DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

HIV/AIDS Bureau
Rockville, MD 20857

March 26, 2024

Daniel T. Wall
Assistant Director, OMB
Miami Dade County
111 NW 1st Street, Floor 22
Miami, Florida 33128-1926
Grant #H89HA00005

Dear Dan,

Thank you, your staff, and the Ryan White HIV/AIDS Program (RWHAP) Part A community for a successful Miami Dade County, Eligible Metropolitan Area (EMA), Ryan White HIV/AIDS Program comprehensive site visit conducted January 30 - February 2, 2024.

The site visit provided our team with an opportunity to conduct a comprehensive review of the fiscal, administrative, and clinical quality management components of the RWHAP Part A award in your jurisdiction to assure compliance with applicable federal requirements and programmatic expectations. The visit also allowed the team to identify exemplary components of your program, findings that require a corrective action plan (CAP), as well as areas for improvement.

Enclosed is a copy of the final site visit report. The report includes:

1. Legislative findings: issues that are based on legislative findings and require a formal response. Your report includes three legislative findings; two are administrative and one is fiscal.

2. Programmatic findings: issues that are tied to the Health Resources and Services Administration's program requirements and expectations, and require a formal response. Your report includes two administrative programmatic findings.

3. Improvement option findings: issues related to best practices and offered as suggestions for ways to enhance program operations and increase program efficiency and/or effectiveness. Improvement options do not require a formal response but may be discussed during monthly monitoring calls.

Each finding is followed by a recommendation that is intended to help you improve or correct the finding. You will be required to prepare a CAP addressing the findings and recommendations, which is due within 30 days of receipt of the enclosed report. The CAP will be completed and submitted through an Electronic Health Handbook (EHB) submission process.

Please let me know if you would like to schedule a post-site visit conference call within the next two weeks to discuss any questions you have about the report, as well as the procedure for submitting your CAP. Going forward, I will monitor your progress for implementing the corrective actions during scheduled monitoring calls.

Thank you again for your assistance during the site visit. I commend you for your continued efforts to plan for and provide quality services to people with HIV in your area. Please contact me at 301-945-9458 or by e-mail at jgray1@hrsa.gov, if you have any questions.

Sincerely,

/s/ Jenifer Gray

Jenifer Gray
Project Officer
Southern Branch
Division of Metropolitan HIV/AIDS Programs

cc: Chrissy Abrahms Woodland, Director, DMHAP
Monique Hitch, Deputy Director, DMHAP
Mark Peppler, Chief, Southern Branch, DMHAP
Carla Valle-Schwenk, Program Administrator, MDC/OMB
Clarisol Nilsen, Fiscal Administrator, MDC/OMB

FY 2024 HRSA HIV/AIDS Bureau
Division of Metropolitan HIV/AIDS Programs
Site Visit Report

Recipient Organization Name(s):	Miami-Dade County
Recipient Address:	111 NW 1st St Fl 19, Miami, FL
Grant Number(s):	H89HA00005
Budget Period(s):	04/01/2023 thru 03/31/2024
Ryan White HIV/AIDS Program:	Part A
Type of Visit:	Comprehensive/Operational
Location of Visit:	In-person (recipient's site)
Dates of Visit:	01/30/2024 - 02/02/2024
Project Officer's Name:	Jennifer Gray
Purpose of Visit:	The purpose of this comprehensive site visit was to assess Miami-Dade County's Eligible Metropolitan Area (EMA), Miami, Florida, compliance with legislative and programmatic requirements of the Ryan White HIV/AIDS Program (RWHAP), Part A. The site visit team reviewed the EMA's programmatic, administrative, fiscal, and clinical quality management program and processes to ensure compliance with requirements for the RWHAP Part A/MAI. The areas reviewed during the site visit are specific to the scope of the RWHAP and not specific to the entire organization's systems and processes.

I. Health Resources and Services Administration (HRSA)/Consultant Representatives:

Name	Position
Jenifer Gray	Project Officer
Chrissy Abrahms Woodland	Division Director
Mark Peppler	Branch Chief
Susan McAllister	Fiscal Consultant
Michael Wallace	Administrative Consultant
Michelle Osterman	Clinical Quality Management Consultant
Ronald "Chris" Redwood	Clinical Quality Management Consultant

II. Site Visit Overview:

Site Visit Component Overview:

Administration

Miami-Dade County's Office of Management and Budget (MDC-OMB) is responsible for administering the RWHAP Part A award in the EMA. The Miami-Dade County's RWHAP Part A and MAI Program distributes federal grants to HIV/AIDS service organizations, community-based clinics, public hospitals, (outpatient services), and educational institutions. Client eligibility for services is based on proof of HIV status, review of submitted financial eligibility documentation to determine gross household income, (not to exceed 400 percent of the Federal Poverty Level (FPL)), and the client must have a physical residential address in Miami-Dade County. Daniel Wall is the Director of the Ryan White Program, Carla Valle-Schwenk is the Program Administrator, and Clarisol Nielson is the Fiscal Administrator.

It is estimated that 8,600 people with HIV reside in Miami-Dade County and are receiving medical care through this program. RWHAP services available through this program are outpatient ambulatory medical services, local pharmaceutical assistance, oral health care, substance abuse outpatient care and residential services, mental health services, medical case management, health insurance premium and cost sharing assistance, legal services, food bank, and outreach services.

