Scan to access website for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 11, 2024

10:00 a.m. – 12:00 p.m.

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

AGENDA

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III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Dr. Mary Jo Trepka
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of December 14, 2023	All
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X.	Announcements and Open Discussion	All
XI.	Next Meeting: **February 8, 2024** at **TBA**	TBA
XII.	Adjournment	TBA

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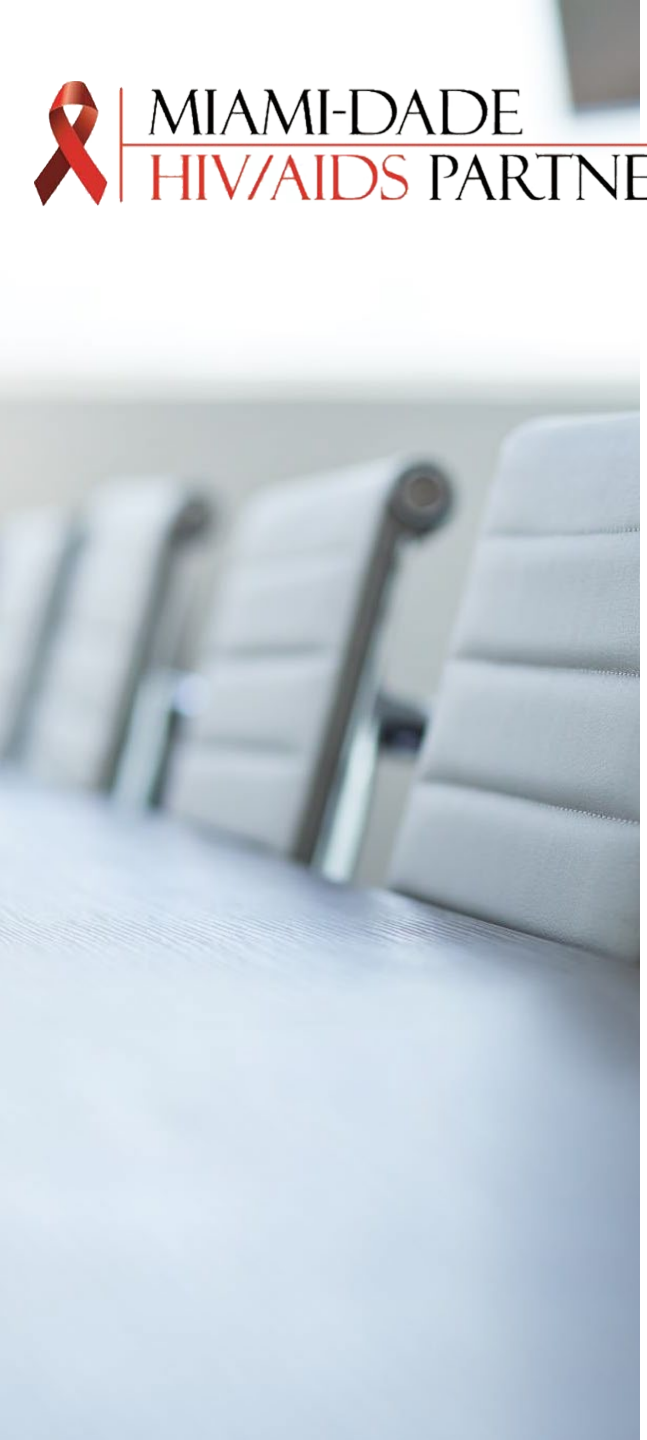
MIAMI-DADE HIV/AIDS PARTNERSHIP



Meeting Housekeeping- Care and Treatment

Updated January 8, 2024

Behavioral Science Research

Disclaimer & Code of Conduct

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

Language Matters!

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

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

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

Please **do not** use these terms . . .

Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .

General Housekeeping

- You must sign in to be counted as present.
- Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- 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 https://aidsnet.org/the-partnership/ and select your meeting.

Meeting Materials Access-Main Page

Main Page-Selection

Care and Treatment-Main

Care and Treatment Committee

Next Meeting: January 11, 2024 at 10:00 a.m.

Behavioral Science Research Corporation, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134

AGENDA

January 11, 2024

MINUTES

December 14, 2023

PARTNERSHIP REPORT

Report of approved motions
December 18, 2023

RETURN TO MENU

MEETING DOCUMENTS

- Care and Treatment Committee Service Definitions Development
- Service Delivery Standards: Other Professional Services (Legal Services and Permanency Planning)
- Service Delivery Standards: Food Bank
- Nutritional Assessment Letter for Food Bank Services
- Service Delivery Standards: Emergency Financial Assistance
- Service Delivery Standards: Medical Case Management
- Service Delivery Standards: Medical Transportation
- 2024 Officer Nominations and Elections

JOIN THE COMMITTEE!

Click here.
People with HIV may be eligible for vouchers!

RSVP OR CONTACT US

Marlen Meizoso
marlen@behavioralscience.com
(305) 445-1076

BYLAWS

Click here.

Care and Treatment- Additional Reports

Partnership, Recipient, and Grantee Reports

Members are asked to review reports in advance of meetings.
For questions or to request a paper copy of any report(s), please contact hiv-aidsinfo@behavioralscience.com.

PARTNERSHIP REPORTS

- Top Line Summaries Report (December 18, 2023)
- Partnership Report to Committees (December 18, 2023)
- Vacancy Report (November 9, 2023)

RECIPIENT AND GRANTEE REPORTS

- Top Line Summaries Report (December 18, 2023)
- Ryan White Program Part A / MAI – Expenditures (November 29, 2023)
- Ryan White Program Part A / MAI – Utilization & Service Definitions (September 2023)
- Ryan White Part B (October 2023)
- General Revenue (October 2023)
- AIDS Drug Assistance Program (ADAP) (November 2023)

YEAR END REPORTS

- Ryan White Program Part A / MAI Monthly and Year-To-Date Service Utilization Summary with service unit definitions (End of FY2022)
- Ryan White Program Part A / Minority AIDS Initiative (MAI) FY2022 Expenditures Report (End of FY 2022)
- Year 2022-2023 Ryan White Program Part B Report (Final)

SPECIAL REPORTS AND PROGRAM UPDATES

Care and Treatment- Functions and Historical Docs

Dr. Diego Shmuels

Chair

Dr. Mary Jo Trepka

Vice Chair

What We Do

- Develops and implements care and treatment planning.
- Conducts an annual comprehensive Annual HIV/AIDS Needs Assessment.
- Determines Ryan White Program (Part A/MAI) service priorities.
- Allocates Ryan White Program (Part A/MAI) funds each fiscal year.
- Develops directives based on identified access issues to underserved populations and areas of greatest need.
- Evaluates service cost and utilization of Partnership programs as a whole.
- Identifies funding and provider resources within Miami-Dade County.
- Makes recommended appointments to the Florida Comprehensive Planning Network's (FCPN) Patient Care Planning Group (PCPG).

Past Meetings

RETURN TO MENU

Agendas | Minutes | Meeting Documents

Care and Treatment- Needs Assessment Materials

Annual HIV/AIDS Needs Assessment

Decisions made during Needs Assessment drive the provision of services and distribution of funds for the next Ryan White Program fiscal year. All Partnership and committee members, Ryan White Program clients and other people with HIV, Ryan White Program subrecipients, and anyone interested in maximizing resources and improving services for people with HIV in Miami-Dade County are encouraged to participate in this and all Partnership activities.

2023 Needs Assessment

- Complete Needs Assessment Book (September 14, 2023; 489 pages)
  - Process for Setting Priorities and Allocating Resources
  - Needs Assessment Responsibilities
  - 2023 Guide to Dashboard Cards
  - Updated Dashboard Cards
  - Policy Clarification Notice (PCN) #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
  - Using MAI Funds Effectively: Tailoring Services for Locally Identified Subpopulations
  - Community Input: Integrated Plan Development & Virtual Town Hall
  - Ryan White Program 2022 Client Satisfaction Survey Summary of Findings
  - Unmet Needs Presentation
  - Co-Occurring Conditions Presentation
  - Other Funding Sources PPT
  - Service Utilization Data PPT (revised)
  - Age, Gender, Utilization Report
  - Miami-Dade Medicaid Expenditures
  - Miami-Dade Medicaid Demographics
  - Ryan White Program Demographic Data FY 2022
  - Ryan White Program HIV Care Continuum Fiscal Year 2022
  - Early Identification of Individuals with HIV/AIDS
  - Summary of HIV Epidemiology Profile Data 2020-2021 (revised)

Care and Treatment- RSVPs

RSVP!

Your RSVP Matters!

JOIN THE PARTNERSHIP!

We use RSVPs to determine if there will be a quorum of members and to make sure we have enough materials for all attendees. Please click a link below to let us know which meetings you can or cannot attend. All replies are helpful!

Meeting dates and locations are subject to change. For details, please see the latest meeting calendars at aidsnet.org/calendar.

Thank you for your time.

- January 2024
- February 2024
- March 2024
- April 2024
- May 2024
- June 2024
- July 2024
- August 2024
- September 2024
- October 2024
- November 2024
- December 2024

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Floor Open to the Public

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

“BSR has a dedicated line for statements to be read into the record. No statements were received.”

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Care and Treatment Committee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd, Ste. 240
Coral Gables, FL 33134
December 14, 2023

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

Guests	
Leo Moreira	
Staff	
Marlen Meizoso	Robert Ladner

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

I. Call to Order *Dr. Mary Jo Trepka*

Dr. Mary Jo Trepka, the Vice Chair, called the meeting to order at 10:06 a.m., in the chair's absence.

II. Introductions *Dr. Mary Jo Trepka*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Dr. Mary Jo Trepka*

Dr. Trepka referenced the Housekeeping items.

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. One member needed to leave early so the Sweeps #3 and Maximize Expenditures Request items were moved to after the agenda approval to ensure quorum for voting on those items. References to the Chair on the agenda will be changed to Dr. Trepka until the Chair's arrival.

Motion to accept the agenda, as discussed.
Moved: Vanessa Mills **Seconded: Dan Wall** **Motion: Passed**

VI. Sweeps #3 and Maximize Expenditures

- *Sweeps #3* *All*

The Committee reviewed the Miami-Dade County Ryan White Part A Sweeps #3. Under Sweeps #3, there was $1,943,312 reduced from ten service categories with $2,425,370 requested. There is more money being requested than available. Based on fiscal reviews and utilization as reflected on the dashboard cards, the Committee adopted the recommended allocations to seven service categories as indicated in the motion. Food Bank in particular has seen a marked increase in usage but the current levels of service are unsustainable.

Motion to allocate the Miami-Dade County Ryan White Part A Sweeps #3 funding with $304,406 to Medical Case Management; $290,906 to Outpatient/Ambulatory Health; $443,000 to Oral Health Care; $800,000 to Food Bank; $13,000 to Health Insurance Services; $67,000 to Substance Abuse Residential, and $25,000 to Medical Transportation.
Moved: Dan Wall **Seconded: Vanessa Mills** **Motion: Passed**

- *Maximize Expenditures Prior to Fiscal Year Closure* *All*

Historically, when the last sweeps are done, the Recipient requests authorization to make last minute movements of funds prior to the close of fiscal year to maximize expenditures since the amendment execution is a time-consuming process. The Committee made a motion authorizing the Recipient to make last minute allocations prior to the close of the fiscal year to maximize expenditures with the caveat that the final allocations are then disseminated after the close of the fiscal year.

Motion to authorize the Miami-Dade County Office of Management and Budget-Grant Coordination to make last minute allocations prior to the close of the fiscal year to maximize expenditures and then provide these final allocations at the close of the fiscal year.
Moved: Vanessa Mills **Seconded: Maria Henriquez** **Motion: Passed**

VII. Review/Approve Minutes of November 8, 2023 *All*

The committee reviewed the minutes of November 8, 2023 and approved it as presented.

Motion to accept the minutes from November 8, 2023, as presented.
Moved: Dan Wall Seconded: Dr. Mary Jo Trepka Motion: Passed

VIII. Reports

- *Part A* *Dan Wall*

Expenditures to date and clients served were reviewed. The program has served 8,281 clients which is 219 clients more than last year's total.

The Recipient is working with the Miami-Dade County Department of Health in Miami-Dade County (FDOH) to address projected shortfalls in the Food Bank service category. The Part B program provides grocery/food vouchers to clients under the Emergency Financial Assistance category. A letter informing providers of stop gap measures will be released shortly.

Actions include:

- Providing a comprehensive list of food banks/pantries in the community for clients to access.
- Accessing Ending the HIV Epidemic (EHE) providers who have grocery/food vouchers services.
- Reducing Federal Poverty Level (FPL) for Part A Food Bank services to 200% FPL.
- Advising clients of access to Part B grocery/food vouchers for those clients from 251-400% FPL.
- Reinstituting the Food Bank Letter of Medical Necessity.

This year, most if not all the Part A funding will be expended by the program. Members requested review of the Food Bank Letter of Medical Necessity and suggested clients should be in care to receive food bank services instead of instituting a letter.

Mr. Wall commended the food bank provider at identifying efficiencies and reducing baggage fees thereby freeing additional funding to clients in the food bank.

The Health Resources and Service Administration will be conducting a site visit January 30-February 2, 2024, and will meet with Planning Council chairs, members of Executive Committee, representatives of the community, and providers. They will be visiting the Public Health Trust and Care Resource.

The Board of County Commissioners unanimously approved the EHE RFP recommendations with contracts starting December 1, 2023. Services include Health Tec which has a telehealth component and can provide cell phones or tablets to clients (providers are The Village South and Care Resource); Housing Support Services which provides housing assistance (providers are Care

Resource, Empower U, and Health Council of South Florida), and Mobile Go Teams which provides mobile unit support to address hot spots (providers are AHF and Care Resource).

