

Thank you for joining today's meeting of the



Please sign in to have your attendance recorded.



XI.

XII.

Adjournment



Monday, June 17, 2024

10:00 AM - 12:00 PM

Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

I. Call to Order Alecia Tramel-McIntyre II. Introductions All III. Housekeeping Alecia Tramel-McIntyre IV. Floor Open to the Public Harold McIntyre Review/Approve Agenda V. All VI. Review/Approve Minutes of March 18, 2023 All VII. Reports A. Membership Alecia Tramel-McIntyre B. Committee Action Items Community Coalition (7 Motions) Harold McIntyre - Feedback Form - New Member Applicants Housing (1 Motion) Stephen Herz - Housing Stakeholder Meeting Invitation Rick Siclari Care and Treatment (4 Motions) - Miami-Dade County Ryan White Program FY 2024 Services Definitions - Bundling Executive, Prevention Strategic Planning and Joint Integrated Plan Review Team (no action items) C. Grantee/Recipient Top Line Summaries Ryan White Part A/MAI Daniel T. Wall Ryan White Part B Karen Poblete AIDS Drug Assistance Program (ADAP) Dr. Javier Romero General Revenue at SFAN Angela Machado Housing Opportunities for Persons With AIDS (HOPWA) (Tabled) D. Approval of Reports All Standing Business (none) VIII. IX. New Business Daniel T. Wall Carry Over Funds Request X. Announcements and Open Discussion All

Please mute or turn off all cellular devices.

Harold McIntyre

Alecia Tramel-McIntyre

Next Meeting: Monday, July 15, 2024 at the Miami-Dade County Main Library

For more information about the Miami-Dade HIV/AIDS Partnership, please contact Christina Bontempo, (305) 445-1076 x106 or cbontempo@behavioralscience.com.

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | instagram.com/hiv partnership

Meeting Housekeeping Miami-Dade HIV/AIDS Partnership



Updated June 17,2024
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.

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.*
- ☐ Have your Cultural Center Parking Garage ticket validated at the Library front desk for a reduced parking rate.
- ☐ Eligible committee members should see staff for a voucher at the end of the meeting.



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 . . .**

Meeting Participation

Everyone has a role to play!

- ☐ All attendees may address the board as time allows and at the discretion of the Chair.
- ☐ Please *share your expertise* on the current Agenda topics and motions. Remember to . . .
 - Raise your hand to be recognized by the Chair or added to the queue during discussions.
 - Avoid repeating points previously addressed.



Meeting Terminology

Meetings can be fast-paced and confusing!

- ☐ Terms and acronyms you might hear at today's meeting are on the back of your Agenda.
- ☐ Please raise your hand at any time if you need more information!

Meeting Guide



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



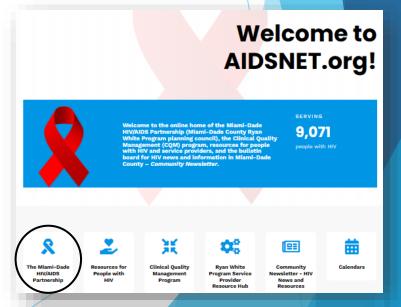
Please raise your hand at any time if you need more information!

ADAP	AIDS Drug Assistance Program			
BSR	Behavioral Science Research Corp. (aka, Staff)			
EHE	Ending the HIV Epidemic: A Plan for America			
EMA	Eligible Metropolitan Area (locally, Miami-Dade County)			
FDOH FDOH-MDC	Florida Department of Health in Miami-Dade County			
FPL	Federal Poverty Level			
HOPWA	Housing Opportunities for People with AIDS Program			
HRSA	The Health Resources and Services Administration			
IP	The Integrated HIV Prevention and Care Plan			
MAI	Minority AIDS Initiative			
NHAS	National HIV/AIDS Strategy			
PE Miami Provide	Provide Enterprise ⁶ by Groupware Technologies (RWP client database system)			
RWP RWHAP	Ryan White Program or Ryan White HIV/AIDS Program (Usually referring to Part A/MAI)			
The Partnership Planning Council PC	The Miami-Dade HIV/AIDS Partnership - The official Ryan White Program Advisory Board			
The Recipient The County OMB	The Miami-Dade County Office of Management and Budget			
TTRA	Test and Treat/Rapid Access			

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

Resources

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



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.)



Miami-Dade HIV/AIDS Partnership Meeting

Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130 March 18, 2024 Minutes

#	Partnership Members	Present	Absent		
1	Burks, Laurie Ann	Х			
2	Dougherty, James	X			
3	Duberli, Francesco		Х		
4	Forrest, David	X			
5	Henriquez, Maria	х			
6	Herz, Stephen	х			
7	Hunter, Tabitha	х			
8	Marcelin, Dora	х			
9	Machado, Angela	X			
10	McIntyre, Harold	X			
11	Romero, Javier	x			
12	Sarmiento, Abril	х			
13	Sarria, Manuel		Х		
14	Shmuels, Diego	х			
15	Siclari, Rick	X			
16	Tazoe, Roberto	х			
17	Tramel-McIntyre, Alecia	X			
18	Wall, Daniel T.	X			
19	Applicant Pending Representative of the	Affected Co	ommunity		
20	Vacant Representative of the Affected Community				
21	Vacant Representative of the Affected Community				
22	Vacant Representative of the Affected Community				
23	Vacant Representative of the Affected Community				
24	Vacant Representative of the Affected Community				
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27	Vacant Representative of the Affected Community				
28	Vacant Representative of the Affected Community				
29	Vacant Representative of the Affected Community				
30	Vacant Representative of the Affected Community				
31	Vacant Representative of the Affected Community				
32	Vacant Local Health Department Representative				
33	Vacant Substance Abuse Provider Representative				
34	Vacant Representative Co-infected with Hepatitis B or C				
35	Vacant Other Federal HIV Program Grantee Rep. (SAMHSA)				
36	Vacant Hospital or Health Care Planning Agency Representative				
37	Vacant Federally Recognized Indian Tribe Representative				
38	Vacant Mental Health Provider Representative				
39	Vacant Miami-Dade County Public Schools Representative				
Quo	rum = 13				

	Alternate Representatives of	ho		
#	Affected Community		Present	Absent
1	Vacant			
2	Vacant			
3	Vacant			
			l .	
#	Ex-Officio Members		Present	Absent
1	Vacant MDC Mayor Offic	e	•	
2	Vacant Board of County C		ers	
	-			
Gue				
Cha	ssi, Kai			
	ierrez, Oliver			
	nson, Ashley			
	htfoot, LaQuanna			
	ias, Thaydee			
	ster, Brad			
	guera Washington, Romana			
	lete, Karen			
	ls, Vanessa			
	he, Rosa			
	gh, Hardeep			
Vill	amizar, Kira			
Stat				
	tempo, Christina			
Lad	ner, Robert			
-				

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

I. Call to Order

Ms. Tramel-McIntyre called the meeting to order at 10:17 a.m.

II. Introductions

Ms. Tramel-McIntyre called for introductions of members and meeting guests at the beginning of the meting and again later in the meeting for those who arrived late.

III. Housekeeping/Meeting Rules

Ms. Tramel McIntyre reviewed the meeting housekeeping, language matters reminders, and notification of the meeting guide on the back of agendas.

IV. Floor Open to the Public

Harold McIntyre opened the floor to the public with the following statement:

"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 telephone line as well as a general email address for statements to be read into the record. No statements were received via the telephone line or email."

There were no comments; the floor was then closed.

V. Review/Approve Agenda

Members reviewed the agenda and approved the agenda as presented.

Motion to approve the agenda as presented.

Moved: Stephen Herz Seconded: Daniel T. Wall Motion: Passed

VI. Review/Approve Minutes of December 18, 2023

Members reviewed the minutes of December 18, 2023. Dr. Javier Romero noted the ADAP update was incorrect and that he would forward corrections to staff after the meeting. Roberto Tazoe noted under the HOPWA Report that the STRMU update should be corrected from "991" households served to "91" households served; and the reference to "EHE" should be "PHP" (Permanent Housing Placement).

Motion to approve the minutes of December 18, 2023, with corrections, as noted.

Moved: Daniel T. Wall Seconded: James Dougherty Motion: Passed

VII. Reports

A. Membership

Ms. Tramel-McIntyre congratulated the Strategic Planning Committee on gaining a new member. She announced the Community Coalition intends to bring new member applicants to upcoming meetings and asked members to welcome new applicants and be sure to RSVP to ensure quorum.

Ms. Tramel-McIntyre announced the newest member of the Partnership is Dora Marcelin, Part D Representative, and requested a motion to appoint Ms. Marcelin to the Strategic Planning Committee. (Ms. Marcelin was not yet at the meeting at the time of the announcement).

