



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Wednesday, November 8, 2023

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | |
|---|--------------------|
| I. Call to Order | Dr. Diego Shmuels |
| II. Introductions | All |
| III. Meeting Housekeeping | Dr. Mary Jo Trepka |
| IV. Floor Open to the Public | Dr. Mary Jo Trepka |
| V. Review/Approve Agenda | All |
| VI. Review/Approve Minutes of September 14, 2023 | All |
| VII. Reports | |
| • Grantee/Recipient reports (Part A, Part B, and ADAP) | Recipients |
| • Medical Care Subcommittee report | Dr. Mary Jo Trepka |
| • Vacancies | Staff |
| VIII. Standing Business | |
| • Planning Council Meeting Survey Results | All |
| IX. New Business | |
| • Meeting Dates and Planning for 2024 | All |
| • Service Categories Development | All |
| • Service Definitions Review: Legal, Food Bank, EFA | All |
| X. Announcements and Open Discussion | All |
| XI. Next Meeting: Dec. 14, 2023 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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MIAMI-DADE HIV/AIDS PARTNERSHIP

**Care and Treatment Committee Meeting
Miami-Dade Public Library, Auditorium
101 West Flagler, Miami, FL 33130
September 14, 2023 Minutes**

| # | 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, Diego | X | |
| 7 | Trepka, Mary Jo | X | |
| 8 | Wall, Dan | X | |
| Quorum: 4 | | | |

| Guests | |
|------------------|------------------|
| Courtney Gillens | Karen Poblete |
| David Goldberg | Javier Romero |
| Karen Hilton | Grechen Santiago |
| Meadgine Ilmet | Daniel Shmuels |
| Keri Kratofil | Stephen Williams |
| Angela Machado | |
| Brad Mester | |
| Staff | |
| Robert Ladner | Marlen Meizoso |

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, welcomed everyone, introduced himself, and called the meeting to order at 10:27 a.m. He reminded everyone that today’s meeting marked the last of the needs assessment activities, and the Committee will make decisions on priority setting and resource allocations. All meeting materials were posted online, and decisions should be data-based.

II. Introductions

Dr. Diego Shmuels

Members and guests introduced themselves around the room.

III. Meeting Housekeeping and Rules

Dr. Mary Jo Trepka

Dr. Mary Jo Trepka, Vice Chair, reviewed the Housekeeping presentation, which includes the 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 accepted it as presented.

Motion to accept the agenda as presented.

Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

VI. Review/Approve Minutes of August 17, 2023 *All*

The Committee reviewed the minutes of August 17, 2023, and accepted them as presented.

Motion to accept the minutes of August 17, 2023, as presented.

Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

VII. Reports

- *Part A/Minority AIDS Initiative (MAI)* *Dan Wall*

Dan Wall indicated the current Ryan White Program Part A/MAI client count is 7,523, which is 300 clients more than last year. Expenditures to date are still low, because contracts are still being executed. Contract executions should be concluded by the end of the month. A Health Resources and Services Administration (HRSA) site visit is planned for January 2024. Test and Treat Rapid Access year-to-date totals are 405 clients, of which 60% are virally suppressed.

The Ending the HIV Epidemic (EHE) Request for Proposals (RFP) cone of silene has been lifted. Under the HealthTec initiative, one provider is being recommended (Care Resource); under the Housing Stability Services initiative, three providers are being recommended (Care Resource, Empower U, and Health Council of South Florida); and for the Mobile GO Teams initiative, two providers are being recommended (Care Resource and AIDS Healthcare Foundation).

There is a joint HRSA/CDC call scheduled to discuss the Implementation Plan this month.

As indicated at the last meeting, the Florida Department of Health is evaluating a new model for integration and coordinating Part A and Part B. The State is leaning towards a statewide fiduciary model.

At the end of August, the County, providers, and other stakeholders participated in the Fast Track Cities workshop with Mayor Lavine-Cava signing the Sevilla and Paris Accords.

- *Part B* *David Goldberg*

David Goldberg indicated there was no report at this time since billing is pending from an agency.

- *AIDS Drug Assistance Program (ADAP)*

Dr. Javier Romero

The report was not projected but will be posted online and forwarded to the Committee after the meeting. Dr. Javier Romero reviewed the August 2023 ADAP report, as of September 5, 2023, including data on enrollments, pharmacy and insurance expenditures, program updates, medication additions, and current pharmacy listings. Program updates were reviewed. Additional Magellan pharmacy participants will be shared shortly. Open enrollment starts November 1, 2023, and participants must enroll directly with the Broward Regional Health Planning Council.

- *General Revenue*

Angela Machado

Angela Machado indicated that the July report reflects the start of a new Fiscal Year: FY 2023-2024. The total number of unduplicated clients served during the month of July was 1,805 with 1,073 clients receiving medical case management (MCM). There has been an increase in the nursing homes beds from five to seven for this new fiscal year since it is a needed service.

- *Medical Care Subcommittee*

Dr. Mary Jo Trepka

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

- Heard updates from the Ryan White Program and the ADAP Program.
- Are preparing to review the July 2023 medications added to the ADAP Formulary for possible inclusion in the Ryan White Prescription Drug Formulary.
- Discussed and reviewed a draft “Dear Colleague” letter on HIV and Aging (people with HIV over 50 years old).
- Reviewed an edited draft of the Ryan White Primary Medical Care Standards and will continue review of the first half of the document at the next meeting.
- Provided clarification on notations and conditions under the ophthalmology and podiatry specialties of the Allowable Medical Conditions List. Revisions have been incorporated in the draft pages 5-6 of the document. The Committee indicated that additional language should be added to the bottom of the important note on page 5. The phrase “such as the example,” should be placed before “listed above...”. The Committee voted to accept the changes with the additional language.

Motion to accept the changes to the Allowable Medical Conditions List as presented.

Moved: Dr. Mary Jo Trepka

Seconded: Dan Wall

Motion: Passed

The next MCSC meeting is scheduled for September 22, 2023, at Behavioral Science Research Corp.

- *Vacancies*

Marlen Meizoso

Moved: Dan Wall

Seconded: Rick Siclari

Motion: Passed

- *Priority Setting*

All

Information on the importance of priorities was reviewed. A survey for both Part A and MAI services was sent out in advance of the meeting to members and guests who attended the prior meetings. Members results were tallied and presented in aggregate. Using the aggregate surveys as a base, the Committee moved services around and voted as indicated below.

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

C=core services S=support services

Motion to accept the Ryan White Part A YR 2024-2025 priorities, as presented.

Moved: Dr. Mary Jo Trepka

Seconded: Dan Wall

Motion: Passed

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

C=core services S=support services

Motion to accept the Ryan White Minority AIDS Initiative YR 2024-2025 priorities, as presented.

Moved: Dan Wall

Seconded: Rick Siclari

Motion: Passed

- *Resource Allocation*

All

Information on the importance of resource allocations, the need for decisions to be data driven, and the conflict of interest were reviewed. Dashboard Cards were distributed and reviewed. The Committee worked on two budgets (flat and ceiling). The Committee started on the Part A flat funding budget then applied that budget to the ceiling budget. Adjustments were made to services based on data and the Committee voted on both Part A budgets. A conflicted member under the food bank service category recused himself and returned once the votes were concluded. Form 8B will be emailed to the conflicted member and included with the minutes.

