comment for 2023

- Detailed and well guided and oriented to the needs of the community and avoids overlap of funding.
 - *Recipient response:* The Recipient appreciates the comment.

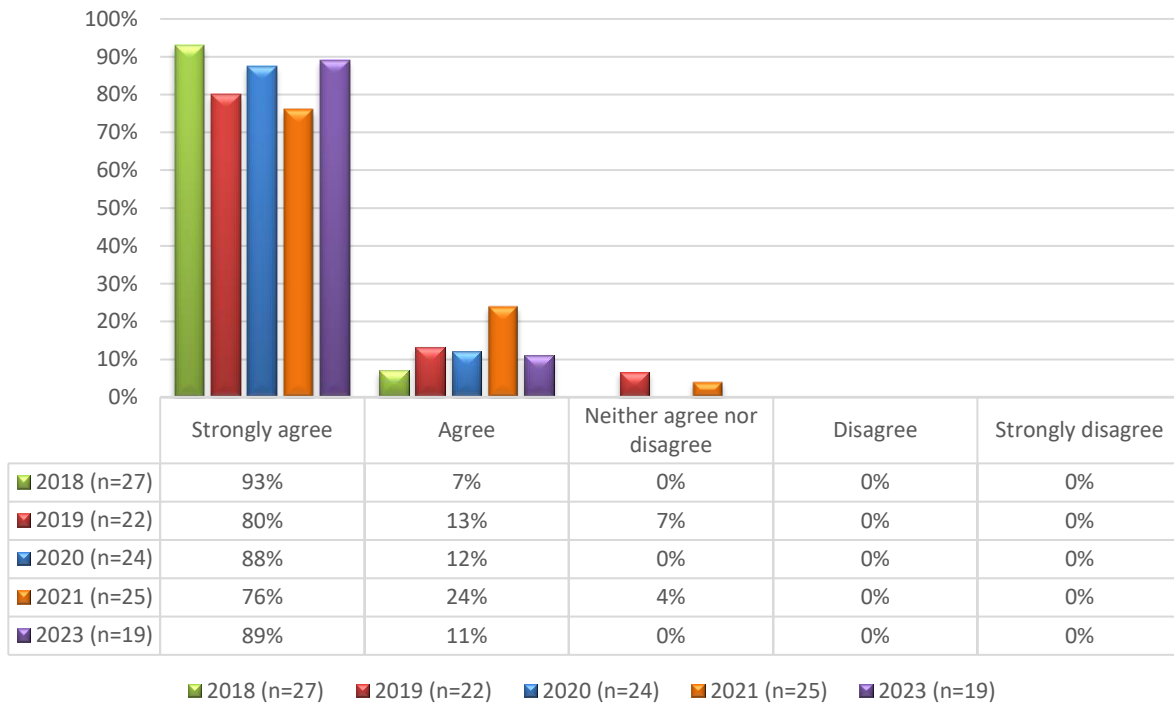
8. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the geographic area(s) of greatest need.



Comment for 2023

- Organizations provide information about the projects to support and address MAI.
 - *Recipient response:* The Recipient appreciates the comment.

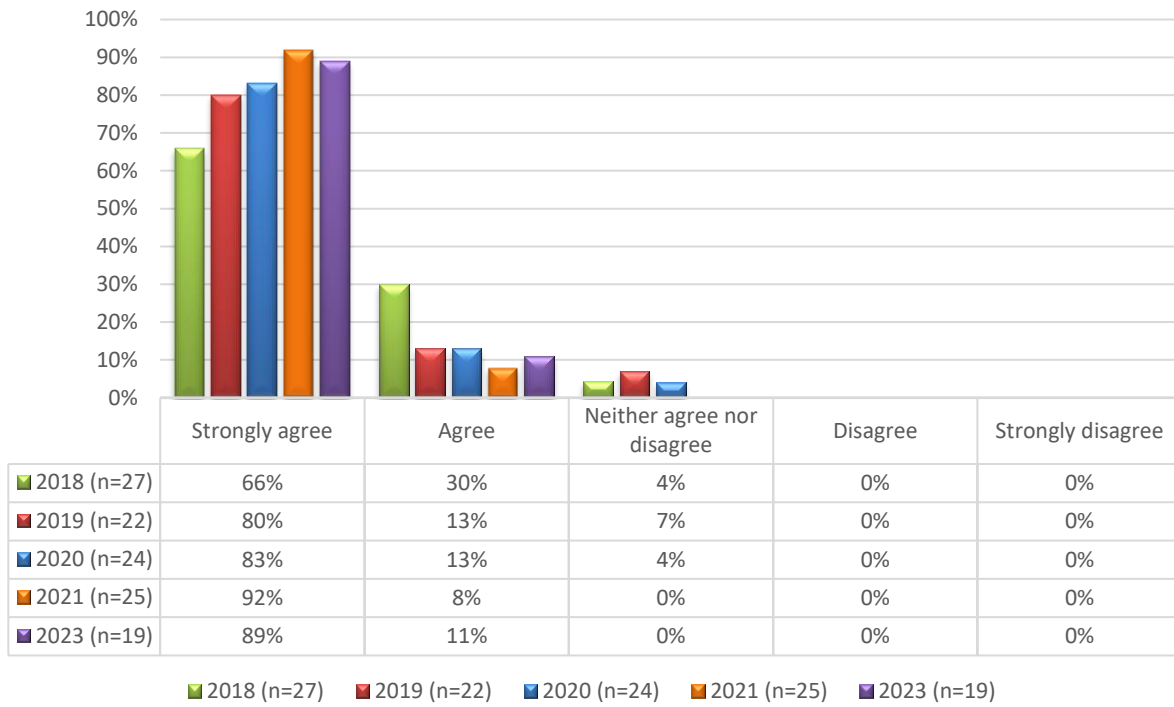
9. The Recipient's staff was courteous and respectful.



Comments for 2023

- Awesome staff!!
- Great staff and very professional always wanting to guide and support.
 - *Recipient response:* The Recipient appreciates the comments. Our team strives to deliver excellent services every day, with professionalism, courtesy, and respect for all.

10. Behavioral Science Research Corp. (BSR), the Recipient's HIV planning council staff support contractor, responded to inquiries, requests, and problem-solving needs from the Partnership.



Comments for 2023

- The staff are all great!!
- Great team and collaboration.
 - *Recipient response:* The Recipient and BSR staff appreciate the comments.

PART A/MAI SUBRECIPIENT SURVEY RESULTS

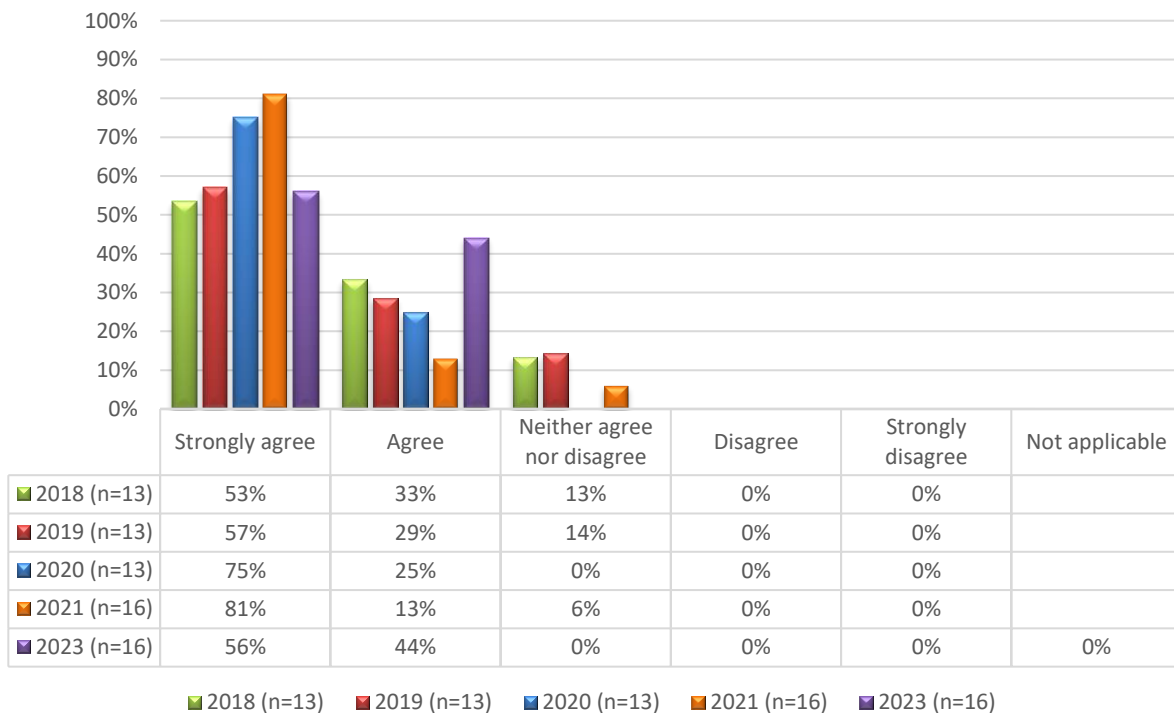
Subrecipient Survey General Comments for 2023

- We recognize the challenges and delays that occur across all parties [(GTL, BSR, PE Miami)] involved in the RW program. The most important piece is the communication behind the reason why, and [our organization] has developed wonderful relationships with each of the teams!
- Partners working effectively together for those in our communities we are serving.
- I love how informed the Recipient keeps our organization, I love receiving educational PowerPoints and webinars, keeping us up to date with changes and materials to better assist our patients and keep all medical staff informed and educated.
 - *Recipient response:* The Recipient appreciates the comments.
- I believe that [PE Miami] could be able to deliver better reports. It is cumbersome and difficult to navigate.
 - *Recipient response:* Recipient will explore the feasibility of assembling a review team – including the Recipient, BSR staff, medical case managers, contract managers and other database super users and end users – to evaluate existing views and reports in PE Miami, develop and enhance PE Miami training around using these views and reports, and encourage peer-to-peer training opportunities.