- *Part B* *Marlen Meizoso*

The October Part B report was reviewed and indicated that 790 clients were served and expenditures were $138,716.06.

- *AIDS Drug Assistance Program (ADAP)* *Marlen Meizoso*

The November ADAP report, dated December 5, 2023, including data on enrollments, pharmacy and insurance expenditures, program updates, medication additions, and current pharmacy listings.

- *General Revenue* *Marlen Meizoso*

The October General Revenue report was reviewed and indicated that 1,595 clients were served and expenditures were $535,777.02.

- *Medical Care Subcommittee Report* *Dr. Mary Jo Trepka*

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

The MCSC:

Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).

Reviewed a request to add D0367 - *cone beam CT capture and interpretation with field of view of both jaws, with or without cranium* - to the Ryan White Oral Health Care Formulary. The code would allow for better diagnostic and treatment outcomes with better views received from a 3D image.

Motion to add code D0367 - *cone beam CT capture and interpretation with field of view of both jaws, with or without cranium* - to the Ryan White Oral Health Care Formulary.
Moved: Vanessa Mills **Seconded: Maria Henriquez** **Motion: Passed**

Reviewed restrictions on dental codes. Last year, the Ryan White Program placed restrictions on the billing for denture adjustments within 180 days of placement of certain dentures but not on others: upon review, this was an oversight which the Subcommittee addressed. The denture adjustments listed in the motions below, if performed within 180 days of fabrication and fitting of the dentures, should be included in the cost of the denture, and not as separate billable activities.

Motion to prohibit billing of D5421 - adjust partial denture-maxillary - within 180 days of billing for *D5211*-maxillary partial denture-resin base (including, retentive/clasping materials, rests, and teeth); *D5213* - maxillary partial denture-cast metal framework with resin denture bases (including, retentive/clasping materials, rests, and teeth); or *D5282* - removable unilateral partial denture-one piece cast metal (including, retentive/clasping materials, rests, and teeth), maxillary.
Moved: Maria Henriquez Seconded: Vanessa Mills Motion: Passed

Motion to prohibit billing of D5422 - adjust partial denture-mandibular - within 180 days of billing for *D5212* - mandibular partial denture-resin base (including, retentive/clasping materials, rests, and teeth); *D5214* - mandibular partial denture-cast metal framework with resin denture bases (including, retentive/clasping materials, rests, and teeth); or *D5283* - removable unilateral partial denture-one piece cast metal (including, retentive/clasping materials, rests, and teeth), mandibular.
Moved: Vanessa Mills Seconded: Dr. Daniel Shmuels Motion: Passed

Motion to prohibit billing of D5410 - adjust complete denture-maxillary - within 180 days of billing for *D5110* - complete denture-maxillary.
Moved: Vanessa Mills Seconded: Maria Henriquez Motion: Passed

Motion to prohibit billing of D5411-adjust complete denture-mandibular - within 180 days of billing for *D5120* - complete denture-mandibular.
Moved: Vanessa Mills Seconded: Maria Henriquez Motion: Passed

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

Motion to add code D7953 - *bone replacement graft for ridge preservation-per site* - to the Ryan White Oral Health Care Formulary.
Moved: Vanessa Mills Seconded: Maria Henriquez Motion: Passed

Reviewed and edited draft pages 9-12 of the Ryan White Primary Medical Care Standards and will complete review of the full document edits at the next meeting.

Reviewed and edited the AIDS Pharmaceutical, Mental Health, and Outpatient Ambulatory Health service descriptions. Revised drafts will be presented at the next meeting.

Reviewed planned activities and meeting dates for 2024.

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

- *Vacancies* *Marlen Meizoso*

Marlen Meizoso reviewed the vacancy report as of the end of November. There are vacancies on all Committees and the Partnership. Etelvina Alcala is terming off Care and Treatment at the end of today's meeting. Staff reminded the Committee attendees and guests that if they know of anyone who lives in Miami-Dade County, is a registered voter, and is interested in the work the Care and Treatment Committee does, please direct them to staff, or invite them to a meeting. Ms. Meizoso reviewed a membership flyer that can be shared.

A committee member noted that while some providers may want to participate, issues, such as not living in Miami-Dade County, are deterrents. Members indicated new ways to engage potential members is needed. Case managers do not know about the Partnership. Targeted marketing and social influencers should be tapped. The emphasis should the importance of services and how they affect the client.

IX. Standing Business

- *Service Categories Development Continued* *All*

The Committee continued its service category development with a focus on the emergency financial assistance service category. Staff distributed a document with HRSA service definitions from PCN 16-02, samples from other Ryan White-funded jurisdictions, other funding data, and the requested information on the local Part B program. Several consideration questions were addressed. The Part B program pays for five components under emergency financial assistance but 92% goes to test and treat rapid access medications. The current service description under Part A only funds Test and Treat /Rapid Access medications in the event FDOH runs out of funds. General Revenue also uses its emergency financial assistance funding primarily for test and treat rapid access medications. The Committee agreed that the service should be expanded beyond medications. In response to inclement and extreme weather events, clients may need additional assistance with FPL utility assistance, moving assistance, and emergency housing. Since all assistance is short-term, a month could be provided. Emergency assistance funds could cover hotel/short-term housing for emergency situations, e.g. flooding or fire, not covered by FEMA. Staff will bring information on restrictions and limitations under Part B and the Homeless Trust.

The Committee had several more business items to address and extended the meeting 10 minutes.

Motion to extend the meeting 10 minutes.
Moved: Vanessa Mills **Seconded: Dr. Mary Jo Trepka** **Motion: Passed**

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

Since the meeting was running short staff shared revisions for YR 2024 service definitions for legal service, food bank, and emergency financial assistance which only included needed priority and date updates and requested the committee review the items for any additional updates.

X. New Business

- *2024 Officer Elections* *All*

Staff announced the 2024 officer elections will be held at the next meeting and reviewed a memo. She thanked the current officers for their leadership and requested if anyone was interested in serving as an officer to please contact her in advance of the meeting.

XI. Announcements and Open Discussion *All*

Staff announced an invitation to the December 18 Partnership meeting which will include member recognition and appreciation for all the work of committees and subcommittee members.

Staff announced that the copies of the Medical Case Management and Medical Transportation service descriptions with 2024 edits to dates and priorities was included in the meeting packets. Members are urged to review these descriptions also for the upcoming meeting.

Under Open Discussion, members indicated they had no issues to raise.

XII. Next Meeting *Dr. Diego Shmuels*

The next meeting was announced but the Committee preferred to meet at Behavioral Science Research and made a motion to move the meeting for January.

Motion to move the January Care and Treatment Committee meeting to Behavioral Science Research.
Moved: Maria Henriquez **Seconded: Etelvina Alcala** **Motion: Passed**

The next meeting is scheduled for Thursday, January 11, 2024, at Behavioral Science Research, 2121 Ponce de Leon Blvd., Ste. 240, Coral Gables, FL 33134, from 10:00 a.m. to 12:00 p.m.

XIII. Adjournment *Dr. Diego Shmuels*

With business concluded, Dr. Shmuels thanked the members for participating in today's meeting, wished everyone happy holidays, and adjourned the meeting at 12:05 p.m.

Scan to access website for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 11, 2024

10:00 a.m. – 12:00 p.m.

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

AGENDA

I.	Call to Order	Dr. Diego Shmuels
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Dr. Mary Jo Trepka
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of December 14, 2023	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Standards Approval	All
	• Service Categories Development Continued	All
	• Service Definitions Review: Legal, Food Bank, EFA, Medical Case Management, Medical Transportation	All
	• 2024 Officer Elections	All
IX.	New Business	
	• Passing the Gavel	
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **February 8, 2024** at **TBA**	TBA
XII.	Adjournment	TBA

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: **November 2023**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	4	32	3	16
Health Insurance Premium and Cost Sharing Assistance	0	3,361	0	1,383
Medical Case Management	8,706	78,764	4,201	7,600
Mental Health Services	33	492	18	97
Oral Health Care	886	7,878	658	2,441
Outpatient Ambulatory Health Services	2,199	22,240	1,206	4,150
Substance Abuse Outpatient Care	1	22	1	10
Support Services				
Food Bank/Home Delivered Meals	0	15,121	0	1,172
Medical Transportation	120	4,784	108	771
Other Professional Services	41	697	21	71
Outreach Services	64	627	25	170
Substance Abuse Services (residential)	501	4,154	24	65
TOTALS:	12,555	138,172		

Total unduplicated clients (month): 4,958

Total unduplicated clients (YTD): 8,453

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 01/09/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **November 2023**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	4	32	3	16
Health Insurance Premium and Cost Sharing Assistance	0	3,361	0	1,383
Medical Case Management	7,779	70,322	3,865	7,329
Mental Health Services	23	449	13	81
Oral Health Care	886	7,878	658	2,441
Outpatient Ambulatory Health Services	2,095	20,013	1,151	3,972
Substance Abuse Outpatient Care	1	21	1	9
Support Services				
Food Bank/Home Delivered Meals	0	15,121	0	1,172
Medical Transportation	109	4,654	97	756
Other Professional Services	41	697	21	71
Outreach Services	61	601	22	146
Substance Abuse Services (residential)	501	4,154	24	65
TOTALS:	11,500	127,303		

Total unduplicated clients (month): 4,659

Total unduplicated clients (YTD): 8,348

REPORT COMPILED ON: 01/09/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **November 2023**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	927	8,442	442	945
Mental Health Services	10	43	5	16
Outpatient Ambulatory Health Services	104	2,227	79	643
Substance Abuse Outpatient Care	0	1	0	1
Support Services				
Medical Transportation	11	130	11	38
Outreach Services	3	26	3	24
TOTALS:	1,055	10,869		

Total unduplicated clients (month): 507

Total unduplicated clients (YTD): 1,339

REPORT COMPILED ON: 01/09/2024

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

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

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

Part A

This report includes YTD paid reimbursements for FY 2023 Part A service months up to November 2023, as of 1/9/2024. This report reflects reimbursement requests that were due by 12/20/2023, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total $6,466,417.41.

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

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	$24,937,267
Carryover Award FY'22 Formula	723,098.00	CARRYOVER	
Total Award	**$ 25,660,365.00**		

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

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations
3	AIDS Pharmaceutical Assistance	3,455.00	
8	Health Insurance Services	358,700.00	
2	Medical Case Management	5,979,259.00	
9	Mental Health Therapy/Counseling	61,770.00	
6	Oral Health Care	3,701,975.00	
5	Outpatient/Ambulatory Health Svcs	7,940,909.00	
12	Substance Abuse - Outpatient	6,628.00	
	CORE Services Totals:	18,052,696.00	

Priority Order	Support Services	Allocations	Carryover Allocations	
4	Emergency Financial Assistance	0.00		
7	Food Bank	1,979,244.00	723,098.00	2,702,342
13	Medical Transportation	196,319.00		
15	Other Professional Services	97,449.00		
14	Outreach Services	149,281.00		
10	Substance Abuse - Residential	1,568,552.00		
	SUPPORT Services Totals:	3,990,845.00	723,098.00	
	FY 2023 Award (not including C/O)	22,043,541.00		

DIRECT SERVICES TOTAL:		**$**	**22,766,639.00**
Total Core Allocation	18,052,696.00		
Target at least 80% core service allocation	17,634,832.80		
Current Difference (Short) / Over	**$ 417,863.20**		
Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,293,726.00**		
Quality Management	**$ 600,000.00**	2,893,726.00	
(+) 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%	**81.90%** **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%	**9.20%** **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	478.37	
5606920000	Health Insurance Services	179,016.04	
5606870000	Medical Case Management	1,997,951.65	
5606860000	Mental Health Therapy/Counseling	34,872.50	
5606900000	Oral Health Care	2,034,726.00	
5606610000	Outpatient/Ambulatory Health Svcs	4,126,242.30	
5606910000	Substance Abuse - Outpatient	1,380.00	
	CORE Services Totals:	8,374,666.86	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	1,179,123.80	723,098.00	1,902,221.80
5606460000	Medical Transportation	48,836.61		
5606890000	Other Professional Services	62,730.00		
5606950000	Outreach Services	30,309.82		
5606930000	Substance Abuse - Residential	978,250.00		
	SUPPORT Services Totals:	2,299,250.23	723,098.00	
	FY 2023 Award (not including C/O)	10,673,917.09		

TOTAL EXPENDITURES DIRECT SVCS & % :		**$**	**11,397,015.09** **50.06%**
Formula Expenditure %	**72.92%**		
5606710000	**Recipient Administration**	**1,330,722.02**	
5606880000	**Quality Management**	**450,000.00**	1,780,722.02
	Grant Unexpended Balance	**FY 2023 Award**	**Carryover**
		12,482,627.89	- 12,482,627.89
	Total Grant Expenditures & %	**$**	**13,177,737.11** **51.35%**

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	**78.46%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**1.80%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**5.34%** **Within Limit**

MAI

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 November 2023, as of 1/8/2024. This report reflects reimbursement requests that were due by 12/20/2023, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total $154,884.36.

