



WELCOME


Thank you for joining
today's meeting of the



MIAMI-DADE

HIV/AIDS PARTNERSHIP

*Please sign in to have your
attendance recorded.*





MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, September 16, 2024

10:00 AM – 12:00 PM

Miami-Dade County Main Library

101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

I.	Call to Order	Alecia Tramel-McIntyre
II.	Introductions	All
III.	Housekeeping	Alecia Tramel-McIntyre
IV.	Floor Open to the Public	Harold McIntyre
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of June 17, 2024	All
VII.	Reports	
	A. Committee Action Items	
	▪ Executive (3 Motions)	Alecia Tramel-McIntyre
	- Budget Recommendations	
	▪ Care and Treatment (14 Motions)	Daniel T. Wall
	- Special Directives	
	- Priority Setting	
	- Resource Allocations	
	▪ Strategic Planning (1 Motion)	Nilda Gonzalez
	- Assessment of the Administrative Mechanism Report	
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	▪ Ryan White Part A/MAI	Daniel T. Wall
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VIII.	Standing Business (none)	
IX.	New Business	
	▪ Presentation: The Women’s Engagement Initiative at IDEA Miami SSP: IDEA Exchange and UM Pathways to Wellness Clinic	Dr. David Forrest
	▪ Stop The Silence	Alecia Tramel-McIntyre
	▪ Letter of Concurrence for the Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program – Funding Opportunity Number: HRSA-25-054	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Monday, October 21, 2024, at the Miami-Dade County Main Library	Harold McIntyre
XII.	Adjournment	Alecia Tramel-McIntyre

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Meeting Housekeeping Miami-Dade HIV/AIDS Partnership

Updated September 16, 2024
Behavioral Science Research



Disclaimer & Code of Conduct

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

General Housekeeping

- ❑ You must sign in to be counted as present.
- ❑ Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- ❑ Have your Cultural Center Parking Garage ticket validated at the Library front desk for a reduced parking rate.
- ❑ Eligible committee members should see staff for a voucher at the end of the meeting.



Language Matters!

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



Remember **People First** Language . . .

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

Please don't say **RISKS** . . . Instead, say **REASONS**.

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

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

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

Meeting Participation

Everyone has a role to play!

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




Meeting Terminology

Meetings can be fast-paced and confusing!

- ❑ Terms and acronyms you might hear at today's meeting are included in today's meeting materials.
- ❑ 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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II. Introductions

Ms. Tramel-McIntyre called for introductions of members; later in the meeting guests and additional members were asked to introduce themselves.

III. Housekeeping/Meeting Rules

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

IV. Floor Open to the Public

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

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated telephone line as well as a general email address for statements to be read into the record. No statements were received via the telephone line or email.”

There were no comments; the floor was then closed.

V. Review/Approve Agenda

Members reviewed the agenda. The New Business item: *Carry Over Funds Request*, will be presented after the minutes review in order to ensure there is quorum for voting. Ms. Tramel-McIntyre called for a motion.

Motion to approve the agenda as adjusted.

Moved: James Dougherty

Seconded: Daniel T. Wall

Motion: Passed

VI. Review/Approve Minutes of March 18, 2024

Members reviewed the minutes of March 18, 2024. There were no corrections or additions. Ms. Tramel-McIntyre called for a motion

Motion to approve the minutes of March 18, 2024, as presented.

Moved: Daniel T. Wall

Seconded: James Dougherty

Motion: Passed

VII. New Business

▪ Carry Over Funds Request

Ms. Tramel-McIntyre asked Mr. Wall to introduce the Carry Over Funds Request. All members had a copy of the recommendations in their meeting materials. Mr. Wall explained that the Partnership can request unspent Fiscal Year (FY) 2023-24 Part A and Minority AID Initiative (MAI) funds to be allocated in FY 2024-25. He detailed the recommendations and proposed two motions.

Motion to approve the allocation of FY 2024-25 (YR34) Minority AIDS Initiative Carryover Funds in the amounts of \$172,385 to Medical Case Management; \$712,385 to Outpatient/ Ambulatory Health Care; and \$50,000 to Medical Transportation.

Moved: Daniel T. Wall

Seconded: Stephen Herz

Motion: Passed

Motion to approve the allocation of FY 2024-25 (YR 34) Part A Formula and Supplemental Carryover Funds in the amount of \$795,210 to Food Bank.

Moved: Daniel T. Wall

Seconded: James Dougherty

Motion: Passed

Based on those recommendations, the official request will be forwarded to the Health Services and Resources Administration (HRSA) following this meeting.

Mr. Wall announced he does not anticipate any increase in the Part A Formula or Supplemental funding for FY 2024-25, though there might be more leeway in MAI funding.

VIII. Reports

A. Membership

Members were advised the Vacancy Report is included in the meeting materials and that all committees and the Partnership have vacancies.

B. Committee Reports

The following motions were brought to the Partnership for review. Additional committee activities were detailed in the *Committee Reports to the Miami-Dade HIV/AIDS Partnership*, distributed to members and included in the materials posted online. Details regarding each committee's motions were included in the report. Several motions were bundled in order to expedite the meeting in case quorum was lost.

▪ **Community Coalition Roundtable**

Harold McIntyre

Motion to approve the Feedback Form for Community Input and Problem-Solving, as presented.

Moved: Harold McIntyre

Seconded: Tabitha Hunter

Motion: Passed

Details: This form will be available electronically via Survey Monkey and in paper, copies will be available, as needed. Members will monitor responses and report significant findings.

Motion to recommend to the Mayor of Miami-Dade County the appointment of Nilda Gonzalez for the Federally Qualified Health Center Representative seat; Kedrick Jones for a Representatives of the Affected Community seat; Jesus Medina for the Prevention Provider Representative seat; Virginia Muñoz for the Local Health Department Representative seat; Joseph “Joanna” Robinson for a Representatives of the Affected Community seat; and Jason “Mahogany” White for a Representatives of the Affected Community seat, on the Miami-Dade HIV/AIDS Partnership.

Moved: Harold McIntyre

Seconded: Daniel T. Wall

Motion: Passed

Details: (Bundled motions). Every applicant has completed: The online interest form; a personal interview with staff and Community Coalition Chair, Lamar McMullen; a Community Coalition Roundtable member interview; and all required application paperwork.

Note: The meeting briefly lost quorum and attendees shared announcements and further introductions in the interim. The remainder of agenda items were addressed after the meeting regained quorum.

- **Housing Committee**

Stephen Herz

Motion to approve the Housing Stakeholder Meeting Invitation letter.

Moved: Stephen Herz

Seconded: Daniel T. Wall

Motion: Passed

Details: *This letter will be sent to housing stakeholders, including local public housing authorities, inviting them to the August Housing meeting to educate them on HIV and to promote collaboration.*

- **Care and Treatment Committee**

Dr. Diego Shmuels

Motion to approve the Psychosocial Service Definition and the Housing Service Definition; and to adopt the HRSA PCN#16-02 definition of Non-Medical Case Management, as written, as the service definition for Non-Medical Case Management.

Moved: Dr. Diego Shmuels

Seconded: Daniel T. Wall

Motion: Passed

Details: *(Bundled motions). Members completed work on developing new service definitions for the additional services approved in September 2023 for the next RWP Part A/MAI Grant Cycle.*

Motion to add Medical Transportation to the upcoming RFP bundle of Outpatient Ambulatory Health Services, Medical Case Management, and Mental Health Services.

Details: *At a past meeting, the Committee moved to bundle Outpatient Ambulatory with Medical Case Management and Mental Health Services for the upcoming RFP. Medical Transportation is currently bundled with Medical Case Management, but that linkage was not specifically included in the OAHS/MCM/MHS bundle motion. This was clarified in the motion shown here.*

- **Other**

Strategic Planning Committee and Prevention Committee updates were included in the report for reference.

C. Grantee/Recipient Reports

Members received copies of all referenced reports.

- **Ryan White Part A/Minority AIDS Initiative (MAI)**

Daniel T. Wall

In addition to the carryover funds request, Mr. Wall reported that the Florida Comprehensive Planning Network is seeking an Area 11a (Miami-Dade County) nominee for the Community HIV/AIDS Advisory Group (CHAG). The ideal candidate will be a HIV-positive male of color. Staff will gather details for interested persons.

Carla Valle-Schwenk reported current Part A/MAI expenditures and client utilization and noted the reports include reimbursement requests through June 11, 2024, totaling \$2,357,133.59 from Part A, and \$231,609.23 from MAI.

- **Ryan White Part B**

Karen Poblete

Karen Poblete reported on March 2024, Part B expenditures and clients served for Medical Case Management, Outpatient Mental Health Services, Emergency Financial Assistance, Non-Medical Case Management, and Referral Services. There is a regular lag in reporting due to the timing of the billing cycle.

There will be a Test and Treat/Rapid Access (TTRA) and Part A meeting on July 29, 2024. An invitation will be forwarded to staff once the details are finalized. The meeting is likely to be held at the Main Library.

▪ **AIDS Drug Assistance Program (ADAP) Miami**

Dr. Javier Romero

Dr. Romero reported on May 2024 ADAP activities. There were 99 new enrollments; 660 re-enrollments; and a total of 7,358 clients served. Clients and expenditures by benefit level were reported as Direct Dispense: 55% of clients for 22% of expenditures; and Premium Plus: 45% of clients for 78% of expenditures.

Cabenuva[®] clients and expenditures by benefit level were reported as Direct Dispense: 98 clients for 57% of expenditures; and Premium Plus: 73 clients for 43% of expenditures. Cabenuva usage is down though it is not clear why at this time. It may be an artifact of reporting, or it may be due to anecdotal findings that clients do not like needles or are too busy to keep appointments for regular shots. Another injectable drug is scheduled for release this month.

▪ **General Revenue at SFAN**

Angela Machado

Angela Machado reported that a total of 1,230 unduplicated clients were served in the month of April 2024, under General Revenue (GR). The program started providing food vouchers and continues to provide transportation. The Salvation Army beds are all full and a waitlist is being maintained.

▪ **Housing Opportunities for Persons with AIDS (HOPWA)**

No report (tabled).

D. Approval of Reports

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

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

Moved: Daniel T. Wall

Seconded: Manny Sarria

Motion: Passed

IX. Standing Business

There was no Standing Business.