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

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

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

| | |
|----------------------------|-------------|
| | Exp. Ratios |
| Core Services ⁴ | 84.80% |
| Support Services | 15.20% |

NOTES:

¹ Total based on the RWP FY 2023 final award.

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

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

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

Motion to allocate \$529,539 to Food Bank in the Ryan White Part A YR 2024-2025 flat funding budget.

Moved: Dan Wall

Seconded: Dr. Mary Jo Trepka

Motion: Passed

Motion to allocate the balance of funds in the Ryan White Part A YR 2024-2025 flat funding budget as presented.

Moved: Dan Wall

Seconded: Dr. Mary Jo Trepka

Motion: Passed

| MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2024 PART A FUNDING CEILING (FORMULA & SUPPLEMENTAL) BUDGET | | | |
|--|--|---|---------------|
| FY 2024 RANKING | SERVICE CATEGORIES (ALPHABETIC ORDER) | FY 2024 RECOMMENDED ALLOCATION ¹ | FY 2024 % |
| 1 | MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C] | \$ 5,869,052 | 25.56% |
| 2 | OUTPATIENT/AMBULATORY HEALTH SERVICES [C] | \$ 8,847,707 | 38.33% |
| 3 | MENTAL HEALTH SERVICES [C] | \$ 132,385 | 0.58% |
| 4 | ORAL HEALTH CARE [C] | \$ 3,088,975 | 13.45% |
| 5 | FOOD BANK/HOME DELIVERED MEALS [S] | \$ 1,651,715 | 7.19% |
| 6 | HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C] | \$ 491,909 | 2.14% |
| 7 | SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S] | \$ 2,169,744 | 9.45% |
| 8 | AIDS PHARMACEUTICAL ASSISTANCE [C] | \$ 48,255 | 0.21% |
| 9 | SUBSTANCE ABUSE OUTPATIENT CARE [C] | \$ 44,128 | 0.19% |
| 10 | AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C] | Not Part A Funded | N/A |
| 11 | HOUSING [S] | Not Part A Funded | N/A |
| 12 | EMERGENCY FINANCIAL ASSISTANCE [S] | \$ 48,255 | 0.21% |
| 13 | MEDICAL TRANSPORTATION [S] | \$ 154,449 | 0.67% |
| 14 | OUTREACH SERVICES [S] | \$ 264,896 | 1.15% |
| 15 | OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S] | \$ 154,449 | 0.67% |
| 16 | PSYCHOSOCIAL SUPPORT SERVICES [S] | Not Part A Funded | N/A |
| 17 | NON-MEDICAL CASE MANAGEMENT SERVICES [S] | Not Part A Funded | N/A |
| 18 | HEALTH EDUCATION/RISK REDUCTION [S] | Not Part A Funded | N/A |
| 19 | EARLY INTERVENTION SERVICES [C] | Not Part A Funded | N/A |
| 20 | MEDICAL NUTRITION THERAPY [C] | Not Part A Funded | N/A |
| 21 | HOME AND COMMUNITY-BASED HEALTH SERVICES [C] | Not Part A Funded | N/A |
| 22 | REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S] | Not Part A Funded | N/A |
| 23 | LINGUISTIC SERVICES [S] | Not Part A Funded | N/A |
| 24 | HOME HEALTH CARE [C] | Not Part A Funded | N/A |
| 25 | CHILD CARE SERVICES [S] | Not Part A Funded | N/A |
| 26 | HOSPICE [C] | Not Part A Funded | N/A |
| 27 | REHABILITATION SERVICES [S] | Not Part A Funded | N/A |
| 28 | RESPIRE CARE [S] | Not Part A Funded | N/A |
| | SUBTOTAL | \$22,965,717 | 100.0% |

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

| | |
|-----------------------------|---------------------|
| ADMINISTRATION ² | \$2,618,413 |
| CLINICAL QUALITY MANAGEMENT | \$600,000 |
| TOTAL ³ | \$26,184,130 |
| Exp. Ratios: | |
| Core Services ⁴ | 80.65% |
| Support Services | 19.14% |

NOTES:

¹ Award Ceiling Totals \$28,936,790 [\$26,184,130 (Part A) and \$2,752,660 (MAI)] per HRSA's FY 2024 Non-competing Continuation Instructions.

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

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

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

Motion to approve the Ryan White Part A YR 2024-2025 HRSA Non-competing Continuation Ceiling budget as presented.

Moved: Dan Wall

Seconded: Dr. Mary Jo Trepka

Motion: Passed

The Committee then worked on the MAI flat funding budget and applied their budget allocations to the ceiling budget. Adjustments were made to services based on usage and the Committee voted on both MAI budgets. A conflicted member under the outreach, substance abuse, and mental health service categories recused himself and returned once the votes were concluded on both budgets. Form 8B will be emailed to the conflicted member and included with the minutes.

**MIAMI DADE COUNTY
RYAN WHITE PROGRAM (RWP)
FY 2024 MINORITY AIDS INITIATIVE (MAI) FLAT FUNDING
BUDGET**

| FY 2024 RANKING | SERVICE CATEGORIES (ALPHABETIC ORDER) | FY 2024 RECOMMENDED ALLOCATION ¹ | FY 2024 % |
|-----------------|--|---|----------------|
| 1 | MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C] | \$903,920.00 | 40.01% |
| 2 | OUTPATIENT/AMBULATORY HEALTH SERVICES [C] | \$1,268,954.00 | 56.18% |
| 3 | MENTAL HEALTH SERVICES [C] | \$18,960.00 | 0.84% |
| 4 | AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C] | Not MAI Funded | N/A |
| 5 | EMERGENCY FINANCIAL ASSISTANCE [S] | \$12,087.00 | 0.53% |
| 6 | SUBSTANCE ABUSE OUTPATIENT CARE [C] | \$5,038.00 | 0.36% |
| 7 | OUTREACH SERVICES [S] | \$39,816.00 | 1.76% |
| 8 | ORAL HEALTH CARE [C] | Not MAI Funded | N/A |
| 9 | AIDS PHARMACEUTICAL ASSISTANCE [C] | Not MAI Funded | N/A |
| 10 | FOOD BANK/HOME DELIVERED MEALS [S] | Not MAI Funded | N/A |
| 11 | SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S] | Not MAI Funded | N/A |
| 12 | HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS | Not MAI Funded | N/A |
| 13 | MEDICAL TRANSPORTATION [S] | \$7,628.00 | 0.34% |
| 14 | HOUSING [S] | Not MAI Funded | N/A |
| 15 | PSYCHOSOCIAL SUPPORT SERVICES [S] | Not MAI Funded | N/A |
| 16 | EARLY INTERVENTION SERVICES [C] | Not MAI Funded | N/A |
| 17 | HEALTH EDUCATION/RISK REDUCTION [S] | Not MAI Funded | N/A |
| 18 | HOME AND COMMUNITY-BASED HEALTH SERVICES [C] | Not MAI Funded | N/A |
| 19 | MEDICAL NUTRITION THERAPY [C] | Not MAI Funded | N/A |
| 20 | NON-MEDICAL CASE MANAGEMENT SERVICES [S] | Not MAI Funded | N/A |
| 21 | REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S] | Not MAI Funded | N/A |
| 22 | OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S] | Not MAI Funded | N/A |
| 23 | HOME HEALTH CARE [C] | Not MAI Funded | N/A |
| 24 | HOSPICE [C] | Not MAI Funded | N/A |
| 25 | REHABILITATION SERVICES [S] | Not MAI Funded | N/A |
| 26 | CHILD CARE SERVICES [S] | Not MAI Funded | N/A |
| 27 | LINGUISTIC SERVICES [S] | Not MAI Funded | N/A |
| 28 | RESPIRE CARE [S] | Not MAI Funded | N/A |
| | SUBTOTAL | \$2,259,423 | 100.00% |

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

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

| | |
|----------------------------|---------------------|
| | Exp. Ratios: |
| Core Services ³ | 97.37% |
| Support Services | 2.63% |

NOTES:

¹ Total based on the RWP FY 2023 final award.

