



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 8, 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

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| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 11, 2024 | All |
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| | • Next Steps and Reminders (Section 9) | Marlen Meizoso |
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| | • Get on Board September 4, 2024 | |
| | • New Member Orientation on September 18, 2024 | |

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Meeting Housekeeping Care and Treatment Committee

Updated May 31, 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.*
- ❑ 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!

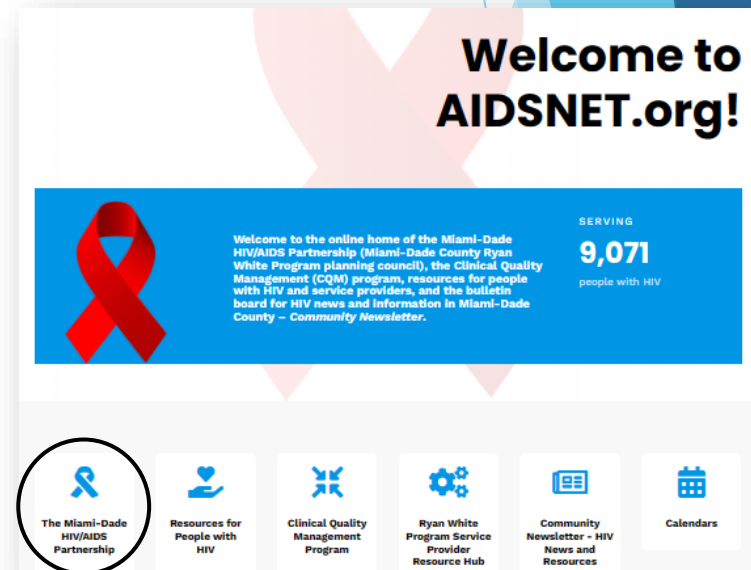
ADAP	AIDS Drug Assistance Program
BSR	Behavioral Science Research Corp. (aka, Staff)
EHE	Ending the HIV Epidemic: A Plan for America
EMA	Eligible Metropolitan Area (locally, Miami-Dade County)
FDOH FDOH-MDC	Florida Department of Health in Miami-Dade County
FPL	Federal Poverty Level
HOPWA	Housing Opportunities 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® 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.



Welcome to AIDSNET.org!

WELCOME TO THE ONLINE HOME OF THE MIAMI-DADE HIV/AIDS PARTNERSHIP (MIAMI-DADE COUNTY RYAN WHITE PROGRAM PLANNING COUNCIL), THE CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM, RESOURCES FOR PEOPLE WITH HIV AND SERVICE PROVIDERS, AND THE BULLETIN BOARD FOR HIV NEWS AND INFORMATION IN MIAMI-DADE COUNTY - COMMUNITY NEWSLETTER.

SERVING **9,071** people with HIV

The Miami-Dade HIV/AIDS Partnership | Resources for People with HIV | Clinical Quality Management Program | Ryan White Program Service Provider Resource Hub | Community Newsletter - HIV News and Resources | Calendars



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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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XI. Next Meeting: **September 12, 2024** at **Care Resource**

Dr. Mary Jo Trepka

XII. Adjournment

Dr. Mary Jo Trepka



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**Care and Treatment Committee Meeting
 Care Resource Health Care Center, Midtown Miami
 3510 Biscayne Blvd, 1st Floor Community Room
 Miami, FL 33137**

July 11, 2024 Minutes

#	Committee Members	Present	Absent
1	Fils Aime, Louvens	X	
2	Gonzalez, Tivisay	X	
3	Henriquez, Maria	X	
4	Leiva, German	X	
5	Mills, Vanessa		X
6	Shmuels, Daniel	X	
7	Shmuels, Diego	X	
8	Trepka, Mary Jo		X
9	Wall, Dan		X
Quorum: 4			

Guests	
Bahomente, Ronny	
Dirckse, Rebecca	
Kratofil, Keri	
Poblete, Karen	
Romero, Massiel	
Tello, Cynthia	
Valle-Schwenk, Carla	
Staff	
Gattorno, Frank	Meizoso, Marlen
Ladner, Robert	

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. Daniel Shmuels

Dr. Daniel Shmuels, the Acting Chair, called the meeting to order at 10:23 a.m. He reminded attendees that they will be continuing the annual needs assessment process which will conclude in priority setting and resource allocation (PSRA) in September. The Committee will be undertaking rapid reallocation or Sweeps #1.1 for FY 2024 funds. Since there is a very full agenda, the Acting Chair requested that questions be held until the end of each presentation.

II. Introductions

Dr. Daniel Shmuels

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping

Marlen Meizoso

Marlen Meizoso reviewed the meeting housekeeping presentation which highlighted meeting decorum and general reminders to facilitate an effective meeting.

IV. Floor Open to the Public

Dr. Daniel Shmuels

Dr. Shmuels 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. Staff requested postponing the Capacity Survey until the October meeting since this item does not need to be addressed until 2025.

Motion to remove the 2024 Capacity Survey until October, and approve the remainder of the agenda as presented.

Moved: German Leiva

Seconded: Dr. Daniel Shmuels

Motion: Passed

VI. Review/Approve Minutes of May 9, 2024

All

The committee reviewed the minutes of May 9, 2024, and approved them as presented.

Motion to accept the minutes from May 9, 2024, as presented.

Moved: Dr. Daniel Shmuels

Seconded: German Leiva

Motion: Passed

VII. Reports

▪ Part A

Carla Valle-Schwenk

Carla Valle-Schwenk reviewed the FY 2024 Ryan White Program expenditures and clients served; the complete report is posted online.

- **Expenditures (FY 2024) – start 3/1/2024; data are prior to Reallocations/Sweeps #1.1**
 - **Part A: \$22,027,332 available for Direct Client Services; \$870,928.70 (3.95%) paid to date**
 - **MAI: \$2,353,222 available for Direct Client Services; \$70,702.34 (3.00%) paid to date**

Funding type	Amount Available for Direct Client Services	Amount Paid in Direct Client Services	% Paid to Date as reported today (7/9/2024)	% Paid to Date as reported last month (6/11/2024)
Part A	\$22,027,332	\$1,681,877.06	7.64%	3.95%
MAI	\$2,353,222	\$111,099.49	4.72%	3.00%

□ **Service Utilization (FY 2024) – Start 3/1/2024**

Unduplicated Clients: 7,430 served through May 2024 (Part A and MAI combined) -- *(compared with 6,561 clients served through April 2024)*

- 7,114 clients received Part A services; and
- 981 clients received MAI services

Most utilized services in May 2024, by unduplicated client count:

- **Part A:**
 - 4,474 clients – Medical Case Management (MCM);
 - 1,121 clients – Outpatient/Ambulatory Health Services (OAHS); and
 - 621 clients – Oral Health Care (OHC).
- **MAI:**
 - 593 clients – MCM; and
 - 115 clients – OAHS.

The following was reported on status of the 18 RWP subrecipient contracts:

- 7 contracts are fully executed;
- 1 contract is going to the Mayor’s designee and County Clerk for final signatures (contract execution) by July 11, 2024;
- 5 contracts are with subrecipient agencies awaiting signatures;
- 1 contract is under review by the County; and
- 4 contracts are pending review by the County.

Site visits of funded Part A/MAI subrecipients are underway.

There are two upcoming Federal Reports due to HRSA: 1) The FY 2024 Program Submissions Report – due July 22, 2024, which includes a Partnership membership roster and reflectiveness worksheet; a signed letter of allocations report from the Partnership Chair; the HIV Care Continuum Services table; and Service Category Plan table. 2) The FY 2024 Program Terms Report – due August 3, 2024, which is a report of the Partnership’s approved allocations by service

category for FY 2024 funding based on the Final Notice of Award. This report includes a Consolidated List of Contracts, by subrecipient, and their funding by service category.

The Notice of Funding Opportunity (NOFO) for FY 2025 Ryan White Part A/MAI Program services was issued (emailed) to Recipients (the County) on July 3, 2024. Applications are due October 1, 2024.

There is a meeting scheduled of local Ryan White Part A and MAI service providers, the Part A Recipient, the Part B Recipient, and a representative from Gilead Sciences for July 29, 2024. Topics include the Rapid Start (1-3-7) Framework, local Test and Treat/Rapid Access (TTRA) protocol updates, client eligibility review, discussion of programmatic changes (Food Bank and Emergency Financial Assistance), and discussion of new service categories to be included in the next Request for Proposals (RFP).

- *Part B* *Karen Poblete*

Karen Poblete reviewed the March Part B expenditures report (as of June 16, 2024) indicated 1,240 clients were served at a cost of \$136,174.20.

- *ADAP* *Marlen Meizoso*

Mrs. Meizoso referenced the May expenditures report (as of June 3, 2024) indicating the enrollment, expenditures, program updates, and pharmacy additions. Any questions will be forwarded to Dr. Javier Romero.

- *General Revenue* *Marlen Meizoso*

Mrs. Meizoso referenced the General Revenue report for April which indicated 2,268 clients were served at a cost of \$521,540.16.

- *Medical Care Subcommittee* *Dr. Diego Shmuels*

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

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
- Recommended Sonya Wright as a member under the Mental Health provider category.
- Reviewed the Allowable Conditions List and is editing language under the Ophthalmology section to clarify restrictions.
- Reviewed its calendar of activities.

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

- *Vacancies* *Marlen Meizoso*

Mrs. Meizoso reviewed the vacancy report as of July 8, 2024. There are vacancies for all Committees and the Partnership. Currently there are seven vacancies on the Care and Treatment Committee. If

anyone knows of candidates who may be interested in the work of the Committee, staff encourages these persons to be invited to a Committee meeting or training, or be directed to staff for further information.

▪ *Report to Committees*

Marlen Meizoso

The June motions report details the action items addressed by the Partnership, and is posted online.

VIII. Standing Business

There was no standing business.

IX. New Business

▪ *YR 2024 Rapid Reallocation “Sweeps 1.1”*

All

Members reviewed FY 2024 Ryan White Part A Sweeps/Reallocation #1.1. Prior expenditures, last year’s rankings and allocations, projections, and requests were reviewed. Adjustments of \$297,653 were made as reflected on the handout distributed at the meeting.

Motion to accept the FY 2024-25 Ryan White Part A Sweeps #1.1 reallocations, as presented.

Moved: Maria Henriquez

Seconded: Dr. Daniel Shmuels

Motion: Passed

Members reviewed FY 2024 Ryan White Part A Sweeps 1.1. Prior expenditures, last year’s rankings and allocations, projections, and requests were reviewed. Adjustments of \$112,707 were made as reflected on the handout distributed at the meeting.

Dr. Diego Shmuels stated his conflict per Form 8B as the sole provider of MAI mental health, outpatient substance abuse, and outreach services. Dr. Shmuels excused himself from the room and completed Form 8B, included in, by attachment, to these minutes. Tivisay Gonzalez volunteered to chair the meeting during Dr. Shmuels absence.

Motion to accept the FY 2024-25 Ryan White Minority AIDS Initiative Sweeps #1.1 reallocation, as presented.

Moved: Maria Henriquez

Seconded: German Leiva

Motion: Passed

Once the vote was completed, Dr. Shmuels returned and chaired the remainder of the meeting.

▪ *Early Identification of Individuals with HIV/AIDS (EIIHA) Trends in HIV+ Diagnosis and Linkage to Care CY 2022 and 2023*

Dr. Robert Ladner

Dr. Robert Ladner reviewed the EIIHA data for the calendar years 2022 and 2023. This data presents an overview of testing events funded by the FDOH-MDC. There were 8% fewer tests conducted in calendar year 2023, but more positive tests. Of the 50,336 tests conducted, 405 (0.8%) were newly diagnosed with HIV. Testing data for Black females, Black male to male sexual contact, and Hispanic/Latinx male to male sexual contact (as designated by the FDOH) were reviewed.

Comparing 2022 to 2023, linked to care rates for newly diagnosed and previously diagnosed persons improved. While overall linkage has improved, linkage among the three target groups is slightly lower than last year.

- *2023 Ryan White Demographics*

Frank Gattorno

Frank Gattorno reviewed the 2023 RWP Demographics Data. In fiscal year 2023, there was a 5% increase in overall clients from 8,599 to 9,060. New clients entering the program are younger. Ryan White demographics compared to the overall prevalence indicate the percent of men to women is similar to previous years. Clients over 50 years of age account for over 43% of all RWP clients. More men are served (81.3%) than women (17.4%), and transgender clients account for 1.3%. Hispanics/Latinx account for the largest ethnic group (66%). Primary languages of choice for clients are Spanish (58.7%) and English (29.9%); the Spanish preference rates have steadily increased since fiscal year 2019. New clients (61.4%) entering the system have less income (under 135% FPL) compared to established clients (48.5%). There has been a steady increase in the number of clients with Affordable Care Act insurance from FY 2019 (27%) to FY 2023 (38%).

- *2023 Ryan White Program HIV Care Continuum*

Frank Gattorno

Mr. Gattorno reviewed the 2023 Ryan White HIV Care Continuum. Comparing 2022 to 2023, overall, there have been improvements. Retained in care rates rose from 72% to 78%, and viral suppression rates rose from 82% to 85%. Among race/ethnicity groups, Black/non-Hispanics have the lowest suppressed viral load rates (79%). Among gender groups, suppressed viral load rates are similar (84% or higher) for females, males, and transgender persons. Among exposure categories, rates for injection drug use (IDU) have the lowest viral suppression rates (74%).

- *2023 Co-Occurring Conditions*

Dr. Robert Lander

Dr. Ladner reviewed the 2023 Ryan White Co-Occurring Conditions which provided data on the seven special need demographic groups and eight co-occurring conditions. The category of mental illness is in the process of being refined. The overall Ryan White client viral load suppression rate is 84%. Some co-occurring conditions (e.g. sexually transmitted infections; substance use disorder) actually serve to stimulate contact with physicians and raise VL Suppression above the RWP average; other conditions serve to suppress VL Suppression. Black/African Americans, persons who are homeless, and women of childbearing age are three groups with the lowest VL suppression rates. Annual cost of serving clients with specific co-occurring conditions or who are members of special needs populations were reviewed. As in prior years, the highest average annual cost per client is among clients experiencing mental illness and homelessness.