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**	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations		
	AIDS Pharmaceutical Assistance				
	Health Insurance Services				
1	Medical Case Management	578,218.00	490,109.00	1,068,327.00	
4	Mental Health Therapy/Counseling	18,960.00			
	Oral Health Care				
5	Outpatient/Ambulatory Health Svcs	1,031,538.00	490,109.00	1,521,647.00	
8	Substance Abuse - Outpatient	8,058.00			
	CORE Services Totals:	1,636,774.00	980,218.00		

Priority Order	Support Services	Allocations	Carryover Allocations		
6	Emergency Financial Assistance	0.00			
	Food Bank				
9	Medical Transportation	7,628.00			
	Other Professional Services				
10	Outreach Services	39,816.00			
	Substance Abuse - Residential				
	SUPPORT Services Totals:	47,444.00			
	FY 2023 Award (not inlcuding C/O)	1,684,218.00			

DIRECT SERVICES TOTAL:		**$ 2,664,436.00**		
Total Core Allocation	1,636,774.00			
Target at least 80% core service allocation	1,347,374.40			
Current Difference (Short) / Over	**$ 289,399.60**			
Recipient Admin. (OMB-GC)	**$ 262,158.00**			
Quality Management	**$ 100,000.00**	362,158.00	$ 3,026,594.00	
(+) Unobligated Funds / (-) Over Obligated:				
Unobligated Funds (MAI)	**$ 575,205.00**			
Unobligated Funds (Carry Over)	$ -	575,205.00	3,601,799.00	

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% — **97.18%** — **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **3.81%** — **Within Limit**

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

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures	
5606970000	AIDS Pharmaceutical Assistance			
5606920000	Health Insurance Services			
5606870000	Medical Case Management	271,004.75	137,189.40	408,194.15
5606860000	Mental Health Therapy/Counseling	2,470.00		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	501,602.91	76,291.14	577,894.05
5606910000	Substance Abuse - Outpatient	30.00		
	CORE Services Totals:	775,107.66	213,480.54	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank			
5606460000	Medical Transportation	5,625.00		
5606890000	Other Professional Services			
5606950000	Outreach Services	16,590.00		
5606930000	Substance Abuse - Residential			
	SUPPORT Services Totals:	22,215.00		
	FY 2023 Award (not inlcuding C/O)	797,322.66		

TOTAL EXPENDITURES DIRECT SVCS & %:			**$ 1,010,803.20**	**37.94%**
5606710000	**Recipient Administration**	**63,955.51**		
5606880000	**Quality Management**	**74,999.97**		138,955.48
	Grant Unexpended Balance	**FY 2023 Award 1,685,302.86**	**Carryover 766,737.46**	2,452,040.32
	Total Grant Expenditures & % (Including C/O):		**$ 1,149,758.68**	**31.92%**

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% — **97.21%** — **Within Limit**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **2.86%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **2.44%** — **Within Limit**

Printed on: 1/9/2024

MIAMI-DADE COUNTY
Daniella Levine Cava, Mayor

Management and Budget
Grants Coordination
Ryan White Program
111 NW 1st Street • 22nd Floor
Miami, Florida 33128
T 305-375-4742

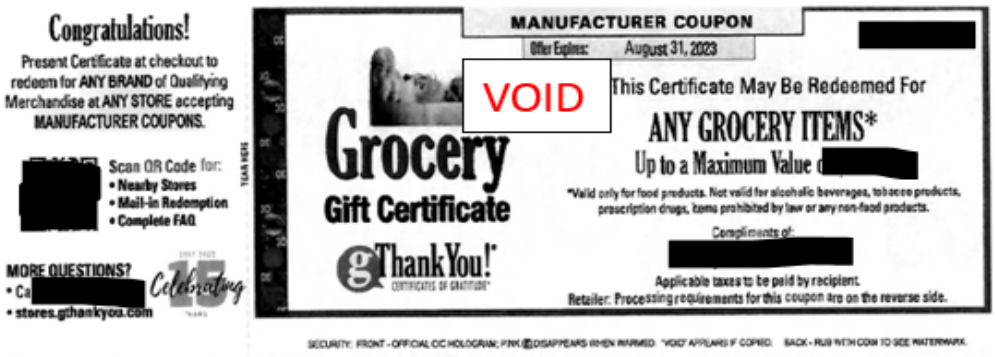
miamidade.gov

December 22, 2023

Dear Ryan White Program Subrecipients and Colleagues: **RE: Food Bank Program Changes**

Due to increased demand for food bank services and limited availability of resources, the following cost containment measures are needed to ensure as many clients as possible have access to food assistance:

- **EFFECTIVE IMMEDIATELY,** wherever possible, please encourage clients to utilize community food pantry or food distribution center resources. Remember that the Ryan White Program is payer of last resort.
    - See attached list of food pantries and food distribution programs throughout our county. Although many options are listed, this is not an exhaustive or all-inclusive list. If you see the need for edits or additions, please send an email to Carla.ValleSchwenk@miamidade.gov for the list to be updated. (Please do not reply to all.)
- **EFFECTIVE January 1, 2024 through February 29, 2024**:
    - Through a strong partnership with the Florida Department of Health in Miami-Dade County (FDOH-MDC), the local Ryan White Part B Program will be assisting clients to address food insecurity in the following ways:
        - One $50 Grocery Gift Certificate **per client per week** will be available through the local Ryan White Part B Program as noted below: coupons for groceries.
            - These gift certificates can be redeemed at any store accepting manufacturers. Click on the following link to find participating stores in our region: gThankYou Store Locator
            - See sample coupon below:



            - Maximum Grocery Gift Certificate benefit is $1,000 per client per Ryan White Part B Program grant fiscal year (i.e., April to March).

- Food for Life Network (FFLN) staff will be instructed to:
  - **For Group 1: Redirect** existing and new **Borinquen Health Care Center (BHCC) and AIDS Healthcare Foundation (AHF) clients only** who need food assistance back to these two agencies to access the Part B-funded Grocery Gift Certificates.
    - NOTES:
      - BHCC and AHF **cannot** refer any of their clients to FFLN between January 1, 2024 and February 29, 2024. They will utilize Part B resources to serve these clients.
      - FDOH-MDC will amend BHCC and AHF's Part B-funded contracts for Emergency Financial Assistance (EFA) services to support this programming change.
  - **For Group 2: Accept referrals** to Part A-funded Food Bank services for new clients and continue serving existing clients **except for Group 1 clients noted above (i.e., BHCC and AHF clients)**.
  - **For Group 3:** Provide food assistance to clients who present with an **Out of Network Referral** for Food Bank services.
- The cost to distribute the Part B-funded Grocery Gift Certificates, maintain a related distribution log, enter service utilization data, and prepare related reports **cannot** be recorded as a Part A or Minority AIDS Initiative (MAI) service or charged to the local Part A or MAI Programs. These are Part B activities.
- Time spent preparing and issuing referrals to Part B for this purpose **can** be billed to Part A or MAI. This is a Medical Case Management Action Plan (POC) activity.

- **BEGINNING March 1, 2024:**
  - The Ryan White Part A Program will be reinstating the following Food Bank limits:
    - 20 occurrences (weekly bags of groceries) per client;
    - If needed and the client meets the criteria for more assistance, then an additional 16 occurrences may be provided with a signed Letter of Medical Necessity LOMN (see attached).
  - A referral form from Part A to Part B, to be issued by FFLN, will be developed and made available for use when additional food assistance is needed, subject to the availability of resources. This form would be used by 1) clients who use the original 20 occurrences, don't qualify for the additional 16 occurrences, and need additional food assistance; and 2) clients who use the combined 36 occurrences and need additional food assistance

- **BEGINNING April 1, 2024:** (coinciding with Part B's new grant fiscal year)
    - The local Ryan White Part A Program will reinstate the income limit for Food Bank Services to 250% of the Federal Poverty Level (FPL).
        - The Provide® Enterprise Miami data management system will be programmed to block this service for clients whose income exceeds 250% FPL.
    - The local Ryan White Part B Program will provide all new and existing clients whose income is between 251% to 400% FPL with the $50 weekly Grocery Gift Certificates, up to $1,000 per grant fiscal year per client, through its Emergency Financial Assistance resources. Part B's grant fiscal year runs from April to March. Note: this changes will be effective after the Part B contracts are renewed and then amended to include this new language.
        - Clients whose income is above 250% FPL will no longer qualify for Part A Food Bank assistance and will need to be referred to the Part B Program or seek other resources in the community.

If you have questions, please let us know by email to Carla.ValleSchwenk@miamidade.gov and Kira.Villamizar@flhealth.gov. Thank you in advance for your understanding and cooperation with these necessary programmatic changes.

Sincerely,

Carla Valle-Schwenk
Program Administrator

Attachments

c: Daniel T. Wall, Assistant Director / Program Director, Miami-Dade County, OMB
Clarisol Nilsen, Fiscal Administrator, Miami-Dade County, Ryan White Part A Program
Kira Villamizar, Public Health Services Manager, FDOH-MDC, Ryan White Part B Program
Ernesto Rodriguez, Government Operations Consultant II, FDOH-MDC

Scan to access website for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 11, 2024

10:00 a.m. – 12:00 p.m.

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

AGENDA

I.	Call to Order	Dr. Diego Shmuels
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Dr. Mary Jo Trepka
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of December 14, 2023	All
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	• Recipients (Part A, Part B, ADAP, General Revenue)	All
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	• 2024 Officer Elections	All
IX.	New Business	
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X.	Announcements and Open Discussion	All
XI.	Next Meeting: **February 8, 2024** at **TBA**	TBA
XII.	Adjournment	TBA

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/

MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

January 2, 2024

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.*

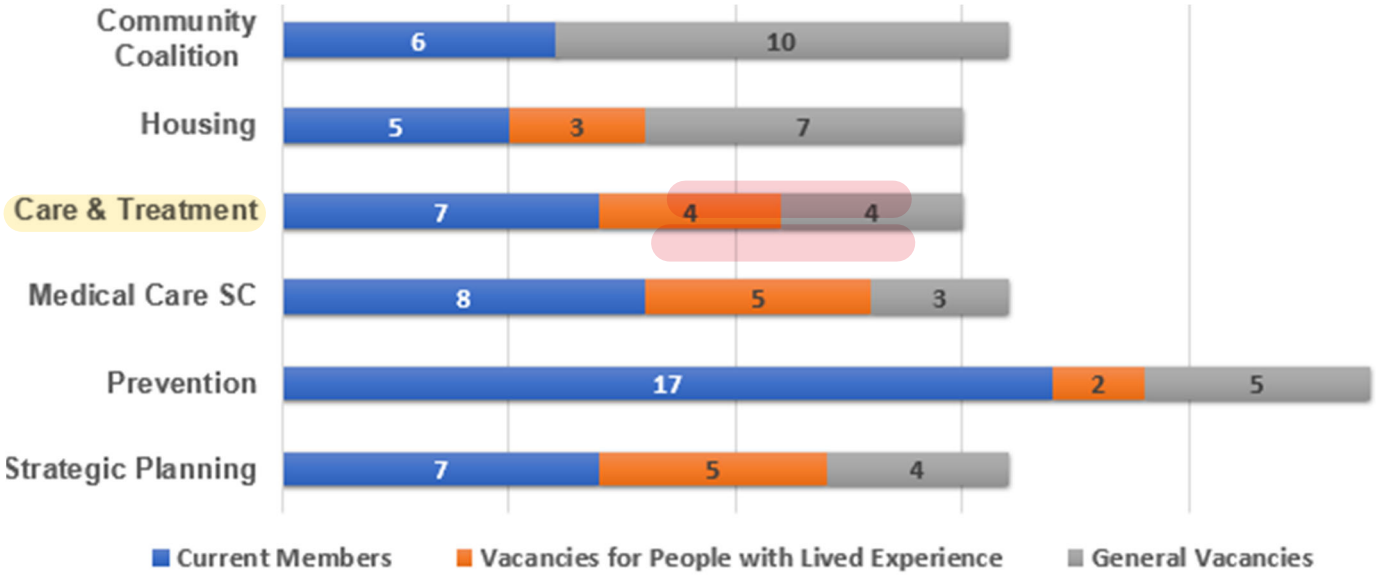
Opportunities for General Membership

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

Partnership Committees

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



Scan to access website for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 11, 2024

10:00 a.m. – 12:00 p.m.

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

AGENDA

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XI.	Next Meeting: **February 8, 2024** at **TBA**	TBA
XII.	Adjournment	TBA

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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Note: items in red show local restrictions

Miami-Dade Ryan White Program Service Standard Excerpts for FY 2023 and FY 2024

Excerpts included from:

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

RWHAP Core Medical Services Funded in Miami-Dade

AIDS Pharmaceutical Assistance

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Medical Case Management, including Treatment Adherence Services

Mental Health Services

Oral Health Care

Outpatient/Ambulatory Health Services

Substance Abuse Outpatient Care

RWHAP Support Services Funded in Miami-Dade

Emergency Financial Assistance

Food Bank/Home Delivered Meals

Other Professional Services (Legal and Permanency Planning Services)

Medical Transportation

Outreach Services

Substance Abuse Services (residential)

RWHAP Legislation: Core Medical Services

AIDS Pharmaceutical Assistance

Description:
A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
- A recordkeeping system for distributed medications
- An LPAP advisory board
- A drug formulary that is
    - Approved by the local advisory committee/board, and
    - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
- A drug distribution system
- A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
- Coordination with the state's HRSA RWHAP Part B ADAP
    - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

Program Guidance:
HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. *LPAP funds are not to be used for emergency or short-term financial assistance.* The Emergency Financial Assistance service category may assist with short-term assistance for medications.

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:
Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also

includes standalone dental insurance. LOCAL RESTRICTION ON HEALTH INSURANCE: Standalone dental insurance is not included. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits thatprovide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

Medical Case Management, including Treatment Adherence Services

Description:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:
Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Mental Health Services

Description:
Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:
Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

Oral Health Care

Description:
Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:
None at this time.

Outpatient/Ambulatory Health Services

Description:
Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category. LOCAL RESTRICTION ON URGENT CARE: Per decisions made by the local planning council, the Ryan White Program in

Miami-Dade does not include Urgent Care services at all under Outpatient/Ambulatory Health Services.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Substance Abuse Outpatient Care

Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

RWHAP Legislation: Support Services

Emergency Financial Assistance

Description:
Emergency Financial Assistance 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 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. LOCAL RESTRICTION ON EMERGENCY FINANCIAL ASSISTANCE: This service is restricted to prescription drugs.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance 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.

Food Bank/Home Delivered Meals

Description: Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:
Unallowable costs include household appliances, pet foods, and other non-essential products.

Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Legal Services
See Other Professional Services

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance

and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:
- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Other Professional Services

Description:
Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:
- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption

- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits. LOCAL RESTRICTION ON INCOME TAX PREPARATION: The Miami-Dade Ryan White Program should not include income tax preparation as a component because there are other local sources for this service, e.g. the United Way Center for Financial Stability's Volunteer Income Tax Assistance program.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

Outreach Services

Description:
The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:
Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing

would not supplant other existing funding.

Permanency Planning
See Other Professional Services

Substance Abuse Services (residential)

Description:
Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:
Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

Scan to access website for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 11, 2024

10:00 a.m. – 12:00 p.m.

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

AGENDA

I.	Call to Order	Dr. Diego Shmuels
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Dr. Mary Jo Trepka
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of December 14, 2023	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Standards Approval	All
	• Service Categories Development Continued	All
	• Service Definitions Review: Legal, Food Bank, EFA, Medical Case Management, Medical Transportation	All
	• 2024 Officer Elections	All
IX.	New Business	
	• Passing the Gavel	
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **February 8, 2024** at **TBA**	TBA
XII.	Adjournment	TBA

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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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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee Service Definitions Development
January 11, 2024

Purpose

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

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

The service descriptions and financial breakdown under Part B are included.

Considerations for all services

- All suggested services falls under the 25% expenditure cap unless a waiver is requested.
- Is the service intended for a specific population?

Emergency Financial Assistance (EFA)

- Currently funded under Part A/MAI but restricted to supporting Test and Treat Rapid Access(TTRA) medication in the event the Department of Health runs out of funding. *See service description for details.*
- There are **two** additional funders for EFA-Part B and General Revenue, both of which expend the majority of funding on TTRA medications.
- Should the restrictions on this service be reconsidered?

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

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

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

Part B expenditures for Y22-23

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

Part B Limitations:

Emergency Financial Services include:
Medication for TTRA, limited formulary
Utilities up to $200 / year
Rental Assistance: 1 time up to $3000
Food Vouchers : $50 / wk up to $1000 yr
Transportation (Uber and Lyft) $300 /yr

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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: ● 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 *Note: Brand name formulations may be paid for with Ryan White funds only if generic formulation is not available*	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 ● 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	● Approval letter with monthly rent amount for first month's rent ● Delinquency notice or itemized statement for emergency rent from landlord

● 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 **Maximum Benefit** ● 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.	● 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**
Additional Eligibility Criteria ● 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 **Maximum Benefit** ● 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 **Exclusions** ● Customers living in subsidized housing are not eligible for utilities assistance	● 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**
Additional Eligibility Criteria ● 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 **Maximum Benefit** ● Maximum benefit for a 12-month period is $300.00	● 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

● 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 **Exclusions** ● 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**
Additional Eligibility Criteria ● Customers must document effort to seek food resources elsewhere before accessing food vouchers **Maximum Benefit (Individual)** ● 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 **Maximum Benefit (Family)** The maximum benefit for a single application for families is $700 ● 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 **Exclusions** ● 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	● 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
Additional Eligibility Criteria ● 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 **Maximum Benefit** ● 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 **Program Rules** ● 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 *Purchasing Medications during ADAP application period:* ● 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	● 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

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

Standard	Measure
Required Documentation	• Inventory of items to be moved • Addresses of pick-up and delivery location • Customer name and contact information
Maximum Benefit	• Maximum benefit is $2000 • Service may be accessed once in a 12 month period

Exclusions	• Service cannot be used to move applicant outside of the Eligible Metropolitan Area (EMA)

CASE CLOSURE	
Standard	**Measure**
Case will be closed if customer: ● 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	Documentation of case closure in customer's record with clear rationale for closure

Emergency Financial Assistance (EFA) for Ryan White Program Clients

ELIGIBILITY:

- Los Angeles County Resident
- HIV-positive
- Current income ≤ 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
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). **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.	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.
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: • 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	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.	

4. Non-Medical Case Management Services

Status: Currently unfunded support service

Other Funders (based on 2023 Needs Assessment): General Revenue $547,953; Part B $147,961; Part C $120,593; Part D $71,955

HRSA 16-02 Definition (pg. 20-21)

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs.
- Development of a comprehensive, individualized care plan.
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care.
- Client-specific advocacy and/or review of utilization of services.
- Continuous client monitoring to assess the efficacy of the care plan.
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary.
- Ongoing assessment of the client's and other key family members' needs and personal support systems.

Program Guidance:

NMCM services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Sample Services:

- Washington, DC EMA
- Texas, Part B
- Georgia, Part B

Non-Medical Case Management provides coordination, guidance, and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services. Please note: Effective October 1, 2019, the HIV/AIDS Section limits the use of the non-medical case management service category to fund eligibility specialists only. All eligibility staff should be funded exclusively under non-medical case management. For further clarification and definitions, refer to the Florida HIV/AIDS Ryan White Part B Eligibility Procedures Manual at floridaaids.org/patientcare/_documents/eligibility-information/eligibility-manual-6-28-16-c.pdf.

Positions that have responsibilities spanning the non-medical case management and medical case management service categories should be split-funded based on the proportion of time spent on each. If a staff member does both eligibility determination and case management, the time spent on duties associated with eligibility determination should be funded under nonmedical case management, and time spent on duties associated with case management should be funded under medical case management.

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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

Non-Medical Case Management

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

Non-Medical Case Management Services Description: Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services.

NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services

- Continuous client monitoring to assess the efficacy of the care plan
    - Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems :

SERVICES DESCRIPTION: NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Under this service category, you can provide NMCM services, Benefits and Entitlement Counseling, and/or Re-entry Planning.

Benefits and Entitlement Counseling: Non-Medical Case Management Services may also include benefits counseling that assists eligible customers in obtaining access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and health insurance plans through health insurance Marketplaces/Exchanges.
This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the recipient.
Key activities include:
A. Initial assessment of emergent service needs, and appropriate referrals
B. Development of a comprehensive, individualized care plan
C. Continuous customer monitoring to assess the efficacy of the care plan
D. Re-evaluation of the care plan at least every 6 months with adaptations as necessary
E. Ongoing assessment of the customer's needs and personal support systems

Re-entry Planning: Non-Medical Case Management Services can also provide transitional case management for incarcerated persons as they prepare to exit the correctional system.
Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes. This service category does not include the provision of Treatment Adherence Services.
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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 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, facility or letter from landlord that customer is resident

1. **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. MAINTENACE 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. KEY SERVICE COMPONENTS & ACTIVITIES

INITIAL ASSESSMENT OF SERVICE NEEDS	
Standard	**Measure**
NEEDS ASSESSMENT To identify customer issues and care needs. Each customer will participate in at least one face-to-face interview with their assigned non-medical case manager within ten (10) business days of determining Ryan White eligibility to complete the Needs Assessment. The following information must be recorded and is required if a customer does not already have a current assessment on file. The Needs Assessment must include an assessment of need in the following areas: 1. Finances/benefits 2. Housing 3. Transportation 4. Substance Use 5. Mental Health 6. Domestic violence 7. Basic needs, such as nutrition, food, and clothing 8. Support system 9. Current medical providers and medical case management providers 10. Identification of Legal Issues, if they exist 11. Any additional information required by the CareWare system not obtained at the intake	Documentation of assessment in customer's record signed and dated by health educator
DEVELOP INDIVIDUALIZED SERVICE PLAN	

Standard	Measure
INDIVIDUALIZED SERVICE PLAN Provider must develop individualized service plan, must document long and short-term goals and objectives to improve access to medical care and social services. Within ten (10) business days of determining Ryan White eligibility, the NMCM must develop an individualized service plan with input from the customer. The Service Plan must contain: 1. Goals and measurable objectives responding to customer needs. 2. Timeframes to achieve objectives 3. Screening for eligibility for entitlements and assistance in completing applications 4. Solutions to address barriers which are customer-specific. 5. Referrals for support services. 6. Documentation of the customer's participation in primary medical care. 7. Customer signature and date, signifying participation with development and agreement with Plan Provider must review the service plan within 90 days and modified accordingly.	Individualized service plan documented in customer record, signed and dated by the customer and non medical case manager
COORDINATION & MONITORING OF INDIVIDUALIZED SERVICE PLAN/REASSESSMENT	
Standard	**Measure**
COORDINATION & MONITORING OF INDIVIDUALIZED SERVICE PLAN	Documentation of review and update of HE/RR plan as appropriate signed and dated by customer and health educator

Provider must document contact with active customers every 90 days or as dictated by customer's needs. The nonmedical case manager must monitor the Service Plan and document the customer's progress on their goals. The goals are expected to be reached within 90 days. **If goals are not met within 90 days, Reassessment must occur.**	The customer record must include: 1. Progress notes detailing each contact with or on behalf of the customer to implement the service plan. 2. Progress of Service Plan 3. Any communication with any provider agency; such as documents, progress notes, etc. 4. Documentation of follow-up for referred services and missed appointments. 5. Documentation of Adjustment to Service Plan if necessary 6. Documentation of case conferencing when necessary 7. Documentation of emergency situations as they arise, such as crisis intervention.
Provider must ensure that at least eighty percent (80%) of all persons initially seeking services will be established into the care system within five (5) working days of initial contact. If this is not possible, the reason must be documented in the customer's file.	Documentation of referrals in customer's record
ONGOING ASSESSMENTS FOR SUPPORT	
Standard	**Measure**
Provider must provide education on HIV transmission and how to reduce the risk of infection to others	Documentation that customers were educated about HIV transmission and how to reduce the risk of HIV transmission to others. Documentation must Include description of the types of information, education, and counseling provided to customers
Provider must provide information on available psychosocial support services to customers	Documentation that customers received information about available medical and psychosocial support services. Includes description of the types of information, education, and counseling provided to customers
RE-ENTRY PLANNING	

Standard	Measure
Providers must provide transitional case management for incarcerated persons as they prepare to exit the correctional system. The PLWH is expected to be eligible for Ryan White services upon their release.	Documentation on customer's record of plan for engagement in services after release
Providers must review ● Discharge planning, ● Continuity of treatment and ● Provide community linkages	Documentation on customer's record
TRANSITION & DISCHARGE/CASE CLOSURE	
Standard	**Measure**
TRANSITION & DISCHARGE/CASE CLOSURE Case Closure/Discharge 1. Reasonable efforts must be made to retain the customer in services by phone, letter and/or any communication method agreed upon by the customer. 2. The provider will make appropriate referrals and provide contacts for follow-up. 3. The provider must document the date and reasons for closure of the case including but not limited to: service provided as planned, no contact, customer request, customer moves out of service area, customer died, customer ineligible for services, etc. 4. A summary of the services received by the customer must be prepared for the customer's record. Case Transfer: 1. If the customer is being transitioned, the provider must facilitate the transfer of customer records/information, when necessary. 2. The customer must sign a consent to release of information form to transfer records which are specific and dated.	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. Documentation must be kept for each customer, which includes: 1. Customer's name and demographic information 2. Name and contact info of customer's Medical Case Manager and Primary Care Provider, if they have one 3. Proof of HIV+ status. 4. Initial intake and needs assessment forms. 5. Signed, initial and updated individualized service plan. 6. Consent for services. 7. Progress notes detailing each contact with or on behalf of the customer. These notes must include the date of contact and names of the person providing the service. 8. Documentation that the customer received rights and responsibilities information.

	9. Signed "Consent to release information" form. This form must be specific and time limited. 10. Discharge and/or case closure information including person completing discharge and/or case closure, date and reason for discharge and/or case closure.

IV. PERSONNEL QUALIFICATIONS

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.

A. NON-MEDICAL CASE MANAGER

1. Associate's/Bachelor's degree in health or human services related field preferred. High School diploma or GED required.
2. A minimum of 2 years of past experience working with persons living with HIV or at high risk of HIV acquisition preferred.
3. Ongoing education/training in HIV related subjects.
4. Agency will provide new hires with training regarding confidentiality, customer rights and the agency's grievance procedure.

B. Non Medical Case Management Supervisor: Licensure as a Physician, Registered Nurse (RN), Nurse Practitioner , or as an advanced level graduate /Clinical Social Worker in the Jurisdiction(s) in which services are rendered.

C. CASE MANAGEMENT ASSISTANT/ COMMUNITY HEALTH WORKER

1. Para-professional with a High School diploma or GED preferred and two years of experience working with persons living with HIV and/or health care training, such as certified medical assistants and medical clerks.
2. Ability to read, write, understand and carry out instructions.
3. Knowledge of community resources.
4. Sensitivity towards persons living with HIV/AIDS.
5. Bi-lingual preferred when appropriate.
6. Ongoing education/training in HIV related subjects.

D. ELIGIBILITY/INTAKE SPECIALIST

1. Para-professional with a High School diploma or GED preferred and two years of experience working with persons living with HIV and/or health care training, such as certified medical assistants and medical clerks.
2. Ability to read, write, understand and carry out instructions.
3. Knowledge of community resources.
4. Sensitivity towards persons living with HIV/AIDS.
5. Bi-lingual preferred when appropriate.
6. Ongoing education/training in HIV related subjects.

All Non-Medical Case Managers, Case Manager Assistants, Community Health Workers and /Eligibility/ Intake Specialists must complete a minimum training regimen within one year of hire date that includes:

Non-Medical Case Management Service Standard

Health Resources & Services Administration (HRSA) Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Program Guidance:

NMCM Services have as their objective providing coordination, guidance, and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management (MCM) services have as their objective improving health care outcomes.

Referrals for health care and support services provided during a case management visit (medical or nonmedical) should be reported in the appropriate case management service category (i.e., MCM or NMCM). If a client who is enrolled in NMCM receives referral services that are not provided during a case management visit or by the client's medical case manager, these services can be reported under Referral for Health Care and Support Services (RHCS), provided the service

standards for RHCS are met. Recipients should take steps to ensure services are not billed in duplicate across different service categories.