Motion to appoint Dora Marcelin to the Strategic Planning Committee.

Moved: Daniel T. Wall Seconded: James Dougherty Motion: Passed

B. Committee Reports

The following motions were brought to the Partnership for review. Additional committee activities were detailed in the *Committee Reports to the Miami-Dade HIV/AIDS Partnership*, distributed to members and included in the materials posted online. Each committee's justification for bringing the motions to the Partnership was included in the report.

Community Coalition Roundtable

Harold McIntrye

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

Moved: Harold McIntyre Seconded: Stephen Herz Motion: Passed

Justification: Members reviewed the application of David "Kai" Chassi to serve on the Partnership as a Representative of the Affected Community. Mr. Chassi has completed the online interest form; a personal interview with staff and Community Coalition Chair, Lamar McMullen; a Community Coalition Roundtable member interview; and all required application paperwork.

Strategic Planning Committee

Angela Machado

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

Moved: Angela Machado

Seconded: Maria Henriquez

Motion: Passed

Justification: In previous years, the Assessment of the Recipient Administrative Mechanism survey results have been compiled and reported to HRSA, after which the next survey cycle begins without any time for following up on the results. Members noted there are only incremental changes over time in most survey responses so an annual survey may not be merited. A two-year cycle would allow the committee to administer surveys in year one and implement changes in year two. On that cycle, the year one report would be survey findings, and the year two report would be implementation results.

Care and Treatment Committee

Daniel T. Wall

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

Moved: Daniel T. Wall Seconded: Stephen Herz Motion: Passed

Justification: Standards were reviewed and updated, specifically changing "physician assistant" to "physician associate" which is the current terminology. Standards are well established, and changes tend to be incremental. Supporting attachments were available at the meeting and posted online indicating updates with red underlined text.

Motion to accept the changes to the FY 2024 service definition for AIDS Pharmaceutical Services, as presented.

Moved: Daniel T. Wall Seconded: Stephen Herz Motion: Passed

Motion to accept the changes to the FY 2024 service definition for Mental Health Services, as presented.

Moved: Daniel T. Wall Seconded: Dr. David Forrest Motion: Passed

Motion to accept the changes to the FY 2024 service definition for Outpatient Ambulatory Health Services, as presented.

Moved: Daniel T. Wall Seconded: James Dougherty Motion: Passed

Motion to accept the changes to the FY 2024 service definition for Other Professional Services: Legal Services and Permanency Planning, as presented.

Moved: Daniel T. Wall Seconded: Stephen Herz Motion: Passed

Motion to accept the changes to the FY 2024 service definition for Outreach Services, as presented.

Moved: Daniel T. Wall Seconded: Stephen Herz Motion: Passed

Motion to accept the changes to the FY 2024 service definition for Emergency Financial Assistance, as presented.

Moved: Daniel T. Wall Seconded: James Dougherty Motion: Passed

Motion to accept the changes to the FY 2024 service definition for Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals (Health Insurance Assistance), as presented.

Moved: Daniel T. Wall Seconded: Dr. David Forrest Motion: Passed

Motion to accept the changes to the FY 2024 service definition for Medical Case Management, Including Treatment Adherence Services, as presented.

Moved: Daniel T. Wall Seconded: Tabitha Hunter Motion: Passed

Motion to accept the changes to the FY 2024 service definition for Medical Transportation, as presented.

Moved: Daniel T. Wall Seconded: Abril Sarmiento Motion: Passed

Motion to accept the changes to the FY 2024 service definition for Food Bank, as presented.

Moved: Daniel T. Wall

Seconded: Stephen Herz

Motion: Passed

Justification: Service definition drafts for the preceding ten (10) motions were reviewed, edited for content, and updated as presented at the meeting. Standards are well established, and changes tend to be incremental. Supporting attachments indicating updates in red underlined text, and pending updates based on soon to be published materials in highlighted text were available at the meeting and posted online.

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

Moved: Daniel T. Wall Seconded: James Dougherty Motion: Passed

Justification: The FY 2024 Oral Health Care Service Definition draft was reviewed and approved. Last year there was no annual client expenditure cap. A cap may need to be set as a cost-containment measure. The cap is pending Recipient review.

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

Moved: Daniel T. Wall Seconded: James Dougherty Motion: Passed

Justification: This language had been applied to some service definitions and should be made consistent throughout.

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

Moved: Daniel T. Wall Seconded: James Dougherty Motion: Passed

Justification: The FY 2024 draft was reviewed, edited for content, and updated, as presented.

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

Moved: Daniel T. Wall Seconded: Stephen Herz Motion: Passed

Justification: Last year a directive was issued requesting five services be added to the next Ryan White Program Part A/MAI Request for Proposals (RFP). Emergency Financial Assistance, while already a prioritized service, was expanded to include two additional components.

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

Moved: Daniel T. Wall Seconded: Dr. Diego Shmuels Motion: Passed

Justification: Upon review of Policy Clarification Notice #16-02 and discussion of other services that already provide or can provide the Health Education/Risk Reduction, the Committee decided not to include the item as a stand-alone service for the next RFP.

Mr. Wall noted the Medical Care Subcommittee and the Care and Treatment Committee have been working on the standards and service definitions review for several months prior to bringing recommendations to the Partnership.

C. Grantee/Recipient Reports

Members received a copy of the *Grantee/Recipient Top Line Summary Reports* with their meeting materials; and grantee and Recipient representatives presented their reports and answered questions, as needed.

Ryan White Part A/Minority AIDS Initiative (MAI)

Daniel T. Wall

In addition to the Top Line Summary, Mr. Wall noted that Part A expenditures currently total approximately 86.83% of the Direct Client Services budget, and MAI expenditures total approximately 56.31% of the Direct Client Services budget. Carryover funds of approximately \$1 million in Part A and more than \$1 million in MAI are expected. When carryover funds are requested, they are expected to assist with Food Bank needs.

The unduplicated clients count is almost 9,000, with 189 more clients than reported as served last month and almost back to pre-COVID utilization.

The County is still awaiting the final report from HRSA for the recent Part A/MAI Site Visit.

Ryan White Part B

There was no report this month.

AIDS Drug Assistance Program (ADAP) Miami

Dr. Javier Romero

Dr. Romero reported on February 2024 ADAP activities. There were 78 new enrollments; 756 reenrollments; and a total of 7,295 clients.

Clients and expenditures by benefit level were reported as Direct Dispense: 54% of clients for 29% of expenditures; and Premium Plus: 46% of clients for 71% of expenditures.

Cabenuva® clients and expenditures by benefit level were reported as Direct Dispense: 108 clients for 56% of expenditures; and Premium Plus: 85 clients for 44% of expenditures.

Dr. Romero noted there have been changes to the ADAP Formulary (March 2024) and updates to the Patient Care Policies and Procedures: Minimum requirements for clients to receive ADAP assistance with health insurance obtained through the federally facilitated Marketplace. Both documents are posted with Reports on www.aidsnet.org.

Mr. Wall noted that the Statewide AIDS Drug Formulary Workgroup is reviewing the addition of Ozempic to the formulary with specific regulations and/or a letter of medical necessity. The drug is currently on the ADAP formulary related to diabetes treatment; utilization is low.

General Revenue at SFAN

Angela Machado

Ms. Machado reported that a total of 470 unduplicated clients were served under General Revenue (GR) in January 2024. The Salvation Army beds are all full, and currently has a waitlist. The Nursing Home Care list is full. Home Health Care services are continuing and have had increased utilization.

Housing Opportunities for Persons with AIDS (HOPWA)

Roberto Tazoe

Mr. Tazoe told members the City has finalized their annual HOPWA report. He indicated the reports are very complicated and that he would work with staff to provide a somewhat simplified update for future meetings.

For Tenant-Based Rental Assistance (TBRA) or Long-Term Rental Assistance (LTRA), the program is up to number 813 on the waitlist. Short-Term Rental and Utility Assistance (STRMU) is servicing 91 households. The Permanent Housing Program (PHP) is serving 61 people. There are a total of 719 unduplicated persons receiving services across the various HOPWA programs.

The HOPWA Program underwent a U.S. Housing and Urban Development (HUD) audit including visits to three project sponsors. The audit went well and therefore no delays in continued funding are expected.

D. Approval of Reports

Ms. Tramel-McIntyre called for a motion to approve all reports.

Motion to accept the Membership, Grantee/Recipient, and Committee Reports as presented.

