



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, December 14, 2023

10:00 a.m. – 12:00 p.m.

Behavioral Science Research
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

I.	Call to Order	Dr. Diego Shmuels
II.	Introductions	All
III.	Meeting Housekeeping	Dr. Mary Jo Trepka
IV.	Floor Open to the Public	Dr. Mary Jo Trepka
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 8, 2023	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	• Service Definitions Review: Legal, Food Bank, EFA	All
IX.	New Business	
	• YR 2023 Sweeps/Reallocation #3	All
	• Maximize Expenditures Prior to Fiscal Year Closure	All
	• 2024 Officer Elections	Marlen Meizoso
X.	Announcements and Open Discussion	All
XI.	Next Meeting: January 11, 2024 at Main Library- Auditorium	Dr. Mary Jo Trepka
XII.	Adjournment	Dr. Diego Shmuels

Please turn off or mute cellular devices – Thank you

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

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Meeting Housekeeping

Updated September 8, 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 . . .



**PUT
PEOPLE
FIRST!**

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, Community Room
101 West Flagler, Miami, FL 33130
November 8, 2023**

#	Committee Members	Present	Absent
1	Alcala, Etelvina	X	
2	Grant, Gena	X	
3	Henriquez, Maria		X
4	Mills, Vanessa	X	
5	Siclari, Rick	X	
6	Shmuels, Daniel	X	
7	Shmuels, Diego	X	
8	Trepka, Mary Jo	X	
9	Wall, Dan		X
Quorum: 4			

Guests	
Keri Kratofil	
Brad Mester	
Javier Romero	
Staff	
Christina Bontempo	Robert Ladner

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 10:14 a.m.

II. Introductions *Dr. Diego Shmuels*

Members and guests introduced themselves around the room.

III. Meeting Housekeeping *Dr. Mary Jo Trepka*

Dr. Mary Jo Trepka reviewed the Meeting Housekeeping presentation, which reviewed environmental reminders, parking, and meeting decorum for all participants.

IV. Floor Open to the Public *Dr. Mary Jo Trepka*

Dr. Trepka 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 moved to approve it as presented.

Motion to accept the agenda, as presented.

Moved: Vanessa Mills

Seconded: Etelvina Alcala

Motion: Passed

VI. Review/Approve Minutes of September 14, 2023

All

The committee reviewed the minutes of September 14, 2023. Staff advised that one of the 8B forms is pending receipt to be added to the minutes. Once received, the form will be included with the finalized minutes.

Motion to accept the minutes from September 14, 2023, as presented, with the caveat of including the missing 8B form.

Moved: Dr. Mary Jo Trepka

Seconded: Etelvina Alcala

Motion: Passed

VII. Reports

• *Part A*

Dan Wall

Dan Wall was not present for the meeting. The Committee deferred the report, but staff reminded the members that the latest expenditure reports and client numbers from the Recipient were posted online.

• *Part B*

David Goldberg

Dr. Shmuels indicated there was no Part B report.

• *AIDS Drug Assistance Program (ADAP)*

Dr. Javier Romero

Dr. Javier Romero reviewed the October 2023 ADAP report, dated November 1, 2023, including data on enrollments, pharmacy and insurance expenditures, program updates, medication additions, and current pharmacy listings. The rate of returning clients is around 1,000 per month. As previously indicated, Winn-Dixie is no longer a pharmacy provider. Affordable Care Act Marketplace open enrollment has begun.

• *Medical Care Subcommittee Report*

Dr. Mary Jo Trepka

Dr. Trepka reviewed the Medical Care Subcommittee (MCSC) report.

The MCSC:

Heard updates from the Ryan White Program and ADAP.

Reviewed 46 medications added in July 2023 to the ADAP Formulary and approved them for inclusion in the Ryan White Prescription Drug Formulary.

Motion to add 46 medications added to the July 2023 ADAP Prescription Drug Formulary to the Ryan White Prescription Drug Formulary.

Moved: Vanessa Mills

Seconded: Gena Grant

Motion: Passed

Reviewed and accepted the draft “Dear Colleague” letter about HIV-positive clients over 50 years of age to raise awareness of preventive health measures.

Motion to accept the Dear Colleague Letter on Aging with HIV with the changes discussed.

Moved: Vanessa Mills

Seconded: Gena Grant

Motion: Passed

Reviewed and edited draft pages 1-8 of the Ryan White Primary Medical Care Standards. The committee will continue review of the remaining document pages.

The next MCSC meeting is scheduled for November 17, 2023, at Behavioral Science Research Corp.

- *Vacancies*

Christina Bontempo

Christina Bontempo reviewed the vacancy report as of the end of October. There are vacancies on all Committees and the Partnership. Gena Grant is terming off Care and Treatment at the end of today’s meeting. Ms. Grant was presented with a certificate of appreciation for her years of service. Staff reminded the Committee attendees and guests that if they know of anyone who lives in Miami-Dade County, is a registered voter, and is interested in the work the Care and Treatment Committee does, please direct them to staff, or invite them to a meeting. Everyone needs to do their part and help get the word out about membership opportunities.

VIII. Standing Business

- *Planning Council Meeting Survey Results*

All

Ms. Bontempo reviewed the Committee membership survey results. The results indicate the Committee is satisfied with the current time, date, and location of meetings.

IX. New Business

- *Committee Meeting Dates and Planning for 2024*

Christina Bontempo

Ms. Bontempo reviewed the Care and Treatment Committee meeting dates based on location availability and schedule of activities. Needs Assessment meetings are scheduled from May to August for three hours. September would be used in case all business items are not completed, since the priority setting and resource allocation process must be completed by the HRSA deadlines, typically in early October. The Committee made a motion to accept the calendar of activities.

Motion to approve the calendar of activities as presented.

Moved: Dr. Mary Jo Trepka

Seconded: Gena Grant

Motion: Passed

- *Service Categories Development*

All

At the September 2023 meeting, the Care and Treatment Committee approved five new support service categories for consideration for the next Ryan White Program Part A/MAI Request for Proposals cycle. Staff developed a guide providing the HRSA 16-02 definitions, information on other funding sources, samples from other EMAs/TGAs, and questions to consider assisting the Committee in the development of service descriptions for the new service categories. Three categories were focused on for this session: Emergency Financial Assistance, Health Education/Risk Reduction, and Housing. The following comments were made:

Emergency Financial Assistance (EFA)

Currently this service category is used only for as a wrap-around for test and treat/rapid access pharmacy services under Part A, but funds are not being drawn down.

There are more patient assistance programs providing medications now, so money is not used for medications.

Currently, one Part A subrecipient finds it easier to provided samples to clients then send them to ADAP rather than process the clients through Part B EFA.

At one subrecipient, Part B EFA is being used for other items such as utility assistance or other emergencies. These uses for EFA funds are not allowable under the present Part A EFA service description.

The Committee asked that Part B EFA language and utilization statistics be obtained from FDOH to help shape Part A EFA language in the future RFP.

It is possible that EHE funds may not be available in the future.

Health Education/Risk Reduction

Is this service not being provided under medical case management or peer education, and if not, can it be provided by adding a code for specific medical case manager activities?

Needs to be built into existing services.

Peer Education and Support activities should be redefined. This is underway through the Integrated Plan (broadening peer and medical case management activities to provide more holistic approach)

Non-Medical Case Management

How does this differ from Medical Case Management or from Peer Education and Support? Current definitions will be brought to compare.

The Committee will review the items prior to the next meeting. The Committee will continue to work on the definitions over the next few months.

- *Service Definitions Review: Legal, Food Bank, EFA*

All

Staff shared the YR 2023 service definitions for legal service, food bank, and emergency financial assistance and requested the committee review the items for updates for FY 2024. Updates will be brought to the next meeting.

X. Announcements and Open Discussion

All

Staff announced that the November Partnership meeting was cancelled, and the final meeting of the year will be December 18, 2023. The December Partnership meeting will address sweeps but will also serve as a recognition of all committees and this year’s achievements.

Note that “Open discussion” is a new standing item on the agenda, to encourage members of the community to speak up or out about issues they wish to share. Members indicated they had no issues to raise.

XI. Next Meeting

Dr. Diego Shmuels

The next meeting is scheduled for Thursday, December 14, 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.

XII. Adjournment

Dr. Diego Shmuels

With business concluded, Dr. Shmuels thanked the members for participating in today’s meeting and adjourned the meeting at 11:39 a.m.



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**RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

October 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	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	2	27	2	14
	0	2,886	0	1,255
	9,928	69,962	4,524	7,437
	62	451	37	95
	863	6,954	630	2,287
	2,038	19,069	1,196	3,923
	5	20	3	9
	0	15,120	0	1,172
	332	4,620	197	749
	36	656	12	61
	92	563	39	157
	313	3,438	13	54
TOTALS:	13,671	123,766		

Total unduplicated clients (month):

5,115

Total unduplicated clients (YTD):

8,281

See page 4 for
Service Unit
Definitions

Page 1 of 4

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MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

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October 2023

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
AIDS Pharmaceutical Assistance (LPAP/CPAP)	2	27	2	14
Health Insurance Premium and Cost Sharing Assistance	0	2,886	0	1,255
Medical Case Management	8,894	62,464	4,182	7,151
Mental Health Services	51	418	29	79
Oral Health Care	863	6,954	630	2,287
Outpatient Ambulatory Health Services	1,925	17,023	1,133	3,745
Substance Abuse Outpatient Care	4	19	2	8
Support Services				
Food Bank/Home Delivered Meals	0	15,120	0	1,172
Medical Transportation	318	4,501	183	733
Other Professional Services	36	656	12	61
Outreach Services	89	540	36	136
Substance Abuse Services (residential)	313	3,438	13	54
TOTALS:	12,495	114,046		

Total unduplicated clients (month):

4,818

Total unduplicated clients (YTD):

8,172

**RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

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October 2023

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

- Medical Case Management
- Mental Health Services
- Outpatient Ambulatory Health Services
- Substance Abuse Outpatient Care

Support Services

- Medical Transportation
- Outreach Services

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	1,034	7,498	496	934
	11	33	8	16
	113	2,046	86	613
	1	1	1	1
	14	119	14	38
	3	23	3	21
TOTALS:	1,176	9,720		
Total unduplicated clients (month):	<u>559</u>			
Total unduplicated clients (YTD):	<u>1,299</u>			

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.

Part A and Minority AIDS Initiative (MAI) Report Summaries - as of 12/4/2023:

1. Expenditures:

- **Part A:** \$22,716,639 (including \$723,098 in carryover) available **for Direct Services**; \$6,256,811.29 (27.54%) paid to date.
- **MAI:** \$2,589,436 (including \$980,218 in carryover) available **for Direct Services**; \$531,201.78 (20.51%) paid to date.

2. Service Utilization:

- Unduplicated Clients: 8,281 served between March 2023 and October 2023
 - 8,172 clients received Part A services.
 - 1,299 clients received MAI services.
- Most utilized services in October 2023, by unduplicated client count:
 - Part A: 4,182 clients - Medical Case Management (MCM); 1,133 clients - Outpatient/Ambulatory Health Services (OAHS); 630 clients – Oral Health Care (OHC)
 - Minority AIDS Initiative (MAI): 496 clients – MCM; 86 client - OAHS

3. Challenges:

➤ **Administrative/Fiscal:**

- The appearance of low expenditures on the current reports is mostly due to contract execution delays resulting from staffing constraints and competing assignments. Fifteen contracts are executed (as of 12/4/2023). The remaining three contracts are with the subrecipients for signatures.

➤ **Programmatic:**

- **Problem:** High utilization of Food Bank services – 999 clients were served between March 2023 and September 2023, with 9,373 weekly bags of groceries distributed thus far. The subrecipient provider of Food Bank services is currently out of funds and awaiting execution of an amendment for additional dollars. However, at the current pace, the subrecipient will again run out of funds before the end of February 2024.
 - **Action:** The Recipient will communicate necessary immediate and ongoing cost containment measures and workarounds by 12/8/2023.

4. Additional Update:

- Recipient staff are actively preparing for the monitoring site visit from HRSA in January 2024. HRSA representatives will want to meet with planning council chairs and members, subrecipient representatives, and clients. More information to follow.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, December 14, 2023

10:00 a.m. – 12:00 p.m.

