Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

10:00 a.m. – 1:00 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 February 8, 2024	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP)	All
	• Medical Care Subcommittee Items	Dr. Mary Jo Trepka
	• Vacancies	Marlen Meizoso
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	▪ EFA	
	▪ Psychosocial Support	
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	▪ Health Education/Risk Reduction	
	▪ Non-Medical Case Management	
IX.	New Business	
	• Meeting Location	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **April 11, 2024** at **TBA**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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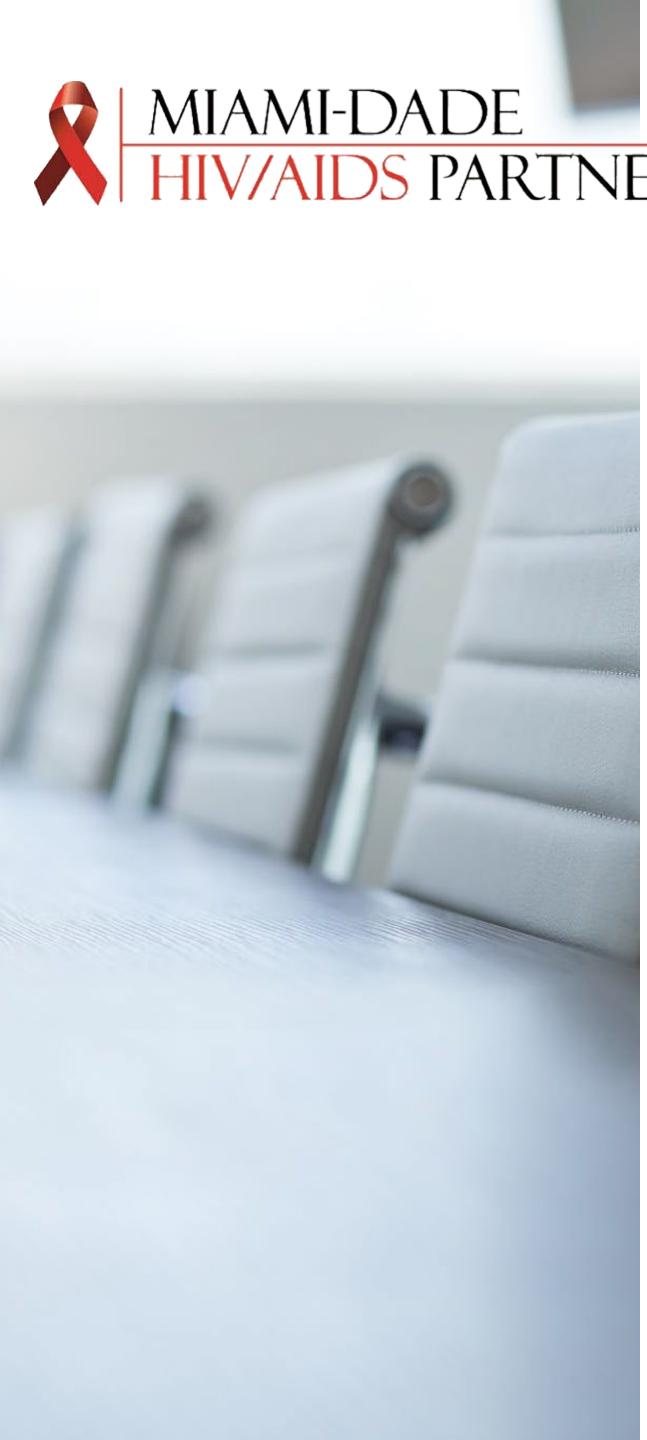
MIAMI-DADE HIV/AIDS PARTNERSHIP



Meeting Housekeeping- Care and Treatment

Updated January 8, 2024

Behavioral Science Research

Disclaimer & Code of Conduct

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

Language Matters!

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

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

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

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

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

General Housekeeping

- You must sign in to be counted as present.
- Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- Eligible committee members should see staff for a voucher at the end of the meeting

Meeting Participation

- Raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.
- Raise your hand to be recognized by the Chair or added to the queue.
- Discussion should be limited to the current Agenda topic or motion.
- Speakers should not repeat points previously addressed.
- Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.

Resources

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

Meeting Materials Access-Main Page

Main Page-Selection

Care and Treatment-Main

Care and Treatment Committee

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

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

AGENDA

January 11, 2024

MINUTES

December 14, 2023

PARTNERSHIP REPORT

Report of approved motions
December 18, 2023

RETURN TO MENU

MEETING DOCUMENTS

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

JOIN THE COMMITTEE!

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

RSVP OR CONTACT US

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

BYLAWS

Click here.

Care and Treatment- Additional Reports

Partnership, Recipient, and Grantee Reports

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

PARTNERSHIP REPORTS

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

RECIPIENT AND GRANTEE REPORTS

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

YEAR END REPORTS

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

SPECIAL REPORTS AND PROGRAM UPDATES

Care and Treatment- Functions and Historical Docs

Dr. Diego Shmuels

Chair

Dr. Mary Jo Trepka

Vice Chair

What We Do

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

Past Meetings

RETURN TO MENU

Agendas | Minutes | Meeting Documents

Care and Treatment- Needs Assessment Materials

Annual HIV/AIDS Needs Assessment

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

2023 Needs Assessment

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

Care and Treatment- RSVPs

RSVP!

Your RSVP Matters!

JOIN THE PARTNERSHIP!

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

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

Thank you for your time.

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

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Floor Open to the Public

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

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

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Care and Treatment Committee Meeting
Behavioral Science Research
2121 Ponce de Leon Boulevard, Suite 240
Coral Gables, FL 33134
February 8, 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	
Poblete, Karen	
Staff	
Karen Hilton	Marlen Meizoso
Robert Ladner	

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 10:12 a.m.

II. Introductions *Dr. Mary Jo Trepka*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Marlen Meizoso*

Marlen Meizoso reviewed 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. There is no AIDS Drug Assistance Program (ADAP) Report so this can be stricken under the Grantee Reports.

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

VI. Review/Approve Minutes of January 11, 2024 *All*

The committee reviewed the minutes of January 11, 2024, and approved them as presented.

Motion to accept the minutes from January 11, 2024, as presented.
Moved: Dan Wall Seconded: Dr. Diego Shmuels Motion: Passed

VII. Reports

- *Part A* *Dan Wall*

Expenditures to date and clients served were reviewed. As of December 2023, the program has served 8,745 unduplicated clients, including1,382 under the Minority AIDS Initiative (MAI), which is 300 more than last month. The most used services are Medical Case Management, Outpatient/Ambulatory Health Services, and Oral Health Care. Expenses projected indicate some lags, but the majority of the funding is expected to be spent this year.

The Health Resources and Services Administration (HRSA) site visit took place at the end of January. Some observations for improvements were noted as well as collaboration among groups. Some changes will need to be made to try to coordinate funding periods to a three-year cycle. During the annual priority setting process, the staff support set aside will be reviewed. An RFP will need to take place this year for services in 2025. HRSA wants non-medical case management funded since they believe it should be significantly less expensive than medical case management.

- *Part B* *Karen Poblete*

Part B reports for November and December 2023 are under review and will be forwarded and shared when they are ready

- *General Revenue* *Marlen Meizoso*

During the month of December, a total of 564 clients received services, 200 received medical case management, and 87 received outpatient services. Salvation Army beds are full and continue to have a waitlist.

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

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

□ Heard updates from the Ryan White Program and ADAP.

□ Elected James Dougherty as Chair and Cristhian Ysea as Vice Chair.

□ Reviewed and finalized edits to the Ryan White Primary Medical Care Standards. A request was made to add associate to physician assistance since the term has been updated. The revised draft was included in the meeting handouts.

Motion to accept the Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards with the addition of associate to physician assistant.
Moved: Dan Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

□ Reviewed and made several edits to the AIDS Pharmaceutical, Mental Health, and Outpatient Ambulatory Health Service descriptions including necessary updates to priorities, dates, and language. Revised drafts were included in the meeting handouts. Highlighted items will be updated once sources are available.

Motion to accept the changes to the AIDS Pharmaceutical Service Description as discussed.
Moved: Dan Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

Motion to accept the changes to the Mental Health Service Description as discussed.
Moved: Dan Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

Motion to accept the changes to the Outpatient Ambulatory Health Services description as discussed.
Moved: Dan Wall **Seconded: Dr. Daniel Shmuels** **Motion: Passed**

□ Reviewed suggested changes by the Care and Treatment Committee to the Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services, and offered some additional changes to content and formatting. The revised draft was included in the meeting materials.

Motion to accept the changes to the Nutritional Assessment Letter for Extension of Occurrences of Food Bank Services as discussed.

Moved: Dr. Diego Shmuels **Seconded: Dr. Daniel Shmuels** **Motion: Passed**

The next MCSC meeting is scheduled for February 23, 2024, at Behavioral Science Research Corp.

- *Vacancies* *Marlen Meizoso*

Mrs. 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 candidates who may be interested in the work of the Committee, they should invite them to a meeting or training, or direct them to staff.

VIII. Standing Business

- *Service Standards* *All*

HRSA has requested that the planning council (Partnership) have service standards for all service categories regardless of whether or not the services are funded. At the last meeting, the Committee made a motion for FY 2023 and FY 2024 adopting service standards under PCN#16-02 with local restrictions, but the draft that was reviewed had missing pages. The Committee reviewed the corrected draft, and made a motion to accept it as presented.

Motion to accept the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2023 and FY 2024 as presented.
Moved: Dan Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

- *Service Categories Development Continued* *All*

The Committee continued its service category development. The current version of the development document now lists the five services and status of each item. The Committee had requested edits to the Emergency Financial Assistance language and those edits were incorporated in a draft. After reviewing the draft, the following changes were requested:

- □ Add primary household loss of employment, loss of income, or a natural disaster as urgent needs.
- □ Add language to second paragraph, "excluding clients accessing Test and Treat Rapid Access Medication who do not need to meet the urgent need criteria."
- □ Strike restriction that new components are storm related;
- □ Add restriction of up to 250% Federal Poverty Level (FPL) to the two new components; and
- □ Leave Test and Treat/Rapid Access (TTRA) medications at 400% FPL.

Motion to restrict TTRA medications component to 400% FPL and two new components to 250% FPL under Emergency Financial Assistance.
Moved: Dan Wall **Second: Dr. Diego Shmuels** **Motion: Passed**

A revised draft will be presented at the next meeting.

The Committee briefly discussed non-medical case management. Members suggested clients with high viral load or compliance issues should be directed to medical case management, and those who are more self-sufficient should be directed to non-medical case management. Peers could be moved under non-medical case management. Staff will bring draft language to the next meeting.

The Committee reviewed the Psychosocial Support Service Description. This service should be part of a multidisciplinary approach to client wellness. The prior language that was presented was reviewed and several changes were suggested simplifying the service without levels and under one billing structure. Services would be provided to clients at 400% FPL and bundled with other services to reduce stigma. This service could provide for support groups. Draft language will be provided for review at the next meeting.

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

- *Service Descriptions Review: Food Bank* *All*

The Committee reviewed the FY 2024 service description for Food Bank which included updates to priority ranking and dates, edits incorporating the cost savings actions of the recently released County guidance letter, and language adding, "or licensed nutritionist". The Committee suggested striking the date in item E. The Committee approved the draft with the changes.

Motion to accept the FY 2024 draft service description for Food Bank, as presented.
Moved: Dan Wall **Seconded: Louvens Fils-Aime** **Motion: Passed**

- *Vice Chair Position* *All*

At the last meeting, a Chair was elected but not a Vice Chair. The only eligible member for the Vice Chair position must be a Partnership member who is not a grantee. Mr. Siclari qualified for the position and indicated interest.

Motion to accept Rick Siclari as Vice Chair of the Care and Treatment Committee.
Moved: Dan Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

IX. New Business

- *Clarification of Prior Motion: Date* *All*

Clarification on one of the motions made in September indicating a YR 2025 start was needed. Based on today's Ryan White report that funding cycles will shift, the need for clarification is no longer relevant and no further action was taken.

- *Service Definition Review: Outreach and Health Insurance* *All*

The Committee reviewed the FY 2024 service definitions for Outreach and Health Insurance which included updates to priority ranking, dates, and insurance plans. The Committee made motions accepting both documents.

Motion to accept the draft FY 2024 Outreach Services Description, as presented.
Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

Motion to accept the draft FY 2024 Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance) Description, as presented.
Moved: Dan Wall **Seconded: Rick Siclari** **Motion: Passed**

- *Meeting Location* *All*

The Committee discussed if they wanted to continue meeting in BSR, which is a more intimate space, or return to the Miami-Dade County Main Library. Mr. Siclari indicated that the Executive Board Room at Care Resource may be available, and that parking is free (The parking entrance for the building is on 35th Street). The Committee agreed to meet at Care Resource and re-evaluate their meeting options next month. The next meeting will focus on new service description development and will be scheduled for three hours.

X. Announcements and Open Discussion *All*

There were no announcements or open discussion items.

XI. Next Meeting *Dr. Mary Jo Trepka*

The next meeting is scheduled for Thursday, March 14, 2024, at Care Resource from 10:00 a.m. to 1:00 p.m.

XII. Adjournment *Dr. Mary Jo Trepka*

With business concluded, Dr. Trepka thanked the members for participating in today's meeting, and adjourned the meeting at 11:55 a.m.

Scan to access meeting documents.

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XI.	Next Meeting: **April 11, 2024** at **TBA**	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: **January 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)	4	44	4	19
Health Insurance Premium and Cost Sharing Assistance	2	3,991	1	1,480
Medical Case Management	9,661	97,719	4,661	8,444
Mental Health Services	20	575	13	109
Oral Health Care	866	9,533	641	2,661
Outpatient Ambulatory Health Services	2,189	28,262	1,188	4,388
Substance Abuse Outpatient Care	0	23	0	10
Support Services				
Food Bank/Home Delivered Meals	656	21,459	308	1,339
Medical Transportation	147	6,207	143	969
Other Professional Services	43	766	16	86
Outreach Services	47	730	28	214
Substance Abuse Services (residential)	230	4,926	11	71
TOTALS:	13,865	174,235		

Total unduplicated clients (month): 5,300

Total unduplicated clients (YTD): 8,934

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 03/12/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **January 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)	4	44	4	19
Health Insurance Premium and Cost Sharing Assistance	2	3,991	1	1,480
Medical Case Management	8,621	87,432	4,269	8,178
Mental Health Services	20	527	13	91
Oral Health Care	866	9,533	641	2,661
Outpatient Ambulatory Health Services	2,101	25,358	1,140	4,198
Substance Abuse Outpatient Care	0	22	0	9
Support Services				
Food Bank/Home Delivered Meals	656	21,459	308	1,339
Medical Transportation	147	6,077	143	955
Other Professional Services	43	766	16	86
Outreach Services	38	690	19	177
Substance Abuse Services (residential)	230	4,926	11	71
TOTALS:	12,728	160,825		

Total unduplicated clients (month): 4,992

Total unduplicated clients (YTD): 8,828

REPORT COMPILED ON: 03/12/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **January 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	1,040	10,287	500	1,030
Mental Health Services	0	48	0	18
Outpatient Ambulatory Health Services	88	2,904	77	714
Substance Abuse Outpatient Care	0	1	0	1
Support Services				
Medical Transportation	0	130	0	38
Outreach Services	9	40	9	37
TOTALS:	1,137	13,410		

Total unduplicated clients (month): 557

Total unduplicated clients (YTD): 1,467

REPORT COMPILED ON: 03/12/2024

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 January 2024, as of 3/12/2024. This report reflects reimbursement requests that were due by 2/20/2024, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total $1,898,802.15. The last day for subrecipients to submit reimbursement requests for FY 2023 is 4/1/2024.

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33

FORMULA AND SUPPLEMENTAL FUNDING

Per Resolution #s: R-1162-21, R-246-20, R-247-20 & R-817-19

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

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

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

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

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

DIRECT SERVICES TOTAL:		**$**	**22,766,639.00**
Total Core Allocation	18,052,696.00		
Target at least 80% core service allocation	17,634,832.80		
Current Difference (Short) / Over	**$ 417,863.20**		
Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,293,726.00**		
Quality Management	**$ 600,000.00**		2,893,726.00
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (Formula & Supp)	$ -		
Unobligated Funds (Carry Over)	$ -	$ -	25,660,365.00

Core medical % against Total Direct Service Allocation (Not including C/O):	
Cannot be under 75%	**81.90%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**2.41%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**9.20%** **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	899.27	
5606920000	Health Insurance Services	242,346.25	
5606870000	Medical Case Management	4,394,559.50	
5606860000	Mental Health Therapy/Counseling	48,002.50	
5606900000	Oral Health Care	3,286,248.00	
5606610000	Outpatient/Ambulatory Health Svcs	6,539,695.93	
5606910000	Substance Abuse - Outpatient	1,410.00	
	CORE Services Totals:	14,513,161.45	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	1,963,619.40	723,098.00	2,686,717.40
5606460000	Medical Transportation	170,306.19		
5606890000	Other Professional Services	68,904.00		
5606950000	Outreach Services	103,873.54		
5606930000	Substance Abuse - Residential	1,180,250.00		
	SUPPORT Services Totals:	3,486,953.13	723,098.00	
	FY 2023 Award (not including C/O)	18,000,114.58		

TOTAL EXPENDITURES DIRECT SVCS & % :		**$**	**18,723,212.58** **82.24%**
Formula Expenditure %	**90.14%**		
5606710000	**Recipient Administration**	**1,609,036.32**	
5606880000	**Quality Management**	**550,000.00**	2,159,036.32

Grant Unexpended Balance	**FY 2023 Award**	**Carryover**	
	4,778,116.10	-	4,778,116.10
Total Grant Expenditures & %		**$**	**20,882,248.90** **81.38%**

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	**80.63%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**2.21%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**6.45%** **Within Limit**

MAI

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33

MINORITY AIDS INITIATIVE (MAI) FUNDING

Per Resolution #s: R-1162-21, R-246-20, R-247-20 & R-817-19

This report includes YTD paid reimbursements for FY 2023 MAI service months up to January 2024, as of 3/12/2024. This report reflects reimbursement requests that were due by 2/20/2024, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total $9,935.35. The last day for subrecipients to submit reimbursement requests for FY 2023 is 4/1/2024.