Moved: Daniel T. Wall Seconded: Dr. Diego Shmuels Motion: Passed

VIII. Standing Business

Officer Elections

As discussed in December, the Partnership holds elections for Officers in March each year. Ms. Tramel Mc-Intyre was eligible for a second term as Chair. Mr. McIntyre, who is serving the end of the previous Vice Chair's term, was eligible for a first full term as Vice Chair. Staff advised that members could vote for Ms. Tramel-McIntyre and Mr. McIntyre as the Officers, or a ballot could be circulated if there were other nominees. Most other members who might otherwise be eligible serve as Officers of standing committees. Ms. Tramel-McIntyre called for nominations from the floor and there were no other nominees.

Mr. Wall expressed it was his honor to offer a motion to retain the current Officers.

Motion to retain Alecia Tramel Mc-Intyre as Chair and Harold McIntyre as Vice Chair of the Miami-Dade HIV/AIDS Partnership.

Moved: Daniel T. Wall Seconded: Rick Siclari Motion: Passed

IX. New Business

Ms. Tramel-McIntyre led the members through the following New Business items.

April and May Meeting Dates

The only available Library date in April is April 30. The next meeting would be May 13, just two weeks later. Staff advised the Executive Committee would be meeting in April in the event of any action items needing immediate attention. Members chose to cancel the April 2024 meeting.

Motion to cancel the April 2024 Miami-Dade HIV/AIDS Partnership meeting.

Moved: Angela Machado Seconded: Maria Hernandez Motion: Passed

2024 National Ryan White Program Annual Conference

HRSA has approved the selections of Ms. Tramel-McIntyre and Lamar McMullen, Community Coalition Chair, to attend the 2024 National Ryan White Program Annual Conference. Generally, the selection of representatives would have come before the board prior to making selections. However, since the board did not meet last month, the selection was handled through administrative staff. A motion was requested to designate the selected representatives as official Miami-Dade HIV/AIDS Partnership representatives at the conference.

Motion to approve the selections of Alecia Tramel-McIntyre and Lamar McMullen as the official Miami-Dade HIV/AIDS Partnership representatives at the 2024 National Ryan White Program Annual Conference.

Moved: Daniel T. Wall Seconded: James Dougherty Motion: Passed

Annual Source of Income Filing

The Source of Income Forms are an annual requirement of County board members. Members had a copy in their packets and were asked to return their completed form to staff after the meeting.

X. Announcements and Open Discussion

Staff announce the Community Coalition's Thriving with HIV 2024 Roundtable Series and encouraged everyone to promote the meetings.

XI. Next Meeting

Mr. McIntyre announced the next meeting date is Monday, May 13, 2024, at the Miami-Dade County Library.

XII. Adjournment

Ms. Tramel-McIntyre thanked everyone for coming and adjourned the meeting at 11:09 a.m.



Membership Report

June 17, 2024

The Miami-Dade HIV/AIDS Partnership

The official Ryan White Program Planning Council in Miami-Dade County and the Advisory Board for HIV/AIDS to the Miami-Dade County Mayor and Board of County Commissioners.

Opportunities for Ryan White Program Clients

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

1 applicant pending appointment
3 applicants pending approval

Opportunities for General Membership

9 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:

Local Health Department Representative (applicant pending approval) Prevention Provider Representative (applicant pending approval)

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





Are you a Member?

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

Do You Qualify for Membership?

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

Are you a resident of Miami-Dade County?

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

Committees

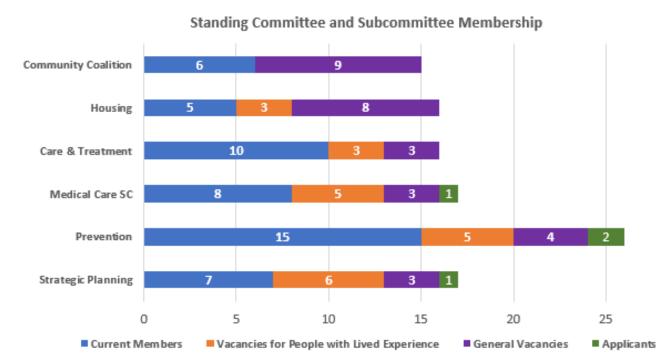
Work with a dedicated team of volunteers on these and more Partnership activities to better serve people with HIV in Miami-Dade County!

People with HIV are encouraged to join!

- Work with a dedicated team better serve per People with A Allocate more than \$27 million in Ryan White Program funds with the Care and Treatment Committee
 - Develop an Annual Report on the State of HIV and the Ryan White Program in Miami-Dade County with the Strategic Planning
 Committee
 - Recruit and train new Partnership members with the Community Coalition
 - Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS with the Housing Committee
 - A Oversee updates and changes to medical treatment guidelines for the Ryan White Part/ MAI Program with the Medical Care Subcommittee
 - Set priorities for Ryan White Program HIV health and support services in Miami-Dade County with the Care and Treatment Committee

- Share a meal and testimonials at Roundtables with the Community Coalition
- A Develop and monitor the official HIV Prevention and Care Integrated Plan with the Strategic Planning Committee & Prevention Committee
- Develop your leadership skills and be a committee leader with the Executive Committee
- Oversee updates and changes to the Ryan
 White Prescription Drug Formulary with the
 Medical Care Subcommittee
- Develop and monitor local Ending the HIV Epidemic activities with the Florida Department of Health in Miami-Dade County with the Prevention Committee & Strategic Planning Committee
- R Be in the know about the latest HIV activities of the Prevention Mobilization Workgroups with the **Prevention Committee**

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





Committee Reports to the Miami-Dade HIV/AIDS Partnership Meeting Date: June 17, 2024

This report contains motions and an overview of each committee's activities for the meeting date(s) indicated. Referenced attachments are posted online at www.aidsnet.org/the-partnership#partnership1, and a physical copy will be provided to members at the meeting.

COMMUNITY COALITION ROUNDTABLE – March 25, April 29, and May 20, 2024 * 7 MOTIONS*

Members conducted the Thriving with HIV 2024 Roundtable Series, including developing a 10-minute HIV 101 and Partnership 101 Elevator Pitch and creating role-model stories. The series concludes in June with members sharing their role model stories. This activity is intended to improve CCR member ability to represent the Partnership in public interactions, and is part of the developing recruitment strategy for 2024 (see below).

Members discussed strategies for making meetings more engaging, including: slowing the pace of reporting; acknowledging RSVPs by sending a reply; setting regular meeting reminders, including designating a contact person for questions; printing common terms on Agendas; acknowledging that meetings are fast-paced; and encouraging everyone to play an active role as a member.

Members finalized a feedback form for community input and problem-solving, which is to be reviewed at this meeting. This activity was a joint effort with the Strategic Planning Committee in response to Assessment of Administrative Mechanism survey responses.

In response to HRSA Site Visit feedback on lack of Partnership members who are representatives of the affected community, the committee held a Recruitment Strategy Workshop on June 4, 2024, to begin developing a formal recruitment strategy. The results will be reviewed at their June meeting.

Members met six additional applicants and are pleased to present these applicants for the Partnership's consideration:

- Nilda Gonzalez for the Federally Qualified Health Center Representative seat;
- Keddrick Jones for a Representative of the Affected Community seat;
- Jesus Medina for Prevention Provider Representative;
- Virginia Muñoz for Local Health Department Representative;
- Joseph "Joanna" Robinson for a Representative of the Affected Community seat; and
- Jason "Mahogony" White for a Representative of the Affected Community seat.

	Feedback Form for Community Input and Problem-Solving Attachment #1					
#	# Motion Details					
1 Motion to approve the Feedback Form for Community Input and Problem-Solving, as presented.		This form will be available as a Survey Monkey survey and paper copies will be available, as needed.				
	 Attachment #1 Members will monitor responses and report significant findings 					

	New Member Applicants					
#	Motion	Details				
2	Motion to recommend to the Mayor of Miami-Dade County the appointment of Nilda Gonzalez for the Federally Qualified Health Center Representative seat on the Miami-Dade HIV/AIDS Partnership.	Members reviewed each person's application. Every applicant has completed: 1. The online interest form; 2. A personal interview with staff and				
3	Motion to recommend to the Mayor of Miami-Dade County the appointment of Keddrick Jones for a Representatives of the Affected Community seat on the Miami-Dade HIV/AIDS Partnership.	Community Coalition Chair, Lamar McMullen; 3. A Community Coalition Roundtable member interview; and 4. All required application paperwork.				
4	Motion to recommend to the Mayor of Miami-Dade County the appointment of Jesus Medina for the Prevention Provider Representative seat on the Miami- Dade HIV/AIDS Partnership.	Each applicant will be introduced and asked to state their interest in membership. Members may wish to ask additional questions prior to voting.				
5	Motion to recommend to the Mayor of Miami-Dade County the appointment of Virginia Muñoz for the Local Health Department Representative seat on the Miami-Dade HIV/AIDS Partnership.					
6	Motion to recommend to the Mayor of Miami-Dade County the appointment of Joseph "Joanna" Robinson for a <i>Representatives of the Affected</i> <i>Community</i> seat on the Miami-Dade HIV/AIDS Partnership.					
7	Motion to recommend to the Mayor of Miami-Dade County the appointment of Jason "Mahogany" White for a <i>Representatives of the Affected Community</i> seat on the Miami-Dade HIV/AIDS Partnership.					