X. Announcements and Open Discussion

Ms. Tramel-McIntyre announced that June 27, 2024, is National HIV Testing Day. Many members will be out in the community offering HIV testing.

XI. Next Meeting

Mr. McIntyre announced the next meeting date is Monday, July 19, 2024, at the Miami-Dade County Library. The date on the agenda was a typo and the meeting date was corrected to July 15, 2024. Staff will correct the final Agenda; no further motion to approve the agenda is needed.

Staff will also correct the numbering on the Committee Report.

XII. Adjournment

Ms. Tramel-McIntyre thanked everyone for coming and called for a motion to adjourn.

Motion to adjourn.

Moved: Daniel T. Wall

Seconded: Manny Sarria

Motion: Passed

The meeting adjourned at 11:29 a.m.

DRAFT



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Committee Reports to the Miami-Dade HIV/AIDS Partnership For the September 16, 2024 Meeting

This report contains 19 motions and an overview of each committee's activities for the meeting date(s) indicated.

This report, including all referenced documents, is posted online at www.aidsnet.org/the-partnership#partnership1. At the meeting, paper copies of the report will be distributed to all members. Referenced documents are immediately following the appropriate motions in member packets. The documents longer than 20 pages is available as a shared reference copy (Strategic Planning Committee motion). Members are encouraged to review materials in advance as time allows.

The following Fiscal Years (FY) are referenced in this report:

- FY 2024: March 1, 2024 – February 28, 2025
 - FY 2025: March 1, 2025 – February 28, 2026
 - FY 2026: March 1, 2026 – February 28, 2027
-

EXECUTIVE COMMITTEE *3 MOTIONS*

Members held regularly scheduled meetings and an emergency meeting (July 17), conducted scheduled business, and reviewed and approved several time-sensitive items in lieu of Partnership meetings which were cancelled due to lack of quorum.

▪ **JUNE 26, 2024**

- Received Officer Training;
- Reviewed Staff Support Part A Budget and Scope of Work process; and
- Approved Assessment of the Recipient Administrative Mechanism surveys for distribution (Strategic Planning Committee action item)

▪ **JULY 17, 2024**

- Reviewed FY 2024 Ryan White Part A Sweeps/Reallocation # 1.1 (Care and Treatment Committee action item);
- Reviewed FY 2024 Ryan White Minority AIDS Initiative Sweeps #1.1 (Care and Treatment Committee action item);
- Reviewed FY 2024 Letter of Concurrence to HRSA; and
- Reviewed Letter of Support for County’s Community Action and Human Services Department SAMHSA Grant.

▪ **AUGUST 28, 2024**

- Reviewed Partnership Staff Support Budget Review process;
- Reviewed Staff Support Part A Proposed FY 2025 budget allocations recommendations;
- Reviewed Committee project recommendations; and
- Received edited Partnership Bylaws for review at the next meeting.

Staff Support Part A FY 2025 Budget and Special Projects		
#	Motion	Details
1	Motion to accept the proposed Miami-Dade HIV/AIDS Partnership (Planning Council) Staff Support Review Process with the changes discussed (as presented).	In response to the 2024 HRSA site visit findings, the Executive Committee is tasked with review and approval of the Staff Support Part A Budget.
2	Motion to approve the Staff Support Part A Proposed FY 2025 Budget Allocations as presented.	The process for budget review was agreed upon but modified. As part of the process committees are polled for special projects for the following Fiscal Year.
3	Motion to prioritize the Community Coalition’s Partnership Membership Community Meet-and-Greet Event(s) up to \$1,500.	After reviewing requests for FY 2025, the Medical Care Subcommittee and Care and Treatment Committee project requests were sent back to the committee for reconsideration as FY 2026 projects, and the Community Coalition request was approved for FY 2025.

Proposed Miami-Dade HIV/AIDS Partnership (Planning Council) Staff Support Budget Review Process

Month	Activity	Committee	Comments
March - May	Committee chairs will poll their respective Committees for any Partnership-based special projects and/or new activities, above and beyond the scheduled annual activities supported by the budget. Executive Committee staff will estimate budgetary implications of these activities and projects, and will provide budgetary data back to individual committees for assistance in prioritizing the special projects. Prioritized projects with budgets will be forwarded to the Executive Committee for review and possible inclusion in the Partnership's budget/scope.	Each Committee	Staff provides cost estimates for new projects or activities.
June	Executive Committee reviews Q1 (March 1-May 31) Partnership Staff Support expense report for current fiscal year.	Executive	
July - August	Executive Committee reviews new projects / activities and associated costs, and prioritizes projects for possible inclusion in the budget. Partnership annual budget for following fiscal year will be reviewed at August 2024 meeting.	Executive	Staff will provide prioritized projects and activities and associated costs for Executive Committee review.
September	Budget recommendations based on prioritized new projects / activities will be included in the annual resource allocation process (Needs Assessment) provided to the Care and Treatment Committee (due by September).	Care and Treatment	
	The Partnership will approve the annual resource allocation levels.	Partnership	Executive Committee will address in the event the Partnership cannot meet.
October	Reviews Q2 (June 1-August 31) Partnership Staff Support expense report for current fiscal year.	Executive	
December	Reviews Q3 (September 1-November 30) Partnership Staff Support expense report for current fiscal year.	Executive	
January	Reviews individual Committee and contractor scope of services for the following fiscal year and approves based on approved budget.	Executive	
April (following FY)	Reviews Q4 (December 1 - February 28/29) September 1-November 30) Partnership Staff Support year-end expense report for previous fiscal year.	Executive	

Organization				
Behavioral Science Research Corporation				
Staff Support Part A Proposed 2025-26 budget allocations				
		2025-2026 BUDGET	2024-2025 BUDGET	DIFFERENCE
FTE	Personnel 2.54	\$302,924	\$294,699	\$8,225
Travel: Mileage (local)		\$250	\$230	\$20
Travel: Parking & Tolls (local)		\$300	\$266	\$34
Travel: Long Distance Travel			\$2,256	(\$2,256)
Supplies: Program Office Supplies		\$1,500	\$1,123	\$377
Supplies: Copier/PC Maintenance		\$3,000	\$2,920	\$80
Contractual: Surveys and Studies		\$9,000	\$10,500	(\$1,500)
Other Direct Costs: IT Maintenance (Labor Costs)		\$1,700	\$1,659	\$41
Other Direct Costs: Partnership Website		\$1,300	\$1,219	\$81
Other Direct Costs: Surveys and Studies Support		\$3,600	\$5,700	(\$2,100)
Other Direct Costs: Partnership Outreach/Public Relations		\$365	\$300	\$65
Other Direct Costs: Communications (Telephones and Internet)		\$3,000	\$2,826	\$174
Other Direct Costs: Copier Costs		\$2,000	\$1,913	\$87
Other Direct Costs: PWH and Partnership - Postage and Delivery		\$132	\$132	\$0
Other Direct Costs: Meeting Expenses		\$1,500	\$1,200	\$300
Other Direct Costs: Rent		\$57,579	\$62,092	(\$4,513)
Other Indirect/Admin. Costs:		\$11,850	\$10,965	\$885
TOTAL AWARD		\$400,000	\$400,000	

(C) Community Coalition Project Proposal Budget

Partnership Membership Community Meet-and-Greet Fair

Component	Quantity	Cost	Total
Partnership promotional material	1	\$ 1,000.00	\$ 1,000.00
Travel cost offsets for Partnership and Comm Coalition persons with lived experience participating in the Fair	10	\$ 20.00	\$ 200.00
Refreshments and miscellaneous	1	\$ 300.00	\$ 300.00
TOTAL			\$ 1,500.00

Note: if this activity is prioritized by the Executive Committee, BSR may be directed to rework its Partnership budget for FY 2025 to cover the cost of this special activity.

CARE AND TREATMENT COMMITTEE *14 MOTIONS*

▪ **JULY 11, 2024**

- Received updates from Ryan White Program Part A, Ryan White Part B, and AIDS Drug Assistance Program (ADAP);
- Received recommendations for FY 2024 Ryan White Part A Sweeps/Reallocation #1.1 and FY 2024 Ryan White Minority AIDS Initiative Sweeps/Reallocation #1.1 as (approved by the Executive Committee); and
- Received Annual Needs Assessment Reports: Early Identification of Individuals with HIV/AIDS (EIIHA); Trends in HIV+ Diagnosis and Linkage to Care, CY 2022 and 2023; FY 2023 Ryan White Demographics; FY 2023 Ryan White Program HIV Care Continuum; FY 2023 Co-Occurring Conditions; Dashboard Cards; and Other Funding.

▪ **AUGUST 8, 2024**

- Received regular updates from Ryan White Program Part A, Ryan White Part B, and AIDS Drug Assistance Program (ADAP);
- Received Medical Care Subcommittee Report;
- Received Annual Needs Assessment Reports: FY 2023 Client Satisfaction Survey Summary; Community Input; FDOH Unmet Need; and HRSA PCN #16-02 and Local Service Categories.

Allowable Conditions Edits		
#	Motion	Details
4	Motion to approve the changes to the Allowable Conditions List as discussed.	The Committee reviewed and approved the recommendation of the Medical Care Subcommittee who made edits clarifying language under the Ophthalmology section of the Allowable Conditions list as indicated on pages 1 and 5.
Allowable Conditions Edits		
#	Motion	Details
5	Motion to accept the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2025.	The planning council must have minimal service standards for all service categories regardless of whether or not these services are funded. As part of the annual approval process, the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2025 was reviewed and approved, which contains Policy Clarification Notification 16-02 with local restrictions.

**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

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

▪ **SEPTEMBER 12, 2024**

- Received regular updates from Ryan White Program Part A, Ryan White Part B, and AIDS Drug Assistance Program (ADAP);
- Received Annual Needs Assessment Reports: Additional FY 2023 Client Satisfaction Survey data; Projections and Estimates for FY 2025;
- Completed the Directives, Priority Setting and Resource Allocation (PSRA) process and services for the next RFP.
- September 2024 version of Needs Assessment book at:
www.aidsnet.org/wp-content/uploads/2024/09/September-2024-Needs-Assessment-Book.pdf

Directives		
#	Motion	Details
6	Motion for the Partnership to direct the County to explore options to fully implement the Partnership’s FY 2026 Emergency Financial Assistance service definition in FY 2025, subject to availability of funding, with the addition of food vouchers.	The Committee discussed that the Emergency Financial Assistance service category is currently limited to Test and Treat Rapid Access pharmacy assistance, but could potentially be expanded to the additional EFA activities approved by the Partnership for FY 2026 in 2025 on a trial basis through contract amendments with additional services. The Committee directed the County to explore this expansion and to consider food voucher options for a possible expansion.
7	Motion for the Partnership to direct the County to exercise the final one-year renewal options for existing subrecipient service contracts in FY 2025, in light of significant system changes.	The Committee discussed significant potential systemic changes with FDOH and EHE in FY 2025 and FY 2026 and directed the County exercise the final one-year options on existing contracts without service changes, and issue an RFP for services to begin in FY 2026.