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	309,959.60	580,964.35
5606860000	Mental Health Therapy/Counseling	2,795.00		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	501,602.91	380,830.11	882,433.02
5606910000	Substance Abuse - Outpatient	30.00		
	CORE Services Totals:	775,432.66	690,789.71	

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 & %:		**$ 1,500,382.77**	**56.31%**
5606710000	**Recipient Administration**	**133,074.10**	
5606880000	**Quality Management**	**91,666.63**	224,740.73

	FY 2023 Award	Carryover	
Grant Unexpended Balance	**1,587,247.21**	**289,428.29**	1,876,675.50
Total Grant Expenditures & % (Including C/O):		**$ 1,725,123.50**	**47.90%**

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%	**3.50%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**5.08%**	**Within Limit**

Printed on: 3/12/2024

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

10:00 a.m. – 1:00 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 February 8, 2024	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP)	All
	• Medical Care Subcommittee Items	Dr. Mary Jo Trepka
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ EFA	
	▪ Psychosocial Support	
	▪ Housing	
	▪ Health Education/Risk Reduction	
	▪ Non-Medical Case Management	
IX.	New Business	
	• Meeting Location	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **April 11, 2024** at **TBA**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

Please turn off or mute cellular devices – Thank you

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Provider Agency Name & Address
FDOH in Miami-Dade County
1350 N.W. 14th St.,
Miami, 33125

Contract Name: 2023-2024 Miami Dade CHD RW Consortia

Florida Department of Health

Expenditure/Invoice Report

Program Name: Patient Care-Consortia

Area Name:AREA 11A

Month: December

Year: 2023-2024

Report generated on: 02/27/2024

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	December	0	0	$125,915.00	$7,390.41	$68,679.48	55%
Medical Case Management (including treatment adherence)	December	69	10,890	$120,000.00	$12,523.50	$83,645.25	70%
Mental Health Services - Outpatient	December	11	29	$30,000.00	$942.50	$16,867.50	56%
Emergency Financial Assistance	December	85	108	$845,780.00	$50,934.67	$359,647.65	43%
Non-Medical Case Management Services	December	21	21	$273,970.00	$10,140.35	$157,707.86	58%
Referral for Health Care/Supportive Services	December	789	789	$181,451.60	$12,626.26	$116,843.67	64%
Clinical Quality Management	December	0	0	$68,508.03	$1,537.09	$25,678.11	37%
Planning and Evaluation	December	0	0	$34,224.37	$2,651.63	$27,498.62	80%
Totals		**975**	**11837**	**$1,679,849.00**	**$98,746.41**	**$856,568.14**	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend

ADVANCE(S) INFORMATION:

Total Advances	$0.00
Previous Reductions	$0.00
Current Reductions	$0.00
Remaining Advances	$0.00

Total Contract Amount	$1,679,849.00
Minus Expended Y-T-D	$856,568.14
Minus UNPAID Advances	$0.00
Balance To Draw	$823,280.86

Total Expenditures this period:	$98,746.41
Less Advance Payback this period:	$0.00
AMOUNT OF FUNDS REQUESTED THIS REPORT:	**$98,746.41**

I certify that the above report is a true, accurate and correct reflection of the activities this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

Signature & Title of Provider Agency Official | **Date** | **Contract Manager Signature** | **Date**

Contract Manager's Supervisor Signature | **Date**

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

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March 1, 2024

ADAP Miami-Dade / Summary Report – FEBRUARY 2024

Month	1st Enrollments	Re-Enrollments	Clients*	CHD Pharmacy	RXs	Patients	RX/Pt	Payments	Premiums	$/Premium
Apr-23	113	737	6,364	$1,564,028.71	2,750	931	3.0	$3,638,506.77	2,562	$1,420.18
May-23	94	393	6,441	$2,677,106.06	2,897	952	3.0	$3,640,335.31	2,574	$1,414.27
Jun-23	101	125	6,809	$1,802,814.62	3,138	1,018	3.1	$3,673,007.70	2,616	$1,404.05
Jul-23	84	105	6,995	$1,645,498.21	2,879	965	3.0	$3,664,239.62	2,620	$1,398.56
Aug-23	120	74	7,123	$1,778,109.44	3,160	1,026	3.1	$3,669,906.98	2,630	$1,395.40
Sep-23	123	52	7,260	$1,626,326.44	2,934	959	3.0	$3,645,930.52	2,616	$1,393.70
Oct-23	97	270	7,381	$1,672,825.40	3,248	1,026	3.2	$3,672,217.02	2,624	$1,399.47
Nov-23	87	591	7,282	$1,557,014.14	2,749	884	3.1	$3,651,681.71	2,615	$1,396.44
Dec-23	92	738	7,196	$1,524,933.74	2,779	860	3.2	$3,538,982.67	2,529	$1,399.36
Jan-24	95	807	7,171	$1,498,285.24	2,680	855	3.1	$4,732,393.78	2,832	$1,671.04
Feb-24	78	756	7,295	$1'432,079.56	2,713	821	3.3	$4'856,779.38	2,924	$1,661.01
Mar-24										
FY23/24	1,084	4,648	7,295	$17,346,942.00	31,927	10,297	3.1	$42,383,981.46	26,218	$1,671.04

*SOURCE: Provide - DATE: 03/01/24 - * Subject to Review & Editing*

NOTE: West Perrine: Expenditures from 223 uninsured clients <u>not</u> included in this report.

PROGRAM UPDATE

* 02/01/24: Cabenuva ® @ ADAP Miami: 193. Direct Dispense 108 *(56.0 %)* Premium Plus 85 *(44.0 %)*.
* 03/01/24: Clients [C] & Expenditures [E] Direct Dispense: 54 % C / 29 % E Premium Plus: 46 % C - 71 % E
* 03/01/24: Patient Care Policy Notice: Marketplace Assistance Requirements (attachment).
* 03/01/24: ADAP Formulary changes (attachment)

<u>CURRENT</u> Ongoing CHD Pharmacy **Services**		
1	FDOH CHD Pharmacy @ Flagler Street	On Site
2	FDOH CHD Pharmacy @ Flagler Street	Special arrangements
3	FDOH ADAP Program @ West Perrine	CVS Specialty Mail Order

PHARMACY SELECTION IS THE CLIENT'S CHOICE ONLY. REFER CLIENTS TO THE ADAP MIAMI PROGRAM OFFICE TO DOCUMENT THE PHARMACY SELECTION PROCESS, PREVENTING AND AVOIDING DUAL ENROLLMENTS, DISPENSING, PICKUPS, AND LIABILITY.

<u>ADDITIONAL</u> Pharmacies - Magellan RX PBM Miami-Dade – As of 1/1/24	
AIDS Healthcare Foundation	NEW Walgreens
Borinquen Healthcare Center	CVS Specialty Mail Order
Miami Beach Community Health Center	Navarro Specialty Pharmacy
Community Health of South Florida - CHI	Pharmco RX 1003 LLC
Fresco Y Más	

For additional information: www.ADAPMiami.com or ADAP.FLDOHMDC@flhealth.gov

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

****Unless otherwise noted, all brands, strengths and dosage forms may be ordered pending wholesaler availability.****

[CS] indicates controlled substance. [PA] indicates prior authorization required.

Generic Name	Brand Name (listed for Antiretroviral drugs only)	Therapeutic Classification	Pharmacologic Classification
abacavir (ABC)	Ziagen	Antiretroviral	NRTI
abacavir/lamivudine (ABC/3TC)	Epzicom	Antiretroviral	NRTI combo
abacavir/dolutegravir/lamivudine (ABC/DTG/3TC)	Triumeq	Antiretroviral	INSTI/NRTI combo
atazanavir (ATV)	Reyataz	Antiretroviral	PI
atazanavir/cobicistat (ATV/COBI)	Evotaz	Antiretroviral	PI/PK Enhancer
bictegravir/emtricitabine/tenofovir alafenamide (BIC/FTC/TAF)	Biktarvy	Antiretroviral	INSTI/NRTI combo
cabotegravir (CAB)	Vocabria	Antiretroviral	INSTI
cabotegravir/rilpivirine (CAB/RPV)	Cabenuva	Antiretroviral	INSTI/NNRTI combo
cobicistat (COBI)	Tybost	Antiretroviral	PK Enhancer
darunavir (DRV)	Prezista	Antiretroviral	PI
darunavir/cobicistat (DRV/COBI)	Prezcobix	Antiretroviral	PI/PK Enhancer
darunavir/cobicistat/emtricitabine/tenofovir alafenamide (DRV/COBI/FTC/TAF)	Symtuza	Antiretroviral	PI/NRTI combo
dolutegravir (DTG)	Tivicay	Antiretroviral	INSTI
dolutegravir / lamivudine (DTG/3TC)	Dovato	Antiretroviral	INSTI/NRTI combo
dolutegravir/rilpivirine (DTG/RPV)	Juluca	Antiretroviral	INSTI/NNRTI combo
doravirine (DOR)	Pifeltro	Antiretroviral	NNRTI
doravirine/lamivudine/tenofovir disoproxil fumarate (DOR/3TC/TDF)	Delstrigo	Antiretroviral	NNRTI/NRTI combo
efavirenz (EFV)	Sustiva	Antiretroviral	NNRTI
efavirenz/emtricitabine/tenofovir disoproxil fumarate (EFV/FTC/TDF)	N/A	Antiretroviral	NNRTI/NRTI combo
efavirenz/lamivudine/tenofovir disoproxil fumarate (EFV/3TC/TDF)	Symfi, SymfiLo	Antiretroviral	NNRTI/NRTI combo
elvitegravir /cobicistat /emtricitabine /tenofovir alafenamide (EVG/COBI/FTC/TAF)	Genvoya	Antiretroviral	INSTI/NRTI combo
elvitegravir/cobicistat/emtricitabine /tenofovir disoproxil fumarate (EVG/COBI/FTC/TDF)	Stribild	Antiretroviral	INSTI/NRTI combo
emtricitabine (FTC)	Emtriva	Antiretroviral	NRTI
emtricitabine/tenofovir alafenamide (FTC/TAF)	Descovy	Antiretroviral	NRTI combo
emtricitabine/tenofovir disoproxil fumarate (FTC/TDF)	Truvada	Antiretroviral	NRTI combo
enfuvirtide (ENF, T-20)	Fuzeon	Antiretroviral	Fusion inhibitor
etravirine (ETR)	Intelence	Antiretroviral	NNRTI
fostemsavir (FTR)	Rukobia	Antiretroviral	Gp-120 directed attachment inhibitor
Ibalizumab-uiyk injection (IBA)[PA]	Trogarzo[PA]	Antiretroviral	CD4 post-attachment HIV-1 inhibitor
lamivudine (3TC)	Epivir	Antiretroviral	NRTI
lamivudine/zidovudine (3TC/AZT)	Combivir	Antiretroviral	NRTI combo
lenacapavir (LEN)	Sunlenca	Antiretroviral	Capsid inhibitor
lopinavir/ritonavir (LPV/RTV)	Kaletra	Antiretroviral	PI/PK Enhancer
maraviroc (MVC)	Selzentry	Antiretroviral	CCR5 antagonist
nevirapine, nevirapine XR (NVP)	Viramune, Viramune XR	Antiretroviral	NNRTI
raltegravir, raltegravir HD (RAL)	Isentress, Isentress HD	Antiretroviral	INSTI
rilpivirine (RPV)	Edurant	Antiretroviral	NNRTI
rilpivirine /emtricitabine/ tenofovir disoproxil fumarate (RPV/FTC/TDF)	Complera	Antiretroviral	NNRTI/NRTI combo
rilpivirine/emtricitabine/tenofovir alafenamide (RPV/FTC/TAF)	Odefsey	Antiretroviral	NNRTI/NRTI combo
ritonavir (RTV)	Norvir	Antiretroviral	PK Enhancer
tenofovir alafenamide (TAF)	Vemlidy	Antiretroviral	NRTI
tenofovir disoproxil fumarate (TDF)	Viread	Antiretroviral	NRTI
tenofovir disoproxil fumarate/lamivudine (TDF/3TC)	Cimduo, Temixys	Antiretroviral	NRTI combo
zidovudine (AZT)	Retrovir	Antiretroviral	NRTI

INSTI = Integrase Strand Transfer Inhibitor, **NNRTI** = Non-Nucleoside Reverse Transcriptase Inhibitor, **NRTI** = Nucleoside/Nucleotide Reverse Transcriptase Inhibitor, **PK**= Pharmokinetic, PI = Protease Inhibitor

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
celecoxib	Analgesic	COX-II Inhibitor Non-steroidal anti-inflammatory drug	capsule, oral liquid
acetaminophen	Analgesic	Non-salicylate analgesic	capsule, tablet, oral liquid, rectal suppository
acetaminophen/hydrocodone CS	Analgesic	Nonsalicylate/opioid	capsule, tablet, oral liquid
acetaminophen/oxycodone CS	Analgesic	Nonsalicylate/opioid	tablet, oral liquid
ibuprofen	Analgesic	Nonsteroidal anti-inflammatory drug	capsule, tablet, oral liquid
naproxen	Analgesic	Nonsteroidal anti-inflammatory drug	tablet, oral liquid
diclofenac	Analgesic	Non-steroidal anti-inflammatory drug	capsule, tablet, eye drops, topical
meloxicam	Analgesic	Non-steroidal anti-inflammatory drug	capsule, tablet
oxycodone CS	Analgesic	Opiate	capsule, tablet, oral liquid
tramadol CS	Analgesic	Opioid	capsule, tablet, oral liquid
aspirin	Analgesic	Salicylate	caplet, tablet, rectal suppository
lidocaine	Anesthetic	Anesthetic	topical
metformin/sitagliptin	Antidiabetic	Biguanide/DPP-4 inhibitor	tablet
sitagliptin	Antidiabetic	Dipeptidyl Peptidase-4 Inhibitor (DPP-4 inhibitor)	tablet
dulaglutide	Antidiabetic	Glucagon-like peptide-1 receptor agonist (GLP-1 RA)	injection
liraglutide	Antidiabetic	Glucagon-like peptide-1 receptor agonist (GLP-1 RA)	injection
semaglutide	Antidiabetic	Glucagon-like peptide-1 receptor agonist (GLP-1 RA)	tablet, injection
insulin degludec	Antidiabetic	Insulin	injection
insulin detemir	Antidiabetic	Insulin intermediate to long acting	injection
canagliflozin/metformin	Antidiabetic	SGLT2 inhibitor/biguanide	tablet
dapagliflozin/metformin	Antidiabetic	SGLT2 inhibitor/biguanide	tablet
empagliflozin/metformin	Antidiabetic	SGLT2 inhibitor/biguanide	tablet
canagliflozin	Antidiabetic	Sodium-glucose co-transporter 2 (SGLT2) inhibitor	tablet
dapagliflozin	Antidiabetic	Sodium-glucose co-transporter 2 (SGLT2) inhibitor	tablet
empagliflozin	Antidiabetic	Sodium-glucose co-transporter 2 (SGLT2) inhibitor	tablet
glimepiride	Antidiabetic	Sulfonylurea	tablet
glipizide/metformin	Antidiabetic	Sulfonylurea/biguanide	tablet
glyburide/metformin	Antidiabetic	Sulfonylureas/Biguanides	tablet
pioglitazone	Antidiabetic	Thiazolidinedione (glitazone)	tablet
metformin	Antidiabetic	Biguanide	tablet
insulin NPH and insulin regular	Antidiabetic	Insulin-70/30	injection
insulin isophane (NPH)	Antidiabetic	Insulin-intermediate acting	injection
insulin glargine	Antidiabetic	Insulin-long acting	injection
insulin aspart	Antidiabetic	Insulin-rapid acting	injection
insulin lispro	Antidiabetic	Insulin-rapid acting	injection
insulin regular	Antidiabetic	Insulin-short acting	injection
glipizide	Antidiabetic	Sulfonylurea	tablet
glyburide	Antidiabetic	Sulfonylurea	tablet
brimonidine/timolol	Antiglaucoma	Alpha agonist/beta blocker	eye drops
brimonidine	Antiglaucoma	Alpha-2 agonist	eye drops, eye gel
timolol	Antiglaucoma	Beta blocker	eye drops, tablet
acetazolamide	Antiglaucoma	Carbonic anhydrase inhibitor	capsule, tablet