HOUSING COMMITTEE - March 21, 2024 and May 16, 2024

Members heard updates on the HOPWA program and continued to discuss planning for a stakeholder meeting to be held in August. The Committee approved a draft letter of stakeholder invitation.

	Housing Stakeholder Meeting Invitation Attachment #2				
#	Motion	Details			
8	Motion to approve the Housing Stakeholder Meeting Invitation letter. • Attachment #2	This letter will be sent to housing stakeholders, including local public housing authorities, inviting them to the August Housing meeting to educate them on HIV and promote collaboration.			

CARE AND TREATMENT COMMITTEE – April 11, and May 9, 2024

Members heard regular updates from Ryan White Program Part A, Ryan White Part B, AIDS Drug Assistance Program (ADAP), and General Revenue; and started the Annual Needs Assessment.

Members reviewed new services to be included in the next RWP Part A/MAI Grant Cycle.

	New Services - Service Definitions Attachments #3-5					
#	Motion	Details				
9	Motion to approve the Psychosocial Service Definition, as presented. • Attachment #3	Members completed work on developing new service definitions for the additional services approved in September 2023 for the next RWP Part A/MAI Grant Cycle.				
10	Motion to approve the Housing Service Definition, as presented. • Attachment #4					
11	Motion to adopt the HRSA PCN#16-02 definition of Non-Medical Case Management, as written, as the service definition for Non-Medical Case Management * Attachment #5					
	Bundling					
#	Motion	Details				
12	Motion to add Medical Transportation to the upcoming RFP bundle of Outpatient Ambulatory Health Services, Medical Case Management, and Mental Health Services.	At a past meeting, the Care & Treatment Committee moved to bundle Outpatient Ambulatory with Medical Case Management and Mental Health Services for the upcoming RFP. Medical Transportation is currently bundled with Medical Case Management, but that linkage was not specifically included in the OAHS/MCM/MHS bundle motion. This was				

PREVENTION COMMITTEE - March 28 and April 25, 2024

Members elected Virginia Munoz as Chair and Tajma Darlington as Vice Chair.

Members heard regular reporting from Florda Department of Health Prevention Mobilization Workgroups.

In March, the committee heard the presentation PrEP: HIV Prevention Overview and Update, by Dr. Cathy Frazier.

In April, the committee heard presentations on the IDEA Exchange: T-Sharp Study, presented by Chad Fernandez and Jimmie Brooks; and HPTN 096: Building Equity Through Advocacy, presented by Dr. LaRon E. Nelson and Elizabeth Greene.

The committee did not meet in May 2024.

STRATEGIC PLANNING COMMITTEE – April 12 and May 10

Members worked on activities around the annual Assessment of the Recipient Administrative Mechanism, including review of 2023 survey results; development of an action plan to address concerns raised in the survey results; and development of new surveys.

Members began revisions to the 2023 Annual Report.

Members provided feedback on HRSA concerns about community engagement which were later brought to the Community Coalition Committee (see above).

The June meeting was cancelled due to weather concerns. Action items will be brought to the Executive Committee later this month.

NEXT MEETING

The next Partnership meeting date is July 15, 2024.



Members!

Please PSVP; review materials in advance as posted online; and attend your scheduled meetings.

Contact staff at mdcpartnership@behavioralscience.com for more information.

APPROVAL OF REPORTS

1 MOTION

	Approval of Reports			
#	Motion			
13	Motion to accept the Membership, Grantee/Recipient, and Committee Reports as presented.			



Partnership and Committee Meeting Evaluation

Thank you for attending! Please use this form to give meaningful feedback, ask a question, or highlight a concern.
* 1. Meeting Date
Please let us know the date of the meeting you attended.
Date
MM/DD/YYYY
2. Please tell us something you liked about the meeting. (Check all that apply)
The information was important for my personal health care.
The information was important for my professional development.
I learned something I can share with my colleagues or friends.
Members and staff made me feel welcome.
The meeting location was convenient.
The meeting time was convenient.
Other
Other
3. Please let us know if you have a question or concern which wasn't answered during the meeting.
4. Please offer suggestions for improving meetings or addressing your concern. What do you think would help?

ATTACHMENT #1

5. Would you like to be contacted about your survey responses?				
\bigcirc Yes, I authorize Miami-Dade HIV/AIDS Partnership staff to contact me.				
O No.				
6. Contact Informa	tion (Optional)			
Name				
Email				
Phone Number				



June 17, 2024

[Name] [Title] [Address]

Dear [Name]:

The Miami-Dade HIV/AIDS Partnership's Housing Committee invites you to our Housing Stakeholders Meeting on August 15, 2024. The committee works to improve housing for people with HIV. We work closely with the Housing Opportunities for Persons with AIDS (HOPWA) program, but we know there are more resources available for housing and housing-related needs not covered by HOPWA.

Your organization plays a vital role in our community, and we believe that your expertise and resources could significantly contribute to our collective efforts in responding to the needs of homeless and unstably housed people with HIV.

We are inviting you to gather and share information about local housing-related resources, initiatives, and program eligibility, to maximize available housing resources; and to promote collaborations among housing stakeholders and community organizations to expand and enhance available services for people with HIV.

We hope you will join us for this important meeting on August 15, 2024, 2:00 p.m. to 4:00 p.m., at Care Resource Community Health Centers, 3510 Biscayne Boulevard, Community Room, Miami, FL 33137.

To RSVP or if you would like further information, please contact Marlen Meizoso, Housing Committee coordinator, at (305) 445-1076 or marlen@behavioralscience.com.

Thank you for your consideration of this invitation. We look forward to seeing you on August 15.

Sincerely,

Stephen Herz Chair, Housing Committee

c: Alecia Tramel-McIntyre, Chair, Miami-Dade HIV/AIDS Partnership Members of the Miami-Dade HIV/AIDS Partnership and Housing Committee Robert Ladner, President, Behavioral Science Research

PSYCHOSOCIAL SUPPORT SERVICES

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

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

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

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

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

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

Psychosocial Support Services/Counseling Components:

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

life.

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

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

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

- **A. Program Operation Requirements:** Staff must demonstrate knowledge of HIV disease, its psychosocial dynamics and implications, including cognitive impairment, and generally accepted treatment modalities and practices. Providers will comply with super- confidentiality laws as per State of Florida's guidelines.
- **B.** Rules for Reimbursement: Reimbursement as determined by the Recipient.
- C. Additional Rules for Reporting: The unit of service for reporting monthly activity or therapy will include attendance, general content of session, and the provider of services, e.g. peer, etc.
- D. Special Client Eligibility Criteria: Walk-in clients are allowed but a Ryan White Program Certified Referral, an Out-of-Network Referral (accompanied by all appropriate supporting documentation) or all appropriate eligibility documentation is required for a client to receive psychosocial support service and must be updated every 366 days. Clients receiving Ryan White Program Part A- funded psychosocial support services must be documented as having a gross household income at or below 400% of the 2025 Federal Poverty Level (FPL).

Additional Rules for Documentation: Providers of psychosocial support services must maintain documentation demonstrating that funds are used only for allowable services. Documentation in the client chart must at a minimum clearly indicate that services were provided as allowable under the Ryan White Program service definition, and include the type of service e.g. individual or group session, frequency, and topics addressed, the date

of service, regular monitoring and assessment of client progress (individual client counseling only), referral for additional mental health support, as appropriate. Providers must also maintain, and submit to OMB-GC upon request, proof that psychosocial support service staff meets all applicable federal, state, or local requirements.



HOUSING SERVICES

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

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

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

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

A. Program Operations:

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

1) Access to Rental and Utility Assistance

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

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

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

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

3) Housing Stability Planning

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

B. Components:

- 1) All direct rent and other costs must be allowable, allocable, and reasonable in accordance with Uniform Guidance, 45 CFR part 75. Please note that Housing Support cannot be in the form of direct cash payments to clients, and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS (HOPWA) grant awards. Please refer to HRSA Policy Clarification Notice (PCN) No. 16-02, https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf for further information and program guidance.
- 2) Housing Services providers conduct a comprehensive assessment at intake to determine clients' needs, skills, employability, etc. with the goal of transitioning the clients to permanent housing.
- 3) Housing Services providers conduct an assessment of clients' health status including viral load (VL), and make referrals to HIV medical care and other healthcare programs and services, as appropriate.
- 4) Housing Services providers offer and, as appropriate, provide wraparound supportive services in alignment with clients' goals and demonstrated unmet need, including the provision of housing sustainability planning; and periodically monitor clients' overall progress to provide further support and interventions as necessary.