Subrecipient Survey General Notes

- Reference to the Miami-Dade County Office of Management and Budget-Grants Coordination was updated to “the Recipient.” Previous versions used the reference, “the County.”
- The optional general comments field was updated to read, “The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).”
- Beginning in 2023, the choice, “Not applicable” was included on all statements. Where the option was not included in previous years, the corresponding row or column is blank.
- *Data Management System:* Statements 21-24 relate to the data management system. Responses in 2018-2019 are related to ACMS, which was the data management system during those years. Responses in 2021 and 2023 are related to the PE Miami data management system. These statements were removed in 2020 while the ACMS data management system was in the process of being replaced by PE Miami.

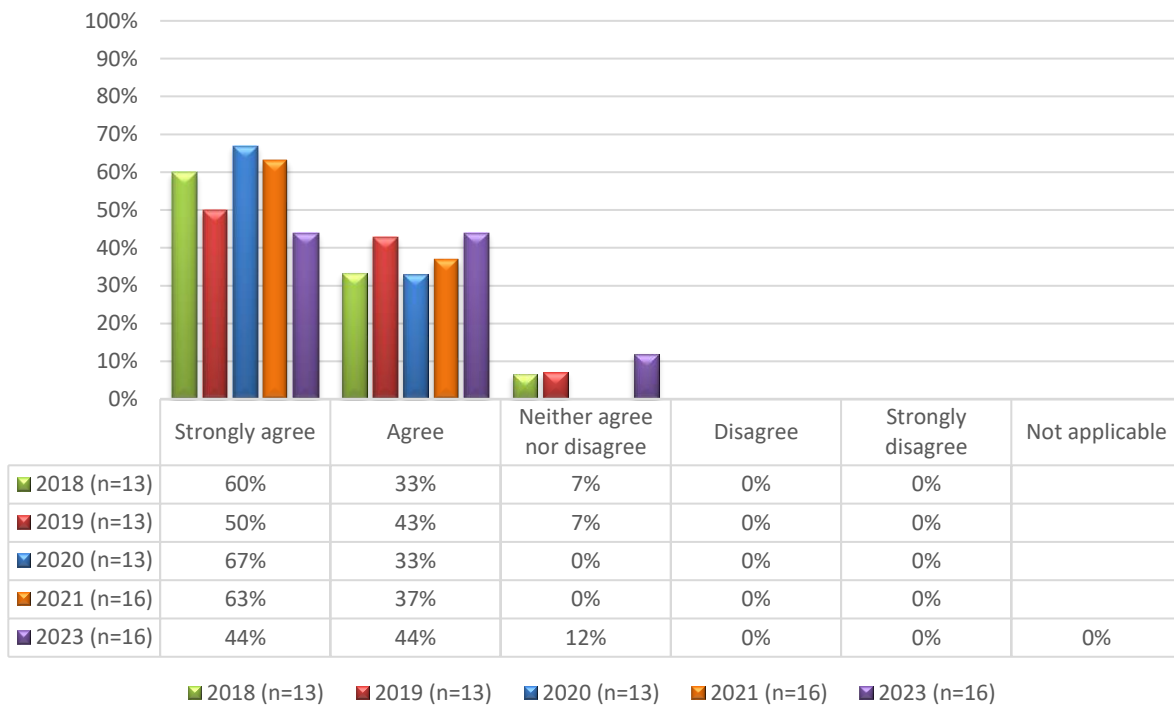
1. The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) conducted a fair contract negotiation process with our organization.



Comments for 2023

- OMB is open to recommendations from subrecipient.
- They allow [us] to work with the organization, re-evaluate funding and have open conversation.
 - *Recipient response:* The Recipient appreciates the comments.

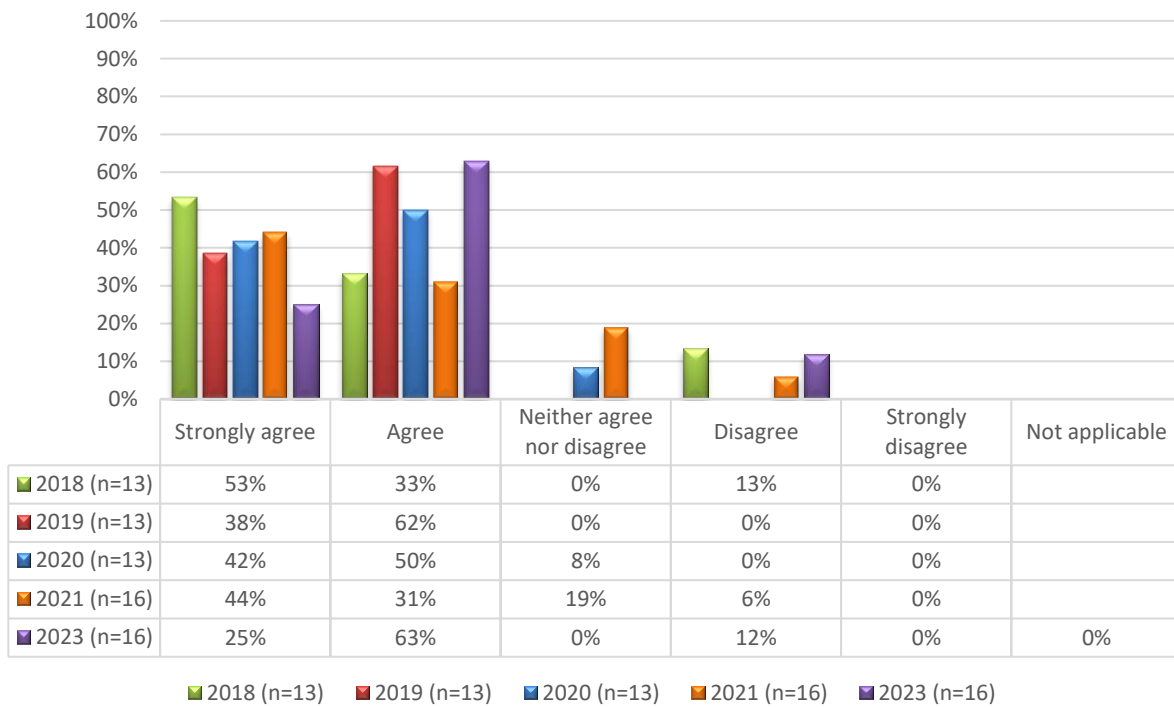
2. The Recipient sent award notifications/letters to our organization in a timely manner.



Comments for 2023

- We understand that at times, delays do occur but those are always communicated to providers as well as with a reason as to why, which we appreciate.
- Communications and updates are provided in timely manner.
- They send proper notifications and on time. They also send out reminders.
 - *Recipient response:* The Recipient appreciates the comments.

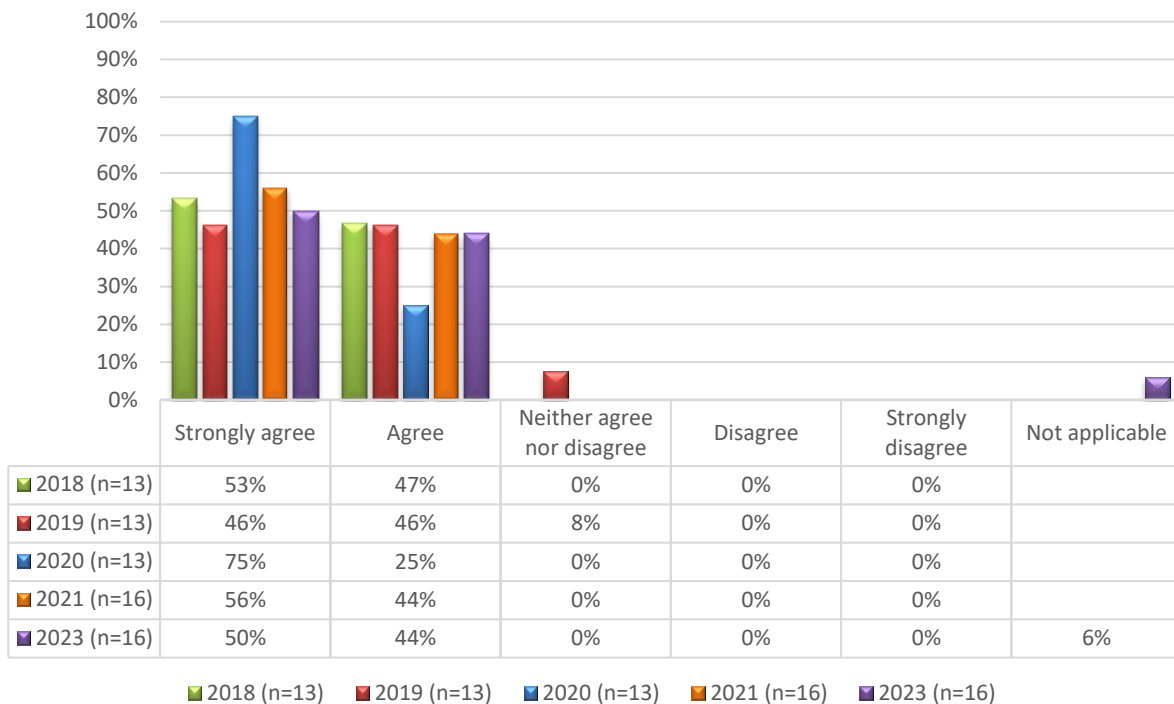
3. The Recipient executed our organization’s contract in a timely manner.