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

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dorzolamide	Antiglaucoma	Carbonic anhydrase inhibitor	eye drops
dorzolamide/ timolol	Antiglaucoma	Carbonic anhydrase inhibitor, beta-blocker	eye drops
latanoprost	Antiglaucoma	Prostaglandin	eye drops
travoprost	Antiglaucoma	Prostaglandin	eye drops
allopurinol	Antigout	Xanthine oxidase inhibitor	tablet
atovaquone	Anti-infective	Amebicide	oral liquid
paromomycin	Anti-infective	Amebicide	capsule
metronidazole	Anti-infective	Amebicide, trichomonaside	capsule, tablet, topical
tinidazole	Anti-infective	Amebicide, trichomonoaside	tablet
nystatin	Anti-infective	Antifungal	tablet, oral liquid, topical
valacyclovir	Anti-infective	Antiherpetic antiviral	tablet
valganciclovir	Anti-infective	Antiherpetic antiviral (CMV)	tablet
baloxavir	Anti-infective	Anti-influenza antiviral	tablet, oral liquid
oseltamivir	Anti-infective	Anti-influenza antiviral	capsule, oral liquid
primaquine	Anti-infective	Antimalarial	tablet
pyrimethamine	Anti-infective	Antimalarial	tablet
ethambutol	Anti-infective	Antimycobacterial	tablet
isoniazid	Anti-infective	Antimycobacterial	tablet, oral liquid
pyrazinamide	Anti-infective	Antimycobacterial	tablet
rifabutin	Anti-infective	Antimycobacterial	capsule
rifampin	Anti-infective	Antimycobacterial	capsule
rifapentine	Anti-infective	Antimycobacterial	tablet
acyclovir	Anti-infective	Antiviral	capsule, tablet, oral liquid, topical
famciclovir	Anti-infective	Antiviral	tablet
clotrimazole	Anti-infective	Azole antifungal	oral troche, topical
fluconazole	Anti-infective	Azole antifungal	tablet, oral liquid
itraconazole	Anti-infective	Azole antifungal	capsule, oral liquid
ketoconazole	Anti-infective	Azole antifungal	tablet, topical
terconazole	Anti-infective	Azole antifungal	topical, vaginal suppository
voriconazole	Anti-infective	Azole antifungal	tablet, oral liquid
amoxicillin	Anti-infective	Beta-lactam antibiotic	capsule, tablet, oral liquid
penicillin	Anti-infective	Beta-lactam antibiotic	tablet, oral liquid, injection
amoxicillin/clavulanate	Anti-infective	Beta-lactam antibiotic/beta-lactamase inhibitor	tablet, oral liquid
cefdinir	Anti-infective	Cephalosporin antibiotic	capsule, oral liquid
cefixime	Anti-infective	Cephalosporin antibiotic	capsule, tablet, oral liquid
ceftriaxone	Anti-infective	Cephalosporin antibiotic	injection
cephalexin	Anti-infective	Cephalosporin antibiotic	capsule, tablet, oral liquid
vancomycin	Anti-infective	Glycopeptide antibiotic	capsule, oral liquid
entecavir	Anti-infective	Hepatitis B antiviral	tablet, oral liquid
elbasvir/grazoprevir	Anti-infective	Hepatitis C antiviral	tablet
glecaprevir/pibrentasvir	Anti-infective	Hepatitis C antiviral	tablet, oral pellet packet
ledipasvir/sofosbuvir	Anti-infective	Hepatitis C antiviral	tablets, oral pellet packet
ribavirin	Anti-infective	Hepatitis C antiviral	capsule, tablet

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
sofosbuvir/velpatasvir	Anti-infective	Hepatitis C antiviral	tablet, oral pellet packet
sofosbuvir/velpatasvir/voxilaprevir	Anti-infective	Hepatitis C antiviral	tablet
clindamycin	Anti-infective	Lincosamide antibiotic	capsule, oral liquid, topical
azithromycin	Anti-infective	Macrolide antibiotic	tablet, oral liquid, eye drops
clarithromycin	Anti-infective	Macrolide antibiotic	tablet, oral liquid
fidaxomicin	Anti-infective	Macrolide antibiotic	tablet, oral powder
nitrofurantoin	Anti-infective	Nitrofuan derivative	capsule, oral liquid
ciprofloxacin	Anti-infective	Quinolone antibiotic	tablet, ear drops, eye drops, oral liquid
levofloxacin	Anti-infective	Quinolone antibiotic	tablet, oral liquid
moxifloxacin	Anti-infective	Quinolone antibiotic	tablet, eye drops
sulfadiazine	Anti-infective	Sulfonamide antibiotic	tablet
sulfamethoxazole/trimethoprim	Anti-infective	Sulfonamide antibiotic	tablet, oral liquid
dapsone	Anti-infective	Sulfone antibiotic	tablet, topical
doxycycline	Anti-infective	Tetracycline antibiotic	capsule, tablet, oral liquid
ciprofloxacin/dexamethasone	Anti-infective/anti-inflammatory	Quinolone antibiotic/corticosteroid	ear drops
nepafenac	Anti-inflammatory	Non-steroidal anti-inflammatory drug	eye drops
hydrocortisone	Anti-inflammatory	Corticosteroid	topical, tablet, enema
hydrocortisone/pramoxine	Anti-inflammatory/anesthetic	Corticosteroid/anesthetic	topical
hydrocortisone/neomycin/polymyxin b	Anti-inflammatory/anti-infective	Corticosteroid/antibacterial	ear drops
naltrexone ER/bupropion ER	Anti-obesity	Anoretic agents	tablet
orlistat	Anti-obesity	Gastrointestinal lipase inhibitor	capsule
apixaban	Blood formation and coagulation	Anticoagulant	tablet
dabigatran	Blood formation and coagulation	Anticoagulant	capsule, oral granules
rivaroxaban	Blood formation and coagulation	Anticoagulant	tablet, oral liquid
epoetin alfa	Blood formation and coagulation	Erythropoeisis stimulating agent	injection
filgrastim	Blood formation and coagulation	Granulocyte stimulating agent	injection
warfarin	Blood formation and coagulation	Vitamin K antagonist	tablet
benazepril/hydrochlorothiazide	Cardiovascular	ACE inhibitor/ thiazide diuretic	tablet
enalapril/hydrochlorothiazide	Cardiovascular	ACE inhibitor/ thiazide diuretic	tablet
doxazosin	Cardiovascular	Alpha-blocker	tablet
terazosin	Cardiovascular	Alpha-blocker	capsule
benazepril	Cardiovascular	Angiotensin converting enzyme (ACE) inhibitor	tablet
lisinopril/hydrochlorothiazide	Cardiovascular	Angiotensin converting enzyme (ACE) inhibitor/ thiazide	tablet
olmesartan	Cardiovascular	Angiotensin II receptor blocker	tablet
irbesartan	Cardiovascular	Angiotensin II receptor blocker (ARB)	tablet
losartan	Cardiovascular	Angiotensin II receptor blocker (ARB)	tablet
valsartan	Cardiovascular	Angiotensin II receptor blocker (ARB)	tablet, oral liquid
prazosin	Cardiovascular	Anti-hypertensive, Alpha-blocker	capsule
irbesartan/hydrochlorothiazide	Cardiovascular	ARB/ thiazide diuretic	tablet
losartan/hydrochlorothiazide	Cardiovascular	ARB/ thiazide diuretic	tablet
olmesartan/hydrochlorothiazide	Cardiovascular	ARB/ thiazide diuretic	tablet
valsartan/hydrochlorothiazide	Cardiovascular	ARB/ thiazide diuretic	tablet
carvedilol	Cardiovascular	Beta-blocker	capsule, tablet
labetalol	Cardiovascular	Beta-blocker	tablet

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
metoprolol tartrate	Cardiovascular	Beta-blocker	tablet
propranolol	Cardiovascular	Beta-blocker	tablet, capsule, oral liquid
metoprolol tartrate/hydrochlorothiazide	Cardiovascular	Beta-blocker/thiazide diuretic	tablet
atenolol/chlorthalidone	Cardiovascular	Beta-blocker/thiazide-like diuretic	tablet
diltiazem	Cardiovascular	Calcium channel blocker	capsule, tablet
nifedipine	Cardiovascular	Calcium channel blocker	capsule, tablet
verapamil	Cardiovascular	Calcium channel blocker	capsule, tablet
amlodipine/benazepril	Cardiovascular	Calcium channel blocker/ACE inhibitor	capsule
amlodipine/atorvastatin	Cardiovascular	Calcium channel blocker/HMG-CoA reductase inhibitor	tablet
digoxin	Cardiovascular	Cardiac glycoside	tablet, oral liquid
clonidine	Cardiovascular	Centrally acting alpha 2 agonist	tablet, oral liquid, patch
potassium chloride	Cardiovascular	Electrolyte replacement	capsule, tablet, oral liquid
ivabradine	Cardiovascular	Hyperpolarization-activated cyclic nucleotide-gated channel blocker	tablet, oral liquid
furosemide	Cardiovascular	Loop diuretic	tablet, oral liquid
sacubitril/valsartan	Cardiovascular	Neprilysin inhibitor/ARB	tablet
clopidogrel	Cardiovascular	Platelet inhibitor	tablet
prasugrel	Cardiovascular	Platelet inhibitor	tablet
spironolactone/hydrochlorothiazide	Cardiovascular	Potassium sparing diuretci combinations	tablet
spironolactone	Cardiovascular	Potassium sparing diuretic	tablet, oral liquid
triamterene/hydrochlorothiazide	Cardiovascular	Potassium sparing/thiazide diuretic	capsule
chlorthalidone	Cardiovascular	Thiazide-like diuretic	tablet
hydralazine	Cardiovascular	Vasodilating agents	tablet
isosorbide dinitrate	Cardiovascular	Vasodilating agents	tablet
isosorbide mononitrate	Cardiovascular	Vasodilating agents	tablet
nitroglycerin	Cardiovascular	Vasodilating agents	capsule, nasal spray, tablet, topical
midodrine	Cardiovascular	Vasopressor	tablet
enalapril	Cardiovascular	Angiotensin converting enzyme (ACE) inhibitor	tablet, oral liquid
lisinopril	Cardiovascular	Angiotensin converting enzyme (ACE) inhibitor	tablet
atenolol	Cardiovascular	Beta-blocker	tablet
metoprolol succinate	Cardiovascular	Beta-blocker	capsule, tablet
amlodipine	Cardiovascular	Calcium channel blocker	tablet, oral liquid
hydrochlorothiazide	Cardiovascular	Thiazide diuretic	capsule, tablet
bempedoic acid	Cardiovascular, antihyperlipidemic	ACL inhibitor	tablet
ezetimibe	Cardiovascular, antihyperlipidemic	Cholesterol absorption inhibitor	tablet
ezetimibe/rosuvastatin	Cardiovascular, antihyperlipidemic	Cholinesterase inhibitor/HMG CoA reductase inhibitor	tablet
fenofibrate	Cardiovascular, antihyperlipidemic	Fibric acid derivative	capsule, tablet
atorvastatin	Cardiovascular, antihyperlipidemic	HMG-CoA reductase inhibitor	tablet, oral liquid
pitavastatin	Cardiovascular, antihyperlipidemic	HMG-CoA reductase inhibitor	tablet
pravastatin	Cardiovascular, antihyperlipidemic	HMG-CoA reductase inhibitor	tablet
omega-3-acid ethyl esters	Cardiovascular, antihyperlipidemic	Lipotropic	capsule
omega 3 (icosapent ethyl)	Cardiovascular, antihyperlipidemic	Lipotropic	capsule
alirocumab	Cardiovascular, antihyperlipidemic	PCSK9 inhibitor	injection
evolocumab	Cardiovascular, antihyperlipidemic	PCSK9 inhibitor	injection
niacin	Cardiovascular, antihyperlipidemic	Vitamin, lipotropic	capsule, tablet

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

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gemfibrozil	Cardiovascular, antihyperlipidemic	Fibric acid derivative	tablet
rosuvastatin	Cardiovascular, antihyperlipidemic	HMG-CoA reductase inhibitor	capsule, tablet
amlodipine/olmesartan	Cardiovascular, antihypertensive	Calcium channel blocker/angiotensin II receptor	tablet
amlodipine/valsartan	Cardiovascular, antihypertensive	Calcium channel blocker/angiotensin II receptor	tablet
atomoxetine	Central nervous system	ADHD agent, non-stimulant	capsule
amphetamine/dextroamphetamine[CS]	Central nervous system	ADHD agent, stimulant	tablet, capsule
benztropine	Central nervous system	Anticholinergic	tablet
divalproex	Central nervous system	Anticonvulsant, mood stabilizer	capsule, tablet, oral liquid
gabapentin	Central nervous system	Anticonvulsant, mood stabilizer	capsule, tablet
lamotrigine	Central nervous system	Anticonvulsant, mood stabilizer	tablet, oral liquid
levetiracetam	Central nervous system	Anticonvulsant, mood stabilizer	tablet, oral liquid
pregabalin[CS]	Central nervous system	Anticonvulsant, mood stabilizer	capsule, tablet, oral liquid
valproic acid	Central nervous system	Anticonvulsant, mood stabilizer	capsule, oral liquid
bupropion	Central nervous system	Antidepressant-miscellaneous, aminoketone	tablet
carbamazepine	Central nervous system	Anti-manic, anti-seizure	tablet, capsule
frovatriptan	Central nervous system	Antimigraine	tablet
naratriptan	Central nervous system	Antimigraine	tablet
rizatriptan	Central nervous system	Antimigraine	tablet
sumatriptan	Central nervous system	Antimigraine	tablet, injection, nasal spray
ondansetron	Central nervous system	Anti-nausea	tablet, oral film
quetiapine	Central nervous system	Antipsychotic, antimanic	tablet
aripiprazole	Central nervous system	Antipsychotic, atypical	tablet, injection
brexpiprazole	Central nervous system	Antipsychotic, atypical	tablet
lurasidone	Central nervous system	Antipsychotic, atypical	tablet
risperidone	Central nervous system	Antipsychotic, atypical	tablet, oral liquid, injection
ziprasidone	Central nervous system	Antipsychotic, atypical	capsule, injection
meclizine	Central nervous system	Antivertigo, antiemetic	tablet
buspirone	Central nervous system	Anxiolytic	tablet
clonazepam[CS]	Central nervous system	Benzodiazepine	tablet
diazepam[CS]	Central nervous system	Benzodiazepine	tablet, oral liquid, nasal spray, rectal gel
lorazepam[CS]	Central nervous system	Benzodiazepine	tablet, oral liquid
donepezil	Central nervous system	Cholinesterase inhibitor	tablet, patch
lithium carbonate	Central nervous system	Mood stabilizer	capsule, tablet
baclofen	Central nervous system	Muscle relaxant	tablet, oral liquid
cyclobenzaprine	Central nervous system	Muscle relaxant	capsule, tablet
tizanidine	Central nervous system	Muscle relaxant	capsule, tablet
zolpidem[CS]	Central nervous system	Sedative-hypnotic	capsule, tablet
sertraline	Central nervous system	Selective serotonin reuptake inhibitor (SSRI)	capsule, tablet, oral liquid
fluoxetine/olanzapine	Central nervous system	SSRI/atypical antipsychotic, antimanic	capsule
modafinilcs	Central nervous system	Stimulant	tablet
mirtazapine	Central nervous system	Tetracyclic antidepressant	tablet
doxepin	Central nervous system	Tricyclic antidepressant (TCA)	capsule, tablet, oral solution, topical
topiramate	Central nervous system	Anticonvulsant	capsule, tablet, oral liquid

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

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olanzapine	Central nervous system	Antipsychotic, antimanic	tablet, injection
citalopram	Central nervous system, antidepressant	Selective serotonin reuptake inhibitor (SSRI)	capsule, tablet, oral liquid
escitalopram	Central nervous system, antidepressant	Selective serotonin reuptake inhibitor (SSRI)	tablet, oral liquid
fluoxetine	Central nervous system, antidepressant	Selective serotonin reuptake inhibitor (SSRI)	capsule, tablet, oral liquid
paroxetine	Central nervous system, antidepressant	Selective serotonin reuptake inhibitor (SSRI)	capsule, tablet, oral liquid
trazodone	Central nervous system, antidepressant	Serotonin reuptake inhibitor	tablet
duloxetine	Central nervous system, antidepressant	Serotonin-norepinephrine reuptake inhibitor	capsule
venlafaxine	Central nervous system, antidepressant	Serotonin-norepinephrine reuptake inhibitor	capsule, tablet
amitriptyline	Central nervous system, antidepressant	Tricyclic antidepressant (TCA)	tablet
nortriptyline	Central nervous system, antidepressant	Tricyclic antidepressant (TCA)	capsule, oral liquid
capsaicin	Dermatologic	Analgesic	topical
benzoyl peroxide/clindamycin	Dermatologic	Anti-acne retinoid	topical
tretinoin	Dermatologic	Anti-acne retinoid	capsule, topical
mupirocin	Dermatologic	Antibiotic	topical
benzoyl peroxide	Dermatologic	Antibiotic + keratolytic	topical
chlorhexidine gluconate (0.12%)	Dermatologic	Anti-infective	oral liquid
permethrin	Dermatologic	Anti-infective, scabicide	topical
podofilox	Dermatologic	Antiviral	topical
betamethasone dipropionate	Dermatologic	Corticosteroid	topical
betamethasone valerate	Dermatologic	Corticosteroid	topical
betamethasone/clotrimazole	Dermatologic	Corticosteroid, antifungal	topical
triamcinolone/nystatin	Dermatologic	Corticosteroid/antifungal	topical
conjugated estrogens (topical only)	Dermatologic	Estrogen	topical
ammonium lactate	Dermatologic	Humectant	topical
imiquimod	Dermatologic	Immune response modifier	topical
lanolin alcohol-mo-w.pet-ceres (Eucerin)	Emmolient	Moisturizer	topical
prednisolone	Endocrine	Corticosteroid	tablet, oral liquid, eye drops
prednisone	Endocrine	Corticosteroid	tablet, oral liquid
estradiol	Endocrine	Estrogen	tablet, topical, injection
ethinyl estradiol/desogestrel	Endocrine	Estrogen/Progestin	tablet
ethinyl estradiol/etonogestrel	Endocrine	Estrogen/Progestin	vaginal ring
ethinyl estradiol/levonorgestrel	Endocrine	Estrogen/progestin	tablet, patch
ethinyl estradiol/norethindrone	Endocrine	Estrogen/progestin	tablet
ethinyl estradiol/norgestimate	Endocrine	Estrogen/progestin	tablet
ethinyl estradiol/norgestrel	Endocrine	Estrogen/progestin	tablet
ethinyl estradiol/norethindrone/ferrous fumarate	Endocrine	Estrogen/progestin/iron	tablet
methylprednisolone	Endocrine	Glucocorticoid	tablet
levonorgestrel	Endocrine	Progestin	tablet, intrauterine device
norethindrone	Endocrine	Progestin	tablet
liothyronine	Endocrine	Thyroid supplement	tablet
testosterone[CS]	Endocrine	Androgen	injection, gel, patch *(note: testosterone undecanoate is nonformulary)*
medroxyprogesterone	Endocrine	Progestin	tablet, injection
levothyroxine	Endocrine	Thyroid supplement	tablet