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

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

C. Client Eligibility:

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

D. Program Limits:

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

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

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

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

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

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

Non-Medical Case Management Services

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.

PREVENTION COMMITTEE - March 28 and April 25, 2024

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The committee did not meet in May 2024.

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Members began revisions to the 2023 Annual Report.

Members provided feedback on HRSA concerns about community engagement which were later brought to the Community Coalition Committee (see above).

The June meeting was cancelled due to weather concerns. Action items will be brought to the Executive Committee later this month.

243,045.60

1.90% Within Limit

Page 1

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR34 FORMULA AND SUPPLEMENTAL FUNDING

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

Project #: BURW3403	AWAR	D AMOUNTS	ACTIVITIES	
Grant Award Amount Formula Grant Award Amount FY22 Formula		16,389,150.00 2,353.00	FORMULA PY FORMULA	
Grant Award Amount Supplemental		6,799,165.00	SUPPLEMENTAL	FY 2024 Award
Grant Award Amount FY22 Supplemental		1,620,086.00	PY_SUPPLEMENTAL	<u>\$24,810,754</u>
Carryover Award FY'23 Formula		0.00	CARRYOVER	

This report includes YTD paid reimbursements for FY 2024 Part A service months up to April 2024, as of 6/11/2024. This report reflects reimbursement requests that were due by 5/20/2024, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$2,357,133.59. Several contracts are pending execution.

Orde	CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER	
īţ	DIRECT SERVICES:	

2			Carryover (C/O)
Ξ	Core Medical Services	Allocations	Allocations
8	AIDS Pharmaceutical Assistance	88,255.00	<u>.</u>
6	Health Insurance Services	595,700.00	
1	Medical Case Management	5,869,052.00	
3	Mental Health Therapy/Counseling	132,385.00	
4	Oral Health Care	3,088,975.00	
2	Outpatient/Ambulatory Health Svcs	8,847,707.00	
9	Substance Abuse - Outpatient	44,128.00	

CORE Services Totals:	18,666,202.00
	.,,

Carryover

Within Limit

Printed on: 6/11/2024

	Support Services	Allocations	Allocations
12	Emergency Financial Assistance	88,253.00	
5	Food Bank	529,539.00	0.00
13	Medical Transportation	154,449.00	
15	Other Professional Services	154,449.00	
14	Outreach Services	264,696.00	
7	Substance Abuse - Residential	2,169,744.00	
	<u>-</u>		
	SUPPORT Services Totals:	3,361,130.00	0.00
	FY 2024 Award (not including C/O)	22,027,332.00	

DIRECT SERVICES TOTAL:	22,027,332.00	
Total Core Allocation	18.666.202.00	
Target at least 80% core service allocation	17,621,865.60	
Current Difference (Short) / Over	\$ 1,044,336.40	

Recipient Admin. (GC, GTL, BSR Staff)	\$ 2,481,075.00		
Quality Management	\$ 600,000.00	3,081,075.00	

(+) Unobligated Funds / (-) Over Obligated: Unobligated Funds (Formula & Supp)

 Unobligated Funds (Formula & Supp)
 \$ (297,653.00)

 Unobligated Funds (Carry Over)
 \$ - \$ (297,653.00)
 24,810,754.00

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% 84.74% Within Limit

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% 2.42% Within Limit

DMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% 10.00%

CURRENT CONTRACT	EXPENDITURES

DIRECT SERVICES:

			Carryover (C/O)
Account	Core Medical Services	Expenditures	Expenditures
5606970000	AIDS Pharmaceutical Assistance	0.00	
5606920000	Health Insurance Services	0.00	
5606870000	Medical Case Management	162,613.80	
5606860000	Mental Health Therapy/Counseling	0.00	
5606900000	Oral Health Care	194,582.00	
5606610000	Outpatient/Ambulatory Health Svcs	127,311.64	
5606910000	Substance Abuse - Outpatient	60.00	

CORE Services Totals:	484,567.
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				Carryover
	Account	Support Services	Expenditures	Expenditures
-	5606940000	Emergency Financial Assistance	0.00	
529,539	5606980000	Food Bank	243,045.60	0.00
	5606460000	Medical Transportation	2,812.50	
	5606890000	Other Professional Services	0.00	
	5606950000	Outreach Services	3,253.16	
	5606930000	Substance Abuse - Residential	137,250.00	
		SUPPORT Services Totals: _	386,361.26	0.00
		FY 2024 Award (not including C/O)	870,928.70	

TOTAL EXPENDITURES DIRECT SVCS & %:	\$ 870,928.70	3.95%

Formula Expenditure %	8.19%

5606710000	Recipient Administration	470,739.76

5606880000 Qu	ality Management	0.00	470,739.76
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Grant Unexpended Balance	FY 2024 Award	Carryover		
Grant Oriexpended Balance	23,469,085.54		-	23,469,085.54

Total Grant Expenditures & % \$ 1,341,668.46 5.41

Core medical % against Total Direct Service Ex	penditures (Not including C/	0):

annot be under 75%	55.64%	Danger!!!!!

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	0.00%	Within Limit
•		

OMB-GC Administrative % of Total Award (Cannot include C/O):

3.00%

2.77%

97.53% Within Limit

0.05% Within Limit

Within Limit

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

MINORITY AIDS INITIATIVE (MAI) FUNDING

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

PROJECT #: BURW3403 AWARD AMOUNTS ACTIVITIES Grant Award Amount MAI 2,600,572.00 MAI 0.00 MAI_CARRYOVER Carryover Award FY'24 MAI

This report includes YTD paid reimbursements for FY 2024 MAI service EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR34 months up to April 2024, as of 6/11/2024. This report reflects reimbursement requests that were due by 5/20/2024, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$231,609.23. Several contracts are pending execution.

	Total Award	\$ 2,600,572.00							
Order	CONTRACT A	LLOCATIONS				CU	RRENT CONTRACT EXPEND	DITURES	
riority	DIRECT SERVICES:		Carryover (C/O)	-		DIRECT SERVICES:	_	Carryover (C/O)	
	Core Medical Services	Allocations	Allocations		Account	Core Medical Services	Expenditures	Expenditures	
	AIDS Pharmaceutical Assistance				5606970000				
4	Health Insurance Services Medical Case Management	903,920.00	0.00	003 030 00		Health Insurance Services Medical Case Management	37.712.45	0.00	37.712.45
	Mental Health Therapy/Counseling	18,960.00	0.00	903,920.00	5606860000		0.00	0.00	31,112.43
3	Oral Health Care	10,300.00				Oral Health Care	0.00		
2	Outpatient/Ambulatory Health Svcs	1,362,753.00	0.00	1.362.753.00		Outpatient/Ambulatory Health Svcs	31,246,14	0.00	31,246.14
	Substance Abuse - Outpatient	8,058.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Substance Abuse - Outpatient	0.00		,
						•			
	CORE Services Totals:	2,293,691.00	0.00			CORE Services Totals	: 68,958.59	0.00	
		1	Carryover	г			7	Carryover	
	Support Services	Allocations	Allocations	L	Account	Support Services	Expenditures	Expenditures	
5	Emergency Financial Assistance	12,087.00			5606940000 5606980000		0.00		
12	Food Bank	7.628.00					1.743.75		
13	Medical Transportation Other Professional Services	7,028.00			5606460000 5606890000		1,743.75		
7	Outreach Services	39,816.00				Outreach Services	0.00		
	Substance Abuse - Residential	55,515.55			5606930000		0.00		
	SUPPORT Services Totals:					SUPPORT Services Totals			
	FY 2024 Award (not inlouding C/O)	2,353,222.00				FY 2024 Award (not inlouding C/O)) 70,702.34		
•	DIRECT SERVICES TOTAL:	9	2,353,222.00		_	TOTAL EXPENDITURES DIRECT SY	VCS & %·	\$	70.702.34
•	DIRECT SERVICES TOTAL.	•	2,555,222.00			TOTAL EXI ENDITORES DIRECT S	V C C G 76.	Ψ	70,702.34
	Total Core Allocation	2,293,691.00							
	Target at least 80% core service allocation	1,882,577.60							
	Current Difference (Short) / Over	\$ 411,113.40							
	Recipient Admin. (OMB-GC)	\$ 260,057.00			5606710000	Recipient Administration	1,234.16		
	, , ,	,				•	,		
	Quality Management	\$ 100,000.00	360,057.00	2,713,279.00	5606880000	Quality Management	0.00		1,234.16
						Creat Harranded Palence	FY 2024 Award	Carryover	
	(+) Unobligated Funds / (-) Over Obligated:					Grant Unexpended Balance	2,528,635.50	-	2,528,635.50
	Unobligated Funds (MAI)	\$ (112,707.00)							
	Unobligated Funds (Carry Over)	\$ -	-112,707.00	2,600,572.00		Total Grant Expenditures & % (Incl	uding C/O):	\$	71,936.50
ı	Core medical % against Total Direct Service Allo	ocation (Not including C/O)				Core medical % against Total Direct	t Service Expenditures (Not	including C/O):	
	Cannot be under 75%	97.47%	Within Limit			Cannot be under 75%	- Corrido <u>-</u> Liponania co (1101	g <i>0,0</i> ,.	97.53%
J	Quality Management % of Total Award (Not inclu	uding C/O):				Quality Management % of Total Aw	ard (Not including C/O):		
	Cannot be over 5%	3.85%	Within Limit			Cannot be over 5%	,,		0.00%
,									
	OMB-GC Administrative % of Total Award (Cann	ot include C/O):				OMB-GC Administrative % of Total	Award (Cannot include C/O)	:	
	Cannot be over 10%	10.00%	Within Limit			Cannot be over 10%			0.05%