Comments for 2023

- The delays of the process and execution were communicated to providers.
- Communications and instructions are clear for contract executions.
- They work with the organization as a team.
 - *Recipient response:* The Recipient appreciates the comments.

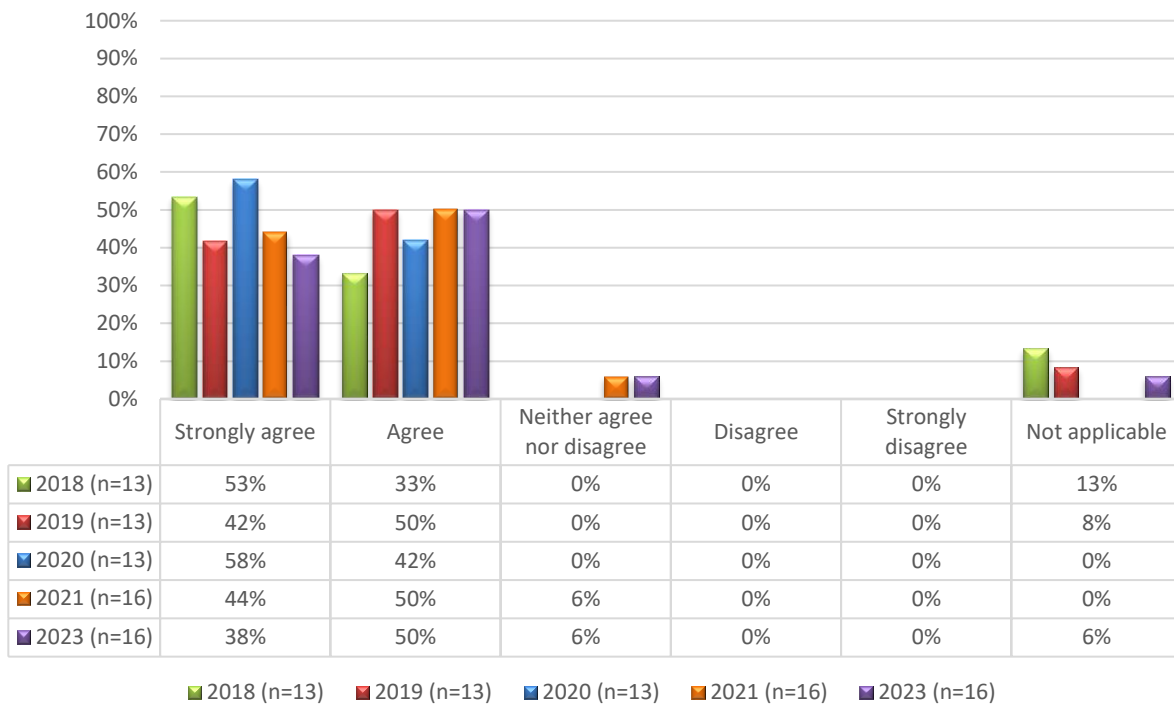
4. There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance.



Comments for 2023

- Communications received are concise and reviews were in agreement.
- The only downside of billing is that [PE Miami] has challenges with certain tasks, but OMB is open to discuss and provide support to address any potential challenges.
 - *Recipient response:* The Recipient appreciates the comments.

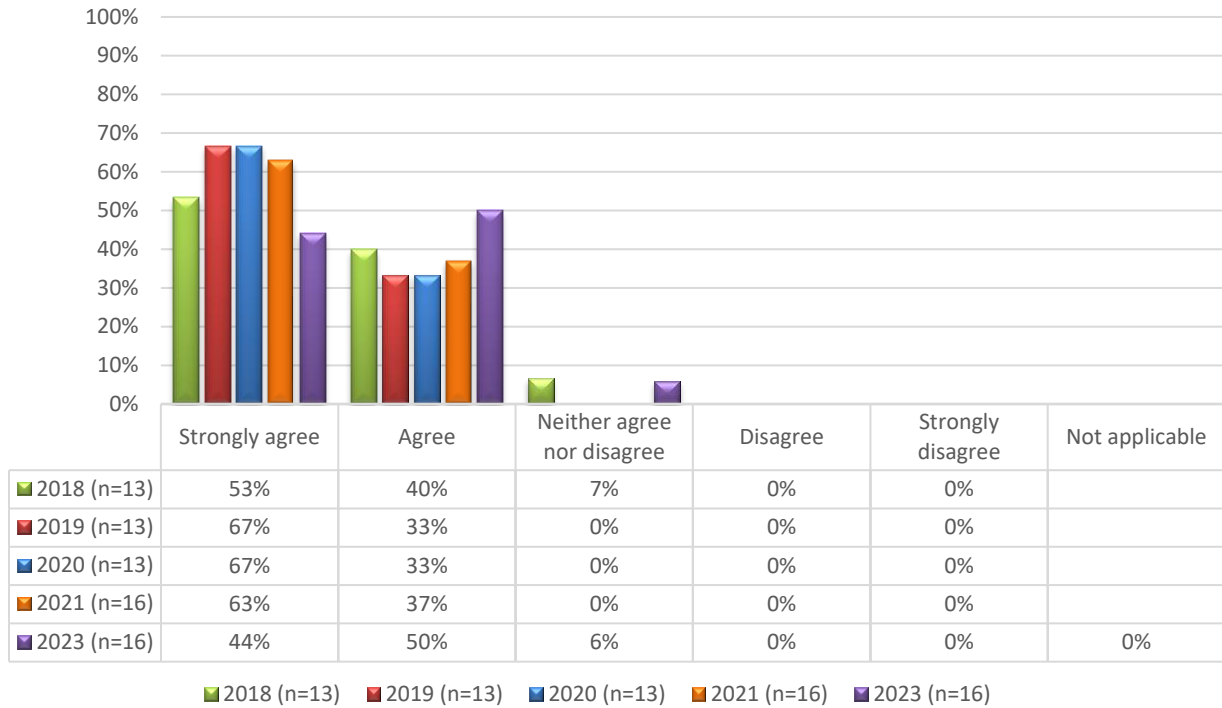
5. The Recipient contacted our organization to review utilization and expenditures that were not on target.



Comments for 2023

- Utilization reviews were regular and utilized for sweeps allocations.
- Support reviewing our targets.
 - *Recipient response:* The Recipient appreciates the comments.

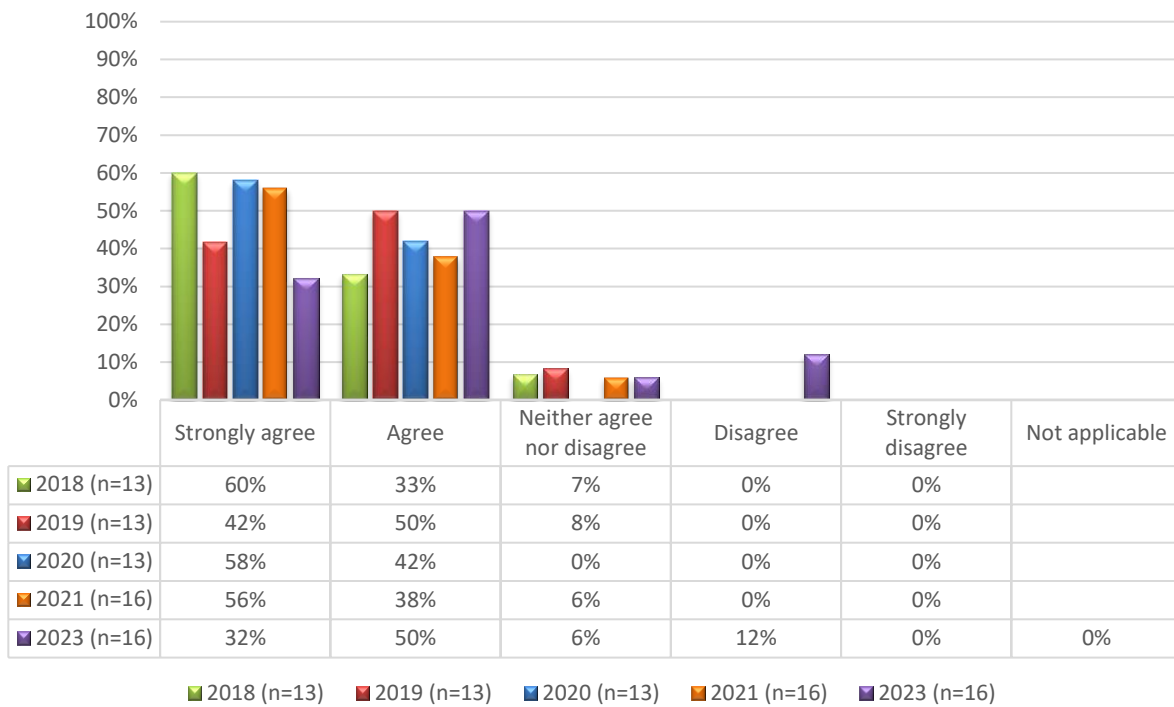
6. The Recipient reviewed our organization’s service utilization and reimbursement requests submissions in a timely manner.