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

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Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
mesalamine	Gastrointestinal	5-Aminosalicylate	capsule, tablet, enema, rectal suppository
metoclopramide	Gastrointestinal	Antiemetic, prokinetic	tablet, oral liquid, nasal sprayp
promethazine	Gastrointestinal	Antihistamine, antiemetic	tablet, oral liquid, rectal suppository
rifaximin	Gastrointestinal	Anti-infective	tablet
doxylamine/pyridoxine	Gastrointestinal	Anti-nausea agent	tablet
dicyclomine	Gastrointestinal	Antispasmodic	capsule, tablet, oral liquid
hyoscyamine	Gastrointestinal	Antispasmodic	tablet oral liquid
sucralfate	Gastrointestinal	Gastric acid buffer	tablet, oral liquid, mucosal paste
bismuth subcitrate potassium/metronidazole/tetracycline	Gastrointestinal	Helicobacter pylori agents	tablets and capsules (therapy kit)
linaclotide	Gastrointestinal	Irritable bowel syndrome agent	capsule
methylcellulose	Gastrointestinal	Laxative, bulk-forming	oral powder, tablet
polycarbophil	Gastrointestinal	Laxative, bulk-forming	tablet
psyllium	Gastrointestinal	Laxative, bulk-forming	capsule, oral powder
lactulose	Gastrointestinal	Laxative, osmotic	oral liquid
bisacodyl	Gastrointestinal	Laxative, stimulant	tablet, rectal suppository
docusate sodium	Gastrointestinal	Laxative, stool softener	capsule, tablet, oral liquid
polyethylene glycol and electrolytes	Gastrointestinal	Osmotic laxative	oral liquid
pancrelipase (amylase, lipase, protease)	Gastrointestinal	Pancreatic enzyme replacement	capsule, tablet
lanthanum carbonate	Gastrointestinal	Phosphate binder	tablet
esomeprazole	Gastrointestinal	Proton pump inhibitor	capsule, tablet, oral powder
lansoprazole	Gastrointestinal	Proton pump inhibitor	capsule, tablet
crofelemer	Gastrointestinal	Antidiarrheal	tablet
diphenoxylate/atropine[CS]	Gastrointestinal	Antidiarrheal	tablet, oral liquid
famotidine	Gastrointestinal, acid reducing	Histamine 2 receptor blocker	tablet, oral powder
omeprazole	Gastrointestinal, acid reducing	Proton pump inhibitor	capsule, tablet, oral liquid
pantoprazole	Gastrointestinal, acid reducing	Proton pump inhibitor	tablet, oral granules, oral liquid
loperamide	Gastrointestinal, antidiarrheal	Antidiarrheal	capsule, tablet, oral liquid
dronabinol[CS]	Gastrointestinal, appetite stimulant	Cannabinoid	capsule, oral liquid
megestrol	Gastrointestinal, appetite stimulant	Endocrine, progestin	tablet, oral liquid
oxybutynin	Genitourinary	Bladder antispasmodic	tablet, oral liquid, topical
sildenafil	Genitourinary	Phosphodiesterase type 5 inhibitor	tablet, oral liquid
tadalafil	Genitourinary	Phosphodiesterase type 5 inhibitor	tablet, oral liquid
vardenafil	Genitourinary	Phosphodiesterase type 5 inhibitor	tablet
finasteride	Genitourinary	5-Alpha Reductase Inhibitor	tablet
tamsulosin	Genitourinary	Alpha-blocker	capsule
loteprednol etabonate	Ophthalmic	Corticosteroid	eye drops, eye gel
dexamethasone/neomycin/polymyxin b	Ophthalmic	Corticosteroid/antibacterial	eye drops, eye ointment
carboxymethylcellulose	Ophthalmic	Lubricating agent	eye drops
polyethylene glycol/propylene glycol	Ophthalmic	Lubricating agent	eye drops
alendronate	Osteoporosis	Bisphosphonate	tablet, oral liquid
carbamide peroxide	Otic	Ear wax removal agent	ear drops, oral liquid
glycopyrrolate	Respiratory	Anticholinergic	tablet, oral liquid
ipratropium	Respiratory	Anticholinergic	inhaler, nebulizer solution

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

****Unless otherwise noted, all brands, strengths and dosage forms may be ordered pending wholesaler availability.****

[CS] indicates controlled substance. [PA] indicates prior authorization required.

Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
umeclidinium	Respiratory	Anticholinergic	inhaler
albuterol/ipratropium	Respiratory	Anticholinergic + Beta-2 Agonist, oral inhaled	inhaler, nebulizer solution
tiotropium	Respiratory	Anti-cholinergic, oral inhaled	inhaler
umeclidinium/vilanterol	Respiratory	Anticholinergic/long-acting Beta-2 agonist	inhaler
azelastine	Respiratory	Antihistamine	nasal spray, eye drops
cyproheptadine	Respiratory	Antihistamine	tablet, oral liquid
diphenhydramine	Respiratory	Antihistamine	capsule, tablet, oral liquid, topical
fexofenadine	Respiratory	Antihistamine	tablet, oral liquid
loratadine	Respiratory	Antihistamine	capsule, tablet, oral liquid
olopatadine	Respiratory	Anti-histamine	eye drops, nasal spray
azelastine/fluticasone	Respiratory	Antihistamine/corticosteroid, intranasal	nasal spray
dextromethorphan/promethazine	Respiratory	Antitussive/antihistamine	oral liquid
albuterol	Respiratory	Beta-2 Agonist	inhaler, nebulizer solution, tablet, oral liquid
albuterol HFA	Respiratory	Beta-2 Agonist	inhaler
beclomethasone	Respiratory	Corticosteroid	nasal spray, inhaler
budesonide	Respiratory	Corticosteroid	inhaler, nasal spray
fluticasone	Respiratory	Corticosteroid	inhaler, nasal spray
budesonide/formoterol	Respiratory	Corticosteroid + Long acting Beta-2 Agonist, oral inhaled	inhaler
fluticasone/salmeterol	Respiratory	Corticosteroid + Long acting Beta-2 Agonist, oral inhaled	inhaler
flunisolide (nasal spray)	Respiratory	Corticosteroid, nasal	nasal spray
budesonide/glycopyrrolate/formoterol	Respiratory	Corticosteroid/anticholinergic/long-acting Beta-2 agonist	inhaler
mometasone/olopatadine	Respiratory	Corticosteroid/antihistamine	nasal spray
fluticasone/vilanterol	Respiratory	Corticosteroid/long-acting Beta-2 agonist	inhaler
mometasone/formoterol	Respiratory	Corticosteroid/long-acting Beta-2 agonist	inhaler
fluticasone furoate/umeclidinium/vilanterol	Respiratory	Corticosteroid/long-acting muscarinic antagonist/long-acting	inhaler
inhaler spacer (one time only)	Respiratory	Inhaler spacer device	spacer device
montelukast	Respiratory	Leukotriene receptor antagonist	tablet, oral granules
formoterol	Respiratory	Long-acting Beta-2 agonist	inhaler, nebulizer solution
tiotropium/olodaterol	Respiratory	Long-acting muscarinic antagonist/long-acting Beta-2	inhaler
cetirizine	Respiratory	Antihistamine	tablet, oral liquid
hydroxyzine	Respiratory or CNS	Antihistamine or anxiolytic	capsule, tablet, oral liquid
mometasone	Respiratory or Dermatologic	Corticosteroid	inhaler, nasal spray, topical
triamcinolone	Respiratory or Dermatologic	Corticosteroid	nasal spray, topical, oral paste
varenicline	Smoking cessation	Partial nicotine agonist	tablet, nasal spray
nicotine	Substance abuse	Nicotine replacement	gum, inhaler, lozenge, nasal spray, patch
buprenorphine/naloxone[CS]	Substance abuse	Opiate agonist/antagonist	tablet, oral film
buprenorphine[CS]	Substance abuse	Opiate agonist/antagonist	tablet, oral film, patch
naloxone	Substance abuse	Opiate antagonist	nasal spray, injection
naltrexone	Substance abuse	Opiate antagonist	capsule, tablet, injection
disulfiram	Substance abuse	Alcohol deterrent	tablet
meningococcal conjugate vaccine	Vaccines	Bacterial vaccine	injection
pneumococcal 15-valent conjugate vaccine	Vaccines	Bacterial vaccine	injection
pneumococcal 20-valent conjugate vaccine	Vaccines	Bacterial vaccine	injection
pneumococcal 23-polyvalent vaccine	Vaccines	Bacterial vaccine	injection

Florida AIDS Drug Assistance Program (ADAP) Formulary March 2024

****Unless otherwise noted, all brands, strengths and dosage forms may be ordered pending wholesaler availability.****

[CS] indicates controlled substance. [PA] indicates prior authorization required.

Generic Name	Therapeutic Classification	Pharmacologic Classification	Dosage Forms
tetanus diphtheria (Td) vaccine	Vaccines	Bacterial vaccine	injection
tetanus diphtheria-acellular pertussis (Tdap) vaccine	Vaccines	Bacterial vaccine	injection
hepatitis A adult vaccine	Vaccines	Viral vaccine	injection
hepatitis A/B vaccine	Vaccines	Viral vaccine	injection
hepatitis B adult vaccine	Vaccines	Viral vaccine	injection
hepatitis B vaccine (recombinant, adjuvanted)	Vaccines	Viral vaccine	injection
human papilloma virus vaccine (recombinant)	Vaccines	Viral vaccine	injection
influenza vaccine (including high dose)	Vaccines	Viral vaccine	injection
measles, mumps, rubella vaccine	Vaccines	Viral vaccine	injection
SARS-CoV-2 (COVID 19) vaccine	Vaccines	Viral vaccine	injection
zoster vaccine (recombinant)	Vaccines	Viral vaccine	injection
calcium carbonate	Vitamin	Vitamin	tablet, oral liquid
calcium with vitamin D	Vitamin	Vitamin	tablet
magnesium oxide	Vitamin	Vitamin	capsule tablet
multivitamin with minerals	Vitamin	Vitamin	tablet
polysaccharide-iron complex	Vitamin	Vitamin	capsule
vitamin B complex	Vitamin	Vitamin	capsule, tablet
vitamin C	Vitamin	Vitamin	tablet
cholecalciferol (vitamin D3)	Vitamin	Vitamin	capsule, tablet, oral liquid
cyanocobalamin (vitamin B12)	Vitamin	Vitamin	tablet, oral liquid, nasal spray, injection
ergocalciferol (vitamin D2)	Vitamin	Vitamin	capsule, tablet, oral liquid
ferrous sulfate	Vitamin	Vitamin	tablet, oral liquid
folic acid	Vitamin	Vitamin	capsule, tablet
leucovorin	Vitamin	Vitamin	tablet
multivitamin	Vitamin	Vitamin	tablet
multivitamin prenatal	Vitamin	Vitamin	tablet
pyridoxine (vitamin B6)	Vitamin	Vitamin	capsule, tablet, oral liquid

MEMORANDUM

DATE: February 29, 2024

TO: AIDS Drug Assistance Program (ADAP) Field Staff

THROUGH: Craig Wilson
Chief, Bureau of Communicable Diseases

FROM: Jimmy LLaque
Director, Patient Care and Treatment Access Program

SUBJECT: Patient Care Policies and Procedures: Minimum requirements for clients to receive ADAP assistance with health insurance obtained through the federally facilitated Marketplace.

Purpose of This Patient Care Policy Notice (PCPN)
This memorandum specifies changes that have been made to the HIV/AIDS Section's policies and procedures as stated in the Florida ADAP Policy Manual (dated January 2017). The purpose of this PCPN is to provide guidance on the minimum requirements for clients. The changes described in this PCPN are effective on March 1, 2024.

Background
Since the first year ADAP supported plans in the Marketplace, policy required clients to have minimum gross income of 100% of the Federal Poverty Level (FPL). For 2015, the first year ADAP assisted clients with health insurance through the federally facilitated Marketplace, ADAP policy required gross income from 100% through 250% FPL to obtain the greatest federal subsidies. For 2017, the program expanded access to clients with gross incomes from 100% through 400% FPL. For 2021, the program further expanded access by changing program policy to require gross incomes from 75% through 400% FPL. The program's expressed intent for these policy changes is to gradually open access for clients in a fiscally responsible way.

Assistance with policies obtained through the Marketplace must have a documented gross income above 50% of the FPL. Exceptions to this requirement are in place for the following:

- Clients whose income drops below the minimum during the benefit year will continue to receive assistance.
- Clients who maintain eligibility for Ryan White services in the state and received assistance with a policy for a benefit year will qualify to continue to receive that assistance in the following benefit year(s).
- Clients whose policy terminates for a period of six months or fewer, who maintain or are re-determined eligible for Ryan White services in the state, and whose policy the issuer is able to reinstate, will receive payment of past due amounts to return the client to care, and continued assistance with their policy.
- Clients who choose to enroll in a policy through the Marketplace when offered COBRA continuation coverage of an employer sponsored policy will receive assistance.
- Clients who choose to terminate a COBRA policy or whose COBRA policy ends, and enroll in a policy through the Marketplace will receive assistance.
- Clients who have a documented termination of Medicaid during the 12-month period from April 1, 2023 through March 31, 2024 will receive assistance.

Policy Clarification

Clients who qualify for assistance with Marketplace plans will be assisted with premiums and pharmaceutical deductible and copay expenses. This includes clients whose monthly premium has been reduced to $0.00. Uninsured clients who are not covered by one of the exceptions outlined above must have gross income at or above 50% FPL and not to exceed 400% to qualify for ADAP assistance with Marketplace insurance beginning with the effective date of this PCPN. Gross income must be documented in the client's ADAP Provide database record. This must be through data entered in the income tab of the client's record, supported by a scan of a Ryan White Part B or Ryan White Part A Notice of Eligibility, or other documentation used to establish such eligibility.

If a client has enrolled in a health insurance policy through the Marketplace and does not qualify for assistance due to their income or because the plan is not approved by ADAP, the client record must be suspended from services. Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) of the Public Health Service (PHS) Act states in part that Ryan White HIV/AIDS Program (including ADAP) funds may not be used for any item or service "to the extent that payment has been made, or can reasonably be expected to be made under… any State compensation program, under an insurance policy, or under any Federal or State health benefits program … or by an entity that provides health services on a pre-paid basis." Therefore, the client does not qualify for any assistance from ADAP, neither direct dispense or insurance services.

The suspension from services must be terminated:

- If the client terminates the policy.
- If the client enrolls in a plan approved by ADAP and provides the information and documentation to the contracted Insurance Benefits Manager, currently Broward Regional Health Planning Council.
- If the client reports a change to the documented income to 50% FPL or higher.

The policies and procedures covered in this PCPN supersede current language in the Florida ADAP Policy Manual (dated January 2017). Therefore, this PCPN memorandum is in effect until the Florida ADAP Policy Manual is updated to reflect the above changes.

If you have any questions regarding this PCPN, please contact Paul Mekeel, benefits manager, at 850-901-6700 or paul.mekeel@flhealth.gov.

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

10:00 a.m. – 1:00 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 February 8, 2024	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP)	All
	• Medical Care Subcommittee Items	Dr. Mary Jo Trepka
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ EFA	
	▪ Psychosocial Support	
	▪ Housing	
	▪ Health Education/Risk Reduction	
	▪ Non-Medical Case Management	
IX.	New Business	
	• Meeting Location	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **April 11, 2024** at **TBA**	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

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
February 23, 2024 Meeting Report
to the Care and Treatment Committee
Presented March 14, 2024

The Medical Care Subcommittee (MCSC):

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

- 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. (**See attachment #1**)

  1. **Motion to accept the changes to the Oral Health Service Description as discussed, pending review of the annual client limit cap by the County.**

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

  2. **Motion to change "physician" to "licensed medical provider" in the service descriptions.**

- Reviewed the edits made to the Substance Abuse Service Description which included updates to priorities and dates. (**See attachment #2**)

  3. **Motion to accept the changes to the Substance Abuse Service Description as presented.**

The next MCSC meeting is scheduled for April 26, 2024, at Behavioral Science Research Corp.

All motions are subject to Partnership approval.

ORAL HEALTH CARE

(Year 3~~3~~4 Service Priority: #~~6~~4 for Part A

Oral Health Care is a core medical service. This service includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide dental care in the State of Florida, including general Dentists, dental specialists, and Dental Hygienists, as well as licensed Dental Assistants. In accordance with Rule 64B5-9.011 of the Florida Administrative Code, Dental Assistants who are formally trained or have an appropriate certification (e.g., radiography) meet HRSA's definition of a licensed Dental Assistant.

This service may include diagnostic, preventive, and restorative services; endodontics, periodontics, and prosthodontics (removable and fixed); maxillofacial prosthetics; limited implant services (i.e., removal, repair, and placement [restricted for edentulous patients only] of implants); oral and maxillofacial surgery; and adjunctive general services as detailed and limited in the most current, local Ryan White Program Oral Health Care Formulary.