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

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

Motion to approve the Ryan White Minority AIDS Initiative (MAI) YR 2024-2025 flat funding budget as presented.

Moved: Dan Wall

Seconded: Maria Henriquez

Motion: Passed

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

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

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

| | |
|-----------------------------|--------------------|
| | Exp. Ratio: |
| Core Services: ³ | 97.50% |
| Support Services: | 2.50% |

NOTES:

¹ Award Ceiling Totals: \$28,936,790 [\$26,184,130 (Part A) and \$2,752,660 (MAI)] per HRSA's FY 2024 Non-competing Continuation Instructions.

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

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

Motion to approve the Minority AIDS Initiative (MAI) YR 2024-2025 HRSA Non-competing Continuation Ceiling budget as presented.

Moved: Dan Wall

Seconded: Maria Henrique

Motion: Passed

X. Announcements and Open Discussion

All

Mrs. Meizoso announced that evaluation forms for today's meeting are located in the meeting packets and should be returned.

No open discussion items were suggested.

XI. Next Meeting

Dr. Mary Jo Trepka

The next meeting is scheduled for Thursday, October 12, 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. Diego Shmuels thanked the members for participating in today's meeting and adjourned the meeting at 12:39 p.m.

DRAFT

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

| | |
|--|---|
| LAST NAME—FIRST NAME—MIDDLE NAME Siclari, Richard | NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE Miami-Dade HIV/AIDS Partnership-Care and Treatment |
| MAILING ADDRESS [REDACTED] | THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY |
| CITY COUNTY [REDACTED] Miami-Dade | NAME OF POLITICAL SUBDIVISION: |
| DATE ON WHICH VOTE OCCURRED September 14, 2023 | MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTEE |

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which would inure to his or her special private gain or loss. Each elected or appointed local officer also **MUST ABSTAIN** from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you are not prohibited by Section 112.3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Richard Siclari, hereby disclose that on September 14, 20 23 :

(a) A measure came or will come before my agency which (check one or more)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____ ;
- inured to the special gain or loss of my relative, _____ ;
- inured to the special gain or loss of _____, by whom I am retained; or
- inured to the special gain or loss of Food for Life Network, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

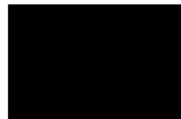
(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

Ryan White Program Part flat funding and ceiling budgets for YR 2024-2025 with allocations requested for food bank for which Food for Life Network is the sole provider.

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

9/15/2023

Date Filed



NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.

Placeholder for missing
signed form 8B



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Wednesday, November 8, 2023

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|--|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Mary Jo Trepka |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 14, 2023 | All |
| VII. | Reports | |
| | <ul style="list-style-type: none"> ● Grantee/Recipient reports (Part A, Part B, and ADAP) ● Medical Care Subcommittee report ● Vacancies | Recipients Dr. Mary Jo Trepka Staff |
| VIII. | Standing Business | |
| | <ul style="list-style-type: none"> ● Planning Council Meeting Survey Results | All |
| IX. | New Business | |
| | <ul style="list-style-type: none"> ● Meeting Dates and Planning for 2024 ● Service Categories Development ● Service Definitions Review: Legal, Food Bank, EFA | All All All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: Dec. 14, 2023 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

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

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

September 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> |
| | 6 | 25 | 6 | 13 |
| | 0 | 2,585 | 0 | 1,182 |
| | 9,066 | 59,902 | 4,294 | 7,192 |
| | 63 | 383 | 40 | 84 |
| | 873 | 6,086 | 680 | 2,159 |
| | 2,001 | 16,361 | 1,203 | 3,759 |
| | 4 | 15 | 3 | 8 |
| | 0 | 9,373 | 0 | 999 |
| | 618 | 4,266 | 275 | 727 |
| | 31 | 624 | 16 | 57 |
| | 73 | 469 | 29 | 137 |
| | 342 | 2,807 | 14 | 49 |
| TOTALS: | 13,077 | 102,896 | | |

Total unduplicated clients (month):

4,918

Total unduplicated clients (YTD):

8,062

See page 4 for
Service Unit
Definitions

Page 1 of 4

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

September 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) | 6 | 25 | 6 | 13 |
| Health Insurance Premium and Cost Sharing Assistance | 0 | 2,585 | 0 | 1,182 |
| Medical Case Management | 7,891 | 53,460 | 3,883 | 6,904 |
| Mental Health Services | 52 | 362 | 31 | 72 |
| Oral Health Care | 873 | 6,086 | 680 | 2,159 |
| Outpatient Ambulatory Health Services | 1,843 | 14,608 | 1,104 | 3,584 |
| Substance Abuse Outpatient Care | 4 | 15 | 3 | 8 |
| Support Services | | | | |
| Food Bank/Home Delivered Meals | 0 | 9,373 | 0 | 999 |
| Medical Transportation | 608 | 4,161 | 266 | 712 |
| Other Professional Services | 31 | 624 | 16 | 57 |
| Outreach Services | 68 | 449 | 24 | 119 |
| Substance Abuse Services (residential) | 342 | 2,807 | 14 | 49 |
| TOTALS: | 11,718 | 94,555 | | |

Total unduplicated clients (month):

4,563

Total unduplicated clients (YTD):

7,927

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

September 2023

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

Medical Case Management

Mental Health Services

Outpatient Ambulatory Health Services

Support Services

Medical Transportation

Outreach Services

| | Service Units | | Unduplicated Client Count | |
|--|----------------|---------------------|---------------------------|---------------------|
| | <u>Monthly</u> | <u>Year-to-date</u> | <u>Monthly</u> | <u>Year-to-date</u> |
| | 1,175 | 6,442 | 554 | 904 |
| | 11 | 21 | 9 | 12 |
| | 158 | 1,753 | 114 | 556 |
| | 10 | 105 | 10 | 36 |
| | 5 | 20 | 5 | 18 |
| TOTALS: | 1,359 | 8,341 | | |
| Total unduplicated clients (month): | <u>619</u> | | | |
| Total unduplicated clients (YTD): | <u>1,231</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.