Comments for 2023

- Reimbursement requests were timely without conflicts.
- They do so in a timely manner and have conversations about it.
 - *Recipient response:* The Recipient appreciates the comments.

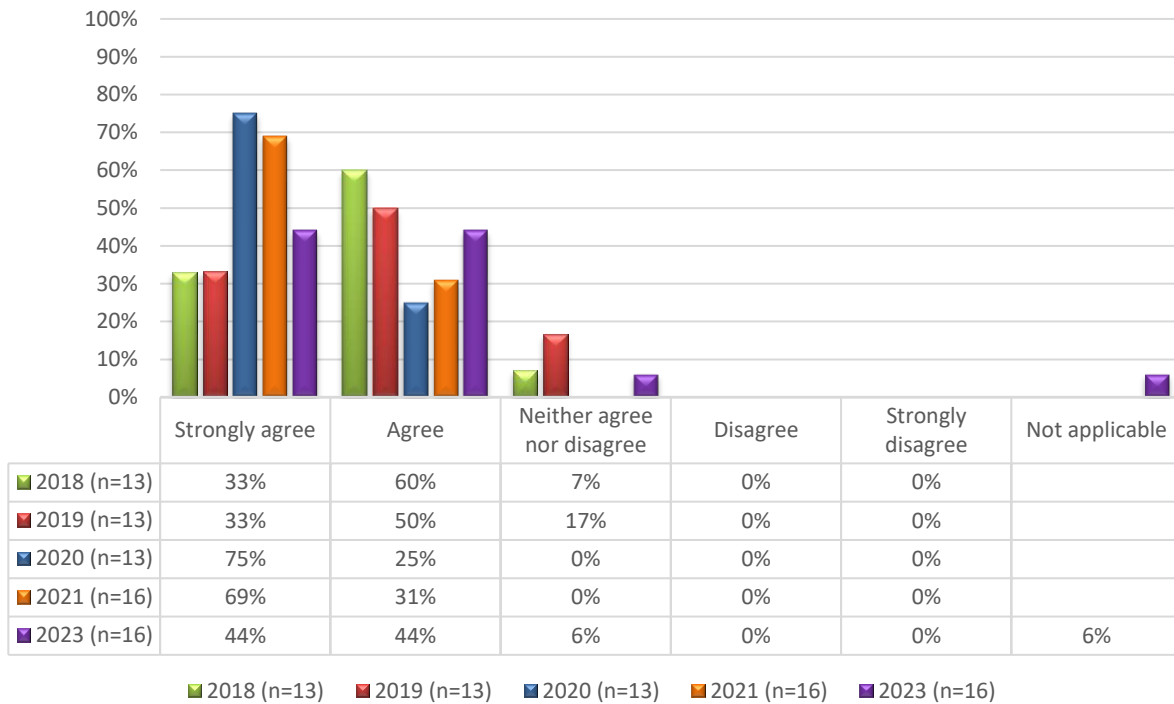
7. The Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices.



Comments for 2023

- Payments were received within time frames.
 - *Recipient response:* The Recipient appreciates the comment.

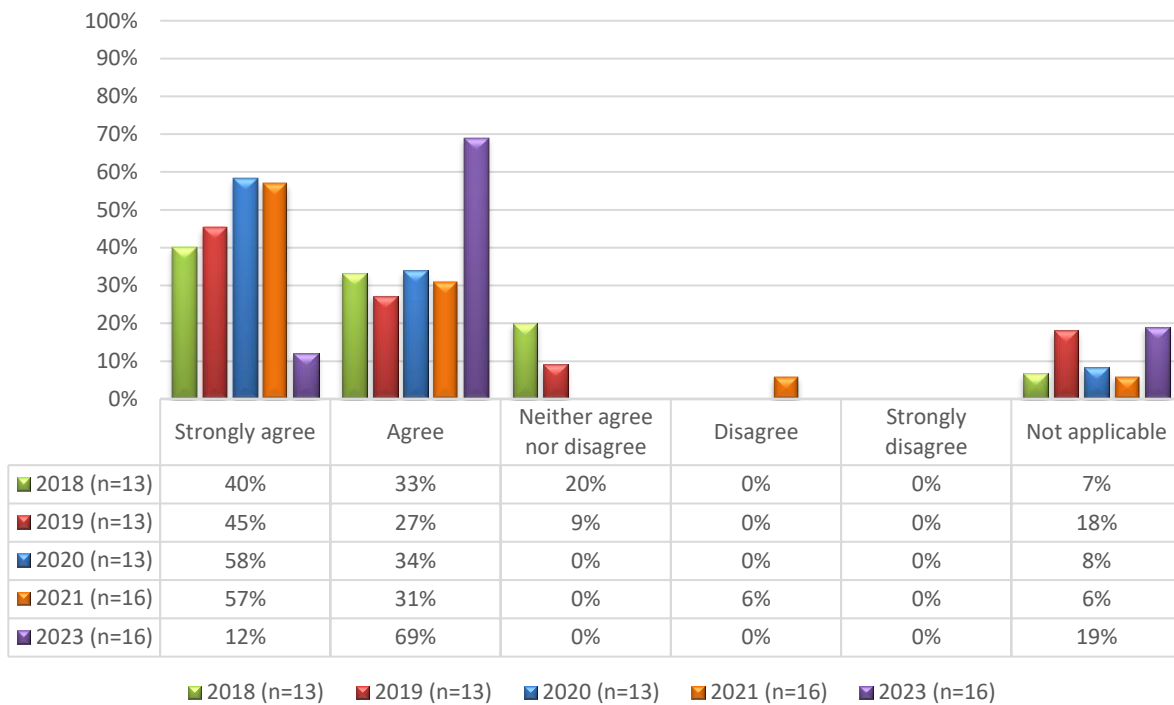
8. The Recipient clearly explained any holds or disallowances on reimbursement requests.



Comments for 2023

- Clear and detailed communications received for holds or disallowances.
- Emails are clear and also they are open to receiving calls to clarify.
 - *Recipient response:* The Recipient appreciates the comments.

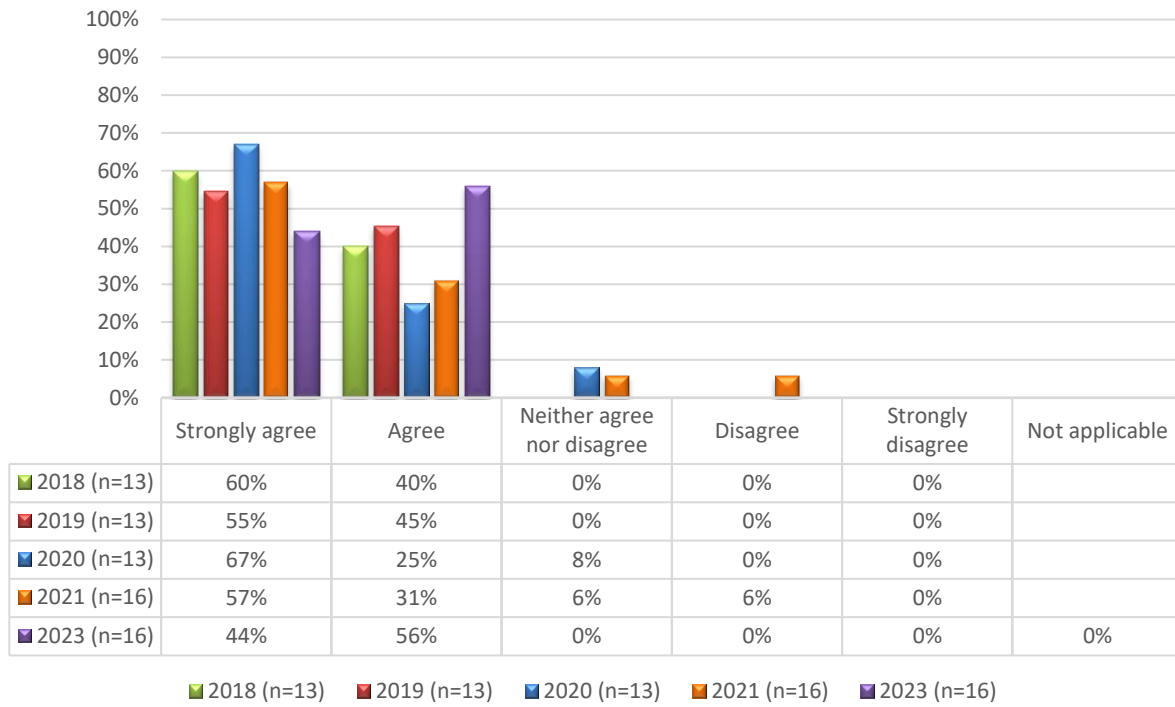
9. When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided in a timely manner.



Comments for 2023

- OMB is supportive of subrecipients technical assistance needs.
- They want to make sure that we fully understand how to provide services and manage its utilization
 - *Recipient response:* The Recipient appreciates the comments.