Although there are multiple points of entry into the program for providing access to services, medical case management remains the primary mode for enrolling and following clients; this program is currently providing funding, guidance, and services to 17 subrecipients within the EMA.

In preparation for, and during the site visit, the administrative/programmatic consultant reviewed submitted documents and other materials associated with the recipient's and subrecipients' administrative and programmatic responsibilities, activities, and outcomes to determine compliance with legislative and programmatic requirements. During the site visit, the consultant participated in individual and group interviews and discussions with recipient staff members, Carla Valle-Schwenk (Program Administrator) and Daniel Wall (Program Director). A group interview was conducted with Care Resource Community Health Center and The Public Health Trust of Miami-Dade County/Jackson Health System, RWHAP Part A/MAI subrecipients, the planning council (PC) executive committee, and persons with lived experience.

The total population of the EMA is 2.8 million. Demographically, Miami-Dade County is 49 percent men, 51 percent women; approximately 16 percent live in poverty and 3,224 are estimated to be experiencing homelessness. Additionally, 17 percent of the population is uninsured and an estimated 25 percent of Florida's "unauthorized population" lives in the EMA.

The race/ethnicity of the 1,492 new RWHAP clients in 2022 was Black non-Hispanic (19 percent), Hispanic (65 percent), White non-Hispanic (9 percent); Haitian (6 percent) and Other (1 percent) clients.

Approximately 42 percent of RWHAP clients are over 50 years of age, and 35 percent of the clients are between 35 and 49. Men represent 82 percent, women 17 percent, and transgender people represent 1 percent of those served. Spanish is the primary language for 57 percent of clients, English for 32 percent, Haitian for 8 percent and 3 percent other. Forty-eight percent of clients are uninsured, 4 percent have Medicaid, 4 percent have Medicare, 39 percent have ACA insurance, 10 percent have private insurance, and 1 percent have VA benefits.

The EMA has a long and successful history of collaboration with entities within the EMA that has led to successful planning for the current and evolving healthcare landscape; the partnership with the Miami Department of Health's RWHAP Part B is one example. The RWHAP Part A is also actively involved in the state's Ending the HIV Epidemic initiative. The EMA's PC directs the setting of priorities, allocating and reallocating funding, and develops directives to assist in the administration of the overall program.

B. Summary of Planning Council/Body (Part A only):

The site visit team met with nine members of the PC (Partnership) for Miami-Dade County (MDC). Members indicated a good and collaborative working relationship with PC support staff and the recipient. During the discussion, it was noted the PC members had not participated in development of the PC's budget and were not actively updated on current expenditures in order to determine if funds were available for the completion of their legislative requirements. Partnership members also did not participate in developing plans for making people with lived experience aware of the council and its function, nor did they participate in plans for ensuring people with HIV were aware of HIV services offered in Miami-Dade County and how to access those services.

Executive committee members indicated they were having difficulty recruiting and retaining members due to their inability to provide food or travel incentives for participating clients. The time for the scheduled meetings of the entire council was problematic, especially for those clients that work; as a result, it was noted the current make-up of the council did not meet the requirements for reflectiveness of council membership.

The group was extremely comfortable with their priority setting and resource allocation (PSRA) process and felt the recipient did a good job of providing the information necessary to make those decisions. Although the PC has a documented orientation plan, it was suggested they consider initiating a mentoring program for new members. The recipient indicated that additional training was available monthly (e.g., Get on Board), of which some members were unaware. The group was aware of their roles and responsibilities, as members of the executive committee and the council.

C. Fiscal

There are 11.65 FTE administrative/fiscal staff responsible for managing the RWHAP Part A and MAI grant. PC support and clinical quality management (CQM) activities are contracted to the Behavioral Science Research Corporation (BSR), where 6.09 FTEs conduct these functions. Additional county staff members are provided in-kind by the recipient. Clarisol Nilsen is primarily responsible for oversight of fiscal management and fund disbursement. Fiscal subrecipient monitoring is conducted by Patricia Medina.

Florida is not a Medicaid expansion state. In addition to RWHAP Part A and MAI funding, the recipient receives an Ending the HIV Epidemic (EHE) initiative award. The recipient does not generate any program income. The recipient does not provide direct client services and has relationships with 17 subrecipients.

To ensure timely payments are made to subrecipients, the recipient requires that subrecipients submit invoice reports in Provide© Enterprise, their data management system, by the 20th of each month. The report includes a description of services delineated by service category and upon receipt recipient staff review each submission to verify reasonableness, allocability and allowability of costs. Multiple approvals occur prior to payment being made. Typically, this complete review cycle takes less than 30 days.

The recipient conducts annual on-site monitoring of all subrecipients. A monitoring waiver for 50 percent of subrecipients was granted in 2022, but ultimately was not necessary. Additionally, monthly desk audits are conducted for each subrecipient. These desk audits involve the review and reconciliation of contract budgets, monthly expenditure reports, and supporting documentation. At each subrecipient site, annual single audits are conducted and subsequentially reviewed by the recipient. The recipient's most recent audit of federal funds was conducted by RSM US, LLP for the year that ended September 30, 2022. In the auditor's opinion, the recipient complied with all federal requirements, and no findings applied to the RWHAP Part A.