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

This report includes YTD paid reimbursements for FY 2023 Part A service months up to September 2023, as of 11/6/2023. This report reflects reimbursement requests that were due by 10/20/2023, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$6,574,002.24.

| Project #: BURW3302 | AWARD AMOUNTS | ACTIVITIES | |
|---------------------------------|-------------------------|--------------|---------------------|
| Grant Award Amount Formula | 16,452,284.00 | FORMULA | FY 2023 Award |
| Grant Award Amount Supplemental | 8,484,983.00 | SUPPLEMENTAL | <u>\$24,937,267</u> |
| Carryover Award FY'22 Formula | 723,098.00 | CARRYOVER | |
| Total Award | \$ 25,660,365.00 | | |

| Priority Order | CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER | | |
|-------------------------------|---|-------------------------|------------|
| | Allocations | Carryover Allocations | |
| DIRECT SERVICES: | | | |
| Core Medical Services | | | |
| 3 | AIDS Pharmaceutical Assistance | 14,555.00 | |
| 8 | Health Insurance Services | 345,700.00 | |
| 2 | Medical Case Management | 6,174,853.00 | |
| 9 | Mental Health Therapy/Counseling | 107,844.00 | |
| 6 | Oral Health Care | 3,388,975.00 | |
| 5 | Outpatient/Ambulatory Health Svcs | 8,503,003.00 | |
| 12 | Substance Abuse - Outpatient | 38,128.00 | |
| | CORE Services Totals: | 18,573,058.00 | |
| Support Services | | | |
| 4 | Emergency Financial Assistance | 0.00 | |
| 7 | Food Bank | 1,179,244.00 | 723,098.00 |
| 13 | Medical Transportation | 186,688.00 | |
| 15 | Other Professional Services | 122,449.00 | |
| 14 | Outreach Services | 230,896.00 | |
| 10 | Substance Abuse - Residential | 1,701,206.00 | |
| | SUPPORT Services Totals: | 4,143,581.00 | |
| DIRECT SERVICES TOTAL: | | \$ 22,716,639.00 | |

| | |
|--|-----------------------------------|
| Total Core Allocation | 18,573,058.00 |
| Target at least 80% core service allocation | 17,594,832.80 |
| Current Difference (Short) / Over | \$ 978,225.20 |
| Recipient Admin. (GC, GTL, BSR Staff) | \$ 2,343,726.00 |
| Quality Management | \$ 600,000.00 2,943,726.00 |
| (+) Unobligated Funds / (-) Over Obligated: | |
| Unobligated Funds (Formula & Supp) | \$ - |
| Unobligated Funds (Carry Over) | \$ - \$ - 25,660,365.00 |

| | | |
|--|---------------|---------------------|
| Core medical % against Total Direct Service Allocation (Not including C/O): | | |
| Cannot be under 75% | 84.45% | Within Limit |
| Quality Management % of Total Award (Not including C/O): | | |
| Cannot be over 5% | 2.41% | Within Limit |
| OMB-GC Administrative % of Total Award (Cannot include C/O): | | |
| Cannot be over 10% | 9.40% | Within Limit |

| CURRENT CONTRACT EXPENDITURES | | | |
|---|-----------------------------------|------------------------|----------------------|
| | Expenditures | Carryover Expenditures | |
| DIRECT SERVICES: | | | |
| Core Medical Services | | | |
| 5606970000 | AIDS Pharmaceutical Assistance | 183.57 | |
| 5606920000 | Health Insurance Services | 159,633.42 | |
| 5606870000 | Medical Case Management | 1,221,487.80 | |
| 5606860000 | Mental Health Therapy/Counseling | 22,880.00 | |
| 5606900000 | Oral Health Care | 1,168,050.00 | |
| 5606610000 | Outpatient/Ambulatory Health Svcs | 1,722,228.62 | |
| 5606910000 | Substance Abuse - Outpatient | 990.00 | |
| | CORE Services Totals: | 4,295,453.41 | |
| Support Services | | | |
| 5606940000 | Emergency Financial Assistance | 0.00 | |
| 5606980000 | Food Bank | 529,492.20 | 0.00 529,492.20 |
| 5606460000 | Medical Transportation | 23,228.19 | |
| 5606890000 | Other Professional Services | 56,151.00 | |
| 5606950000 | Outreach Services | 0.00 | |
| 5606930000 | Substance Abuse - Residential | 702,750.00 | |
| | SUPPORT Services Total: | 1,311,621.39 | |
| TOTAL EXPENDITURES DIRECT SVCS & % : | | \$ 5,607,074.80 | 24.68% |

| | |
|---|--|
| Formula Expenditure % | 42.59% |
| 5606710000 | Recipient Administration 1,049,698.07 |
| 5606880000 | Quality Management 350,000.00 1,399,698.07 |
| Grant Unexpended Balance | |
| | FY 2023 Award Carryover |
| | 17,930,494.13 723,098.00 18,653,592.13 |
| Total Grant Expenditures & % | |
| | \$ 7,006,772.87 27.31% |

| | | |
|--|---------------|---------------------|
| Core medical % against Total Direct Service Expenditures (Not including C/O): | | |
| Cannot be under 75% | 76.61% | Within Limit |
| Quality Management % of Total Award (Not including C/O): | | |
| Cannot be over 5% | 1.40% | Within Limit |
| OMB-GC Administrative % of Total Award (Cannot include C/O): | | |
| Cannot be over 10% | 4.21% | Within Limit |

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33
MINORITY AIDS INITIATIVE (MAI) FUNDING
Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

This report includes YTD paid reimbursements for FY 2023 MAI service months up to September 2023, as of 11/5/2023. This report reflects reimbursement requests that were due by 10/20/2023, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$489,720.92.

| PROJECT #: BURW3302 | AWARD AMOUNTS | ACTIVITIES |
|---------------------------|------------------------|---------------|
| Grant Award Amount MAI | 2,621,581.00 | MAI |
| Carryover Award FY'22 MAI | 980,218.00 | MAI_CARRYOVER |
| Total Award | \$ 3,601,799.00 | |

| Priority Order | CONTRACT ALLOCATIONS | | |
|-------------------------------|--------------------------------|-----------------------|--|
| | Allocations | Carryover Allocations | |
| DIRECT SERVICES: | | | |
| Core Medical Services | | | |
| | | | |
| | | | |
| 1 | 943,920.00 | 124,407.00 | |
| 4 | 18,960.00 | | |
| | | | |
| 5 | 1,241,041.00 | 205,606.00 | |
| 8 | 8,058.00 | | |
| | | | |
| | CORE Services Totals: | 2,541,992.00 | |
| Support Services | | | |
| 6 | 0.00 | | |
| | | | |
| 9 | 7,628.00 | | |
| | | | |
| 10 | 39,816.00 | | |
| | | | |
| | SUPPORT Services Totals | 47,444.00 | |
| DIRECT SERVICES TOTAL: | \$ 2,589,436.00 | | |

| CURRENT CONTRACT EXPENDITURES | | | |
|--|-----------------------------------|----------------------|------------------------|
| Account | Core Medical Services | Expenditures | Carryover Expenditures |
| DIRECT SERVICES: | | | |
| 5606970000 | AIDS Pharmaceutical Assistance | | |
| 5606920000 | Health Insurance Services | | |
| 5606870000 | Medical Case Management | 192,099.55 | 0.00 |
| 5606860000 | Mental Health Therapy/Counseling | 0.00 | |
| 5606900000 | Oral Health Care | | |
| 5606610000 | Outpatient/Ambulatory Health Svcs | 298,658.96 | 0.00 |
| 5606910000 | Substance Abuse - Outpatient | 0.00 | 298,658.96 |
| | | | |
| | CORE Services Totals: | | 490,758.51 |
| Support Services | | | |
| 5606940000 | Emergency Financial Assistance | 0.00 | |
| 5606980000 | Food Bank | | |
| 5606460000 | Medical Transportation | 4,218.75 | |
| 5606890000 | Other Professional Services | | |
| 5606950000 | Outreach Services | 0.00 | |
| 5606930000 | Substance Abuse - Residential | | |
| | | | |
| | SUPPORT Services Totals: | 4,218.75 | |
| TOTAL EXPENDITURES DIRECT SVCS & %: | | \$ 494,977.26 | 19.12% |