Behavioral Science Research
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

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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: 2023-2024 Miami Dade CHD RW
 Consortia

Area Name: AREA 11A

Month: October

Year: 2023-2024

Report generated on: 12/13/2023

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	October	0	0	\$125,915.00	\$25,237.35	\$51,972.08	41%
Medical Case Management (including treatment adherence)	October	64	7,260	\$120,000.00	\$8,349.00	\$61,220.25	51%
Mental Health Services - Outpatient	October	21	49	\$30,000.00	\$1,950.00	\$13,650.00	46%
Emergency Financial Assistance	October	37	73	\$845,780.00	\$26,918.53	\$259,553.82	31%
Non-Medical Case Management Services	October	28	28	\$273,970.00	\$56,416.74	\$136,986.46	50%
Referral for Health Care/Supportive Services	October	640	640	\$181,451.60	\$13,458.95	\$93,553.08	52%
Clinical Quality Management	October	0	0	\$68,508.03	\$2,482.74	\$22,485.86	33%
Planning and Evaluation	October	0	0	\$34,224.37	\$3,902.75	\$21,911.82	64%
Totals		790	8050	\$1,679,849.00	\$138,716.06	\$661,333.37	

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
Previous Reductions	\$0.00
Current Reductions	\$0.00
Remaining Advances	\$0.00

Total Contract Amount	\$1,679,849.00
Minus Expended Y-T-D	\$661,333.37
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,018,515.63

Total Expenditures this period: \$138,716.06
Less Advance Payback this period: \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$138,716.06

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

_____ Signature & Title of Provider Agency Official	_____ Date	_____ Contract Manager Signature	_____ Date
		_____ Contract Manager's Supervisor Signature	_____ Date



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Mission:

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



Vision: To be the Healthiest State in the Nation

Ron DeSantis

Governor

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

State Surgeon General

December 5, 2023

ADAP Miami-Dade / Summary Report – NOVEMBER 2023

Month	1 st Enrollments	Re-Enrollments	OPEN	CHD Pharmacy	RXs	Patients	RX/Pt	Payments	Premiums	\$/Premium
Apr-23	113	737	6,364	\$1,564,028.71	2,750	931	3.0	\$3,638,506.77	2,562	\$1,420.18
May-23	94	393	6,441	\$2,677,106.06	2,897	952	3.0	\$3,640,335.31	2,574	\$1,414.27
Jun-23	101	125	6,809	\$1,802,814.62	3,138	1,018	3.1	\$3,673,007.70	2,616	\$1,404.05
Jul-23	84	105	6,995	\$1,645,498.21	2,879	965	3.0	\$3,664,239.62	2,620	\$1,398.56
Aug-23	120	74	7,123	\$1,778,109.44	3,160	1,026	3.1	\$3,669,906.98	2,630	\$1,395.40
Sep-23	123	52	7,260	\$1,626,326.44	2,934	959	3.0	\$3,645,930.52	2,616	\$1,393.70
Oct-23	97	270	7,381	\$1,672,825.40	3,248	1,026	3.2	\$3,672,217.02	2,624	\$1,399.47
Nov-23	87	591	7,282	\$1,557,014.14	2,749	884	3.1	\$3,651,681.71	2,615	\$1,396.44
Dec-23										
Jan-24										
Feb-24										
Mar-24										
FY23/24	819	2,347	7,282	\$14,323,723.02	23,755	7,761	3.1	\$29,255,825.63	20,857	\$1,402.69

SOURCE: Provide - DATE: 12/04/23 - Subject to Review & Editing

* NOTE: West Perrine: 551 clients (12/04/23), whose expenditures are not included in this report.

PROGRAM UPDATE

* 12/01/23: Cabenuva ® utilization @ ADAP Miami: 246(-16) (25.2% FL; 3.3% M-D). Direct Dispense 164(-14) (68.0 %); Premium Plus 82 (-2) (32.0 %).

* 11/30/23: Clients OPEN: Direct Dispense: 59 %; Premium Plus: 41 %

* 11/30/23: Expenditures: Direct Dispense: 32.8 %; Premium Plus: 67.2 %

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

ADDITIONAL Pharmacies - Magellan RX PBM Miami-Dade – As of 10/01/23		
1	AIDS Healthcare Foundation	Four (4) sites
2	Borinquen Healthcare Center	One (1) site
3	Miami Beach Community Health Center	Three (3) sites
4	Community Health of South Florida - CHI	Two (2) sites
5	Fresco Y Más	Two (2) sites
6	Pharmco RX 1003 LLC	One (1) site
7	CVS Specialty Mail Order	Mail Order / Monroeville, PA
8	Navarro Specialty Pharmacy	Mail Order

PHARMACY SELECTION:

PHARMACY SELECTION IS THE CLIENT'S CHOICE ONLY. PROVIDERS, CASE MANAGERS, PHARMACIES, AND AGENCIES, MUST REFER CLIENTS TO THE ADAP MIAMI PROGRAM OFFICE TO COMPLETE THE PHARMACY SELECTION PROCESS, PREVENTING AND AVOIDING DUAL ENROLLMENT, PICKUPS, AND LIABILITY.

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





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During this month we served a total of 758 clients for Case Management. We continue to provide Nursing Home beds for 5 clients & we have extended the # up to 6. We continue to provide beds at the Salvation Army and we are to full capacity for the past few months.

General Revenue July 2023 - June 2024
HIV/AIDS Demographic Data for PHT/SFAN

	October 23-2023			Year To Date Data		
	Unduplicated					
	Client Count	Units	Dollar Amt.	Total Dollar Amt.	Annual Budget	YTD Units
Ambulatory - Outpatient Care	380	733	132,401.84	505,218.16	1,792,649.00	2,722
Drug Pharmaceuticals	31	54	16,207.12	58,707.08	638,622.00	179
Home & Community Base Services				-	2,000.00	
Home Health Care				5,561.81	30,000.00	47
Mental Health Services	47	64	14,298.58	29,672.40	115,854.00	118
Nutrition Counseling	8	8	1,132.32	1,415.40	20,000.00	10
Medical Case Management	758	1,734	125,897.82	626,490.40	1,509,687.00	8,468
Non-Medical Case Management	97	101	44,827.00	143,925.67	668,338.00	289
Other Support Services / Emergency Fin. Assistance	12	12	34,917.60	81,474.30	170,000.00	30
Transportation	165	169	8,971.75	25,171.50	97,250.00	476
Referral for Health Care / Supportive Services	67	169	36,562.68	71,850.89	399,856.00	447
Substance Abuse Residential	4	164	44,645.72	44,645.72	428,955.00	164
Residential Care - Adult	21	793	34,099.00	34,099.00	207,035.00	1,196
Nursing Home Care	5	155	41,815.59	186,785.51	470,000.00	707
Hospital Services						
	1,595	4,156	535,777.02	1,815,017.84	6,550,246.00	14,853



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Membership Report

November 21, 2023

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners. Complete a brief New Member Interest Form to find out more: www.surveymonkey.com/r/DRJP5N5 or scan the QR code.



Opportunities for Ryan White Program Clients

13 seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.

Opportunities for General Membership

5 seats are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the relevant knowledge, skills and expertise in these membership categories:

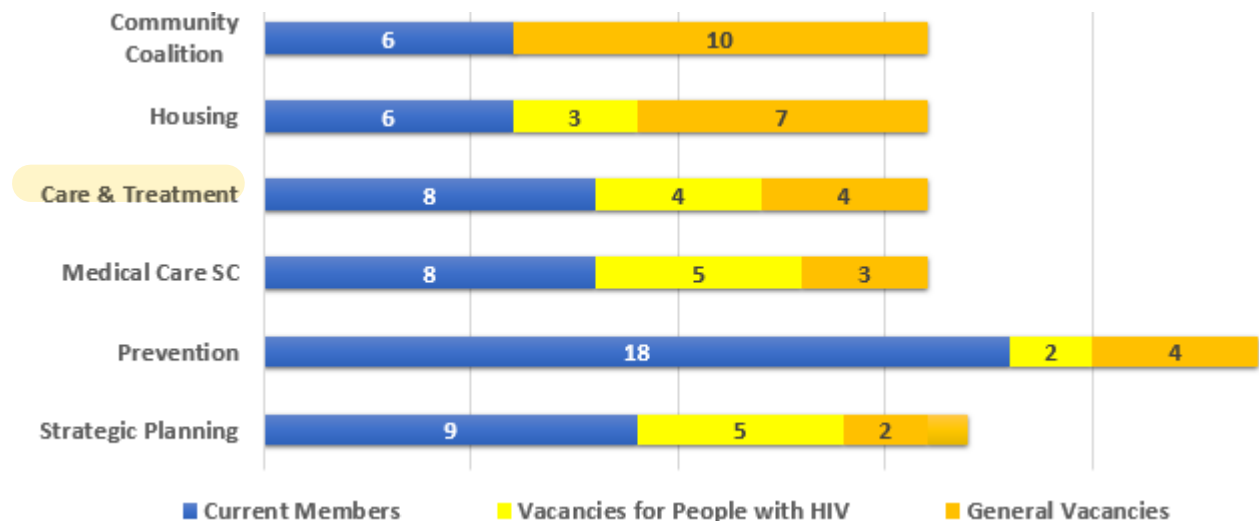
- Representative with HIV and Hepatitis B or C
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Federally Recognized Indian Tribe Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative

Applicants Pending Appointment

- Ryan White Program Part D Representative
- Hospital or Health Care Planning Agency Representative

Partnership Committees

Committees are now accepting applications for new members.
People with HIV are encouraged to apply.



01



Do you want to help making decisions about Ryan White Program funding, care, and treatment?

CONTACT US



305-448-1076 or email
marlen@behavioralscience.com



CARE AND TREATMENT COMMITTEE SEEKING NEW MEMBERS!

02

Can you attend a two hour in-person meeting once a month?



03

Do you live in Miami-Dade County and are registered voter?



04

If YES, you should join the Care and Treatment Committee!



Scan here to complete an interest form



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**Medical Care Subcommittee
November 17, 2023 Meeting Report
to the Care and Treatment Committee
Presented December 14, 2023**

The Medical Care Subcommittee (MCSC):

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
 - Reviewed a request to add D0367 - *cone beam CT capture and interpretation with field of view of both jaws, with or without cranium* – to the Ryan White Oral Health Care Formulary. The code would allow for better diagnostic and treatment outcomes with better views received from a 3D image.
1. **Motion to add code D0367 - *cone beam CT capture and interpretation with field of view of both jaws, with or without cranium* -- to the Ryan White Oral Health Care Formulary.**
 - Reviewed restrictions on dental codes. Last year, the Ryan White Program placed restrictions on the billing for denture adjustments within 180 days of placement of certain dentures but not on others: upon review, this was an oversight which the Subcommittee addressed. The denture adjustments listed in the motions below, if performed within 180 days of fabrication and fitting of the dentures, should be included in the cost of the denture, and not as separate billable activities.
2. **Motion to prohibit billing of D5421 - adjust partial denture-maxillary - within 180 days of billing for *D5211*-maxillary partial denture-resin base (including, retentive/clasping materials, rests, and teeth); *D5213* - maxillary partial denture-cast metal framework with resin denture bases (including, retentive/clasping materials, rests, and teeth); or *D5282* - removable unilateral partial denture-one piece cast metal (including, retentive/clasping materials, rests, and teeth), maxillary.**
 3. **Motion to prohibit billing of D5422 - adjust partial denture-mandibular - within 180 days of billing for *D5212* - mandibular partial denture-resin base (including, retentive/clasping materials, rests, and teeth); *D5214* - mandibular partial denture-cast metal framework with resin denture bases (including, retentive/clasping materials, rests, and teeth); or *D5283* - removable unilateral partial denture-one piece cast metal (including, retentive/clasping materials, rests, and teeth), mandibular.**
 4. **Motion to prohibit billing of D5410 - adjust complete denture-maxillary - within 180 days of billing for *D5110* - complete denture-maxillary.**

All motions are subject to Partnership approval.



