Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

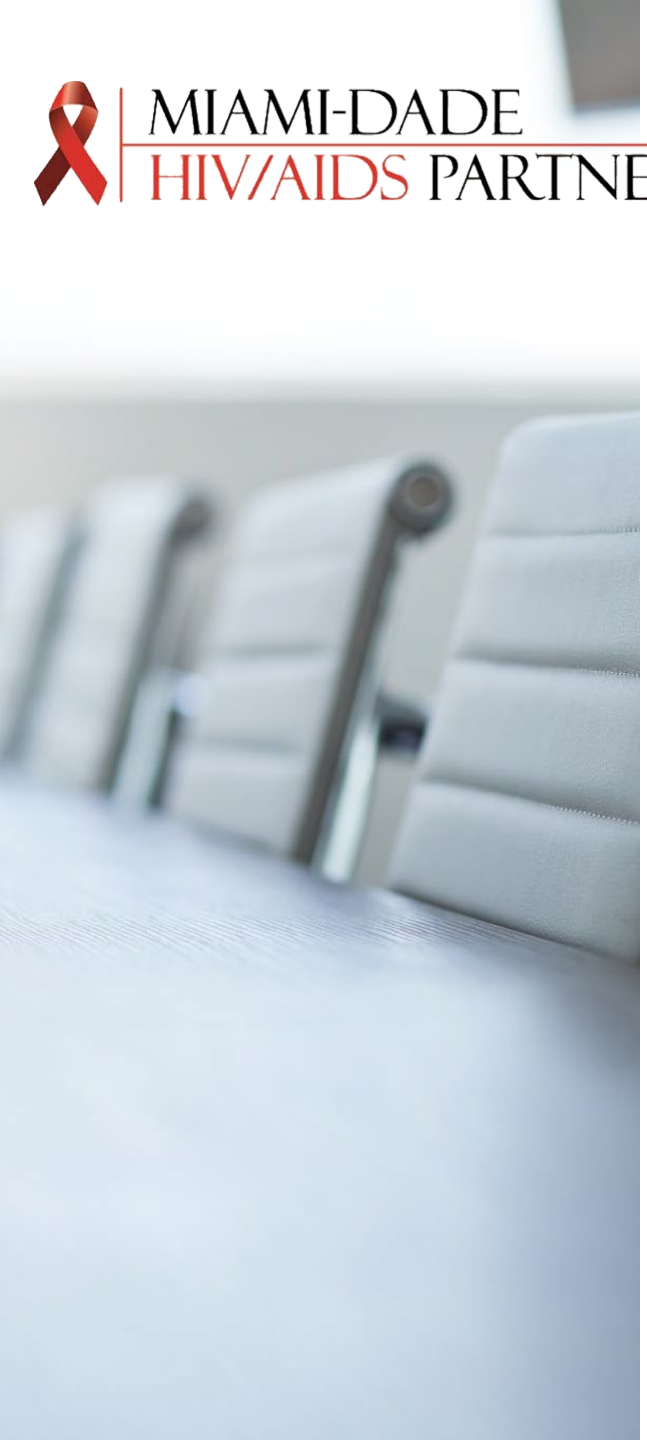
I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

MIAMI-DADE HIV/AIDS PARTNERSHIP



Meeting Housekeeping- Care and Treatment

Updated April 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

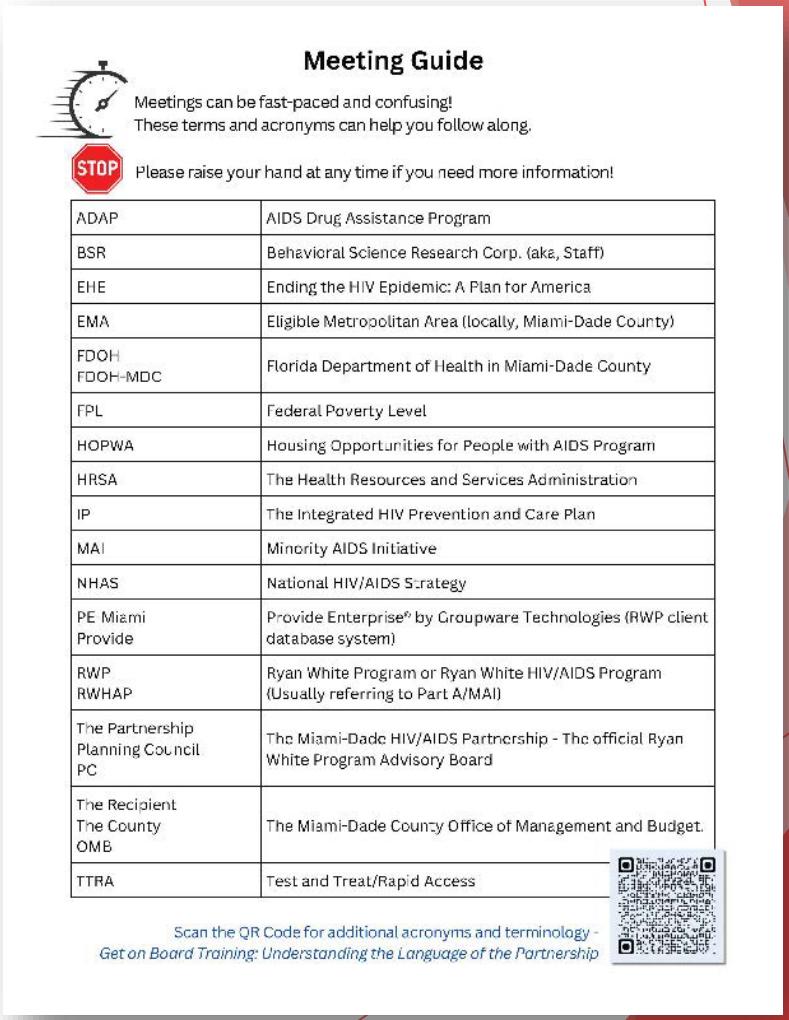
- Raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.
- Raise your hand to be recognized by the Chair or added to the queue.
- Only members of the Committee vote on items.
- Discussion should be limited to the current Agenda topic or motion.
- Speakers 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.

Meeting Terminology

Meetings can be fast-paced and confusing!

Terms and acronyms you might hear at today's meeting are on the back of your Agenda.

Please raise your hand at any time if you need more information!



Meeting Guide

Meetings can be fast-paced and confusing!
These terms and acronyms can help you follow along.

STOP Please raise your hand at any time if you need more information!

ADAP	AIDS Drug Assistance Program
BSR	Behavioral Science Research Corp. (aka, Staff)
EHE	Ending the HIV Epidemic: A Plan for America
EMA	Eligible Metropolitan Area (locally, Miami-Dade County)
FDOH FDOH-MDC	Florida Department of Health in Miami-Dade County
FPL	Federal Poverty Level
HOPWA	Housing Opportunities for People with AIDS Program
HRSA	The Health Resources and Services Administration
IP	The Integrated HIV Prevention and Care Plan
MAI	Minority AIDS Initiative
NHAS	National HIV/AIDS Strategy
PE Miami Provide	Provide Enterprise® by Groupware Technologies (RWP client database system)
RWP RWHAP	Ryan White Program or Ryan White HIV/AIDS Program (Usually referring to Part A/MAI)
The Partnership Planning Council PC	The Miami-Dade HIV/AIDS Partnership - The official Ryan White Program Advisory Board
The Recipient The County OMB	The Miami-Dade County Office of Management and Budget.
TTRA	Test and Treat/Rapid Access

Scan the QR Code for additional acronyms and terminology -
Get on Board Training: Understanding the Language of the Partnership

Resources

- Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- Today's presentation and supporting documents are online at aidsnet.org/the-partnership/#caretreatment2 or scan the QR code on your agenda.

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

RETURN TO MENU

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

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.”

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

Care and Treatment Committee Meeting
Care Resource Health Care Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor Executive Board Room
Miami, FL 33137

March 14, 2024 Minutes

#	Committee Members	Present	Absent
1	Fils Aime, Louvens	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
Camino, Jose
Gutierrez, Oliver
Johnson, Ashley
Kratofil, Keri
Noguera-Washington, Ramona
Poblete, Karen
Williams, Stephen
Staff
Ladner, Robert
Meizoso, Marlen

All documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at https://aidsnet.org/the-partnership#caretreatment2.

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

Dr. Mary Jo Trepka, the Chair, called the meeting to order at 10:18 a.m.

II. Introductions *Dr. Mary Jo Trepka*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Marlen Meizoso*

Dr. Trepka indicated Marlen Meizoso will be reviewing the meeting housekeeping presentation which highlighted the location of Committee items and new features.

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 that was distributed and posted in advance of the meeting. Rick Siclari was not present yet so any item with his name should be changed until he arrives. Staff indicated they had an announcement.