For the most recently completed year, the recipient expended 78 percent of its RWHAP Part A/MAI allocation, leaving an unobligated balance of over $7M. Maintenance of effort (MOE) documentation was reviewed, and it was consistent with over $5.5M in support year over year noted.

In preparation for, and during the site visit, the fiscal consultant reviewed fiscal documents and other materials associated with the recipient's and subrecipients' fiscal activities and processes.

During the site visit, the fiscal consultant participated in individual and group interviews and discussions with recipient staff members, Carla Valle-Schwenk and Clarisol Nilsen. A group interview was conducted with Care Resource Community Health Center and The Public Health Trust of Miami-Dade County/Jackson Health System, and RWHAP Part A/MAI subrecipients.

E. Clinical Quality Management

The recipient has allotted 2.4 percent ($700,000) of the total fiscal year 2023 budget ($28,607,611) to the CQM program. The recipient's entire CQM budgeted funds are awarded to a CQM consultant, Behavioral Science Research Corporation (BSR). BSR is responsible for the CQM program's day-to-day operations, which entails planning, coordinating, implementing, monitoring, and evaluating CQM program activities.

BSR staff members consist of a project director, a data analyst, two CQM coordinators, and an operations manager; these staff positions constitute a combined 4.37 FTE across RWHAP Part A and MAI CQM budget, (includes a vacant associate director position that is budgeted at 0.8 FTE).

BSR staff members implement key CQM program functions, including revising the CQM plan annually; managing CQM committee meetings; analyzing, reporting, and sharing performance measure data; advising subrecipient quality improvement (QI) projects; and monitoring subrecipients' CQM work.

The recipient's program administrator discusses the CQM program's performance measures, reviews, and supports the CQM plan, attends CQM committee meetings, and reviews monthly narrative reports generated by BSR on CQM activities, however, recipient staff members are not allocated to the CQM budget.

The recipient's CQM committee is comprised of BSR staff, the MDC-OMB program administrator, MDC-OMB contracts officers, representatives from the Florida Department of Health (FDOH) MDC RWHAP Part B Lead Agency, and representatives from each of the 13 subrecipients providing medical case management (MCM) services.

The CQM committee met eight times in calendar year 2023 (CY2023), as evidenced by meeting minutes. CQM committee agendas include updates on QI projects, review of performance measure data, CQM-related announcements from the MDC-OMB program administrator, presentations on CQM best practices, and discussion of CQM training needs and opportunities.

The recipient funds 17 subrecipient organizations to provide 13 different service categories. Of the 17, there are four subrecipient organizations that do not provide MCM, do not participate in the CQM Committee, and are not involved in the recipient's CQM program. BSR provides monthly CQM technical assistance (TA) and monitoring to the 13 MCM subrecipients, which BSR summarizes in monthly reports provided to the MDC-OMB program administrator. The CQM program primarily involves people with HIV through presentations at the PC's community coalition roundtable and through an annual client satisfaction survey. The CQM program coordinates closely with the FDOH-MDC through the CQM committee and aligned QI work. The CQM plan was last updated and approved in June 2023 and includes a 12-month work plan. The work plan does not clearly align with CQM annual quality goals. The evaluation process described in the CQM plan focuses on training surveys, performance measures, and reports of activities; it does not provide for a comprehensive evaluation of the CQM program.

The recipient selects the number of performance measures based on service utilization data and has the minimum number of performance measures for each required service category. The recipient collects and analyzes performance measure data at least quarterly through its central data system, Provide Enterprise (PE). Data is either entered by subrecipients directly into PE, uploaded from subrecipients' electronic health records, or obtained as file transfers from commercial laboratories.

The BSR data analyst reviews the data for accuracy and completeness, and then validates it with each subrecipient organization. The recipient uses HRSA HAB performance measures, including HIV viral suppression (HVS) and annual retention in care (ARC) for the MCM and outpatient ambulatory health services (OAHS) service categories; it uses the Annual Clinical Oral Examination Measure for the oral health care service category, and it uses ARC for the health insurance premium and cost sharing assistance (HIPSCA) service category.

The recipient has been continuously tracking the performance measures of HVS and ARC across most funded service categories without an annual process to assess alternative measures. The recipient produces a quarterly "CQM Performance Report Card," which details performance measures across all RWHAP clients and by subrecipient, and a "QI Dashboard," which enables client-level analysis. The recipient assesses performance measure data for disparities, focusing on the identified "Integrated Plan Special Populations," including women, adults with HIV over 50 years of age, transgender people, people experiencing unstable housing, men who have sex with men, Hispanic men who have sex with men, Haitians, and African Americans. Performance measure data is shared with the CQM committee on a quarterly basis, is provided to the PC, and is uploaded to the PC's public website.

The recipient uses the Model for Improvement (MFI) methodology and Plan-Do-Study-Act (PDSA) approach to direct and document its subrecipients' QI activities.