- *Dashboard Cards and Other Funding*

Marlen Meizoso

Mrs. Meizoso reviewed Dashboard Cards: Trends, Dollars, and Utilization for All Direct Service Categories. The presentation explained how to read and use the revamped 2024 Dashboard Cards. She reviewed the different sections of the Cards and explained the sources of the various data, combining information from six years of utilization and priorities, other funders for HIV direct and support services, and notes on important items to consider for each service. Information on clients

and expenditures is also provided in graphic format. The presentation also provided background on other funding for services using information from the annual Women, Infants, Children and Youth (WICY) survey which requests HIV specific funding for Parts B-D, General Revenue, and the other providers.

Mrs. Meizoso reviewed a more detailed presentation on the Miami-Dade Medicaid HIV/AIDS Program: Funding Source for Dashboard Cards and Demographics. There has been a 14% increase in clients served and a 2% increase in total expenditures from FY 2021-22 to FY 2022-23. As in prior years, Medicaid demographic data from the past three years were presented. There is an increase in males in the Medicaid program (55% for FY 2022-23). Black/African Americans continue to be the largest ethnic group served by Medicaid (42%). Hispanics/Latinx have been increasing in the program from 27.2 % (FY 2020-21) to 29.9% in FY 202-23.

Mrs. Meizoso reviewed the 2024 version of the Ryan White Program Needs Assessment Dashboard Cards. Summary slides are located on the first four pages sorted alphabetically and then by highest usage or expenditure in FY 2023. The thirteen services were reviewed, and trends were highlighted. Food Bank (11.4%), Medical Case Management (27.4%), Oral Health Care (15.3%), and Outpatient Ambulatory Health Services (36.9%) account for the majority of the expenses. The importance of the Dashboard Cards as a tool for priority setting and resource allocation was emphasized.

▪ *Planning for 2025*

All

As part of the annual Partnership staff support budget process recently approved, each committee and subcommittee are being polled in the months of June and July for any requests for support for special projects above and beyond the annual activities supported by the existing staff support budget. These requests will then be prioritized and forwarded to the Executive Committee for review and possible inclusion in the Partnership's budget and scope of service. Legislative requirements include comprehensive planning, priority setting and resource allocation, assessing efficiency of administrative mechanism, and needs assessment. The Committee had no comments at the time and requested the item to be readdressed in August. Staff will forward a query via email and bring a tally of responses to the meeting for discussion.

X. Announcements and Open Discussion

All

Mrs. Meizoso announced that a copy of the June 6, 2024, HRSA letter on use of Ryan White funds for expungement was included in the meeting materials. Ms. Valle-Schwenk indicated that the County is working with Legal Services of Greater Miami to refer clients who qualify to the State Attorney's Office.

No open discussion items were raised.

XI. Next Meeting

Dr. Diego Shmuels

The next meeting is scheduled for Thursday, August 8, 2024, at Care Resource from 10:00 a.m. to 1:00 p.m.

XII. Adjournment

Dr. Diego Shmuels

With business concluded, Dr. Shmuels thanked everyone for participating in the meeting and adjourned the meeting at 12:42 p.m.

DRAFT

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME Shmuels, MD, Diego	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE Miami-Dade HIV/AIDS Partnership-Care and Treatment
MAILING ADDRESS [REDACTED]	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: <input type="checkbox"/> CITY <input checked="" type="checkbox"/> COUNTY <input type="checkbox"/> OTHER LOCAL AGENCY
CITY [REDACTED]	COUNTY Miami-Dade
DATE ON WHICH VOTE OCCURRED July 11, 2024	NAME OF POLITICAL SUBDIVISION: MY POSITION IS: <input type="checkbox"/> ELECTIVE <input checked="" type="checkbox"/> APPOINTEE

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which would inure to his or her special private gain or loss. Each elected or appointed local officer also **MUST ABSTAIN** from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you are not prohibited by Section 112.3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Diego Shmuels, MD, hereby disclose that on July 11, 20 24 :

(a) A measure came or will come before my agency which (check one or more)

- inured to my special private gain or loss;
- inured to the special gain or loss of my business associate, _____ ;
- inured to the special gain or loss of my relative, _____ ;
- inured to the special gain or loss of _____, by whom I am retained; or
- inured to the special gain or loss of Borinquen Medical Center, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

Ryan White Program Minority AIDS Initiative (MAI) Sweeps 1.1 funding reallocation for FY 2024-25 with amounts requested in mental health, outpatient substance abuse, and outreach for which Borinquen is the sole service provider.

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

08/06/2024

Date Filed



Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 8, 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 | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 11, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Medical Care Subcommittee | Dr. Mary Jo Trepka |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • 2025 Planning | All |
| IX. | New Business | |
| | • 2023 Client Satisfaction Survey Summary (Section 6) | Dr. Robert Ladner |
| | • Community Input (Section 6) | Dr. Robert Ladner |
| | • Unmet Needs/Gaps (Section 6) | Dr. Robert Ladner |
| | • HRSA PCN #16-02 and Local Service Categories (Section 7) | Dr. Robert Ladner |
| | • Projections and Estimates (Section 6) | Dr. Robert Ladner |
| | • Summaries to Date (Section 9) | Marlen Meizoso |
| | • Next Steps and Reminders (Section 9) | Marlen Meizoso |
| X. | Announcements and Open Discussion | All |
| | • Get on Board September 4, 2024 | |
| | • New Member Orientation on September 18, 2024 | |

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:

June 2024

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)
Health Insurance Premium and Cost Sharing Assistance
Medical Case Management
Mental Health Services
Oral Health Care
Outpatient Ambulatory Health Services
Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals
Medical Transportation
Other Professional Services
Outreach Services
Substance Abuse Services (residential)

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	4	16	3	5
	17	923	14	650
	7,731	33,086	4,324	7,095
	58	253	33	64
	813	3,449	623	1,657
	1,577	7,780	1,015	2,818
	5	12	4	5
	1,020	4,191	395	582
	115	1,285	115	464
	33	144	11	39
	38	138	35	107
	274	2,061	14	41
TOTALS:	11,685	53,338		

Total unduplicated clients (month):

5,083

Total unduplicated clients (YTD):

7,812

See page 4 for
Service Unit
Definitions

Page 1 of 4

**RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

June 2024

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

Service Units

Unduplicated Client Count

Monthly

Year-to-date

Monthly

Year-to-date

4

16

3

5

17

923

14

650

6,638

28,689

3,901

6,656

54

241

30

58

813

3,449

623

1,657

1,412

6,840

917

2,572

5

12

4

5

1,020

4,191

395

582

94

1,212

94

440

33

144

11

39

36

125

33

94

274

2,061

14

41

TOTALS:

10,400

47,903

Total unduplicated clients (month):

4,715

Total unduplicated clients (YTD):

7,546

**RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

June 2024

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

Medical Case Management

Mental Health Services

Outpatient Ambulatory Health Services

Support Services

Medical Transportation

Outreach Services

Service Units

Unduplicated Client Count

Monthly

Year-to-date

Monthly

Year-to-date

1,093

4,397

537

847

4

12

3

6

165

940

109

410

21

73

21

29

2

13

2

13

TOTALS:

1,285

5,435

Total unduplicated clients (month):

599

Total unduplicated clients (YTD):

1,081

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.

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

This report includes YTD paid reimbursements for FY 2024 Part A service months up to June 2024, as of 8/7/2024. This report reflects reimbursement requests that were due by 7/20/2024, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$4,571,521.81. Six of 18 contracts are pending execution.

Project #: BURW3403	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,389,150.00	FORMULA	
Grant Award Amount FY22 Formula	2,353.00	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 of FY'23 Formula Funds	0.00	CARRYOVER	
Total Award	\$ 24,810,754.00		

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

Priority Order	DIRECT SERVICES:	Allocations	Carryover (C/O) Allocations
	Core Medical Services		
8	AIDS Pharmaceutical Assistance	15,679.00	
6	Health Insurance Services	378,454.00	
1	Medical Case Management	5,676,584.00	
3	Mental Health Therapy/Counseling	76,690.00	
4	Oral Health Care	3,352,857.00	
2	Outpatient/Ambulatory Health Svcs	8,828,192.00	
9	Substance Abuse - Outpatient	44,128.00	
	CORE Services Totals:	18,372,584.00	
	Support Services		Carryover Allocations
12	Emergency Financial Assistance	0.00	
5	Food Bank	972,532.00	0.00
13	Medical Transportation	195,280.00	
15	Other Professional Services	88,274.00	
14	Outreach Services	232,059.00	
7	Substance Abuse - Residential	1,868,950.00	
	SUPPORT Services Totals:	3,357,095.00	0.00
	FY 2024 Award (not including C/O)	21,729,679.00	

DIRECT SERVICES TOTAL: \$ **21,729,679.00**

Total Core Allocation	18,372,584.00
Target at least 80% core service allocation	17,383,743.20
Current Difference (Short) / Over	\$ 988,840.80
Recipient Admin. (GC, GTL, BSR Staff)	\$ 2,478,819.00
Quality Management	\$ 602,256.00 3,081,075.00
(+) Unobligated Funds / (-) Over Obligated:	
Unobligated Funds (Formula & Supp)	\$ -
Unobligated Funds (Carry Over)	\$ - \$ - 24,810,754.00

Core medical % against Total Direct Service Allocation (Not including C/O):
 Cannot be under 75% **84.55%** **Within Limit**

Quality Management % of Total Award (Not including C/O):
 Cannot be over 5% **2.43%** **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
 Cannot be over 10% **9.99%** **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:	Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
	5606970000	AIDS Pharmaceutical Assistance	0.00	
	5606920000	Health Insurance Services	0.00	
	5606870000	Medical Case Management	330,690.30	
	5606860000	Mental Health Therapy/Counseling	0.00	
	5606900000	Oral Health Care	436,191.00	
	5606610000	Outpatient/Ambulatory Health Svcs	307,121.08	
	5606910000	Substance Abuse - Outpatient	750.00	
	CORE Services Totals:		1,074,752.38	
	Support Services			Carryover Expenditures
	5606940000	Emergency Financial Assistance	0.00	
972,532	5606980000	Food Bank	527,227.80	0.00 527,227.80
	5606460000	Medical Transportation	5,850.00	
	5606890000	Other Professional Services	12,996.00	
	5606950000	Outreach Services	4,879.74	
	5606930000	Substance Abuse - Residential	496,750.00	
	SUPPORT Services Totals:		1,047,703.54	0.00
	FY 2024 Award (not including C/O)		2,122,455.92	

TOTAL EXPENDITURES DIRECT SVCS & % : \$ **2,122,455.92** **9.77%**

Formula Expenditure % **16.55%**

5606710000	Recipient Administration	589,594.44	
5606880000	Quality Management	0.00	589,594.44

Grant Unexpended Balance	FY 2023 Award	Carryover
	22,098,703.64	- 22,098,703.64

Total Grant Expenditures & % \$ **2,712,050.36** **10.93%**

Core medical % against Total Direct Service Expenditures (Not including C/O):
 Cannot be under 75% **50.64%** **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):
 Cannot be over 10% **2.38%** **Within Limit**

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR34
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 2024 MAI service months up to June 2024, as of 8/7/2024. This report reflects reimbursement requests that were due by 7/20/2024, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$439,216.96.

PROJECT #: BURW3403	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,600,572.00	MAI
Carryover Award of FY'23 MAI Funds	0.00	MAI_CARRYOVER
Total Award	\$ 2,600,572.00	

Priority Order

CONTRACT ALLOCATIONS

DIRECT SERVICES:		Allocations	Carryover (C/O) Allocations
Core Medical Services			
	AIDS Pharmaceutical Assistance		
	Health Insurance Services		
1	Medical Case Management	903,920.00	0.00
3	Mental Health Therapy/Counseling	18,960.00	
	Oral Health Care		
2	Outpatient/Ambulatory Health Svcs	1,262,133.00	0.00
6	Substance Abuse - Outpatient	8,058.00	
CORE Services Totals:		2,193,071.00	0.00

Support Services		Allocations	Carryover Allocations
5	Emergency Financial Assistance	0.00	
	Food Bank		
13	Medical Transportation	7,628.00	
	Other Professional Services		
7	Outreach Services	39,816.00	
	Substance Abuse - Residential		
SUPPORT Services Totals:		47,444.00	
FY 2024 Award (not including C/O)		2,240,515.00	

DIRECT SERVICES TOTAL: \$ 2,240,515.00

Total Core Allocation	2,193,071.00
Target at least 80% core service allocation	1,792,412.00
Current Difference (Short) / Over	\$ 400,659.00

Recipient Admin. (OMB-GC)	\$ 260,057.00	
Quality Management	\$ 100,000.00	360,057.00 \$ 2,600,572.00

(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (MAI)	\$ -		
Unobligated Funds (Carry Over)	\$ -	0.00	2,600,572.00

Core medical % against Total Direct Service Allocation (Not including C/O):
 Cannot be under 75% **97.88%** **Within Limit**

Quality Management % of Total Award (Not including C/O):
 Cannot be over 5% **3.85%** **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
 Cannot be over 10% **10.00%** **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:		Expenditures	Carryover (C/O) Expenditures
	AIDS Pharmaceutical Assistance		
	Health Insurance Services		
	Medical Case Management	140,453.45	0.00
	Mental Health Therapy/Counseling	0.00	
	Oral Health Care		
	Outpatient/Ambulatory Health Svcs	67,873.05	0.00
	Substance Abuse - Outpatient	0.00	
CORE Services Totals:		208,326.50	0.00

Support Services		Expenditures	Carryover Expenditures
	Emergency Financial Assistance	0.00	
	Food Bank		
	Medical Transportation	2,700.00	
	Other Professional Services		
	Outreach Services	0.00	
	Substance Abuse - Residential		
SUPPORT Services Totals:		2,700.00	
FY 2024 Award (not including C/O)		211,026.50	