**Medical Care Subcommittee
November 17, 2023 Meeting Report
to the Care and Treatment Committee
Presented December 14, 2023**

5. Motion to prohibit billing of D5411-adjust complete denture-mandibular - within 180 days of billing for D5120 - complete denture-mandibular.

- Reviewed a request to add D7953 - *bone replacement graft for ridge preservation-per site* - to the Ryan White Oral Health Care Formulary. The code would benefit patients in restoration and preservation of bone volume. Bone grafting repairs the jawbone in order to support dental restorations.

6. Motion to add code D7953 - *bone replacement graft for ridge preservation-per site* - to the Ryan White Oral Health Care Formulary.

- Reviewed and edited draft pages 9-12 of the Ryan White Primary Medical Care Standards and will complete review of the full document edits at the next meeting.
- Reviewed and edited the AIDS Pharmaceutical, Mental Health, and Outpatient Ambulatory Health Service descriptions. Revised drafts will be presented at the next meeting.
- Reviewed planned activities and dates for 2024.

The next MCSC meeting is scheduled for January 26, 2024, at Behavioral Science Research Corp.

All motions are subject to Partnership approval.



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Care and Treatment Committee Service Definitions Development December 14, 2023

Purpose

At their September 2023 meeting, the Care and Treatment Committee (Committee) approved five new support service categories for consideration for the next Ryan White Program Part A/MAI Request for Proposals cycle. This document is intended to assist the Committee in the development of service descriptions for the new service categories. Today's materials focus on **emergency financial assistance (EFA)** service category.

The Health Resources and Services Administration (HRSA) service definitions and samples from other Ryan White-funded jurisdictions are included in this document.

The service description and financial breakdown under Part B are also included.

Considerations for Emergency Financial Assistance (EFA)

- Currently funded under Part A/MAI but restricted to supporting Test and Treat Rapid Access(TTRA) medication in the event the Department of Health runs out of funding. *See service description for details.*
 - There are **two** additional funders for EFA-Part B and General Revenue, both of which expend the majority of funding on TTRA medications.
 - This service falls under the 25% expenditure cap unless a waiver is requested.
 - Should the restrictions on this service be reconsidered?
 - Is the service intended for a specific population?
-

1. Emergency Financial Assistance

Status: Currently funded support service

Other Funders (based on 2023 Needs Assessment): General Revenue \$147,358; Part B \$520,191

HRSA 16-02 Definition (pg. 17)

Description:

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program (ADAP) or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. EFA must occur as a direct payment to an agency or through a voucher program.

Program Guidance:

EFA funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the EFA category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Other Sample Services:

- Washington, DC EMA
- Los Angeles County, CA EMA
- Texas, Part B

HIV/AIDS,

Hepatitis, STD and TB Administration

Emergency Financial Assistance (EFA)

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC Eligible Metropolitan Area (EMA) such that customers of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all customers and will be used as contract requirements, in program monitoring, and in quality management.

I. SERVICE CATEGORY DEFINITION

Emergency Financial Assistance (EFA) provides limited, one-time or short-term payments to assist Ryan White HIV/AIDS Program customers with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (including groceries and food vouchers), transportation, and medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance or another HRSA RWHAP allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

EFA activities are composed of the following eligible services:

1. Emergency rental assistance (first month's rent, past due rent)
2. Emergency utility payments (gas, electric, oil and water)
3. Emergency telephone services payments
4. Emergency food vouchers
5. Emergency moving assistance
6. Emergency medication

II. INTAKE AND ELIGIBILITY

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White customers to maintain proof of eligibility annually. Supporting documentation is required to demonstrate customer eligibility for Ryan White Services.

A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting viral load. .
2. **Residency:** The following are acceptable methods of meeting the burden for residency:
 - Current lease or mortgage statement
 - Deed settlement agreement
 - Current driver's license
 - Current voter registration card
 - Current notice of decision from Medicaid
 - Fuel/utility bill (past 90 days)
 - Property tax bill or statement (past 60 days)
 - Rent receipt (past 90 days)
 - Pay stubs or bank statement with the name and address of the customer (past 30 days)
 - Letter from another government agency addressed to customer
 - Active (unexpired) homeowner's or renter's insurance policy
 - DC Healthcare Alliance Proof of DC Residency form
 - If homeless, a written statement from case manager or facility
3. **Income:** Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the customer and any household members for whom customers have legal responsibility. For each income source, the customer must indicate the gross amount, how often the income is received, and whether it is your income or a household member's from each source.

The following are acceptable forms of proof of income:

 - Pay stubs for the past 30 days. The pay stub must show the year to date earnings, hours worked, all deductions, and the dates covered by the paystub
 - A letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return
 - Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A statement from the customer projecting current annual income must be included
 - Copy of the tenant's lease showing customer as the landlord and a copy of their most recent income tax return
 - SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days
 - Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the customer

B. INTAKE

To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake
3. Customer name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (customer self-report)

7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program

C. MAINTENANCE OF ELIGIBILITY

To maintain eligibility for Ryan White services, providers must conduct annual eligibility confirmations to assess if the customer's income and/or residency status has changed. RWHAP providers are permitted to accept a customer's self-attestation of "no change" when confirming eligibility, however, self-attestation could be used every other annual confirmation and not be used in two consecutive years.

III. IMPLEMENTATION GUIDELINES

Emergency Financial Assistance (EFA) programs are intended to address emergency needs that could result in eviction for non-payment of rent, disconnection of utilities or telephone service, or lack of sufficient food.

Direct cash payments to customers are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a customer should not be funded through emergency financial assistance.

Provision of EFA should be part of a larger plan to address barriers to HIV care and treatment. Therefore, EFA is a collaborative effort between case managers and EFA provider staff and all applications must be submitted by the customer's case manager. Case management and EFA provider staff must ensure that they are familiar with these Service Standards and all other EFA related policies and procedures to ensure the effective implementation of EFA services. If a customer (potential EFA customer) does not have a case manager, the EFA provider staff will refer the customer to an agency that provides access to case management services.

1. Application Tracking System: EFA provider agencies must develop, implement and maintain a comprehensive tracking system that documents a customer's EFA application status from start to finish; i.e., incomplete draft, complete, submitted, pending, approved, denied, error, requested service provided, etc.
2. EFA provider agencies must establish frequent communication guidelines for staff to communicate application status at each stage with the case manager who submitted the application.
3. EFA provider agencies must also maintain effective methods of communication with other HIV providers in the jurisdiction to ensure that there is widespread knowledge and understanding of the EFA benefits available for customers.
4. Incomplete Applications: EFA provider staff must contact the case manager who submitted the application within 24 hours of receipt to convey the incomplete status. EFA provider staff and case managers must work together to ensure that the application is completed. If the application is incomplete over seven business days, the EFA provider agency can deny the application and the case manager must re-submit.
5. EFA provider agencies must develop policies, procedures and forms that reflect all requirements of the EFA Service Standards.

6. Supervisor(s) must conduct quarterly audits of EFA customer records to ensure that EFA applications are processed in accordance with agency policies and procedures, particularly the policies regarding eligibility, documentation, and timeliness of application processing.
7. Timeline for Processing EFA Application and Providing EFA: The emergency nature of this benefit requires that the application processing and the subsequent provision of the benefit be done in a timely manner, to avoid any harmful consequences brought on by the initial need. In jurisdictions where EFA is provided directly by case managers, completed EFA applications must be processed within three business days of receipt. In jurisdictions where EFA is provided centrally, completed EFA applications must be processed within five business days of receipt.
8. Customers that require receipt of a specific voucher must be notified of the availability of their approved voucher within 24 hours of its approval and arrangements for the expeditious provision of that voucher to the customer must be made. If case managers are picking up vouchers on the customer's behalf, it must be done within 24 hours of its approval.

IV. KEY SERVICE COMPONENTS & ACTIVITIES

ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES	
Standard	Measure
A application for EFA needs to be completed prior to the provision of assistance	Signed and dated application for EFA in the customer's record
A brief needs assessment for case management services is to be completed prior to the provision of assistance	Documentation of needs assessment for case management services in customer's record signed and dated
For those customers determined to need case management services, develop an emergency assistance plan within 24 hours of providing emergency assistance	For customers in need of case management services, signed and dated documentation of emergency assistance plan
Review the emergency assistance plan and reassess needs every 30 days for 3 months	Signed and dated emergency assistance plans reassessed every 30 days in customer's record
Provide Emergency Financial Assistance (EFA) for essential services including: <ul style="list-style-type: none"> ● Utilities ● Housing (Emergency Housing 1-14 days and Short-term Housing 15-30 days) ● Transportation ● Food (including groceries, food vouchers, and food stamps) ● Non-ADAP formulary medications <p><i>Note: Brand name formulations may be paid for with Ryan White funds only if generic formulation is not available</i></p>	Signed and dated documentation of assistance provided for essential services with frequency and duration outlined in customer's record
EMERGENCY RENTAL ASSISTANCE (FIRST MONTH'S/PAST DUE RENT)	
Scope of Service: Provides emergency rental payments for customers with critical delinquency, or first month's rent for new dwelling, made by the EFA provider directly to landlord	
Standard	Measure
Additional Eligibility Criteria <ul style="list-style-type: none"> ● Customers must be at least one month past due to submit an application for delinquent rent unless a summons or writ of eviction has been received 	<ul style="list-style-type: none"> ● Approval letter with monthly rent amount for first month's rent ● Delinquency notice or itemized statement for emergency rent from landlord

<ul style="list-style-type: none"> ● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance <p>Maximum Benefit</p> <ul style="list-style-type: none"> ● Annual cap for rental assistance is based on Fair Market Rents (FMR) established by HUD ● For customers renting rooms, the annual cap for rental assistance will be based on an \$800.00 FMR ● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed the equivalent of three times one month's rent at the fair market rate. 	<ul style="list-style-type: none"> ● A copy of a current lease agreement ● W-9 Form with the landlord's Tax Identification Number. The EFA provider is required to report all rental payments to the IRS each year. ● Documentation that cap has been exceeded for the year
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EMERGENCY UTILITY PAYMENTS

Scope of Service: Provides payment of electricity, water, oil, or gas bills, made by the EFA provider directly to utility company

Standard	Measure
<p>Additional Eligibility Criteria</p> <ul style="list-style-type: none"> ● Customers must have a disconnection notice to be eligible to apply ● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance <p>Maximum Benefit</p> <ul style="list-style-type: none"> ● Maximum benefit for a 12-month period is \$1,500.00 ● Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed \$1,500.00 <p>Exclusions</p> <ul style="list-style-type: none"> ● Customers living in subsidized housing are not eligible for utilities assistance 	<ul style="list-style-type: none"> ● A copy of a bill that includes a disconnection notice dated within 30 days of the application date to ensure current billing information ● Documentation that cap has been exceeded for the year

EMERGENCY TELEPHONE SERVICES PAYMENT

Scope of Service: Provides for the payment of telephone bills made by the EFA provider directly to the telephone company

Standard	Measure
<p>Additional Eligibility Criteria</p> <ul style="list-style-type: none"> ● Customers must have a disconnection notice to be eligible to apply ● Customers whose past due balance exceeds the maximum benefit, must pay down to the benefit amount before a check can be issued to provide assistance <p>Maximum Benefit</p> <ul style="list-style-type: none"> ● Maximum benefit for a 12-month period is \$300.00 	<ul style="list-style-type: none"> ● A copy of a bill that includes a disconnection notice dated within 30 days of the application date to ensure current billing information ● Documentation that cap has been exceeded for the year

<ul style="list-style-type: none"> Customers can receive assistance on multiple occasions in a 12-month period, as long as the total amount of assistance in the 12-month period does not exceed \$300.00 <p>Exclusions</p> <ul style="list-style-type: none"> If telephone service is provided as part of a bundled package with other services such as cable TV or internet service, application and billing document must clearly identify the telephone charges for which payment is requested 	
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EMERGENCY FOOD VOUCHERS

Scope of Service: Provides food vouchers in the form of supermarket gift cards given by the EFA provider directly to case managers, who thereafter distribute the vouchers to customers