During calendar year (CY) 2023, all subrecipients funded for and providing MCM have been required to participate in QI activities aimed at improving viral suppression rates; one of these subrecipients, Public Health Trust, is currently participating in the Center for Quality Improvement and Innovation (CQII)-led Impact Now Collaborative, which is an 18-month national QI initiative to maximize the national viral suppression rate in each participating agency. Those subrecipients who receive MAI funding implement "MAI Innovations" projects that focus on specific subpopulations but do not follow the MFI methodology, not applicable to this site visit.

Overview of Subrecipient Meeting/Site Visited:

The site visit team visited the Public Health Trust, Jackson Health System (PHT), and South Florida AIDS Network. The agency provides outpatient services throughout Miami-Dade County (MDC). The participants indicated a good working relationship with MDC-OMB and its staff. Lines of communication were open and transparent, and recipient staff were given high marks; however, concerns were expressed regarding the delay in the execution of contracts. It was reported that delays were based on the length of time for the recipients and subrecipients to review contacts before approval. For 2023, that time lapse was 343 days from the provisional letter for funding to an executed contract; this concern is further addressed in the fiscal section of this report. It was reported that delivery of services was not interrupted due to organizational fiscal stability and once the contracts were completed, payments were received in a timely manner.

Other areas of concern were an inability to bill for staff trainings, (which is addressed in administrative findings), client involvement in the consumer advisory boards due to lack of incentives for participation, reciprocal eligibility has been a challenge, and lack of access to review payments for each service category, making it difficult to reconcile payments and invoices.

RWHAP Part A services provided by PHT include medical case management, medical transportation, oral health care, outpatient ambulatory health services, and outreach services.

Additionally, the South Florida AIDS Network has played and continues to play a significant role in the Miami-Dade HIV/AIDS PC. The program has several key points of entry for new clients that include special immunology clinics, inpatient services, Gilead's Frontlines of Communities in the United States, jail linkage, test and treat rapid access, idea exchange, (coordination with needle exchange), and homeless shelters.

Care Resource Community Health Centers, Inc., (Care Resource), is a 501(c)(3) non-profit, multi-cultural community-based organization with five service locations in Miami-Dade County and Broward County, Florida. Care Resource is also

a Federally Qualified Health Center, certified as a Patient-Centered Medical Home (PCMH). Care Resource provides the following RWHAP core medical and support services in Miami-Dade County: outpatient/ambulatory health services, oral health care, medical case management including treatment adherence services, AIDS Pharmaceutical Assistance [(Local Pharmaceutical Assistance Program (LPAP)], substance use disorder, outpatient care, emergency financial assistance, medical transportation, and outreach services.

Care Resource also offers HIV tests and treat/rapid access (TTRA) services to ensure patients with a new diagnosis of HIV, or returning to HIV care after a gap in treatment are started on antiretroviral therapy (ART).

One of Care Resource's current quality improvement projects within the RWHAP aims to address health disparities and improve viral suppression among Hispanic Men who Have Sex with Men, Black/African American/Haitian women, and Hispanic women. In 2023, 2,077 clients received services at Care Resource. The populations served include children, adolescents, and older adults; women of all races and ages; sexual and gender minority individuals; and people with HIV and affected by the epidemic.

Care Resource has a diverse staff of over 380 employees representing a variety of socioeconomic and cultural backgrounds. Staff members also relayed a concern over the delay in the execution of contracts, as previously explained. They also related their relationship with the recipient was phenomenally successful and respectful, with open communication, cordiality, and professionalism.

Subrecipient Stakeholder Meeting:

Members of the HRSA site visit team met with 21 individuals representing RWHAP Part A subrecipients; the intent was to receive feedback on their relationship with MDC-OMB and assess their involvement in HIV community planning and their views on accessibility of HIV services. Initially, the discussion focused on the integrated plan, of which most of the attendees were aware and many had participated in its completion. The plan has allowed the subrecipients to formulate goals and objectives and to develop quality plans. They feel the plan has helped to drive community resources and was vital in the delivery of services. The group also discussed the delay with contract execution and is looking forward to the recipient's new proposal to expedite that process. Most respondents indicate that this delay did not impede their ability to provide services.

Those responding indicated a good line of communication with the recipient and spoke highly of the collaboration with the recipient staff. It was noted that staff were available, as needed and held an annual or bi-annual recipient forum.

Barriers to care included continued stigma and increased challenges in reaching emerging populations. Additionally, the intersection between funding services can be difficult to navigate, e.g., Substance Abuse and Mental Health Services Administration's (SAMHSA) early intervention HIV testing is only available to those entities receiving SAMHAS's funding. Improvements needed included increased access to affordable housing, issues associated with cross-jurisdictional clients, and the inability to share client HIV status between programs. There are continuing discussions with housing providers and RWHAP Part B to alleviate these concerns. Another challenge the group discussed was related to the hiring and retention of staff, which they attributed to low salaries compared to the local cost of living, stringent hiring processes, and salary gaps.

Summary of People with Lived Experience/Community Meeting:

Members of the site visit team met with nine people with lived experience who receive RWHAP Part A services within Miami-Dade County (MDC). The participants reported length of time in receiving Ryan White services as follows: less than 1 year (1); 4-5 years (1); 11-15 years (1); over 15 years (6). The reported age of participants was: 40-54 (1); 55-64 (4); and over 65 (4). The reported race was: Hispanic (2); African American or Black (6); and other (1) and the reported gender was: Women (6), Men (3).