| | | | |
|--|----------------------|------------|--------------|
| Total Core Allocation | 2,211,979.00 | | |
| Target at least 80% core service allocation | 1,807,538.40 | | |
| Current Difference (Short) / Over | \$ 404,440.60 | | |
| Recipient Admin. (OMB-GC) | \$ 262,158.00 | | |
| Quality Management | \$ 100,000.00 | 362,158.00 | |
| (+) Unobligated Funds / (-) Over Obligated: | | | |
| Unobligated Funds (MAI) | \$ - | | |
| Unobligated Funds (Carry Over) | \$ 650,205.00 | 650,205.00 | 3,601,799.00 |

| | | | |
|--|---------------------------------|-----------------------------------|-----------------------------|
| 5606710000 | Recipient Administration | 63,955.51 | |
| 5606880000 | Quality Management | 58,333.31 | 122,288.82 |
| | Grant Unexpended Balance | FY 2023 Award 2,004,314.92 | Carryover 980,218.00 |
| | | | 2,984,532.92 |
| Total Grant Expenditures & % (Including C/O): | | \$ 617,266.08 | 17.14% |

| | | |
|--|---------------|---------------------|
| Core medical % against Total Direct Service Allocation (Not including C/O): | 85.42% | Within Limit |
| Cannot be under 75% | | |
| Quality Management % of Total Award (Not including C/O): | 3.81% | Within Limit |
| Cannot be over 5% | | |
| OMB-GC Administrative % of Total Award (Cannot include C/O): | 10.00% | Within Limit |
| Cannot be over 10% | | |

| | | |
|--|---------------|---------------------|
| Core medical % against Total Direct Service Expenditures (Not including C/O): | 99.15% | Within Limit |
| Cannot be under 75% | | |
| Quality Management % of Total Award (Not including C/O): | 2.23% | Within Limit |
| Cannot be over 5% | | |
| OMB-GC Administrative % of Total Award (Cannot include C/O): | 2.44% | Within Limit |
| Cannot be over 10% | | |

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

November 1, 2023

ADAP Miami-Dade / Summary Report – OCTOBER 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 | | | | | | | | | | |
| Dec-23 | | | | | | | | | | |
| Jan-24 | | | | | | | | | | |
| Feb-24 | | | | | | | | | | |
| Mar-24 | | | | | | | | | | |
| FY23/24 | 732 | 1,756 | 7,381 | \$12,766,708.88 | 21,006 | 6,877 | 3.1 | \$25,604,143.92 | 18,242 | \$1,403.58 |

SOURCE: Provide - DATE: 10/04/23 - Subject to Review & Editing

* NOTE: West Perrine: 554 clients (11/02/23), whose expenditures are not included in this report.

PROGRAM UPDATE

* 11/02/23: Cabenuva ® utilization @ ADAP Miami: 262 (3.5 %) patients. Direct Dispense 178 (68.0 %); Premium Plus 84 (32.0 %).

* 10/31/23: Clients OPEN: Direct Dispense: 60.4 % - 4,459; Premium Plus: 39.6 % - 2,922.

* 10/31/23: Expenditures: Direct Dispense: 33.3 % Premium Plus: 66.7 %

| 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 | NEW 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





MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Wednesday, November 8, 2023

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|--------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Mary Jo Trepka |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 14, 2023 | All |
| VII. | Reports | |
| | • Grantee/Recipient reports (Part A, Part B, and ADAP) | Recipients |
| | • Medical Care Subcommittee report | Dr. Mary Jo Trepka |
| | • Vacancies | Staff |
| VIII. | Standing Business | |
| | • Planning Council Meeting Survey Results | All |
| IX. | New Business | |
| | • Meeting Dates and Planning for 2024 | All |
| | • Service Categories Development | All |
| | • Service Definitions Review: Legal, Food Bank, EFA | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: Dec. 14, 2023 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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**Medical Care Subcommittee
September 22, 2023 Meeting Report
to the Care and Treatment Committee
Presented November 8, 2023**

The Medical Care Subcommittee (MCSC):

- Heard updates from the Ryan White Program and the ADAP Program.
- Reviewed and approved for inclusion to the Ryan White Prescription Drug Formulary the 46 medications added in July 2023 to the ADAP Formulary.

Motion to add the medications listed on the July 2023 ADAP formulary additions as presented to the Ryan White Prescription Drug Formulary.

- Reviewed and accepted the draft “Dear Colleague” letter for individuals 50 years old who are HIV+ to raise awareness of preventive health measures.

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

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

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

All motions are subject to Partnership approval.

July 2023 ADAP Formulary Additions
 Ryan White Program Prescription Drugs
 Formulary Review

Attachment 1

| | Generic Name | Brand Names | Therapeutic Classification | Pharmacologic Classification |
|----|---|----------------------------|-----------------------------|--|
| 1 | celecoxib | Celebrex | analgesic | COX-II Inhibitor Non-steroidal anti-inflammatory drug |
| 2 | acetaminophen/hydrocodone | Lortab, Norco | analgesic | non-salicylate/opioid |
| 3 | meloxicam | Mobic | analgesic | non-steroidal anti-inflammatory drug |
| 4 | insulin degludec | Tresiba; Tresiba FlexTouch | anti-diabetic | insulin |
| 5 | empagliflozin/metformin | Synjardy; Synjardy XR | anti-diabetic | SGLT2 inhibitor/biguanide |
| 6 | acetazolamide | acetazolamide | anti-glaucoma | carbonic anhydrase inhibitor |
| 7 | nitrofurantoin | Macrobid, Macrochantin | anti-infective | antibiotic, miscellaneous |
| 8 | cefdinir | Omnicef | anti-infective | cephalosporin antibiotic |
| 9 | ceftriaxone | Rocephin | anti-infective | cephalosporin antibiotic |
| 10 | vancomycin | Firvanq, Vancocin | anti-infective | glycopeptide antibiotic |
| 11 | fidaxomicin | Difcid | anti-infective | macrolide antibiotic |
| 12 | amlodipine/olmesartan | Azor | cardiovascular hypertensive | calcium channel blocker/angiotensin II receptor blocker |
| 13 | amlodipine/valsartan | Exforge | cardiovascular hypertensive | calcium channel blocker/angiotensin II receptor blocker |
| 14 | triamterene/hydrochlorothiazide | Dyazide, Maxzide | cardiovascular hypertensive | potassium sparing/thiazide diuretic |
| 15 | brexpiprazole | Rexulti | central nervous system | antipsychotic, atypical |
| 16 | diazepam | Valium | central nervous system | benzodiazepine |
| 17 | zolpidem | Ambien | central nervous system | sedative-hypnotic |
| 18 | methylprednisolone | Medrol | endocrine | glucocorticoid |
| 19 | liothyronine | Cytomel | endocrine | thyroid |
| 20 | rifaximin | Xifaxan | gastrointestinal | anti-infective |
| 21 | doxylamine/pyridoxine | Diclegis | gastrointestinal | anti-nausea agent |
| 22 | hyoscyamine | Anaspaz, Levsin | gastrointestinal | anti-spasmodic |
| 23 | bismuth subcitrate potassium/metronidazole/tetracycline | Helidac | gastrointestinal | Helicobacter pylori agents |
| 24 | linaclotide | Linzess | gastrointestinal | irritable bowel syndrome agent |
| 25 | lanthanum carbonate | Fosrenol | gastrointestinal | phosphate binder |
| 26 | esomeprazole | Nexium | gastrointestinal | proton pump inhibitor |
| 27 | brimonidine/timolol | Combigan | ophthalmic, anti-glaucoma | alpha agonist/beta blocker |
| 28 | umeclidinium | Incruse Ellipta | respiratory | anti-cholinergic |
| 29 | glycopyrrolate | Lonhala Magnair | respiratory | anti-cholinergic |
| 30 | umeclidinium/vilanterol | Anoro Ellipta | respiratory | anti-cholinergic/long-acting Beta-2 agonist |
| 31 | azelastine | AstePro | respiratory | antihistamine |
| 32 | olopatadine | Patanase | respiratory | antihistamine |
| 33 | azelastine/fluticasone | Dymista | respiratory | antihistamine/corticosteroid, intranasal |
| 34 | mometasone/olopatadine | Ryaltris | respiratory | antihistamine/corticosteroid, intranasal |
| 35 | budesonide/glycopyrrolate/formoterol | Breztri Aerosphere | respiratory | corticosteroid/anti-cholinergic/long-acting Beta-2 agonist |
| 36 | fluticasone/vilanterol | Breo Ellipta | respiratory | corticosteroid/long-acting Beta-2 agonist |