TOTAL EXPENDITURES DIRECT SVCS & %: \$ 211,026.50 9.42%

5606710000	Recipient Administration	1,234.16	
5606880000	Quality Management	0.00	1,234.16

Grant Unexpended Balance	FY 2024 Award	Carryover	
	2,388,311.34	-	2,388,311.34

Total Grant Expenditures & % (Including C/O): \$ 212,260.66 8.16%

Core medical % against Total Direct Service Expenditures (Not including C/O):
 Cannot be under 75% **98.72%** **Within Limit**

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):
 Cannot be over 10% **0.05%** **Within Limit**

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: 2024-2025 Miami Dade CHD RW
 Consortia**

Area Name: AREA 11A

Month: April

Year: 2024-2025

Report generated on: 08/02/2024

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	April	0	0	\$125,294.00	\$2,996.20	\$2,996.20	2%
Medical Case Management (including treatment adherence)	April	60	9,375	\$111,527.00	\$10,781.25	\$10,781.25	10%
Mental Health Services - Outpatient	April	26	97	\$25,000.00	\$3,152.50	\$3,152.50	13%
Emergency Financial Assistance	April	60	95	\$912,456.00	\$27,133.09	\$27,133.09	3%
Non-Medical Case Management Services	April	23	23	\$184,024.00	\$2,514.83	\$2,514.83	1%
Referral for Health Care/Supportive Services	April	215	215	\$203,006.00	\$0.00	\$0.00	0%
Clinical Quality Management	April	0	0	\$82,071.00	\$1,437.05	\$1,437.05	2%
Planning and Evaluation	April	0	0	\$36,471.00	\$1,437.05	\$1,437.05	4%
Totals		384	9805	\$1,679,849.00	\$49,451.97	\$49,451.97	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
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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	\$49,451.97
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,630,397.03

Total Expenditures this period:	\$49,451.97
Less Advance Payback this period:	\$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$49,451.97

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

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: 2024-2025 Miami Dade CHD RW
 Consortia**

Area Name: AREA 11A

Month: May

Year: 2024-2025

Report generated on: 08/02/2024

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	May	0	0	\$125,294.00	\$9,219.76	\$12,215.96	10%
Medical Case Management (including treatment adherence)	May	56	9,810	\$111,527.00	\$11,281.50	\$22,062.75	20%
Mental Health Services - Outpatient	May	23	84	\$25,000.00	\$2,730.00	\$5,882.50	24%
Emergency Financial Assistance	May	64	112	\$912,456.00	\$35,105.04	\$62,238.13	7%
Non-Medical Case Management Services	May	12	12	\$184,024.00	\$9,824.13	\$12,338.96	7%
Referral for Health Care/Supportive Services	May	253	253	\$203,006.00	\$16,267.67	\$16,267.67	8%
Clinical Quality Management	May	0	0	\$82,071.00	\$1,347.21	\$2,784.26	3%
Planning and Evaluation	May	0	0	\$36,471.00	\$1,347.21	\$2,784.26	8%
Totals		408	10271	\$1,679,849.00	\$87,122.52	\$136,574.49	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
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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	\$136,574.49
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,543,274.51

Total Expenditures this period: \$87,122.52
Less Advance Payback this period: \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$87,122.52

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

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Ron DeSantis
Governor

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

AUGUST 5TH, 2024

ADAP MIAMI-DADE / SUMMARY REPORT[^] – JULY 2024

UTILIZATION & EXPENDITURES

MONTH	1 ST ENROLLMENTS	RE-ENROLLMENTS	CLIENTS ^{^^}	CHD PHARMACY \$	RXS	PATIENTS	RX/PT	PAYMENTS	#PREMIUMS	\$/PREMIUM*
APR-24	93	763	7,182	\$1,299,197.75	1,574	759	2.1	\$4,760,132.82	2,869	\$1,659.16
MAY-24	99	660	7,358	\$1,348,852.85	2,632	781	3.4	\$4,661,276.34	2,804	\$1,662.37
JUN-24	75	305	7,365	\$1,224,156.67	2,319	672	3.5	\$4,735,158.01	2,855	\$1,658.55
JUL-24	86	268	7,414	\$1,281,998.16	2,551	762	3.3	\$4,743,763.59	2,867	\$1,654.61
AUG-24										
SEP-24										
OCT-24										
NOV-24										
DEC-24										
JAN-25										
FEB-25										
MAR-25										
FY24/25	355	1,996	7,414	\$5,154,205.43	8,969	2,974	3.0	\$18,900,330.76	11,395	\$1,658.65

DATE: 08/01/24. - SOURCE: PROVIDE ENTERPRISE & PHARMACY SYSTEMS. - [^] ALL SUBJECT TO REVIEW & EDITING. ^{^^} OPEN + ACTIVE PTS. - NOTE: 333 WP UNINSURED CLIENTS: EXPENDITURES NOT INCLUDED.

PROGRAM UPDATE

- *06/28/24: CUSTOMER SURVEYS FOR UNINSURED PHARMACY CUSTOMERS/FLADAP. - ADAP-MIAMI: ONGOING SATISFACTION SURVEYS. FY23/24: 10% CLIENTS / SATISFIED + VERY SATISFIED > 97 %
- *08/01/24: BENEFIT LEVEL 7,414 DIRECT DISPENSE 57 % 4225 - PREMIUM PLUS 43 % 3189 [ACA-MP, ESI, COBRA, MEDICARE PART-D, MEDICAID SOC]
- *08/01/24: CABENUVA® 215 DIRECT DISPENSE 65 % 139 - PREMIUM PLUS 35 % 76
- *08/01/24: MEDICARE ELIGIBLE 39 UNDER REVIEW THIS MONTH. UNINSURED CLIENTS TURNING 65: 79 (7-MONTH WINDOW AROUND 65TH BIRTHDAY). COPAYMENT ASSISTANCE.

DIRECT DISPENSE ACCESS

CURRENT ONGOING CHD PHARMACY SERVICES		
1	FDOH CHD PHARMACY @ FLAGLER STREET	ON SITE – 90 DAYS
2	FDOH CHD PHARMACY @ FLAGLER STREET	MAIL SERVICE
3	FDOH ADAP PROGRAM @ WEST PERRINE	CVS SPECIALTY MAIL ORDER

ADDITIONAL PHARMACIES - MAGELLAN RX PBM MIAMI-DADE – AS OF 07/01/24		
AIDS HEALTHCARE FOUNDATION	COMMUNITY HEALTH OF SF - CHI	WALGREENS
BORINQUEN HEALTHCARE CTR	CVS SPECIALTY MAIL ORDER	FRESCO Y MÁS
MIAMI BEACH COMMUNITY HC	NAVARRO SPECIALTY PHARMACY	PHARMCO RX

PHARMACY SELECTION: ADAP MIAMI HELPS CLIENTS WITH PHARMACY SELECTION. IMPORTANT: TO AVOID LIABILITY, AVOID DUPLICATION OF SERVICES (DISPENSING & PICKUPS), & REDUCE CONFUSION.

FOR ADDITIONAL INFORMATION: WWW.ADAPMIAMI.COM OR ADAP.FLDOHMDC@FLHEALTH.GOV





Florida Department of Health's AIDS Drug Assistance Program (ADAP) Pharmacy Network List

Updated: 6/1/2024

NPI	Pharmacy Name	Address	Store Phone	Vaccines	Mail Order	In-Store Pickup	Full Service (Majority of ADAP Formulary covered)
1003194994	AHF PHARMACY	3661 S MIAMI AVE STE 806, MIAMI, FL 331334214	3058605509	Yes	Yes	Yes	Yes
1003866930	AHF PHARMACY	100 NW 170TH ST STE 208, NORTH MIAMI BEACH, FL 331695513	3057581984	Yes	Yes	Yes	Yes
1033626379	AHF PHARMACY	200 CONGRESS PARK DR STE 210, DELRAY BEACH, FL 334454688	5612742655	Yes	Yes	Yes	Yes
1164472825	AHF PHARMACY	1701 N MILLS AVE, ORLANDO, FL 32803	4077700507	Yes	Yes	Yes	Yes
1194800482	AHF PHARMACY	2097 WILTON DR, WILTON MANORS, FL 33305	9543186997	Yes	Yes	Yes	Yes
1225264583	AHF PHARMACY	6333 N. FEDERAL HIGHWAY SUITE 301, FORT LAUDERDALE, FL 333081907	9547272174	Yes	Yes	Yes	Yes
1225530702	AHF PHARMACY	700 SE 3RD AVE STE 100A, FORT LAUDERDALE, FL 333161154	9547614534	Yes	Yes	Yes	Yes
1386695302	AHF PHARMACY	2 SHIRCLIFF WAY STE 900, JACKSONVILLE, FL 32204	9043899744	Yes	Yes	Yes	Yes
1437678729	AHF PHARMACY	3400 26TH AVE S, ST PETERSBURG, FL 337113537	7273211135	Yes	Yes	Yes	Yes
1528351624	AHF PHARMACY	1785 E. SUNRISE BLVD., FORT LAUDERDALE, FL 33304	9544629223	Yes	Yes	Yes	Yes
1558526848	AHF PHARMACY	4300 BAYOU BLVD. SUITE 17D, PENSACOLA, FL 32503	8504720962	Yes	Yes	Yes	Yes
1588087308	AHF PHARMACY	700 SE 3RD AVE STE 100, FORT LAUDERDALE, FL 333161154	9547614533	Yes	Yes	Yes	Yes
1598025439	AHF PHARMACY	4308 ALTON ROAD STE. 950, MIAMI BEACH, FL 33140	3055385914	Yes	Yes	Yes	Yes
1659321933	AHF PHARMACY	3135 SR 580 STE 1, SAFETY HARBOR, FL 34695	7272592000	Yes	Yes	Yes	Yes
1780019208	AHF PHARMACY	2866 E OAKLAND PARK BLVD Suite 2, Fort Lauderdale, FL 33306	9545662745	Yes	Yes	Yes	Yes
1801026711	AHF PHARMACY	2400 BISCAYNE BLVD., MIAMI, FL 331374156	3057643780	Yes	Yes	Yes	Yes
1972076263	AHF PHARMACY	1411 N FLAGLER DR STE 9300, WEST PALM BEACH, FL 334013421	5612848185	Yes	Yes	Yes	Yes
1902423015	AHF PHARMACY	1349 N MILLS AVE, ORLANDO, FL 328032542	4075834926	Yes	Yes	Yes	Yes
1720582828	BORINQUEN PHARMACY	3601 FEDERAL HIGHWAY, SUITE 125, MIAMI, FL 33137	3055765854	Yes	Yes	Yes	Yes



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 8, 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 | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 11, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Medical Care Subcommittee | Dr. Mary Jo Trepka |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • 2025 Planning | All |
| IX. | New Business | |
| | • 2023 Client Satisfaction Survey Summary (Section 6) | Dr. Robert Ladner |
| | • Community Input (Section 6) | Dr. Robert Ladner |
| | • Unmet Needs/Gaps (Section 6) | Dr. Robert Ladner |
| | • HRSA PCN #16-02 and Local Service Categories (Section 7) | Dr. Robert Ladner |
| | • Projections and Estimates (Section 6) | Dr. Robert Ladner |
| | • Summaries to Date (Section 9) | Marlen Meizoso |
| | • Next Steps and Reminders (Section 9) | Marlen Meizoso |
| X. | Announcements and Open Discussion | All |
| | • Get on Board September 4, 2024 | |
| | • New Member Orientation on September 18, 2024 | |

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/



**Medical Care Subcommittee
July 26, 2024 Meeting Report
to the Care and Treatment Committee
Presented August 8, 2024**

Activities

Medical Care Subcommittee (MCSC) Members:

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
- Reviewed and started to make edits to the AIDS Pharmaceutical Assistance and Mental Health Service categories.
- Discussed 2025 planning budget projects to forward to the Executive Committee.

Suggestions:

- Include hard copies (double-sided) of the Ryan White summary, ADAP report, Vacancy, and Partnership motions reports at each meeting.
- Hold two focus groups addressing HIV and Aging in English, Spanish, and Haitian Creole to clarify issues of access and needs and allow the voice of the clients to be heard:
 1. Group 1: Age 55 and older to discuss aging body and health needs; and
 2. Group 2: Age 64 ½ to discuss aging and Medicare transitioning.

Suggested budget of \$7,500 for the six groups. Maximum capacity per group of 15. Client incentive of \$50. Refreshments and transportation assistance should be included.

Action Item

MCSC Members:

- Reviewed and approved clarifying language under the Ophthalmology section of the Allowable Conditions list as indicated on pages 1 and 5. (**Attachment 1**)

1. Motion to approve the changes to the Allowable Conditions List as discussed.

Next Meeting

Members cancelled their August meeting because of scheduling conflicts. The next MCSC meeting is scheduled for September 27, 2024, at Behavioral Science Research Corp.

All motions are subject to Partnership approval.

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

These conditions are related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment.

Conditions listed may be accessible under multiple specialties though not specifically referenced.

*This list is intended to address the federal Health Resources and Services Administration's requirement that services provided through outpatient medical care be related to an individual's HIV status. **This list is not exhaustive and is a sample guideline created to assist medical providers with specialty care referrals and to emphasize the importance of documenting the link between an individual's HIV status and the specialty care service to which a client is referred.***

Routine medical diagnostic testing (e.g., Pap smear, mammogram, bone density test, colonoscopy, colorectal cancer screening, optometry or ~~and~~ ophthalmologic screening for eye health, etc.) is allowable as long as such testing follows established medical guidelines, such as U.S. Public Health Service (PHS), American Medical Association, Health Resources and Services Administration (HRSA), or other local guidelines, as a standard of care. Please see the most current, local Ryan White Program Service Delivery Manual for more information.