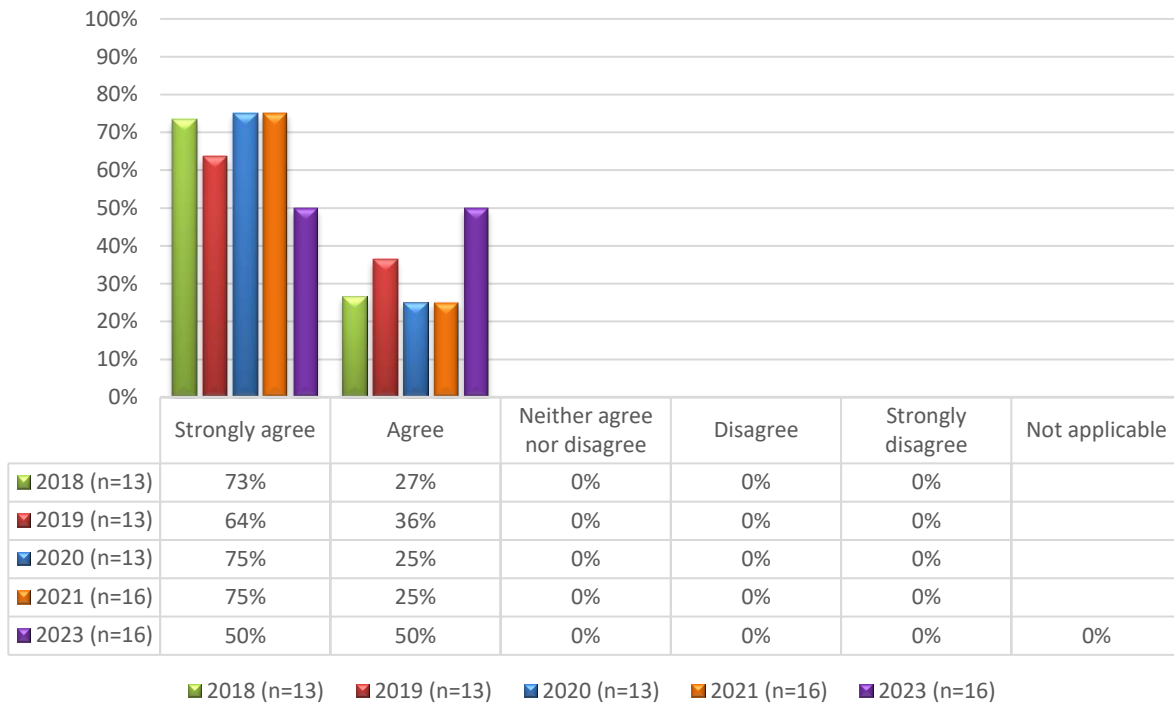
10. The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).



Comments for 2023

- OMB is supportive of subrecipients technical assistance needs.
- They want to make sure that we fully understand how to provide services and manage its utilization.
 - *Recipient response:* The Recipient appreciates the comments.

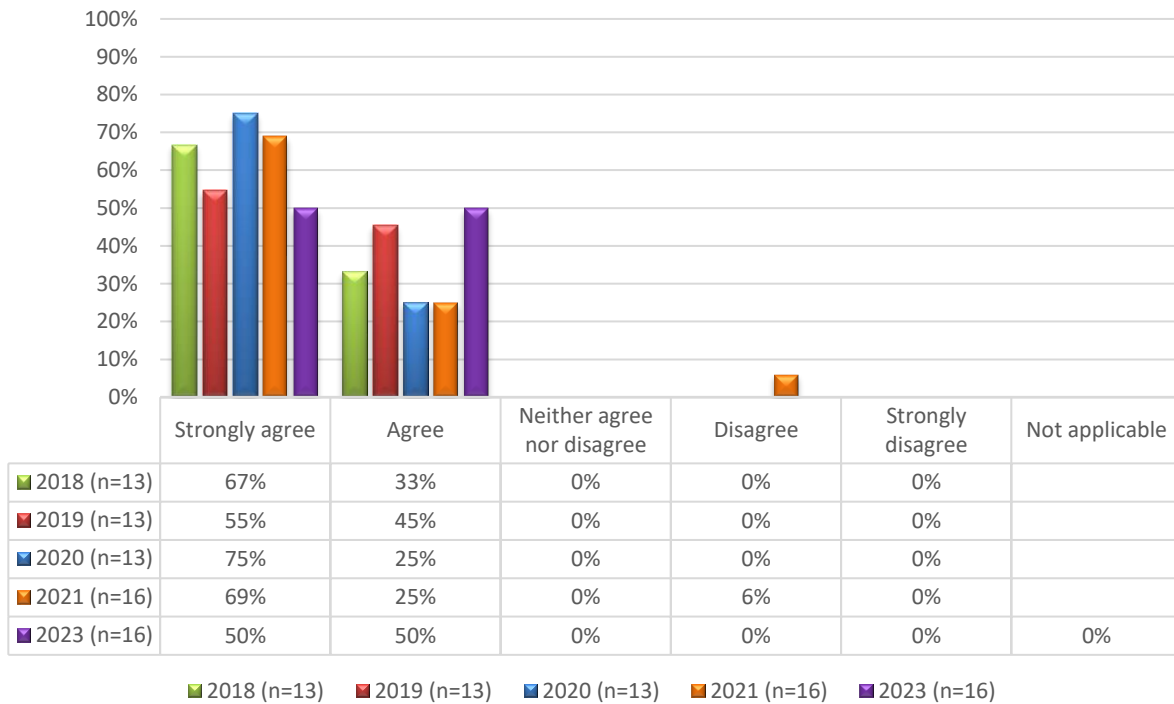
11. Communication between the Recipient and our organization has been timely.



Comments for 2023

- Communication responses are timely, if not the same day within 24 hours.
- They have an open door policy.
 - *Recipient response:* The Recipient appreciates the comments.

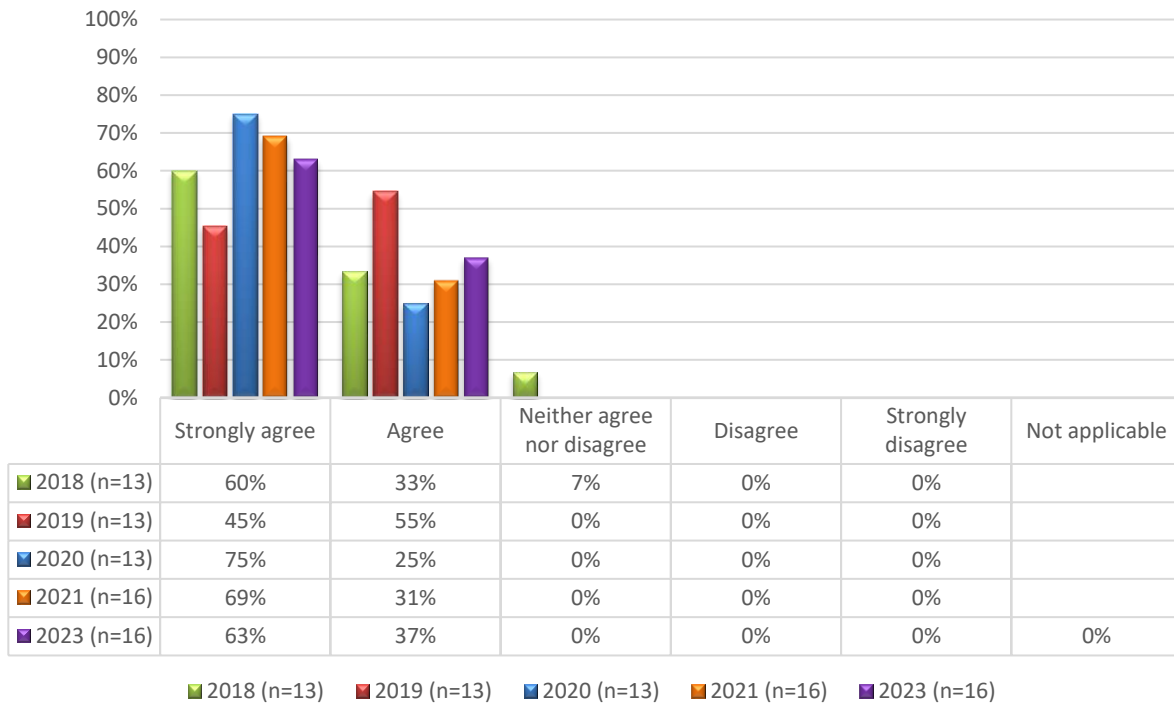
12. Communication between the Recipient and our organization has been effective.



Comments for 2023

- Open channel of communications between recipient and organization.
- After meetings or conversations we find ourselves improving.
 - *Recipient response:* The Recipient appreciates the comments.