July 2023 ADAP Formulary Additions
 Ryan White Program Prescription Drugs
 Formulary Review

Attachment 1

| | Generic Name | Brand Names | Therapeutic Classification | Pharmacologic Classification |
|----|--|-----------------------------------|----------------------------|--|
| 37 | mometasone/formoterol | Dulera | respiratory | corticosteroid/long-acting Beta-2 agonist |
| 38 | fluticasone furoate/umeclidinium/vilanterol | Trelegy Ellipta | respiratory | corticosteroid/long-acting muscarinic antagonist/long-acting |
| 39 | formoterol | Perforomist | respiratory | long-acting Beta-2 agonist |
| 40 | tiotropium/olodaterol | Stiolto Respimat | respiratory | long-acting muscarinic antagonist/long-acting Beta-2 |
| 41 | naltrexone injection | Vivitrol | substance abuse | opiate antagonist |
| 42 | benzoyl peroxide/clindamycin | BenzaClin | topical | anti-acne retinoid |
| 43 | podofilox | Condylox | topical | antiviral |
| 44 | hydrocortisone/pramoxine | Anaipram, Proctofoam, multiple | topical | corticosteroid/anesthetic |
| 45 | triamcinolone/nystatin | triamcinolone/nystatin | topical | corticosteroid/antifungal |
| 46 | polysaccharide-iron complex | Nu-Iron (multiple brands) | vitamin | vitamin |



September 22, 2023

Dear Colleagues:

This correspondence is sent on behalf of the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee who is charged with reviewing medical care, oral health care, and the provision of prescription drugs for the local Ryan White Program. The Subcommittee asks for your consideration of issues faced by clients who are 50 years of age. Comprehensive care for individuals living with HIV extends beyond managing their viral load and immune function. HIV positive individuals face unique health challenges and are at an increased risk of developing certain conditions. Engaging in preventive health measures, such as cancer screening and vaccinations, are of paramount importance for overall well-being.

We recommend that practitioners advise clients to engage in preventive services to maintain their overall well-being, to attend appointments, and to work with their team of medical providers to ensure the best quality of health as they age.

The Florida Department of Health Epidemiological Profile data for 2021 indicates 57% of people with HIV are over 50 years of age. Locally, in 2022, Ryan White Program clients over 50 years of age comprised 41.4% of the total client population. As many of you may be aware, due to advances in treatment protocols, people with HIV are living longer. However, from a biological perspective, a person with HIV ages more rapidly than a person without HIV, which may lead to an earlier onset of co-occurring conditions¹.

We recommend that practitioners address possible age-related physical and cognitive health problems sooner in the course of treatment for people with HIV compared to the standard population.

References and recommendations for practitioners can be found on the Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards at <https://www.miamidade.gov/grants/library/ryanwhite/section-III-miami-primary-medical-care-standards.pdf>. Additional information can also be found on the American Academy of HIV Medicine website <https://aahivm.org/hiv-and-aging/>.

By working together and addressing preventive health services, particularly for our clients over 50 years of age, we can enhance the lives of people with HIV and contribute to healthier communities. Please share this letter widely within your network and with interested parties. Thank you for your unwavering dedication to providing exceptional care.

Sincerely,

Robert Goubeaux, D.O., Medical Care Subcommittee Chair

1. <https://newsroom.ucla.edu/releases/ucla-research-links-hiv-to-age-accelerating-cellular-changes>



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Wednesday, November 8, 2023

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|--------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Mary Jo Trepka |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 14, 2023 | All |
| VII. | Reports | |
| | • Grantee/Recipient reports (Part A, Part B, and ADAP) | Recipients |
| | • Medical Care Subcommittee report | Dr. Mary Jo Trepka |
| | • Vacancies | Staff |
| VIII. | Standing Business | |
| | • Planning Council Meeting Survey Results | All |
| IX. | New Business | |
| | • Meeting Dates and Planning for 2024 | All |
| | • Service Categories Development | All |
| | • Service Definitions Review: Legal, Food Bank, EFA | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: Dec. 14, 2023 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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Membership Report

October 24, 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:

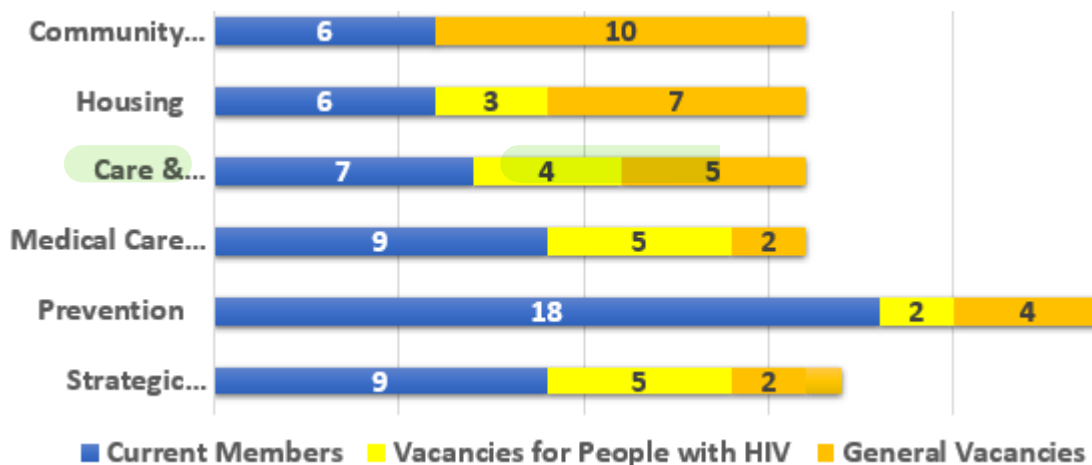
- Representative with HIV and Hepatitis B or C
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Federally Recognized Indian Tribe Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative

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.





MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Wednesday, November 8, 2023

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|--------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Mary Jo Trepka |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 14, 2023 | All |
| VII. | Reports | |
| | • Grantee/Recipient reports (Part A, Part B, and ADAP) | Recipients |
| | • Medical Care Subcommittee report | Dr. Mary Jo Trepka |
| | • Vacancies | Staff |
| VIII. | Standing Business | |
| | • Planning Council Meeting Survey Results | All |
| IX. | New Business | |
| | • Meeting Dates and Planning for 2024 | All |
| | • Service Categories Development | All |
| | • Service Definitions Review: Legal, Food Bank, EFA | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: Dec. 14, 2023 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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Results of Care and Treatment Membership Survey

Results reported for replies 50% and over; multiple replies could be provided

Replies Received

75% (6 of 8 members)

Day of Week

Thursday 83%

Time of Day

10:00 a.m. 100%

Location

Main Library 100%

Notes:

Most members prefer keeping the Care and Treatment meeting at the same location, time, and day of the week.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Wednesday, November 8, 2023

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|--------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Mary Jo Trepka |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 14, 2023 | All |
| VII. | Reports | |
| | • Grantee/Recipient reports (Part A, Part B, and ADAP) | Recipients |
| | • Medical Care Subcommittee report | Dr. Mary Jo Trepka |
| | • Vacancies | Staff |
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2024 Meeting Dates

All Dates/Locations are subject to change

Care and Treatment Committee

10:00 a.m. to 12:00 p.m.

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

| | | |
|-----------|----|------|
| January | 11 | 2024 |
| February | 8 | 2024 |
| March | 14 | 2024 |
| April | 11 | 2024 |
| May | 9 | 2024 |
| June | 13 | 2024 |
| July | 11 | 2024 |
| August | 8 | 2024 |
| September | 12 | 2024 |
| October | 10 | 2024 |
| November | 14 | 2024 |
| December | 12 | 2024 |

Needs Assessment: May 2024-August 2024 (3 hour meetings)

**Care and Treatment Committee
Calendar of Activities 2024**

| Month | Officer Elections | Financial Disclosures | Needs Assessment Activity | Rapid Reallocation | Carryover | Committee Items (items added as needed) | Notes |
|-----------|-------------------|-----------------------|---------------------------|--------------------|-----------|---|-------|
| January | | | | | | | |
| February | | | | | | | |
| March | | | | | | | |
| April | | | | | | | |
| May | | | | | | | |
| June | | | | | | | |
| July | | | | | | | |
| August | | | | | | | |
| September | | | | | | | |
| October | | | | | | | |
| November | | | | | | | |
| December | | | | | | | |

Comments:

N= no meeting

All items subject to change.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Wednesday, November 8, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
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Care and Treatment Committee Service Definitions Development November 8, 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.

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

Considerations

- Of the five services approved, only one is currently funded.
 - Will there be a request for a waiver of the “75% core/25% support” funding restrictions to account for funding of the additional support services?
 - What other funding streams support the service?
 - Is the service intended for a specific population?
 - Are there any restrictions for the service?
-

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 |
| 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 | |
|---|--|

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.

2. Health Education/Risk Reduction

Status: Currently unfunded support service

Other Funders (based on 2023 Needs Assessment): Health Education-Part C \$357,706; Part D \$23,982; Risk Reduction-Part D \$48,001

HRSA 16-02 Definition (pg. 18)

Description:

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre- exposure prophylaxis (PrEP) for clients' partners and treatment as prevention.
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage).
- Health literacy.
- Treatment adherence education.

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

Other Sample Services:

- Santa Clara, CA TGA
- Washington, DC EMA
- Texas, Part B

Health Education & Risk Reduction

Service Definition

Health Education and Risk Reduction Services is the provision of services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status. (San Jose, CA TGA Definitions for Eligible Services *Ryan White HIV/AIDS Treatment Extension Act 2009*, Page 6).

Goals: The Standards of Care serve as guides to gauge the quality of HIV services in Santa Clara County.

Health Education and Risk Reduction Service providers are expected to comply with the Universal Standards of Care, as well as these additional standards:

Standards of Care

1.0 Standard of Care: Licensure or Assurance

- No additional standards.

2.0 Standard of Care: Knowledge, Skill, and Experience

- No additional standards

3.0 Standard of Care: Client Rights, Responsibilities, Confidentiality

- No additional standards

4.0 Standard of Care: Access to Services

- No additional standards

5.0 Standard of Care: Care and Treatment

- No additional standards

6.0 Standard of Care: Outreach and Provider Continuity

- No additional standards

| |
|--|
| <p style="text-align: center;">Ryan White Standards of Care Health Education and Risk Reduction</p> |
|--|

7.0 Standard of Care: Continuous Quality Improvement

- No additional standards

8.0 Standard of Care: Staff Training

- No additional standards

References and Published Guidelines:

1. For a comprehensive overview of references, guidelines and resources please see the official WEB site for Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) at <http://hab.hrsa.gov>
2. **San Jose, CA TGA** – Definitions for Eligible Services *Ryan White HIV/AIDS Treatment Extension Act of 2009*, July 1, 2011, Definition of “**Health Education and Risk Reduction**” Page 6.

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

Health Education/Risk Reduction

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

Health Education/Risk Reduction is the provision of education and risk reduction counseling to customers living with HIV. It includes 1) sharing information with customers about medical and psychosocial support services, 2) educating customers on HIV transmission and secondary prevention, 3) counseling them to improve their health status and reduce the risk of transmission to others. Topics covered may include:

- Education on risk reduction strategies to reduce transmission, such as pre-exposure prophylaxis (PrEP), non-occupational post-exposure prophylaxis (nPEP) for customers' partners, and treatment as prevention (TasP)
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

II. INTAKE, ELIGIBILITY & ANNUAL RECERTIFICATION REQUIREMENTS

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White clients to maintain proof of eligibility annually, with recertification every six months. Supporting documentation is required to demonstrate client eligibility for Ryan White Services.

A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting CD4 count and viral load. Laboratory results should be within 6 months of the date of certification.
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 applicant (past 30 days)
- Letter from another government agency addressed to applicant
- 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, facility or a letter from landlord that customer is a resident

3. **Income:** Client income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the applicant and any household members for whom applicants have legal responsibility. For each income source the applicant 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 notarized 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 notarized statement from the applicant projecting current annual income must be included
- Copy of the tenant's lease showing client 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 applicant

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. RECERTIFICATION (6 months) REQUIREMENTS

To maintain eligibility for Ryan White services, the customer must complete the six-month recertification process. Providers may elect to have clients sign a self-attestation of no change in eligibility at the six-month recertification.