Primary services used by meeting attendees were medical care and medical case management. When asked about their experience in receiving services, the responses ranged from satisfied to those that indicated they were still experiencing issues related to stigma at their medical provider's office; the same was true when discussing their medical case managers. The primary issue was that not all case managers have the same level of training or knowledge of available services or where to access those services, including those services available through alternative funding mechanisms within the jurisdiction. Most of the participants were not aware of all the services available through the RWHAP Part A program and were surprised at the scope of services available. The group also indicated that they were not aware they could self-refer to services or the process by which to do so. When asked about additional services needed, the number one request was for additional and affordable housing. There were also issues accessing medical transportation, oral health, assistance with funeral expenses, and the need for a less restrictive process to access services not associated with the RWHAP enrollment or care site.

III. Finding Categories for Review:

A. Administration: Finding(s) identified

1. Findings and Recommendations

Contractual/Procurement: Finding(s) identified

Finding 1: Programmatic	
Description:	Lack of subrecipient contract language specifying compliance with scope of work and deliverables aligning with allowable service categories and requirements.
Finding Description:	The recipient is not allowing subrecipients to include staff training in the budget line items as a billable service. Contracts and RFPs did not clearly define allowable services activities. Staff training necessary to provide high-quality RWHAP services may be charged to the appropriate service category; these costs include training registration, maintenance of licensure and/or credentials, and individual membership dues. Service-specific funds used for this purpose should be carefully monitored by the RWHAP recipient and should not exceed 5 percent of the dollars allocated to provide the service. Organizational membership dues cannot be attributed to a service category and, therefore, are administrative costs subject to the 10 percent cap. Subrecipient time spent in training and capacity development activities related to quality improvement projects is not billable.
Citation:	RWHAP National Monitoring Standards for RWHAP Part A, Fiscal Standards A, B; Program Standards Section A, H.3.c, H.3.d; Section J; PCN 15-01 and PCN 15-02;
Recommendation:	It is recommended that allowable billable services be included in the upcoming RFP and as a service line item. Contracts must include language that defines RWHAP Part A direct and administrative services in sufficient detail to allow for the determination of the cost as being allowable. The CQM contractor provides training to the subrecipients in response to needs identified through a semiannual CQM committee evaluation; these trainings include curation of online resources, individualized technical assistance (TA), and CQM orientation for new medical case managers. The CQM contractor is also developing six QI training modules that focus on different steps of the quality improvement process; these training courses are essential for ensuring the quality of the EMA's CQM program. It is often difficult for staff members to attend these trainings due to their inability to account for their time in billable units. It is recommended that the recipient take steps to ensure training essential to subrecipient staff job functions can be compensated under their subcontracts.

Administrative Structure and Management: Finding(s) identified

Finding 1: Programmatic	
Description:	Lack of compliance with the requirement for grievance procedures.
Finding Description:	Client Grievance Procedures: Lack of compliance with requirement that recipient has written procedures for managing client complaints/grievances. The recipient has documented procedures for handling provider complaints and/or grievances, however, it has not developed client grievance procedures. The recipient permits subrecipient grievance procedures to cover client complaints/grievances, however, these procedures do not include a process/role for recipient involvement in the client grievance process.
Citation:	Notice of Award
Recommendation:	The recipient needs to develop, with subrecipients, a grievance procedure for handling client complaints/grievances that includes the role of the recipient in the grievance process. The procedures need to include the manner of distribution and communication of the procedures with clients, signature of clients, and prominent posting within subrecipient facilities.

Governance and Constituent Involvement: Finding(s) identified

Finding 1: Programmatic	
Description:	Lack of compliance with requirement to have written policies regarding Planning Council/Body roles and responsibilities. (RWHAP Part A Only)
Finding Description:	The planning council (PC) executive committee was not involved in the development of, nor was it continually updated on its operating budget, which did not allow the PC committee to determine if the budget is sufficient to support legislative functions and costs that support necessary activities, such as participation of client members, and publicizing PC activities for meeting needs of the PC.
Citation:	Part A Planning Council Primer; HRSA HAB RWHAP Part A Manual
Recommendation:	PC leadership must be an active participant in determining the budget for the PC, the allowable costs associated with the budget and receive regular budget updates. PCs need personnel to assist them in their work and money to pay for activities and items like a needs assessment and meeting costs. The PC support budget must cover reasonable and necessary costs associated with conducting legislatively mandated functions. The PC's budget is a part of the recipient's administrative budget, so the PC and recipient decide together what funds are needed. The PC then works with its support staff members to develop its own budget and monitor expenses and must meet RWHAP and recipient rules regarding use of funds. In deciding how much PC support to pay for, PCs and recipients must balance the need for support to meet planning requirements with the need for other administrative activities and for direct services for people with HIV. The PC and recipient must develop a procedure for negotiating, approving, and monitoring the annual PC budget, which should be documented in the MOU between the recipient and PC.