When provided in an outpatient setting, labs, diagnostics, and treatments related to HIV, as indicated above, including complications of HIV treatment related to the following conditions may be covered:

BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY):

osteoarthritis

**BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY) and
CHIROPRACTIC/PHYSICAL MEDICINE:**

avascular necrosis of hip, knee, etc. (Stage 1 or 2 only for CHIROPRACTIC/PHYSICAL MEDICINE)

fibromyalgia

myopathy/myalgia, HIV-related (chronic for CHIROPRACTIC/PHYSICAL MEDICINE)

osteopenia/osteoporosis

rheumatic diseases

CARDIOLOGY:

atherosclerosis

coronary artery disease

heart disease

hyperlipidemia

peripheral artery disease

phlebitis

CHIROPRACTIC/PHYSICAL MEDICINE:

HIV-related chronic arthralgia

peripheral neuropathy

IMPORTANT NOTE: According to CDC, chronic pain is defined as pain having duration of at least three months. Chronic pain is considered a co-morbidity of HIV. This may also contribute to the depression with pain comorbidity complex (DPC). Treatment of acute pain is not covered.

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

COLORECTAL:

abnormal anal Pap smears
fistulas
hernias

COLORECTAL and ONCOLOGY:

anal cancers

DENTAL (ORAL HEALTH CARE):

giant aphthous ulcers

DENTAL (ORAL HEALTH CARE); and EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY:

human papillomavirus associated oral lesions

DENTAL (ORAL HEALTH CARE); EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY; and ONCOLOGY:

dental cancers
oral cancers

DERMATOLOGY:

dermatitis
eczema/seborrheic dermatitis
eosinophilic folliculitis
impetigo
Methicillin-resistant Staphylococcus aureus (MRSA)
molluscum contagiosum
photodermatitis
pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)
psoriasis
skin conditions and symptoms, including skin appendages and oral mucosa
warts

DERMATOLOGY and GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):

tinea infections

DERMATOLOGY and INFECTIOUS DISEASES:

herpes simplex virus

DERMATOLOGY and ONCOLOGY:

Kaposi's sarcoma
skin cancers (squamous cell carcinoma, etc.)

DERMATOLOGY and PODIATRY:

onychomycosis

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:

chronic sinusitis
oral human papillomavirus

ENDOCRINOLOGY:

diabetes
hormone replacement therapy (for individuals of trans experience)
hypogonadism

GASTROINTESTINAL:

colitis (syphilitic colitis--very rare)
diarrhea
esophageal candidiasis
nausea/vomiting

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):

abnormal Pap smear
cervical human papillomavirus
erectile dysfunction*
hematuria (related to neoplasms)
pregnancy
scrotal candidiasis
vaginitis

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB) and ONCOLOGY:

gynecological cancers
prostate cancer

**IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics of erectile dysfunction; but the treatment of erectile dysfunction is not covered by the local Ryan White Part A/MAI Program.*

HEMATOLOGY:

anemia
neutropenia
thrombocytopenia

HEMATOLOGY and ONCOLOGY:

polycythemia vera

INFECTIOUS DISEASE:

histoplasmosis
leishmaniasis
non-tuberculous mycobacterial infections
syphilis
varicella zoster infections
viral hepatitis (hepatitis B and C)

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

INFECTIOUS DISEASE and DERMATOLOGY:

Mpox

INFECTIOUS DISEASE and OPHTHAMOLOGY:

toxoplasmosis

INFECTIOUS DISEASE and PULMONOLOGY:

tuberculosis

MENTAL HEALTH SERVICES and PSYCHIATRY:

mental health disorder caused or exacerbated by HIV diagnosis or HIV treatment

mental health disorder/condition that significantly hinders a client's HIV treatment adherence

IMPORTANT NOTES

Under Mental Health Services, a mental health professional (PhD, EdD, PsyD, MA, MS, MSW, or M. Ed) will assess, diagnose, and treat mental illness under the mental health service category.

Under Psychiatry, a Psychiatrist will assess, diagnose, and treat mental illness in an outpatient/ambulatory health care setting.

NEPHROLOGY:

human immunodeficiency virus-associated nephropathy

renal failure (may be related to coronary artery disease induced by HIV or diabetes mellitus induced by HIV, etc.)

NEUROLOGY:

delirium

HIV-associated neurocognitive disorder (HAND) ^{1,2}

HIV- related encephalopathy

neuropathy

neurosyphilis

¹ National Institute of Mental Health info: <https://www.nimh.nih.gov/about/organization/dar/developmental-and-clinical-neuroscience-of-hiv-prevention-and-treatment-branch/clinical-neuroscience-of-hiv-infection-program>

[NOTE: old NIMH web link not accessible. Additional link added below by OMB-GC/Ryan White Program]

² UCSF Weill Institute for Neurosciences:

https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF_HIV%20Dementia_Providers_11-6-17.pdf

NUTRITION:

lipodystrophy

wasting

weight gain

weight loss

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

ONCOLOGY:

Cancers may include but not limited to: breast, eye (e.g., squamous cell carcinoma of the eye, etc.), lymphoma, polycythemia vera, prostate

IMPORTANT NOTE: the local Ryan White Part A/MAI Program is restricted to evaluation, diagnostics, and treatment in an outpatient setting.

OPHTHALMOLOGY/OPTOMETRY:

Clients must also meet at least one of these criteria to ~~access~~ receive ophthalmology/optometry treatment services:

- Client has a low CD4 count (at or less than 200 cells/mm³) *currently*
- Client has a comorbidity (e.g., diabetes, hypertension, STI, etc.)
- Client has a prior diagnosis of cytomegalovirus retinitis (CMV)
- Client has Immune Reconstitution Syndrome

Referrals to an optometrist or ophthalmologist for treatment ~~must~~ indicate a condition ~~attempting to rule out related to complications of HIV or~~ -These conditions are related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment. Referrals for treatment must be generated by an ophthalmological specialist. Any one of these conditions listed below would apply as examples.

Manifestations due to opportunistic infections:

- acute retinal necrosis
- bacterial retinitis
- candida endophthalmitis
- cryptococcus chorioretinitis
- cytomegalovirus retinitis
- pneumocystis choroiditis

Visual disturbances to rule out complication of HIV due to:

- cataracts
- dry eyes (sicca)
- glaucoma
- intra-retinal hemorrhages
- reactive arthritis
- trichomegaly or eyelash hypertrichosis (exaggerated growth of the eye lashes found in the later stages of the disease)
- uveitis

History of STI and complications of STI:

- herpes simplex virus
- herpes zoster-varicella visual changes
- syphilis

IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation, diagnostics and treatment for HIV-related eye problems/complications such as the examples listed above and will not pay for the filling of prescriptions for corrective lenses (e.g., [glasses or contact lenses for] astigmatism, myopia, hyperopia, [or presbyopia]).

[bracketed phrasing above was added by Miami-Dade County Ryan White Program Recipient for clarity.]

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

PODIATRY:

diabetic foot care
foot and ankle pain*
plantar fasciitis related to lipoatrophy and other known associated causes

**IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation, diagnosis, and treatment of foot and ankle pain for HIV related conditions or co-morbidities. Conditions such as hammer toes, bunions, and heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present.*

PULMONARY:

mycobacterium
pneumocystis pneumonia
recurrent pneumonia



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 8, 2024

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3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
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| | • New Member Orientation on September 18, 2024 | |

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/



Membership Report

July 30, 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

6 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

5 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:

- Hospital or Health Care Planning Agency Representative
- Housing, Homeless or Social Service Provider
- Mental Health Provider Representative
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Other Federal HIV Program Grantee (Part F)

Are you a Member?

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

Do You Qualify for Membership?

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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

Note: Some seats for people with HIV are exempt from this requirement.

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



Get Started Today!
Scan the QR Code or contact
mdcpartnership@behavioralscience.com.



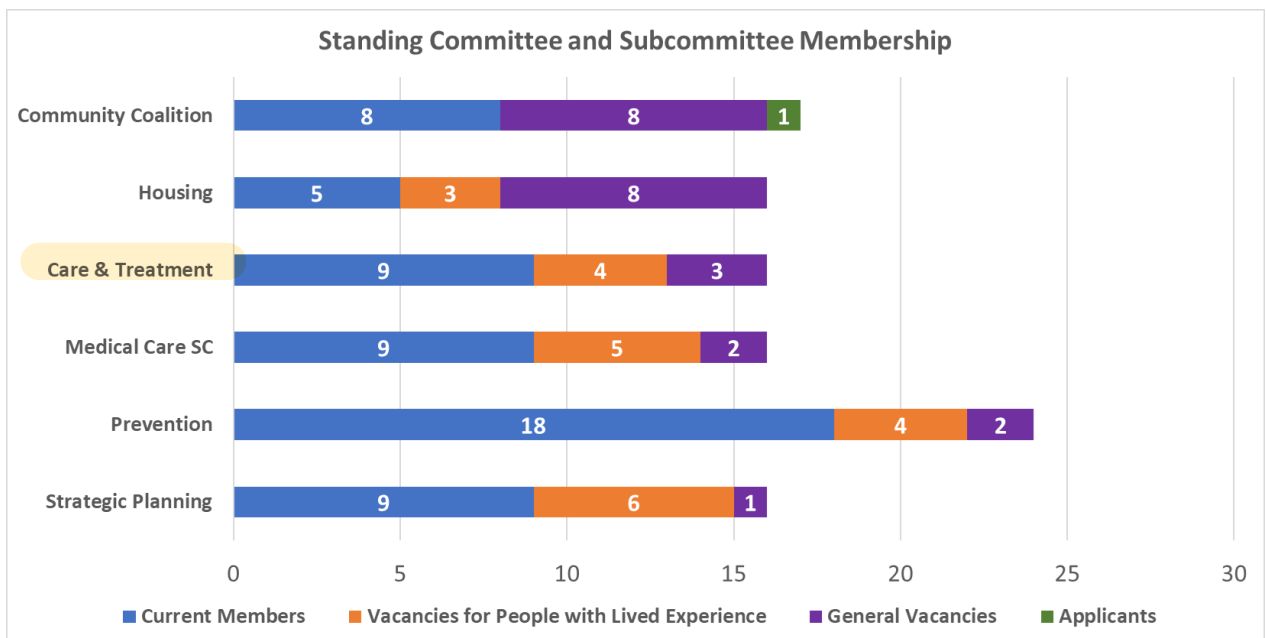


Committees

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

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

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





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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 8, 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

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| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 11, 2024 | All |
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| | • Vacancies | Marlen Meizoso |
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| | • Get on Board September 4, 2024 | |
| | • New Member Orientation on September 18, 2024 | |

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2023 Client Satisfaction Survey Summary

August 8, 2024

Presentation created by Behavioral Science Research Corp.



FY 2023 Ryan White Program Client Satisfaction Survey



FY 2023 was the 15th consecutive Ryan White Client Satisfaction Survey (CSS) administered by Behavioral Science Research (BSR). This survey has been conducted annually since 2008.



Provides BSR and the Miami-Dade County RWP with an annual opportunity to take the pulse of program clients.



527 client interviews were completed, focusing on Medical Case Management (MCM), Peer Education and Support Network (PESN), Outpatient Ambulatory Health Services (OAHS), Oral Health Care (OHC), and Mental Health Service (MHS) categories.



Survey data collection was conducted between September and November 2023.

Survey Methodology

- ▶ Clients were interviewed by telephone
 - ▶ The clients were quota-sampled by Part A/MAI MCM Subrecipient site, based on the number of clients currently being seen at each site. Multiple sites could be sampled within subrecipient providers.
 - ▶ Among the 527 clients in the Client Satisfaction sample:
 - ▶ 271 were 50 years of age or older, 51% of the total.
 - ▶ 219 were enrolled in Affordable Care Act insurance through the RWP.
- ▶ To be eligible for the survey, clients must have been in RWP MCM care (with billed MCM services) for at least 6 months.
- ▶ Clients were recruited by MCMs from a list of clients receiving MCM services. These clients gave consent for BSR to conduct the interview before BSR could contact them.
- ▶ As an incentive to participate, clients were given a \$30 Walmart “e-gift” card, by text, email, or sent by US mail.

Service Utilization among CSS Respondents, FY 2022-2023

SERVICE CATEGORY	2022		2023	
	# Served	% of Total	# Served	% of Total
Medical Case Management	589	100%	527	100%
Peer Education and Support Network	N/A	N/A	133	25%
Outpatient Ambulatory Health Services	553	94%	523	99%
Oral Health Care	311	53%	325	62%
Mental Health Care	N/A	N/A	91	17%

Summary of Client Satisfaction Survey

Respondent Characteristics (1)

Ethnicity (2.7% other)

Hispanic	66%
Black non-Hispanic	18%
Haitian	9%
White non-Hispanic	4%

Age

Under 35 years	17%
35-49 years	32%
50-64 years	43%
65 years and above	9%

Preferred Language

English	32%
Spanish	60%
Haitian Creole	8%

Gender

Males	78%
Females	19%
Transgender	2%

Summary of Client Satisfaction Survey

Respondent Characteristics (2)

Year of HIV/AIDS Diagnosis (6% don't remember)

Before 1995	11%
1995 - 2004	21%
2005-2014	29%
2015 - present	32%

First Treated in Miami- Dade County (5% don't know)

Before 1995	6%
1995-2004	17%
2005-2014	25%
2015 - present	47%

Employment Status

Working full time	38%
Working part time	19%
Sporadic, episodic	11%
Not working	31%

Education

Less than High School	7%
High School, Trade School	42%
AA or Post-HS certificate	20%
College or post-grad	31%

Summary of Client Satisfaction Survey

Respondent Characteristics (3)

Sexual Orientation (1% refused to answer)

Heterosexual	38%
Gay/Lesbian	52%
Bisexual/Pansexual	7%
Other	2%

Tele-Health Use for MCM

All visits in person (Down from 59%)	18%
Most in person, some tele-health	14%
Half in person, half tele-health (Up from 13%)	32%
Most or all visits tele-health (Up from 14%)	36%

Mode of Acquisition	M	F
Same Sex Contact	66%	5%
Heterosexual contact	15%	59%
Sharing Needles	1%	2%
Medical Procedure/Perinatal	3%	7%
Some other way	2%	2%
Refused/Can't Remember	13%	25%

Reported RWP Problems

Signing up for RWP services?	2%
Language barriers?	3%

Summary of Client Satisfaction Survey

Gap Card Usage by 219 RWP-Paid ACA Clients

Of 158 RWP ACA clients receiving GAP Cards (72%), did MCM give full instructions on how to use it?
(1% don't remember)

Yes 98%

No 1%

Did clients with GAP Cards report using it at any medical visits?