III. KEY SERVICE COMPONENTS & ACTIVITIES

| ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES | |
|--|--|
| Standard | Measure |
| An initial health education/risk reduction assessment is completed prior to the initiation of the HE/RR plan | Documentation of assessment in customer's record signed and dated by health educator |
| Within 30 days of initial assessment, an HE/RR plan is developed for each eligible customer and signed by the health educator. The plan should include: <ul style="list-style-type: none"> ● Goals ● Expected outcomes ● Actions taken to achieve each goal ● Person responsible for completing each action ● Target date for completion of each action | HE/RR plan, documented in customer record, signed and dated by the customer and health educator |
| HE/RR plan is reassessed every 90 days to assess customer progress and identify emerging needs | Documentation of review and update of HE/RR plan as appropriate signed and dated by customer and health educator |
| Refer customer to other services as appropriate, e.g. mental health, treatment for substance use disorder, patient navigation services, etc. | Documentation of referrals in customer's record |
| HEALTH EDUCATION / LITERACY | |
| Standard | Measure |

| | |
|--|--|
| Customers living with HIV are educated about HIV transmission and how to reduce the risk of HIV transmission, including (PrEP/nPEP, TasP, and STI screening and treatment) | Documentation that customers served under this category are educated about HIV transmission and how to reduce the risk of HIV transmission to others. Includes description of the types of information, education, and counseling provided to customers |
| Customers living with HIV are provided information about available medical and psychosocial support services Customer are provided information to purchase health insurance from the market place. Customers living with HIV are provided health literacy individually or in group format to increase knowledge to help navigate the health system | Documentation that customers served under this category receive information about health literacy and purchase of health insurance. Includes description of the types of health information, education, health insurances and counseling provided to customers. |
| RISK REDUCTION COUNSELING/TREATMENT ADHERENCE | |
| Standard | Measure |
| Customers living with HIV receive counseling on how to improve their health status and reduce the risk of HIV transmission to others, including (PrEP/nPEP, TasP, and STI screening and treatment) Treatment adherence counseling is provided to customers who are positive on benefits of viral suppression | Documentation that customers served under this category receive counseling on how to improve their health status and reduce the risk of transmission to others. Includes description of the types of information, education, on antiretroviral medications and counseling provided to customers. |
| TRANSITION & DISCHARGE | |
| Standard | Measure |
| Customer discharged when HE/RR services are no longer needed, goals have been met, upon death or due to safety issues. <u>Prior to discharge:</u> Reasons for discharge and options for other service provision should be discussed with customer. Whenever possible, discussion should be occurring face-to-face. If not possible, provider should attempt to talk with customer via phone. If verbal contact is not possible, a certified letter must be sent to customer's last known address. If customer is not present to sign for the letter, it must be returned to the provider. <u>Transfer:</u> If customer transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If customer moves to another area, transferring agency will make referral for needed services in the new location. <u>Unable to Locate:</u> If customer cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the customer's last known mailing address within five business days after the last attempt to notify the customer. The letter will state that the case will be closed within 30 days from the date on the letter if an appointment with the provider is not made. <u>Withdrawal from Service:</u> If customer reports that services are no longer needed or decides to no longer participate in the Service Plan, customer may withdraw from services. Because customers may withdraw for a variety of reasons it | Documentation of discharge plan and summary in customer's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable. <u>Documentation:</u> Customer's record must include: <ul style="list-style-type: none"> ● Date services began ● Special customer needs ● Services needed/actions taken, if applicable ● Date of discharge ● Reason(s) for discharge ● Referrals made at time of discharge, if applicable |

| | |
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| <p>may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the customer’s ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency customers should be referred to appropriate agencies.</p> <p><u>Administrative Discharge:</u> Customers who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a customer for this reason, the case must be reviewed by the leadership according to that agency’s policies. Customers who are discharged for administrative reasons must be provided written notification of and reason for the discharge and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the customer’s last known mailing address within five business days after the date of discharge, and a copy must be filed in the customer’s chart.</p> | |
|--|--|

| CASE CLOSURE | |
|---|--|
| Standard | Measure |
| <p>Case will be closed if customer:</p> <ul style="list-style-type: none"> ● Has met the service goals ● Decides to transfer to another agency ● 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 ● Fails to maintain contact with the insurance assistance staff for a period of three months despite three documented attempts to contact customer ● 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 ● Exhibits pattern of abuse as defined by agency’s policy ● Becomes housed in an “institutional” program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program ● Is deceased | <p>Documentation of case closure in customer’s record with clear rationale for closure</p> |

IV. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance. Agencies are also responsible for maintaining documentation of the appropriate education, qualifications, training, and experience in personnel files.

Health Education/Risk Reduction Service Standard Minority AIDS Initiative

HRSA Definition: Health Education/Risk Reduction (HE/RR) is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as preexposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:

HE/RR services cannot be delivered anonymously.

MAI HE/RR Services:

HE/RR with MAI can vary greatly from client status (incarceration vs recently released), client knowledge concerning HIV, and time allowed with client. HE/RR models will vary by MAI provider and will focus on education that is most relevant to the client at the encounter. Each provider shall create a curriculum for service workers to follow during their encounter with the client. Topics may include (but are not limited to):

- Information regarding medical and psychosocial support services (ex. services available in the client's community and how to access services such as clinic, pharmacy, substance use treatment, family counseling, dentist, mental health)
- How to improve/maintain health status (ex. how to continue medication regimen after release, nutrition and self-care, medical treatment adherence for HIV and co-infections, dental treatment information)
- Available resources to meet needs for recently released (services outside medical and psychosocial such as public transportation, homeless shelters, food banks, social service organizations, employment/vocational development agencies)
- Treatment adherence education (ex. how to continue medication regimen after release, how to fill a prescription, availability of PrEP and PEP for partners, healthy relationship options)
- Methods of HIV transmission and risk reduction
- Health literacy (ex. how to communicate needs and concerns to medical providers, how to read lab reports, medication side effects)
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage, AIDS Drug Assistance Program)

HE/RR shall be provided to people living with HIV and cannot be provided anonymously.

Unit Definition: 1 unit= 15 minutes of service

Service Standard and Performance Measure:

| | |
|---|---|
| <p><u>Standard:</u></p> <p>MAI provider will use agency HE/RR curriculum to provide HE/RR to incarcerated and recently released clients. Topics addressed should be prioritized by the client needs, the incarceration status, the environment services are provided, and the amount of time the provider has to spend with the client.</p> | <p><u>Measure:</u></p> <p>Percentage of clients with documentation of specific health and risk reduction topics discussed during HE/RR session.</p> <p>Percentage of clients with documentation of specific social service topics discussed during HE/RR session.</p> |
|---|---|



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Wednesday, November 8, 2023

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|--------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Mary Jo Trepka |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 14, 2023 | All |
| VII. | Reports | |
| | • Grantee/Recipient reports (Part A, Part B, and ADAP) | Recipients |
| | • Medical Care Subcommittee report | Dr. Mary Jo Trepka |
| | • Vacancies | Staff |
| VIII. | Standing Business | |
| | • Planning Council Meeting Survey Results | All |
| IX. | New Business | |
| | • Meeting Dates and Planning for 2024 | All |
| | • Service Categories Development | All |
| | • Service Definitions Review: Legal, Food Bank, EFA | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: Dec. 14, 2023 at Main Library- Auditorium | Dr. Mary Jo Trepka |
| XII. | Adjournment | Dr. Diego Shmuels |

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

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