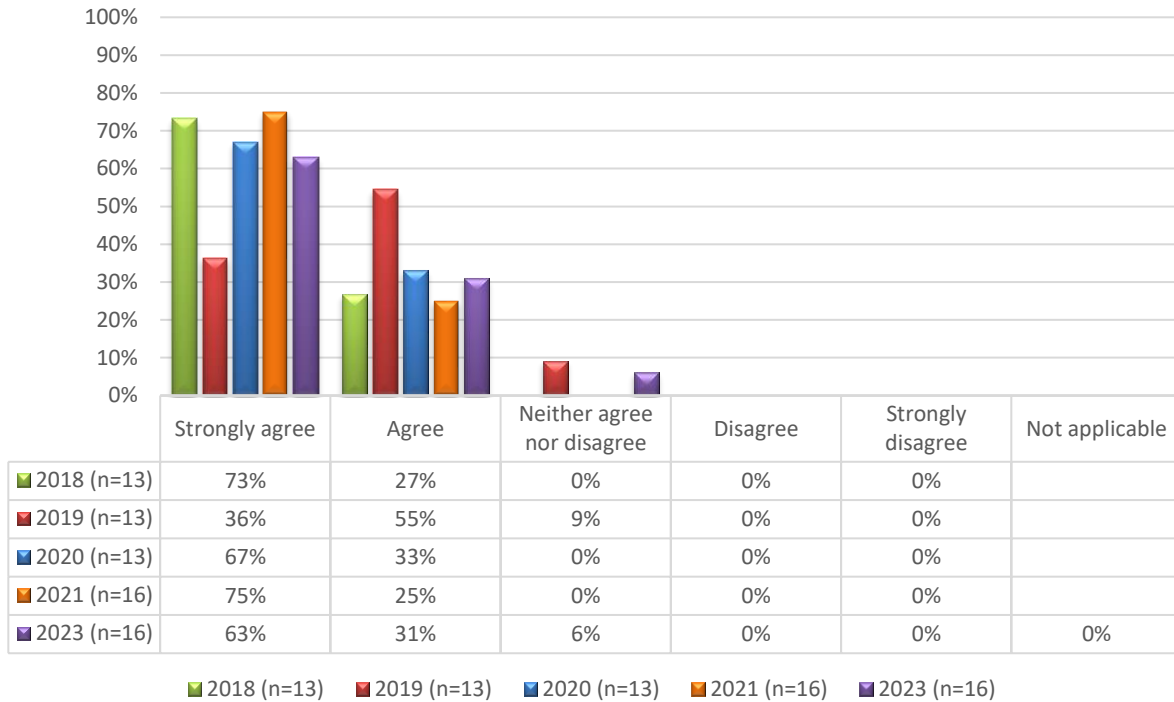
13. The Recipient informed our organization of reallocation processes (sweeps) and the requirements of a spending plan in order to adjust our organization’s budget during the contract year.



Comment for 2023

- Notification [of] sweeps allocations were timely without incident.
 - *Recipient response:* The Recipient appreciates the comment.

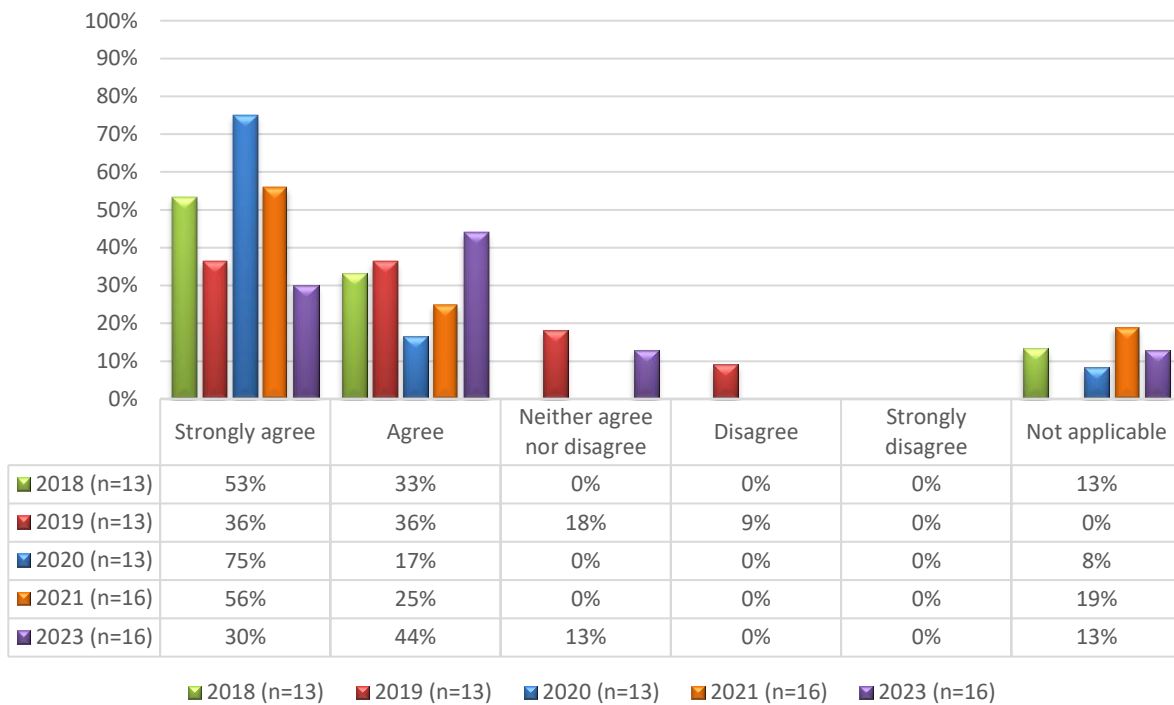
14. The Recipient kept our organization well informed of Miami-Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable services, etc.).



Comment for 2023

- Communications from Partnership updates/changes are received timely.
 - *Recipient response:* The Recipient appreciates the comment.

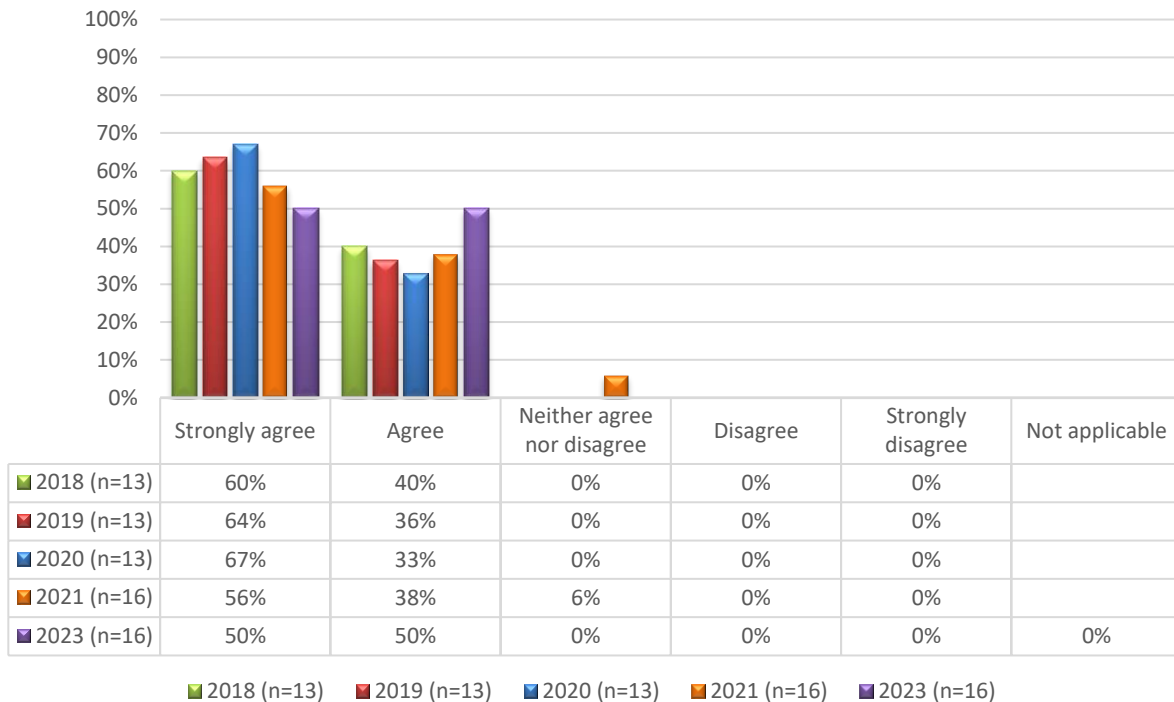
15. When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue.



Comments for 2023

- Recipient supports organization timelines for corrective action plans submission.
- Always provide adequate time to remediate and if extensions are needed they work with each organization on a case by case [basis].
 - *Recipient response:* The Recipient appreciates the comments.

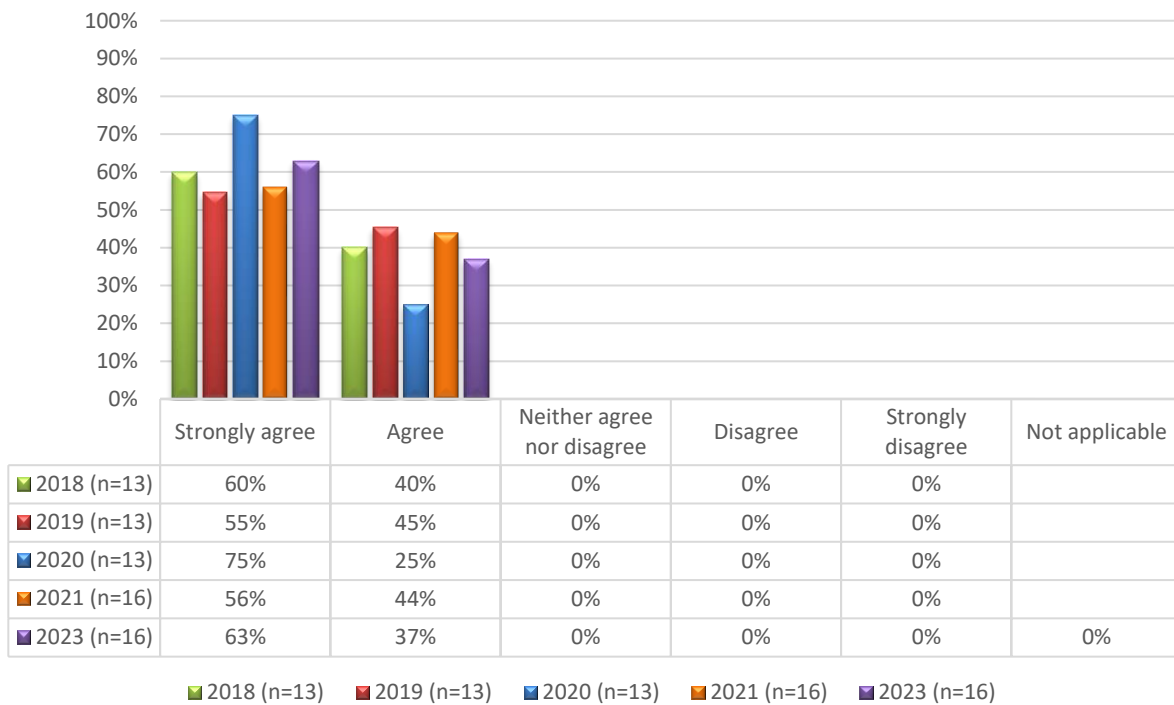
16. In response to our requests, the Recipient provided guidance and clarification to our organization for any program-related document, reporting requirement, or other requested items, in a timely manner.