(3% don't remember)

GAP Card was used
(n = 158) 73%

GAP Card was not used 24%

Of 116 clients who reported using the GAP Card, did they report problems using it?

Yes (providers did not accept the card or know how to use it) 12%

No problems reported (up from 78%) 88%

Of the 13 clients with GAP Card problems, did client have to pay out of pocket?

No 62%

Yes 39%

Satisfaction Levels with Care Received FY 2022-2023

SERVICE CATEGORY	2022	2023	
	% Very Satisfied	% Very Satisfied	% Dissatisfied or Very Dissatisfied
Medical Case Manager	80%	82%	1%
Peer Education Support Network	N/A	85%	0%
Physician (MD, DO), APRN, PA	80%	79%	2%
Oral Health Care	58%	61%	4%
Mental Health Services	N/A	65%	5%

Percent “Very Satisfied” with Lagtime to New/Next Appointment FY 2022-2023

SERVICE CATEGORY	2022	2023	
	% Very Satisfied	% Very Satisfied	% Dissatisfied or Very Dissatisfied
Medical Case Management	65%	69%	1%
Outpatient Ambulatory Health Services	51%	55%	2%
Oral Health Care	26%	30%	21%
Mental Health Services	N/A	52%	3%

Percent “Very Easy” to Make New/Next Appointments for Care

SERVICE CATEGORY	2022	2023	
	% Very Easy	% Very Easy	% Difficult or Very Difficult
Medical Case Management	64%	66%	1%
Outpatient Ambulatory Health Services	52%	55%	4%
Oral Health Care	32%	30%	20%
Mental Health Services	N/A	49%	6%

Adherence Counseling at Medical Case Management (MCM)/Primary Medical Provider (PMP) Visits

When the client visits their MCM/PMP, how frequently does the provider...	For MCMs	For PMPs
Discuss the importance of client making all appointments? (% at every visit)	81%	86%
<i>Information is clear and easy to understand</i>	87%	87%
Discuss the importance of the client taking all required medications? (% at every visit)	82%	89%
<i>Information is clear and easy to understand</i>	89%	87%
Discuss the importance of getting/keeping VLs undetectable? (% at every visit)	79%	91%
<i>Information is clear and easy to understand</i>	88%	85%

Percentages in green reflect significant improvements over FY 2022 levels.

Role of Peers in HIV Care Incidence of Clients Without Peers, FY 2023

% of MCM clients who reported that they did not have a Peer working with them (or did not know whether they had a Peer), despite hearing a detailed explanation of Peer titles and roles **75%**

Reasons given by clients for why they do not have a Peer

Client never heard of Peers before, did not know Peers were available **67%**

MCM offered to provide Peer services at another agency, client declined **11%**

MCM offered Peer services at own agency, client declined **8%**

Client asked MCM about Peer services, but services were not available at that provider **>1%**

Some other reason, client can't say, client unsure, client doesn't know **14%**

Mental Health Service Issues, FY 2023

	Black/ AA (n=95)	Haitian (n=49)	Hispanic (n=348)	White (n=21)
In last 12 months, I felt I needed mental health counseling	31%	8%	29%	38%
... and I got an appointment	73%	100%	56%	75%
<i>... and I was very satisfied with my counselor</i>	85%	67%	84%	100%
<i>... and it was very easy to get an appointment</i>	60%	67%	43%	60%

Aging with HIV (clients over 50)

FY 2023

	Clients <50 n = 256	Clients ≥ 50 N = 271
% very satisfied with MCM services	82%	82%
% very satisfied with ease of getting MCM appt	68%	69%
% very satisfied that MCM understands needs	75%	81%
Reported co-occurring high blood pressure	16%	42%
Reported co-occurring diabetes	5%	20%
Reported co-occurring arthritis or bone problems	5%	14%
Reported co-occurring mental health issues	11%	10%
Reported co-occurring neuropathy	3%	8%
% seeing medical specialist for co-occurring condx	39%	37%
% dissatisfied with time to get specialist appt.	20%	9%
% very satisfied with their specialty medical doc	60%	66%
% very satisfied with their regular PCP	78%	79%


Percentages in red
reflect significant differences between
clients <50 years and clients ≥50.



Major Client Satisfaction Survey (CSS) findings to keep in mind ...

- ▶ Overall “very satisfied” levels for MCM and OAHS services continue to be high (~80% of clients). MCM and OAHS clients report higher satisfaction with the appointment process and greater ease in getting appointments in FY 2023 than in FY 2022.
- ▶ Although levels of OHC satisfaction are trending upward since 2021, only 61% of OHC clients are “very satisfied.” Moreover, client satisfaction with time it takes to get an OHC appointment is below MCM and OAHS levels. OHC service and access dissatisfaction issues are a serious source of concern.
- ▶ MCM tele-health use has increased substantially over 2022 levels (68% use tele-health for half or more of their visits, up from 27%).
- ▶ Adherence counseling rates are significantly higher for MCM clients in FY 2023 than they were in FY 2022.

More Client Satisfaction Survey (CSS) findings ...

- 
- ▶ RWP client satisfaction levels with Peer and MCM services are very high, even if clients do not differentiate between these two roles. Almost 75% of MCM clients reported not having a Peer as part of their care team, despite virtually all of them receiving care from MCM agencies with Peers on board. High levels of contact and “follow up support” contribute to high client satisfaction.
 - ▶ The “over-50” RWP clients in care are highly satisfied with their RWP care, and although many of them have medical co-occurring conditions related to aging (diabetes, high blood pressure, arthritis), they are more likely to go to their customary PCP for care than see a specialist. Except for a higher incidence of medical co-occurring conditions, the over-50s are indistinguishable from under-50s.
 - ▶ About 30% of the RWP clients say they could have used mental health services in the past year, but one out of four of these clients were frustrated in getting an appointment and did not get the help they needed. Satisfaction levels could use some improvement.

*Thank
You*





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The 2024 Needs Assessment

Community Input

August 8, 2024

Presentation created by Behavioral Science Research Corp.





2022 Community Input

In early 2022, as part of the Integrated Planning process, various community listening sessions were held throughout the County. The following themes were identified:

- Concerns regarding Housing
- Importance of Transportation Access
- Need for Improved Communications
- Mental Health Issues are a Concern
- Dental Care Access
- Food Insecurities
- Appointments Needed During Non-Conventional Hours



2023 Community Input

- ▶ On April 26, 2023, a virtual town hall was hosted in the evening. Most of the participants were service provider representatives and one participant was a client.
- ▶ Overall, there was concern regarding accessing housing and the requirements of the HOPWA program. Also, the need for providers to be more empathetic to clients.

2024 Community Input

Clients were targeted through the Partnership's social media platforms and Newsletter to provide input.

Additionally, a short survey was developed and administered via Survey Monkey requesting basic demographic information, information on services accessed, and on needed services. A \$10 stipend was sent to eligible respondents who completed the survey.

The survey was self-administered and anonymous.

Requests for input was also solicited via calls or emails. No calls or emails had been received at the time of this presentation.



2024 Community Input Demographics

- ▶ Of the surveys received, 31 qualified (fully completed and resided in Miami-Dade).
- ▶ Zip Codes of Residence: Varied across the county with the top two areas of Hialeah (23%) and Coconut Grove (19%).
- ▶ Gender: 74% male and 26% female.
- ▶ Race/Ethnicity: 61% Black/African-American, and 32% White.
- ▶ The majority (97%) receive HIV medical care.
- ▶ The majority (90%) have Ryan White as payor source.
- ▶ The majority (77%) have a Medical Case Manager.

2024 Community Input Results

▶ Top 5 Needed Services

1. Home Health Care
2. Emergency Financial Assistance
3. Home and Community-Based Health Care
4. Outreach
5. Other Professional Services (Legal Services and Permanency Planning)



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2024 Needs Assessment
Unmet Need
Priority Population Worksheet

A	Category	Totals	Numerical Inputs				Auto-Calculated Percentages					
		# of People Living with Diagnosed HIV infection	# New Diagnoses	# Late Diagnoses	# Unmet Need	# In Care, Not Virally Suppressed	Within Categories			Across Categories		
							% Late Diagnosed	% Unmet Need	% In Care, Not Virally Suppressed	% Late Diagnosed	% Unmet Need	% In Care, Not Virally Suppressed
B	C	D	E	F	G	H	I	J	K	L	M	
HIV SURVEILLANCE DATA -Source: 2022 Epi Profile												
1	Total	28,749	1,088	200	7,823	2,035	18.4%	27.2%	9.7%	100.0%	100.0%	100.0%
2	PRIORITY POPULATIONS											
a	Hispanic/Latino Cisgender Man	12,867	649	108	2,986	611	16.6%	23.2%	6.2%	54.0%	38.2%	30.0%
b	Hispanic/Latino MMSC	11,175	585	89	2,419	500	15.2%	21.6%	5.7%	44.5%	30.9%	24.6%
c	Black Cisgender Man	6,400	195	41	2,195	631	21.0%	34.3%	15.0%	20.5%	28.1%	31.0%
d	Black Heterosexual Contact	6,350	152	40	2,006	678	26.3%	31.6%	15.6%	20.0%	25.6%	33.3%
e	Black Cisgender Woman	4,440	89	22	1,190	525	24.7%	26.8%	16.2%	11.0%	15.2%	25.8%
f	Black Cisgender Women Hetero Contact	3,953	88	22	1,068	450	25.0%	27.0%	15.6%	11.0%	13.7%	22.1%
g	Black MMSC	3,227	127	23	962	306	18.1%	29.8%	13.5%	11.5%	12.3%	15.0%
h	Hispanic/Latino Hetro Contact	2,835	126	30	793	209	23.8%	28.0%	10.2%	15.0%	10.1%	10.3%
i	Haitians	2,642	84	25	1,048	241	29.8%	39.7%	15.1%	12.5%	13.4%	11.8%
j	White Cisgender Man	2,467	59	11	734	66	18.6%	29.8%	3.8%	5.5%	9.4%	3.2%
k	Black Cisgender Man Hetro Contact	2,397	64	18	938	229	28.1%	39.1%	15.7%	9.0%	12.0%	11.3%
l	White MMSC	2,181	53	10	619	50	18.9%	28.4%	3.2%	5.0%	7.9%	2.5%
m	Hispanic/Latina Cisgender Woman	1,830	67	11	491	155	16.4%	26.8%	11.6%	5.5%	6.3%	7.6%
n	Hispanic/Latina Cisgender Woman Hetro Contact	1,672	66	11	448	129	16.7%	26.8%	10.5%	5.5%	5.7%	6.3%
o	Black WCBA (age 15-44)	1,231	61	14	309	220	23.0%	25.1%	23.9%	7.0%	3.9%	10.8%
p	Hispanic/Latino Cisgender Man Hetro Contact	1,163	61	19	345	80	31.1%	29.7%	9.8%	9.5%	4.4%	3.9%
q	Black IDU	772	3	1	277	90	33.3%	35.9%	18.2%	0.5%	3.5%	4.4%
r	Hispanic /Latina WCBA (age 15-44)	519	42	4	108	63	9.5%	20.8%	15.3%	2.0%	1.4%	3.1%
s	Black Cisgender Man IDU	432	3	0	189	41	0.0%	43.8%	16.9%	0.0%	2.4%	2.0%
t	Homeless	465	25	7	391	33	28.0%	84.1%	44.6%	3.5%	5.0%	1.6%
u	Black Cisgender Woman IDU	338	1	0	87	48	0.0%	25.7%	19.1%	0.0%	1.1%	2.4%

2024 Needs Assessment
Unmet Need
Priority Population Worksheet

A	B Category	Totals	Numerical Inputs				Auto-Calculated Percentages					
		# of RWHAP Clients			# Unmet Need	# In Care, Not Virally Suppressed	Within Categories			Across Categories		
							% Unmet Need	% In Care, Not Virally Suppressed		% Unmet Need	% In Care, Not Virally Suppressed	
5		C			F	G		I	J		L	M
5	Total	9,060			11	1,302		0.1%	14.4%		100.0%	100.0%
6	PRIORITY POPULATIONS											
	Black MMSC	525			0	106		0.0%	20.2%		0.0%	8.1%
	Black Woman	544			0	110		0.0%	20.2%		0.0%	8.4%
	Black Man Hetero Contact	476			1	96		0.2%	20.2%		9.1%	7.4%
	Black Man	1,078			1	234		0.1%	21.7%		9.1%	18.0%
	Haitian Man	417			1	65		0.2%	15.6%		9.1%	5.0%
	Haitian Woman	426			0	68		0.0%	16.0%		0.0%	5.2%
	Hispanic/Latino MMSC	4,383			1	480		0.0%	11.0%		9.1%	36.9%



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| | • Unmet Needs/Gaps (Section 6) | Dr. Robert Ladner |
| | • HRSA PCN #16-02 and Local Service Categories (Section 7) | Dr. Robert Ladner |
| | • Projections and Estimates (Section 6) | Dr. Robert Ladner |
| | • Summaries to Date (Section 9) | Marlen Meizoso |
| | • Next Steps and Reminders (Section 9) | Marlen Meizoso |
| X. | Announcements and Open Discussion | All |
| | • Get on Board September 4, 2024 | |
| | • New Member Orientation on September 18, 2024 | |

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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Note: items in *red* show local restrictions

Miami-Dade Ryan White Program Service Standard Excerpts for FY 2025

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

Replaces Policy #10-02

(*funded in Miami-Dade, *¹pending RFP release for new or revised services.)