Printed on: 6/11/2024 Page 2

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

FY 2024

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

SERVICE CATEGORIES

April 2024

FUNDING SOURCE(S) INCLUDED:

Unduplicated Client Count

Ryan White Part A Ryan White MAI

Service Units

<u>OLIVIOL OTTILOGINILO</u>					- Ondaphodiod Onone Count	
		<u>Monthly</u>	Year-to-date	Monthly	Year-to-date	
Core Medical Services						
AIDS Pharmaceutical Assistance (LPAP/CPAP)		3	7	2	4	
Health Insurance Premium and Cost Sharing Assistance)	14	238	12	210	
Medical Case Management		8,367	16,711	4,275	5,749	
Mental Health Services		37	102	20	42	
Oral Health Care		922	1,713	673	1,072	
Outpatient Ambulatory Health Services		1,590	3,572	1,045	1,837	
Substance Abuse Outpatient Care		1	1	1	1	
Support Services						
Food Bank/Home Delivered Meals		1,040	1,932	387	456	
Medical Transportation		279	1,019	207	407	
Other Professional Services		41	85	20	29	
Outreach Services		30	70	23	50	
Substance Abuse Services (residential)		262	894	12	31	
	TOTALS:	12,586	26,344			
Total unduplicated clients (month):		5,034				
Total unduplicated clients (YTD):		6,561				

See page 4 for Service Unit Definitions Page 1 of 4

RYAN WHITE PART A PROGRAM MIAMI-DADE COUNTY EMA

Total unduplicated clients (YTD):

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:	April 2024		Ryan White Part A				
SERVICE CATEGORIES		Serv	Service Units		ted Client Count		
		<u>Monthly</u>	Year-to-date	<u>Monthly</u>	Year-to-date		
Core Medical Services							
AIDS Pharmaceutical Assistance (LPAP/CPAP)		3	7	2	4		
Health Insurance Premium and Cost Sharing Assistance		14	238	12	210		
Medical Case Management		7,287	14,663	3,861	5,301		
Mental Health Services		33	96	16	38		
Oral Health Care		922	1,713	673	1,072		
Outpatient Ambulatory Health Services		1,440	3,175	950	1,662		
Substance Abuse Outpatient Care		1	1	1	1		
Support Services							
Food Bank/Home Delivered Meals		1,040	1,932	387	456		
Medical Transportation		258	985	186	388		
Other Professional Services		41	85	20	29		
Outreach Services		28	63	21	43		
Substance Abuse Services (residential)		262	894	12	31		
	TOTALS:	11,329	23,852				
Total unduplicated clients (month):		4,689					

Page 2 of 4

6,218

RYAN WHITE PART A PROGRAM MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:	April 2024		Ryan White MAI			
SERVICE CATEGORIES		Servi	ice Units	Unduplica	ted Client Count	
		<u>Monthly</u>	Year-to-date	<u>Monthly</u>	Year-to-date	
Core Medical Services						
Medical Case Management		1,080	2,048	517	659	
Mental Health Services		4	6	4	4	
Outpatient Ambulatory Health Services		150	397	112	238	
Support Services						
Medical Transportation		21	34	21	22	
Outreach Services		2	7	2	7	
	TOTALS:	1,257	2,492			
Total unduplicated clients (month):		604			_	
Total unduplicated clients (YTD):		<u>815</u>				

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.

Provider Agency Name & Address FDOH in Miami-Dade County 1350 N.W. 14th St., Miami, 33125 Florida Department of Health Expenditure/Invoice Report

Program Name: Patient Care-Consortia

Contract Name: 2023-2024 Miami Dade CHD RW

Consortia

Area Name: AREA 11A

Month: March

Year: 2023-2024



Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	March	0	0	\$125,915.00	\$22,205.83	\$114,539.91	91%
Medical Case Management (including treatment adherence)	March	64	9,285	\$120,000.00	\$10,677.75	\$114,902.25	96%
Mental Health Services - Outpatient	March	10	28	\$30,000.00	\$910.00	\$22,327.50	74%
Emergency Financial Assistance	March	55	87	\$845,780.00	\$62,376.51	\$498,288.91	59%
Non-Medical Case Management Services	March	20	20	\$273,970.00	\$21,101.44	\$220,555.67	81%
Referral for Health Care/Supportive Services	March	1,091	1,091	\$181,451.60	\$15,012.00	\$153,573.44	85%
Clinical Quality Management	March	0	0	\$68,508.03	\$2,240.23	\$28,885.32	42%
Planning and Evaluation	March	0	0	\$34,224.37	\$1,650.44	\$32,565.85	95%
Totals		1240	10511	\$1,679,849.00	\$136,174.20	\$1,185,638.85	

Contract Services		Expended Month	# of Clients Servic	# of e Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
ADVANCE(S) INFORMAT	ION:				-	Total Contract Amount	\$1,679,849	.00
Total Advances	\$0.00	_			1	Minus Expended Y-T-D	\$1,185,638	85
Previous Reductions	\$0.00				1	Minus UNPAID Advances	\$0	.00
Current Reductions	\$0.00				E	Balance To Draw	\$494,210	.15
Remaining Advances	\$0.00	— Total Ex	openditures this period	l: \$13	6,174.20			
		Less Advanc	ce Payback this period	d :	\$0.00			
I certify that the above report is a to the purpose of this referenced o	true, accurate and correc		STED THIS REPORT ies this period; and that the state of t		6,174.20 ures reported are	made only for items which are a	llowable and direct	ly related
Signature & Title of Provider	Agency Official	Date	_		Contract Manage	er Signature	Date	
				Contra	ct Manager's Suj	pervisor Signature	Date	<u>—</u>



Ron DeSantis Governor

Joseph A. Ladapo, M.D., Ph.D. State Surgeon General

Vision: To be the Healthiest State in the Nation

June 3rd, 2024

ADAP Miami-Dade / Summary Report^ – MAY 2024

Month	1st Enrollments	Re-Enrollments	Clients^^	CHD Pharmacy \$	RXs	Patients	RX/Pt
Apr-24	93	763	7,182	\$1,299,197.75	1,574	759	2.1
May-24	99	660	7,358	\$1,348,852.85	2,632	781	3.4
Jun-24							
Jul-24							
Aug-24							
ep-24							
Oct-24							
Nov-24							
Dec-24							
Jan-25							
Feb-25							
Mar-25							
FY24/25	192	1,423	7,358	\$2,648,050.60	4,206	1,540	2.7

DATE: 05/06/24. - SOURCE: PROVIDE ENTERPRISE & PHARMACY SYSTEMS. - ^ SUBJECT TO REVIEW & EDITING. ^ OPEN + ACTIVE PTS. - NOTE: 296 WP UNINSURED CLIENTS: EXPENDITURES NOT INCLUDED.

PROGRAM UPDATE

* 06/01/24: Cabenuva ® MAY-24 > Direct Dispense 98 57% Premium Plus 73 43%
* 06/01/24: Clients MAY-24 > Direct Dispense: 55 % Premium Plus: 45 %
* 06/01/24: Expenditures MAY-24 > Direct Dispense: 22 % Premium Plus: 78 %

* 06/01/24: Medicare Part-D Eligible clients must apply to avoid a penalty (7-month window around 65th birthday). Copayment assistance.

CURRENT 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.