Standard	Measure
<p>Additional Eligibility Criteria</p> <ul style="list-style-type: none"> Customers must document effort to seek food resources elsewhere before accessing food vouchers <p>Maximum Benefit (Individual)</p> <ul style="list-style-type: none"> The maximum benefit for a single application for an individual is \$300.00 Customers may access this service three times in each 12-month period, at intervals of at least three (3) months. Total 12-month cap for individual customers is \$900.00 <p>Maximum Benefit (Family)</p> <p>The maximum benefit for a single application for families is \$700</p> <ul style="list-style-type: none"> Family cap of \$700 is computed as follows: \$300.00 for the PLWH, plus \$100.00 per dependent for a maximum of four dependents Customers may access this service three times in each 12-month period, at intervals of at least three (3) months Total 12-month cap for families is \$2,100.00 <p>Exclusions</p> <ul style="list-style-type: none"> Dependents can only be included in a food voucher application if they are 18 or younger Vouchers are intended for food purchases only and shall not be used to purchase alcohol, tobacco products, or lottery tickets 	<ul style="list-style-type: none"> Documentation of effort to seek food from other resources is provided through a referral certification form, (For customers seeking food vouchers for dependents) proof of dependency through birth certificates, tax returns, or court documentation of guardianship Signed voucher policy reflecting agreement to comply with voucher use restrictions Documentation that cap has been exceeded for the year

EMERGENCY MEDICATION

Scope of Service: Provides HIV medications that are not included in the ADAP formulary; medications when the ADAP financial eligibility is restrictive; and medications if there is a protracted State ADAP eligibility process (such as a wait list) and/or other means of accessing medications are not available (i.e., pharmaceutical company assistance programs)

Purchase of pharmaceuticals must be directly linked to the management of HIV disease that is consistent with the most current HIV/AIDS Treatment Guidelines; coordinated with the State’s Part B AIDS Drug Assistance

Program (ADAP); and implemented in accordance with requirements of the 340B Drug Pricing Vendor Program and/or Alternative Methods Project.	
Standard	Measure
<p>Additional Eligibility Criteria</p> <ul style="list-style-type: none"> Customers with insurance and other third-party payer sources are not eligible for EFA assistance unless there is documentation on file that the medication is not covered by their prescription benefits <p>Maximum Benefit</p> <ul style="list-style-type: none"> The maximum benefit is \$4,000.00 Service may be accessed no more than twice in a 12-month period. Any extenuating circumstances require recipient/administrative agent approval <p>Program Rules</p> <ul style="list-style-type: none"> EFA can be used during the ADAP eligibility determination period. Initial medications purchased for this use is not subject to the \$4,000.00/customer/year cap. EFA can be used to reimburse dispensing fees associated with purchased medications Dispensing fees are not subject to the \$4,000.00/customer/year cap Agency may reimburse the pharmacy a minimal dispensing fee per prescriptions as outlined in a MOU <p><i>Purchasing Medications during ADAP application period:</i></p> <ul style="list-style-type: none"> No more than a 30-day supply of medication on the ADAP formulary can be purchased at a time for each customer. If more than 30 days is needed, the medication can be refilled for another 30 days If the ADAP denied the coverage, the agency staff should work with the customer and the customer's attending physician to find alternate funding sources which may include manufacturer's compassionate/patient assistance programs, religious groups, or other community resources 	<ul style="list-style-type: none"> Evidence of enrollment in insurance or other third-party payer source Evidence that medication is not covered by existing prescription benefits Documentation that cap has been exceeded for the year
EMERGENCY MOVING ASSISTANCE	
<p>Scope of Service: Provides payment of moving services for applicants that are moving to a new dwelling. The EFA provider may obtain a contract with a moving company for no more than one year, or obtain quotes from various companies per job to obtain the most cost-effective service</p>	
Standard	Measure
Required Documentation	<ul style="list-style-type: none"> Inventory of items to be moved Addresses of pick-up and delivery location Customer name and contact information
Maximum Benefit	<ul style="list-style-type: none"> Maximum benefit is \$2000 Service may be accessed once in a 12 month period

Exclusions	<ul style="list-style-type: none"> • Service cannot be used to move applicant outside of the Eligible Metropolitan Area (EMA)
CASE CLOSURE	
Standard	Measure
<p>Case will be closed if customer:</p> <ul style="list-style-type: none"> • Has met the service goals • Needs are more appropriately addressed in other programs • Moves out of the EMA • Fails to provide updated documentation of eligibility status thus, no longer eligible for services • Can no longer be located • Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan 	<p>Documentation of case closure in customer's record with clear rationale for closure</p>

Emergency Financial Assistance (EFA) for Ryan White Program Clients



ELIGIBILITY:

- Los Angeles County Resident
- HIV-positive
- Current income \leq 500% FPL
- Not currently receiving any other form of emergency financial assistance

SERVICES:

Assistance with paying:

- Rent*
- Utilities** (including Cell Phone and Wi-Fi)
- Food

You can apply for \$5,000 (maximum) over a 12-month period

TO LEARN MORE OR APPLY:

Please contact your HIV Medical Care Coordination (MCC) Team **OR** an HIV Benefits Specialist (BSS) **OR** your LAFAN Case Manager for an application. Please refer to the list of contacts on back.

*Must provide a rental agreement in your name.

**Must provide a utility bill in your name.

All financial assistance payments are made on the client's behalf while maintaining confidentiality and protecting personal health information. No direct payments are made to clients.



Emergency Financial Assistance Service Standard

Health Resources & Service Administration (HRSA)

Description:

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist a HRSA Ryan White HIV/AIDS Program (RWHAP) client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program (ADAP) or AIDS Pharmaceutical Assistance Program (LPAP), or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency financial assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:

It is expected that all other sources of funding in the community for EFA will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer-of-last-resort, and for limited amounts, uses, and periods of time. EFA funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the EFA category.

Limitations:

Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through EFA.

Services:

RWHAP Part B/State Services funds may be used to provide services in the following categories:

1. ADAP eligibility determination period; and
2. Emergency Financial Assistance (EFA).

EFA can be used during the ADAP eligibility determination period. Initial medications purchased for this use are not subject to the \$800/client/calendar year cap.

EFA can be used to reimburse dispensing fees associated with purchased medications. Dispensing fees are not subject to the \$800/client/calendar year cap.

EFA is an allowable support service with an \$800/client/calendar year cap.

- The agency must set priorities, delineate, and monitor what part of the overall allocation for emergency assistance is obligated for each subcategory. Careful monitoring of expenditures within a subcategory of "emergency assistance" is necessary to assure that planned amounts for specific services are being implemented, and to determine when reallocations may be necessary.
- Limitations on the provision of emergency assistance to eligible individuals/households should be delineated and consistently applied to all clients. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of EFA funding for these purposes will be the payer-of-last-resort, and for limited amounts, limited use, and limited periods of time.

EFA provides funding through:

- Short-term payments to agencies
- Establishment of voucher programs

EFA to individual clients is provided with limited frequency and for a limited period of time, with specified frequency and duration of assistance. Emergent need must be documented each time funds are used.

EFA funds used to pay for otherwise allowable RWHAP services must be accounted for under the EFA category.

EFA funds may be used on the following essential items or services:

- Utilities (may include household utilities such as gas, electricity, propane, water, and all required fees)

- Housing (may include as rent or temporary shelter. EFA can only be used if HOPWA assistance is not available or if client is not eligible for HOPWA services)
- Food (groceries or food vouchers)
- Transportation
- Prescription medication assistance such as short-term, one-time assistance for any medication and associated dispensing fee as a result or component of a primary medical visit (not to exceed a 30-day supply)
- Other RWHAP allowable costs needed to improve health outcomes.

Universal Standards:

Service providers for Emergency Financial Assistance must follow [HRSA/DSHS Universal Standards](#) 1-46 and 137-139.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
<p>Assisting Clients during ADAP Eligibility Determination Period: RWHAP-eligible clients with documentation of an emergency need for HIV medications are able to receive short-term medication assistance (30-day supply) with limited use of EFA for no more than 60 days (two months or less).</p> <p>Assisting Clients with Short-Term Medications: RWHAP-eligible clients with documentation of pending health insurance medication plan approval are able to receive short-term HIV medication assistance through EFA.</p>	<ol style="list-style-type: none"> 1. Percentage of clients with documentation of short-term HIV medication assistance provided during the ADAP application period. 2. Percentage of clients with documentation of short-term HIV medication assistance provided during the health insurance application period.
<p>Client Determination for Emergency Financial Assistance: Applicants must demonstrate an urgent need resulting in their inability to pay their utility bills or prescriptions without financial assistance for essential items or services necessary to improve health outcomes. For example, need may be demonstrated by, but not limited to, the following:</p> <ul style="list-style-type: none"> • A significant increase in bills • A recent decrease in income • High unexpected expenses on essential items • They are unable to provide for basic needs and/or shelter • A failure to provide EFA will result in danger to the physical health of the client or dependent children • Other emergency needs as deemed appropriate by 	<ol style="list-style-type: none"> 3. Percentage of clients with documentation of determination of EFA needs. 4. Percentage of clients with documentation of a service plan for EFA that indicates the emergent need, other resources pursued, and outcome of EFA provided. 5. Percentage of clients with documentation of resolution of the emergency status and referrals made (as applicable) with outcome results.

the agency

Agency staff will conduct an assessment of the presenting problems/needs of the client with the emergency financial issue.

A service plan will be developed documenting the client's emergent need resulting in their inability to pay bills/prescriptions without assistance, and other resources pursued noted prior to using EFA funding for assistance.

**Care and Treatment Committee
December 14, 2023
Part B Information Requested**

Part B Service Descriptions Emergency Financial Assistance and Non-Medical Case Management:

Emergency Financial Assistance (EFA) provides limited, one-time, or short-term payments to assist eligible clients with an urgent need for essential items or services necessary to improve health outcomes, including utilities, housing, food (groceries and food vouchers), transportation, or medication not covered by ADAP or the APA service category. Additionally, the EFA service category may be used to provide limited, one-time, or short-term payments to assist clients with an urgent need to pay for allowable costs required to improve health outcomes that are associated with other approved service categories. EFA *must* occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are *not* permitted. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of funds to the EFA service category will be as the payer of last resort and for limited amounts, uses, and periods of time. EFA funds used to pay for otherwise allowable services on a short-term basis must be accounted for under the EFA service category. Continuous provision of an allowable service to a client *must not* be funded under the EFA service category.

Please note: APA funds may not be used for EFA services, whereas EFA may assist with medications not covered by the APA service category

Part B expenditures for Y22-23

Medications (TTRA)	\$481,258	92.52%
FPL	\$2,399	0.46%
Transport	\$28	0.01%
Rent	\$24,366	4.68%
Food Vouchers	\$12,140	2.33%
Total EFA	\$ 520,191	100.00%



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, December 14, 2023

10:00 a.m. – 12:00 p.m.

Behavioral Science Research
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|--------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Mary Jo Trepka |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of November 8, 2023 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Mary Jo Trepka |
| VIII. | Standing Business | |
| | • Service Categories Development Continued | All |
| | • Service Definitions Review: Legal, Food Bank, EFA | All |
| IX. | New Business | |
| | • YR 2023 Sweeps/Reallocation #3 | All |
| | • Maximize Expenditures Prior to Fiscal Year Closure | All |
| | • 2024 Officer Elections | Marlen Meizoso |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: January 11, 2024 at Main Library- Auditorium | Dr. Mary Jo Trepka |
| XII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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EMERGENCY FINANCIAL ASSISTANCE

(Year ~~343~~ Service Priorities: #~~124~~ for Part A and #~~56~~ for MAI)

Emergency Financial Assistance is a support service. Under the local Ryan White Part A and MAI Programs, Emergency Financial Assistance provides limited one-time or short-term provision of approved formulary HIV/AIDS-related medications only, either directly or through a voucher program, while a client's eligibility for medication assistance is pending with a third-party payer. Subrecipients must be a Ryan White Part A or MAI Program-funded subrecipient also receiving AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program) funding and must have a current Public Health Service 340B certification from the federal Office of Pharmacy Affairs. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White Part A or MAI Program funds for these purposes will be as the payer of last resort, and for limited amounts, use and periods of time.