Priority Setting – FY 2025 Part A/MAI

#	Motion	Details
8	Motion to accept the FY 2025 Ryan White Part A priorities as presented.	The Part A priorities were ranked, reviewed, discussed, and the re-ordered priorities were voted upon.
9	Motion to accept the FY 2025 Ryan White Minority AIDS Initiative (MAI) priorities as presented.	The Minority AIDS Initiative (MAI) priorities were ranked, reviewed, discussed, and the re-ordered priorities were voted upon.

Service Categories – FY 2026 Request for Proposal

#	Motion	Details
10	Motion to accept the Ryan White Part A service categories listed for the Request for Proposal.	While the Committee added services at the last needs assessment, these had yet to be formalized as part of the upcoming request for proposal. The Committee adopted the current service categories and three new services under Part A.
11	Motion to accept the Minority AIDS Initiative service categories listed for the Request for Proposal.	The Committee evaluated the current Minority AIDS Initiative services, and decided not to include the three new services in the MAI services for FY 2026. The Committee removed Substance Abuse Outpatient. Services from MAI, maintaining it under Part A. Because Outpatient Ambulatory Health Services is one of the categories proposed in the bundled service group for FY 2026, the Committee added Local AIDS Pharmaceutical to MAI. The Committee adopted the presented services.

Priority Setting - FY 2025 Part A

Ranking	Services
1	AIDS Drug Assistance Program (ADAP) Treatment [C]
2	Medical Case Management, including Treatment Adherence Services [C]
3	Outpatient/Ambulatory Health Services [C]
4	Oral Health Care [C]
5	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
6	Food Bank/Home-Delivered Meals [S]
7	Mental Health Services [C]
8	Substance Abuse Outpatient Care [C]
9	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
10	Medical Transportation (Vouchers) [S]
11	Substance Abuse Services (Residential) [S]
12	Housing Services [S]
13	Outreach Services [S]
14	Emergency Financial Assistance [S]
15	Other Professional Services (Legal Assistance and Permanency Planning) [S]
16	Early Intervention Services [C]
17	Non-Medical Case Management [S]
18	Medical Nutrition Therapy [C]
19	Home and Community Based Health Care [C]
20	Psychosocial Support [S]
21	Health Education/Risk Reduction [S]
22	Home Health Care [C]
23	Child Care Services [S]
24	Hospice Services [C]
25	Linguistic Services [S]
26	Referral for Health Care and Support Services [S]
27	Rehabilitation Services [S]
28	Respite Care [S]

C=core services S=support services

Priority Setting - FY 2025 Ryan White Minority AIDS Initiative (MAI)

Ranking	Services
1	Medical Case Management, including Treatment Adherence Services [C]
2	AIDS Drug Assistance Program (ADAP) Treatment [C]
3	Outpatient/Ambulatory Health Services [C]
4	Outreach Services [S]
5	Substance Abuse Outpatient Care [C]
6	Mental Health Services [C]
7	Medical Transportation (Vouchers) [S]
8	Emergency Financial Assistance [S]
9	Oral Health Care [C]
10	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
11	Food Bank/Home-Delivered Meals [S]
12	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
13	Non-Medical Case Management [S]
14	Early Intervention Services [C]
15	Housing Services [S]
16	Substance Abuse Services (Residential) [S]
17	Medical Nutrition Therapy [C]
18	Psychosocial Support [S]
19	Home and Community Based Health Care [C]
20	Health Education/Risk Reduction [S]
21	Home Health Care [C]
22	Hospice Services [C]
23	Referral for Health Care and Support Services [S]
24	Rehabilitation Services [S]
25	Child Care Services [S]
26	Other Professional Services (Legal Assistance and Permanency Planning) [S]
27	Linguistic Services [S]
28	Respite Care [S]

C=core services S=support services

**Service Categories – FY 2026 Request for Proposal (RFP)
Ryan White Part A**

SERVICE CATEGORIES (ALPHABETIC ORDER)	CORE/SUPPORT SERVICE
AIDS Pharmaceutical Assistance	Core
Emergency Financial Assistance	Support
Food Bank*/Home Delivered Meals	Support
Health Insurance Premium And Cost Sharing For Low-Income Individuals	Core
Housing	Support
Medical Case Management, Inc. Treatment Adherence Services	Core
Medical Transportation	Support
Mental Health Services	Core
Non-Medical Case Management Services	Support
Oral Health Care	Core
Other Professional Services (Legal Services And Permanency Planning)	Support
Outpatient/Ambulatory Health Services	Core
Outreach Services	Support
Psychosocial Support Services	Support
Substance Abuse Outpatient Care	Core
Substance Abuse Services (Residential)	Support

** Food Bank is the funded component of this service category.*

**Service Categories – FY 2026 Request for Proposal (RFP)
Ryan White Minority AIDS Initiative (MAI)**

SERVICE CATEGORIES (ALPHABETIC ORDER)	CORE/SUPPORT SERVICE
AIDS Pharmaceutical Assistance	Core
Emergency Financial Assistance	Support
Medical Case Management, Inc. Treatment Adherence Services	Core
Medical Transportation	Support
Mental Health Services	Core
Outpatient/Ambulatory Health Services	Core
Outreach Services	Support

Resource Allocations – Minority AIDS Initiative (MAI)

#	Motion	Details
12	Motion to accept the FY 2025 Ryan White Minority AIDS Initiative <u>Flat</u> funding budget as presented.	<p>The Committee discussed calculations for future Ryan White service utilization, prior expenditures, award contract needs, unmet needs, and made adjustments in the development of the Flat funding budgets. <i>See Dashboard Cards for data references.</i></p> <p>Flat Funding means no increase from the current year to the next year.</p> <p><i>Note: One conflicted member.</i></p>
13	Motion to accept the FY 2025 Ryan White Minority AIDS Initiative <u>Ceiling</u> grant funding budget as presented.	<p>Using the Flat funding budget as a base, members built the Ceiling grant budgets, taking into account calculations for future Ryan White service utilization, prior expenditures, and unmet needs. <i>See Dashboard Cards for data references.</i></p> <p>Ceiling means the highest dollar amount we are allowed to request.</p> <p><i>Note: One conflicted member.</i></p>
14	Motion to accept the Minority AIDS Initiative service categories <i>percentage allocations</i> for the FY 2026 <u>Request for Proposal (RFP)</u>.	<p>Based on prior expenditures and estimated needs, the Committee determined the <i>percentage allocations</i> for the FY 2026 Request for Proposal.</p> <p>RFP dollar amounts relative to the percentage allocations will be reported in the future.</p> <p><i>Note: One conflicted member.</i></p>

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2025 MINORITY AIDS INITIATIVE (MAI) FLAT FUNDING BUDGET			
FY 2025 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
8	EMERGENCY FINANCIAL ASSISTANCE [S]	\$12,087	0.54%
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$791,213	35.31%
7	MEDICAL TRANSPORTATION [S]	\$7,628	0.34%
6	MENTAL HEALTH SERVICES [C]	\$18,960	0.85%
3	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$1,362,753	60.82%
4	OUTREACH SERVICES [S]	\$39,816	1.78%
5	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$8,058	0.36%
2	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A
10	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A
25	CHILD CARE SERVICES [S]	Not MAI Funded	N/A
14	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A
11	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A
20	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A
12	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	Not MAI Funded	N/A
19	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A
21	HOME HEALTH CARE [C]	Not MAI Funded	N/A
22	HOSPICE [C]	Not MAI Funded	N/A
15	HOUSING [S]	Not MAI Funded	N/A
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A
17	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A
13	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A
9	ORAL HEALTH CARE [C]	Not MAI Funded	N/A
26	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A
18	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A
23	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A
24	REHABILITATION SERVICES [S]	Not MAI Funded	N/A
28	RESPIRE CARE [S]	Not MAI Funded	N/A
16	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A
SUBTOTAL		\$2,240,515	100.00%

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

ADMINISTRATION	\$260,057
CLINICAL QUALITY MANAGEMENT	\$100,000
TOTAL	\$2,600,572
	Exp. Ratios
Core Medical Services (includes carryover exp.)³	97.34%
Support Services	2.66%

NOTES:

¹ Total based on the RWP FY 2024 final award.

² Service categories shaded in grey have been added for "FY 2025 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is required by HRSA's Notice of Funding Opportunity (NOFO) instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.

³ Actual FY 2023 Core Medical Service's expenditure ratio was 94.62%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2025 MINORITY AIDS INITIATIVE (MAI) FUNDING CEILING BUDGET			
FY 2025 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
8	EMERGENCY FINANCIAL ASSISTANCE [S]	\$12,087	0.51%
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$903,920	38.34%
7	MEDICAL TRANSPORTATION [S]	\$7,628	0.32%
6	MENTAL HEALTH SERVICES [C]	\$18,960	0.80%
3	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$1,362,753	57.80%
4	OUTREACH SERVICES [S]	\$44,134	1.87%
5	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$8,058	0.34%
2	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A
10	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A
25	CHILD CARE SERVICES [S]	Not MAI Funded	N/A
14	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A
11	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A
20	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A
12	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	Not MAI Funded	N/A
19	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A
21	HOME HEALTH CARE [C]	Not MAI Funded	N/A
22	HOSPICE [C]	Not MAI Funded	N/A
15	HOUSING [S]	Not MAI Funded	N/A
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A
17	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A
13	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A
9	ORAL HEALTH CARE [C]	Not MAI Funded	N/A
26	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A
18	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A
23	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A
24	REHABILITATION SERVICES [S]	Not MAI Funded	N/A
28	RESPIRE CARE [S]	Not MAI Funded	N/A
16	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A
SUBTOTAL		\$2,357,540	100.00%

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

ADMINISTRATION	\$273,060
CLINICAL QUALITY MANAGEMENT	\$100,000
TOTAL ²	\$2,730,600

	Exp. Ratios
Core Medical Services (includes carryover exp.) ³	97.29%
Support Services	2.71%

NOTES:

¹ Award Ceiling Totals \$28,781,891 [\$26,051,291 (Part A) and \$2,730,600 (MAI)] per HRSA's FY 2025 Notice of Funding Opportunity (NOFO) Number HRSA-25-054.