Finding 2: Legislative	
Description:	Lack of compliance with the requirement for Planning Council (PC) membership to comply with representation and reflectiveness. (Part A Only)
Finding Description:	The current PC membership is not reflective or representative of the epidemiology of the EMA. Most recent PC membership data indicates that White, non-Hispanics, Men, and people between the ages of 50 and above are over-represented, while Black non-

	Hispanics and ages 13-49 are under-represented.
Citation:	RWHAP Part A legislation, sections 2602 (b)(2), 2601. b.5. C., of title XXVI of the Public Health Service Act; 42 U.S.C. 300ff-11-300ff-20.
Recommendation:	The PC needs to develop and implement a membership recruitment strategy to increase the number of individuals who represent and are reflective of the EMA's current epidemiology; methods to accomplish this include, but are not limited to, presentations, brochures, collaborating with subrecipients, and collaborating with PC support staff members in expanding the membership search methodology.

2. Improvement Options:

Improvement Option:	Finding Category Item: Administrative Other
Description:	Although the recipient was providing training and orientation to staff members to comply with requirements to align activities with approved work plan/training plan/scope of work, training needs to be strengthened in medical case management. During the client meeting, some participants stated that not all case managers possessed the same level of program knowledge regarding availability of services in the EMA nor how to access those services.
Recommendation:	The recipient should consider re-establishing medical case management training to subrecipients to ensure continuity of service provision. During the client meeting, clients stated they were not aware of all the services for which they are eligible under the RWHAP or where to receive those services. They also indicated they did not know they could self-refer to services or how to complete the self-referral; this would include referrals to other RWHAP-funded services in the EMA and non-HIV services providers that would benefit them.

Improvement Option:	Finding Category Item: Governance and Constituent Involvement
Description:	PC members indicated they needed a more robust orientation training to prepare for their numerous legislative responsibilities, most notably priority setting and resource allocation. They also indicated a need for additional training throughout the PC year. The recipient indicated that training is available monthly as "Get on Board," and is listed on the monthly calendar of activities.
Recommendation:	It would be beneficial if the PC leadership announced, and the meeting agendas referenced the training sessions available to membership and how to access that training. It would also be helpful if, periodically, more complex training was presented to the entire body during a regularly scheduled meeting. Lastly, the PC explained they were going to explore the introduction of a mentoring program for new members to better prepare them to meet the responsibilities as a council member.

Improvement Option:	Finding Category Item: Governance and Constituent Involvement
Description:	Planning Council (PC) leadership reflectiveness and increased client leadership involvement.
Recommendation:	Although the PC does ensure that at least one of the leadership positions is occupied by a person with lived experience, it is recommended, to the extent possible, the PC consider establishing a protocol to ensure that at least one of the leadership positions (chair or co-chair) is filled with a client of the program.

Improvement Option:	Finding Category Item: Administrative Other
Description:	Subrecipient monitoring was inconsistent between subrecipients.
Recommendation:	It is recommended that monitoring of subrecipients be consistent. One subrecipient indicated they were not aware of the findings at the time of the exit interview and were surprised with the findings that appeared in the final report. The recipients' policies and procedures should

	establish uniform administrative/monitoring requirements.

Improvement Option:	Finding Category Item: Administrative Structure and Management
Description:	The recipient lacks outreach efforts that promote the awareness and availability of funded HIV care and support services in the Miami EMA. Some clients interviewed during the site visit were not aware of the services offered by the recipient, nor the process by which to access those services.
Recommendation:	The recipient needs to review and update current policies to ensure that outreach efforts inform people with HIV of the availability of services and how and where to access funded services. Items to consider include, but are not limited to, the use of informational materials about agency services and eligibility requirements, including brochures, newsletters, posters, community bulletins, or any other type of promotional material that has proven successful, as well as documentation of any program activities focusing on specific groups of people with HIV to inform them of how to access services. The recipient should maintain a file documenting agency activity for promoting HIV services to individuals, including copies of HIV program materials promoting services and explaining eligibility requirements. Also, they should provide in-person training at non-HIV-specific agencies within the EMA that provide services to the identified population to inform staff and clients of RWHAP Part A services, access and eligibility information, and information on the PC. The EMA also needs to develop and implement consistent training for medical case managers in the services offered and the means to access those services.

Improvement Option:	Finding Category Item: Administrative Other
Description:	The recipient needs to move forward with including non-medical case management as a fundable service in the new RFP; the PC has initiated a directive to the recipient to include this as a service to be allocated in the new grant.
Recommendation:	It is recommended that the recipient continue to explore including the service category of non-medical case management in the upcoming RFP and update its current standards of care associated with this service category.

3. Program Strengths

Strength:	Relationships with subrecipients and community partners.
Description:	During subrecipient visits, a very positive working relationship with the recipient was reported with open lines of communication and an “open door” policy if they had concerns or needed to speak with a staff member. They described the experience as collegial, professional, and effective.

Strength:	Dedicated and Skilled Recipient Staff.
Description:	Staff members of the Miami-Dade County RWHAP display a high degree of program knowledge, knowledge of the jurisdiction, and a deep concern for the clients served. Staff members work diligently to ensure the program is well managed and that quality services are provided.

Strength:	Development and maintenance of exceptional external website.
Description:	The recipient, through its PC support contractor, has developed a model website to inform the public about services and events. The website includes sections with detailed information about the Miami-Dade HIV/AIDS Partnership, resources for people with HIV and for service providers, the recipient’s CQM program, and upcoming events. The website is optimized for

	use on a laptop or smart phone, and short videos are available in multiple languages. The website was developed with ease and accessibility of services in mind.