Currently, these funds are limited to the provision of short-term access to antiretroviral medications (ARV) for clients participating in the Test and Treat / Rapid Access (TTRA) protocol. In such instances, these services would only be used when the Florida Department of Health's financial resources for ARV medications under the local TTRA protocol have been depleted and the client is not yet enrolled in ADAP. Only clients whose gross household income is at or below 400% of the Federal Poverty Level and have a pending application with a third-party payer (e.g., ADAP or private insurance) are eligible for this assistance. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. Direct cash payments or reimbursements to a program client are not permitted.

Medications in the TTRA protocol, as may be amended based on guidance from the Florida Department of Health in Miami-Dade County, include:

- Biktarvy®
- Descovy® + Prezcobix®
- Dovato®
- Symtuza®
- Tivicay® + Descovy®

Medications in the TTRA protocol for women of childbearing potential (or for women presenting with pregnancy potential on inadequate contraception), as may be amended based on guidance from the Florida Department of Health in Miami-Dade County, include:

- Tivicay® + Truvada®
- Tivicay® + Descovy®
- Prezista® + Norvir®

IMPORTANT NOTES:

- 1) Tivicay® (dolutegravir) replaced Isentress® as a regimen appropriate and recommended for women at all stages of pregnancy – conception to birth. Tivicay® may be used with either Truvada® or Descovy®. The Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission (the Panel) recommends dolutegravir (DTG) as a Preferred antiretroviral (ARV) drug throughout pregnancy and now also recommends DTG as a Preferred ARV for women who are trying to conceive. (2/10/2021)
- 2) Dovato® (dolutegravir/lamivudine) has clinical data on use in the Test and Treat scenario (STAT clinical trial). Dovato® samples or vouchers can be obtained from ViiV Healthcare pharmaceutical representatives for use in subrecipient clinic(s). As such, the Florida Department of Health cannot be invoiced for this medication.
- 3) Symtuza®; subrecipients / service providers may prescribe this medication, but they must use the voucher provided by Janssen Pharmaceuticals to cover the cost of this medication. As such, the Florida Department of Health cannot be invoiced for this medication.
- 4) Should the need arise (i.e., when Florida Department of Health’s TTRA medication funds are depleted) to implement this service category, the funds available under this service category may increase through the Reallocations/Sweeps process. Furthermore, if this service category is implemented, the rules under AIDS Pharmaceutical Assistance (Local AIDS Pharmaceutical Assistance Program) apply, except for the allowable medications which are limited to the most current, locally-approved medications for the TTRA protocol.

FOOD BANK

(Year ~~334~~ Service Priority: #~~75~~ for Part A

Food Bank is a support service. The Food Bank program is a central distribution center providing actual food items (groceries), and personal hygiene products when available, for low income persons who are living with HIV or AIDS. Groceries are distributed in cartons or bags of assorted products to eligible Ryan White Program clients. Local Food Bank assistance will be provided on a temporary, as needed basis to eligible clients to help maintain their health by providing a balanced, adequate diet.

Food Bank providers must offer nutritional counseling to all Food Bank clients through qualified staff supervised by a Licensed Dietitian or Nutritionist. A referral to a Registered Dietitian under a Ryan White Program-funded Outpatient/Ambulatory Health Services provider (specialty care; a core medical service) may also be made for nutritional services to meet this requirement. Proof of the provision of nutrition services from the Food Bank provider, or a referral for nutrition services to an appropriate provider, or the client declining such service must be documented in the client's record.

Ryan White Program funds for Food Bank services may not be used for water filtration/purification systems in communities where issues of water safety do not exist, household appliances, pet foods, or other non-essential products.

A. Program Operation Requirements:

Standard Provisions

Food Bank services may be provided only on an **emergency basis**. For this program, an emergency is defined as an extreme change of circumstance: loss of income (i.e., job loss or departure of person providing support), loss of housing, or release from institutional care (substance abuse treatment facility, hospital, jail, or prison) within the last two weeks. Duration of Food Bank service provision is to be **temporary**. Other emergencies, as defined by the client's Medical Case Manager, must be documented in the client's chart (or in the Client Profile in the Provide® Enterprise Miami data management system) as they arise. A severe change to the client's medical condition, as defined below under the provision for additional occurrences, may also be considered an emergency.

Medical Case Managers must conduct initial and ongoing assessment of each client to determine if the client is eligible for food-related services under any other public and/or private funding source, including food stamps or other charity care food banks and food distribution events.

Unless otherwise approved by the Miami-Dade County Office of Management and Budget, the provision of this service will be limited to twenty (20) occurrences within the Ryan White Part A Fiscal Year (March 1, 202~~34~~⁴ through February 28, 202~~45~~⁵). One (1) occurrence is defined as all Food Bank services provided within one (1) calendar week. For example, a client could receive Food Bank services once a week every week for five (5) months, or twice per month for ten (10) months, in the grant Fiscal Year or any variation thereof, with the limit of twenty (20) occurrences in the grant Fiscal Year.

Groceries, including personal hygiene products when available, can be picked up on a weekly or monthly basis. If groceries will be picked up on a **weekly** basis, the client will be limited to groceries valued at \$85.00 per week at each pick-up. A client accessing Food Bank services on a weekly basis may not pick up groceries sooner than seven (7) days from the prior pick-up day.

If the client chooses to pick up groceries on a **monthly** basis, the client will be limited to groceries valued at \$85.00 per week multiplied by the number of times the original day of pick-up occurs in the month. A client accessing Food Bank services on a monthly basis may not pick up groceries in a new month prior to the same pick-up day from the previous month.

Providers must make every effort to obtain matching funds, donations, or any supplemental assistance for the program and these efforts should be documented. Providers must also be familiar with and capable of referring clients to other community, faith-based, and/or neighborhood Food Bank sites when the client is not in an emergency situation and/or has reached their Food Bank allowance limit.

Providers must be able to provide ethnic foods and foods suited to special client dietary needs.

Initial Referral and Additional Occurrences

A letter of medical necessity is NOT required for a referral to Food Bank services for the client's first twenty (20) occurrences during the grant fiscal year; however, the circumstances justifying the referral to Food Bank services should be clearly documented in the client's chart and a Ryan White Program In Network Referral should be generated by the Medical Case Manager. A completed Out of Network Referral is also acceptable for this support service. Once the client's initial twenty (20) occurrences are exhausted, the client may NOT receive additional Food Bank services during the same Ryan White Part A Fiscal Year (i.e., March 1, 202~~34~~⁴ through February 28, 202~~45~~⁵) **without a Ryan White Program Nutritional Assessment Letter for Food Bank Services.**

A **severe** change to the client's medical condition (i.e., new HIV-related diagnosis/symptom, wasting syndrome, protein imbalance, recent chemotherapy, recent hospitalization, etc.) may warrant additional occurrences of Food Bank services. When needed for the additional occurrences, the **Ryan White Program Nutritional Assessment Letter for Food Bank Services** must be completed by a licensed medical provider **OR** a Registered Dietitian not associated with the Ryan White Part A Program-funded Food Bank provider. The client must be reassessed for the medical condition justifying additional Food Bank services every four (4) months. The Physician or Registered Dietitian must specify the frequency and number of additional Food Bank visits (occurrences) that should be allowed for the client (maximum of sixteen additional occurrences).

Provision for Families

In addition to the maximum amount defined above for groceries available per week to eligible clients, each additional adult who is a person with HIV and lives in the same household is eligible to receive \$85.00 per week in groceries subject to the same service guidelines. Each dependent (i.e., minors under 18 years of age and living in the same household as the client who is a person with HIV) is also eligible to receive \$26.00 per week in groceries, subject to the same service guidelines above. The client must provide documentation to prove the dependent's age and place of residence.

- B. Rules for Reimbursement:** Providers will be reimbursed based on properly documented invoices reflecting the distribution of weekly bags of groceries, including personal hygiene products, plus a dispensing charge to be agreed upon between the provider and the Miami-Dade County Office of Management and Budget-Grants Coordination (OMB-GC). The cost of the weekly bag of groceries will not exceed \$85.00. Providers will also submit a quarterly reconciliation of actual expenditures for food costs, staffing expenses, and other line items as listed on the approved budget.
- C. Additional Rules for Reporting:** Providers must report monthly activities according to client visits (i.e., weekly occurrences). Providers must also submit to OMB an assurance that Ryan White Program funds were used only for allowable purposes in accordance with the contract agreement, and that the Ryan White Program was used as the payer of last resort. Providers must also submit an assurance regarding compliance with all federal, state, and local laws regarding the provision of Food Bank services, including any required licensure and/or certifications.
- D. Additional Rules for Documentation:** Providers must maintain documentation of the amount and use of funds for purchase of non-food items; and make this documentation available to OMB staff upon request.

E. Special Client Eligibility Criteria: A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service; and must be entered in the Provide® Enterprise Miami data management system. Current referrals expire automatically on February 28th of each Fiscal Year (or February 29th if a leap year). Each Medical Case Management referral must document the number of eligible dependents (i.e., minors). For additional occurrences, the client must be reassessed for the medical condition justifying additional Food Bank services every four (4) months. Providers must document that clients who receive Ryan White Part A Program- funded Food Bank services have gross household incomes that do not exceed 400% of the 202~~34~~ Federal Poverty Level (FPL).

Clients receiving Food Bank services must be documented as having been properly screened for Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp program) benefits, home-delivered meal services through Medicaid’s Long-Term Care (LTC) program, other community food bank programs, or other public sector funding as appropriate. Medical Case Managers must document a client’s need for food services in the client’s Plan of Care (POC) and indicate if the client is eligible to access food services under other available programs, with the understanding that the Ryan White Program-funded Food Bank services are provided on an emergency basis and as payer of last resort. If the client is eligible to receive food service benefits from another source, the Medical Case Manager will assist the client in applying to such program(s). If the client already receives SNAP benefits when requesting Ryan White Program-funded Food Bank services, the client must submit a copy of their SNAP award/benefit letter as documentation that the award is \$250.00 or less per month in nutrition assistance benefits per person in the household; unless otherwise adjusted by the Office of Management and Budget-Grants Coordination/Ryan White Program with written notification to subrecipients. If the client applied for Food Stamp benefits and was denied, a copy of the denial letter must be scanned into the Client Profile in the Provide® Enterprise Miami data management system.

While clients reside in institutional settings (i.e., nursing home or a substance abuse residential treatment facility) they will not qualify for Ryan White Part A Program-funded Food Bank services. Similarly, while clients qualify for and can access other public funding for food services, they will not be eligible for Ryan White Part A Program-funded Food Bank services, unless the provider is able to document that the client has an emergency need, or has applied for such benefits and eligibility determination is pending (a copy of benefit application must be kept in the client’s chart).

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

(Year ~~33~~34 Service Priority: #15 for Part A only)

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

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

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

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

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

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

IMPORTANT NOTES:

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

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

- B. Rules for Reimbursement:** The unit of reimbursement for this service is *one hour (or fraction thereof)* of legal consultation and/or advocacy provided by an attorney or paralegal at a rate not to exceed \$90.00 per hour. Gender affirming care support does not have a separate billing code, as it is a component in one or more of the service areas listed in Section A, directly above.
- C. Additional Rules for Reporting:** Monthly activity reporting for this service will be on the basis of *one hour of legal consultation and/or advocacy* provided by an attorney or paralegal. Legal Services and Permanency Planning providers must submit an annual written assurance that: 1) Ryan White Program funds are being used only for Legal Services and Permanency Planning directly necessitated by an individual's HIV status; 2) Ryan White Program funds are not used for any criminal defense or for class action suits unrelated to access to services eligible for Ryan White Program funding; and 3) the Ryan White Program was used as the payer of last resort.
- D. Special Client Eligibility Criteria:** A Ryan White Program In Network Referral or an Out of Network Referral (a non-certified referral accompanied by all appropriate supporting documentation) is required for this service and must be updated annually. Providers must also document that program-eligible people with HIV (clients) receiving Ryan White Part A Program-funded Other Professional Services (Legal Services and Permanency Planning) are permanent residents of Miami-Dade County and have gross household incomes that do not exceed 400% of the 2023~~4~~ Federal Poverty Level (FPL).
- E. Additional Rules for Documentation:** Client charts must include a description of how the Legal Service or Permanency Planning services are necessitated by the individual's HIV status, the provision of services, client eligibility (Ryan White Program In Network Referral or Out of Network Referral with supporting documentation), and the hours spent in the provision of such services.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, December 14, 2023

10:00 a.m. – 12:00 p.m.