² Service categories shaded in grey have been added for "FY 2025 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is required by HRSA's Notice of Funding Opportunity (NOFO) instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.

³ Actual FY 2023 Core Medical Service's expenditure ratio was 94.62%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.

**MIAMI DADE COUNTY
RYAN WHITE PROGRAM (RWP)
FY 2026 MINORITY AIDS INITIATIVE (MAI) - RFP FUNDING PERCENTAGE (%) DIRECTIVE
BUDGET WORKSHEET**

SERVICE CATEGORIES (ALPHABETIC ORDER) ¹	CORE/SUPPORT SERVICE	FY 2026 RFP FUNDING PERCENTAGE ²
EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	0.5%
AIDS PHARMACUETICALS	CORE	0.5%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES	CORE	38%
MEDICAL TRANSPORTATION	SUPPORT	1%
MENTAL HEALTH SERVICES	CORE	1%
OUTPATIENT/AMBULATORY HEALTH SERVICES	CORE	57%
OUTREACH SERVICES	SUPPORT	2%
SUBTOTAL		100%

* Funded component of the service category.

**ADMINISTRATION
CLINICAL QUALITY MANAGEMENT
TOTAL**

	<u>Core/Support Services Allocation Ratios</u> ⁴
Core Medical Services (includes carryover exp.) ³	96.00%
Support Services	3.50%

¹ At the direction of the Planning Council during their June 17, 2024 meeting, the following service categories will be included in the upcoming Request for Proposal (RFP) procurement action for the FY 2026 budget period contracts: Housing, Non-Medical Case Management, and Psychosocial Support Services.

² The percentage of funding will be applied to the overall amount of funding to be made available during the upcoming RFP procurement process for services that

³ Actual FY 2023 Core Medical Service's expenditure ratio was 96.81% of expenditures, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.

⁴ For budgeting purposes and to ensure that the Recipient meets the 75/25 Core Medical/Support Services ratio of actual expenditures, the Recipient recommends allocating 80% or higher to Core Medical Services combined.

Resource Allocations – Ryan White Part A

#	Motion	Details
15	Motion to accept the FY 2025 Ryan White Part A <u>Flat</u> funding budget as presented.	<p>The Committee discussed calculations for future Ryan White service utilization, prior expenditures, award contract needs, unmet needs, and made adjustments in the development of the Flat funding budgets. <i>See Dashboard Cards for data references.</i></p> <p>Flat Funding means no increase from the current year to the next year.</p>
16	Motion to accept the FY 2025 Ryan White Part A <u>Ceiling</u> grant funding budget as presented.	<p>Using the Flat funding budget as a base, members built the Ceiling grant budgets, taking into account calculations for future Ryan White service utilization, prior expenditures, and unmet needs. <i>See Dashboard Cards for data references.</i></p> <p>Ceiling means the highest dollar amount we are allowed to request.</p>
	Motion to accept the Ryan White Part A services categories <i>percentage allocations</i> for the FY 2026 <u>Request for Proposal (RFP)</u>.	<p>Based on prior expenditures and estimated needs, the Committee determined the <i>percentage allocations</i> for the FY 2026 Request for Proposal.</p> <p>RFP dollar amounts relative to the percentage allocations will be reported in the future.</p>

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2025 PART A FLAT FUNDING (FORMULA & SUPPLEMENTAL FUNDING) BUDGET			
FY 2025 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
5	AIDS PHARMACEUTICAL ASSISTANCE [C]	\$88,255	0.41%
14	EMERGENCY FINANCIAL ASSISTANCE [S]	\$88,253	0.41%
6	FOOD BANK*/HOME DELIVERED MEALS [S]	\$529,539	2.44%
9	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	\$595,700	2.74%
2	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$5,869,052	27.01%
10	MEDICAL TRANSPORTATION [S]	\$154,449	0.71%
7	MENTAL HEALTH SERVICES [C]	\$132,385	0.61%
4	ORAL HEALTH CARE [C]	\$3,088,975	14.22%
15	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	\$154,449	0.71%
3	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$8,550,054	39.35%
13	OUTREACH SERVICES [S]	\$264,696	1.22%
8	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$44,128	0.20%
11	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$2,169,744	9.99%
1	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded	N/A
23	CHILD CARE SERVICES [S]	Not Part A Funded	N/A
16	EARLY INTERVENTION SERVICES [C]	Not Part A Funded	N/A
21	HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded	N/A
19	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded	N/A
22	HOME HEALTH CARE [C]	Not Part A Funded	N/A
24	HOSPICE [C]	Not Part A Funded	N/A
12	HOUSING [S]	Not Part A Funded	N/A
25	LINGUISTIC SERVICES [S]	Not Part A Funded	N/A
18	MEDICAL NUTRITION THERAPY [C]	Not Part A Funded	N/A
17	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Part A Funded	N/A
20	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Part A Funded	N/A
26	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded	N/A
27	REHABILITATION SERVICES [S]	Not Part A Funded	N/A
28	RESPIRE CARE [S]	Not Part A Funded	N/A
	SUBTOTAL	\$21,729,679	100.0%

* Funded component of the service category.
[C]= Core Medical Service; [S] = Support Service

ADMINISTRATION ²	\$2,481,075
CLINICAL QUALITY MANAGEMENT	\$600,000
TOTAL	\$24,810,754

	Exp. Ratios
Core Medical Services (includes carryover exp.) ⁴	84.53%
Support Services	15.47%

NOTES:

¹ Total based on the RWP FY 2024 final award.

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

³ Service categories shaded in grey have been added for "FY 2025 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is required by HRSA's Notice of Funding Opportunity (NOFO) instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.

⁴ Actual FY 2023 Core Medical Service's expenditure ratio was 82.66%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2025 PART A FUNDING CEILING (FORMULA & SUPPLEMENTAL) BUDGET			
FY 2025 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
5	AIDS PHARMACEUTICAL ASSISTANCE [C]	\$38,255	0.17%
14	EMERGENCY FINANCIAL ASSISTANCE [S]	\$138,253	0.61%
6	FOOD BANK*/HOME DELIVERED MEALS [S]	\$1,291,793	5.65%
9	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	\$595,700	2.61%
2	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE	\$5,869,052	25.69%
10	MEDICAL TRANSPORTATION [S]	\$200,000	0.88%
7	MENTAL HEALTH SERVICES [C]	\$132,385	0.58%
4	ORAL HEALTH CARE [C]	\$3,600,000	15.76%
15	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND	\$154,449	0.68%
3	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$8,847,707	38.73%
13	OUTREACH SERVICES [S]	\$264,696	1.16%
8	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$44,128	0.19%
11	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$1,669,744	7.31%
1	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded	N/A
23	CHILD CARE SERVICES [S]	Not Part A Funded	N/A
16	EARLY INTERVENTION SERVICES [C]	Not Part A Funded	N/A
21	HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded	N/A
19	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded	N/A
22	HOME HEALTH CARE [C]	Not Part A Funded	N/A
24	HOSPICE [C]	Not Part A Funded	N/A
12	HOUSING [S]	Not Part A Funded	N/A
25	LINGUISTIC SERVICES [S]	Not Part A Funded	N/A
18	MEDICAL NUTRITION THERAPY [C]	Not Part A Funded	N/A
17	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Part A Funded	N/A
20	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Part A Funded	N/A
26	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded	N/A
27	REHABILITATION SERVICES [S]	Not Part A Funded	N/A
28	RESPITE CARE [S]	Not Part A Funded	N/A
SUBTOTAL		\$22,846,162	100.0%

* Funded component of the service category.

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

ADMINISTRATION ²	\$2,605,129
CLINICAL QUALITY MANAGEMENT	\$600,000
TOTAL ³	\$26,051,291
	Exp. Ratios
Core Medical Services (includes carryover exp.) ⁴	83.72%
Support Services	16.28%

NOTES:

¹ Award Ceiling Totals \$28,781,891 [\$26,051,291 (Part A) and \$2,730,600 (MAI)] per HRSA's FY 2025 Notice of Funding Opportunity (NOFO) Number HRSA-25-054.

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

³ Service categories shaded in grey have been added for "FY 2025 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is required by HRSA's NOFO instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.

⁴ Actual FY 2023 Core Medical Service's expenditure ratio was 82.66%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.

**MIAMI DADE COUNTY
RYAN WHITE PROGRAM (RWP)
FY 2026 PART A (FORMULA & SUPPLEMENTAL) - RFP FUNDING PERCENTAGE (%) DIRECTIVE
BUDGET WORKSHEET**

SERVICE CATEGORIES (ALPHABETIC ORDER) ¹	CORE/SUPPORT SERVICE	FY 2026 RFP FUNDING PERCENTAGE ²
AIDS PHARMACEUTICAL ASSISTANCE	CORE	0.50%
EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	1%
FOOD BANK*/HOME DELIVERED MEALS	SUPPORT	7%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS	CORE	1%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES	CORE	26%
MEDICAL TRANSPORTATION	SUPPORT	1%
MENTAL HEALTH SERVICES	CORE	1%
ORAL HEALTH CARE	CORE	16%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING)	SUPPORT	1%
OUTPATIENT/AMBULATORY HEALTH SERVICES	CORE	35%
OUTREACH SERVICES	SUPPORT	1%
SUBSTANCE ABUSE OUTPATIENT CARE	CORE	1%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)	SUPPORT	6%
HOUSING	SUPPORT	1%
NON-MEDICAL CASE MANAGEMENT SERVICES	SUPPORT	1%
PSYCHOSOCIAL SUPPORT SERVICES	SUPPORT	0.50%
SUBTOTAL		100%

* Funded component of the service category.

**ADMINISTRATION
CLINICAL QUALITY MANAGEMENT
TOTAL**

	<u>Core/Support Services Allocation Ratios ⁴</u>
Core Medical Services (including carryover exp.) ³	80.50%
Support Services	19.50%

¹ At the direction of the Planning Council during their June 17, 2024 meeting, the following service categories will be included in the upcoming Request for Proposal (RFP) procurement action for the FY 2026 budget period contracts: Housing, Non-Medical Case Management, and Psychosocial Support Services.