B. Fiscal: Finding(s) identified

1. Findings and Recommendations

Fiscal Management and Oversight: Finding(s) identified

Finding 1: Legislative	
Description:	Lack of compliance with the requirement to pay subrecipients in advance and in a timely manner in compliance with 45 CFR 75.305.
Finding Description:	The recipient's contracting process does not support the requirement to pay invoices within 30 days of receipt at the beginning of the grant year. Contracts should be fully executed within 30-45 days at the start of the grant year, which is March 1. For subrecipients to receive payment, the contract must be fully executed; this can take up to 8 months after the start of the grant year. It is recognized the recipient has been working on this issue and is making progress, e.g., provisional award letters were sent to subrecipients six weeks earlier in 2024, as compared to the previous year. There are additional aggressive goals associated with this improvement project the recipient is working toward. It is noted that once the contracts are executed, the recipient fiscal department pays invoices within 30 days and offers electronic payments to subrecipients.
Citation:	45 CFR section 75.305
Recommendation:	The recipient fiscal staff must continue to review its process, policies, and procedures to assure compliance with the federal requirement; incremental improvement should be well documented, as the administrative team is prioritizing this important issue. Support from the highest levels in Miami-Dade County (MDC-OMB) will continue to be needed to remove barriers to timely contract execution. The recipient must be able to accept and pay subrecipient invoices throughout the year within 30 days.

2. Improvement Options:

Improvement Option:	Finding Category Item: Fiscal Management and Oversight
Description:	The invoice processing log used by the recipient targets 30 days from the date the invoice is recognized by the financial system to the date it is approved by Miami Dade County (MDC-OMB).
Recommendation:	The recipient should review data being gathered on the Invoice Received Log to better illustrate the improvements in the contracting process and more accurately reflect the number of days between receipt of the invoice, (not the date the invoice is recognized), and payment of the invoice, (not the approval date). The requirement is not invoice approval within 30 days; it is payment of the invoice within 30 days.

Improvement Option:	Finding Category Item: Fiscal Other
Description:	Subrecipients were unable to describe why, after submitting their monthly invoice, they receive a monthly county inquiry in order to have the invoice processed and paid. Additionally, payments from MDC are received without designating which invoices the payment is tied to.

Recommendation:	There is an opportunity to provide fiscal TA to subrecipients. A few topics that may be useful to start with: what triggers the monthly county inquiry communication and how to minimize the number of inquiries received; use of the vendor portal of the Integrated Financial Resources Management System (INFORMS) and how to identify which invoices are being addressed when a large payment is received from MDC.

Improvement Option:	Finding Category Item: Subrecipient Monitoring
Description:	Program income is not mentioned in the annual monitoring report; this is likely because many subrecipients deny having any program income.
Recommendation:	Although the recipient is monitoring subrecipients for program income, this should be documented in the annual monitoring report. Regardless of whether or not the subrecipient generates program income, the status should be validated and documented in the report.

C. Clinical Quality Management: **Finding(s) identified**

1. Improvement Options:

Improvement Option:	Finding Category Item: CQM Infrastructure
Description:	The recipient's current CQM plan was last updated and approved in June 2023 and includes most required components, but the narrative descriptions do not adequately describe all aspects of the CQM program. The work plan lists activities that are not focused on improving aspects of the CQM program, but instead are mostly routine tasks, (e.g., hosting monthly CQM Committee meetings, updating the CQM plan annually). The work plan also does not include a comprehensive account of timelines, milestones, accountability for the CQM program, and progress and outcomes.
Recommendation:	When revising the CQM plan, including the work plan, the recipient should ensure the CQM program and its efforts toward improvements are clearly described in some detail. The recipient should develop annual quality goals (AQGs) that reflect the focus of the CQM program's most important areas of need as it pertains to infrastructure, performance measurement, quality improvement, and subrecipient monitoring. With the AQGs as the basis of the work plan's goals and objectives, the recipient should ensure the work plan reflects key actions, (milestones), timelines, (target dates to complete work), responsible parties, (accountability), and the outcomes/results, (progress and impact). This approach enables ongoing benchmarking of progress against timelines and provides the basis for effective evaluation of the CQM program.

Improvement Option:	Finding Category Item: CQM Infrastructure
Description:	Recipients should regularly evaluate CQM activities to maximize the impact of the program. Currently, the recipient's evaluation process focuses on surveys used to evaluate CQM trainings and committee involvement, Quality Improvement (QI) metrics of improvement, and reports on QI and the EMA's Integrated Plan activities. While these activities are important, the evaluation process should focus on the recipient's CQM program needs, and its plans to address those needs through implemented actions, progress on the impact of those actions, and whether goals and objectives were accomplished.
Recommendation:	Upon revising the CQM plan's work plan to include realistic, achievable goals and objectives in the main components of CQM, (infrastructure, performance measurement, QI, and subrecipient monitoring), the recipient should develop and implement a process to regularly, (at least quarterly), evaluate whether planned activities, as written in the work plan, and intended outcomes were achieved and how to address challenges and barriers to

	achievement.