Motion to accept the agenda, with changes as noted.
Moved: Dan Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

VI. Review/Approve Minutes of February 8, 2024 *All*

The committee reviewed the minutes of February 8, 2024, and approved it as presented.

Motion to accept the minutes from February 8, 2024, as presented.
Moved: Dan Wall **Seconded: Dr. Daniel Shmuels** **Motion: Passed**

VII. Reports

- *Part A* *Dan Wall*

Dan Wall reviewed Ryan White Program (RWP) expenditures and clients served to date. Pending final numbers for the fiscal year, the RWP has served almost 9,000 unduplicated clients. To date, 86.3% of Part A and 56.3% of MAI of funds have been expended. Bills are still being paid and some carryover is expected after all expenditures are reconciled. The largest unexpended amount will be under MAI, The Health Resources and Services Administration (HRSA) is reinterpreting some of the requirements for use of MAI funds.

The HRSA site visit took place at the end of January, and the final report has not been received.

Mr. Wall indicated that the Statewide Medication Access workgroup is discussing requesting a letter of medical necessity for Ozempic. He also advised that the State is preparing a Request for Proposals (RFP) for a fiduciary agent.

- *Part B* *Karen Poblete*

Karen Poblete reviewed the Part B reports for December 2023. As of that date, 975 had been served at a cost of $98,746.41.

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

The February ADAP report as of March 1, 2024, indicated the expenditures for pharmaceuticals and insurance premiums, and provided program updates including new in-network pharmacies. Additionally, the latest ADAP formulary and guidance for marketplace assistance are posted online.

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

Dr. Trepka reviewed the report, which is posted on aidsnet.org. The Medical Care Subcommittee (MCSC):

- Reviewed and discussed the Oral Health Care Standards which were commented upon by former Oral Health Care Workgroup members. No changes were requested.

- Reviewed and made several edits to the Oral Health Care Service Description including changing "physician" to "licensed medical provider", and editing a sentence for clarity. The draft version presented included a client annual limit from prior years. There is currently no limit on this service, but cost containment will need to be reviewed. The Subcommittee voted to accept the description with the changes, pending review of the need for the annual client limit cap by the County.

Motion to accept the changes to the Oral Health Service Description as discussed, pending review of the annual client limit cap by the County.
Moved: Dan Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

- Made a motion to change "physician" to "licensed medical provider" on all the service descriptions.

Motion to change "physician" to "licensed medical provider" in the service descriptions.
Moved: Dan Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

- Reviewed the edits made to the Substance Abuse Service Description which included updates to priorities and dates.

Motion to accept the changes to the Substance Abuse Service Description as presented.
Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

- *Vacancies* *Marlen Meizoso*

Marlen Meizoso reviewed the vacancy report as of early February. There are vacancies on all Committees and the Partnership. Currently there are eight vacancies on Care and Treatment. If anyone knows of anyone who may be interested in the work of the Committee, staff encourages these persons to be invited to a meeting or training, or be directed to staff for further information.

VIII. Standing Business

- *Service Categories Development Continued* *All*

Emergency Financial Assistance (EFA)

The Committee continued its service category development. The current version of the development document now lists the five new services and status of each item. The Committee had requested edits to the EFA language which was incorporated into the draft that was presented. The Committee reviewed the draft and accepted it as presented.

Motion to accept the Emergency Financial Assistance Service Definition for the next Ryan White Program Part A/MAI RFP as presented.
Moved: Dr. Diego Shmuels **Seconded: Dan Wall** **Motion: Passed**

Psychosocial Support

Based on the discussion at the last meeting a revised draft was presented and reviewed. The following suggestions were made:

- Delete paragraph in bold, "Please note: All initial assessments;"
- Change 300% FPL to 400% FPL;
- Add language about being able to refer to any additional services;
- Remove language under rules for reimbursement and instead indicate reimbursement will be determined by the Recipient;
- Indicate that documentation of what services are provided should include who attended, general content of session, and who provided service; and
- Indicate that walk-ins should be allowed only with all appropriate and required eligibility documentation.

The revised service descriptions will be reviewed at the next meeting.

Housing

Staff drafted a model Housing service description based on the Ending the HIV Epidemic (EHE) Housing Services description and the HRSA Policy Clarification Notice (PCN) #16-02 for discussion. The EHE Housing component allows for additional services not allowed under PCN #16-02. The Part A-funded service would only be accessible if the EHE Housing Service was no longer funded. EHE reimbursement limits are based on the Fair Market Rates which are also used by the Housing Opportunities for Persons with AIDS (HOPWA) program. Staff will review the cap and add it to the service description.

A revised draft will be reviewed at the next meeting.

Health Education/Risk Reduction

The Committee reviewed the requirements under PCN #16-02. Several services are provided through other service categories such as Outreach and Medical Case Management, although documentation needs to be improved. In consideration of funding restrictions on support services and to avoid duplication of services, the Committee voted not to include this service in the next RFP.

Motion to remove Health Education/Risk Reduction from the service categories in the next Ryan White Program Part A/MAI RFP.
Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

Non-Medical Case Management

The Committee discussed Non-Medical Case Management and reviewed an infographic of the difference between medical and non-medical case management. Peers are currently funded under medical case management but could be moved to the non-medical case management service category. Billing data and billing codes for peers and medical case managers will be brought to the next meeting.

Bundling

The Committee briefly discussed the bunding of Outpatient Ambulatory Health Services (OAHS) with Medical Case Management (MCM) and Mental Health Services (MHS), as well as non-medical Case Management in the upcoming RFP. The bundling motion from the previous Care and Treatment Committee deliberation on this topic was seen as faulty in its construction. The Committee requested staff bring bundling criteria for discussion and consideration to the next Committee meeting.

IX. New Business

- *Meeting Location* *All*

The Committee discussed future meeting locations. Rick Siclari indicated that the Executive Board Room at Care Resource is available and members agreed to continue to meet at this location.

X. Announcements and Open Discussion *All*

Mrs. Meizoso indicated that annual Source of Income Forms -- required of County advisory board members -- are in meeting packets for those members who need to complete the form. Forms are due to the County by the end of June.

XI. Next Meeting *Rick Siclari*

The next meeting is scheduled for Thursday, April 11, 2024, at Care Resource from 10:00 a.m. to 12:00 p.m.

XII. Adjournment *Dr. Mary Jo Trepka*

With business concluded, Dr. Trepka thanked Care Resource for their hospitality, thanked the members for participating in today's meeting, and adjourned the meeting at 12:59 p.m.

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | 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: **February 2024**

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)	1	45	1	19
Health Insurance Premium and Cost Sharing Assistance	36	4,663	21	1,578
Medical Case Management	4,484	102,240	2,287	8,532
Mental Health Services	57	671	32	120
Oral Health Care	348	9,886	254	2,696
Outpatient Ambulatory Health Services	1,036	29,803	779	4,524
Substance Abuse Outpatient Care	0	23	0	10
Support Services				
Food Bank/Home Delivered Meals	146	21,605	122	1,339
Medical Transportation	92	6,321	88	989
Other Professional Services	31	797	10	89
Outreach Services	26	756	25	234
Substance Abuse Services (residential)	0	4,926	0	71
TOTALS:	6,257	181,736		

Total unduplicated clients (month): 2,951

Total unduplicated clients (YTD): 9,037

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 03/27/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2024**

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)	1	45	1	19
Health Insurance Premium and Cost Sharing Assistance	36	4,663	21	1,578
Medical Case Management	3,498	90,945	1,927	8,269
Mental Health Services	51	614	28	101
Oral Health Care	348	9,886	254	2,696
Outpatient Ambulatory Health Services	961	26,772	742	4,339
Substance Abuse Outpatient Care	0	22	0	9
Support Services				
Food Bank/Home Delivered Meals	146	21,605	122	1,339
Medical Transportation	92	6,191	88	979
Other Professional Services	31	797	10	89
Outreach Services	19	709	18	193
Substance Abuse Services (residential)	0	4,926	0	71
TOTALS:	5,183	167,175		

Total unduplicated clients (month): 2,619

Total unduplicated clients (YTD): 8,931

REPORT COMPILED ON: 03/27/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 2024**

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	986	11,295	481	1,076
Mental Health Services	6	57	4	19
Outpatient Ambulatory Health Services	75	3,031	49	739
Substance Abuse Outpatient Care	0	1	0	1
Support Services				
Medical Transportation	0	130	0	38
Outreach Services	7	47	7	41
TOTALS:	1,074	14,561		

Total unduplicated clients (month): 522

Total unduplicated clients (YTD): 1,531

REPORT COMPILED ON: 03/27/2024

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 February 2024, as of 4/4/2024. This report reflects reimbursement requests that were due by 4/1/2024, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total $1,540,645.14. The Recipient is currently in the closeout period for FY 2023. The amounts reported herein are not final.