~~A.~~ **Program Operation Requirements:** ~~Provision of Oral Health Care services for any one client is limited to an annual cap of $6,500 per Ryan White Part A Fiscal Year (March 1, 2023 through February 29, 2024). Exceptions to the annual cap may be approved by the County under special circumstances (e.g. implant placement) and the provision of preventive Oral Health Care services with consultation from the Miami- Dade HIV/AIDS Partnership's Medical Care Subcommittee as needed.~~

A.

When a referral from a Dentist to a dietitian is needed, the Dentist must coordinate with the client's ~~Primary Care Physician~~Licensed Medical Provider to obtain the required referral to nutrition services (i.e., a referral to Ryan White Program outpatient specialty care services). This is necessary to ensure communication between the care team (e.g., Physician

and Dentist). The client's Medical Case Manager should also be informed of the client's need for nutrition services.

Labs maybe requested ~~of~~ from Licensed Medical Providers~~physicians~~ as clinically indicated by the dentist.

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

Providers must offer, post, and maintain a daily walk-in slot for clients with urgent/emergent dental issues. Clients who come into or contact the office

with urgent/emergent dental issues (e.g., pain, broken tooth, situation requiring immediate treatment, or situation causing client high level of distress) will be triaged by appropriate dental staff; and those clients with substantial issues will be seen as soon as possible, but within 48 hours (i.e., two business days).

Teledentistry services may also be available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details.

B. **Additional Service Delivery Standards:** Providers of this service will adhere to the most current, local *Ryan White Program System-wide Standards and Ryan White Program Oral Health Care Standards*. (Please refer to Section III of this FY 2023~~3~~4 Service Delivery Manual for details.) Providers will be required to demonstrate that they adhere to generally accepted clinical guidelines for Oral Health Care treatment of HIV and AIDS-specific illnesses, upon request and through monitoring site visits or quality management record reviews.

C. **Rules for Reimbursement:** Providers will be reimbursed for all routine and emergency examination, diagnostic, prophylactic, restorative, surgical and ancillary Oral Health Care procedures, as approved by the Miami-Dade HIV/AIDS Partnership and included in the most current, local Ryan White Program Oral Health Care Formulary using the 2023~~3~~4 American Dental Association Current Dental Terminology (CDT 2023~~3~~4) codes for dental procedures. Reimbursement is in accordance with the rates indicated in the most current, local Ryan White Program Oral Health Care Formulary; flat fee, no multiplier.

Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details regarding the reimbursement of teledentistry services.

An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.

D. **Children's Eligibility Criteria:** Providers must document that children with HIV who receive Ryan White Part A Program-funded Oral Health Care services are permanent residents of Miami-Dade County and have been properly screened for other private or public sector funding [i.e., private insurance, Medicaid, Medicaid's expanded dental insurance for its members with Managed Medical Assistance (MMA) or Long-Term Care (LTC) coverage who have LIBERTY Dental, DentaQuest, or MCNA Dental benefits (as may be amended), the Medically Needy Program, Children's Health Insurance Program (CHIP), Florida KidCare, etc.)], as appropriate. While children qualify for and can access private insurance, Medicaid (all programs), or other public sector funding for Oral Health Care services, they will not be eligible for Ryan White Part A Program-funded Oral Health Care services, except those dental procedures excluded by the other funding sources.

E. **Client Eligibility Criteria:** Clients receiving Oral Health Care must be documented as having been properly screened for other public sector funding as appropriate every 366 days. While clients qualify for and can access dental services through other public funding [including, but not limited to, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-Term Care (LTC)], Medicare, or private health insurance, they will not be eligible for Ryan White Part A Program-funded Oral Health Care except for such program-allowable services that are not covered by the other sources or if their related benefits have been maxed out for the benefit period.

Clients referred for Oral Health Care by a Ryan White Part A or MAI Medical Case Manager should use the Ryan White Program In Network Referral process in the Provide® Enterprise Miami data management system. If the client is referred by a non-Part A or non-MAI provider ["Out of Network"(OON) provider] or self-refers because they do not have a Part A/MAI Medical Case Manager, an OON referral form must be submitted accompanied by the required medical, financial, and permanent Miami-Dade County residency documentation as well as all required consent forms and Notice of Privacy Practices. Clients coming without a referral, but with necessary documentation to support Ryan White Part A Program eligibility and Viral Load and CD4 lab test results within 366 days, are also able to access Ryan White Part A Oral Health Care services, upon completion of a brief intake in the Provide® Enterprise Miami data management system by the Oral Health Care provider agency and the client's signed consent for service

F. **Ryan White Program Oral Health Care Formulary:** Ryan White Part A Program funds may only be used to provide Oral Health Care services that are included in the most recent release of the most current, local Ryan White Program Oral Health Care Formulary. The Formulary is subject to periodic revision.

G. **Letters of Medical Necessity**: Dental Implants require a completed Ryan White Letter of Medical Necessity (LOMN) (See Section V of this FY 2024 Service Delivery Manual for copies of the Letter of Medical Necessity, as may be ammended).

~~G.~~H. **Rules for Documentation:** Providers must maintain a dental chart or electronic record that is signed by the licensed provider (e.g., Dentist, etc.) and includes a treatment plan, dates of service, services provided, procedure codes billed, and any referrals made. Providers must also maintain professional certifications, licensure documents, and proof of training, where applicable, of the dental staff providing services to Ryan White Program clients. Providers must make these documents available to OMB staff or authorized persons upon request.

~~H.~~I. **Rules for Reporting:** Provider monthly reports (i.e., reimbursement requests) for Oral Health Care must include the number of clients served, billing code for the dental procedures provided, number of units of service provided, and the

corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate dental provider after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the dental provider) and to make such reports available to OMB staff or authorized persons upon request.

SUBSTANCE ABUSE OUTPATIENT CARE AND SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

(Year 3~~3~~4 Service Priorities: #8~~12~~ for outpatient Part A and #8~~6~~ for MAI; and #7~~10~~ for Part A residential only)

Two types of substance abuse counseling and treatment services are included in this section: Outpatient and Residential. **Substance Abuse Outpatient Care** is a core medical service. **Substance Abuse Services (Residential)** is a support service. Both of these substance abuse service components shall comply with the following requirements:

A. Program Operation Requirements: Providers are encouraged to provide services that are highly accessible to target populations.

Providers are also encouraged to demonstrate linkages with other service providers relevant to the needs of people with HIV in substance abuse treatment programs. Providers should especially demonstrate linkages with other services relevant to the needs of people in substance abuse treatment programs including housing and shelter programs.

Service must be provided in settings that foster the client's sense of self-determination, dignity, responsibility for own actions, relief of anxiety, and peer support.

Providers are encouraged to offer program services to families to support the family unit. However, substance abuse services may be provided to members of a client's family in an outpatient setting only (i.e., non-HIV family members may not stay in the residential facility), and only if the program-eligible individual served (client) is also being served. A family member's participation in the substance abuse counseling sessions is included in the per day cost charged to the Ryan White Program (See Section II.A. of this service definition on the following page for details). ***IMPORTANT NOTE****: For the purpose of this service, family members are defined as those individuals living in the same household as the client.*

Individual treatment plans must be documented in the client's chart and linked to the provision of primary medical care.

Providers must ensure that clients adhere to their treatment plan, including prescription drug regimens.

Providers of substance abuse services must offer flexible schedules that accommodate the client's nutritional needs in order to facilitate client compliance with medication regimens.

Providers are encouraged to practice and incorporate motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate.

A residential substance abuse episode is not a pre-requisite to access Substance Abuse Outpatient Care. However, clients stepping down from or completing Substance Abuse Services (Residential) are encouraged to transition to Substance Abuse Outpatient Care. Furthermore, providers shall attempt a warm hand off to Substance Abuse Outpatient Care, where appropriate.,

I. Substance Abuse Outpatient Care

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. This service includes medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a ~~Physician~~ Licensed Medical Provider or under the supervision of a Physician, or by other qualified personnel as indicated below. This program provides regular, ongoing substance abuse monitoring and counseling on an individual and/or group basis in a state-licensed outpatient setting.

Services include screening, assessment, diagnosis and/or treatment of substance use disorder. Allowable substance use disorder treatments include: pre-treatment/ recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorders; outpatient drug-free treatment and counseling; medication assisted therapy; psychopharmaceutical interventions; substance abuse education; and relapse prevention. Services may also include mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; conflict resolution; anger management; and relapse prevention. All clients receiving this service must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis of substance use disorder.

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, it is included in a documented plan. Acupuncture therapy must be provided by an acupuncturist who is licensed in the State of Florida to provide such service.

Providers of this service must specify the maximum number of clients expected to be enrolled in a group counseling session. The minimum amount of group participants is three (3) Ryan White Program clients per group and should be no higher than fifteen (15) total persons per group. The ratio of group counseling

participants to Counselors should be no lower than 3:1 and no higher than 15:1. One unit is equal to one half-hour counseling session.

Substance Abuse Outpatient Care levels are specific to the education level of

the provider of the service, as indicated below, and are not interchangeable:

- **Substance Abuse Outpatient Care (Level I) - Professional Substance Abuse Counseling.** Level I services include *general and intensive* substance abuse therapy and counseling (individual, family, and group) provided by trained mental health or certified addiction professionals. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Direct service providers for Level I must possess at least a *doctorate or postgraduate degree* (PhD or Master's degree) in the appropriate counseling-related field, and preferably be licensed as a *certified addiction professional* (CAP), Licensed Clinical Psychologist, LCSW, LMHC, or LMFT to provide such services.

- **Substance Abuse Outpatient Care (Level II) - Counseling and Support Services.** Level II services include supportive and crisis substance abuse counseling by trained and supervised Counselors (who may possess Bachelor's degrees or have related experience, and may not be licensed), peers, and facilitators. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Non-certified personnel providing this Level II service will be supervised by professionals with appropriate Level I substance abuse counseling credentials.

- **Tele-substance abuse outpatient care services** are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

B. Additional Service Delivery Standards: Providers of these services will also be required to adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. (Please refer to Section III of this FY 202~~3~~4 Service Delivery Manual for details, as may be amended.)

C. Rules for Reimbursement: Reimbursement for individual and group Substance Abuse Outpatient Care will be based on half-hour counseling sessions (i.e., 1 unit) not to exceed $30.00 per unit for Level I individual counseling; $34.00 per unit for Level I group counseling; $27.00 per unit for Level II individual counseling; and $30.00 per unit for Level II group counseling. Reimbursement for individual sessions is calculated for each client and/or family member(s) receiving the counseling, whereas, reimbursement for group sessions is calculated for the Counselor that provided the group counseling. Documentation activities are included in the Substance Abuse Outpatient

Care unit of service and are not to be billed as a separate encounter. Substance Abuse Outpatient Care may be provided to members of a client's family in an outpatient setting if the program-eligible person with HIV (client) is also being served. The client must be currently receiving such services; and preferably, but not necessarily, the family member may be served on the same day as the client.

Tele-substance abuse outpatient care services are reimbursed as follows:

New Code	Description	Flat rate Reimbursement
THSAC1	Tele-Substance Abuse Outpatient Care provided by a Level I provider (individual client only)	$30.00 per 30-minute session
THSAC2	Tele-Substance Abuse Outpatient Care provided by a Level II provider (individual client only)	$27.00 per 30-minute session

D. **Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group counseling is a *one half-hour counseling session* provided to the client and the number of unduplicated clients served. Providers must also report, on a monthly basis, the number of group counseling units provided by each Counselor.

E. **Linkage/Referrals:** Providers of Substance Abuse Outpatient Care must document the client's progress through the treatment program, maintain linkages with one or more residential facilities, appropriate community services, including 12-step programs, and be able to refer or place clients in a residential program, in collaboration with the client, Medical Case Manager, and Licensed Primary Care ~~Physician~~ Provider when that is found to be appropriate. Providers are required to determine if the client is currently receiving Medical Case Management services; if not, the provider must seek enrollment of the client in a Medical Case Management program of the client's choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the Medical Case Management provider must be established in order to ensure coordination of services while the client remains in treatment.

IMPORTANT NOTE: referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

F. **Additional Rules for Documentation:** Providers must submit an assurance to OMB that Substance Abuse Outpatient Care services are only provided in an outpatient setting. Providers must maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Providers must also submit to OMB a copy of the staffing structure showing supervision by a Physician or other qualified personnel. Providers must also maintain client charts that include treatment plans with all required elements, including but not limited to measurable goals and timelines for completion. Documentation in the client chart must also clearly indicate that services were provided as allowable under the local Ryan White Program service definition, and include the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

II. Substance Abuse Services (Residential)

This program offers substance abuse, including alcohol addiction and/or addiction to legal and illegal drugs, treatment and counseling, including HIV specific counseling, to program-eligible people with HIV (clients) on a short-term basis. Medication-Assisted Treatment (MAT) is also covered as part of the residential treatment services. **Substance Abuse Services (Residential)** provides room and board, in a secure, drug-free, state-licensed residential (non-hospital) substance abuse treatment facility, and, when necessary, detoxification. Detoxification services are allowable, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital). HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license. Proof of the separate license is required for detoxification services.

In accordance with HRSA Policy Clarification Notice #16-02, Substance Abuse Services (Residential), as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, are permitted **only** when the client has received a written referral from a clinical provider. In Miami-Dade County's Ryan White Part A/MAI Program, this requirement shall be met if the client is accessing the service based on a Ryan White Program In Network Service Referral or Out of Network Referral as a result of a comprehensive health assessment conducted by a Medical Case Manager or other case manager or in response to a court-ordered directive to a residential treatment program. Upon arrival at the residential treatment center and PRIOR TO final enrollment in the treatment program, an assessment MUST be conducted by the residential clinical staff (e.g., Medical Director, Psychologist, Licensed Therapist, etc.) as appropriate using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) assessment

tool (e.g., ASAM Criteria®, a Level of Care determination tool) for diagnosis of a substance use disorder or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) tools. Services will then be provided by or under the supervision of a Physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State of Florida.

If the client is participating in a residential treatment program, the client's family member may visit the facility and participate in the counseling sessions, but the family member may not physically live in the residential facility with the client during the treatment process. As a reminder, a family member's participation in the substance abuse counseling sessions is included in the per day cost charged to the Ryan White Program (See Section II.B. of this service definition on the following page for details).

Residential treatment programs shall comply with the following requirements:

B. **Rules for Reimbursement:** The unit of service for reimbursement of Substance Abuse Services (Residential) is a *client-day* of care up to a maximum amount of $250.00 per day. The final, maximum rate is negotiated between the County's Office of Management and Budget-Grants Coordination division and each funded subrecipient. **Under normal circumstances clients may not be enrolled in any Ryan White Program-funded Substance Abuse Services (Residential) program for longer than 180 calendar days within a twelve-month period. Twelve months begins on the very first day of a client's residential treatment and restarts every 12 months based on that original start date for Ryan White Program-funded residential substance abuse treatment services. No exceptions, unless approved by the Miami-Dade County Office of Management and Budget for extreme circumstances (e.g., public health emergencies such as COVID-19 or extreme weather events such as hurricanes). Override requests may be considered on a case-by-case basis and would be approved or denied at the discretion of Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program (OMB-GC/RWP) management. Please contact the OMB-GC/RWP office for pre-approval prior to extending residential care past the 180-day cap. The length of stay for existing clients will be closely monitored by the County's OMB/Ryan White Program.**

Residential substance abuse treatment providers are strongly encouraged to check the Provide® Enterprise Miami data management system order to determine how many days of residential treatment service have already been billed for the client, and how many days are remaining in the client's 180-day/12-month period. In addition, providers should call or email the client's previous Substance Abuse Services (Residential) provider, if applicable, to inquire if any services are pending to be entered or compiled in the Provide Enterprise® Miami data management system. This will affect the actual number of available days versus those that appear in the Provide® Enterprise Miami data management system.

C. **Additional Rules for Reporting:** Monthly activity reporting (i.e., reimbursement requests) for Substance Abuse Services (Residential) is per *client-day* of care and number of unduplicated clients served. Providers will indicate in the Provide® Enterprise Miami data management system the client's disposition after Substance Abuse Services (Residential) has ended (e.g., treatment completed, client referred to outpatient substance abuse counseling, client withdrew from treatment, etc.). This process is facilitated by the review and managing of the "RSA Disenrollment Report" available in the Provide® Enterprise Miami data management system. Service providers are required to print this report on a monthly basis and disenroll clients who are no longer in active care. Once all residential treatment disenrollments for the month are completed, a final "RSA Disenrollment Report" must be printed and uploaded along with the monthly reimbursement request that is uploaded in the Provide® Enterprise Miami data management system.

D. **Linkage/Referrals:** Providers of Substance Abuse Services (Residential) must document the client's progress through the treatment program, maintain linkages with one or more outpatient facilities and appropriate community services, including 12-step programs, and be able to refer or place clients in an outpatient program, in collaboration with the client, Medical Case Manager, and the Licensed Primary Care Provider~~Physician~~ when that is found to be appropriate. Providers are required to determine if the client is currently receiving Medical Case Management services; if not, the provider must seek enrollment of the client in a Medical Case Management program of the client's choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the Medical Case Management provider must be established in order to ensure coordination of services while the client remains in treatment. **A client's Ryan White Program- funded Medical Case Manager will receive an automated "pop-up" notification through the Provide® Enterprise Miami data management system upon the client's discontinuance or release from, completion of, and/or relapse in residential substance abuse treatment.**

IMPORTANT NOTE: referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

E. **Special Client Eligibility Criteria:** A Ryan White Program In Network Service Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service. Clients receiving Ryan White Program Part A or MAI-funded Substance Abuse Services (Residential) must be documented as having gross household incomes below 400% of the 202~~3~~4 Federal Poverty Level (FPL).

