

**Miami-Dade County  
Ryan White Part A/MAI Program Update  
Subrecipient Forum  
February 15, 2024**

---

**Number of Unduplicated Clients Served**

- Part A/MAI clients served:
  - FY 2023
    - **8,745 unduplicated clients served** (March 1, 2023 through December 31, 2023); with 1,382 served in MAI (this MAI client count is not mutually exclusive)
    - **FOR COMPARISON, IF NEEDED:**
      - **8,453 unduplicated clients served** (March 1, 2023 through November 30, 2023; last reported); with 1,339 served in MAI (this MAI client count is not mutually exclusive)
      - INCREASE OF 292 clients overall since last month.

**Service Utilization**

- Most utilized services in December 2023, by unduplicated client count:
  - **Part A:**

Service Category	# clients
Medical Case Management (MCM)	4,214
Outpatient/Ambulatory Health Services (OAHS)	1,215
Oral Health Care (OHC)	555

- **Minority AIDS Initiative (MAI):**

Service Category	# clients
Medical Case Management (MCM)	448
Outpatient/Ambulatory Health Services (OAHS)	102

**Test & Treat / Rapid Access (TTRA)**

○ FY 2023 TTRA Enrolled Clients		
TTRA Status	TTRA Type	# of Clients (services from 3/1/23 to 2/7/24)
Enrolled through TTRA	New to HIV Care (newly diagnosed)	235
	New to Ryan White Program Care (previously diagnosed but new to RWP in Miami)	264
	Returned to Care	169
	Unknown/Not Specified	0
<b>TOTAL:</b>		<b>668</b>

**Enrolled Clients who are Virally Suppressed: 69% (463 / 668) (same as last report)**

**Part A/MAI Expenditure Reports**

<b>Funding Component</b>	<b>Amount Available for Direct Client Services (including carryover) (for 12 months)</b>	<b>Amount Paid for Direct Client Services to date (as of 2/14/2024)</b>	<b>% Paid of Amount Available (as of 2/14/2024)</b>
Part A	\$22,766,639	\$14,700,649.42	64.57%
MAI	\$2,664,436	\$1,352,891.93	50.78%

**Part A Administrative & Programmatic**

- A few amendments are pending, but will be executed no later than February 29, 2024.
- All FY 2023 federal reports due thus far have been submitted to HRSA by their respective deadlines.
  - the 2023 RSR reporting season is currently underway
- Food Bank Services:
  - Overwhelming utilization of Food Bank Services and response:
    - ✓ Clients served March 2023 through December 2023 = 1,318
    - ✓ Clients served March 2022 through December 2022 = 1,029
    - ✓ Part A running low on funds in this category; not enough to provide same level of services through 2/29/24
      - Unable to provide multiple bags of groceries per client for the 2023 year-end holidays
  - Cost containment measures and resources:
    - ✓ Part B offered its resources to help bridge gap (grocery gift certificates)
    - ✓ List of various food pantries available throughout the county was shared with subrecipients by email on 12/22/23; with reminder that the Ryan White Program is the payer of last resort
  - ✓ EFFECTIVE MARCH 1, 2024:
    - Part A limits will be reinstated: 20 occurrences (weekly bags of groceries) per client per grant year
    - Reinstate use of the Letter of Medical Necessity (LOMN) for Food Bank -- If needed and the client meets criteria for more assistance, then an additional 16 occurrences may be provided with a signed LOMN from a registered dietitian/nutritionist.
    - Part A & B will develop a form to be used by clients who use up the 20 Part A occurrences but don't meet the criteria for the Part A additional occurrences, as well as for clients who use the combined 36 occurrences and need more assistance.

- ✓ EFFECTIVE APRIL 1, 2024:
    - Part A eligibility for this service will be lowered to only cover clients between 0% and 250% of the Federal Poverty Level
    - Part B will cover clients between 251% and 400% of the Federal Poverty Level with grocery gift certificates (\$50 per week; up to \$1,000 in assistance per client per grant year)
- Standard Statewide Notice of Eligibility (NOE)
  - 366 days of eligibility
  - Only create NOE if documentation of all three minimum eligibility requirements are on file with the agency that is determining the eligibility
    - ✓ Proof of HIV (must be a confirmatory test, not a preliminary positive result)
    - ✓ Proof of living in Miami-Dade
    - ✓ Proof of gross household income below 400% of the Federal Poverty Level
    - ✓ Additional guidance will be shared with providers as soon as possible.
- Fee schedules for Outpatient/Ambulatory Health Services and the FPL worksheet for FY 2024 will be distributed next week
- Update pending for Oral Health Care Formulary; includes additional procedures, requirements, and limitations
- **Results of HRSA Site Visit**
  - HRSA comprehensive monitoring site visit was held from January 30, 2024 to February 2, 2024.
  - A few findings are expected in the final report (e.g., contracting processing delays, tracking and reporting of imposition of charges and program income) but overall HRSA appreciated everyone's preparations and participation. They also had compliments for the recipient management, subrecipient staff and services, collaborative efforts, and other service delivery components of our local program. Several programmatic and clinical quality management enhancements were also recommended.
    - Based on the contract processing finding, we will do our best to have all contracts out of our office for signatures by the end of March 2024. However, Subrecipients will need to do their part in submitting renewal documents by the February 23, 2024 deadline; and once you receive the documents for signatures, please return them signed within 2 weeks.
  - There were no Clinical Quality Management (CQM) findings.
  - There were several CQM recommendations / improvement options, such as:
    - Focus any CQM activity or QI project based on the three CQM drivers indicated in HRSA Policy Clarification Notice 15-02:
      - Improve patient care.
      - Improve client health outcomes.
      - Improve client satisfaction.

- Document QI efforts in a standard format:
  - All QI projects should have a Model for Improvement and PDSA worksheet in progress or completed; or other agreed upon standard QI format.
- Use evidence-based or evidence-informed interventions in QI projects
  - TargetHIV.org has a wealth of information regarding such interventions.
- Restructure CQM Committee (Part A/B Recipients and BSR); change format and frequency.
- Implement CQM Workgroups time limited and issue focused.
  - Consider a different format and less frequent (not monthly).
  - Consider reimbursing for attendance at CQM related training and meetings (up to 5% of budget or final expenditures per service category as a direct cost, where appropriate)
- Due to cost, usefulness, and timing of current Client Satisfaction Survey process, consider developing a shorter survey that is issue focused (needs, navigating the service delivery system, stigma, satisfaction with providers, satisfaction with subrecipient, etc.).
- Offer CQM technical assistance to subrecipients of other service categories whose RW client population is below the threshold for required QI projects:
  - i.e., Subrecipients of Food Bank, Legal Services, Residential Substance Abuse Services, etc. must be offered assistance with identifying and working through a QI project.
- Develop, update and evaluate performance measures.
- Reinstate MCM trainings (care coordination meetings) to ensure MCMs know about available RW and non-RW resources for clients.
  - Level the playing field --- new MCMs should be as well-informed about available services and techniques to help improve client health outcomes, satisfaction, access to care, etc., as more experienced MCMs.
  - Ensure MCMs know about the client resources on the Partnership's redesigned website.