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**		2,893,726.00
Quality Management	**$ 600,000.00**		
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)	$ -	$ -	25,660,365.00
Unobligated Funds (Carry Over)	$ -		

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	1,095.57	
5606920000	Health Insurance Services	277,463.06	
5606870000	Medical Case Management	5,600,170.50	
5606860000	Mental Health Therapy/Counseling	55,477.50	
5606900000	Oral Health Care	3,513,442.00	
5606610000	Outpatient/Ambulatory Health Svcs	7,016,081.56	
5606910000	Substance Abuse - Outpatient	1,410.00	
	CORE Services Totals:	16,465,140.19	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	1,979,131.90	723,098.00	2,702,229.90
5606460000	Medical Transportation	183,522.11		
5606890000	Other Professional Services	71,730.00		
5606950000	Outreach Services	106,999.45		
5606930000	Substance Abuse - Residential	1,180,250.00		
	SUPPORT Services Totals:	3,521,633.46	723,098.00	
	FY 2023 Award (not including C/O)	19,986,773.65		

TOTAL EXPENDITURES DIRECT SVCS & % :		**$**	**20,709,871.65** **90.97%**
Formula Expenditure %	**94.52%**		
5606710000	**Recipient Administration**	**1,775,377.71**	
5606880000	**Quality Management**	**600,000.00**	2,375,377.71

Grant Unexpended Balance	**FY 2023 Award**	**Carryover**	
	2,575,115.64	-	2,575,115.64
Total Grant Expenditures & %		**$**	**23,085,249.36** **89.96%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**82.38%**	**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%	**7.12%**	**Within Limit**

Printed on: 4/4/2024

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 February 2024, as of 4/4/2024. This report reflects reimbursement requests that were due by 4/1/2024, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total $74,953.96. The Recipient is currently in the closeout period for FY 2023. The amounts reported herein are not final.

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

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	348,987.30	619,992.05
5606860000	Mental Health Therapy/Counseling	2,795.00		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	501,602.91	401,826.05	903,428.96
5606910000	Substance Abuse - Outpatient	30.00		
	CORE Services Totals:	775,432.66	750,813.35	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank			
5606460000	Medical Transportation	7,616.40		
5606890000	Other Professional Services			
5606950000	Outreach Services	26,544.00		
5606930000	Substance Abuse - Residential			
	SUPPORT Services Totals:	34,160.40		
	FY 2023 Award (not inlcuding C/O)	809,593.06		

TOTAL EXPENDITURES DIRECT SVCS & %:		**$ 1,560,406.41**	**58.56%**
5606710000	**Recipient Administration**	**133,074.10**	
5606880000	**Quality Management**	**100,000.00**	233,074.10
	Grant Unexpended Balance	**FY 2023 Award** 1,578,913.84	**Carryover** 229,404.65
	Total Grant Expenditures & % (Including C/O):		**$ 1,793,480.51** **49.79%**

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**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**95.78%**	**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%	**5.08%**	**Within Limit**

Printed on: 4/4/2024

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

April 8, 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.

Opportunities for Ryan White Program Clients

9 *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

8 *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)
Prevention Provider Representative
Substance Abuse Provider Representative
Mental Health Provider ReprAgency Representative
Hospital or Healthcare Planning Representative
Federally Recognized Indian Tribe Representative
Miami-Dade County Public Schools Representative

Are you a Member?

Thank you for your service to people with HIV!
Be sure to bring a Ryan White client to your next meeting!

Do You Qualify for Membership?

If you answer "Yes" to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?
Note: Some seats for people with HIV are exempt from this requirement.

Can you volunteer three to five hours per month for Partnership activities?

Scan the QR code to complete a brief membership interest form

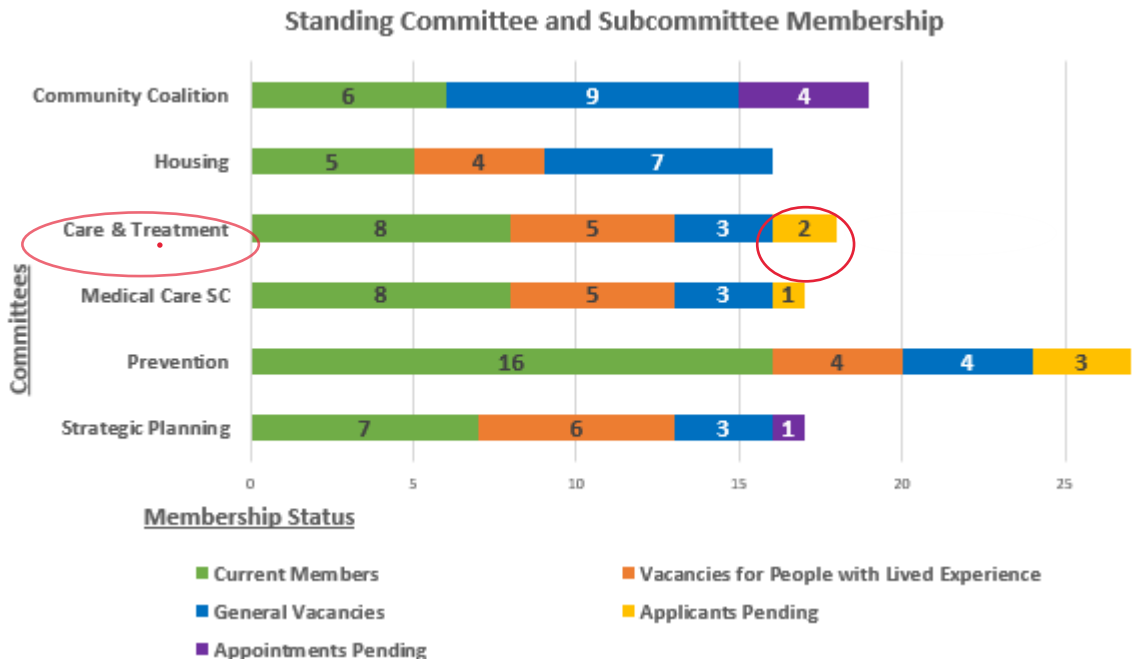
MEMBERSHIP

Committees

Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!
People with HIV are encouraged to join!

- Allocate more than $27 million in Ryan White Program funds with the **Care and Treatment Committee**
- Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the **Strategic Planning Committee**
- Recruit and train new Partnership members with the **Community Coalition**
- Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the **Housing Committee**
- Oversee updates and changes to medical treatment guidelines for the Ryan White Part/ MAI Program with the **Medical Care Subcommittee**
- Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the **Care and Treatment Committee**
- Share a meal and testimonials at Roundtables with the **Community Coalition**
- Develop and monitor the official HIV Prevention and Care Integrated Plan with the **Strategic Planning Committee** & **Prevention Committee**
- Develop your leadership skills and be a committee leader with the **Executive Committee**
- Oversee updates and changes to the Ryan White Prescription Drug Formulary with the **Medical Care Subcommittee**
- Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the **Prevention Committee** & **Strategic Planning Committee**
- Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

Visit www.aidsnet.org/the-partnership/ for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at mdcpartnerhsip@behavioralscience.com or 305-445-1076 for assistance.



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Partnership Report to Committees and Subcommittee
March 18, 2024 Meeting

Supporting documents related to motions in this report are available at www.aidsnet.org/the-partnership#partnership1, or from staff at Behavioral Science Research Corporation (BSR).

For more information, please contact mcdpartnership@behavioralscience.com.

Members:

- Re-elected Alecia Tramel-McIntyre as Chair and Harold McIntyre as Vice Chair;
- Approved Ms. Tramel-McIntyre and Lamar McMullen as Partnership representatives at the 2024 National Ryan White Program Conference; and
- Agreed to cancel their April meeting since the only available date was two weeks prior to the May 13, 2024 meeting.

Members heard regular reports and approved the below motions.

Community Coalition Roundtable

1. Motion to recommend to the Mayor of Miami-Dade County the appointment of Kevin "Kai" Chassi for a *Representatives of the Affected Community* seat on the Miami-Dade HIV/AIDS Partnership.

Care and Treatment Committee

2. Motion to accept the Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards with the substitution of "physician assistant" for the former term, "physician associate".

Motion to accept the changes to the FY 2024 service definitions, as presented, for:

3. AIDS Pharmaceutical Services;
4. Mental Health Services, as presented;
5. Outpatient Ambulatory Health Services, as presented.
6. Other Professional Services: Legal Services and Permanency Planning;
7. Outreach Services;
8. Emergency Financial Assistance;
9. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance);
10. Medical Case Management, Including Treatment Adherence Services;
11. Medical Transportation; and
12. Food Bank.

13. Motion to accept the changes to the FY 2024 service definition for Oral Health Care as presented, pending review of the annual client expenditure cap by the Recipient.

14. Motion to change "physician" to "licensed medical provider" in all the service definitions.

15. Motion to accept the changes to the FY 2024 service definition for Substance Abuse Outpatient Care and Substance Abuse Services (Residential), as presented.