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

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



During the month of April we provided case management to a total of 1,238 unduplicates clients. During this month we also started providing food vouchers and continue to provide transportation. Our beds at the Salvation Army are to max capacity and we have a waitlist

General Revenue July 2023 - June 2024 HIV/AIDS Demographic Data for PHT/SFAN

	April 24			Year To Date Data			
	Unduplicated		_		Revised Budget 3-1-24		
	Client Count	Units	Dollar Amt.	Total Dollar Amt.	Annual Budget	YTD Units	
Ambulatory - Outpatient Care	459	820	135,381.16	1,069,915.93	1,792,649.00	5,369	
Drug Pharmaceuticals	17	24	11,043.93	187,981.47	312,778.00	320	
Oral Health					50,000.00		
Home & Community Base Services				1,639.96	12,000.00	42	
Home Health Care	7	192	9,688.00	41,233.50	135,000.00	613	
Mental Health Services	25	38	4,079.62	85,652.40	135,854.00	343	
Nutrition Counseling				6,962.88	20,000.00	37	
Medical Case Management	1,238	2,732	213,727.70	1,285,644.70	1,539,687.00	18,001	
Sustance Abuse Services				2,302.38	93,000.00	-	
Food Bank/Home Delivered Meals	55_	110	2,750.00	2,750.00	50,000.00	110	
Non-Medical Case Management	226	228	32,560.25	428,726.17	630,735.00	1,145	
Other Support Services / Emergency Fin. Assistance	8	9	18,993.65	187,933.03	192,000.00	317	
Psychosocial Support Services				3,113.96	55,000.00	-	
Transportation	171	214	10,533.95	49,628.80	81,050.00	1,416	
Referral for Health Care / Supportive Services	57	137	36,117.65	366,279.22	425,020.00	1,093	
Substance Abuse Residential				152,973.24	223,955.00	427	
Residential Care - Adult				136,396.00	204,035.00	-	
Nursing Home Care	5_	173	46,664.25	430,195.88	470,000.00	1,382	
Hospital Services							
	2,268	4,677	521,540.16	4,439,329.52	6,422,763.00	30,615	

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2024 MINORITY AIDS INITIATIVE (MAI) FUNDING CEILING BUDGET

BUDGET							
FY 2024 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2024 RECOMMENDED ALLOCATION ¹	FY 2024 %				
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$903.920	38.02%				
2	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$1,386,925	58.34%				
3	MENTAL HEALTH SERVICES [C]	\$18,960	0.80%				
4	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A				
5	EMERGENCY FINANCIAL ASSISTANCE [S]	\$12.087	0.51%				
6	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$8,058	0.34%				
7	OUTREACH SERVICES [S]	\$39,816	1.67%				
8	ORAL HEALTH CARE [C]	Not MAI Funded	N/A				
9	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A				
10	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A				
11	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A				
12	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	Not MAI Funded	N/A				
13	MEDICAL TRANSPORTATION [S]	\$7,628	0.32%				
14	HOUSING [S]	Not MAI Funded	N/A				
15	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A				
16	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A				
17	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A				
18	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A				
19	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A				
20	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A				
21	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A				
22	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A				
23	HOME HEALTH CARE [C]	Not MAI Funded	N/A				
24	HOSPICE [C]	Not MAI Funded	N/A				
25	REHABILITATION SERVICES [S]	Not MAI Funded	N/A				
26	CHILD CARE SERVICES [S]	Not MAI Funded	N/A				
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A				
28	RESPITE CARE [S]	Not MAI Funded	N/A				
SUBTOTAL \$2,377,394 100.00%							

[C]= Core Service; [S] = Support Service

ADMINISTRATION	\$275,266
CLINICAL QUALITY MANAGEMENT	\$100,000
TOTAL ²	\$2,752,660

Exp. Ratios
Core Services 97.50%
Support Services 2.50%

NOTES:

Budget Worksheet-CEILING (MAI)

Needs Assessment 2024

Award Ceiling Totals \$28,936,790 [\$26,184,130 (Part A) and \$2,752,660 (MAI)] per HRSA's FY 2024 Non-competing Continuation Instructions.

² Service categories shaded in grey have been added for "FY 2024 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is requirement under the HRSA Non-competing Continuation instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available

³ FY 2022 Core Service's expenditure ratio was 96.81% of expenditures (no MAI carryover expenditures during FY 2022). Per RWP legislation, Core Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Services waiver.

MIAMI-DADE COUNTY RYAN WHITE PART A

FY 2024-25 (YR 34) MINORITY AIDS INITIATIVE (MAI) GRANT FUNDING ALLOCATIONS SWEEPS 1 (SW1) - CARRYOVER FUNDING ALLOCATION

YR 34 RANKING ORDER ¹	SERVICE CATEGORIES	CORE/SUPPORT	ALI	YR 34 LOCATIONS ²	SW1 CARRYOVER RECOMMENDATIONS		PROPOSED ALLOCATIONS AFTER SW1 ³	
1	MEDICAL CASE MANAGEMENT	CORE	\$	903,920	\$	712,385	\$	1,616,305
2	OUTPATIENT/AMBULATORY HEALTH	CORE	\$	1,362,753	\$	712,385	\$	2,075,138
3	MENTAL HEALTH SERVICE	CORE	\$	18,960			\$	18,960
5	EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	\$	12,087			\$	12,087
6	SUBSTANCE ABUSE OUTPATIENT CAR	CORE	\$	8,058			\$	8,058
7	OUTREACH SERVICES	SUPPORT	\$	39,816			\$	39,816
13	MEDICAL TRANSPORTATION	SUPPORT	\$	7,628	\$	50,000	\$	57,628
	SUBTOTAL		\$	2,353,222	\$	1,474,770	\$	3,827,992
	CLINICAL QUALITY MANAGEMENT		\$	100,000			\$	100,000
	ADMINISTRATION (10%)		\$	260,057			\$	260,057
	GRAND TOTAL		\$	2,713,279	\$	1,474,770	\$	4,188,049

Yr 34 Award \$ 2,600,572 Currently Allocated \$ 2,713,279

Difference: \$ (112,707) -- See note 2

YR 34 Current Award (Breakdown by Funding Source)

Formula Funding \$ 16,391,503
Supplemental Funding \$ 8,419,251

MAI Funding \$ 2,600,572

YR 34 Total Award \$ 27,411,326

NOTES:

Updated for: 06/13/2024

¹ YR 34 ranking order is based on the Partnership's Needs Assessment allocation for FY 2024 which includes non-funded services. Please see attached for the complete list of prioritized core medical and support services for this jurisdiction.

² Provisional award letters currently include contract base amounts approved by the Board of County Commissioners through Resolution NO. R-246-20, as a result of RFP RW-DS-0320. CORE Services Total = \$2,293,691 (97%); SUPPORT Services Total = \$59,531 (3%). The recipient is currently conducting SW1.1 (recommendations to be presented in the upcoming July 2024 meeting). This action will result in an overrall \$112,707 reduction since current allocations exceed the awarded amount.

³ If the SW1 recommendations are adopted, the CORE Services Total = \$2,293,691 (97%); SUPPORT Services Total = \$59,531 (3%); CLINICAL QUALITY MANAGEMENT (3.8%).

RYAN WHITE PROGRAM (RWP)							
FY 2024 PART A FUNDING CEILING (FORMULA & SUPPLEMENTAL)							
BUDGET							
777.000.1			FY 2024				
FY 2024	SERVICE CATEGORIES (ALPHABETIC ORDER)	REC	OMMENDED	FY 2024 %			
RANKING		ALI	LOCATION 1				
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$	5,869,052	25.56%			
2	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$	8,847,707	38.53%			
3	MENTAL HEALTH SERVICES [C]	\$	132,385	0.58%			
4	ORAL HEALTH CARE [C]	\$	3,088,975	13.45%			
5	FOOD BANK*/HOME DELIVERED MEALS [S]	\$	1,651,715	7.19%			
6	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	\$	491,909	2.14%			
7	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$	2,169,744	9.45%			
8	AIDS PHARMACEUTICAL ASSISTANCE [C]	\$	48,255	0.21%			
9	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$	44,128	0.19%			
10	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not 1	Part A Funded	N/A			
11	HOUSING [S]	Not 1	Part A Funded	N/A			
12	EMERGENCY FINANCIAL ASSISTANCE [S]	\$	48,253	0.21%			
13	MEDICAL TRANSPORTATION [S]	\$	154,449	0.67%			
14	OUTREACH SERVICES [S]	\$	264,696	1.15%			
15	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	\$	154,449	0.67%			
16	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not 1	Part A Funded	N/A			
17	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not 1	Part A Funded	N/A			
18	HEALTH EDUCATION/RISK REDUCTION [S]	Not 1	Part A Funded	N/A			
19	EARLY INTERVENTION SERVICES [C]	Not 1	Part A Funded	N/A			
20	MEDICAL NUTRITION THERAPY [C]	Not 1	Part A Funded	N/A			
21	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not 1	Part A Funded	N/A			
22	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not 1	Part A Funded	N/A			
23	LINGUISTIC SERVICES [S]	Not 1	Part A Funded	N/A			
24	HOME HEALTH CARE [C]	Not 1	Part A Funded	N/A			
25	CHILD CARE SERVICES [S]		Part A Funded	N/A			
26	HOSPICE [C]	Not 1	Part A Funded	N/A			
27	REHABILITATION SERVICES [S]	Not 1	Part A Funded	N/A			
28	RESPITE CARE [S]	Not 1	Part A Funded	N/A			
SUBTOTAL \$22,965,717 100.0%							

MIAMI DADE COUNTY

[C]= Core Service; [S] = Support Service

ADMINISTRATION 2	\$2,618,413
CLINICAL QUALITY MANAGEMENT	\$600,000
TOTAL ³	\$26,184,130
	Exp. Ratios
Core Services ⁴	80.65%
Support Services	19.14%

NOTES:

Budget Worksheet-Part A CEILING
Needs Assessment 2024

^{*} Funded component of the service category.