Comments for 2023

- Recipient is supportive of organization requests with quick turnaround.
- They work to ensure that we comprehend what is being requested to properly deliver the information.
 - *Recipient response:* The Recipient appreciates the comments.

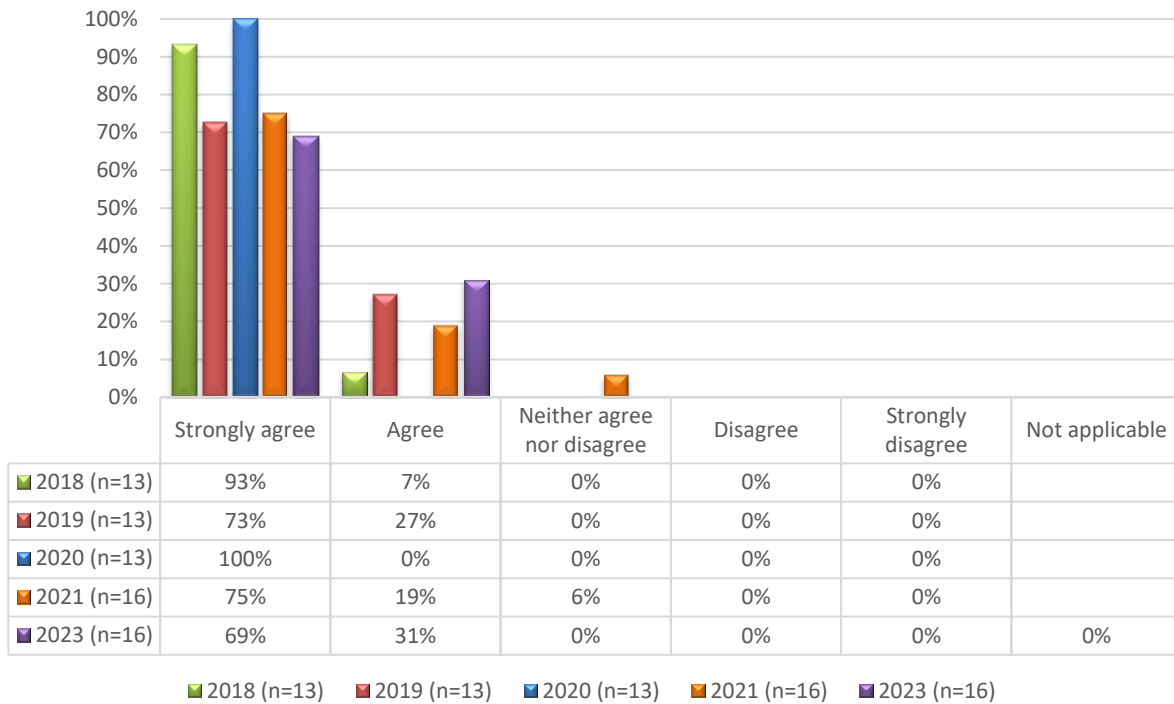
17. The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.



Comments for 2023

- Recipient provided clear advisement/guidelines to organization requests.
 - *Recipient response:* The Recipient appreciates the comment.

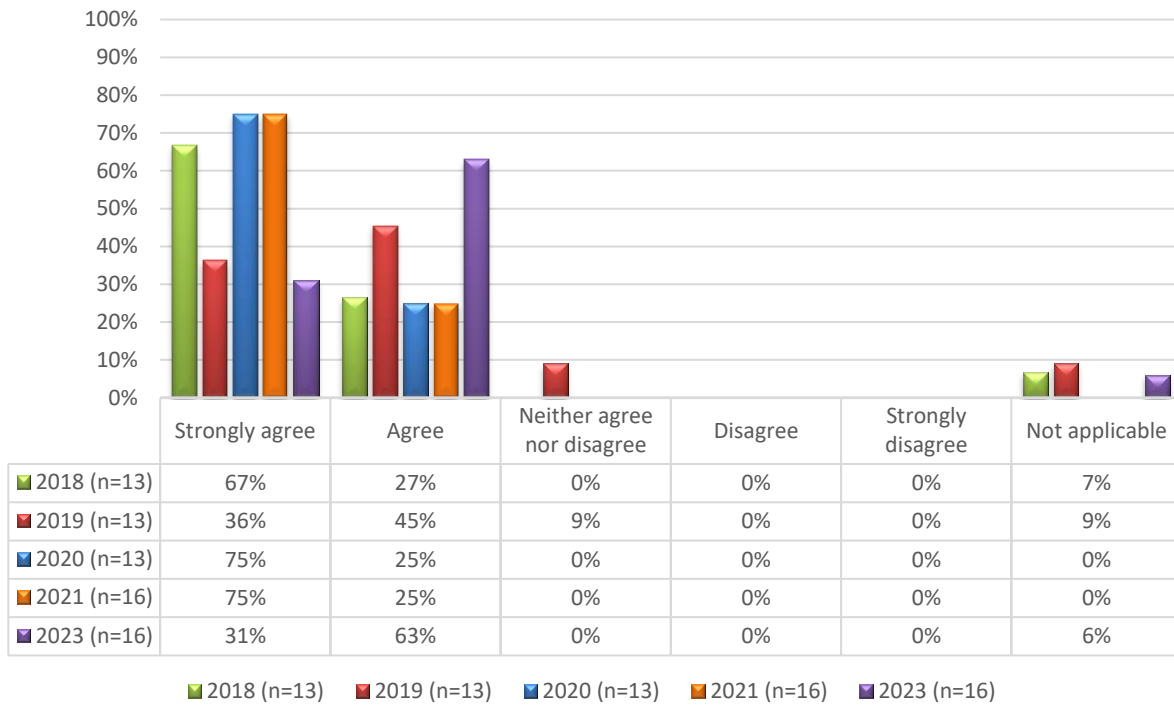
18. The Recipient's staff was courteous and respectful.



Comments for 2023

- The OMB team has been a pleasure to work with and are very responsive to our requests.
- Recipient staff are supportive in providing guidance.
- Knowledgeable, courteous and very professional.
 - *Recipient response:* The Recipient appreciates the comments. Our team strives to deliver excellent services every day, with professionalism, courtesy, and respect for all.

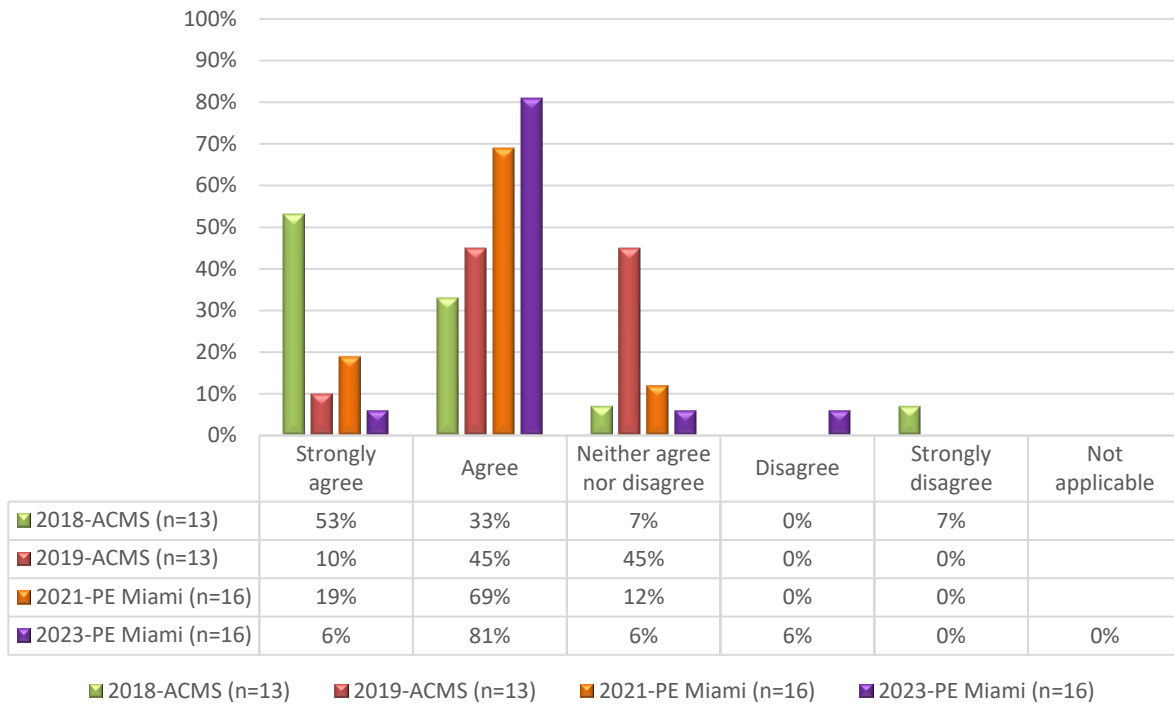
19. Behavioral Science Research Corp. (BSR), the Recipient’s Ryan White Program Clinical Quality Management contractor, responded adequately to inquiries, requests, and problem-solving from our organization.