² The percentage of funding will be applied to the overall amount of funding to be made available during the upcoming RFP procurement process for services that will begin March 1, 2026.

³ Actual FY 2023 Core Medical Service's expenditure ratio was 82.66%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.

⁴ For budgeting purposes and to ensure that the Recipient meets the 75/25 Core Medical/Support Services ratio of actual expenditures, the Recipient recommends allocating 80% or higher to Core Medical services combined.

STRATEGIC PLANNING COMMITTEE *1 MOTION*

Members met jointly with the Prevention Committee for Integrated Plan progress review, and held a stand-alone meeting in September. The June meeting was cancelled due to a weather event; and the August meeting was cancelled due to lack of quorum.

▪ JULY 23, 2024 - JOINT INTEGRATED PLAN REVIEW TEAM

- Reviewed Integrated Plan activity targets and progress to date in four breakout groups (see Prevention Committee, below): 1) Prevention: Know Your Status; and Women, Infants, and Youth; 2) Prevention: PrEP; Advertising; Condoms; and Syringe Services Program; 3) Care: Linkage to Care; Retention in Care; and Special Populations; and 4) Care: Disparities in Retention in Care and Disparities in Viral Load Suppression Rates Among Priority Populations. Continued revisions to Integrated Plan targets and measurements were recommended.

▪ SEPTEMBER 13, 2024

- On-boarded two new members: Nilda Gonzalez from CHI, and Shawneaqua Edwards from Behavioral Science Research Institute;
- Finalized the Assessment of the Recipient Administrative Mechanism Report; and
- Started review of the 2022 Annual Report.

Assessment of the Recipient Administrative Mechanism

#	Motion	Details
18	Motion to accept the Assessment of the Recipient Administrative Mechanism Report with minor editorial updates.	The Committee reviewed and finalized the report. Reference copies are available. The approved report will be sent to all members.

COMMUNITY COALITION ROUNDTABLE

The July meeting was cancelled due to lack of quorum.

- **JUNE 24, 2024, AT BORINQUEN MEDICAL CENTERS**
 - Conducted a Recruitment Roundtable where members and guests shared what the Ryan White Program means to them and what the Partnership means to them; and
 - Discussed Recruitment strategies pursuant to creation of a formal Recruitment Plan.

- **AUGUST 26, 2024, AT BEHAVIORAL SCIENCE RESEARCH CORP.**
 - Continued Recruitment Roundtable where members and guests shared what the Ryan White Program means to them and what the Partnership means to them;
 - Updated Recruitment Plan (official plan to be finalized in September);
 - Reviewed Annual Activities and Budget Review (Motion for Community Meet-and-Greet was adopted during Executive Committee meeting);
 - Shared Feedback from the Ryan White Conference; and
 - Received update on Partnership Ordinance changes.

Ordinance Update

Special Request

Recruitment efforts have recently yielded positive results, including on-boarding of six new Partnership members. Coalition members would like an update on the status of the Ordinance change approved by the Partnership in August 2023. Specifically, it is important to know if future recruitment efforts should be toward filling seats on a 39-member board or a 30-member board.

HOUSING COMMITTEE

The July meeting was cancelled due to lack of quorum.

▪ AUGUST 15, 2024

- Held a Housing Stakeholders Meeting which featured presentations on the Housing Opportunities for Persons with AIDS (HOPWA) Program and Epidemiological Data; and
 - Stakeholders discussed: Affordable housing opportunities they offer; currently available housing assistance for low-income individuals; and consideration for housing resources specific to the HIV population.
-

PREVENTION COMMITTEE

▪ JUNE 27, 2024

- Participated in National HIV Testing Day events in lieu of their regularly scheduled meeting.

▪ JULY 23, 2024 -JOINT INTEGRATED PLAN REVIEW TEAM

- Integrated Plan activity targets and progress to date were reviewed in four breakout groups formed: 1) Prevention: Know Your Status; and Women, Infants, and Youth; 2) Prevention: PrEP; Advertising; Condoms; and Syringe Services Program; 3) Care: Linkage to Care; Retention in Care; and Special Populations; and 4) Care: Disparities in Retention in Care and Disparities in Viral Load Suppression Rates Among Priority Populations; and
- Continued revisions to Integrated Plan targets and measurements were recommended.

▪ AUGUST 29, 2024

- Received reports from Miami-Dade County HIV Prevention Workgroups: Hispanic Initiative (Iniciativa Hispana); The Miami Collaborative MSM Workgroup; Florida Black HIV/AIDS Coalition – Miami Chapter; and Pre-Exposure Prophylaxis Workgroup;
 - National HIV Testing Day event feedback was shared;
 - Heard presentations on HIV prevention among youth (primarily grade school-aged), including: Healthy Teen Expos; Youth Health Committee activities and call to action; and group discussion on Integrated Plan activities for improving HIV prevention and testing efforts toward youth; and
 - Requested Staff to draft a letter to Mayor Daniella Levine Cava addressing the concerns about the limitations on HIV prevention education in schools and the impact of HIV and STI among youth.
-

APPROVAL OF REPORTS *1 MOTION*

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



Assessment of the Ryan White Program Recipient Administrative Mechanism March 1, 2023 – February 29, 2024

*Draft for Miami-Dade HIV/AIDS Partnership Review
September 16, 2024*



Behavioral Science Research Corporation
2121 Ponce de Leon Boulevard,
Suite 240 Coral Gables, FL 33134
mdcpartnership@behavioralscience.com



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Introduction

The Assessment of the Recipient Administrative Mechanism (AAM) is a Ryan White Program (RWP) Part A/Minority AIDS Initiative (MAI) legislative requirement and responsibility of the local Ryan White Planning Council, the Miami-Dade HIV/AIDS Partnership (Partnership). Aggregated responses are used to evaluate the performance of the Eligible Metropolitan Area (EMA)'s Recipient, the Miami-Dade County Office of Management and Budget-Grants Coordination. Selected responses are included in the annual Ryan White Part A/MAI Program grant application and non-competing continuation reports. All data and reports are reviewed and published without information identifying any Partnership member or Part A/MAI subrecipient as the respondent.

The Partnership's Strategic Planning Committee reviewed this draft report at their September 13, 2024, meeting. This draft includes responses from the Recipient which members discussed with the Recipient at the meeting. The process of inviting the Recipient to provide comments has been ongoing and provides the opportunity for a comprehensive and thoughtful response to identified areas of concern. The Recipient will share the relevant Provide® Enterprise Miami (PE Miami) responses with PE Miami and any additional feedback will be incorporated into this report.

The final AAM report will guide improvements in planning council administration, and will guide the Recipient in enhancements in administrative functions. The final report will be sent to all subrecipient agencies and to Partnership members.

For questions or clarification, please contact Behavioral Science Research Corp.: Robert Ladner, rladner@behavioralscience.com, or Christina Bontempo, cbontempo@behavioralscience.com.

Special thanks to all those who made this report possible: Strategic Planning Committee Members for survey design and review of this report; Miami-Dade HIV/AIDS Partnership Members and Miami-Dade County Ryan White Program Part A/MAI Subrecipients for survey responses; and the Recipient for review and feedback.

Methodology

Data collection for the AAM was done via two Survey Monkey surveys: one administered to Partnership members; and one administered to RWP Part A/MAI subrecipients (subrecipients). While the surveys have been refined in small measures over the history of this activity, evaluative statements on this year's surveys represent a thorough review and related revision by the Strategic Planning Committee. Survey statements were formatted to allow more opportunities for feedback, including required feedback for negative responses of "Disagree" and "Strongly Disagree," and subrecipient surveys required more specific answers on contract execution in response to 2024 HRSA site visit feedback. Where previous statements have been updated, the previous statement is marked by an "*".

Both surveys were updated by the Strategic Planning Committee and drafted by Behavioral Science Research Corporation (BSR).

Survey links were sent separately to each Partnership member and subrecipient via email or text, with a URL and QR code option. Respondents were also given the option to receive a paper copy; however, no paper copies were requested. Both surveys were self-administered, and programmed so that if a respondent was unable to complete the survey in one sitting, the respondent could pause in taking the survey, save the partially completed survey, and return to it later. Both surveys allowed respondents to make comments on each question, and, as noted above, required additional comments on negative responses. A general comments field, unrelated to specific questions, was also included at the end of each survey.

THE PARTNERSHIP SURVEY

The Partnership AAM Survey was distributed via email and text on June 27, 2024, with a July 12, 2024, due date. Partnership members who are also subrecipients were instructed to complete both the Partnership and Subrecipient surveys.

The Partnership AAM Survey:

1. Evaluated how well the Recipient responds to the funding priorities and directives set by the Partnership;
2. Evaluated whether the Recipient disburses Part A and MAI funds to subrecipients in a timely manner consistent with Partnership recommendations;
3. Evaluated the overall performance of the Recipient and the administrative subrecipient;
4. Allowed for open-ended comments and suggestions for each statement;
5. Required respondents to "explain your concern and suggest a solution to the problem" for ratings of "Disagree" or "Strongly Disagree;" and
6. Included an optional general comments field, "Additional comments or suggestions regarding the Recipient, BSR, and/or other matters."

THE SUBRECIPIENT SURVEY

Subrecipient AAM Surveys were emailed directly to one or more subrecipient representatives at each subrecipient organization. Their version allowed for more than one respondent from the organization to answer, if appropriate, and to record their name(s) as co-respondents. Subrecipients who were also Partnership members were instructed to complete both the Subrecipient and the Partnership surveys.

Beginning in 2023, the choice “Not applicable” was included on all statements. Where the option was not included in previous years, the corresponding row or column is blank. In 2024, respondents were asked how many years they have been with their organization; results of this question are included in the Subrecipient Survey Results, below.

Regarding Data Management System statements:

- In 2019, statements are related to Automated Case Management System’s (ACMS) Service Delivery Information System (SDIS), which was the data management system used during that year;
- In 2020, statements were removed while the ACMS data management system was in the process of being replaced by the Provide® Enterprise Miami (PE Miami) data management system; and
- Responses for years 2021 through 2024 are related to the PE Miami data management system.