Limitations:

Non-Medical Case Management services do not involve coordination and follow-up of medical treatments.

Non-Medical Case Management is a service based on need and is not appropriate or necessary for every client accessing services. NMCM is designed to only serve individuals who are unable to access or remain in medical or support services on their own. This service should not be used as the only access point for medical care and other agency services. Clients who do not need guidance and assistance in improving or gaining access to needed services should not be enrolled in NMCM services. Clients should be graduated when they are able to maintain needed services independently, or when they have needs that can be adequately addressed under another support category, such as Referral for Health Care and Support Services (RHCS).

Clients can only receive one category of case management service (MCM or NMCM) at one time. However, clients that were previously enrolled in NMCM can be discharged and enrolled in MCM services if they experience an increase in acuity.

Services:

Key activities of NMCM include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every six (6) months with adaptations as necessary
- Ongoing assessment of the client's needs and available resources to support those needs

In addition, NMCM may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be

eligible (e.g., Medicaid, Medicare Part D, state pharmacy assistance programs, pharmaceutical manufacturer's patient assistance programs, other state or local health care and supportive services, or Marketplace insurance plans).

Universal Standards:

Service providers for Non-Medical Case Management must follow HRSA/DSHS Universal Standards 1-46 and 129-132.

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
Initial Assessment: All clients enrolled in NMCM should receive an initial assessment to determine their need for medical and support services, as well as barriers to accessing services and client strengths and resources. The 30-day completion time permits the initiation of case management activities to meet immediate needs and allows for a more thorough collection of assessment information. The assessment should determine client needs in the following areas: • Access to medical care and medication • Food security and nutritional services • Financial needs and entitlements • Housing security • Transportation • Legal assistance • Linguistic services • Any other applicable medical or support service needs The following should also be included in the initial assessment: • Client strengths and resources • Other agencies that serve client and household • A brief narrative summary of the assessment	1. Percentage of clients with a completed initial assessment within 30 calendar days of the first appointment to access NMCM services.

session(s)	
Care Planning: The client and the case manager will actively work together to develop and implement the care plan. Care plans include at a minimum: • Problem statement based on client need • One to three current goals • Interventions to achieve goals (such as tasks, referrals, or service deliveries) • Individuals responsible for the activity (such as case management staff, the client, other team members, the client's family, or other support person) • Anticipated time for the completion of each intervention The care plan should be updated with outcomes and revised or amended in response to changes in access to care and services. Tasks, types of assistance in accessing services, and services should be updated as they are identified or completed, and not at set intervals. Care plans must be updated at least every 6 months, with documentation that all required elements (problem statement/need, goals, interventions, responsible party, and timeframe) have been reviewed and, if appropriate, revised.	2. Percentage of clients with a care plan that contains all of the following: 2a: Problem statement/need 2b: Goal(s) 2c: Intervention (tasks, referral, service delivery) 2d: Responsible party for the activity 2e: Timeframe for completion 3. Percentage of clients with care plans that have been updated at least every 6 months.
Assistance in Accessing Services and Follow-Up: Case management staff should work with the client to overcome barriers to accessing services and to complete the interventions identified in the care plan. Assistance should be based on the needs identified, collaboratively with the client, during the care planning process. If any assistance is denied by the client, this should be documented.	4. Percentage of clients with documentation of assistance provided, based on the client care plan. 5. Percentage of clients with documentation of any assistance denied by the client. 6. Percentage of clients who received assistance in accessing outside services that have documentation of follow-up.

When clients are aided with services elsewhere (outside of the agency providing NMCM services), case notes include documentation of follow-up and outcome.	
Case Closure/Graduation: Clients who are no longer engaged in active medical case management services should have their cases closed with a case closure summary documented in the client's chart. This should include both a brief narrative progress note and formal case closure/graduation summary. All closed cases should be reviewed and signed by the case management supervisor. Clients must be notified of plans for case closure and provided written documentation explaining the reason for closure/graduation and the process to be followed if the client elects to appeal the case closure/graduation from service. At the time of case closure, clients should also be provided with contact information to reestablish NMCM services and information on the process for reestablishment. A client is considered to be "out of care" if three attempts to contact the client (via phone, e-mail, and/or written correspondence) are unsuccessful and the client has been given 30 days from initial contact to respond. Staff should utilize multiple methods of contact (phone, text, e-mail, certified letter), as permitted by client authorization when trying to re-engage a client. Case closure proceedings should be initiated by the agency 30 days following the third attempt at contact. Common reasons for case closure include: • Client no longer needs non-medical case management services	7. Percentage of closed cases that include documentation stating the reason for closure and a closure summary (brief narrative in progress notes and formal case closure/graduation summary). 8. Percentage of closed cases with documentation of supervisor signature/approval on closure summary (electronic review is acceptable). 9. Percentage of clients with closed cases who were provided with information about the reason for discharge, the process to appeal their discharge, and how to reestablish NMCM services

• Client is referred to another case management program • Client relocates outside of service area • Client chooses to terminate services • Client is no longer eligible for services due to not meeting eligibility requirements • Client is lost to care or does not engage in service • Client is or will be incarcerated for more than 6 months in a correctional facility. • Provider-initiated termination due to behavioral violations, per agency's policy and/or procedures • Client death Graduation criteria: • Client completed case management goals for increased access to services/care needs • Client is no longer in need of case management services (e.g., client can resolve needs independent of case management assistance or has needs that can be adequately met by RHCS) Note: Staff should not inactivate clients in Take Charge Texas (TCT) at the time of case closure or graduation, unless the case is being closed due to a deceased client.	

Georgia Case Management Definitions

Medical Case Management

Medical Adherence Assessment
-- new to treatment or experienced
-- change in regimen
-- determine willingness to adhere
-- by RN in clinical setting

Individual Medication Adherence Counseling
-- new to treatment or experienced
-- change in regimen
-- ongoing regimen
-- by RN in clinical setting

Initial Enrollment
-- intake, assessment, and initiation of Individual Service Plan
-- coordination and follow-up of medical treatment
-- discussion of treatment adherence

Individual Service Plan (ISP)
-- face-to- face
-- review progress, identify additional needs, establish next steps, and set new goals
-- discuss medical treatment, adherence
-- initial or comprehensive updated
-- determine acuity level

Interim contacts
-- face-to-face or non face-to-face
-- must include coordination and follow-up of medical treatment and adherence
--follow-up on ISP goals and current needs

Discharge linkage
-- coordinate care for clients leaving hospital
-- link to clinic, access services and medication
-- education on enrollment
-- by RN or medical case manager in treatment setting

Georgia (Revised Version) 2018

Non-Medical Case Management

Initial Enrollment – Nonmedical
-- intensive enrollment visit for intake and assessment
--explanation of program, navigating health care system, discussion of needs, and collection of eligibility information (income, etc.)
-- may include assistance in obtaining medical, social, community, legal, financial, emergency assistance to self-managed client (housing, transportation, food, etc.) and other needed services.

Interim Contacts
-- face-to-face or non face-to-face
-- follow-up on ISP goals and current needs
-- including obtaining updates on needs and income.
-- may include assistance in obtaining medical, social, community, legal, financial, emergency assistance to self-managed client (housing, transportation, food, etc.) and other needed services.

Supportive/Self Management
-- face-to-face or non face-to-face
-- reevaluate and update
-- does **not** involve coordination or follow-up of medical treatment

Benefits/Financial Counseling
-- enrolling in ADAP, PAP, HICP and other entitlements
-- determining eligibility for Medicaid, Medicare, other payer
-- regardless of credential of staff performing activity

Peer Encounter
-- face-to-face or non face-to-face
-- by a peer advocate/educator
-- includes follow-up with clients lost to care, other client follow-up, and navigation
-- does not include benefit/financial counseling
-- does not include client education

Source: *Georgia Ryan White Parts A, B, D CAREWare Sub-services and Definitions,* 2018

Scan to access website for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 11, 2024

10:00 a.m. – 12:00 p.m.

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

AGENDA

I.	Call to Order	Dr. Diego Shmuels
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Dr. Mary Jo Trepka
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of December 14, 2023	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Standards Approval	All
	• Service Categories Development Continued	All
	• Service Definitions Review: Legal, Food Bank, EFA, Medical Case Management, Medical Transportation	All
	• 2024 Officer Elections	All
IX.	New Business	
	• Passing the Gavel	
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **February 8, 2024** at **TBA**	TBA
XII.	Adjournment	TBA

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/

OTHER PROFESSIONAL SERVICES: LEGAL SERVICES AND PERMANENCY PLANNING

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

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

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

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

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

- Collections/Finance – issues related to unfair or illegal actions by collection agencies related to health care debt (e.g., bankruptcy due to health care debt).

- Employment Discrimination Services – issues related to discrimination while at work, unfair terminations, unfair promotion policies, or hostile work environment as related to HIV diagnosis or status.

- Health Care Related Services – issues related to ensuring that the client is treated in a fair manner, and issues relating to breach of confidentiality by divulging HIV status or other confidential medical/income information without client consent.

- Health Insurance Services – issues related to seeking, maintaining, and purchasing of private health insurance.

- Government Benefit Services – issues related to obtaining or retaining public benefits which the client has been denied and is eligible to receive, including but not limited to Social Security Disability and Supplemental Income Services (SSDI and SSI) benefits, Unemployment Compensation, as well as welfare appeals, and similar public/government services.

- Rights of the Recently Incarcerated Services – issues related to a client's right to access and receive medical treatment upon release from a correctional institution.

- Adoption/Guardianship Services – issues relating to preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.

- Permanency Planning – this component helps clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including: the provision of social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney. This sub-component includes preparation of advance directives, healthcare power of attorney, durable powers of attorney, and living wills.

IMPORTANT NOTES:

  - Adoption/Guardianship is related to Permanency Planning under HRSA Policy Clarification Notice #16-02; however, for local tracking purposes, it has been identified as a separate billable component.

  - Adoption/Guardianship and Permanency Planning activities do not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver. Proper planning must occur prior to the death of the client (i.e., parent/guardian).

  - HRSA's Program Letter titled "Gender-Affirming Care in the Ryan White HIV/AIS Program," dated December 16, 2021 (https://ryanwhite.hrsa.gov/grants/program-letters), addresses the importance of and allowable uses of funds to support gender-affirming care.

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

B. **Rules for Reimbursement:** The unit of reimbursement for this service is *one hour (or fraction thereof)* of legal consultation and/or advocacy provided by an attorney or paralegal at a rate not to exceed $90.00 per hour. Gender affirming care support does not have a separate billing code, as it is a component in one or more of the service areas listed in Section A, directly above.

C. **Additional Rules for Reporting:** Monthly activity reporting for this service will be on the basis of *one hour of legal consultation and/or advocacy* provided by an attorney or paralegal. Legal Services and Permanency Planning providers must submit an annual written assurance that: 1) Ryan White Program funds are being used only for Legal Services and Permanency Planning directly necessitated by an individual's HIV status; 2) Ryan White Program funds are not used for any criminal defense or for class action suits unrelated to access to services eligible for Ryan White Program funding; and 3) the Ryan White Program was used as the payer of last resort.

D. **Special Client Eligibility Criteria:** A Ryan White Program In Network Referral or an Out of Network Referral (a non-certified referral accompanied by all appropriate supporting documentation) is required for this service and must be updated annually. Providers must also document that program-eligible people with HIV (clients) receiving Ryan White Part A Program-funded Other Professional Services (Legal Services and Permanency Planning) are permanent residents of Miami-Dade County and have gross household incomes that do not exceed 400% of the 202~~3~~4 Federal Poverty Level (FPL).

E. **Additional Rules for Documentation:** Client charts must include a description of how the Legal Service or Permanency Planning services are necessitated by the individual's HIV status, the provision of services, client eligibility (Ryan White Program In Network Referral or Out of Network Referral with supporting documentation), and the hours spent in the provision of such services.

FOOD BANK

(Year 3~~3~~4 Service Priority: #~~7~~5 for Part A

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

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

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

A. Program Operation Requirements:

Standard Provisions

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

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

Unless otherwise approved by the Miami-Dade County Office of Management and Budget, the provision of this service will be limited to twenty (20) occurrences within the Ryan White Part A Fiscal Year (March 1, 2023~~3~~4 through February 28, 2024~~4~~5). One (1) occurrence is defined as all Food Bank services provided within one (1) calendar week. For example, a client could receive Food Bank services once a week every week for five (5) months, or twice per month for ten (10) months, in the grant Fiscal Year or any variation thereof, with the limit of twenty (20) occurrences in the grant Fiscal Year.

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

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

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

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

Initial Referral and Additional Occurrences

A letter of medical necessity is NOT required for a referral to Food Bank services for the client's first twenty (20) occurrences during the grant fiscal year; however, the circumstances justifying the referral to Food Bank services should be clearly documented in the client's chart and a Ryan White Program In Network Referral should be generated by the Medical Case Manager. A completed Out of Network Referral is also acceptable for this support service. Once the client's initial twenty (20) occurrences are exhausted, the client may NOT receive additional Food Bank services during the same Ryan White Part A Fiscal Year (i.e., March 1, 2023~~3~~4 through February 28, 2024~~4~~5) **without a Ryan White Program Nutritional Assessment Letter for Food Bank Services**.

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

Provision for Families

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

B. **Rules for Reimbursement:** Providers will be reimbursed based on properly documented invoices reflecting the distribution of weekly bags of groceries, including personal hygiene products, plus a dispensing charge to be agreed upon between the provider and the Miami-Dade County Office of Management and Budget-Grants Coordination (OMB-GC). The cost of the weekly bag of groceries will not exceed $85.00. Providers will also submit a quarterly reconciliation of actual expenditures for food costs, staffing expenses, and other line items as listed on the approved budget.