Comments for 2023

- BSR provides feedback and guidance to organizations requests, including data reporting.
- Always glad to help and support.
 - *Recipient response:* The Recipient and BSR staff appreciate the comments.

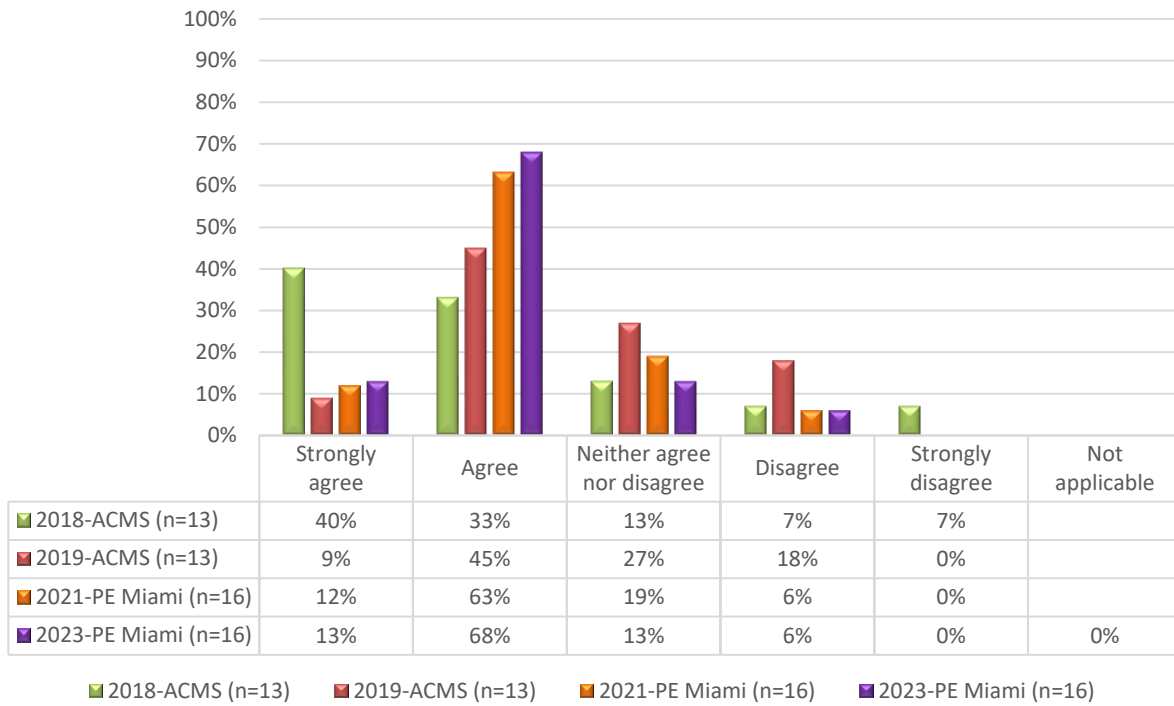
20. The Provide® Enterprise Miami (PE Miami) client database system is reliable.



Comments for 2023

- One of the best systems we use.
- [PE Miami] is reliable and supports internal reporting requirements.
- It is a good system.
 - *Recipient response:* The Recipient appreciates the comments.
- [PE Miami] database is slow. Some ADAP and ACA insurance enrollments do not update.
 - *Recipient response:* The Recipient will explore the feasibility of assembling a review team – including the Recipient, BSR staff, medical case managers, contract managers and other database super users and end users – to evaluate reports, develop and enhance PE Miami training, and support peer-to-peer training.

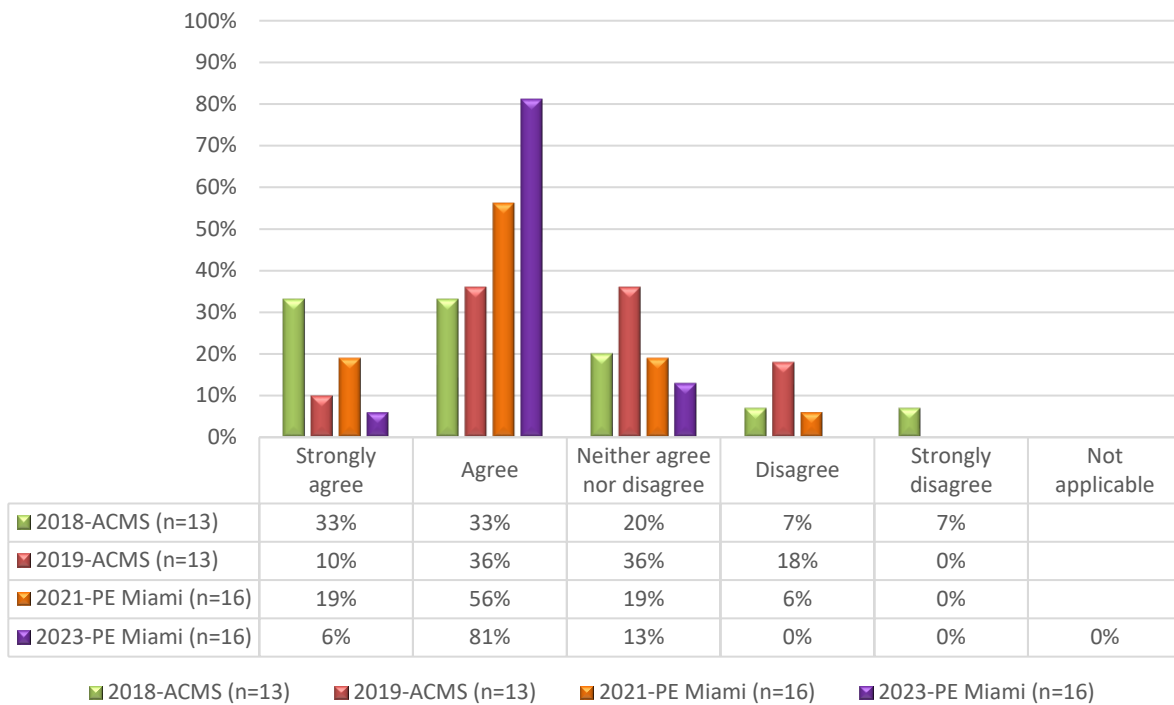
21. The PE Miami client database system is easy to use.



Note

- No comments received.

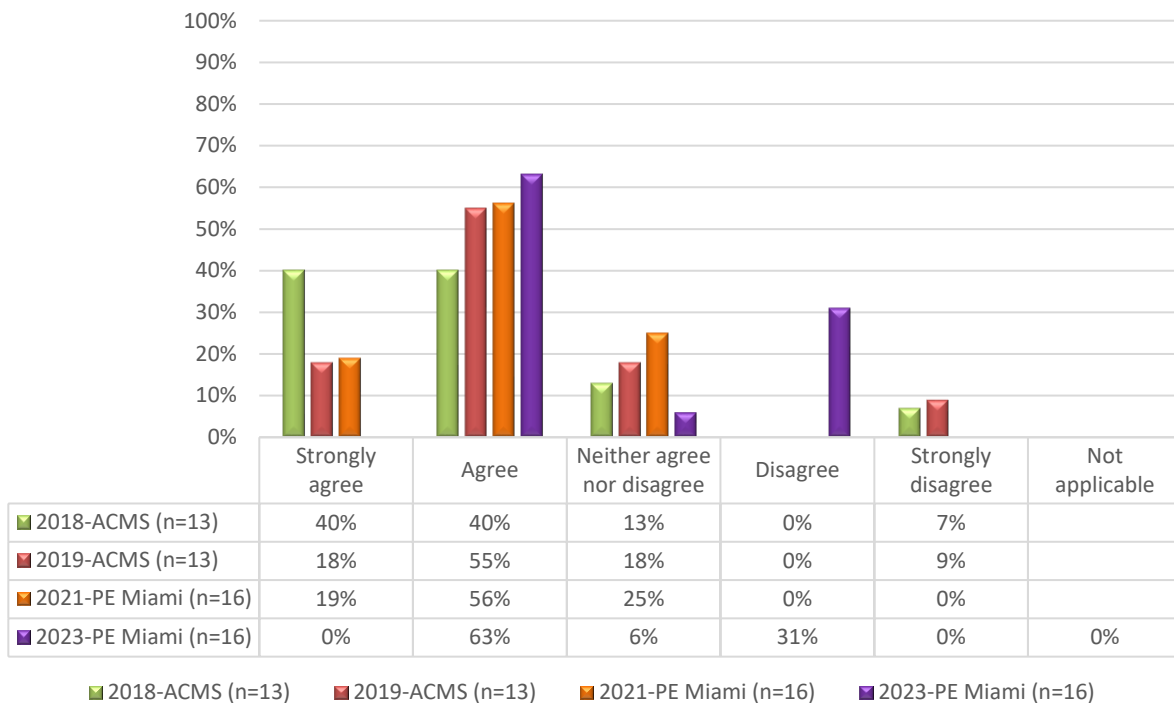
22. The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner.



Note

- No comments received.

23. The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting.



Note

- The Recipient will share these results with GTL and work on improving the response time for inquiries and Help Desk tickets.