16. Motion to accept the Emergency Financial Assistance Service Definition for the next Ryan White Program Part A/MAI RFP as presented.

17. Motion to remove Health Education/Risk Reduction from the service categories in the next Ryan White Program Part A/MAI RFP.

Strategic Planning Committee

18. Motion for BSR staff to request guidance from our HRSA Project Officer to assess implementing a two-year AAM cycle to allow for survey administration one year and implementation of changes based on the results in the next year.

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee Service Definitions Development
April 11, 2024

Purpose

At the September, 2023 meeting, the Care and Treatment Committee (Committee) approved five new support service categories for consideration for the next Ryan White Program Part A/MAI Request for Proposals cycle. This document is intended to assist the Committee in the development of service descriptions for the new service categories.

The Health Resources and Services Administration (HRSA) service definitions from Policy Clarification Notice #16-02 and samples from other Ryan White-funded jurisdictions are included in this document for those services without a draft to review.

Services, Notes, and Task Status

Services	Notes	Status
Emergency Financial Assistance (EFA)	Draft finalization at March meeting and approved by Partnership.	**Completed**
Health Education/Risk Reduction	Funded under some Part Cs and Part D**.** Sample materials reviewed and discussed. *Motion made to not move forward with this service.*	**Completed**
Psychosocial Support Services	Guidance provided, draft language reviewed and discussed, revised draft presented in April.	**In Process**
Housing	Some funding under HOPWA and EHE. Sample material under review. Draft guidance using EHE provided reviewed and discussed, revised draft presented in April.	**In Process**
Non-Medical Case Management (non-MCM)	Guidance provided and revised, differentiation between NMCM and MCM in discussed process. Draft documents provided for discussion at April meeting.	**In Process**

Psychosocial Support Services **Status:** Currently unfunded support service

Other Funders (based on 2023 Needs Assessment): Part D $53,204

HRSA PCN#16-02 Definition (pg. 23)

Description:

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

***Program Guidance*:**

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

PSYCHOSOCIAL SUPPORT SERVICES

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

Psychosocial Support Services provide group or individual support and counseling services to assist **Ryan White Part A program clients** in addressing behavioral and physical health concerns. Activities provided under the Psychosocial Support Service may include:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietician (see Medical Nutrition Therapy Services). This service category may not be used to provide nutritional supplements (see Food Bank/Home Delivered Meals).
- Pastoral care/counseling services.

Funds **may not** be used for **social/recreational activities** or to pay for a client's gym membership.

This service offers non-judgmental psychosocial support counseling provided by non-licensed psychosocial support counseling providers, peers, and pastoral care counselors. **Please note that Ryan White Part A Programs funds for this service may not be used for bereavement support for uninfected family members or friends.**

Psychosocial support services reimbursed under the Ryan White Part A Program are limited to conditions stemming from and treated within the context of the client's HIV/AIDS diagnosis. This service is not intended to be general psychosocial practice, but is intended to address HIV-related issues and strengthen coping skills to increase adherence and access to on-going medical care and treatment.

Reimbursement will be provided at a flat rate.

Psychosocial Support Services/Counseling Components:

Services **may include** crisis counseling, periodic reassessments, and reevaluations of plans and goals documenting progress. Goals should be measurable and include a timeline for completion. Issues of relevance to HIV/AIDS clients such as risk behavior, substance abuse, adherence to mental health and medical treatments, depression, and safer sex may be addressed. Psychosocial support counselors are encouraged to practice and introduce motivational interviewing and harm reduction strategies with their clients, if deemed clinically appropriate. Topics to review may include relationship difficulties, client-centered advocacy, stress management and

coping skills, personal and social adjustments as they relate to HIV/AIDS, and the provision of needed information and education to clients to enhance their quality of life.

In addition, if Pastoral Care Counselors are used, they will work with clients to clarify the spiritual and pragmatic options that order and validate the client's individual life experiences, strengthen their belief systems, purpose, and values as related to their HIV status. Pastoral care counseling is an intervention at a point of need in a client's life that strives to progressively move the client along a continuum of self-acceptance and responsibility. Pastoral care counseling must be available to all individuals eligible to receive Ryan White Program services, regardless of the client's religious or denominational affiliation.

Peer support and advice may be utilized through coaching, information sharing, listening, and role modeling in groups and limited individual settings. Its primary goal is the promotion of an independent living philosophy wherein the client becomes his or her own self-advocate. Support counseling will address adherence to mental health and medical treatments.

Referrals may be made to any additional mental health related services as required.

A. Program Operation Requirements: Staff must demonstrate knowledge of HIV disease, its psychosocial dynamics and implications, including cognitive impairment, and generally accepted treatment modalities and practices. Providers will comply with super- confidentiality laws as per State of Florida's guidelines.

B. Rules for Reimbursement: Reimbursement as determined by the Recipient.

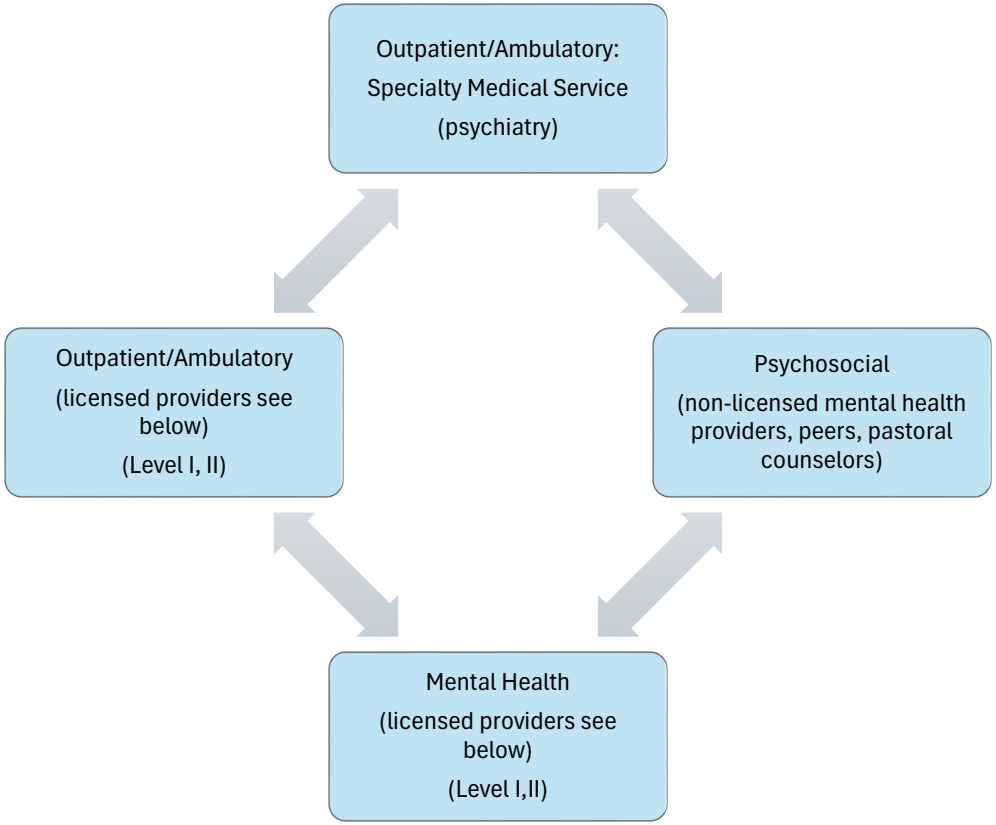
C. Additional Rules for Reporting: The unit of service for reporting monthly activity or therapy will include attendance, general content of session, and the provider of services, e.g. peer, etc.

D. Special Client Eligibility Criteria: Walk-in clients are allowed but a Ryan White Program Certified Referral, an Out-of-Network Referral (accompanied by all appropriate supporting documentation) or all appropriate eligibility documentation is required for a client to receive psychosocial support service and must be updated every 366 days. Clients receiving Ryan White Program Part A- funded psychosocial support services must be documented as having a gross household income at or below 400% of the 2025 Federal Poverty Level (FPL).

Additional Rules for Documentation: Providers of psychosocial support services must maintain documentation demonstrating that funds are used only for allowable services. Documentation in the client chart must at a minimum clearly indicate that services were

provided as allowable under the Ryan White Program service definition, and include the type of service e.g. individual or group session, frequency, and topics addressed, the date of service, regular monitoring and assessment of client progress, referral for additional mental health support, as appropriate, and a signature of the individual providing the service or the supervisor as applicable. Providers must also maintain, and submit to OMB-GC upon request, proof that psychosocial support service staff meets all applicable federal, state, or local requirements.