Award Ceiling Totals \$28,936,790 [\$26,184,130 (Part A) and \$2,752,660 (MAI)] per HRSA's FY 2024 Non-competing Continuation Instructions.

² Administration includes Partnership Staff Support and Data Support (Provide® Enterprise-Miami).

³ Service categories shaded in grey have been added for "FY 2024 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is requirement under the HRSA Non-competing Continuation instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available

⁴ Actual FY 2022 Core Service's expenditure ratio was 85.07%, net of expenditures funded by the carryover award. Per RWP legislation, Core Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Services waiver.

MIAMI-DADE COUNTY - RYAN WHITE PART A

FY 2024-25 (YR 34) FORMULA & SUPPLEMENTAL GRANT FUNDING ALLOCATIONS

SWEEPS 1 (SW1) - CARRYOVER FUNDING ALLOCATION

YR 34 RANKING ORDER ¹	SERVICE CATEGORIES	CORE/SUPPORT	YR 34 ALLOCATIONS ²		SW1 CARRYOVER RECOMMENDATIONS		PROPOSED ALLOCATIONS AFTER SW1 ³	
1	MEDICAL CASE MANAGEMENT	CORE	\$	5,869,052		\$	5,869,052	
2	OUTPATIENT/AMBULATORY HEALTH	CORE	\$	8,847,707		\$	8,847,707	
3	MENTAL HEALTH SERVICE	CORE	\$	132,385		\$	132,385	
4	ORAL HEALTH CARE	CORE	\$	3,088,975		\$	3,088,975	
5	FOOD BANK	SUPPORT	\$	529,539	\$ 795,210	\$	1,324,749	
6	HEALTH INSURANCE SERVICES	CORE	\$	595,700		\$	595,700	
7	SUBSTANCE ABUSE RESIDENTIAL	SUPPORT	\$	2,169,744		\$	2,169,744	
8	AIDS PHARMACEUTICAL ASSISTANCE	CORE	\$	88,255		\$	88,255	
9	SUBSTANCE ABUSE OUTPATIENT CARE	CORE	\$	44,128		\$	44,128	
12	EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	\$	88,253		\$	88,253	
13	MEDICAL TRANSPORTATION	SUPPORT	\$	154,449		\$	154,449	
14	OUTREACH SERVICES	SUPPORT	\$	264,696		\$	264,696	
15	OTHER PROFESSIONAL SERVICES (LEGAL)	SUPPORT	\$	154,449		\$	154,449	
	SUBTOTAL		\$	22,027,332	\$ 795,210	\$	22,822,542	
	CLINICAL QUALITY MANAGEMENT		\$	600,000		\$	600,000	
	ADMINISTRATION (10%) ⁴		\$	2,481,075		\$	2,481,075	
	GRAND TOTAL		\$	25,108,407	\$ 795,210	\$	25,903,617	

Yr 34 Award \$ 24,810,754 Currently Allocated \$ 25,108,407

Difference: \$ (297,653) -- See note 2

YR 34 Current Award (Breakdown by Funding Source)

Formula Funding \$ 16,391,503

Supplemental Funding \$ 8,419,251 \(\frac{\$24.810.754}{} \)

MAI Funding \$ 2,600,572
YR 34 Total Award \$ 27,411,326

NOTES:

Updated for: 06/13/2024

¹ YR 34 ranking order is based on the Partnership's Needs Assessment allocation for FY 2024 which includes non-funded services. Please see attached for the complete list of prioritized core medical and support services for this jurisdiction.

² Provisional award letters currently include contract base amounts approved by the Board of County Commissioners through Resolution NO. R-246-20, as a result of RFP RW-DS-0320. CORE Services Total = \$18,666,202 (85%); SUPPORT Services Total = \$3,361,130. (15%). The recipient is currently conducting SW1.1 (recommendations to be presented in the upcoming July 2024 meeting). This action will result in an overrall \$297,653 reduction since current allocations exceed the awarded amount.

³ If the SW1 recommendations are adopted, the CORE Services Total = \$18,666,202 (85%); SUPPORT Services Total = \$3,361,130 (15%); CLINICAL QUALITY MANAGEMENT (2.4%).

⁴ Administration includes Partnership (Planning Council) and Program Support Costs.





The HIV Prevention Trials Network is announcing a **funded research partnership opportunity** for healthcare facilities in the southern U.S. for a groundbreaking new study.

We are seeking healthcare facilities that provide, or have the capacity to provide, HIV treatment and/or prevention services to Black men who have sex with men (MSM) (cis and trans-inclusive) to participate in the "Culturally Responsive Intersectional Stigma Prevention" (CRISP) healthcare facility-level intervention for this study and serve as data collection research partners. This is a funded research partnership opportunity for healthcare facilities in Montgomery, Alabama; Dallas, Texas; & Broward and Miami-Dade counties. Florida.

The HPTN 096 Building Equity Through Advocacy (BETA) study is testing an innovative community-informed, HIV status-neutral integrated strategy that aims to address social, structural, institutional, and behavioral barriers to HIV prevention and care for Black MSM. HPTN 096 is funded by the U.S. National Institutes of Health.

For more information or to apply, visit:

https://www.hptn096.org/crisp/

Please pre-register to attend an in-person information session or to request a virtual meeting:

- MIAMI, FLORIDA Tuesday, July 9 12:00 p.m. & 4:00 p.m. ET Miami-Dade Public Library Main Branch
- FORT LAUDERDALE, FLORIDA Wednesday, July 10 12:00 p.m. & 4:00 p.m. ET L.A. Lee YMCA / Mizell Community Center
- MONTGOMERY,
 ALABAMA
 Monday Wednesday, July
 15-17
 Individual in-person
 meetings by request
- DALLAS, TEXAS
 Thursday, July 25
 12:30 p.m. & 4:30
 p.m. ET
 Dallas Public Library,
 Bachman Lake
 Branch

Food will be provided!

Register or Request a Meeting

JULY 2024

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

Monday	Tuesday	Wednesday	Thursday	Friday	All events on this calendar
1	2	3	4 Independence Day (BSR Offices Closed)	5	are open to the public. People with HIV are invited to participate!
8	9	10 Get on Board! Planning Council Enrichment Training 12:00 PM to 1:00 PM via Microsoft Teams	11 Care & Treatment Committee 10:00 AM to 1:00 PM at Care Resource, 3 rd Floor Exec. Conference Room	12	RSVP
15 Miami-Dade HIV/AIDS Partnership 10:00 AM to 12:00 PM at MDC Main Library	16	17	18 Housing Committee 2:00 PM to 4:00 PM at 1st Floor Community Room	19	Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials. RSVP to (305) 445-1076,
X Zero HIV Stigma Day (July 21)	Joint Integrated Plan Review Team: Strategic Planning and Prevention Committees 10:00 AM to 1:00 PM at MDC Main Library	24	25	26 Medical Care Subcommittee 9:30 AM to 11:30 AM at BSR Corp.	mdcpartnership@ behavioralscience.com, or scan the QR Code for Partnership meetings.
Community Coalition Roundtable 4:00 PM to 6:00 PM at Care Resource, 1st Floor Community Room (Dinner at 3:30 PM)		31 Executive Committee To meet as needed	MEETING LOCATIONS BSR Corp Behavioral Scie Ponce de Leon Blvd. #240, 0 Care Resource - Care Reso Miami, 3510 Biscayne Blvd., MDC Main Library - 101 W Auditorium, Miami, FL 3313	Visit www.aidsnet.org for more information. Version 05/29/24 Information on this calendar is subject to change.	