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

AIDS Pharmaceutical Assistance*

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals*

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services*

Medical Nutrition Therapy

Mental Health Services*

Oral Health Care*

Outpatient/Ambulatory Health Services*

Substance Abuse Outpatient Care*

RWHAP Support Services

Child Care Services

Emergency Financial Assistance*¹

Food Bank*/Home Delivered Meals

Health Education/Risk Reduction

Housing*¹

Linguistic Services

Medical Transportation*

Non-Medical Case Management Services*¹

Other Professional Services*(Legal Services and Permanency Planning)

Outreach Services*

Psychosocial Support Services*¹

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)*

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:

The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.⁵ HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

⁵ <https://aidsinfo.nih.gov/guidelines>

Program Guidance:

HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

AIDS Pharmaceutical Assistance

Description:

AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- Uniform benefits for all enrolled clients throughout the service area
 - A recordkeeping system for distributed medications
 - An LPAP advisory board
 - A drug formulary that is
 - Approved by the local advisory committee/board, and
 - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
 - A drug distribution system
 - A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
 - Coordination with the state's HRSA RWHAP Part B ADAP
 - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
 - Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)
2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients in the absence of any other resources.

Program Guidance:

For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

Early Intervention Services (EIS)

Description:

The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
 - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
 - Referral services to improve HIV care and treatment services at key points of entry
 - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
 - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. **LOCAL RESTRICTION ON HEALTH INSURANCE: Standalone dental insurance is not included.**

The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or

- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

Program Guidance:

Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

Home and Community-Based Health Services

Description:

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services
- Durable medical equipment

- Home health aide services and personal care services in the home

Program Guidance:

Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care

Description:

Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:

The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services

Description:

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:

Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

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 Nutrition Therapy

Description:

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

Mental Health Services

Description:

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

Oral Health Care

Description:

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:

None at this time.

Outpatient/Ambulatory Health Services

Description:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category. **LOCAL RESTRICTION ON URGENT CARE: Per decisions made by the local planning council, the Ryan White Program in Miami-Dade does not include Urgent Care services at all under Outpatient/Ambulatory Health Services.**

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Substance Abuse Outpatient Care

Description:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

RWHAP Legislation: Support Services

Child Care Services

Description:

The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:

The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance

Description:

Emergency Financial Assistance 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 or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. **LOCAL RESTRICTION ON EMERGENCY FINANCIAL ASSISTANCE: This service is restricted to prescription drugs through the end of the FY 2025 grant year. When the upcoming Ryan White Program RFP is released, this service will include emergency electric utility assistance and emergency rental assistance.**

Program Guidance:

Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance

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.

Food Bank/Home Delivered Meals

Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:

Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction

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.

Housing

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 (cf. sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act), although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards. **LOCAL RESTRICTION ON HOUSING: When the upcoming RFP is released, there will be a limit of 24 months of housing assistance.**

Legal Services

See Other Professional Services

Linguistic Services

Description:

Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:

Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation

Description:

Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

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

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 Professional Services

Description:

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
 - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
 - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
 - Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
 - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
 - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits. **LOCAL RESTRICTION ON INCOME TAX PREPARATION: The Miami-Dade Ryan White Program should not include income tax preparation as a component because there are other local sources for this service, e.g. the United Way Center for Financial Stability's Volunteer Income Tax Assistance program.**

Program Guidance:

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See [45 CFR § 75.459](#)

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

- 1) use data to target populations and places that have a high probability of reaching PLWH who
 - a. have never been tested and are undiagnosed,
 - b. have been tested, diagnosed as HIV positive, but have not received their test results, or
 - c. have been tested, know their HIV positive status, but are not in medical care;
- 2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
- 3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Permanency Planning

See Other Professional Services

Psychosocial Support Services

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.

Rehabilitation Services

Description:

Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services

Description:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain 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, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:

Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Respite Care

Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:

Recreational and social activities are allowable program activities as part of Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

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

Substance Abuse Services (residential)

Description:

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including

a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

DRAFT



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 8, 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 | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of July 11, 2024 | All |
| VII. | Reports | |
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| | • Get on Board September 4, 2024 | |
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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, August 8, 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

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The 2024 Needs Assessment

Summaries to Date

August 8, 2024

Presentation created by Behavioral Science Research Corp.

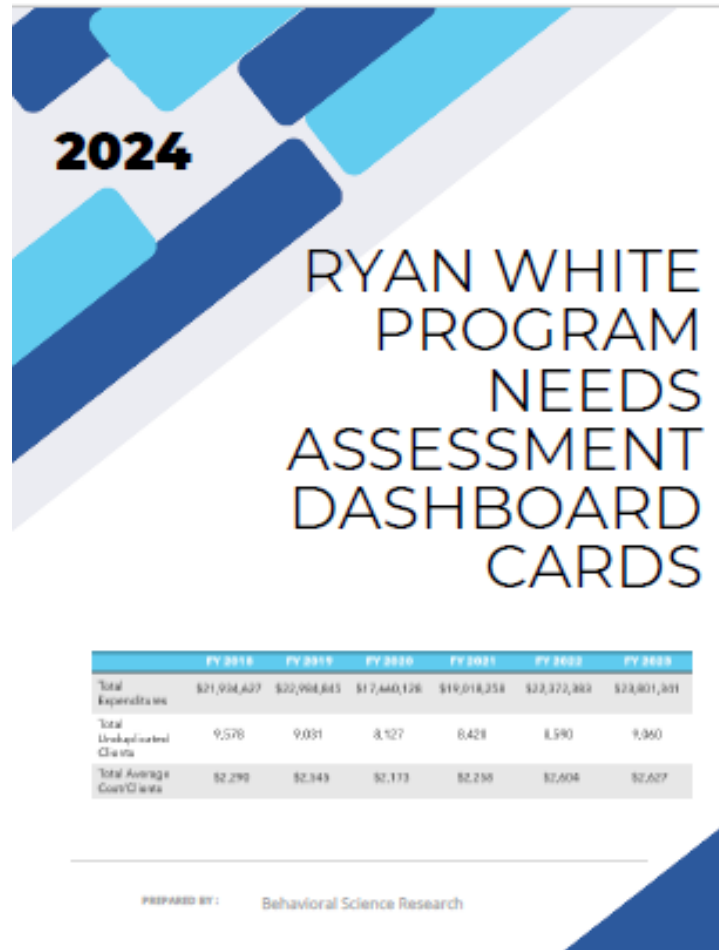


MIAMI-DADE
HIV/AIDS PARTNERSHIP



Dashboard Cards

- ▶ Location for historical priorities, utilization and other funding.
- ▶ Services with reduced utilization: AIDS
Pharmaceutical, Substance Abuse-Outpatient
- ▶ Services with increased utilization: Food Bank, Medical Transportation, Medical Case Management, Oral Health



Epi Data
Summary
2021 and 2022



Epi Data Highlights

Incidence

- ▶ **Incidence** for 2022 was 1,088, an increase of 25% from last year.
- ▶ Transgenders accounted for 1.3% of new cases.
- ▶ The largest age group for new cases is 30-39 years old (35%).

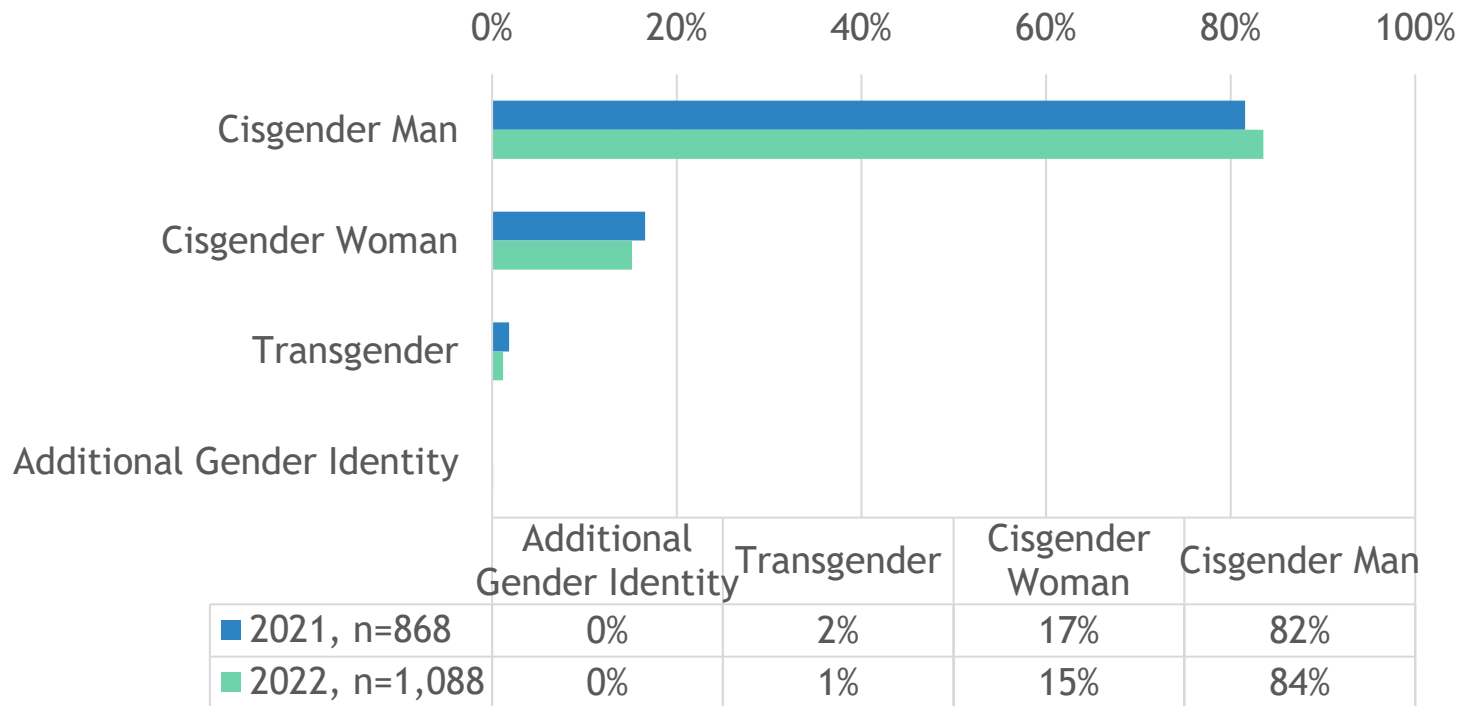
Prevalence

- ▶ **Prevalence** for 2022 was 28,749, an increase of about 1% (0.84%) from last year.
- ▶ The majority of persons with HIV are male (77%).
- ▶ The majority are over 50 years old (57%).
- ▶ The leading transmission category is male to male sexual contact (MMSC).



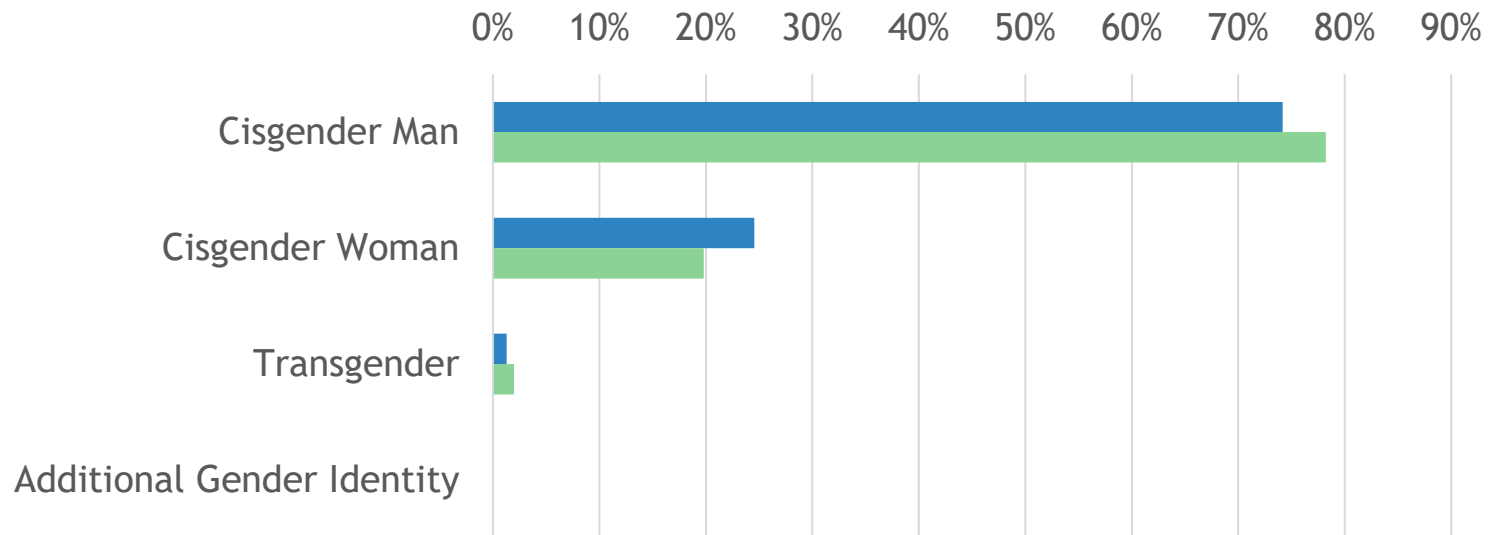
HIV Incidence Comparisons 2021 and 2022

HIV Diagnosis by Gender Identity 2021 and 2022



■ 2021, n=868 ■ 2022, n=1,088

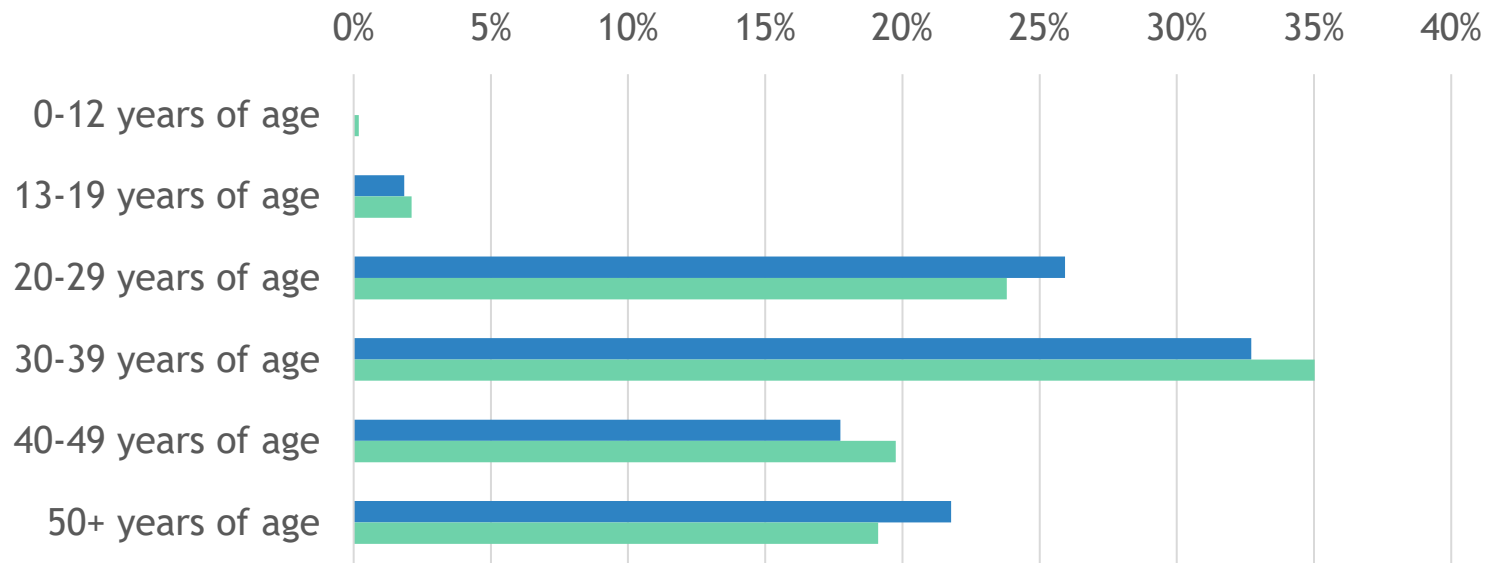
AIDS Diagnosis by Gender Identity 2021 and 2022