Mental Health Access Infographic



(Level I): provided solely by state-licensed mental health professionals possessing a Doctorate degree in psychology or counseling or related field (**PhD, EdD,PsyD**), and must be licensed by the State of Florida as a **Licensed Clinical Psychologist, LCSW, LMHC, or LMFT** to provide such services.
(Level II): provided solely by state-licensed mental health professionals possessing a Master's degree in psychology, psychotherapy or counseling or related field(**MS, MA, MSW, or MEd),** and must be licensed by the State of Florida as a **LCSW, LMHC or LMFT** to provide such services. Direct service providers may also be: 1) Florida registered interns as defined by Florida Statute (F.S.) 491.0045(Clinical Social Work Intern, Mental Health Counselor Intern, or Marriage and Family Therapy Intern), or 2) a Psychology Intern, Postdoctoral Resident, or Fellows satisfying Rule 64B19-11.005 of the Florida Administrative Code (F.A.C.). Such interns must provide services under the supervision of a LCSW, LMHC, LMFT or Licensed Psychologist who is licensed in the State of Florida.

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

Housing **Status:** Currently unfunded support service

Other Funding (based on 2023 Needs Assessment): HOWPA program $10,421, 280

HRSA PCN #16-02 Definition (pg.18-19)

Description:

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:

HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.
HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

HOUSING SERVICES

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

Housing Services provides transitional, short-term, or emergency housing assistance to enable a client or client's family to gain or maintain critical outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing Services category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing.

Housing Services activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

This service would only be used if the Housing Stability Services Program under Ending the HIV Epidemic (EHE) is no longer funded.

A. Program Operations:

A "housing is healthcare" approach requires first 1) stabilizing the client's housing situation, and then 2) addressing any additional client needs. Providing housing support to clients will help ensure their ability to secure and/or maintain safe, decent, and affordable housing. Linkage to and retention in ongoing core medical and behavioral health services available throughout the community (e.g., medical care, antiretroviral medications (ARVs), medical case management, mental health counseling, substance use disorder services, etc.) are required. Services include (1) rental and utility subsidies, (2) linkage to additional services, (3) case management to develop and implement a plan to ensure ongoing housing stability, and (4) securing permanent tenant based rental assistance or placement in permanent supportive housing.

1) Access to Rental and Utility Assistance

Facilitate enrollment into the Housing Services program for low-income people with HIV in need of rent and/or utility assistance in order to secure or maintain housing, employing a 'housing is healthcare' and housing-first approach that minimizes barriers to housing assistance and acceptance of residents without preconditions such as sobriety or treatment or service participation.

2) Client Action Plans to Address Unmet Needs, Including Provision of Services through Partnerships and Other Stakeholders

Conduct ongoing case management to create and tailor client action plans designed to identify and address clients' unmet needs and goals. Supportive services should be regularly reviewed and actively offered to persistently engage program participants to

ensure housing stability and optimal wellbeing. This includes connecting clients to appropriate voluntary wraparound services to respond to additional barriers that may hinder treatment adherence and sustained viral load suppression. Adherence to medical appointments and viral load suppression must be regularly monitored and supported through the offer of appropriate supportive services, but not made a condition of ongoing housing support.

3) Housing Stability Planning

Work with each program participant to develop and implement a concrete housing stability plan to sustain safe and stable housing. This planning should include referrals for access to vocational and life skills training including job readiness. Referrals should also be made to SSI/SSDI Outreach, Access, and Recovery (SOAR) providers, as applicable. Planning should also include identification and application for permanent housing subsidies and support for those unable to secure employment at a wage sufficient to support housing costs. Documentation of attempts to connect the client to permanent housing must be included in the client chart.

B. Components:

1) All direct rent and other costs must be allowable, allocable, and reasonable in accordance with Uniform Guidance, 45 CFR part 75. Please note that Housing Support cannot be in the form of direct cash payments to clients, and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS (HOPWA) grant awards. Please refer to HRSA Policy Clarification Notice (PCN) No. 16-02, https://ryanwhite.hrsa.gov/sites/ default/ files/ryanwhite/grants/service-category-pcn-16-02-final.pdf for further information and program guidance.

2) Housing Services providers conduct a comprehensive assessment at intake to determine clients' needs, skills, employability, etc. with the goal of transitioning the clients to permanent housing.

3) Housing Services providers conduct an assessment of clients' health status including viral load (VL), and make referrals to HIV medical care and other healthcare programs and services, as appropriate.

4) Housing Services providers offer and, as appropriate, provide wraparound supportive services in alignment with clients' goals and demonstrated unmet need, including the provision of housing sustainability planning; and periodically monitor clients' overall progress to provide further support and interventions as necessary.

Funded organizations must comply with the requirements set forth in all applicable State and Federal laws including the Health Insurance Portability and Accountability Act of 1996

(HIPAA) (i.e., engage and work with landlords to ensure placement and provide the service without revealing a client's HIV status). **The privacy of program participants' health information must be protected at all times. There must not be any reference to the "Ryan White Program" or anything that might disclose someone's HIV/AIDS status in any agreement(s) and / or related documents between funded providers and landlords.**

C. Client Eligibility:

Clients qualify if their annual household income is at or below 400% FPL.

D. Program Limits:

Program-eligible individuals experiencing homelessness or housing instability may receive up to **24 months** of assistance starting from the date of each client's enrollment for this service, **subject to available funding**.

Monthly assistance is limited by **Fair Market Rates,** i.e. if the client has a lease for a one-bedroom apartment, assistance for FY 2024 is limited to $1,884. Housing and Urban Development (HUD) fair market rates are published **annually** by **geographic** area at https://www.huduser.gov/portal/datasets/fmr.html.

Final FY 2024 FMRs By Unit Bedrooms for Miami-Miami Beach-Kendall, FL

FY 2024 Fair Market Rate	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
	$1,683	$1,884	$2,324	$3,027	$3,589

Clients **may not** access the Ryan White Program Housing Emergency Financial Assistance component at the same time as this service.

Because the Ryan White Program is the payor of last resort, clients **already participating** in the HOPWA Long-Term Rental Assistance program, the Section 8 Housing Voucher, the Veterans Affairs Supportive Housing program or similar long-term assistance are not eligible for this service.

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

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 PCN#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

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.
•

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.

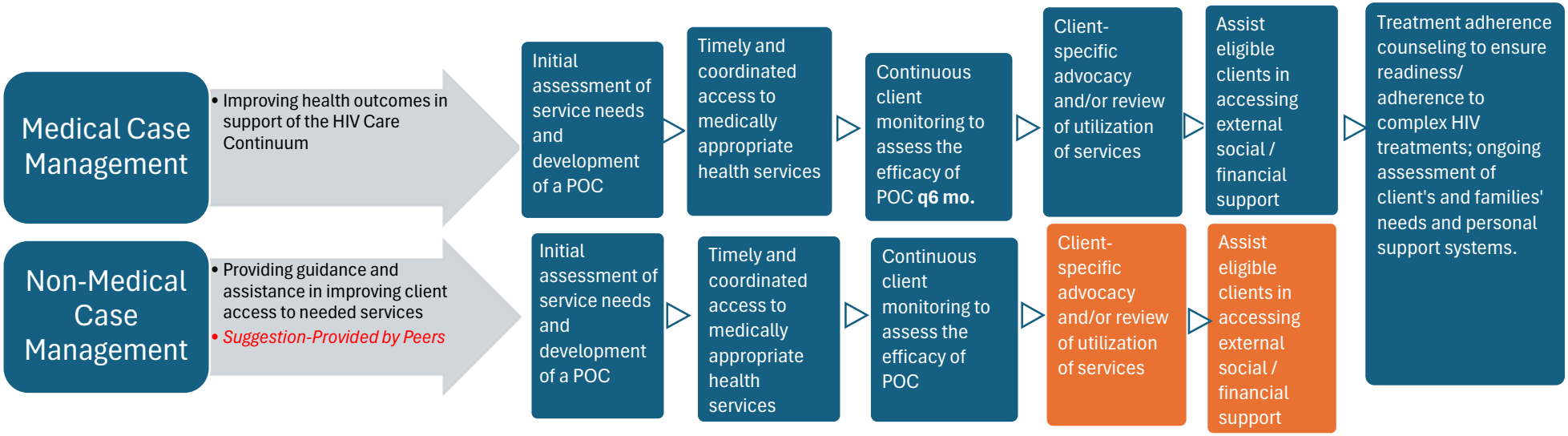
Supportive/Self Management
-- face-to-face or non face-to-face
-- reevaluate and update
-- does **not** involve coordination or follow-up of medical treatment

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

Medical and non-Medical Case Management --- PCN 16-02 -- Miami-Dade County Ryan White Program Infographic April 2024



Row Labels	Encounters	Encounters %	Costs
Medical Case Management Assistant	**9855**	**100.00%**	**$106,700.10**
ACA	61	0.62%	$278.20
ADH	1128	11.45%	$2,926.30
COL	4033	40.92%	$63,238.50
DOC	2728	27.68%	$32,149.65
FFE	803	8.15%	$4,184.70
TEL	1099	11.15%	$3,907.15
THP	3	0.03%	$15.60
Grand Total	**9855**	**100.00%**	**$106,700.10**