C. **Additional Rules for Reporting:** Providers must report monthly activities according to client visits (i.e., weekly occurrences). Providers must also submit to OMB an assurance that Ryan White Program funds were used only for allowable purposes in accordance with the contract agreement, and that the Ryan White Program was used as the payer of last resort. Providers must also submit an assurance regarding compliance with all federal, state, and local laws regarding the provision of Food Bank services, including any required licensure and/or certifications.

D. **Additional Rules for Documentation:** Providers must maintain documentation of the amount and use of funds for purchase of non-food items; and make this documentation available to OMB staff upon request.

E. Special Client Eligibility Criteria: A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service; and must be entered in the Provide® Enterprise Miami data management system. Current referrals expire automatically on February 28th of each Fiscal Year (or February 29th if a leap year). Each Medical Case Management referral must document the number of eligible dependents (i.e., minors). For additional occurrences, the client must be reassessed for the medical condition justifying additional Food Bank services every four (4) months. Providers must document that clients who receive Ryan White Part A Program- funded Food Bank services have gross household incomes that do not exceed 400% of the 202~~3~~4 Federal Poverty Level (FPL).

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

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

EMERGENCY FINANCIAL ASSISTANCE

(Year 3~~3~~4 Service Priorities: #1~~2~~4 for Part A and #5~~6~~ for MAI)

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

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

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

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

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

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

IMPORTANT NOTES:

1) Tivicay® (dolutegravir) replaced Isentress® as a regimen appropriate and recommended for women at all stages of pregnancy – conception to birth. Tivicay® may be used with either Truvada® or Descovy®. The Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission (the Panel) recommends dolutegravir (DTG) as a Preferred antiretroviral (ARV) drug throughout pregnancy and now also recommends DTG as a Preferred ARV for women who are trying to conceive. (2/10/2021)

2) Dovato® (dolutegravir/lamivudine) has clinical data on use in the Test and Treat scenario (STAT clinical trial). Dovato® samples or vouchers can be obtained from ViiV Healthcare pharmaceutical representatives for use in subrecipient clinic(s). As such, the Florida Department of Health cannot be invoiced for this medication.

3) Symtuza®; subrecipients / service providers may prescribe this medication, but they must use the voucher provided by Janssen Pharmaceuticals to cover the cost of this medication. As such, the Florida Department of Health cannot be invoiced for this medication.

4) Should the need arise (i.e., when Florida Department of Health's TTRA medication funds are depleted) to implement this service category, the funds available under this service category may increase through the Reallocations/Sweeps process. Furthermore, if this service category is implemented, the rules under AIDS Pharmaceutical Assistance (Local AIDS Pharmaceutical Assistance Program) apply, except for the allowable medications which are limited to the most current, locally-approved medications for the TTRA protocol.

MEDICAL CASE MANAGEMENT, INCLUDING TREATMENT ADHERENCE SERVICES

(Year 3~~3~~4 Service Priorities: #~~2~~ 1 for Part A and #~~1~~ for MAI)

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

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

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

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit shall be reported under the Outpatient/Ambulatory Health Services category (using the appropriate CPT billing code).

The purpose and objectives of Medical Case Management are: 1) to maintain the client in ongoing medical care and treatment to improve client health outcomes; 2) to coordinate services across funding streams; 3) to reduce service duplication across providers; 4) to assist the client with accessing needed services; 5) to use available funds and services in the most efficient and effective manner; 6) to increase the client's adherence to the care plan (i.e., medication regimen) through counseling; 7) to empower clients to remain as independent as possible; and 8) to control costs while ensuring that client needs are properly addressed.

MEDICAL CASE MANAGEMENT COMPONENTS

I. ***Medical Case Management:*** Medical Case Managers must be knowledgeable about the diversity of programs and be able to develop service plans from various funding streams. They are responsible for helping clients access needed services, not just Ryan White Program-funded services. Medical Case Managers will continue to have a training emphasis on addressing client housing issues (e.g., instability, homelessness, etc.) and identifying available housing assistance programs in Miami-Dade County, among other training topics.

Locally, in addition to the key activities indicated above, Medical Case Managers are responsible for performing the following functions: 1) conducting the initial intake; 2) managing and coordinating referrals, assisting with initial appointments, and coordinating services identified in the care plan, etc.; 3) monitoring client adherence to the care plan and medication regimens, as well as ensuring that service providers involved in the client's care are rendering services as requested; 4) evaluating services provided to the client by all funding sources to determine consistency with the established care plan; 5) conducting secondary prevention; and 6) closing client cases when warranted and documenting the reason for case closure. Medical Case Managers should regularly use special client-related views and reports in the Provide® Enterprise Miami data management system to identify any clients who may be at risk for falling out of care, and follow-up as appropriate (including a referral to Outreach Services if allowable) to locate the client and bring them back into care. A CD4 lab test result is optional following the U.S. Department of Health and Human Services (DHHS) treatment guidelines.

Medical Case Managers are expected to review, understand, and comply with the related case management activities indicated throughout the service definition as stated above in the Health Insurance Assistance section of this Service Delivery Manual.

II. ***Peer Education and Support Network (PESN):*** At the option of the client, the Medical Case Management agency will assign a Peer (variously designated as PESN, Peer Educator, Peer Navigator, or Case Aide) who is a person with HIV to provide "peer support," including client orientation and education about health and social service delivery systems. These Peers may assist with initial client intake, paperwork and applications for financial and medical eligibility, educating new clients on the process of accessing core and support services, encouraging treatment adherence, as well as accompanying clients to initial appointments for medical care and other services. These Peers may also make phone calls or send mail, including electronic mail, (where authorized by the client) to clients for the purpose of reminding them of medical appointments, in order to improve the client's attendance and reduce no- shows. These Peers are restricted from completing Ryan White Program In-Network Referrals, Plans of Care, and Health Assessments, as these are functions of a Medical Case Manager. These Peers may also provide basic stress management guidance to their clients. For a description of PESN Essential Functions, see Section VII of this Service Delivery Manual.

Support group meetings and related activities are not an allowable function of the local PESN services.

The Peer will have basic knowledge of HIV/AIDS services and receive the necessary training on HIV funding streams from the Peer's Medical Case Management agency and other resources.

As incentives for productivity, PESN subrecipient providers are encouraged to provide the Peer with educational opportunities, as well as a standard living wage and medical benefits.

If the client decides not to access the PESN services, then the Medical Case Manager will also be responsible for providing the following services: 1) presentation of information regarding the HIV service delivery system across funding streams, and 2) assistance to clients in preparing applications for other benefit programs.

The following requirements apply to both Medical Case Management and PESN services (including Minority AIDS Initiative services) as indicated:

A. **Program Operation Requirements:** Subrecipient providers must ensure that Medical Case Management services include, at a minimum, the following: peer support, assessment, follow-up, direction of clients through the entire system of health and support services, and facilitation and coordination of services from one service provider to another. Subrecipient providers of Medical Case Management services are expected to educate clients on the importance of complying with their medication regimens.

Medical Case Managers and Peers operate as part of the clinical care team and must maintain frequent contact with other providers (the client's Physician, other medical practitioner, Nutritionist, Pharmacist, Mental Health or Substance Abuse Counselors, HOPWA Housing Specialist, etc.) and with the client in order to assure the client adheres to medication regimens and ensure that the client receives coordinated, interdisciplinary support for adherence, attendance at medical care appointments, picking up prescriptions and re-fills, and assistance in overcoming barriers to meeting treatment objectives.

Medical Case Management providers are expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and to ensure that immediate follow-up is available for clients who miss their prescription refills, physician visits, and/or who experience difficulties with adherence. Medical Case Management providers must ensure that the client is knowledgeable about HIV/AIDS; understands CD4 count, viral load, adherence and resistance concepts; understands the reason for treatment; identifies and addresses the possible factors or barriers affecting treatment adherence; and understands his/her/their treatment regimen to the best of the client's ability.

1. Medical Case Manager Qualifications:

Providers of this service will adhere to the educational and training requirements of staff as detailed in the *Ryan White Program System-wide Standards of Care* and the *Ryan White Program Medical Case Management Standards of Service* (see Section III of this FY 2023 Service Delivery Manual), as may be amended.

2. Provider Requirements:

a) Providers will be expected to report to Miami-Dade County the following, in the contract scope of services and/or upon request:

- An explanation of the training -- including RWP Basic Training, cultural sensitivity training, and other trainings as may be required by the RWP Recipient -- that has been and will be offered to Medical Case Managers, MCM Supervisors, and Peers. CQM trainings are not billable under MCM or PESN.

- An explanation of how a client's adherence to treatment will be monitored and how adherence problems will be identified and resolved.

- An explanation of how the provider will serve clients who speak English, Spanish, and Haitian Creole or who have limited language proficiency. **Medical Case Management providers must**

budget for the following expenses or otherwise accommodate client needs for: American Sign Language interpreter, foreign language interpreter, Braille, and other materials to accommodate clients with disabilities, limited English language proficiency, and/or low literacy levels.

- A description of linkage agreements in place with other HIV/AIDS service providers.

- As the Ryan White Program is the payer of last resort, clients who have Medicaid Managed Medical Assistance (MMA) or Long-Term Care (LTC) plans are not eligible to receive case management or referral services from the local Ryan White Part A/MAI Program. The MMA and LTC plans are contractually required to provide their clients with case management/care coordination.

b) **Required Forms.** Medical Case Management staff will utilize Ryan White Program standardized forms, as approved by the Miami-Dade HIV/AIDS Partnership and the County, for all Medical Case Management functions.

c) **Referrals.** All referrals made by Part A or MAI-funded Medical Case Managers to Ryan White Program services must be made utilizing the Ryan White Program In Network Referral process, which is available through the Provide® Enterprise Miami data management system. Referrals **cannot** be made for services not documented in the client's Action Plan (formally referred to as the Plan of Care; billing code to use remains POC – see below). However, in the case of emergency, an Action Plan may be amended within two (2) business days to allow for the referral. Referrals for non-Part A or non-MAI services made by Part A/MAI Medical Case Managers will use the general certified referral form in the Provide® Enterprise Miami data management system. Referrals made to Part A/MAI services by non-Part A or non-MAI funded case managers will use the Out of Network (OON) referral form available from the County's Office of Management and Budget-Grants Coordination – Ryan White Program. The OON Referral must be accompanied by appropriate supporting documentation and signed consents.

All referrals from Medical Case Management services to Ryan White Part A Program Oral Health Care services should include the client's primary care or HIV physician's contact information (name, address, phone and fax numbers, and email if available) and note any known allergies the client may have. This information can be included in the comments section of the referral.

d) **Caseload.** Medical Case Managers should have an active caseload of no more than 70 clients.

e) **Peer schedules.** Providers are reminded that some Peers may be eligible for disability income and/or other supplemental income. Consequently, a part-time work schedule should be well- planned to meet the needs and benefits of the Peer employee.

f) **Health Assessments.** Medical Case Managers are expected to complete a Health Assessment annually for each client as may be amended via formal written notification from the Recipient (i.e., Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program). Updates to the Health Assessment should be conducted as needed during the year.

g) **Progress Notes.** Services must be documented in progress notes in a timely manner, preferably within 24 hours of service, but no later than 48 hours (i.e., 2 business days) after occurrence, unless the timeframe is suspended by the Miami-Dade County Office of Management and Budget during declared emergencies at the state or local level (e.g., during public health emergencies, hurricanes, etc.) or at the discretion of the County. Any Medical Case Management or Peer Education and Support Network encounter not properly recorded in the Provide® Enterprise Miami data management system within 48 hours (i.e., 2 business days) will be rejected in the system, unless the timeframe is suspended as noted above. When needed, requests for an override related to this type of rejection may be submitted to Miami-Dade County-Office of Management and Budget/Ryan White Program for review through the Provide® Enterprise Miami data management system. A reasonable justification for the delay in recording an encounter must be included for review of related override requests. Depending on the agency's reason for the delay, the County may opt to disallow the encounter.

A reasonable justification for the delay in entering a timely progress note would include the following, if such reason caused the Medical Case Manager, Peer, or the Medical Case Management Supervisor to miss the 48-hour time limit for entering progress notes:

- An event beyond the Medical Case Manager, Peer, or Medical Case Management Supervisor's control, such as an illness, proven data system (e.g., Provide® Enterprise Miami

data management system or provider's electronic medical record data system) access issues, public health emergencies, or extreme weather events directly affecting program operations.

- A documented and previously approved event such as the aforementioned staff persons' vacation or attendance at a Ryan White Program meeting or training.

h) **Staff Training.** Medical Case Management staff (Medical Case Managers, Peers, and Medical Case Management Supervisors) must attend periodic training provided by the Ryan White Program's Clinical Quality Management and Training Program provided by BSR. In addition, effective April 7, 2017, any new Medical Case Managers, Peers, and Medical Case Management Supervisor hires under the Ryan White Part A or MAI Programs must complete all 13 of the Southeast AIDS Education and Training Center's (SE-AETC) web-based Medical Case Management and Cultural Competency curricula as required and as may be amended by the local Recipient **prior to** being approved for Provide® Enterprise Miami User Access. These curricula modules are indicated on the local Ryan White Program's AETC Training Module Checklist, and the modules can be accessed at the following website: https://www.seaetc.com/modules/. Time spent completing the SE-AETC training modules **cannot** be charged to the local Ryan White Part A/MAI Programs.

B. **Additional Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Program Medical Case Management Standards of Service.* (Please refer to Section III of this FY 202~~3~~4 Service Delivery Manual for details, as may be amended.)

C. **Rules for Reimbursement:** The units of service used for Medical Case Management and PESN reimbursements are as follows. ***(IMPORTANT NOTE**: except for MCM and PESN (when referring to staff or service category), OMB, HIV/AIDS, and HIPAA, all acronyms used in this section are billing codes.)*

1. *Medical Case Management (MCM) Services* are reimbursed by unit cost, where one unit equals one minute of actual time, at rates not to exceed $1.15 per unit/minute. See table below.