Improvement Option:	Finding Category Item: CQM Infrastructure
Description:	The recipient has conducted an annual client satisfaction survey since 2008 as the primary means of involving people with HIV in its CQM program. The CQM committee reviewed aggregate findings from the FY 2022 survey in May 2023. The FY 2023 survey was then developed in July 2023; data were collected September-November 2023, analyzed by the CQM contractor, and provided to subrecipients in January 2024. To date, the subrecipients have not reviewed the data, alongside the recipient, and CQM contractor to identify trends and discuss how to utilize the findings. The survey is lengthy, (i.e., approximately 80 questions), and requires 30-45 minutes to complete.
Recommendation:	The recipient should examine the usefulness of the survey in its current iteration, while considering alternative methods to involve people with HIV in the CQM program. The recipient can consider options, such as implementing surveys focused on specific subpopulations, (e.g., youth, transgender people, etc.), and survey methodologies that enable a more timely and effective process.

Improvement Option:	Finding Category Item: CQM Infrastructure
Description:	The recipient's CQM committee is comprised of approximately 30 members and meets virtually at least twice per quarter. The committee meetings are productive but given the size of the group and its composition, the committee does not adequately plan, implement, monitor, and evaluate the recipient's CQM program and its corresponding goals, objectives, and key activities.
Recommendation:	The recipient should consider establishing and operationalizing an internal CQM committee that meets regularly, (at least quarterly), to discuss strategic planning, implementation, monitoring, evaluation, and possible sustainment of CQM program activities. One potential option is convening a core group consisting of representatives from the recipient, CQM contractor, and possibly of the FDOH-MDC to develop the CQM program and corresponding activities.

Improvement Option:	Finding Category Item: CQM Performance Measurement
Description:	The recipient has continuously tracked the performance measures of HIV viral load and retention in care across most service categories without an annual process to assess whether these are the best measures to assess the services the recipient is funding and that reflect local HIV epidemiology and identified needs of people with HIV.
Recommendation:	The recipient should create an annual process to select performance measures that considers alternative measures that better assesses the services the recipient is funding, reflects local HIV epidemiology and identifies needs of people with HIV, informs the quality of care, and helps identify quality improvement activities.

Improvement Option:	Finding Category Item: CQM Program Quality Improvement
Description:	The recipient's CQM plan states the recipient will use the Model for Improvement (MFI) methodology as a "QI Guide" and includes several appendices as example documentation tools. Subrecipients funded for RWHAP Part A MCM are completing "Core QI Initiatives" that follow MFI's Plan-Do-Study-Act (PDSA) cycle, but subrecipients receiving MAI funding are completing "MAI Innovations" that do not follow the MFI methodology PDSA cycle.
Recommendation:	The recipient should utilize a defined approach or QI methodology across all QI activities and ensure all QI activities are implemented in an organized, systematic fashion where all QI activities are documented, regardless of whether the subrecipient receives additional MAI

	funding and is required to focus on a special population.

Improvement Option:	Finding Category Item: CQM Other
Description:	The recipient's 13 subrecipients funded for and providing MCM are highly engaged in the recipient's CQM program, as evidenced by attendance at CQM committee meetings and MCM supervisor trainings, receipt of the quarterly CQM report cards and QI Dashboard, and participation in monthly QI TA from the CQM contractor. The four subrecipients that do not provide MCM are not involved in any of these activities and do not receive CQM support and guidance from the CQM contractor.
Recommendation:	Although the four subrecipients that do not provide MCM are not required to report performance measures or implement QI projects, the recipient should explore mechanisms to engage these subrecipients in the CQM program in a manner that aligns with their capacity and interest, (e.g., distribution of client satisfaction surveys, inviting clients to the Community Coalition, discussing data).

2. Program Strengths

Strength:	Data visualization
Description:	The CQM contractor produces two high-quality data visualization and analysis tools: the CQM report card and the QI dashboard. The CQM report card provides quarterly visualization of viral load suppression, retention in medical care, and refined outcome measures for all RWHAP clients, those receiving one or more units of MCM care during the reporting period, and those receiving one or more unit of OAHS; it is displayed by subrecipient and then subrecipients are grouped into peer cohorts. The report card also contains performance measures for clients receiving health insurance premiums and cost sharing assistance. The QI Dashboard provides customized subrecipient-specific client-level outcome data on a quarterly basis; it includes annual retention and viral load suppression data as well as demographic information for each client receiving MCM or OAHS services. Subrecipients expressed the utility of these tools for understanding their own data and identifying areas for QI. The QI Dashboard will hopefully be updated to include more nimble disparity analyses. The recipient and the CQM contractor are encouraged to share their tools with recipients outside the EMA as a model for replication.

IV. Technical Assistance Recommendations/Needs:

None.

V. Next Steps & Resources for Accessing the Corrective Action Plan (CAP):

When you receive a copy of this final site visit report through EHBs, a Corrective Action Plan (CAP) task will be created in EHBs documenting the findings and recommendations stated in the report. You will have 30 days from receipt of the task in EHBs to complete the CAP addressing your proposed resolution of the findings. The CAP will then be monitored by your project officer through EHBs until all findings are resolved at which time the CAP will be closed out.

See the Site Visit Corrective Action Plan User Guide and Help Video for reference.
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