Row Labels	Encounters	Encounters %	Costs
PESN	**59855**	**100.00%**	**$684,372.00**
ACA	116	0.19%	$1,203.80
ADH	14314	23.91%	$96,753.15
COL	4492	7.50%	$46,887.75
DOC	20334	33.97%	$271,675.30
FFE	5702	9.53%	$126,310.60
TEL	14686	24.54%	$136,798.35
THP	211	0.35%	$4,743.05
Grand Total	**59855**	**100.00%**	**$684,372.00**

Row Labels	Encounters	Encounters %	Costs
Medical Case Manager Lead	**3236**	**100.00%**	**$99,784.35**
ACA	39	1.21%	$1,677.85
ADH	828	25.59%	$13,764.35
CCA	12	0.37%	$388.70
CON	89	2.75%	$1,526.05
DOC	890	27.50%	$23,455.40
FFE	284	8.78%	$17,430.55
POC	309	9.55%	$10,482.25
REV	188	5.81%	$10,589.20
TEL	275	8.50%	$7,915.45
THM	322	9.95%	$12,554.55
Grand Total	**3236**	**100.00%**	**$99,784.35**

Row Labels	Encounters	Encounters %	Costs
Medical Case Management Supervisor	**2180**	**100.00%**	**$52,963.25**
ACA	33	1.51%	$240.35
ADH	120	5.50%	$2,650.75
CCA	2	0.09%	$33.35
CON	633	29.04%	$9,239.10
DOC	564	25.87%	$10,176.35
FFE	115	5.28%	$7,134.60
OVR	6	0.28%	$110.40
POC	142	6.51%	$6,399.75
REV	477	21.88%	$15,117.90
TEL	84	3.85%	$1,757.20
THM	4	0.18%	$103.50
Grand Total	**2180**	**100.00%**	**$52,963.25**

Row Labels	Encounters	Encounters %	Costs
Medical Case Manager	**192563**	**100.00%**	**$5,871,524.65**
ACA	10473	5.44%	$466,628.90
ADH	37120	19.28%	$506,054.40
CCA	830	0.43%	$26,823.75
DOC	49913	25.92%	$1,453,071.50
FFE	16000	8.31%	$888,975.35
ICR	1	0.00%	$11.50
POC	44496	23.11%	$1,744,633.40
TEL	27159	14.10%	$538,796.90
THM	6571	3.41%	$246,528.95
Grand Total	**192563**	**100.00%**	**$5,871,524.65**

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

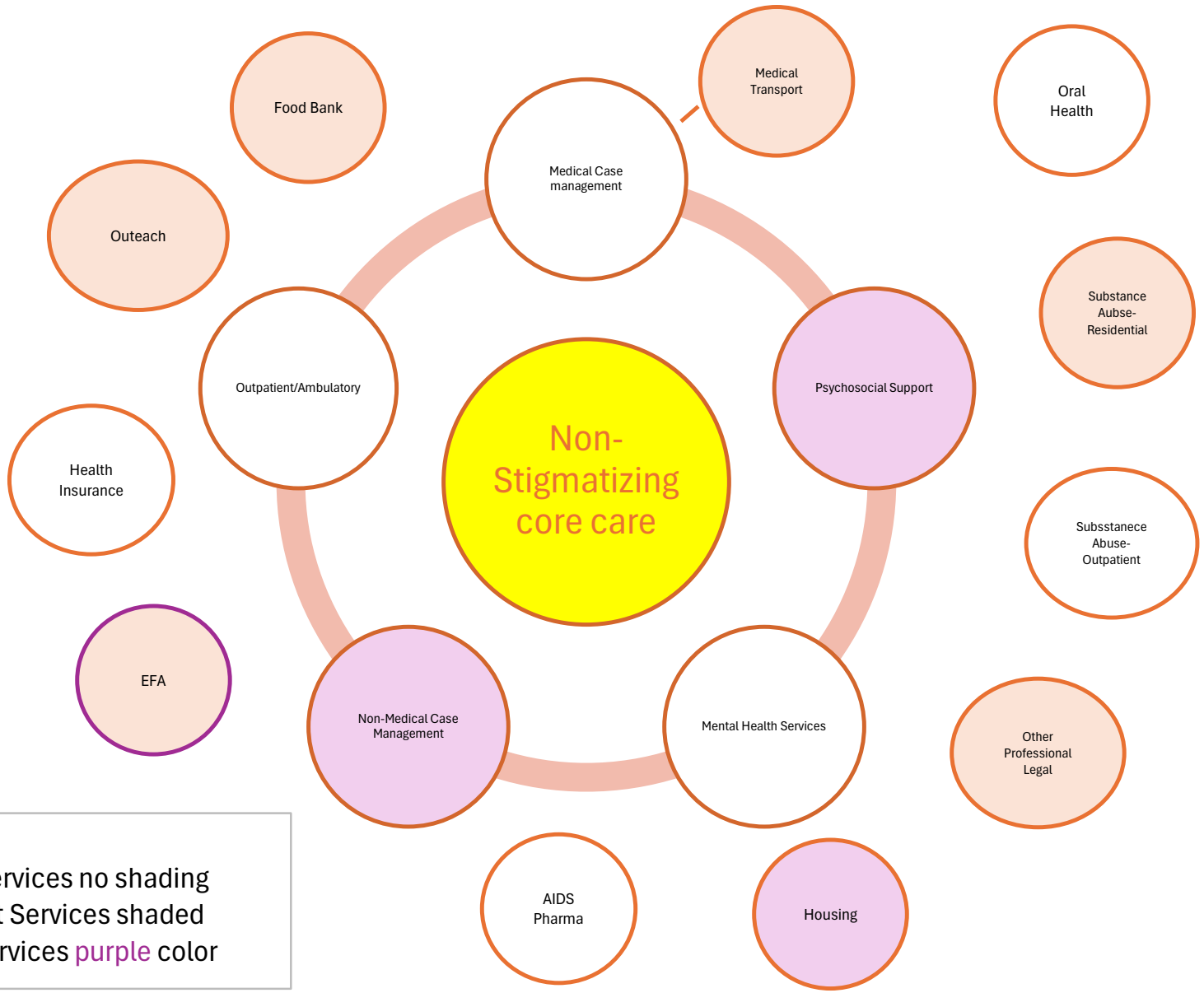
I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

Ultimate Bundle Visualization



Note:
Core Services no shading
Support Services shaded
New Services purple color

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

Trial Overview

Project T-SHARP

Telehealth Solution to HIV and Addiction-Related Problems among PWID

UNIVERSITY OF MIAMI

Fixed Site – UM Medical Campus in Overtown community, Miami

- Monday/Wednesday/Friday (10am-4pm)
- Tuesday/Thursday (10am-6pm)

Mobile Unit

- Monday-Friday (Hours/Locations change over time based on need)

What is Tele-Harm Reduction?

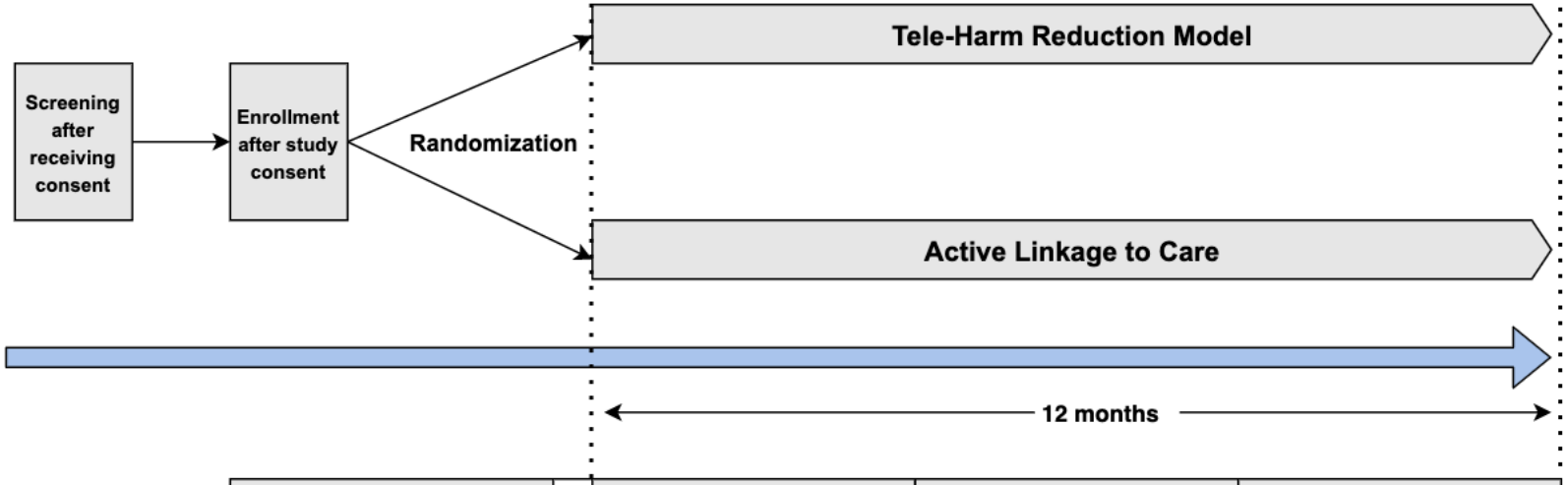
- Telehealth-enhanced
- **On-demand** services
- **Low-barrier** access to ART, MOUD, and HCV cure
- Mobile phlebotomy
- Harm reduction counseling and medication management
- Telehealth mental health/substance use disorder services
- Delivered via an SSP, integrated with the provision of evidence-based naloxone and injection equipment