F. **Additional Rules for Documentation:** Providers must also maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program

clients and must make these documents available to OMB staff or authorized persons upon request. Providers must submit to OMB a copy of the staffing structure showing supervision by a Physician or other qualified personnel, and an assurance that all services are provided in a short-term residential setting. Providers must also maintain client charts that include individual treatment plans with all required elements and document that services were provided as allowable under the Ryan White Program service definition, the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

III. Additional Standards and Guidelines

Guidelines: Outpatient and residential substance abuse treatment and counseling providers will adhere to generally accepted clinical guidelines for substance abuse treatment of people with HIV. The following are examples of such guidelines:

- American Society of Addiction Medicine. *The ASAM Principles of Addiction Medicine,* Sixth Edition; November 2, 2018.
  Available at: https://www.asam.org/publications-resources/textbooks
  Accessed 16/2~~0~~5/202~~2~~4.

- American Society of Addiction Medicine (ASAM). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.* Fourth~~Third~~ Edition.
  Available at: https://www.asam.org/publications-resources/textbooks
  Accessed 16/2~~0~~5/202~~2~~4. ~~(Note: the Fourth Edition is currently in development.)~~

- American Society of Addiction Medicine. Current and archived public policy statements related to the treatment of substance use disorder.
  Available at: https://www.asam.org/advocacy/public-policy-statements
  Accessed 16/2~~0~~5/202~~2~~4.

- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.

- Rules governing the provision of substance abuse treatment services consistent with the regulations promulgated by the State of Florida's Alcohol Prevention and Treatment (APT) and Drug Abuse Treatment and Prevention (DATAP) programs, as may be amended.

- Rules governing the provision of residential and outpatient substance abuse treatment services with regards to licensure and regulatory standards that are consistent with the administrative regulations promulgated in Chapter 65D-30, Substance Abuse Services Office, of the Florida Administrative Code under the State of Florida Department of Children and Families, as may be amended.

IV. **Best Practices Compilation Search** provides interventions that improved outcomes: https://targethiv.org/bestpractices/search?keywords=substance%20abuse&page=1

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

10:00 a.m. – 1:00 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 February 8, 2024	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP)	All
	• Medical Care Subcommittee Items	Dr. Mary Jo Trepka
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ EFA	
	▪ Psychosocial Support	
	▪ Housing	
	▪ Health Education/Risk Reduction	
	▪ Non-Medical Case Management	
IX.	New Business	
	• Meeting Location	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **April 11, 2024** at **TBA**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

March 6, 2024

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners. Complete a brief New Member Interest Form to find out more: www.surveymonkey.com/r/DRJP5N5 or scan the QR code.

Opportunities for Ryan White Program Clients

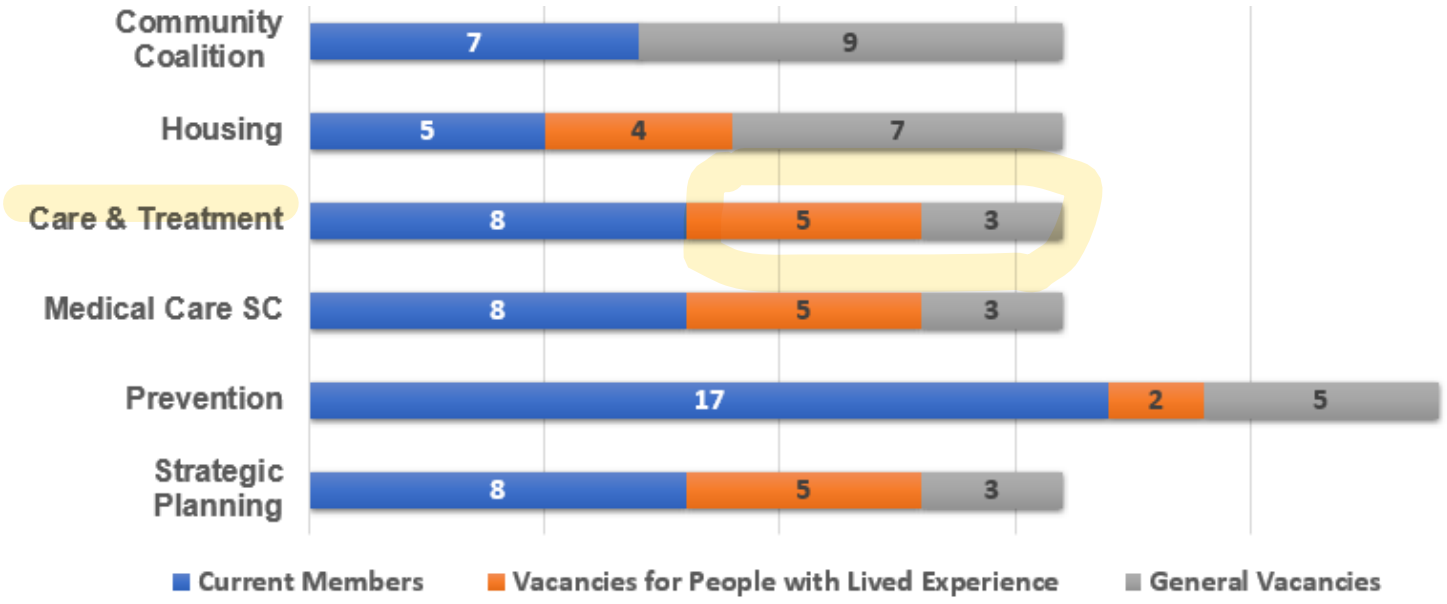
12 *seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.*

Opportunities for General Membership

6 *seats are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the relevant knowledge, skills and expertise in these membership categories:*

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

Partnership Committees



Committees are now accepting applications for new members.

Scan to access meeting documents.

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Committee Service Definitions Development
March 14, 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.

Services, Notes, and Task Status

Services	Notes	Status
Emergency Financial Assistance (EFA)	Draft language reviewed, revisions made, tentative finalization at March meeting.	**In Process**
Psychosocial Support Services	Guidance provided and draft language provided for March review and discussion.	**In Process**
Housing	Some funding under HOPWA and EHE. Sample material under review. Draft guidance using EHE provided for review and discussion in March. **Considerations**: Should there be additional cost containments beyond 24-month limitation? e.g. limitations on amount paid monthly, coverage for Ryan White client on lease not non-clients, etc.	**In Process**
Health Education/Risk Reduction	Funded under some Part Cs and Part D**.** Sample materials under review. Template language provided for discussion in March.	Not Started

	Considerations: Should this service specifically be targeted to new clients?	
Non-Medical Case Management (non-MCM)	Guidance provided and revised, differentiation between NMCM and MCM in process, additional fine tuning needed to differentiate services. Draft documents provided at March meeting for discussion.	**In Process**

Bundling motion made in September

Motion to direct the Recipient to bundle Outpatient/Ambulatory Health Services, Medical Case Management and Mental Health Services such that proposers/providers seeking funding for Outpatient/Ambulatory Health Services in the next RFP would be required to provide Medical Case Management and Mental Health Services as well.

Will additional bundling be requested?

Emergency Financial Assistance **Status:** Currently funded support service

Other Funders (based on 2023 Needs Assessment):
General Revenue $147,358; Part B $520,191

HRSA PCN# 16-02 Definition (pg. 17)

Description:

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program (ADAP) or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. EFA must occur as a direct payment to an agency or through a voucher program.

Program Guidance:

EFA funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the EFA category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Other Sample Services:

- Washington, DC EMA
- Los Angeles County, CA EMA
- Texas, Part B

Part B limits

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

EMERGENCY FINANCIAL ASSISTANCE

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

Emergency Financial Assistance is a support service. Under the local Ryan White Part A and MAI Programs, Emergency Financial Assistance provides **three** components: limited, short-term medications to support Test and Treat Rapid Access (TTRA), electric utility assistance, and rental/emergency rental assistance. Funding under this service category is **limited**.

Services are intended to assist clients with an urgent need such as the primary household providers loss of employment, loss of income, or a natural disaster within one of the previously mentioned components required to improve health outcomes that are associated with other approved service categories, excluding clients accessing Test and Treat Rapid Access (TTRA) Medications who do not need to meet the urgent need criteria. All Emergency Financial Assistance ***must*** occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are ***not*** permitted.

A. Test and Treat Rapid Access (TTRA) Medications

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

Currently, these funds are limited to the provision of short-term access to antiretroviral medications (ARV) for clients participating in the Test and Treat / Rapid Access (TTRA) protocol. In such instances, these services would only be used when the Florida Department of Health's financial resources for ARV medications under the local TTRA protocol have been depleted and the client is not yet enrolled in ADAP Emergency Financial Assistance.

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

- Biktarvy®
- Descovy® + Prezcobix®
- Dovato®

- Symtuza®
- Tivicay® + Descovy®

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

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

IMPORTANT NOTES:

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

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

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

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

A.1. Eligibility

Only clients whose gross household income is at or below 400% of the Federal Poverty Level and have a pending application with a third-party payer (e.g., ADAP or private insurance) are eligible for Test and Treat Rapid Access (TTRA) Medications.

B. Electric Utility Assistance

Provision of this service to any single client is **limited to $200 in a fiscal year**. All reasonable attempts will be made to utilize any other programs, e.g. Federal Emergency Management Agency (FEMA) or Low-Income Home Energy Assistance Program (LIHEAP).

B.1. Eligibility

Only clients whose gross household income is at or below 250% of the Federal Poverty Level are eligible for Electric Utility Assistance.

C. Rental/Emergency Rental Assistance

Provision of this service to any single client is **limited to up to $3,000 in a fiscal year**. All reasonable attempts will be made to utilize any other programs e.g., Federal Emergency Management Agency (FEMA).

C.1. Eligibility

Only clients whose gross household income is at or below 250% of the Federal Poverty Level are eligible for Rental/Emergency Rental Assistance.

Scan to access meeting documents.

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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.

Other Sample Services:

- Washington, DC EMA
- Cleveland, OH TGA
- Miami-Dade, FL EMA (former definition to be found)

PSYSCHOSOCIAL 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** address 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 Pait 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.

PLEASE NOTE: All initial assessments and subsequent assignments to psychosocial support services will be done by a licensed Level I or Level II mental health professional. If counseling is provided by a non-licensed professional and/or peer counselor, oversight and supervision must be conducted by a licensed professional or a professional exempt from licensing under F.S. 491.014. The supervisor will approve and sign progress notes, mini-evaluations, and referrals. It is important for the Level I or Level II mental health professional to regularly gauge the client's progress, and determine if the client is still in need of the service. There should be clear documentation that on-going psychosocial support counseling is being reviewed and supervised by a licensed professional, and that the on-going counseling remains appropriate. This documentation can be achieved through updated referrals by a Level I or Level II mental health professional every 6

months, to accompany a Ryan White Program Certified Referral to a psychosocial support service provider.

Reimbursement will be provided at a flat rate.

Psychosocial Support Services/Counseling Components:

Services will include crisis counseling, periodic re-assessments, and re-evaluations 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 will 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. Support counselors will not make referrals themselves, but will consult and make known to his or her supervisor information/changes in the client's condition that may require a referral. Appropriate referrals will then be made by the supervisor.

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 therapy will be based on a half hour

counseling session not to exceed $25.00 per unit for Level III and Pastoral Care individual counseling; $27.00 per unit for Level III and Pastoral Care group counseling; $15.00 per unit for Level IV individual counseling; and $20.00 per unit for Level IV group support counseling. Reimbursement for individual counseling units are calculated for each client receiving the therapy (i.e., number of individual counseling units per client), whereas, reimbursement for group counseling units are calculated for the counselor that provided the group therapy (i.e., number of group counseling units per counselor).

C. **Additional Rules for Reporting:** The unit of service for reporting monthly activity of therapy is a one-half-hour counseling session and the unduplicated number of clients served.

D. **Special Client Eligibility Criteria:** A Ryan White Program Certified Referral or an Out-of-Network Referral (accompanied by all appropriate supporting documentation) is required for a client to receive psychosocial support service and must be updated every six (6) month. Additionally, a medical referral from a licensed Level I or Level II mental health professional (indicating that the client is suitable for psychosocial support counseling) is also required. Documentation of the medical referral must be indicated in the Ryan White Program Certified Referral, or must accompany the OON Referral. Clients receiving Ryan White Program Part A-funded psychosocial support services must be documented as having a gross household income below 300% 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. Providers must also maintain client charts that include treatment plans with all required elements, including but not limited to measurable goals and timelines for completion. Documentation in the client chart must also clearly indicate that services were provided as allowable under the Ryan White Program service definition, and include the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, 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 suppo1t service staff meets all applicable federal, state, or local requirements

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

10:00 a.m. – 1:00 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 February 8, 2024	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP)	All
	• Medical Care Subcommittee Items	Dr. Mary Jo Trepka
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ EFA	
	▪ Psychosocial Support	
	▪ Housing	
	▪ Health Education/Risk Reduction	
	▪ Non-Medical Case Management	
IX.	New Business	
	• Meeting Location	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **April 11, 2024** at **TBA**	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.

Other Sample Services:

- Atlanta, GA EMA
- Texas, Part B
- Florida, Part B
- Maricopa, AZ EMA

POLICY AND PROCEDURE NOTICE: PPPN-072
HOUSING

Summary and Purpose of PPN: To guide the administration of the Ryan White Part A Program to provide a standard Priority Service definition and requirements.

Authority:

- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs National Monitoring Standards for Ryan White Part A Grantees: Program – Part A
  https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf

- HAB PCN #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
  https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

- Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds Frequently Asked Questions
  https://hab.hrsa.gov/sites/default/files/hab/Global/faq_service_definitions_pcn_final.pdf

- Policy Clarification Notice 16-02: Eligible Individuals and Allowable Uses of Funds Housing Services, Frequently Asked Questions
  https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/Housing_FAQs_Final.pdf

- HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal – Part A and B (Covers Both Fiscal and Program Requirements)
  http://hab.hrsa.gov/manageyourgrant/files/universalmonitoringpartab.pdf

Background:

Atlanta EMA Quality Management Standards

The purpose of the Ryan White Part A quality management standards and measures is to ensure that a uniformity of service exists in the Atlanta Eligible Metropolitan Area (EMA) such that the consumers of a service receive the same quality of service regardless of where the service is rendered. These standards set forth the minimal acceptable levels of quality in

service delivery and to provide measurement of the effectiveness of services. EMA Standards of Care may be found on the Ryan White Part A website at **www.ryanwhiteatl.org**.
Also see PPPN-038 Compliance with Standards.

Service Definition

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. Allowable activities include:

- Emergency Lodging *(hotel/motel vouchers)*
- Short-term Housing Rental Assistance *(3-6 months of rental subsidy)*
- Medium-term Housing Rental Assistance *(6-12 months of rental subsidy)*

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.

Policy and Procedure:

1. Subrecipient must have mechanisms in place to assess and document housing stating and housing service needs of new clients, and at least annually for existing clients.

2. Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits[1] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

3. Subrecipient must be able to provide documentation and assurance that no Ryan White funds are used to provide direct payments to clients for rent or mortgages.

4. Subrecipient must maintain documentation and client records that include;
   - Services provided including number of clients served, duration of housing services, types of housing provided, and housing referral services
   - client eligibility determination
   - Individualized housing plans for all clients that receive short-term, transitional, and emergency housing services

5. Subrecipient must ensure staff providing housing services are case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access those programs.

6. Subrecipient must develop and maintain housing policies and procedures that are consistent with this Housing Policy. Subrecipient must ensure assistance provided help clients obtain stable long-term housing.

Unit of Service Definition

Housing Services			
Subservice Name	**Definition**	**Unit**	**Funding Sources**
Housing Assistance	Rental assistance for longer than one-time or episodic emergency need, not to exceed cumulative period of 24 months. Cannot include mortgage payments.	Payment	EHE, B, Other
Residential Housing	Housing facility for homeless or people at risk for homeless living with HIV/AIDS. Not to exceed cumulative period of 24 months.	Payment	EHE, B, Other
Emergency Lodging	Housing facility for homeless or people at risk for homeless living with HIV/AIDS in emergency situations. May include hotel/motel voucher. Not to exceed cumulative period of 3 months.	Payment	EHE

Approved: April 2021

Housing Services Service Standard

Health Resources & Services Administration (HRSA) 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 experiencing 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 Ryan White HIV/AIDS Program (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 HIV/AIDS Bureau (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 (HUD), which currently uses 24 months for transitional housing.

Housing referral activities performed by Ryan White-funded medical or non-medical case managers are reported under the respective case management service category. Referral services provided by Ryan White-funded housing specialists are reported under the Housing service category.

Limitations:

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits. These may be allowable costs under HUD Housing Opportunities for Persons with AIDS (HOPWA) grant awards.

Services:

Eligible housing may include housing that:

- Provides some type of core medical or support services (such as mental health services, residential substance use disorder services, residential foster care, or assisted living residential services).
- Does not provide direct core medical or support services but is essential for a client or family to gain or maintain access to and adherence to HIV-related medical care and treatment.

Funds received under this category may be used for the following housing-related expenditures:

- Housing referral services provided by a housing case manager or other professional who possesses a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed. These services may include assessment, search, placement, and advocacy services.
- Emergency housing, defined as housing services provided in response to an unforeseen event that jeopardizes a household's ability to pay housing costs. Assistance is limited to 1 month of rental/utility assistance within a contract year.
- Transitional housing, defined as housing support for a person experiencing homelessness that helps the client to gain or maintain access to medical care. Funds may be used for rental and/or application fees; however, funds cannot be used for rental deposits. Funds may also be used for transitional residential housing that provides some type of core medical or support services. Transitional housing assistance is based on need and available resources and is limited to no more than 6 continuous months of funding within a contract year.
- Short-term assistance, defined as support for a person currently in housing but needing financial support for rent and/or utilities to gain or maintain medical care.