2. *Peer Education and Support Network (PESN) Services* are reimbursed by unit cost, where one unit equals one minute of actual time, at rates not to exceed $0.65 per unit/minute. See table below.

3. Providers are required to document each unit of service performed (including the type of encounter and length of time spent) as face-to-face encounters, tele-medical case management, plan of care, adherence counseling, or other activities conducted with or on behalf of a client. These units [i.e., service code(s) and time spent] shall be entered in the Provide® Enterprise Miami data management system when documenting each client's progress log and for billing purposes. Units of service must be documented and reported separately for PESN and Medical Case Management services.

4. Client eligibility screening for voucherable services (e.g., Medical Transportation vouchers) is billable as a unit of service depending on the amount of time spent with the client. Costs related to the ***actual distribution of voucher services*** should be covered under the dispensing charge allowed for handling of vouchers under the Medical Transportation service category (i.e., discounted transportation EASY Tickets or limited ride-share).

   Medical case management staff cannot use MCM encounter billing codes for time spent scheduling ride-share (e.g., Uber or Lyft) trips for a client with the ride-share transportation company. This activity is part of the dispensing fee allowable under the Medical Transportation service category if line items other than purchasing ride-share trips are included in the Medical Transportation budget.

   Adherence and care coordination efforts to secure the medical or social service (e.g., appointment with a provider) a client uses ride-share services to attend may be billed by Medical Case Management staff using the appropriate code (e.g., ADH, POC, COL, etc.) from the table directly below. In such cases, medical case management staff should take this opportunity to ask if the client was satisfied with the medical or social service appointment, if the client understood what was covered during the appointment, and if other care coordination or referral is needed as a result of the appointment.

5. No two Peers can bill for the same time and for the same client when specifically using the Face-to-Face (FFE) and Adherence (ADH) services codes.

6. The following table reflects MCM and PESN encounter/activity billing codes (in alphabetical order **by code**) that are active in FY 202~~3~~4:

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Affordable Care Act (ACA) Health Insurance Marketplace	**ACA**	This code includes any and all activities with or on behalf of the client, such as researching health insurance plans, discussing plan options, assisting with the application process, communicating with American Exchange LLC on behalf of the client, and documenting all efforts, related to the client's enrollment in private insurance through the Affordable Care Act Health Insurance Marketplace. This code also includes time spent explaining the health insurance plan to client, how it works, what documents the client is required to present, as well as what benefits and restrictions the client has under the plan. Do NOT use this ACA code to record time spent actually enrolling a client on-line in an ACA Marketplace health insurance plan overseen by American Exchange or other third-party ACA enrollment agents. Time spent navigating or enrolling clients on line at www.healthcare.gov are not billable to the local Ryan White Program.
Adherence Counseling	**ADH**	This code includes adherence activities with the client such as medication counseling, risks and benefits of treatment, compliance with treatment regimen, education on medication resistance, compliance with medical and other core service appointments, and review of HIV case management portal information. Do NOT use this ADH code to record time spent by a medical provider (Physician, Advanced Practice Registered Nurse, Physician Assistant, etc.) providing adherence counseling, as this would be billed under the Outpatient/Ambulatory Health Services category. **UPDATE (12/8/2023): ALL medical case management interactions with clients should have an adherence counseling component (i.e., use of the ADH billing code with related progress log note). Case management without adherence counseling is not Ryan White Program Medical Case Management.**

Case Closure Activity	**CCA**	This code includes activities related to closing a client's case at the medical case management agency and in the Provide® Enterprise Miami data management system. The limit for this activity per client is 30 units (i.e., 30 minutes; see "Definition of a Unit" above).

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Collateral Contacts	**COL**	This code is to be used by Peers and Medical Case Management Assistants **only** to record communication with other care providers **inside** and **outside** of the Peer or Medical Case Management Assistant's own agency for **all** coordination of care activities conducted on behalf of the client. This includes telephone contacts or other electronic methods of communication (e.g., email or fax) with the outside or inside agency to obtain or provide additional information for the client's care. This code may also be used to document travel time with or on behalf of the client that is specific to care coordination, linkage to care, or retention in care activities conducted by Peer Educators or Medical Case Management Assistants. In such cases, documentation in the client chart must include reason for travel in relation to care coordination, linkage to care, or retention in care. This code **cannot** be used when pulling a chart to copy documents for a client's personal use or for filing documents. Instead, use the DOC billing code for pulling a chart or filing. Medical Case Managers and Medical Case Management Supervisors **cannot** use the COL code. Medical Case Managers and Medical Case Management Supervisors must use POC for **all** Plan of Care and coordination of care activities. See POC section below.
Consulting w/ Staff	**CON**	This code includes activities related to case consultation with internal staff. This code may **only** be billed by the agency's OMB-authorized Medical Case Management Supervisor or Lead Medical Case Manager.

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Documentation	**DOC**	This code includes activities related to documenting any encounter in the Provide® Enterprise Miami data management system, such as preparing the progress note to detail a face-to-face encounter, telephone contact, etc. This service code also includes time spent organizing the client record or filing, looking up, or pulling documents to make copies that are unrelated to coordination of care for the client. This code also includes conducting peer reviews of client charts. **Do <u>not</u> use this DOC code to record documentation of activities related to the client's care plan or preparing referrals. Instead use POC to record <u>any</u> Plan of Care activity conducted by the Medical Case Manager or Medical Case Management Supervisor.** **Supervisors should NOT use this DOC code when advised by Miami-Dade County's Ryan White Program staff as part of a billing or site visit review that a progress note needs to be reviewed, corrected and resubmitted.** **UPDATE (12/8/2023):** When recording documentation activities: • Any DOC encounter billed for **15 minutes or less** does NOT require an explanation in the progress log of the activity. • Any DOC encounter billed for **more than 15 minutes** requires a progress log note that indicates exactly which DOC activity was conducted (e.g., organizing the client record, scanning / copying documents to upload in PE Miami, documenting an encounter, entering the progress note in PE Miami, or copying records for the client's personal use for purposes unrelated to coordination of care.)

Adherence Encounter by Eligibility Specialist (with Bachelor's Degree)	**EDA**	This code is **only** for use by OMB-authorized Eligibility Specialists who have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., Bachelor's degree) (billable at $1.15 per minute). This code is to be used **only** by authorized persons when communicating the importance of treatment adherence to clients during a corresponding Eligibility Specialist encounter. **For treatment adherence activities conducted by Medical Case Managers, Peers, or Medical Case Management Supervisors, use the ADH code.**

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Eligibility Specialist (with Bachelor's Degree)	**EDE**	This code is **only** for use by OMB-authorized Eligibility Specialists who have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., Bachelor's degree) (billable at $1.15 per minute). This code is to be used **only** by authorized persons completing Ryan White Program eligibility and facilitating the financial eligibility review process at Jackson Health System for purposes of assisting eligible clients in obtaining a Jackson Health System/Jackson Memorial Hospital "J card" with the "IO1" designation of the Ryan White Program as the payer source.
Adherence Encounter by Eligibility Specialist (no degree)	**ENA**	This code is **only** for use by OMB-authorized Eligibility Specialists who do not have a Bachelor's degree (billable at $0.65 per minute, similar to a peer or medical case management assistant). This code is to be used **only** by authorized persons when communicating the importance of treatment adherence to clients during a corresponding Eligibility Specialist encounter. **For treatment adherence activities conducted by Medical Case Managers, Peers, or Medical Case Management Supervisors, use the ADH code.**
Eligibility Specialist (no degree)	**ENE**	This code is **only** for use by OMB-authorized Eligibility Specialists who do NOT have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., no degree) (billable at $0.65 per minute). This code is to be used only by authorized persons completing Ryan White Program eligibility and facilitating the financial eligibility review process at Jackson Health System for purposes of assisting eligible clients in obtaining a Jackson Health System/Jackson Memorial Hospital "J card" with the "IO1" designation of the Ryan White Program as the payer source.

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Face-to-Face Encounter	**FFE**	This encounter is defined as any time the Medical Case Manager, Peer Educator, or Medical Case Management Supervisor has direct contact with the client in person. In consultations with a child and one or more adults, encounters are billed for one family member only who must be HIV+ and eligible for Ryan White Program-funded services. The FFE encounter includes activities that are conducted face-to-face with the client where no other encounter code is appropriate. FFE may also include referral activities if done face-to-face with the client. FFE may also be used to record travel time for the purpose of attending a medical appointment or social service appointment, only when traveling with the client. If travel is included in a FFE encounter, the appropriate reason and length of time must be documented in the client chart. A brief face-to-face encounter may be included with a POC activity to indicate that a client contact occurred on the same day as a POC activity. In such cases, a few minutes of the FFE code would be acceptable. This circumstance must be clearly explained in the progress notes.
Insurance Coordination and Retention	**ICR**	This code is **only** for use by OMB-authorized staff with special insurance coordinator roles (i.e., Users.IBM and Users.MCM.OpenNR) in the Provide® Enterprise Miami data management system. Approved activities include following up on health insurance policies to ensure clients are active or troubleshooting any issues where clients are dropped from an insurance policy, including where recoupment of funds may be needed (billable at $1.15 per minute).
Electronic Override Activity	**OVR**	This code may **only** be used by authorized Medical Case Management Supervisors or Lead Medical Case Managers. The limit for this activity per client is 30 units (i.e., 30 minutes; see "Definition of a Unit" above).

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Plan of Care (i.e., Action Plan)	**POC**	This code is **only** to be used by Medical Case Managers, Lead Medical Case Managers, and Medical Case Management Supervisors to record **all** Plan of Care activities (including initial development of the Plan of Care, ongoing updates, follow-up, communication with other providers **within** the Medical Case Manager, Lead Medical Case Manager, or Medical Case Management Supervisor's own agency **or with an outside agency** for coordination of care). This includes face-to-face encounters related to the Plan of Care, as well as phone conversations, emails, faxes, and related referrals. If a telephone conversation is specifically related to a Plan of Care activity, the POC code should be used. The TEL code should be used for general telephone contacts. Please see the FFE and TEL comments sections for additional POC-related guidance. Peer Educators and Medical Case Management Assistants are **NOT** authorized to create or update the Plan of Care; and, therefore, are restricted from using this POC code. **NOTE:** the Plan of Care is referred to as the Action Plan in the Provide® Enterprise Miami data management system.

Safety Backup (PESN only)	**PSFT**	As a safety precaution, Ryan White Program Outreach Workers who must locate clients in high-risk areas or very rough neighborhoods may go out in two-person teams. In this scenario, a Peer/Peer Educator/Peer Navigator (Peer) may accompany the Outreach Worker; and the Peer should document the activity in the client chart, making note that they went to a high-risk area with an Outreach Worker and clearly stating that they went along as a safety back-up. The Peer should use the PSFT safety back-up code to record the entire service. Both the Peer and the Outreach Worker may reflect the time they spent on the encounter and have their agency or respective agencies report for the time and be reimbursed accordingly. The Peer **cannot** use any other encounter code or billing code for this activity on the same day.

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Chart Review	**REV**	This code includes activities related to reviewing client charts for quality management purposes, to ensure proper documentation and coding. This code may **only** be billed by the agency's OMB-authorized Medical Case Management Supervisor or Lead Medical Case Manager.
Telephone Encounter	**TEL**	This code includes general telephone contacts with the client or the client's representative or leaving a voice message for the client. This activity does not include telephone contacts with other care providers. **IMPORTANT NOTE**: Telephone contacts with other care providers, for the purpose of coordinating care for clients, should be recorded as a collateral (COL) encounter if conducted by a Peer or Medical Case Management Assistant. Use the Plan of Care (POC) code if the telephone contact was done by a Medical Case Manager or the Medical Case Management Supervisor for the purpose of coordinating care. See COL and POC above for additional guidance. A brief general telephone encounter may be included with a POC activity to indicate that a client contact occurred on same day as a POC activity. In such cases, a few minutes of the TEL code would be acceptable. This circumstance must be clearly explained in the progress notes.
Tele-Medical Case Management (MCM)	**THM**	This code includes Tele-Medical Case Management services provided by Medical Case Manager, Medical Case Management Supervisor or Eligibility Specialist (with at least a Bachelor's degree). This is billable at $1.15 per minute.
Tele-Medical Case Management (PESN)	**THP**	This code includes Tele-Medical Case Management services provided by Peer, Medical Case Management Assistant, or Eligibility Specialist (with no degree). This is billable at $0.65 per minute.

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
RW-Approved Training	**TRN**	This code includes time spent at local Ryan White Program-approved training for Medical Case Managers, Peers/Peer Educators/Peer Navigators, Medical Case Management Supervisors, and Outreach Workers (using OTRN), such as quarterly case management supervisor trainings, County-approved Provide® Enterprise Miami data system trainings, and Ryan White Program Provider Forums. The TRN code may NOT be used to bill for any training that is NOT a Ryan White Program-specific training. For example: use of the TRN code **cannot** be used to bill for staff attendance at Miami-Dade County HIV/AIDS Partnership and Committee meetings, on-site technical assistance provided by Behavioral Science Research Corporation (the Program's contracted clinical quality management provider), appreciation luncheons, agency-specific staff development activities, HIPAA refresher training, confidentiality training, SE-AETC on-line training modules, Linkage to Care Team meetings, or other employer-required training. Travel time or lunch (if time on your own) is NOT included when billing the TRN code. Billing staff, data entry staff, and other administrative staff may NOT use the TRN code.

ADDITIONAL IMPORTANT NOTES:

1) There is no special billing code or activity code for ADAP-related services. ADAP-related services should be coded with the appropriate code from the table above.