Inclusion Criteria

- age 18 or older
- enrolled in IDEA Miami or IDEA Tampa SSPs
- IDU in past 12 months by self-report
- willing and able to sign informed consent, provide locator information and medical records release
- testing reactive for HIV by rapid test
- HIV RNA>200 copies/ml as determined by on-site labs or abstracted medical records (result within 3 months of randomization date)

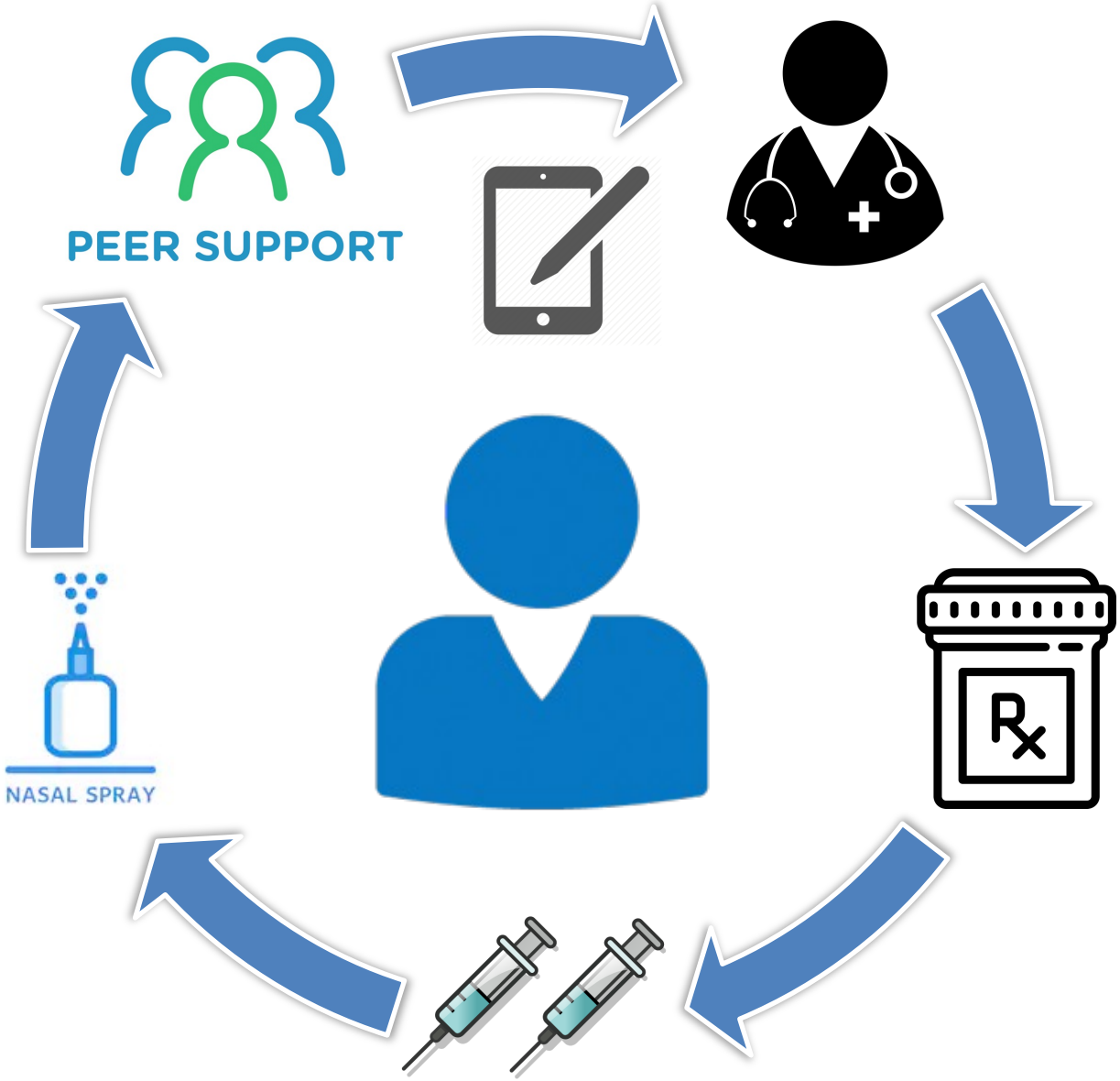
Study Design

Figure 2. RCT Study Flow and Assessment Schedule



		Baseline				Randomization	3 month follow up				6 month follow up				12 month follow up			
Assessment	Pre-screen	HIV RNA	HCV RNA	Behavioral assessment	UDS		HIV RNA	HCV RNA	Behavioral assessment	UDS	HIV RNA	HCV RNA	Behavioral assessment	UDS	HIV RNA	HCV RNA	Behavioral assessment	UDS
Tele-Harm Reduction	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X
Patient Navigation	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X

What is Tele-Harm Reduction?



UNIVERSITY
OF MIAMI

- Lay the foundation for an enhanced model of care for PWID to become virally suppressed
- Transform the way PWID access healthcare
- Forge a path toward Ending the HIV Epidemic in this high priority community
- **Overcome marginalization and stigma by meeting PWID where they're at**

Source: CDC

UNIVERSITY
OF MIAMI

Contact information

Chad Fernandez

Outreach Coordinator

cxf1735@miami.edu

(954)200-2761

Jimmie Brooks

Outreach Coordinator

jdd198@miami.edu

(786)523-4077

IDEA Exchange

TELE-HARM REDUCTION

Project T-SHARP

Telehealth Solution to HIV and Addiction-Related Problems among PWID

HIV TREATMENT STUDY

RESEARCH DESCRIPTION & PURPOSE:

Researchers at The University of Miami want to compare different methods for offering medications that treat HIV. Research is always voluntary!

WOULD THE STUDY BE A GOOD FIT FOR ME?

This study may be a good fit for you if:

- Are at least 18 years old and speak English
- Are HIV +
- Inject drugs
- Live in Miami-Dade County

CALL US FOR MORE INFO

https://ideaexchangeflorida.org/

@ideaexchangemiami

WHAT WOULD HAPPEN IF I TOOK PART IN THE STUDY?

The screening process will occur during 1-2 visits that take place over 2 weeks. If you are found eligible, the full study involves up to 5 visits over a period of about 12 months and you will be asked to complete interviews, provide blood and urine samples, and get counseling.

Participants will be compensated for their time and effort in participating in the study.

To find out more information, please contact us at

(305)-773-7286

1668 NW SW 7TH AVE MIAMI, FL 33136

IDEA Exchange

HIV RESEARCH STUDY

Are you living with HIV? Do you inject drugs?

TELE-HARM REDUCTION

Project T-SHARP

Telehealth Solution to HIV and Addiction-Related Problems among PWID

If you answered "Yes" - you may be eligible to participate in a study comparing 2 different methods of offering medications that treat HIV.

All study participants will receive:

- **Linkage to HIV care**
- **Compensation for your time and travel**

CALL US TO FIND OUT MORE!

The University of Miami Miller School of Medicine

(305)-773-7286

Research Study (305)-773-7286

Research Study (305)-773-7286
Research Study (305)-773-7286
Research Study (305)-773-7286
Research Study (305)-773-7286
Research Study (305)-773-7286
Research Study (305)-773-7286
Research Study (305)-773-7286
Research Study (305)-773-7286

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

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 9

JUNE 13

JULY 11

AUGUST 8

Meetings are held from **10:00 a.m. to 1:00 p.m.** at the Care Resource Community Health Centers, Midtown Miami, 3510 Biscayne Blvd., 3rd Floor Executive Conference Room, Miami, FL 33137

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

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

BPHC Bulletin: Joint HRSA-CDC Letter on Congenital Syphilis

HRSA sent this bulletin at 04/03/2024 09:43 AM EDT

April 3, 2024

SHARE

Dear Colleague:

This letter is to share information from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) to address the increases in congenital syphilis cases nationwide and how we can work together to continue to address this concerning trend. The U.S. Department of Health and Human Services has established the National Syphilis and Congenital Syphilis Syndemic Federal Task Force to leverage federal resources to reduce rates, address disparities, and share resources with impacted communities.[1] As part of that collaboration, we are writing this letter to share CDC's latest national data on congenital syphilis, reflecting tremendous increases in recent years, and to offer suggestions for how to work together to address this concerning trend.