The Subrecipient AAM Survey:

1. Evaluated whether the Recipient disburses Part A and Minority AIDS Initiative (MAI) funds to Ryan White Program service providers (subrecipients) in a timely manner, consistent with Partnership recommendations;
2. Evaluated how the Recipient manages contracts with Ryan White Program Part A/MAI subrecipients;
3. Evaluated the overall performance of the Recipient and the contracted subrecipient for planning council staff support and clinical quality management services;
4. Evaluated Groupware Technologies, LLC’s (GTL) Provide® Enterprise Miami (PE Miami) data management system;
5. Collected specific contract execution dates;
6. Evaluated the factors leading to delayed contract execution (if applicable);
7. Evaluated the impacts of delayed contract execution (if applicable);
8. Allowed for open-ended comments and suggestions for each statement; and
9. Required respondents to “explain your concern and suggest a solution to the problem” for ratings of “Disagree” or “Strongly Disagree;” and
10. Included an optional general comments field, “Additional comments or suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters.”

COMPARATIVE ANALYSIS OF AAM RESULTS 2019-2021 AND 2023-2024

BSR has historically provided the Recipient and the Partnership a five-year longitudinal analysis of the AAM results to identify ongoing challenges, if any, and to document progress made toward improving the administrative agent's functions. This report contains data from the 2019, 2020, 2021, 2023, and 2024 AAM surveys. In 2022 (for FY 2021-2022 administrative functions), no survey was distributed because the Strategic Planning Committee, the Partnership, and the Recipient were solely focused on development of the 2022-2026 Integrated HIV Prevention and Care Plan, and on meeting the Plan submission deadline.

Surveys from 2019-2020 evaluated the responses of 13 subrecipients, the total number of contracted subrecipients at that time. Surveys in 2021 and 2023 evaluated the responses of 16 subrecipients. Note that Care Resource and Food for Life Network were recorded as one entry in 2021 and 2023. The survey distribution was corrected this year to 17 funded subrecipients since those two entities are funded under separate contracts. All subrecipient results are reported by percentages, separated by reporting year.

Partnership responses have varied year to year based on the number of active members on the roster. In 2024, all 15 active Partnership members completed the survey. All Partnership results are reported by percentages, separated by reporting year.

Survey questions related to the COVID-19 response were dropped in 2023 and those results are no longer being tracked.

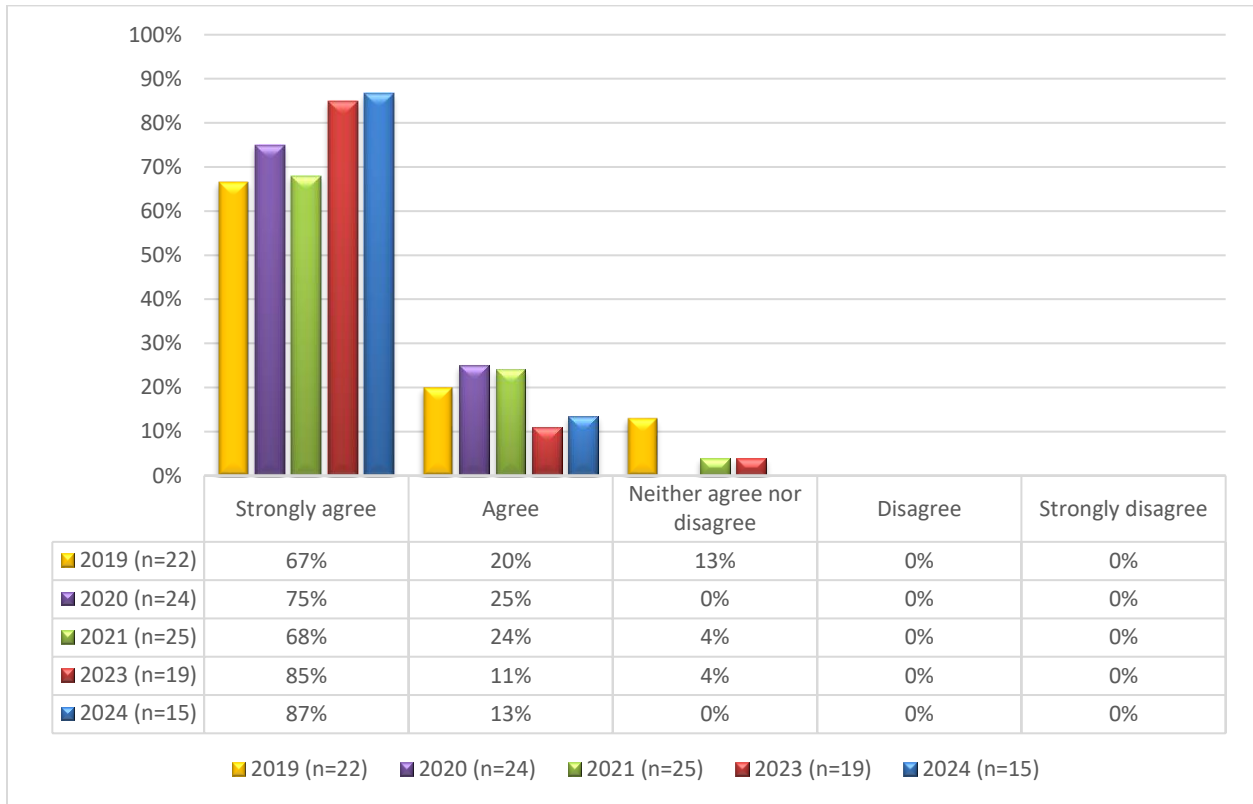
DRAFT

2024 PARTNERSHIP AAM SURVEY RESULTS

2024 GENERAL COMMENTS

- The voice of every member is at all times respected.
 - *Recipient response: Thank you for your feedback! We're glad to hear that you feel respected and valued. We believe that listening to and honoring each member's voice is crucial to our collective success and well-being. If you have any suggestions on how we can continue to foster this professional and respectful environment or improve further, please let us know. Your input is always welcome and appreciated!*
- Thanks for the support.
 - *Recipient response: We appreciate the response! We strive to be supportive to planning council members and our subrecipients. If you have any suggestions on how we can continue to foster this supportive environment or improve further, please let us know. Your input is always welcome and appreciated!*
- BSR always provides great information & is always very willing to help in any way possible for meetings to go smoothly. All documents needed are always ready & available on the website to review ahead of any meeting.
 - *Recipient response: Thank you for your feedback! We are pleased to see that the BSR team has been prepared and helpful in advance of, during, and after meetings, as well as on various projects.*
- I'm crying out for Housing. (Regarding this comment, BSR staff contacted the respondent directly.)
 - *Recipient response: Housing resources are currently available from several sources, including but not limited to the County's Ending the HIV Epidemic (EHE) Program. This information has been shared with the Partnership, subrecipients, and local Ryan White Program medical case management staff. We will work with BSR staff to ensure this information is prominently locatable in the resource pages for people with HIV on the Partnership's website (www.aidsnet.org).*
- Always a pleasure working with Dan Wall and Carla Valle-Schwenk.
 - *Recipient response: Thank you for your feedback! Our County's motto is "Delivering excellence every day!" We aim to follow that motto in all our interactions with Partnership members, clients, subrecipient staff, and the public.*

1. The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) kept the Partnership well informed of policies, procedures, and updates from HRSA which impact the Ryan White Program.