Behavioral Science Research
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134

AGENDA

- | | | |
|-------|--|--------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Mary Jo Trepka |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of November 8, 2023 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Mary Jo Trepka |
| VIII. | Standing Business | |
| | • Service Categories Development Continued | All |
| | • Service Definitions Review: Legal, Food Bank, EFA | All |
| IX. | New Business | |
| | • YR 2023 Sweeps/Reallocation #3 | All |
| | • Maximize Expenditures Prior to Fiscal Year Closure | All |
| | • 2024 Officer Elections | Marlen Meizoso |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: January 11, 2024 at Main Library- Auditorium | Dr. Mary Jo Trepka |
| XII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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MIAMI-DADE COUNTY - RYAN WHITE PART A
FY 2023-24 (YR 33) FORMULA, SUPPLEMENTAL FUNDING ALLOCATIONS
SWEEPS 3 (SW3) - FUNDING REALLOCATIONS

COLUMN =>		A	B	C	D	E	
YR 33 RANKING ORDER ¹	SERVICE CATEGORIES	CORE/SUPPORT	ALLOCATIONS AFTER SW2 ²	SW3 PROPOSED REDUCTIONS	SW3 REQUESTS FOR ADDITIONAL FUNDS	SW3 RECOMMENDED ALLOCATIONS	SW3 ALLOCATIONS ³ (IF COLUMN D IS ADOPTED)
2	MEDICAL CASE MANAGEMENT	CORE	\$ 6,174,853	\$ (500,000)	\$ 468,620	\$ 304,406	\$ 5,979,259
3	AIDS PHARMACEUTICAL ASSISTANCE	CORE	\$ 14,555	\$ (11,100)			\$ 3,455
4	EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	\$ -				\$ -
5	OUTPATIENT/AMBULATORY HEALTH	CORE	\$ 8,503,003	\$ (853,000)	\$ 410,098	\$ 290,906	\$ 7,940,909
6	ORAL HEALTH CARE	CORE	\$ 3,388,975	\$ (130,000)	\$ 443,000	\$ 443,000	\$ 3,701,975
7	FOOD BANK	SUPPORT	\$ 1,179,244		\$ 883,877	\$ 800,000	\$ 1,979,244
8	HEALTH INSURANCE SERVICES	CORE	\$ 345,700		\$ 35,000	\$ 13,000	\$ 358,700
9	MENTAL HEALTH SERVICE	CORE	\$ 107,844	\$ (46,074)			\$ 61,770
10	SUBSTANCE ABUSE RESIDENTIAL	SUPPORT	\$ 1,701,206	\$ (199,654)	\$ 135,000	\$ 67,000	\$ 1,568,552
12	SUBSTANCE ABUSE OUTPATIENT CARE	CORE	\$ 38,128	\$ (31,500)			\$ 6,628
13	MEDICAL TRANSPORTATION	SUPPORT	\$ 186,688	\$ (15,369)	\$ 49,775	\$ 25,000	\$ 196,319
14	OUTREACH SERVICES	SUPPORT	\$ 230,896	\$ (81,615)			\$ 149,281
15	OTHER PROFESSIONAL SERVICES (LEGAL)	SUPPORT	\$ 122,449	\$ (25,000)			\$ 97,449
	SUBTOTAL		\$ 21,993,541	\$ (1,893,312)	\$ 2,425,370	\$ 1,943,312	\$ 22,043,541
	CLINICAL QUALITY MANAGEMENT		\$ 600,000				\$ 600,000
	ADMINISTRATION (10%) ⁴		\$ 2,343,726	\$ (50,000)			\$ 2,293,726
	GRAND TOTAL		\$ 24,937,267	\$ (1,943,312)	\$ 2,425,370	\$ 1,943,312	\$ 24,937,267

\$ 1,943,312 SW3 Available \$ (COLUMN B)
 \$ (2,425,370) SW3 Requests (COLUMN C)
\$ (482,058) Difference (Funding requests exceed available funds)

YR 33 Current Award (Breakdown by Funding Source)

\$ 16,452,284	Formula Funding
\$ 8,484,983	Supplemental Funding
\$ 2,621,581	MAI Funding
\$ 27,558,848	YR 33 Total Award

NOTES:

¹ YR 33 ranking order is based on the Needs Assessment's allocation as provided in the FY 2023 Noncompeting Continuation (NCC) Progress Report which includes non-funded services. Please see attached for the complete list of prioritized core medical and support services for this jurisdiction.

² Allocations after SW2 total, CORE Services Total = \$18,573,058 (84%); SUPPORT Services Total = \$3,420,483 (16%); CLINICAL QUALITY MANAGEMENT (2.4%).

³ If the SW3 recommendations are adopted, the CORE Services Total = \$18,052,696 (82%); SUPPORT Services Total = \$3,990,845 (18%); CLINICAL QUALITY MANAGEMENT (2.4%).

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

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	0.39%
FY 2019	\$22,984,844.87	0.25%
FY 2020	\$17,660,128.37	0.03%
FY 2021	\$19,018,258.46	0.02%
FY 2022	\$22,372,383.35	0.02%

Trend
Expenses and Clients


Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$237,000.00	\$86,209.75	36.38%
FY 2019	\$187,000.00	\$57,843.29	30.93%
FY 2020	\$66,007.00	\$5,993.21	9.08%
FY 2021	\$83,595.00	\$4,379.02	5.24%
FY 2022	\$84,492.00	\$3,954.10	4.68%

Fiscal Year		Part A Final Allocation	Part A Final	% Spent
FY 2018	4	\$137,000.00	\$81,547.76	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%
FY 2022	4	\$84,492.00	\$3,954.10	4.68%

Fiscal Year		MAI Final Allocation	MAI Final	% Spent
FY 2018	3	\$100,000.00	\$4,661.97	4.66%
FY 2019	7	\$100,000.00	\$5,145.45	5.15%
FY 2020	N/A	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A	N/A

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	697	7.3%	\$86,210.00	\$123.69
FY 2019	9,031	605	6.7%	\$57,843.29	\$95.61
FY 2020	8,127	185	2.3%	\$5,993.21	\$32.40
FY 2021	8,420	183	2.2%	\$4,379.02	\$23.93
FY 2022	8,590	156	1.8%	\$3,954.10	\$25.35

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$28,342,384	4,587	\$6,179
2	General Revenue	\$262,520	547	\$480
3	Medicaid	\$109,082,428	5,435	\$20,070
4	Part C	\$25,492	N/A	N/A

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$26,005,586	4,589	\$5,667
2	General Revenue	\$351,172	446	\$787
3	Medicaid	\$112,742,680	6,121	\$18,419
4	Part C	\$30,873	N/A	N/A

Notes:

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

SUPPORT SERVICE: EMERGENCY FINANCIAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	0.0%
FY 2019	\$22,984,844.87	0.0%
FY 2020	\$17,660,128.37	0.0%
FY 2021	\$19,018,258.46	0.0%
FY 2022	\$22,372,383.35	0.0%



Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	N/A	N/A	N/A
FY 2019	N/A	N/A	N/A
FY 2020	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A

Fiscal Year		Final Allocation	Final Expenditure	% Spent
FY 2018	N/A	N/A	N/A	N/A
FY 2019	12	N/A	N/A	N/A
FY 2020	12	N/A	N/A	N/A
FY 2021	12	N/A	N/A	N/A
FY 2022	11	N/A	N/A	N/A

Fiscal Year		MAI Final Allocation	Expenditure	% Spent
FY 2018	N/A	N/A	N/A	N/A
FY 2019	6	N/A	N/A	N/A
FY 2020	7	N/A	N/A	N/A
FY 2021	7	N/A	N/A	N/A
FY 2022	7	N/A	N/A	N/A

Service Program

Limitations: 400% FPL; limited to prescriptions drugs if TTRA funds are depleted

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	NA	NA	NA	NA
FY 2019	9,031	NA	NA	NA	NA
FY 2020	8,127	NA	NA	NA	NA
FY 2021	8,420	NA	NA	NA	NA
FY 2022	8,590	NA	NA	NA	NA

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$112,883	\$57	\$1,980
2	Part B	\$593,090	\$244	\$2,431

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$147,358	\$67	\$2,199
2	Part B	\$520,191	\$359	\$1,449

Notes:

No expenditures have been made in this category since Test and Treat Rapid Access (TTRA) funds have not been exhausted by the Department of Health.

SUPPORT SERVICE: FOOD BANK

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	6.6%
FY 2019	\$22,984,844.87	8.1%
FY 2020	\$17,660,128.37	7.4%
FY 2021	\$19,018,258.46	7.0%
FY 2022	\$22,372,383.35	11.4%

Trend
Expenses and Clients


Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2018	9	\$1,451,588.00	\$1,451,528.00	100.00%
FY 2019	7	\$1,851,588.00	\$1,851,369.00	99.99%
FY 2020	8	\$1,303,799.00	\$1,303,702.40	99.99%
FY 2021	5	\$1,385,995.00	\$1,338,778.40	96.59%
FY 2022	8	\$2,660,108.00	\$2,540,864.00	95.52%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	701	7.3%	\$1,451,528.00	\$2,070.65
FY 2019	9,031	715	7.9%	\$1,851,369.00	\$2,589.33
FY 2020	8,127	735	9.0%	\$1,303,702.40	\$1,773.74
FY 2021	8,420	712	8.5%	\$1,338,778.40	\$1,880.31
FY 2022	8,590	1,130	13.2%	\$2,540,864.00	\$2,248.55

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost per Client
1	Other	\$46,987	387	\$121
2	Part D	\$13,331	313	\$43

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost per Client
1	Other	\$37,786	192	\$197
2	Part D	\$6,124	260	\$24

Notes:

Expenditures and clients are the highest in the five year period. With the current financial burdens, expenditures are likely to continue to increase.

CORE SERVICE: HEALTH INSURANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	2.3%
FY 2019	\$22,984,844.87	1.6%
FY 2020	\$17,660,128.37	1.6%
FY 2021	\$19,018,258.46	1.6%
FY 2022	\$22,372,383.35	1.3%

Trend
Expenses and Clients
 

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2018	3	\$787,974.00	\$502,536.41	63.78%
FY 2019	5	\$372,974.00	\$372,895.13	99.98%
FY 2020	5	\$459,450.00	\$289,193.00	62.94%
FY 2021	6	\$442,447.00	\$298,950.41	67.57%
FY 2021	6	\$595,700.00	\$297,151.61	49.88%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	1,307	13.6%	\$502,536.00	\$384.50
FY 2019	9,031	1,335	14.8%	\$372,895.13	\$279.32
FY 2020	8,127	1,125	13.8%	\$289,193.00	\$257.06
FY 2021	8,420	1,225	14.5%	\$298,950.10	\$244.04
FY 2022	8,590	1,454	16.9%	\$297,151.61	\$204.37

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost Per Client
1	ADAP	\$29,915,353	3,144	\$9,515
2	Medicaid	\$192,843,127	9,506	\$20,286

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost Per Client
1	ADAP	\$35,912,608	3,231	\$11,115
2	Medicaid	\$234,419,461	10,674	\$21,962

Notes:

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

CORE SERVICE: MEDICAL CASE MANAGEMENT

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	24.2%
FY 2019	\$22,984,844.87	25.1%
FY 2020	\$17,660,128.37	29.9%
FY 2021	\$19,018,258.46	30.2%
FY 2022	\$22,372,383.35	27.0%

Trend
Expenses and Clients


Fiscal Year	Total Final Allocation	Final Expenditure	% Spent
FY 2018	\$5,709,857.00	\$5,308,840.20	92.98%
FY 2019	\$5,952,739.00	\$5,776,805.90	97.04%
FY 2020	\$6,901,831.00	\$5,283,941.69	76.56%
FY 2021	\$6,825,797.00	\$5,744,512.45	84.16%
FY 2022	\$7,130,657.00	\$6,030,822.85	84.58%