Building on a decade of increases, reported congenital syphilis cases increased 31% in just 1 year, from 2021-2022. Congenital syphilis occurs when pregnant people with syphilis pass the infection to their fetus or infant. This disease can result in miscarriage, stillbirths, infant deaths, and lifelong medical issues. In 2022, there were a total of 3,755 cases of congenital syphilis reported for a rate of 102.5 per 100,000 live births. Tragically, these infections resulted in 282 stillbirths and infant deaths in 2022. The burden of syphilis and congenital syphilis is not equally distributed. States in the south and southwest report much higher rates than other parts of the country. Racial and ethnic minorities continue to be disproportionately affected. The highest number of cases occurred among those who are Black or African American, Hispanic and Latino, and White. American Indian or Alaska Native people experienced the highest rate of congenital syphilis — for every 155 births in 2022, there was one congenital syphilis case. Black or African American people experienced about 30% of congenital syphilis cases in 2022. The increase in congenital syphilis follows a steady growth in primary and secondary syphilis — the most infectious stages of the disease — among women of reproductive age combined with social and economic factors that create barriers to high-quality prenatal care, threatening the health of babies.[2]

Untreated, congenital syphilis can have lifelong consequences, but it is preventable with timely testing and treatment. A recent report analyzed missed opportunities for preventing congenital syphilis and offered strategies that could encourage timely syphilis testing and treatment during pregnancy and found that barriers to prevention included medical insurance status and access to healthcare that limited access to testing and treatment.[3] All healthcare providers, including community health centers, have a critical role in reversing this alarming trend and protecting the health of our nation's patients, including the youngest patients. One of the most effective ways to prevent congenital syphilis is timely syphilis screening and treatment during

pregnancy in accordance with CDC treatment guidelines.[4] Timely syphilis testing and treatment during pregnancy might have prevented almost 9 in 10 (or 88%) congenital syphilis cases in 2022. For people who are pregnant and not in prenatal care, any healthcare encounter during pregnancy is an opportunity to screen for and treat syphilis. Additionally, providers should follow CDC's syphilis screening guidelines for sexually active patients,[4] and consider using county-level syphilis rates to direct screening efforts.[5] Taking a comprehensive sexual history from patients helps identify their unique risk factors and supports appropriate counseling and education, testing, and treatment as needed.[6]

It is important to note that syphilis is curable with antibiotics, but early diagnosis and treatment are essential to preventing complications and transmission. According to the CDC,[7] if syphilis is detected in a pregnant person, they should be treated immediately with benzathine penicillin G, the only recommended therapy for syphilis in pregnancy. Currently, the Food and Drug Administration lists Penicillin G benzathine injectable suspension products (Bicillin L-A®) on their drug shortage webpage, noting limited supply due to increased demand. To mitigate the effects of this drug shortage, the Food and Drug Administration has worked with Laboratoires Delbert on the temporary importation and use of Extencilline (benzathine benzylpenicillin injection, powder, for suspension).[8] Those encountering challenges securing Bicillin L-A® to treat pregnant patients with syphilis can contact stdshortages@cdc.gov.[9]

All cases of syphilis and congenital syphilis should also be reported to local or state health departments, which play a critical role in partner notification and follow-up services. For Indian Health Service facilities, guidance on reporting can be found in Part 3, Chapter 33 of the Indian Health Manual.[10] We encourage you to review the CDC[11] website for additional resources and tools for more information on the screening, diagnosis, treatment, and management of these infections. As a reminder, HRSA-supported health centers[12] provide high-quality, affordable, and accessible primary care. Health centers may use Health Center Program funding to cover the cost of syphilis testing.

Thank you for your collaboration in this work to address the rise in syphilis and congenital syphilis in our communities and improve the health outcomes of our patients and their babies. A list of resources has been added to this letter.

Sincerely,

/s/ Jonathan Mermin */s/ James Macrae*

Jonathan Mermin, MD, MPH (RADM, USPHS)
Director, National Center for HIV, Viral Hepatitis, STD and TB Prevention, CDC

James Macrae
Associate Administrator
Bureau of Primary Health Care, HRSA

Endnotes

[1] https://www.hhs.gov/about/news/2023/11/15/readout-adm-rachel-levines-visit-georgia-learn-impacts-congenital-syphilis-syphilis.html

[2] Figures (cdc.gov)

[3] Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022 | MMWR (cdc.gov)

[4] Sexually Transmitted Infections (STI) Screening Recommendations (cdc.gov)

[5] County-level Syphilis Rates | AtlasPlus | NCHHSTP | CDC

[6] A Guide to Taking a Sexual History (cdc.gov)

[7] Syphilis During Pregnancy – STI Treatment Guidelines (cdc.gov)

[8] FDA Drug Shortages and Information about Extencilline

[9] Clinical Reminders during Bicillin L-A® Shortage (cdc.gov)

[10] Part 3 Chapter 33 – Infection Control and Prevention (ihs.gov)

[11] Sexually Transmitted Diseases - Information from CDC

[12] Home | Bureau of Primary Health Care (hrsa.gov)

Resources

1. Recording Available: Congenital Syphilis – Care Models, Treatment. No Time to Lues: A Call to Arms Amidst a Congenital Syphilis Epidemic - Zoom (zoomgov.com)
2. CDC STI Treatment Guidelines provides syphilis screening and treatment recommendations
3. CDC Syphilis Treatment and Care webpage provides current data and treatment recommendations for primary, secondary, tertiary, congenital, ocular, neurosyphilis, and perinatal syphilis infections.
4. Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022 | MMWR (cdc.gov) Overview of the missed prevention opportunities during pregnancy strategies that support timely syphilis testing and treatment.
5. CDC call to action (2017): https://www.cdc.gov/std/syphilis/syphiliscalltoactionapril2017.pdf (PDF)
6. Healthy People 2030 Sexually Transmitted Infections Objectives
7. STI National Strategic Plan (STI Plan) 2021-2025
8. U.S. Preventive Services Task Force STI Screening Recommendations
9. Uniform Data System data
10. Bicillin Shortage CDC response and treatment guidelines
11. Indian Country Extension for Community Healthcare Outcomes (ECHO) models: https://www.indiancountryecho.org/?s=syphilis
12. HRSA Dear Colleague Letter: Syphilis and congenital syphilis in Indian Country https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/syphilis-congenital-syphilis-indian-country.pdf (PDF)
13. Testing guidelines ACOG: Adhikari, E. H. (2020). Syphilis in Pregnancy. Obstetrics & Gynecology, 135(5), 1121–1135. Screening early in pregnancy, repeat screening in the third trimester and at delivery among women at high risk, adherence to recommended treatment regimens, and prompt reporting of newly diagnosed syphilis cases to local public health authorities are strategies that obstetrician-gynecologists can employ to fight the current epidemic. In this report, clinical manifestations, and management of syphilis in pregnancy are reviewed, and both traditional and reverse sequence screening algorithms are reviewed in detail in the context of clinical obstetrics.
14. National Network of Sexually Transmitted Disease Clinical Prevention Training Centers: https://nnptc.org/
15. HRSA-funded State Offices of Rural Health collaborate with public and private organizations across the state to improve access to health care services. Activities include information and data dissemination, program design and rural workforce recruitment and retention.
16. Evidence-Based Toolkits for Rural Community Health: https://www.ruralhealthinfo.org/toolkits
17. https://www.poctrn.org/itap-diagnostic-mpox-lesion-panel

18. https://www.nibib.nih.gov/covid-19/radx-tech-program/ITAP
19. Find a Health Center (hrsa.gov)

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, April 11, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

I.	Call to Order	Dr. Mary Jo Trepka
II.	Introductions	All
III.	Meeting Housekeeping	Marlen Meizoso
IV.	Floor Open to the Public	Rick Siclari
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of March 14, 2024	All
VII.	Reports	
	• Part A	Dan Wall
	• Vacancies	Marlen Meizoso
	• Partnership Report to Committees (reference only)	Dr. Mary Jo Trepka
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ Psychosocial Support	
	▪ Housing	
	▪ Non-Medical Case Management	
	• Bundling Services Motion	All
IX.	New Business	
	• IDEA Exchange: T-Sharp Study	Chad Fernandez and Jimmie Brooks
X.	Announcements and Open Discussion	All
	▪ 2024 Needs Assessment	Staff
	▪ Joint HRSA-CDC Letter on Congenital Syphilis	Staff
XI.	Next Meeting: **May 9, 2024** at **Care Resource**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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 | instagram.com/hiv_partnership/