	Additional Gender Identity	Transgender	Cisgender Woman	Cisgender Man
■ 2021, n=387	0%	1%	25%	74%
■ 2022, n=404	0%	2%	20%	78%

■ 2021, n=387 ■ 2022, n=404

HIV Diagnosis by Age of Diagnosis 2021 and 2022



	50+ years of age	40-49 years of age	30-39 years of age	20-29 years of age	13-19 years of age	0-12 years of age
■ 2021, n=868	22%	18%	33%	26%	2%	0%
■ 2022, n=1,088	19%	20%	35%	24%	2%	0%

■ 2021, n=868 ■ 2022, n=1,088

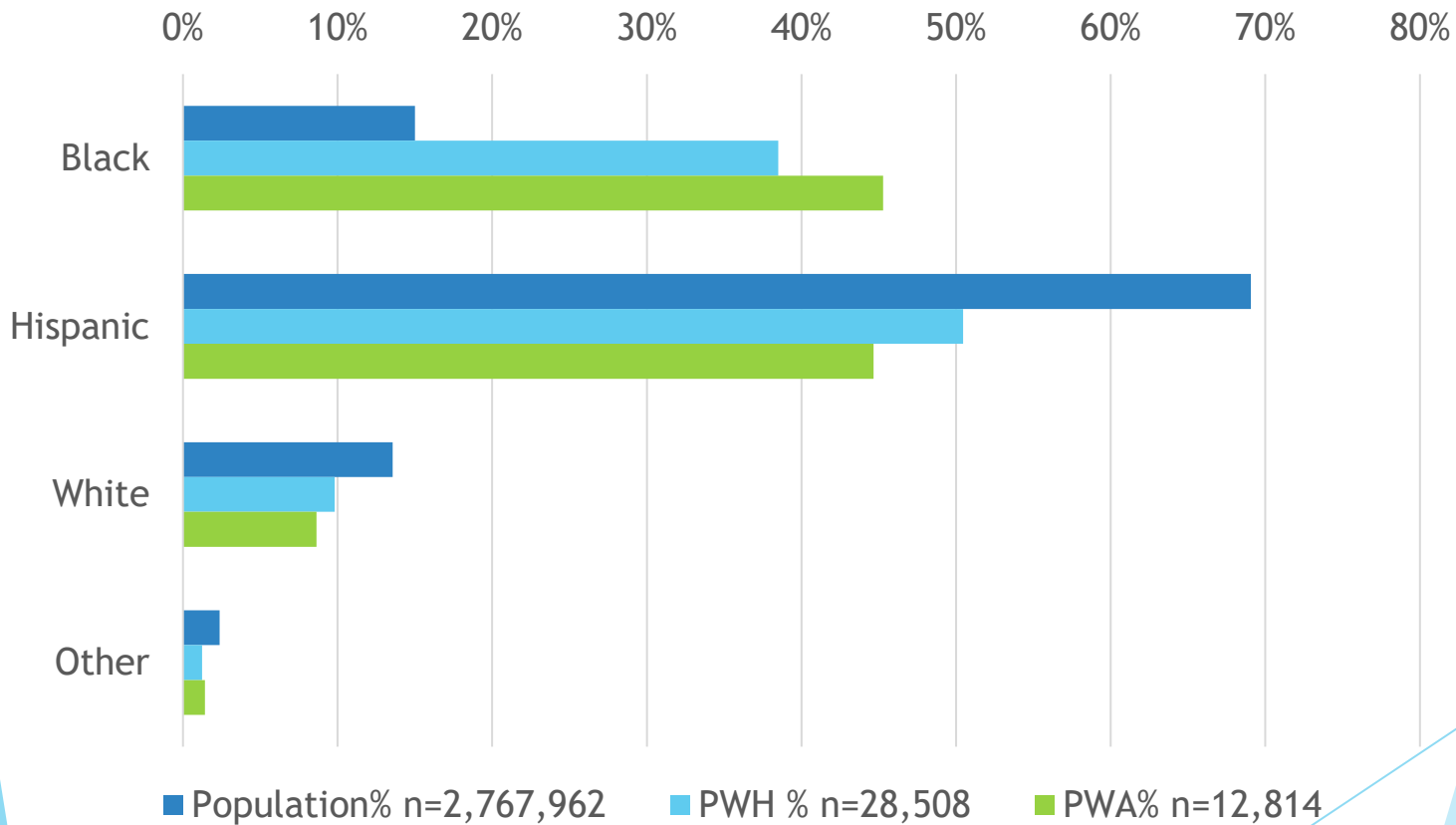
HIV Diagnosis by Race, Ethnicity, and Gender Identity, 2021 and 2022

	2021 n=868			2022 n=1,088		
	Cisgender Male n=708	Cisgender Female n=144	Transgender n=16	Cisgender Male n=909	Cisgender Female n=165	Transgender n=14
Hispanic	54%	5%	1%	60%	6%	1%
Black, African-American	20%	10%	<1%	18%	8%	<1%
White	6%	1%	<1%	5%	1%	<1%
American Indian/Alaska Native, Asian/Pacific Islander, and Multi-race	2%	<1%	0%	1%	<1%	0%
Total	81.6%	16.6%	1.8%	84.0%	15.0%	1.3%

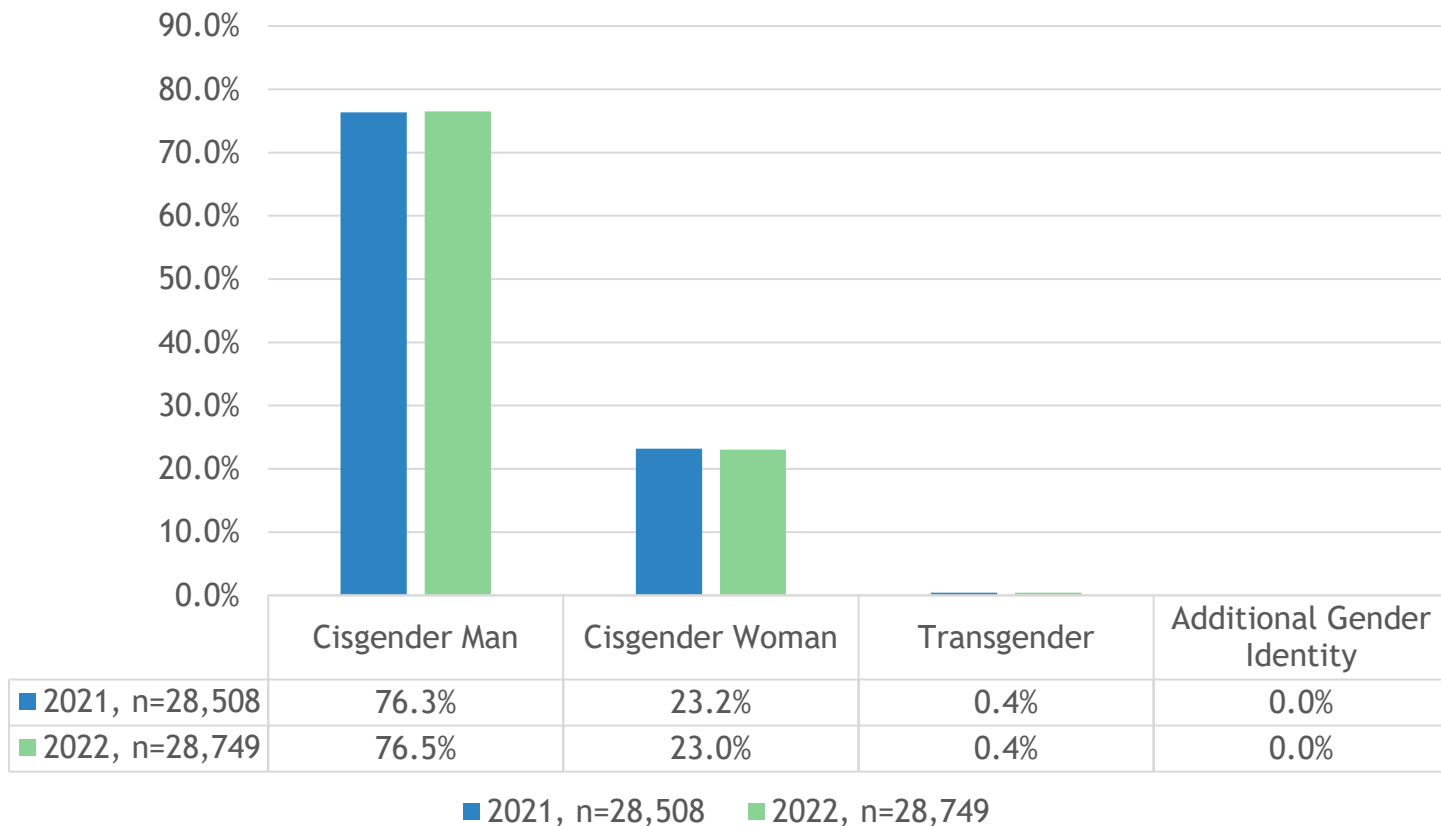


HIV Prevalence 2021 and 2022

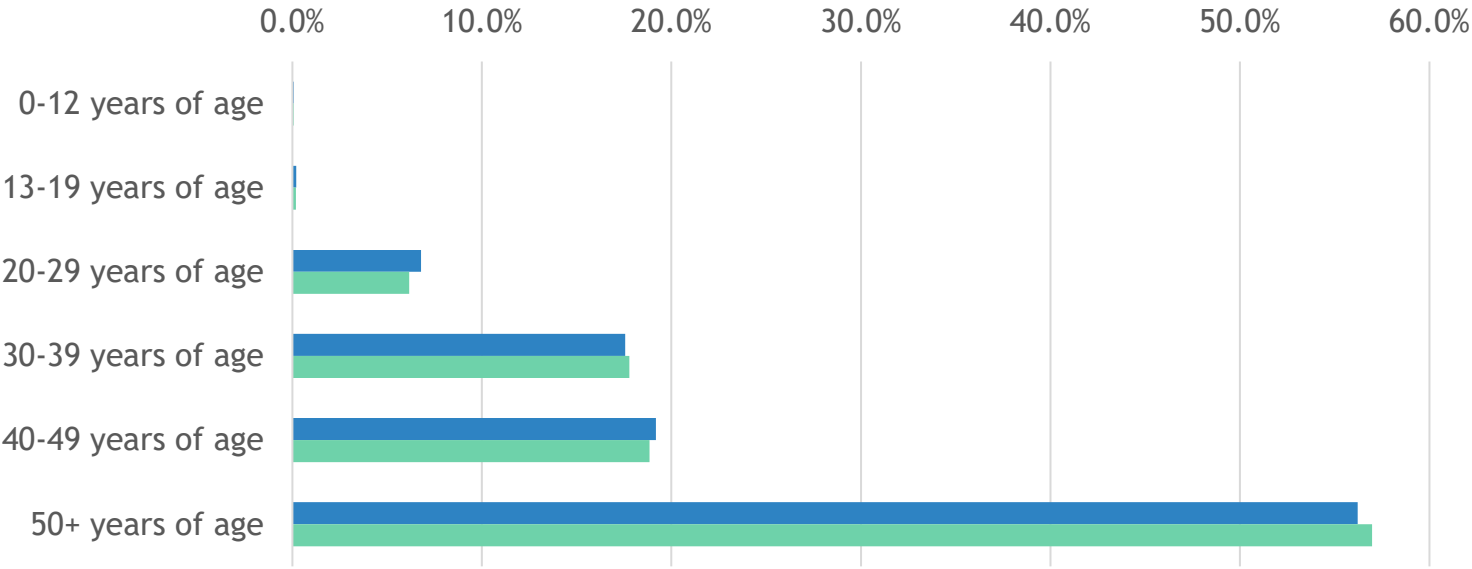
HIV/AIDS Prevalence by Race/Ethnicity and Population



HIV Prevalence of Diagnosis by Gender Identity, 2021 and 2022



HIV Prevalence by Age of Diagnosis 2021 and 2022



	50+ years of age	40-49 years of age	30-39 years of age	20-29 years of age	13-19 years of age	0-12 years of age
■ 2021, n=28,508	56.2%	19.2%	17.6%	6.8%	0.2%	0.1%
■ 2022, n=28,749	57.0%	18.8%	17.8%	6.2%	0.2%	0.1%