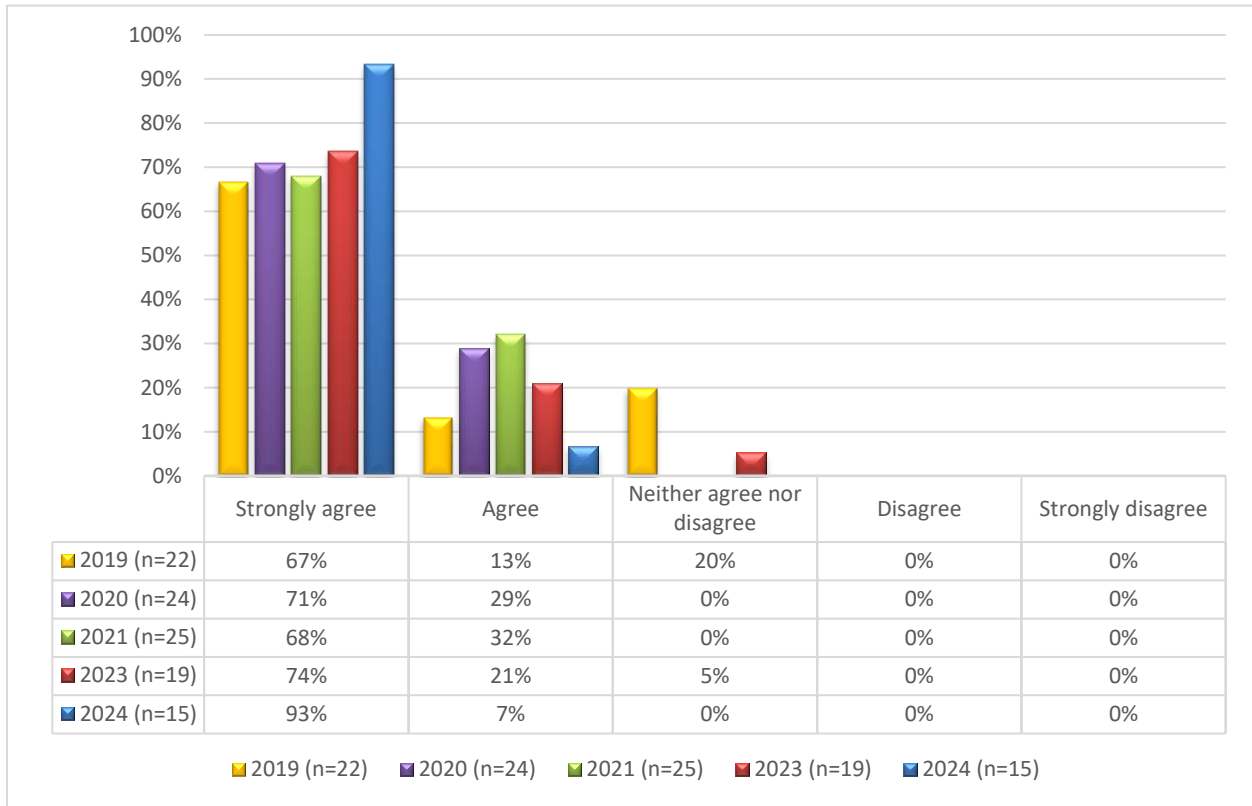


Reference Reports for Statements 2-6

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)				FY 2023 FINAL	
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33				PART A only	
FORMULA AND SUPPLEMENTAL FUNDING					
Per Resolution #s: R-1162-21, R-246-20, R-247-20 & R-817-19					
Project #: BURW3302		AWARD AMOUNTS	ACTIVITIES	Note:	
Grant Award Amount Formula		16,452,284.00	FORMULA	The recipient has reached its Formula minimum expenditures threshold of 95%.	
Grant Award Amount Supplemental		8,484,983.00	SUPPLEMENTAL		
Carryover Award FY22 Formula		723,098.00	CARRYOVER		
Total Award		\$ 25,660,365.00			
FY 2023 Award				\$24,937,202	
CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER				CURRENT CONTRACT EXPENDITURES	
DIRECT SERVICES:				DIRECT SERVICES:	
Core Medical Services				Core Medical Services	
AIDS Pharmaceutical Assistance				AIDS Pharmaceutical Assistance	
Health Insurance Services				Health Insurance Services	
Medical Case Management				Medical Case Management	
Mental Health Therapy/Counseling				Mental Health Therapy/Counseling	
Oral Health Care				Oral Health Care	
Outpatient/Ambulatory Health Svcs				Outpatient/Ambulatory Health Svcs	
Substance Abuse - Outpatient				Substance Abuse - Outpatient	
CORE Services Totals:				CORE Services Totals:	
Support Services				Support Services	
Emergency Financial Assistance				Emergency Financial Assistance	
Food Bank				Food Bank	
Medical Transportation				Medical Transportation	
Other Professional Services				Other Professional Services	
Outreach Services				Outreach Services	
Substance Abuse - Residential				Substance Abuse - Residential	
SUPPORT Services Totals:				SUPPORT Services Totals:	
FY 2023 Award (not including C/O)				FY 2023 Award (not including C/O)	
DIRECT SERVICES TOTAL:				TOTAL EXPENDITURES DIRECT SVCS & %:	
Total Core Allocation				\$ 22,167,895.19	
Target at least 80% core service allocation				97.37%	
Current Difference (Short) / Over					
Recipient Admin. (GC, GTL, BSR Staff)				Formula Expenditure % 95.17%	
Quality Management				Recipient Administration 2,008,219.94	
Grant Unexpended Balance				Quality Management 600,000.00	
Unobligated Funds (Formula & Supp)				Grant Unexpended Balance	
Unobligated Funds (Carry Over)				FY 2023 Award 884,249.87	
				Carryover 884,249.87	
				Total Grant Expenditures & % \$ 24,776,115.13 96.55%	
Core medical % against Total Direct Service Allocation (Not including C/O):				Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75% 81.90% Within Limit				Cannot be under 75% 82.66% Within Limit	
Quality Management % of Total Award (Not including C/O):				Quality Management % of Total Award (Not including C/O):	
Cannot be over 5% 2.41% Within Limit				Cannot be over 5% 2.41% Within Limit	
OMB-GC Administrative % of Total Award (Cannot include C/O):				OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10% 9.20% Within Limit				Cannot be over 10% 8.05% Within Limit	
Printed on: 6/10/2024				Page 1	

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)				FY 2023 FINAL	
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR33				PART A & MAI	
FORMULA AND SUPPLEMENTAL FUNDING					
Per Resolution #s: R-1162-21, R-246-20, R-247-20 & R-817-19					
Project #: BURW3302		AWARD AMOUNTS	ACTIVITIES	Note:	
Grant Award Amount Formula		16,452,284.00	FORMULA	The recipient has reached its Formula minimum expenditures threshold of 95%.	
Grant Award Amount Supplemental		8,484,983.00	SUPPLEMENTAL		
Grant Award Amount MAI		2,821,581.00	MAI		
Carryover Award FY22 Formula		723,098.00	CARRYOVER		
Carryover Award FY22 MAI		980,218.00	MAI_CARRYOVER		
Total Award		\$ 29,282,164.00			
FY 2023 Award				\$27,558,848	
CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER				CURRENT CONTRACT EXPENDITURES	
DIRECT SERVICES:				DIRECT SERVICES:	
Core Medical Services				Core Medical Services	
AIDS Pharmaceutical Assistance				AIDS Pharmaceutical Assistance	
Health Insurance Services				Health Insurance Services	
Medical Case Management				Medical Case Management	
Mental Health Therapy/Counseling				Mental Health Therapy/Counseling	
Oral Health Care				Oral Health Care	
Outpatient/Ambulatory Health Svcs				Outpatient/Ambulatory Health Svcs	
Substance Abuse - Outpatient				Substance Abuse - Outpatient	
CORE Services Totals:				CORE Services Totals:	
Support Services				Support Services	
Emergency Financial Assistance				Emergency Financial Assistance	
Food Bank				Food Bank	
Medical Transportation				Medical Transportation	
Other Professional Services				Other Professional Services	
Outreach Services				Outreach Services	
Substance Abuse - Residential				Substance Abuse - Residential	
SUPPORT Services Totals:				SUPPORT Services Totals:	
FY 2023 Award (not including C/O)				FY 2023 Award (not including C/O)	
DIRECT SERVICES TOTAL:				TOTAL EXPENDITURES DIRECT SVCS & %:	
Total Core Allocation				Part A 1785,210.00	
Target at least 80% core service allocation				MAI \$1,474,770.00	
Current Difference (Short) / Over				\$2,269,980.00	
Recipient Admin. (GC, GTL, BSR Staff)				Formula Expenditure % 95.17%	
Quality Management				Recipient Administration 2,234,898.59	
Grant Unexpended Balance				Quality Management 700,000.00	
Unobligated Funds (Formula & Supp)				Grant Unexpended Balance	
Unobligated Funds (Carry Over)				FY 2023 Award 2,359,020.16	
Unobligated Funds (MAI)				Carryover 166,903.88	
Unobligated Funds (Carry Over)				Total Grant Expenditures & % \$ 26,736,239.96 91.37%	
				Core medical % against Total Direct Service Allocation (Not including C/O):	
				Cannot be under 75% 82.89% Within Limit	
				Core medical % against Total Direct Service Expenditures (Not including C/O):	
				Cannot be under 75% 83.10% Within Limit	
				Quality Management % of Total Award (Not including C/O):	
				Cannot be over 5% 2.54% Within Limit	
				Quality Management % of Total Award (Not including C/O):	
				Cannot be over 5% 2.54% Within Limit	
				OMB-GC Administrative % of Total Award (Cannot include C/O):	
				Cannot be over 10% 9.27% Within Limit	
				OMB-GC Administrative % of Total Award (Cannot include C/O):	
				Cannot be over 10% 8.11% Within Limit	
Printed on: 6/10/2024				Page 1	

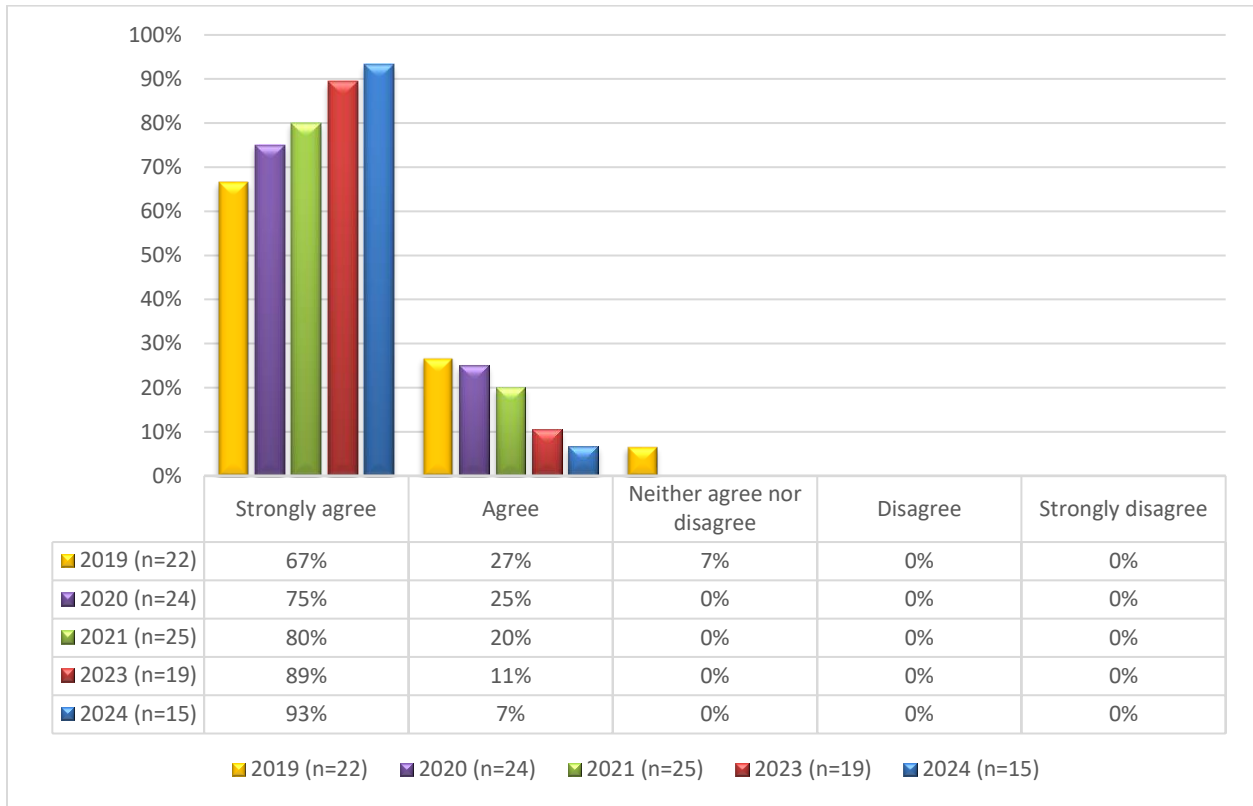
2. I understand the information presented on the Recipient’s Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports (See Reports, above).