2) MCM Supervisor direct service duties include activities related to, with, or on behalf of a client such as maintaining their own client case load, conducting case consultation with the Medical Case Manager for complex client issues or problems, and assisting the Medical Case Manager or client with the client's treatment adherence issues and/or other problems related to appropriate care.

3) MCM Supervisor administrative duties include staff scheduling, payroll, performance evaluations, general supervision, training unrelated to Ryan White Program activities, and other non-client related services. Do NOT use the billing codes above to record general administrative activities.

D. **Rules for Reporting:** Providers of PESN and Medical Case Management services must report, separately, their monthly activities according to one-minute "Face-to-Face" encounters and one-minute "Other" encounters. In addition, providers must report the number of unduplicated clients served. Providers must develop a method to track and report client wait time (e.g., the time it takes for a client to be scheduled to see a Medical Case Manager after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the Medical Case Manager and the wait time reaching a live person for assistance by telephone) and to make such reports available to OMB staff or authorized persons upon request.

E. **Applicability to Local Ryan White Program Requirements:** If a staff person of a Ryan White Program-funded service provider has a Ryan White Program Medical Case Management caseload, even if only one client, they will be required to adhere to the local Ryan White Program Service Delivery Manual, Medical Case Management Standards of Service, and Clinical Quality Management Program activities, whether or not they appear on the program's line item budget and regardless of the percentage of time and effort spent performing Ryan White Program Medical Case Management activities. Similarly, if any person on a provider's staff supervises any Ryan White Program Medical Case Management staff, whether or not they are on the budget for such, they also must follow the requirements in the local Ryan White Program Service Delivery Manual, Standards for Medical Case Management Supervisors, and Clinical Quality Management Program requirements.

F. **Additional Rules for Documentation:** Providers must also maintain documentation to support educational requirements in the personnel records for Medical Case Management staff and ensure that such documentation is available for review by authorized persons.

MEDICAL TRANSPORTATION

(Year 3~~4~~4 Service Priorities: #13 for Part A and ~~#9~~ for MAI)

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

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

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

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

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

Multiple instances of reduced fare transportation assistance per client per month are **NOT** allowed regardless of circumstance, payer source, and/or government assistance program that is using/providing the subsidized fare. As payer of last resort, the Ryan White Program can only reimburse subrecipients (service providers) for EASY Ticket fares (vouchers) distributed to eligible clients that are **NOT ELIGIBLE** to receive subsidized transportation assistance or fares under **ANY OTHER** program. This restriction will be closely monitored by the County's DTPW and the Office of Management and Budget (OMB) as a condition of the Ryan White Program having program access to the discounted EASY Tickets. Lost or stolen EASY tickets **cannot** be replaced by the local Ryan White Part A Program and replacements will not be considered by DTPW.

Regular reconciliation through a secure data system match of clients receiving discounted EASY Tickets through the Ryan White Part A Program will be conducted on a quarterly basis between the County's authorized OMB and DTPW staff, to ensure clients are not receiving more than one (1) instance of reduced fare transportation assistance per month. Clients found to be receiving duplicative discounted transportation services may be banned from receiving any additional assistance from one or both sources (the County's Ryan White Program or DTPW). **Medical Case Managers and Medical Transportation subrecipients must inform clients of this restriction and the reconciliation process.**

Prior to distributing these transportation vouchers, **subrecipients of Medical Transportation services must ensure that clients**: 1) review and sign the "Miami-Dade County Ryan White Part A Program Acknowledgement to Receive Monthly Transportation Assistance" attesting to their understanding of this restriction, including consent for the reconciliation data system match; 2) indicate that they have not received other discounted transportation assistance for the same month; and 3) indicate that they do not qualify to receive free or subsidized transportation assistance (fare) from any other program. This client acknowledgement/consent form is required prior to the client receiving a discounted EASY Ticket **each month**. A copy of the acknowledgement for each month of service must be maintained in the client's record/chart at the Medical Transportation subrecipient's site.

Providers must document criteria, policies, and procedures utilized to determine transportation EASY Tickets allotments for clients that must take into account not only minimum requirements, but also consideration for those clients who demonstrate the greatest need for these services. This documentation must be provided to the Miami-Dade County Office of Management and Budget-Grants Coordination upon request.

Documentation of at least one (1) monthly medical and/or social service appointments must be submitted by the client to the Medical Case Manager before the client can receive transportation assistance, unless otherwise directed by the

County. The number of required appointments is subject to change at the County's discretion with no less than thirty (30) days' written notice to all Part A/MAI-funded subrecipient agencies. Attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings also count towards the monthly appointment total. Any combination of medical, social service, AA, and/or NA appointments will count towards the required monthly total.

If allowable appointments are appropriately documented in the Client Profile in the Provide® Enterprise Miami data management system for each month of service, the Ryan White Program will not restrict the total number of months in which the client can receive transportation services during the grant Fiscal Year. Service providers will monitor the consistency of client attendance at these monthly medical and/or social service appointments to ensure compliance with the requirement for use of transportation vouchers under this program. If clients are non-adherent to appointments this must be documented and service providers will have the discretion, on a case-by-case basis, to not issue a voucher to continually non-compliant clients. "Non-compliant" is defined herein as two missed appointments in two consecutive months (e.g., two months in which two or more appointments have been missed each month without acceptable excuse or cancellation for cause by client would be considered non-compliant). Miami-Dade County Office of Management and Budget-Grants Coordination staff will also monitor compliance with this restriction.

IMPORTANT NOTE: Alternative methods of Medical Transportation service delivery are only available at select subrecipient agencies as a result of the corresponding Request for Proposals Process and subsequent contract negotiations.

B. **Rules for Reimbursement:** Discounted EASY Tickets cost $56.25 per monthly ticket (1-Month Pass), $14.60 per weekly ticket (7-Day Pass), and $2.80 per daily ticket (1-Day Pass); and these rates may be subject to change. The number of discounted EASY Tickets available for distribution should be consistent throughout the duration of the contract period, unless the cost of these EASY Tickets changes, and must take into consideration the total budget request, agency capacity, client eligibility, and demand for this service. Ride-share services will be reimbursed based on the cost of each one-way trip. Providers will be reimbursed based on properly documented service utilization reports from the Provide® Enterprise Miami data management system, indicating the date of discounted EASY Ticket distribution or ride-share trip, client CIS number, and dollar amount including dispensing charge. Dispensing charges, not to exceed 15% (or as may be adjusted by the County due to formula calculations on the budget form), will be reimbursed after services have been provided, client utilization and disbursement information is submitted to the County, and vendor payment has been documented. This service is subject to audit by the Office of Management and Budget-Grants Coordination. Discounted EASY Ticket orders, invoices, and payments, as well as monthly distribution logs and acknowledgement of program limitations signed by the client

and scanned into the Provide® Enterprise Miami data management system, or ride-share logs where applicable, will be reviewed.

The following billing codes shall be used:

- **TRANSPORTATION VOUCHERS FOR PUBLIC TRANSIT (DISCOUNTED EASY TICKETS)**

    - Service Name = "EASY Ticket – Monthly Pass" with Service Code = "**EASYM**"
        - A maximum of one (1) may be distributed per client per service month; no exception. **Lost, stolen or damaged tickets are not replaceable.**

    - Service Name = "EASY Ticket – Weekly Pass" with Service Code = "**EASYW**"
        - A maximum of three (3) weekly tickets may be distributed per client per service month. If another week is/was needed, a monthly pass should be used.

    - Service Name = "EASY Ticket – Daily Pass" with Service Code = "**EASYD**"
        - A maximum of four (4) daily tickets may be distributed per client per service month. If more days are/were needed, a weekly or monthly pass should be used.

- **RIDE-SHARE:**

    - Service Name – "Uber/Lyft Ride" with Service Code = "RIDE"

        - Uber/Lyft Ride – Home to Provider
        - Uber/Lyft Ride – Provider to Home
        - Uber/Lyft Ride – Provider to Provider

    - **IMPORTANT NOTES**:

        - In the Provide® Enterprise Miami data management system, a pop-up warning will appear if two of the same ride types are entered for the same day for a given client. The warning will suggest the user document the reason for the potential "duplicate" service in the Comments field to prevent the County from rejecting the service in the monthly payment request.

- Medical case management (MCM) staff cannot use MCM encounter billing codes for time spent scheduling ride-share (e.g., Uber, UberHealth, Lyft, etc.) trips for a client with the ride-share transportation company. This activity is part of the dispensing fee allowable under the Medical Transportation service category if line items other than purchasing ride-share trips are included in the Medical Transportation budget.

C. Additional Rules for Reporting: Providers must report monthly activity according to the type and dollar amount of the tickets issued, the number of tickets distributed, date of distribution per client, and the unduplicated number of clients served; or number of one-way ride share trips per client, where applicable. As stated above in Medical Transportation section A above, a reconciliation data system match will be conducted of all clients receiving discounted EASY Tickets through the Ryan White Part A Program. This reconciliation review will be conducted by the County's authorized Ryan White Program Recipient (OMB) and DTPW staff.

D. Special Client Eligibility Criteria: A Ryan White Program In Network Referral or an Out of Network Referral (a non-certified referral accompanied by all appropriate supporting documentation) is required for this service and must be updated annually, every 366 days. Clients receiving Ryan White Part A Program-funded Medical Transportation assistance must be documented as having gross household incomes below 400% of the 202~~3~~4 Federal Poverty Level (FPL). Clients receiving discounted EASY Tickets (transportation vouchers) must be documented as having been properly screened for other public sector funding as appropriate annually, every 366 days. While clients qualify for and can access other public funding [including, but not limited to, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-term Care (LTC) transportation services; or the County's Golden Passport program, Mobility EASY card program or Community-Reduced Fare program etc.) for transportation services], they will not be eligible for Ryan White Part A Program-funded Medical Transportation (discounted EASY Tickets or limited ride-share) assistance.

Scan to access website for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 11, 2024

10:00 a.m. – 12:00 p.m.

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

AGENDA

I.	Call to Order	Dr. Diego Shmuels
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Dr. Mary Jo Trepka
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of December 14, 2023	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Standards Approval	All
	• Service Categories Development Continued	All
	• Service Definitions Review: Legal, Food Bank, EFA, Medical Case Management, Medical Transportation	All
	• 2024 Officer Elections	All
IX.	New Business	
	• Passing the Gavel	
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **February 8, 2024** at **TBA**	TBA
XII.	Adjournment	TBA

Please turn off or mute cellular devices – Thank you

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

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Memo

To: Care and Treatment Committee Members

From: Marlen Meizoso

Date: December 14, 2023

Re: 2024 Officer Nominations and Elections

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

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

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

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

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

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

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

Scan to access website for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 11, 2024

10:00 a.m. – 12:00 p.m.

Behavioral Science Research
2121 Ponce de Leon Blvd, Ste. 240
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MIAMI-DADE HIV/AIDS PARTNERSHIP

2024 Needs Assessment

An annual activity of the planning council and a federal requirement.

Join the Care and Treatment Committee for the 2024 Needs Assessment!

Be a decision-maker for Ryan White Program service priorities and funding!

Your participation helps more than 8,000 people with HIV in Miami-Dade County!

MAY 09

JUNE 13

JULY 11

AUGUST 8

Meetings are held from **10:00 a.m. to 1:00 p.m.** at the Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 33130

Must RSVP at 305-445-1076 or marlen@behavioralscience.com

Scan to access website for meeting materials.

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FEBRUARY 2024

RYAN WHITE PART A/MAI PROGRAM AND MIAMI-DADE HIV/AIDS PARTNERSHIP CALENDAR

Monday	Tuesday	Wednesday	Thursday	Friday
MEETING LOCATIONS (also, see below) **Care Resource -** Care Resource Community Health Centers, Midtown Miami, 3510 Biscayne Blvd., First Floor Community Room, Miami, FL 33137 **MDC Main Library -** 101 West Flagler Street, Auditorium, Miami, FL 33130			**1**	**2**
5	**6** **Partnership New Member Orientation** 2:00 PM to 5:00 PM via Zoom	**7** National Black HIV/AIDS Awareness Day	**8** **Care & Treatment Committee** 10:00 AM to 12:00 PM at MDC Main Library	**9**
12	**13** **Joint Integrated Plan Review Team: *Strategic Planning & Prevention Committees*** 10:00 AM to 1:00 PM at MDC Main Library	**14**	**15** **RWP Subrecipient Forum** 10:00 AM to 1:00 PM at MDC Main Library **Housing Committee** 2:00 PM to 4:00 PM at BSR Corp.	**16** **Clinical Quality Management Committee** 9:30 AM to 11:30 PM via Zoom
19 President's Day (BSR Offices Closed)	**20** **Miami-Dade HIV/AIDS Partnership** 10:00 AM to 12:00 PM at MDC Main Library	**21** **Ryan White Program Medical Case Manager Basic Training** 10:00 AM to 4:00 PM via Zoom	**22**	**23** **Medical Care Subcommittee** 9:30 AM to 11:30 AM at BSR Corp.
26 **Community Coalition Roundtable** 4:00 PM – 6:00 PM at Care Resource (Dinner begins at 3:30 PM)	**27**	**28** HIV Is Not a Crime Day **Ryan White Program MCM Supervisor Training** 10:00 AM to 4:00 PM via Zoom **Executive Committee** *Meets as needed*	**29**	**BSR Corp. –** Behavioral Science Research Corporation, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134

All events on this calendar are open to the public.

People with HIV are invited to participate!

PLEASE RSVP

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

RSVP to (305) 445-1076, hiv-aidsinfo@behavioralscience.com, or scan the QR Code for Partnership meetings.

Visit www.aidsnet.org for more information.

Version 12/13/23

Information on this calendar is subject to change.

MIAMI-DADE HIV/AIDS PARTNERSHIP

CQM Program Ryan White Part A/MAI Miami-Dade County

Scan to access website for meeting materials.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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