The maximum amounts of emergency housing assistance, transitional housing assistance, and short-term housing assistance shall be uniform throughout each HIV Service Delivery Area (HSDA) and be determined by 1) planning councils (PCs) in areas where the PC determines recommended allocations for Ryan White Part B (RW/B) and State Services funds; or 2) by the Administrative Agency (AA) based on consumer input/planning processes in RW/B-only HSDAs.

Universal Standards:

Service providers for Housing Services must follow HRSA/DSHS Universal Standards 1-46 and 153-158.

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
Emergency Housing Assistance: Agency staff will initiate an intake within 3 business days of the onset of the emergency housing need. Assessment of client housing status and housing service needs must be documented. Reason(s) for emergency assistance may include but are not limited to: • Client is unable to pay rent due to a recent job loss • Client is on an unpaid medical leave of absence or has exhausted all leave balances • Client is unable to work due to recent hospitalization • Client had to purchase unexpected costly HIV medications or pay for unexpected HIV-related medical expenses out-of-pocket The housing assessment must document the following: • The actual costs to avoid eviction • Other resources are not reasonably available to address the unmet housing need • Client will maintain and/or achieve stable housing as a result of housing assistance Staff will contact the client at the end of the month to determine if the housing emergency has been resolved. If the emergency is not resolved and the client needs additional assistance, the client may be assessed for short-	1. Percentage of client charts with documentation of an intake that occurred within 3 business days of emergency need. 2. Percentage of client charts with an emergency housing needs assessment. 3. Percentage of client charts with documentation of follow-up conducted after 1 month to determine if the client is stably housed. (Pilot Measure) 4. Percentage of clients experiencing housing instability or homelessness in the 12-month measurement period. *(HRSA HAB measure)*

term housing assistance.	
Housing Plan for Transitional and Short-Term Housing: All clients receiving assistance for transitional and/or short-term housing must have a housing plan that includes: • Housing status • Reason for housing service need • Other resources screened for housing assistance Plans must detail the on-going housing stability goal with a focus on access to medical treatment and supportive services. The plan must include: • Sustainable short-term and long-term goals for alleviating risks of a lack of housing, establishing affordable permanent housing stability, and improving access to health care and supportive services • Identification of barriers to sustainable housing • Steps to address housing needs • Referral(s) to available housing support services • Budget and money management skills building, if indicated The housing plan must be reviewed at least monthly and updated with progress toward housing goals.	5. Percentage of client charts with a housing plan. 6. Percentage of client charts with housing plans updated at least monthly.
Housing Referral Services: Housing-related referrals provided by housing assistance/referral providers should include a housing assessment, housing search, placement, and advocacy services to seek housing. This may include applications to other funding sources or housing-related visits to court systems.	7. Percentage of client charts with documentation of all elements of housing referral services provided. 8. Percentage of clients with documentation of the outcome of referral services. (Pilot Measure)

Staff will document in the client's primary record all activity to assist the client in securing housing and the outcome of the assistance, including whether the client has obtained secure and stable housing.	

Housing Support Service Guidance for Funding Sources Ryan White Part B and State of Florida General Revenue

The Florida Department of Health, HIV/AIDS Section, has added housing as an allowable support service under the following funding sources: Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue.

Purpose

- To expand upon housing services as described in the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), *Policy Clarification Notice #16-02: Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds.*
- To provide guidance on allowable costs for housing services funded by Ryan White Part B and State of Florida General Revenue.

Please Note

The Ryan White Part B housing support service should only be used as a last resort if a client is not qualified for the Florida State Housing Opportunities for Persons With AIDS (HOPWA) Program, and should not supplant HOPWA. Also, transferring the client from one funding source (such as HOPWA) to another (such as Ryan White Part B) is not a substitute for assisting the client towards financial independence and self-sufficiency. Local areas may develop and implement requirements that are stricter based on local needs.

Neither Ryan White HIV/AIDS Program (RWHAP) funds nor RWHAP matching funds may be used "for any item or service to the extent that payment has been made, or can reasonably be expected to be made…" by another payment source [Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act]. This means that a client may not access Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue when the client is receiving or is eligible to receive the housing services in another local, state, or federal program. This requirement does not preclude an individual from receiving allowable housing services not provided by other local, state, or federal programs, or pending a determination of eligibility from these other programs. The housing services provided by Ryan White Part B may be used for

	HIV-related services only when no other source of payment exists.
Overview/Description	Housing services provide short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain medical care. The allowable housing services include housing referral services and transitional, short-term, or emergency housing assistance. Transitional, short-term, or emergency housing provides temporary assistance necessary to prevent homelessness, and to gain or maintain access and compliance with HIV-related medical care and treatment. Housing services must also include the development of an individualized **Housing Plan of Care (Attachment 1)** that must be updated monthly to guide the client's linkage to permanent housing.
Program Guidance	Lead agencies and subcontractors utilizing the housing support service line item must develop mechanisms to allow newly identified clients access to housing services (including clients that are already homeless). These lead agencies and subcontractors must assess every client's housing needs at least monthly to determine the need for new or additional services. In addition, lead agencies and subcontractors must develop an individualized Housing Plan of Care for each client receiving housing services and update it monthly. Lead agencies and subcontractors must provide the HIV/AIDS Section with a copy of the individualized, written Housing Plan of Care (consistent with this Housing Policy) upon request. Short-term or emergency assistance is understood as transitional in nature, and for the purposes of moving or maintaining a client or family in a long-term, stable living situation. Thus, such assistance cannot be permanent; and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation. Lead agencies, subcontractors, and local decision making planning bodies are strongly encouraged to institute duration limits to housing services. The U.S. Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months, and HRSA/HAB recommends that lead agencies and subcontractors consider using HUD's definition as their standard. However, the HIV/AIDS Section has set a cap of 12 months of housing assistance within a 24-month period, which can be for consecutive months, where one month of assistance includes

rent and/or utility assistance (and is based on funding availability). Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue funds can be used to pay for bills before they are due. However, they do not have to pay the full amount for bills, and can provide partial subsidy especially if funds are limited.

Allowable Housing Expenditures

Funds received under Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue **may** be used for the following housing expenditures:

- **Housing-related referral services** (and fees associated with these services) including housing assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs (can fund a FTE staff position to perform the above tasks to get clients into permanent, stable housing); or
- **Short-term or emergency housing** defined as necessary to gain or maintain access to medical care and must be related to either:
  - Housing services that include some type of core medical or supportive service including, but not limited to, residential substance use disorder services/treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or
  - Housing services that do not provide direct core medical or supportive services, but are essential for a client or family to gain or maintain access to and compliance with HIV-related medical care (outpatient/ambulatory health services) and treatment (necessity of housing services for purposes of medical care must be certified or documented by, for example, a note from the case manager).

Non-Allowable Housing Expenditures

Funds received under Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue **may not** be used for the following housing expenditures:

- Direct cash payments to clients.
- Mortgage payments.

- Rental/security deposits. Because rental/security deposits are typically returned to clients as cash, this would violate the prohibition on providing cash payments to clients. In some instances, deposits may be retained as payment (e.g., damage to the property). As such costs would additionally be unallowable, RWHAP lead agencies and subcontractors cannot pay for a rental/security deposit using federal funds, program income generated from federal funds, or pharmaceutical rebates generated from federal funds.
- If funding a FTE staff position for housing-related referral services, staff cannot perform medical or non-medical case management services. However, if multiple responsibilities are performed by a single FTE, then there must be a differentiation between staff roles and funding source (e.g., dual timekeeping should be done by staff with blended responsibilities for more than one program).

Using the "Housing" Support Service Category vs. the "Emergency Financial Assistance" Support Service Category

The **"Housing"** support service category should be used to cover transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment that extends beyond a one-time payment and there is a need for additional housing services. Clients receiving housing services must have their housing needs assessed annually and an individualized written Housing Plan of Care developed monthly to determine if there is a need for new or additional housing services. The housing service category can be used for clients that are on a waitlist for HOPWA Tenant-Based Rental Assistance (TBRA) as funding allows.

"Emergency Financial Assistance (EFA)" provides limited one-time or short-term payments to assist a client with an emergent need for paying expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation, and medication when other resources are not available to help. EFA can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for EFA will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time. Continuous provision of an allowable service to a client should not be funded through EFA, and should be reported in the applicable service category.

Therefore, the **EFA** support service category should be used for a housing service that consists of a one-time payment for a client's utility or housing bill. This one-time payment can be every three months. A housing assessment and individualized Housing Plan of Care would **NOT** be required for a one-time housing payment provided under EFA.

Documentation

The following must be documented when using the "Housing" line item funds:

- Total housing services provided, including the number of clients served, duration of housing services, types of housing provided, and housing-related referral services. **This must be included in the monthly invoice.**
- Staff providing housing services (case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access those programs). **This must be included in the monthly invoice.**
- Client-specific records that document (available upon request):
    - Client eligibility.
    - Housing services, including referral services provided.
    - Mechanisms that are in place to allow newly identified clients access to housing services.
    - Monthly individualized, written Housing Plans of Care (consistent with this Housing Policy) covering each client receiving short-term, transitional, and emergency housing services.
    - Type of housing assistance (e.g., rent, utility, hotel, housing-related referral services) provided to clients to help them obtain long-term, stable housing.
    - Housing assistance using the **Client Housing Support Service Payment Assistance Worksheet (Attachment 2)**.
- Funds have been used only for allowable purposes; assurance that no Ryan White funds were used to provide direct cash payments to clients, for mortgage payments, or rental/security deposits. This will be reviewed during fiscal monitoring.

Please Note: The **Housing Support Service File Review Worksheet (Attachment 3)** will be used in conjunction with the "Patient Care Universal and Programmatic Monitoring Tool" to verify the required documentation.

Development of the Housing Plan of Care

Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue funded providers must document the appropriateness of providing housing assistance for each assisted household. In providing this housing assistance, the lead agency's/subcontractor's qualified staff should assess the client's housing needs and related resources, along with the reasons or causes of the housing need. The assessment should help determine how to best use the housing assistance in connecting the on-going permanent housing arrangements, including forms of supportive housing or more independent living arrangements reasonably associated with the assessment of the client's needs. Ongoing assessment of the housing assistance and supportive services is required by PCN 16-02. These requirements should be met through a housing needs assessment and the development of an individual Housing Plan of Care for each assisted household.

The **Client Needs Assessment for Assistance (Attachment 4)** is intended to provide information to help achieve housing stability, and is an opportunity to collect as much information as possible about the household's needs, preferences, and challenges. This information helps inform the development of a Housing Plan of Care and the services that are subsequently provided.

Within 15 days of the start of housing assistance, the client (with the help of the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager) will develop and commit to an individualized Housing Plan of Care. The primary goal of the Housing Plan of Care is to assist the client in maintaining independence from the housing assistance at the end of the time-limited assistance. The Housing Plan of Care will address the following financial aspects:

- Budget and money management issues (e.g., if the cause for housing debt is related to the household's poor money management practices, such as the use of credit cards or cash for non-essential items, or entertainment activities).
- Assisting the client to plan and budget their finances. In assisting the client to plan his/her finances, the client and the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager should continue to review all items on the **Client Budget Worksheet (Attachment 5)**, including the goals and the progress to achieving these goals.
- Accessing additional income sources and social services.
- Time frames for completing various disability applications, participating in the telephone interview, gathering all

medical records, and a contingency plan in the event the disability application is denied.
- Coaching session on how to go to the source of debt and establish a workable payment plan.
- Referring the client to credit or financial counseling company.

Please Note: Although the regulations and guidelines do not specifically include criteria that would preclude assistance based on a client's assets, assets should be considered when determining the client's ability to pay for and maintain permanent, affordable housing beyond Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded housing assistance.

In addition to the financial aspects addressed during the development of the Housing Plan of Care, alternatives to RWHAP housing services should be explored and include, but are not limited to, the following:

- Exploring lower cost housing options.
- Exploring housing options with family members.
- Exploring locations close to family members for increased family support.
- Seeking public housing or other public assistance housing programs.
- Moving to a community where the client has a support network, and/or access to affordable and available housing.

The Housing Plan of Care should document a household's goals for housing, identify resources and services needed to achieve those goals, outline what assistance will be delivered and who will deliver it, and include an estimated timeline for achieving goals. The Housing Plan of Care should identify the household's on-going housing stability needs and likely options for providing related assistance (including the use of other housing programs and mainstream health and human welfare programs) in connection with their need to access medical treatment and supportive services associated with HIV/AIDS issues. All Housing Plans of Care should be developed collaboratively between a household and Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager or other appropriate staff person.

Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Managers (as authorized by contract, and these policies and procedures) are responsible

for making sure clients meet the housing assistance qualifications and requirements; for assisting with the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue housing assistance application process; for documenting and verifying that all requirements for the assistance are met; for developing a Housing Plan of Care; and for maintaining accurate and updated files on clients.

The Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager will help the client develop their individualized Housing Plan of Care, which is a written assessment with the primary goal of assisting the client to achieve independence from Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded housing assistance and live within their financial means. The Housing Plan of Care is developed by the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager together with the client to determine the need for housing assistance, the type of housing assistance, and what will happen at the end of the time-limited housing assistance being provided. Housing assistance must be provided in a manner that has a sufficient or clear beneficial effect on addressing the client's assessed immediate or short-term housing needs, and only be provided in connection with the client's demonstrated compliance with the Housing Plan of Care.

The Housing Plan of Care should be simple and clear statements that include the goals of the client in securing stable and permanent housing independent of continued Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded housing assistance. The Housing Plan of Care should include **SMART** (**S**pecific, **M**easurable, **A**ttainable/**A**chievable, **R**elevant, and **T**ime bound) goals with target dates, should document progress towards achieving these goals and dates, and should document the accomplished goals and completion dates.

The Housing Plan of Care should be updated monthly. Each month the Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Manager should review the client's need for continued housing and financial assistance. The financial status of the client is reviewed and modified as necessary, and documented in the Housing Plan of Care. If there have been any financial changes, then the client should provide appropriate documentation of all income and expenses.

Documentation of efforts to secure permanent housing, help the client to achieve independence, and help the client to maintain affordable housing must be maintained in the client's file. The Ryan White Part B, Patient Care Networks General Revenue, and 4B000 General Revenue funded providers reserve the right to refuse further assistance if the client does not demonstrate an effort to implement all or portions of his/her Housing Plan of Care.

CAREWare Instructions

- The following documents must be scanned and attached under the "Unique IDs" tab, "Attachments" hyperlink:
  - Housing Plan of Care **(Attachment 1)**.
  - Client Housing Support Service Payment Assistance Worksheet **(Attachment 2)**.
  - Client Needs Assessment for Assistance **(Attachment 4)**.
  - Client Budget Worksheet **(Attachment 5)**.
- Documents must have an identifying name; use drop down box to select "Housing."
- The comment box is not required, but is encouraged if needed.
- The four housing documents should be updated and scanned into CAREWare as needed.

Reporting Requirements (please consult each of these reporting requirements' respective manuals and/or guidance for more specific details and due dates)

<u>Ryan White HIV/AIDS Program Services Report (RSR)</u>

As per the *Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual*, the housing support service is a required client-level data element for RWHAP services. **Therefore, this information must be captured in the RSR.**

The **"client's housing status"** is required for clients with service visits in the housing services category (the below is excerpted from the *Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual*).

XML Variable Name: HousingStatusID

This data element is the client's housing status at the end of the reporting period. There are three response categories for this data element:

- Stable Permanent Housing.

- Temporary Housing.
- Unstable Housing.

Stable Permanent Housing includes the following:

- Renting and living in an unsubsidized room, house, or apartment.
- Owning and living in an unsubsidized house or apartment.
- Unsubsidized permanent placement with families or other self-sufficient arrangements.
- HOPWA-funded housing assistance, including TBRA or Facility-Based Housing Assistance, but not including the Short-Term Rent, Mortgage, and Utility (STRMU) Assistance Program.
- Subsidized, non-HOPWA, house or apartment, including Section 8, the HOME Investment Partnerships Program, and Public Housing.
- Permanent housing for formerly homeless persons, including Shelter Plus Care, the Supportive Housing Program (SHP), and the Moderate Rehabilitation Program for SRO Dwellings (SRO Mod Rehab).
- Institutional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care home or foster care group home, or other residence or long-term care facility).

Temporary Housing includes the following:

- Transitional housing for homeless people.
- Temporary arrangement to stay or live with family or friends.
- Other temporary arrangement, such as a Ryan White Program housing subsidy.
- Temporary placement in an institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility, or detoxification center).
- Hotel or motel paid for without emergency shelter voucher.

Unstable Housing Arrangements include the following:

- Emergency shelter, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, an abandoned building, a bus/train/subway station/airport, or anywhere outside.
- Jail, prison, or a juvenile detention facility.
- Hotel or motel paid for with emergency shelter voucher.

These definitions are based on:

- HOPWA Program, Annual Progress Report (APR), Measuring Performance Outcomes, form HUD-40110-C.
- McKinney-Vento Act, Title 42 US Code, Sec. 11302, General definition of homeless individual.

"Core medical and support services delivered" must be reported if eligible clients received housing support services during the reporting period (the below is excerpted from the *Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual*).

XML Variable Name: ClientReportServiceDelivered

- Service Delivered.
- ServiceID (see table in the manual).
- DeliveredID (2—Yes).