Fiscal Year		Part A Final Allocation	Final Expenditure	% Spent
FY 2018	2	\$4,929,857.00	\$4,683,761.00	95.01%
FY 2019	1	\$5,172,739.00	\$5,131,667.10	99.21%
FY 2020	1	\$5,745,493.00	\$4,932,874.00	85.86%
FY 2021	1	\$5,921,877.00	\$5,094,347.45	86.03%
FY 2022	1	\$6,226,737.00	\$5,414,520.00	86.96%

Fiscal Year		MAI Final Allocation	Expenditure	% Spent
FY 2018	2	\$780,000.00	\$625,079.20	80.14%
FY 2019	1	\$780,000.00	\$645,138.80	82.71%
FY 2020	1	\$1,156,338.00	\$351,067.69	30.36%
FY 2021	1	\$903,920.00	\$650,165.00	71.93%
FY 2022	1	\$903,920.00	\$616,302.85	68.18%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	8,496	88.7%	\$5,308,840.00	\$624.86
FY 2019	9,031	8,116	89.9%	\$5,776,805.90	\$711.78
FY 2020	8,127	7,378	90.8%	\$5,283,941.69	\$716.18
FY 2021	8,420	7,842	93.1%	\$5,744,512.00	\$732.53
FY 2022	8,590	8,085	94.1%	\$6,030,822.85	\$745.93

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$1,527,951	1,897	\$805
2	Medicaid	\$876,330	348	\$2,518
3	Part B	\$122,567	297	\$413
4	Part C	\$170,453	793	\$215
5	Part D	\$174,501	879	\$199

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$1,470,920	1,773	\$830
2	Medicaid	\$695,650	415	\$1,676
3	Part B	\$88,579	579	\$153
4	Part C	\$67,121	64	\$1,049
5	Part D	\$139,275	286	\$487

Notes:

Clients and expenditures are up; expenditures highest of five years and clients are almost at pre-pandemic levels. Utilization may change with clients only required to access the service every 366 days.

SUPPORT SERVICE: MEDICAL TRANSPORTATION

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	0.6%
FY 2019	\$22,984,844.87	0.6%
FY 2020	\$17,660,128.37	0.0%
FY 2021	\$19,018,258.46	0.5%
FY 2022	\$22,372,383.35	0.7%

Trend
Expenses and Clients


Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$168,832.00	\$139,854.83	82.84%
FY 2019	\$151,873.00	\$140,937.32	92.80%
FY 2020	\$158,277.00	\$5,641.90	3.56%
FY 2021	\$158,316.00	\$100,955.62	63.77%
FY 2022	\$217,540.00	\$159,552.49	73.34%

Fiscal Year		Part A Final Allocation	Final Expenditure	% Spent
FY 2018	7	\$168,832.00	\$139,854.63	82.84%
FY 2019	10	\$151,873.00	\$140,937.32	92.80%
FY 2020	10	\$150,649.00	\$5,641.90	3.75%
FY 2021	10	\$150,688.00	\$98,584.06	65.42%
FY 2022	10	\$209,912.00	\$153,904.90	73.32%

Fiscal Year		MAI Final Allocation	MAI Final	% Spent
FY 2018	N/A	N/A	N/A	N/A
FY 2019	N/A	N/A	N/A	N/A
FY 2020	4	\$7,628.00	\$0.00	0.00%
FY 2021	4	\$7,628.00	\$2,371.56	31.09%
FY 2022	4	\$7,628.00	\$5,647.59	74.04%

Service Program

Limitations: 400% FPL; passes are monthly

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	638	6.7%	\$139,855.00	\$219.21
FY 2019	9,031	720	8.0%	\$140,937.32	\$195.75
FY 2020	8,127	94	1.2%	\$5,641.90	\$60.02
FY 2021	8,420	645	7.7%	\$100,955.62	\$156.52
FY 2022	8,590	727	8.5%	\$159,552.49	\$219.47

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$2,189	32	\$68
2	Medicaid	\$1,355,658	2,466	\$550
3	Part C	\$800	36	\$22
4	Part D	\$7,095	320	\$22

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$68,815	298	\$231
2	Medicaid	\$1,577,330	2,617	\$603
3	Part C	\$11,974	39	\$307
4	Part D	\$7,797	277	\$28

Notes:

Clients and expenditures have increased and are highest in five years.

CORE SERVICE: MENTAL HEALTH

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	0.61%
FY 2019	\$22,984,844.87	0.59%
FY 2020	\$17,660,128.37	0.51%
FY 2021	\$19,018,258.46	0.32%
FY 2022	\$22,372,383.35	0.29%

Trend
Expenses and Clients


Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$225,190.00	\$133,790.00	59.41%
FY 2019	\$172,190.00	\$135,505.00	78.70%
FY 2020	\$142,217.00	\$90,019.31	63.30%
FY 2021	\$169,464.00	\$60,238.75	35.55%
FY 2022	\$161,654.00	\$64,577.50	39.95%

Fiscal Year		Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2018	6	\$225,190.00	\$133,790.00	59.41%
FY 2019	6	\$172,190.00	\$135,505.00	78.70%
FY 2020	4	\$123,257.00	\$82,435.31	66.88%
FY 2021	3	\$150,504.00	\$56,566.25	37.58%
FY 2022	3	\$142,694.00	\$63,570.00	44.55%

Fiscal Year		MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2018	N/A	N/A	N/A	N/A
FY 2019	NA	N/A	N/A	N/A
FY 2020	3	\$18,960.00	\$7,584.00	40.00%
FY 2021	3	\$18,960.00	\$3,672.50	19.37%
FY 2022	3	\$18,960.00	\$1,007.50	5.31%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	327	3.4%	\$133,790.00	\$409.14
FY 2019	9,031	274	3.0%	\$135,505.00	\$494.54
FY 2020	8,127	95	1.2%	\$90,019.31	\$947.57
FY 2021	8,420	121	1.4%	\$60,238.75	\$497.84
FY 2022	8,590	101	1.2%	\$64,577.50	\$639.38

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$62,818	188	\$334
2	Medicaid	\$6,111,638	2,405	\$2,541
3	Other	\$612,554	141	\$4,344
4	Part B	\$22,054	171	\$129
5	Part C	\$138,517	457	\$303
6	Part D	\$174,713	280	\$624

Other Funding Streams 2023


	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$82,088	180	\$456
2	Medicaid	\$3,195,210	1,905	\$1,677
3	Other	\$729,367	134	\$5,443
4	Part B	\$13,894	118	\$118
5	Part C	\$183,643	445	\$413
6	Part D	\$107,996	138	\$783

Notes:
Clients continue to decline and expenditures are still below pre-pandemic levels.

CORE SERVICE: ORAL HEALTH CARE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	13.0%
FY 2019	\$22,984,844.87	15.4%
FY 2020	\$17,660,128.37	9.3%
FY 2021	\$19,018,258.46	13.3%
FY 2022	\$22,372,383.35	14.6%

Trend
Expenses and Clients


Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2018	5	\$3,009,423.00	\$2,841,838.00	94.43%
FY 2019	2	\$3,666,830.00	\$3,547,495.00	96.75%
FY 2020	6	\$2,888,975.00	\$1,645,878.57	56.97%
FY 2021	4	\$3,108,975.00	\$2,533,061.80	81.48%
FY 2022	5	\$3,864,445.00	\$3,273,644.50	84.71%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	3,381	35.3%	\$2,841,838.00	\$840.53
FY 2019	9,031	3,170	35.1%	\$3,547,495.00	\$1,119.08
FY 2020	8,127	1,711	21.1%	\$1,645,878.57	\$961.94
FY 2021	8,420	2,237	26.6%	\$2,533,061.80	\$1,132.35
FY 2022	8,590	2,575	30.0%	\$3,273,644.50	\$1,271.32

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost Per Client
1	Part C	\$158,813	399	\$398

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost Per Client
1	Other	\$263,157	149	\$1,766
2	Part C	\$209,902	398	\$527


Notes:

Expenditures have increased and client levels are above pre-pandemic levels. Additions to oral healthcare formulary and removal of annual cap increase expenditures.

SUPPORT SERVICE: OTHER PROFESSIONAL SERVICES-LEGAL

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	0.6%
FY 2019	\$22,984,844.87	0.5%
FY 2020	\$17,660,128.37	0.8%
FY 2021	\$19,018,258.46	0.5%
FY 2022	\$22,372,383.35	0.3%

Trend
Expenses and Clients


Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2018	12	\$194,000.00	\$140,599.00	72.47%
FY 2019	13	\$189,000.00	\$115,976.42	61.36%
FY 2020	13	\$154,449.00	\$146,335.50	94.75%
FY 2021	13	\$154,449.00	\$97,371.00	63.04%
FY 2022	13	\$154,449.00	\$67,581.00	43.76%

Service Program

Limitations: 400 % FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	76	0.8%	\$140,599.00	\$1,849.99
FY 2019	9,031	66	0.7%	\$115,976.00	\$1,757.21
FY 2020	8,127	48	0.6%	\$146,336.00	\$3,048.67
FY 2021	8,420	44	0.5%	\$97,371.00	\$2,212.98
FY 2022	8,590	78	0.9%	\$67,581.00	\$866.42

Notes:

Lowest expenditure in last five years but highest number of clients.

CORE SERVICE: OUTPATIENT/AMBULATORY HEALTH SERVICES

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	41.5%
FY 2019	\$22,984,844.87	40.9%
FY 2020	\$17,660,128.37	41.9%
FY 2021	\$19,018,258.46	40.6%
FY 2022	\$22,372,383.35	39.0%

Trend
Expenses and Clients


Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$9,224,722.00	\$9,112,521.26	98.78%
FY 2019	\$9,916,009.00	\$9,391,615.42	94.71%
FY 2020	\$10,153,862.00	\$7,397,591.74	72.85%
FY 2021	\$10,010,471.00	\$7,729,583.99	77.21%
FY 2022	\$10,652,424.00	\$8,724,251.44	81.90%

Fiscal Year		Part A Final Allocation	Expenditure	% Spent
FY 2018	1	\$8,138,920.00	\$8,040,509.80	98.79%
FY 2019	3	\$8,848,373.00	\$8,438,714.13	95.37%
FY 2020	2	\$8,661,870.00	\$6,911,704.73	79.79%
FY 2021	2	\$8,647,718.00	\$7,268,815.93	84.05%
FY 2022	2	\$9,295,763.00	\$8,063,884.64	86.75%

Fiscal Year		MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2018	1	\$1,085,802.00	\$1,072,011.46	98.73%
FY 2019	3	\$1,067,636.00	\$952,901.29	89.25%
FY 2020	2	\$1,491,992.00	\$485,887.01	32.57%
FY 2021	2	\$1,362,753.00	\$460,768.06	33.81%
FY 2022	2	\$1,356,661.00	\$660,366.80	48.68%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	5,447	56.9%	\$9,112,521.00	\$1,672.94
FY 2019	9,031	5,317	58.9%	\$9,391,615.42	\$1,766.34
FY 2020	8,127	4,281	52.7%	\$7,397,591.74	\$1,728.01
FY 2021	8,420	4,422	52.5%	\$7,729,583.99	\$1,747.98
FY 2022	8,590	4,506	52.5%	\$8,724,251.44	\$1,936.14

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost per client
1	General Revenue	\$1,492,544	1,702	\$877
2	Medicaid	\$12,917,775	15,438	\$837
3	Other	\$733,179	2,049	\$358
4	Part C	\$1,056,071	3,119	\$339
5	Part D	\$809,464	871	\$929

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost per client
1	General Revenue	\$1,131,997	1,861	\$608
2	Medicaid	\$13,411,062	17,635	\$760
3	Other	\$1,389,789	2,152	\$646
4	Part C	\$1,029,407	4,058	\$254
5	Part D	\$766,471	708	\$1,083

Notes: Increased expenditures and clients closer to FY 2019 figures. Highest average cost per client in last five years.