■ 2021, n=28,508 ■ 2022, n=28,749

HIV Prevalence by Race, Ethnicity, and Gender Identity, 2021 and 2022

	2021 n=28,508			2022 n=28,749		
	Cisgender Male n=21765	Cisgender Female n=6617	Transgender n=126	Cisgender Male n=21996	Cisgender Female n=6629	Transgender n=127
Hispanic	44%	6%	0.26%	45%	6%	0.27%
Black, African-American	23%	16%	0.15%	22%	15%	0.13%
White	9%	1%	0.03%	9%	1%	0.03%
American Indian/Alaska Native, Asian/Pacific Islander, and Multi-race	1%	0.28%	0.01%	1%	0.26%	0.01%
Total	76.3%	23.2%	0.4%	76.5%	23.0%	0.4%

Transgender Transmission 2018-2022

HIV Incidence

	Total	Transgender	Transgender as a %
2018	1,084	9	0.8%
2019	1,055	5	0.5%
2020	714	5	0.7%
2021	868	16	1.8%
2022	1,088	14	1.3%

HIV Prevalence

	Total	Transgender	Transgender as a %
2018	28,378	105	0.4%
2019	28,374	112	0.4%
2020	28,313	113	0.4%
2021	28,508	126	0.4%
2022	28,749	127	0.4%

Persons with HIV, IDU Transmission 2021 and 2022

	2021 n=28,508		2022 n=28,749	
Cisgender Man	790	2.8%	757	2.6%
Cisgender Woman	528	1.9%	523	1.8%
Transgender	6	0.02%	6	0.02%

HIV With Co-Occurring Diagnosis of an STI by Year of STI Report, 2018-2022

Year of STI Report	HIV/Early Syphilis ¹	HIV/Chlamydia	HIV/Gonorrhea
2018	934	804	814
2019	1,005	964	1,042
2020	1,104	844	962
2021	1,255	1,210	1,197
2022	1,242	1,234	1,272
Percent of change 2018-2022	33%	53%	56%

¹ Primary, secondary and early non-primary, non-secondary syphilis



Other Summaries

EIHA

Early Identification of Individuals with HIV/AIDS

- ▶ Fewer testing events were held in 2023 than 2022.
- ▶ Black females accounted for **13%** of those tests. Black Male-to-Male Sexual Contact (MMSC) accounted for **8%**. Hispanic/Latinx MMSC accounted for **18%**.
- ▶ The **50,336 tests** yielded **405** newly-diagnosed HIV+ persons (1% of the total tests), of whom **314 (78%) were linked to care**, up from the **75%** who were linked to care in **CY 2022**. Of those tested, **581** were previously diagnosed, of whom **423 (73%)** were linked to care in **CY 2023**.
- ▶ Hispanic/Latinx MMSC showed a decrease in the percent linked to care in 2022 vs. 2023, from **97%** to **91%** for **newly diagnosed** and **97%** to **94%** for **previously-diagnosed**.
- ▶ Black MMSC showed a marked decrease in the percent linked to care in 2022 vs. 2023, for **newly diagnosed**, from **100%** to **89%**, but an increase from **97%** to **100%** for **previously-diagnosed**.

Demographics

Most Ryan White Program clients are:

- ▶ 35 years or older (72%).
- ▶ Male (81.3%), of which Hispanic males are 59% and Black males are 11.9%
- ▶ Hispanic (66%), which has steadily been growing since 2019.
- ▶ Prefer Spanish (58.7%) as their primary language.
- ▶ Within the Federal Poverty Level (FPL) income of 0-135% FPL (49%).

Care Continuum

- ▶ From 2022 to 2023 there were improvements in all four health outcome measures: 1) linked to care, 2) in medical care, 3) retained in medical care, and 4) virally suppressed.
- ▶ **Non-Hispanic, Non-Haitian Blacks** have the lowest viral suppression rates (79%) by race/ethnicity.
- ▶ **Males** have slightly better suppressed viral load rates (86%) versus **women** (84%).
- ▶ Clients who have **IDU (intravenous drug use)** as an exposure category have the lowest viral load suppression rates (74%).

Co-Occurring Conditions

Special Need Groups (SNG):

- ▶ Hispanic MMSC (VL suppression 89%) was the SNG with the highest VL suppression rate.
 - ▶ Accounted for 48% of the total RWP population.
- ▶ Black AA males (MMSC and Hetero modes of acquisition) and Black AA females had the lowest VL suppression rate (80%).

Co-Occurring Conditions (COC):

- ▶ Clients with Sexually Transmitted Infections (STI) showed the highest VL suppression rate (91%).
- ▶ Clients with Hepatitis B or C, clients receiving mental health services, and clients receiving Substance Use services had average VL suppression rates higher than the RWP average.
- ▶ Clients experiencing homelessness had the lowest VL suppression rate (80%).
- ▶ Clients receiving mental health services and clients experiencing homelessness showed the two highest average annual costs per client, \$5,078 and \$4,813, respectively.

*Thank
You*



Scan to access meeting documents.

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The 2024 Needs Assessment Priority Setting and Resource Allocation (PSRA) Process

Next Steps and Reminders

August 8, 2024

Presentation created by Behavioral Science Research Corp.



MIAMI-DADE
HIV/AIDS PARTNERSHIP



Where We Are Now

We have reviewed and discussed:

- ▶ Epidemiological Information
- ▶ EIIHA - Early Identification of Individuals with HIV/AIDS
- ▶ Demographics
- ▶ Care Continuum
- ▶ Dashboard Cards: Utilization and Other Funding
- ▶ Co-Occurring Conditions
- ▶ Client Satisfaction Survey Feedback
- ▶ Community Input
- ▶ Unmet Needs
- ▶ Service Categories

Before the Next Step . . .

Are there any data sets you
need to review further?

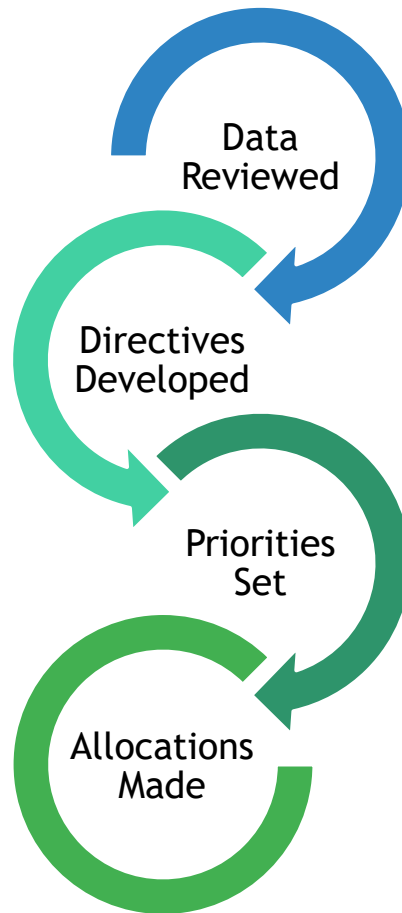


A hand is shown placing a white puzzle piece with a blue silhouette of a person in a suit into a larger puzzle. The puzzle pieces are light blue and white, and the background is a gradient of blue and white.

Remaining Topics

- ▶ Special Directives
- ▶ PS: Priority Setting
- ▶ RA: Resource Allocation

Steps for PSRA (Priority Setting and Resource Allocation)



Special Directives

Special Directives:

- ▶ Provide guidance to the Recipient on desired ways to respond to identified service needs, priorities, and/or shortfalls.
- ▶ Often specify use or non-use of a particular service model, or addresses geographic access to services, language issues, or issues relative to specific populations.
- ▶ May have cost implications.
- ▶ Must be followed by the Recipient in procurement, contracting, or other service planning. (When directives cannot be achieved, the Recipient must report on challenges.)

Priority Setting

Per HRSA guidance, all Part A/MAI service categories will be prioritized.

During the Priority Setting Process:

- ▶ The Committee will determine a ranking from highest to lowest priority of all Part A/MAI service categories available to people living with HIV in Miami-Dade County.
- ▶ **Use your Dashboard Cards!** Priority Setting is a data-driven process, using data, such as utilization, epidemiological, and unmet needs.
- ▶ Remember that Priority Setting is not tied to Resource Allocations or to service providers.



Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR §§ 75.351-352](#)).


[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

Policy Clarification Notice #16-02

Priority Setting Process

Members and guests present today will receive a Survey Monkey link to rank all 28 allowable service categories for Part A and Minority AIDS Initiative (MAI) funding.



ALL surveys must be completed by August 30, 2024.



Staff will bring the aggregate results of priorities to the September 12, 2024 meeting for final deliberations.



The Committee will vote on the final priorities for Part A and MAI, and these recommendations will be forwarded to the Partnership.

**Year 2025-2026
Ranking Sheet Sample**

Ryan White Program Part A Priorities

1) As part of the annual Needs Assessment process and keeping in mind all the presentations in the Needs Assessment, use this survey to rank all 28 service categories from highest priority (1) to lowest priority (28) for people living with HIV in Miami-Dade County. Please see HRSA Policy Clarification 14-02 for details.

1= first most important, 2= second most important, and so on down to 28=least important

Rank	Services
	AIDS Drug Assistance Program (ADAP) Treatment [C]
	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	Child Care Services [S]
	Early Intervention Services [C]
	Emergency Financial Assistance [S]
	Food Bank/Home-Delivered Meals [S]
	Health Education/Risk Reduction [S]
	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals
	Home and Community Based Health Care [C]
	Home Health Care [C]
	Hospice Services [C]
	Housing Services [C]
	Linguistic Services [S]
	Medical Case Management, including Treatment Adherence Services [C]
	Medical Nutrition Therapy [C]
	Medical Transportation (Vouchers) [S]
	Mental Health Services [C]
	Non-Medical Case Management [S]
	Oral Health Care [C]
	Other Professional Services (Legal Assistance and Permanency Planning) [S]
	Optimizing Ambulatory Health Services [C]
	Outreach Services [S]
	Psychosocial Support [S]
	Referral for Health Care and Support Services [S]
	Rehabilitation Services [S]
	Respite Care [S]
	Substance Abuse Outpatient Care [C]
	Substance Abuse Services (Residents) [S]

C=core services S= support services

**Year 2025-2026
Ranking Sheet Sample**

Ryan White Program Minority AIDS Initiative (MAI) Priorities

1) As part of the annual Needs Assessment process and keeping in mind all the presentations made during the Needs Assessment, rank all 28 service categories from highest priority (1) to lowest priority (28) for racial and ethnic minorities living with HIV in Miami-Dade County. Please see HRSA Policy Clarification 14-02 for details.

1= first most important, 2= second most important, and so on down to 28=least important

Rank	Services
	AIDS Drug Assistance Program (ADAP) Treatment [C]
	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	Child Care Services [S]
	Early Intervention Services [C]
	Emergency Financial Assistance [S]
	Food Bank/Home-Delivered Meals [S]
	Health Education/Risk Reduction [S]
	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
	Home and Community Based Health Care [C]
	Home Health Care [C]
	Hospice Services [C]
	Housing Services [C]
	Linguistic Services [S]
	Medical Case Management, including Treatment Adherence Services [C]
	Medical Nutrition Therapy [C]
	Medical Transportation (Vouchers) [S]
	Mental Health Services [C]
	Non-Medical Case Management [S]

Sample Priority Sheets

The background features a collage of financial data visualizations. On the left, a pie chart is divided into several segments of varying colors. Above it, a bar chart shows data for the months of October, November, and December. Below the pie chart, a data table is visible with two columns of numerical values. The right side of the slide is decorated with abstract blue geometric shapes.

Resource Allocations

During the Resource Allocations Process:

- ▶ The Committee will decide how much money to allocate to each service category.
- ▶ Remember that Resource Allocations are not tied to Priority Setting. Some lower-ranked service categories may receive disproportionate funding because they are expensive to provide or there are no other funding sources.
- ▶ **Use your Dashboard Cards!** Other funding streams, cost per client data, and anticipated numbers of new clients coming into care should be considered in decision making.

Resource Allocations and Managing Conflicts



Process should be fair, data-based and free of conflicts of interest.



If a member is the sole provider in a service category and funds are being allocated, the conflicted member must recuse him/herself from voting. The member will follow a formal disclosure process, complete form 8B, and will step outside of the room both during discussion of and voting on the conflicted item. He/she may return to the meeting once the discussion and voting are concluded.

Resource Allocations Restrictions

Core Services


- ▶ HRSA requires no less than 75% of funds be allocated to core services (unless the program has a waiver).

Support Services

- ▶ Remaining funds may be allocated to support services.
- ▶ Funded support services need to be linked to positive medical outcomes which are outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

Resource Allocations Process

Members and guest present will receive two sets of budget worksheets, one flat funding (current base) and one ceiling funding (grant limit) for Part A and MAI.



Based on the data presented throughout the process the Committee will allocate funding to service categories.



Recommendations on funding will be forwarded to the Partnership.

Review Materials!

Annual HIV/AIDS Needs Assessment

Decisions made during Needs Assessments 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.

2024 Needs Assessment

Complete Needs Assessment Book (as of May 9, 2024)

- Needs Assessment Responsibilities for Planning Councils
- Needs Assessment Priority Setting Process
- HIV Epidemiology in Miami-Dade County, 2022 (FDOH-MDC)



- Policy Clarification Notice (PCN) #16-00: Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds
- Complete Needs Assessment Book
- Process for Setting Priorities and Allocating Resources
- Needs Assessment Responsibilities
- 2024 Guide to Dashboard Cards

Past Needs Assessments



[RETURN TO MENU](#)



Save the Date!

FINAL PSRA MEETING

September 12, 2024
10:00 a.m. to 12:00 p.m.
At Care Resource

Thank
You





Scan to access meeting documents.

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XI. Next Meeting: **September 12, 2024 at Care Resource**

Dr. Mary Jo Trepka

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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