Planned Leveraged Non-HOPWA Funds

RWHAP housing support services MUST also be reported to the Florida State HOPWA Program as leveraged funds.

Florida State HOPWA Program project sponsors are required to complete the Planned Leveraged Non-HOPWA Funds table in the *Florida State HOPWA Program Policies and Procedures* (Attachment 26). This table is used to list other federal, state, local, and private funds planned to be used and actually used in conjunction with HOPWA funds. The state must illustrate plans to obtain and use other public and private resources to be used for the purpose of providing HOPWA housing activities to and addressing the critical housing needs of persons living with HIV/AIDS. Therefore, the information requested for this form must be provided in order for the state to continue to receive a HOPWA grant award from HUD.

Other resources (non-HOPWA leveraged resources) to be used in conjunction with HOPWA funds refers to cash resources separate from the HOPWA contract award; and may include cash and in-kind contributions, such as the value of services or materials provided by volunteers, or by other individuals or organizations. The organizations may include, but are not limited to: Housing Choice Vouchers (Section 8), Public Housing Authority units, Supportive Housing for Persons with Disabilities/Elderly, **Ryan White HIV/AIDS Treatment Modernization Act programs**, and other federal programs, state funds, local government funds, and private philanthropy.

	The Planned Leveraged Non-HOPWA Funds table information is included in the HOPWA Annual Progress Report (APR) and then incorporated into the Consolidated Annual Progress and Evaluation Report (CAPER), which is the report submitted by the State HOPWA Program to the Florida Department of Economic Opportunity who then submits the final CAPER (including three other housing partners' data) to HUD.
Coordination Between Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Managers and HOPWA Program/HOPWA Housing Coordinators	Coordination should be done between Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue funded Case Managers and HOPWA Housing Coordinators regarding clients, which will not only provide benefit from their experience, resources, and processes/systems, but also ensure there is not duplication of housing services. In addition, this coordination ensures that clients are not being transferred from one program (HOPWA) to another (Ryan White Part B, Patient Care Networks General Revenue, or 4B000 General Revenue) and possibly back again, delaying addressing the client achieving financial independence and self-sufficiency. Finally, the client will be best served by his/her medical and housing care team working together to ensure improved health outcomes and housing stability.

Maricopa County
Ryan White Part A Program Policies and Procedures

Housing

PURPOSE:

To guide the administration of Ryan White Part A (RWPA) Program's **Housing Services** (a support service under the Ryan White HIV/AIDS Treatment Extension Act of 2009). The administration of funds must be consistent with RWPA client eligibility criteria and the service category definitions established by the Phoenix EMA RWPA Planning Council.

DEFINITIONS:

Housing Services is the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care.

Short-term or emergency housing defines as necessary to gain or maintain access to medical care and must be related to either –

- Housing services that include some type of medical or supportive service, including, but not limited to, residential substance treatment or mental health services (not including facilities classified as an Institution for Mental Diseases under Medicaid), residential foster care, and assisted living residential services; or
- Housing services that do not provide direct medical or supportive services, but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment; necessity of housing services for purposed of medical care must be certified and documented

POLICIES:

- Housing services must be advertised in the RWPA brochure and shared with all new clients so newly identified clients have access to housing services.
- Upon request, the Housing Service provider should be able to supply an individualized, written housing plan, consistent with the HRSA/HAB Program Monitoring Standards for Housing Services, covering each client receiving short term, transitional and emergency housing services. Written plans may include:
    - Number of clients served
    - Duration of housing services
    - Types of housing provided
    - Housing referral services
    - Client eligibility determination
    - Assistance provided to clients to help them obtain stable long-term housing

- Staff providing housing services must be case managers or other professionals who possess a comprehensive knowledge of local, state, and federal housing programs and how to access these programs.
- Short term or emergency assistance must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is moved to, or capable of maintains, a long-term, stable living situation.
- Housing funds cannot be provided in the form of direct cash payments to recipients and cannot be used for mortgage payments.
- For contracts that fund salaries, the program should document at least 50% of allocated staff time with billed client units. Costs per client and costs per units should be reasonable when compared to EMA annual averages.

CLIENT CHARTING:

All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and a brief summary of what was communicated in adherence with the client charting definition.

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans, and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation which is authenticated original documentation, and will not accept copies of assessments, treatment plans, or progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

ELIGIBLE COSTS AND SERVICES:

Unit categories may include:

Time Units: Reflect the amount of direct service time.

Service Units: Reflect completion of a particular service related activity such as a case finding.

Product Units: Reflect the provision of a product/widget which has an identified cost.

Line Item Units: Reflect expenses identified in the budget such as salaries and fringe benefits. Must align with agency's approved budget and support documents submitted during billing.

Unit Information			CAREWare Data Entry Components			
Unit Category	**Unit Name**	**Unit Description**	**Client Name**	**Date**	**Unit Measure**	**Price**
Service Unit	Housing Services	Payments made for housing financial assistance	Entered into CAREWare under actual client name.	Date Payment was issued	1 unit = Cost of Client's First Month's Rent	Actual Cost
Time Unit	Housing Services NMCM	Time spent providing housing coordination and first month's payment assistance to eligible clients	Entered into CAREWare under actual client name.	Date service was delivered	1 unit = 15 minutes	$0
Line Item	Housing Services 10% Indirect	Unit for Administrative Costs applied to this contract. May only be billed if line item is in approved budget and support documents confirm identified expense	AAA Administrative, Admin	Last day of the month	1 unit = 1 unit per month	Actual Cost

HOUSING SERVICES

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

Housing provides transitional, short-term, or emergency housing assistance to enable a client or 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 category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing.

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.

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

a) 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.

b) 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. Planning should also include identification and application for permanent housing subsidies and supports for those unable to secure employment at a wage sufficient to support housing costs.

Components:

1) Make direct rent and utility payments. All costs must be allowable, allocable, and reasonable in accordance with Uniform Guidance, 45 CFR part 75. Please note that HSS 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 (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) Conduct a comprehensive assessment at intake to determine clients' needs, skills, employability, etc.

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

4) Offer and, as appropriate, provide wraparound supportive services in alignment with clients' goals and demonstrated unmet need, including the provision of housing sustainability planning.

5) 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.**

B. Client Eligibility:

Clients at or below 250% FPL qualify.

C. Program Limits:

Program-eligible individuals experiencing homelessness or housing instability for up to **24 months** from each client's enrollment, **subject to available funding**.

Clients may not access the housing emergency financial assistance component at the same time as his service.

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

10:00 a.m. – 1:00 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 February 8, 2024	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP)	All
	• Medical Care Subcommittee Items	Dr. Mary Jo Trepka
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ EFA	
	▪ Psychosocial Support	
	▪ Housing	
	▪ Health Education/Risk Reduction	
	▪ Non-Medical Case Management	
IX.	New Business	
	• Meeting Location	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **April 11, 2024** at **TBA**	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/

Health Education/Risk Reduction **Status:** Currently unfunded support service

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

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

Description:

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

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

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

Other Sample Services:

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

Health Education & Risk Reduction

Service Definition

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

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

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

Standards of Care

1.0 Standard of Care: Licensure or Assurance

- No additional standards.

2.0 Standard of Care: Knowledge, Skill, and Experience

- No additional standards

3.0 Standard of Care: Client Rights, Responsibilities, Confidentiality

- No additional standards

4.0 Standard of Care: Access to Services

- No additional standards

5.0 Standard of Care: Care and Treatment

- No additional standards

6.0 Standard of Care: Outreach and Provider Continuity

- No additional standards

7.0 Standard of Care: Continuous Quality Improvement

- No additional standards

8.0 Standard of Care: Staff Training

- No additional standards

References and Published Guidelines:

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

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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

Health Education/Risk Reduction

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC Eligible Metropolitan Area (EMA) such that customers of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all customers and will be used as contract requirements, in program monitoring, and in quality management.

I. SERVICE CATEGORY DEFINITION

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

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

II. INTAKE, ELIGIBILITY & ANNUAL RECERTIFICATION REQUIREMENTS

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

A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting CD4 count and viral load. Laboratory results should be within 6 months of the date of certification.

2. **Residency:** The following are acceptable methods of meeting the burden for residency:

- Current lease or mortgage statement
- Deed settlement agreement
- Current driver's license
- Current voter registration card
- Current notice of decision from Medicaid
- Fuel/utility bill (past 90 days)
- Property tax bill or statement (past 60 days)
- Rent receipt (past 90 days)
- Pay stubs or bank statement with the name and address of the applicant (past 30 days)
- Letter from another government agency addressed to applicant
- Active (unexpired) homeowner's or renter's insurance policy
- DC Healthcare Alliance Proof of DC Residency form
- If homeless, a written statement from case manager, facility or a letter from landlord that customer is a resident

3. **Income:** Client income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the applicant and any household members for whom applicants have legal responsibility. For each income source the applicant must indicate the gross amount, how often the income is received, and whether it is your income or a household member's from each source.

   The following are acceptable forms of proof of income:

   - Pay stubs for the past 30 days. The pay stub must show the year to date earnings, hours worked, all deductions, and the dates covered by the paystub
   - A notarized letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return
   - Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A notarized statement from the applicant projecting current annual income must be included
   - Copy of the tenant's lease showing client as the landlord and a copy of their most recent income tax return
   - SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days
   - Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the applicant

B. INTAKE

To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake
3. Customer name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (customer self-report)
7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program

C. RECERTIFICATION (6 months) REQUIREMENTS

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

III. KEY SERVICE COMPONENTS & ACTIVITIES

ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES	
Standard	**Measure**
An initial health education/risk reduction assessment is completed prior to the initiation of the HE/RR plan	Documentation of assessment in customer's record signed and dated by health educator
Within 30 days of initial assessment, an HE/RR plan is developed for each eligible customer and signed by the health educator. The plan should include: ● Goals ● Expected outcomes ● Actions taken to achieve each goal ● Person responsible for completing each action ● Target date for completion of each action	HE/RR plan, documented in customer record, signed and dated by the customer and health educator
HE/RR plan is reassessed every 90 days to assess customer progress and identify emerging needs	Documentation of review and update of HE/RR plan as appropriate signed and dated by customer and health educator
Refer customer to other services as appropriate, e.g. mental health, treatment for substance use disorder, patient navigation services, etc.	Documentation of referrals in customer's record
HEALTH EDUCATION / LITERACY	
Standard	**Measure**

Customers living with HIV are educated about HIV transmission and how to reduce the risk of HIV transmission, including (PrEP/nPEP, TasP, and STI screening and treatment) ~~Customers living with HIV are provided information about~~ available medical and psychosocial support services Customer are provided information to purchase health insurance from the market place. Customers living with HIV are provided health literacy individually or in group format to increase knowledge to help ~~navigate the health system~~	Documentation that customers served under this category are educated about HIV transmission and how to reduce the risk of HIV transmission to others. Includes description of the types of information, education, and counseling provided to customers Documentation that customers served under this category receive information about health literacy and purchase of health insurance. Includes description of the types of health information, education, health insurances and counseling provided to customers.
RISK REDUCTION COUNSELING/TREAMENT ADHERENCE	
Standard	**Measure**
Customers living with HIV receive counseling on how to improve their health status and reduce the risk of HIV transmission to others, including (PrEP/nPEP, TasP, and STI screening and treatment) Treatment adherence counseling is provided to customers who are positive on benefits of viral suppression	Documentation that customers served under this category receive counseling on how to improve their health status and reduce the risk of transmission to others. Includes description of the types of information, education,on antiretroviral medications and counseling provided to customers.
TRANSITION & DISCHARGE	
Standard	**Measure**
Customer discharged when HE/RR services are no longer needed, goals have been met, upon death or due to safety issues. Prior to discharge: Reasons for discharge and options for other service provision should be discussed with customer. Whenever possible, discussion should be occurring face-to-face. If not possible, provider should attempt to talk with customer via phone. If verbal contact is not possible, a certified letter must be sent to customer's last known address. If customer is not present to sign for the letter, it must be returned to the provider. Transfer: If customer transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If customer moves to another area, transferring agency will make referral for needed services in the new location. Unable to Locate: If customer cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the customer's last known mailing address within five business days after the last attempt to notify the customer. The letter will state that the case will be closed within 30 days from the date on the letter if an appointment with the provider is not made. Withdrawal from Service: If customer reports that services are no longer needed or decides to no longer participate in the Service Plan, customer may withdraw from services. Because customers may withdraw for a variety of reasons it	Documentation of discharge plan and summary in customer's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable. Documentation: Customer's record must include: ● Date services began ● Special customer needs ● Services needed/actions taken, if applicable ● Date of discharge ● Reason(s) for discharge ● Referrals made at time of discharge, if applicable

may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the customer's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency customers should be referred to appropriate agencies. Administrative Discharge: Customers who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a customer for this reason, the case must be reviewed by the leadership according to that agency's policies. Customers who are discharged for administrative reasons must be provided written notification of and reason for the discharge and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the customer's last known mailing address within five business days after the date of discharge, and a copy must be filed in the customer's chart.	
CASE CLOSURE	
Standard	**Measure**
Case will be closed if customer: ● Has met the service goals ● Decides to transfer to another agency ● Needs are more appropriately addressed in other programs ● Moves out of the EMA ● Fails to provide updated documentation of eligibility status thus, no longer eligible for services ● Fails to maintain contact with the insurance assistance staff for a period of three months despite three documented attempts to contact customer ● Can no longer be located ● Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan ● Exhibits pattern of abuse as defined by agency's policy ● Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program ● Is deceased	Documentation of case closure in customer's record with clear rationale for closure

IV. PERSONNEL QUALIFICATIONS

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

Health Education/Risk Reduction
Service Standard
Minority AIDS Initiative

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

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

Program Guidance:

HE/RR services cannot be delivered anonymously.

MAI HE/RR Services:

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

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

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

Unit Definition: 1 unit= 15 minutes of service

Service Standard and Performance Measure:

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

Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

10:00 a.m. – 1:00 p.m.

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	• Medical Care Subcommittee Items	Dr. Mary Jo Trepka
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ EFA	
	▪ Psychosocial Support	
	▪ Housing	
	▪ Health Education/Risk Reduction	
	▪ Non-Medical Case Management	
IX.	New Business	
	• Meeting Location	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **April 11, 2024** at **TBA**	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

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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 Case Management, including Treatment Adherence Services

Description:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

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

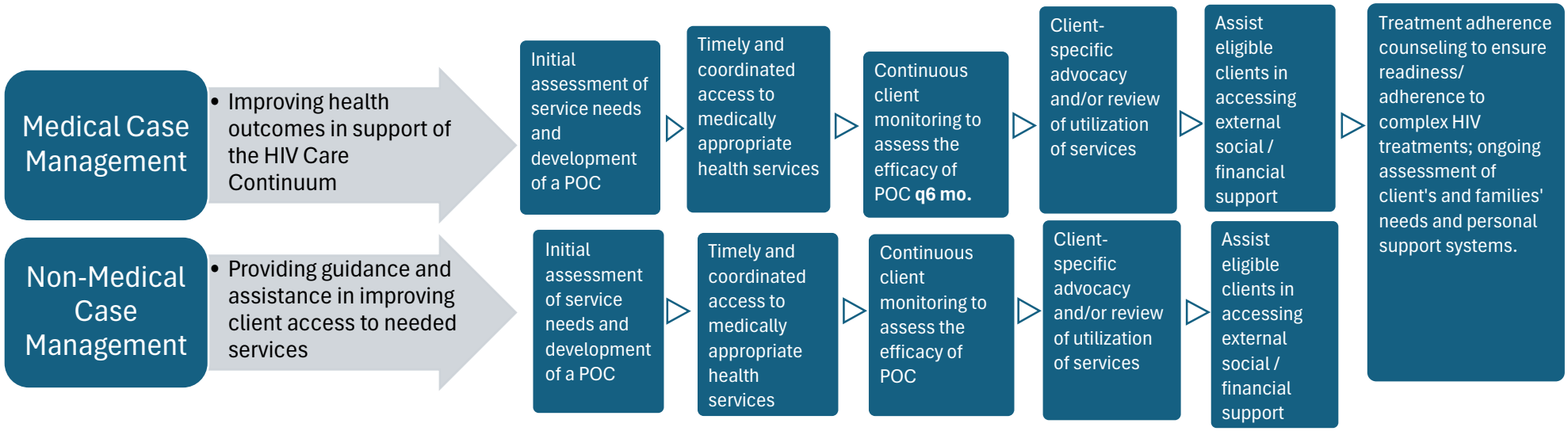
In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance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

Program Guidance:

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

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

Medical and non-Medical Case Management --- PCN 16-02 -- similarities in service descriptions



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

10:00 a.m. – 1:00 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 February 8, 2024	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP)	All
	• Medical Care Subcommittee Items	Dr. Mary Jo Trepka
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ EFA	
	▪ Psychosocial Support	
	▪ Housing	
	▪ Health Education/Risk Reduction	
	▪ Non-Medical Case Management	
IX.	New Business	
	• Meeting Location	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **April 11, 2024** at **TBA**	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

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 14, 2024

10:00 a.m. – 1:00 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 February 8, 2024	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP)	All
	• Medical Care Subcommittee Items	Dr. Mary Jo Trepka
	• Vacancies	Marlen Meizoso
VIII.	Standing Business	
	• Service Categories Development Continued	All
	▪ EFA	
	▪ Psychosocial Support	
	▪ Housing	
	▪ Health Education/Risk Reduction	
	▪ Non-Medical Case Management	
IX.	New Business	
	• Meeting Location	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **April 11, 2024** at **TBA**	Rick Siclari
XII.	Adjournment	Dr. Mary Jo Trepka

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

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