SUPPORT SERVICE: OUTREACH SERVICES

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	1.4%
FY 2019	\$22,984,844.87	1.4%
FY 2020	\$17,660,128.37	0.8%
FY 2021	\$19,018,258.46	0.7%
FY 2022	\$22,372,383.35	0.7%

Trend
Expenses and Clients


Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$410,003.00	\$307,379.72	74.97%
FY 2019	\$401,643.00	\$332,602.39	82.81%
FY 2020	\$304,512.00	\$148,154.86	48.65%
FY 2021	\$212,096.00	\$140,761.02	66.37%
FY 2022	\$217,902.00	\$151,422.86	69.49%

Fiscal Year		Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2018	10	\$290,003.00	\$221,434.56	76.36%
FY 2019	9	\$281,643.00	\$236,599.58	84.01%
FY 2020	11	\$264,696.00	\$118,293.86	44.69%
FY 2021	11	\$172,280.00	\$104,263.02	60.52%
FY 2022	12	\$178,086.00	\$114,924.86	64.53%

Fiscal Year		MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2018	4	\$120,000.00	\$85,945.16	71.62%
FY 2019	2	\$120,000.00	\$96,002.81	80.00%
FY 2020	5	\$39,816.00	\$29,861.00	75.00%
FY 2021	5	\$39,816.00	\$36,498.00	91.67%
FY 2022	6	\$39,816.00	\$36,498.00	91.67%

Service Program

Limitations: NA

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	624	6.5%	\$307,380.00	\$492.60
FY 2019	9,031	472	5.2%	\$332,602.39	\$704.67
FY 2020	8,127	130	1.6%	\$148,154.86	\$1,139.65
FY 2021	8,420	116	1.4%	\$140,761.02	\$1,213.46
FY 2022	8,590	155	1.8%	\$151,422.86	\$976.92

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost per client
1	Part C	\$126,192	1,335	\$95
2	Part D	\$27,725	351	\$79

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost per client
1	Part C	\$41,469	1,229	\$34
2	Part D	\$40,090	381	\$105

Notes:

Expenditures been dropping since FY 2020, with small increase in FY 2022. Client are slightly up.

CORE SERVICE: SUBSTANCE ABUSE OUTPATIENT

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	0.25%
FY 2019	\$22,984,844.87	0.10%
FY 2020	\$17,660,128.37	0.13%
FY 2021	\$19,018,258.46	0.01%
FY 2022	\$22,372,383.35	0.02%

Trend
Expenses and Clients


Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$106,000.00	\$55,390.00	52.25%
FY 2019	\$37,166.00	\$23,970.00	64.49%
FY 2020	\$52,186.00	\$23,556.19	45.14%
FY 2021	\$52,186.00	\$1,356.00	2.60%
FY 2022	\$53,526.00	\$4,971.00	9.29%

Fiscal Year		Final Allocation	Final Expenditure	% Spent
FY 2018	8	\$106,000.00	\$55,390.00	52.25%
FY 2019	8	\$37,166.00	\$23,970.00	64.49%
FY 2020	7	\$44,128.00	\$19,527.19	44.25%
FY 2021	7	\$44,128.00	\$1,146.00	2.60%
FY 2022	9	\$45,468.00	\$4,401.00	9.68%

Fiscal Year		MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2018	N/A	N/A	N/A	N/A
FY 2019	N/A	N/A	N/A	N/A
FY 2020	4	\$8,058.00	\$4,029.00	50.00%
FY 2021	4	\$8,058.00	\$210.00	2.61%
FY 2022	4	\$8,058.00	\$570.00	7.07%

Service Program

Limitations: 400% FPL

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	115	1.2%	\$55,390.00	\$481.65
FY 2019	9,031	55	0.6%	\$23,970.00	\$435.82
FY 2020	8,127	N/A	0.0%	\$23,556.19	N/A
FY 2021	8,420	17	0.2%	\$1,356.00	\$79.76
FY 2022	8,590	22	0.3%	\$4,971.00	\$225.95

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost Per Client
1	Part C	\$12,528	13	\$964

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost Per Client
1	Part C	\$3,467	12	\$289

Notes:

Expenditures have steadily declined with FY 2021 having the lowest expenditure in over 5 years.

SUPPORT SERVICE: SUBSTANCE ABUSE RESIDENTIAL

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	8.5%
FY 2019	\$22,984,844.87	5.4%
FY 2020	\$17,660,128.37	7.5%
FY 2021	\$19,018,258.46	5.1%
FY 2022	\$22,372,383.35	4.7%

Trend
Expenses and Clients


Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$2,065,200.00	\$1,854,140.00	89.78%
FY 2019	\$1,398,180.00	\$1,237,830.00	88.53%
FY 2020	\$1,773,744.00	\$1,320,120.00	74.43%
FY 2021	\$1,289,469.00	\$968,310.00	75.09%
FY 2022	\$1,538,406.00	\$1,053,590.00	68.49%

Fiscal Year		Part A Final Allocation	Part A Final	% Spent
FY 2018	11	\$1,828,000.00	\$1,617,080.00	88.46%
FY 2019	11	\$895,280.00	\$805,560.00	89.98%
FY 2020	9	\$1,773,744.00	\$1,320,120.00	74.43%
FY 2021	8	\$1,289,469.00	\$968,310.00	75.09%
FY 2022	7	\$1,538,406.00	\$1,053,590.00	68.49%

Fiscal Year		MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2018	5	\$237,200.00	\$237,060.00	99.94%
FY 2019	8	\$502,900.00	\$432,270.00	85.96%
FY 2020	N/A	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A	N/A

Service Program

Limitations: 400% FPL: 180 day within 12-month period max

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2018	9,578	169	1.8%	\$1,854,140.00	\$10,971.24
FY 2019	9,031	95	1.1%	\$1,237,830.00	\$13,029.79
FY 2020	8,127	70	0.9%	\$1,320,120.00	\$18,858.86
FY 2021	8,420	66	0.8%	\$968,310.00	\$14,671.36
FY 2022	8,590	72	0.8%	\$1,053,590.00	\$14,633.19

Other Funding Streams 2022

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$166,098	18	\$9,228

Other Funding Streams 2023

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	\$462,172	43	\$10,748

Notes:

Expenditures have been on downward trend as have clients. Slight increase in both clients and expenditures in FY 22 vs FY



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10:00 a.m. – 12:00 p.m.

Behavioral Science Research
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Coral Gables, FL 33134

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| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
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Memo

To: Care and Treatment Committee Members

From: Marlen Meizoso

Date: December 14, 2023

Re: 2024 Officer Nominations and Elections

At the December 14, 2024, Care and Treatment meeting, nominations for 2024 Committee Chair and Vice Chair will be accepted with elections being held at the January 11, 2023 meeting.

Committee Officers develop agendas with support staff, lead committee meetings, and serve as members of the Executive Committee. This is a great opportunity to enhance your leadership skills and add a new title to your resume! Staff provides comprehensive training for all officers.

I would like to thank Dr. Diego Shmuels for his leadership over the past two years. Dr. Shmuels has served the maximum of two terms as Chair.

I would also like to thank Dr. Mary Jo Trepka for serving as Committee Vice Chair. Dr. Trepka is eligible for another term as Chair or Vice Chair.

For your reference, I am providing the Miami-Dade HIV/AIDS Partnership Bylaws (Section 5.1) qualifications for Officers:

- Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.
- Officers shall be full voting members.
- At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.
- Standing committees, committees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.
- No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair as Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

You are encouraged to add your name as a nominee in advance of the meeting; nominations will also be taken from the floor at the January 11, 2024 meeting. If you are interested in this opportunity or if you have any questions, please contact me at (305) 445-1076 or by email at marlen@behavioralscience.com.



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Let's Celebrate

MIAMI-DADE HIV/AIDS PARTNERSHIP

*Year-end meeting and celebration
of Partnership and Committee
member 2023 accomplishments!*

★ MONDAY, DECEMBER 18 AT 10 AM

Miami-Dade County Main Library,

101 West Flagler Street, Auditorium, Miami, FL 33130

RSVP: hiv-aidsinfo@behavioralscience.com

MEDICAL TRANSPORTATION

(Year 34 Service Priorities: #13 for Part A and for MAI)

Medical Transportation is a support service. Medical Transportation is the provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services. Locally, this service is limited to specially-designated, discounted EASY Tickets (transportation vouchers) from the Miami-Dade County Department of Transportation and Public Works (DTPW; formerly Miami-Dade Transit Agency-MDTA) to program-eligible people with HIV attending medical and/or social service appointments. Daily, weekly and monthly discounted EASY Tickets are available when using the discounted EASY Tickets option. Alternative methods (such as ride-sharing services like Uber, UberHealth, Lyft, etc.) may be available, where requested by a Part A/MAI-funded subrecipient and approved by the Miami-Dade County Office of Management and Budget-Grants Coordination.

Providers of discounted EASY Tickets must demonstrate coordination with Miami-Dade County transportation agencies and services, Medicaid Special Transportation, Miami-Dade County Special Transportation Services (STS), and other existing transportation programs to avoid duplication of services. In addition, providers of transportation tickets are encouraged to apply annually to the Miami-Dade Transit Agency's Transportation Disadvantaged Program (<http://www.miamidade.gov/transit/transportation-disadvantaged-program-guidelines.asp>) in order to obtain assistance for clients who are eligible under that program, where applicable. As a reminder, in all cases, the Ryan White Program must be used as the payer of last resort.

- A. Program Operation Requirements:** Discounted EASY Tickets are available to program-eligible clients who meet the requirements of this service category, for unlimited trips during the calendar month. These specially-designated EASY Tickets will not be usable in other months and are not “re-loadable.”

These monthly transportation tickets should be distributed in a timely manner in order to maximize ticket usage. Unused discounted EASY Tickets (transportation vouchers) **cannot** be returned to the DTPW for credit. Unused or undistributed discounted EASY tickets **cannot** be charged to the Ryan White Program.

Providers must inform clients that this type of assistance is **not** an entitlement. Therefore, the level of assistance provided to individual clients is based on relative need and voucher availability. Clients must also be informed that the availability of transportation tickets is contingent upon funding availability and, therefore, the continuance of this type of assistance is not guaranteed.

**MEDICAL CASE MANAGEMENT,
INCLUDING TREATMENT ADHERENCE SERVICES**

(Year 34 Service Priorities: #1 for Part A and #for MAI)

Medical Case Management, including Treatment Adherence Services (hereinafter referred to as Medical Case Management) are core medical services. The local Ryan White Program Medical Case Management service category has two (2) distinct components: **Medical Case Management and the Peer Education and Support Network (PESN)**. Subrecipient providers (“providers”) are required to offer both components of this service category. Medical Case Management services help clients improve health outcomes. As such, Medical Case Management providers should be able to analyze the care that a client receives to ensure that the client is obtaining the services necessary to improve his, her or their health outcomes.

The Health Resources and Services Administration’s HIV/AIDS Bureau (HRSA/HAB) defines Medical Case Management as a range of client-centered activities focused on improving health outcomes in support of the HIV Care Continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all methods of encounters (e.g., face-to-face meetings, phone contact, and any other documented forms of communication). Key activities include: 1) initial assessment of service needs (including review of medical, financial, social, and other needs, upon intake); 2) development of a comprehensive, individualized service plan (including coordination of services required to implement the plan); 3) timely and coordinated access to medically appropriate levels of health and support services and continuity of care; 4) continuous client monitoring to assess the efficacy of the care plan; 5) re-evaluation of the care plan at least every six months with adaptations as necessary or more often as needed; 6) ongoing assessment of the client’s and other key family members’ needs and personal support systems; 7) treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and 8) client-specific advocacy and/or review of utilization of services. In addition to providing the medically oriented services above, Medical Case Managers may also provide benefits/entitlement counseling and referral activities (to core medical and support services) by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare, Medicare Part D, State AIDS Drug Assistance Program, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the ACA Health Insurance Marketplaces/Exchanges).

Visits to ensure readiness for and adherence to complex HIV treatments shall be considered either billable under Medical Case Management or Outpatient/Ambulatory Health Services, depending on how the visit occurred. Treatment Adherence Services provided during a Medical Case Management visit shall be reported in the Medical Case Management service category (using the ADH billing code indicated below); whereas,



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