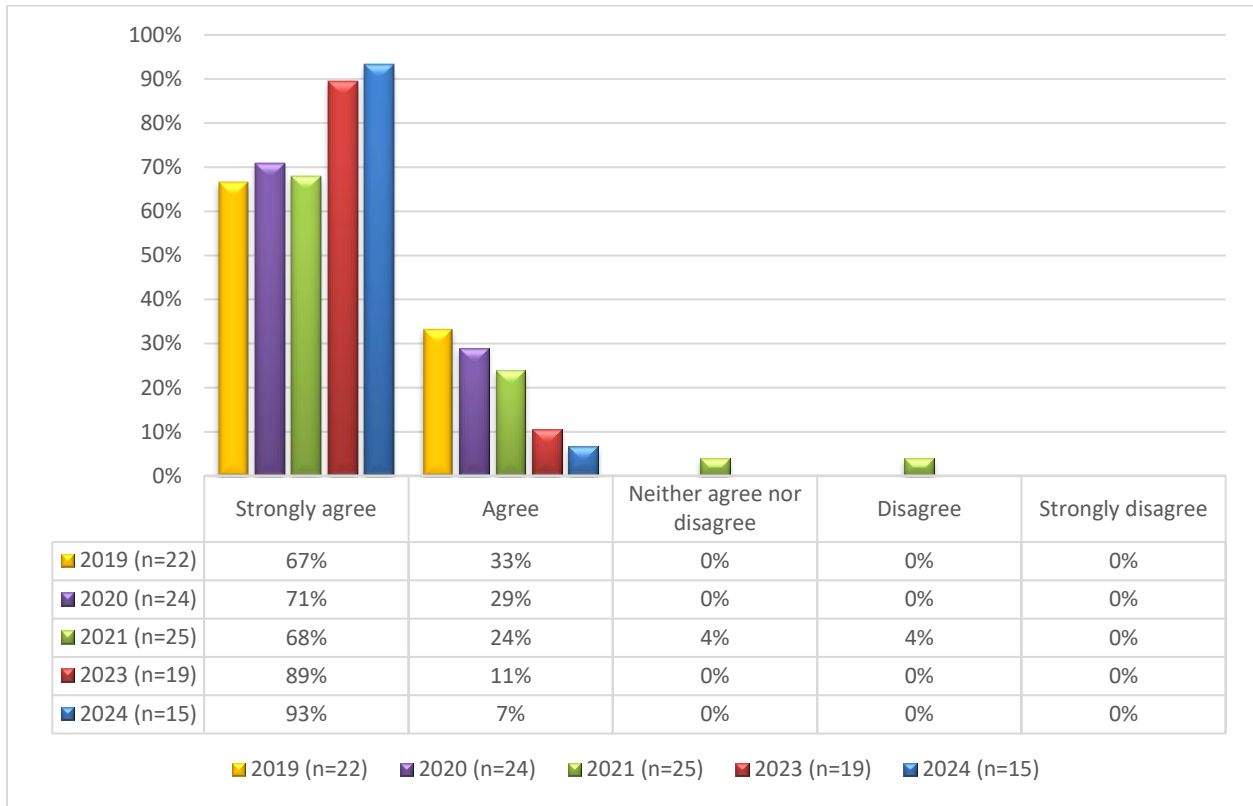
2024 COMMENTS

- It gives me the initiative to speak concerning funds being given.
 - Recipient response: We appreciate the feedback and hope the report remains useful to all members to enhance their meeting experience and involvement.
- I understand some things but not all.
 - Recipient response: At any time the information is not clear, please reach out to BSR staff or to Recipient staff for assistance in better understanding the information presented. We also welcome suggestions on how we can make the reports more user friendly. We also provide BSR with Top Line Summaries (highlights) of the information presented that they post on the Partnership’s website (www.aidsnet.org) under meeting documents.

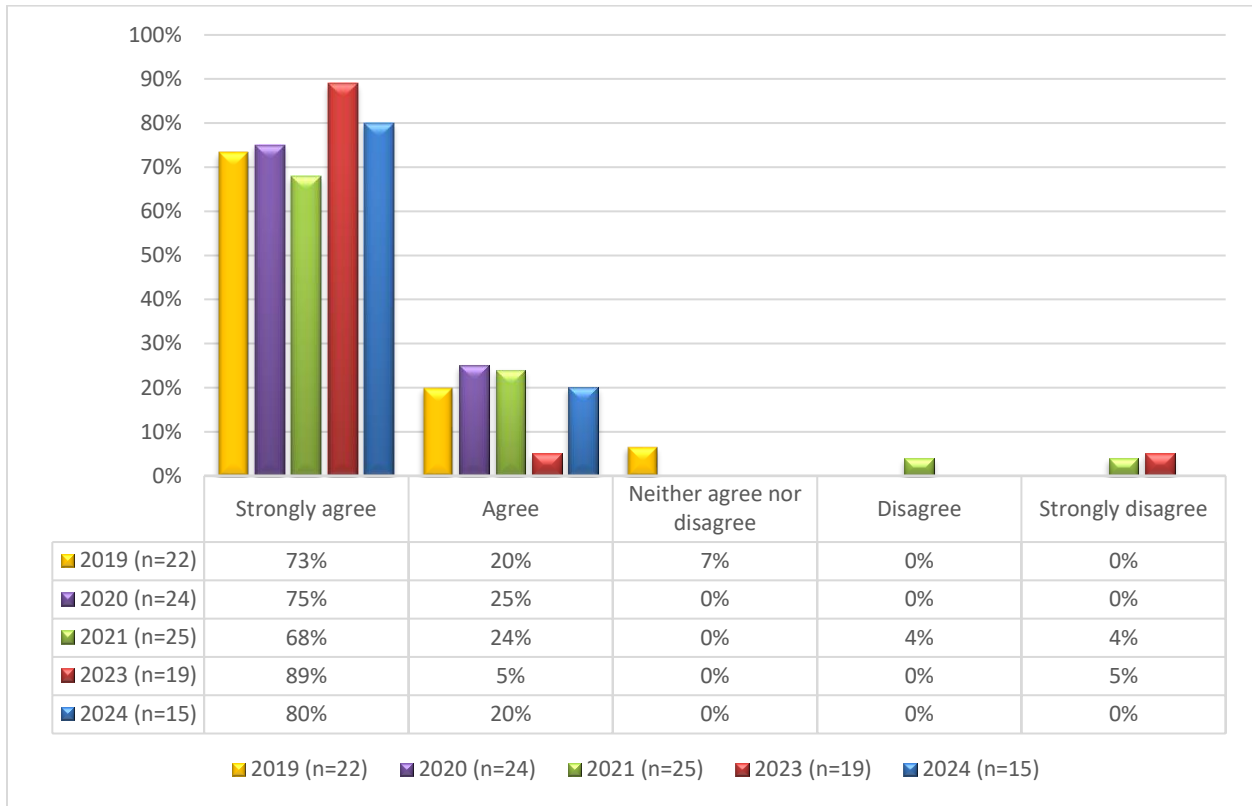
3. The Recipient followed the Partnership’s recommendations for service priorities and resource allocations. (See Reports, above).



4. The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership. (See Reports, above).



5. The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process. (See Reports, above).



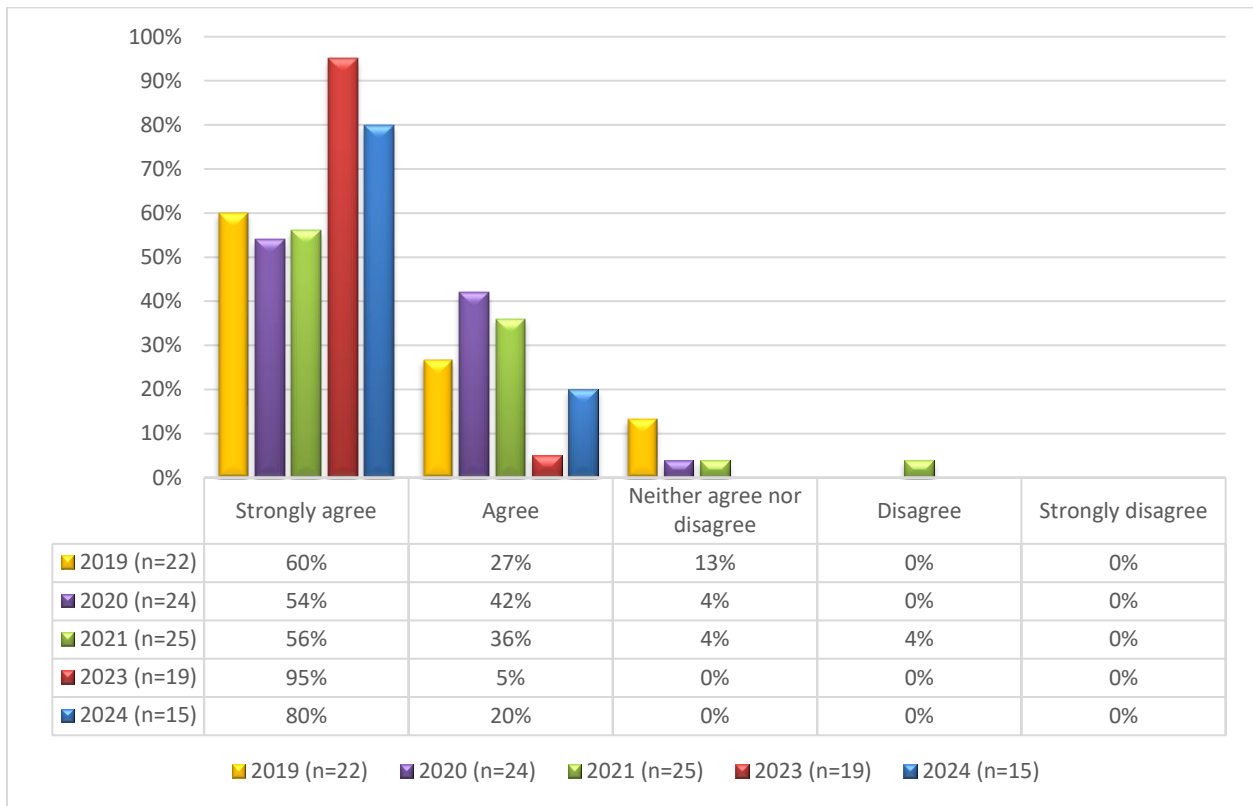
2024 COMMENTS

- I'm grateful knowing that My opinion counts.

 - Recipient response: Thank you for your feedback! We're glad to hear that you feel your opinions are respected and valued. Remember that everyone's input is welcome and appreciated!
- Don't understand all of this for Recipients.

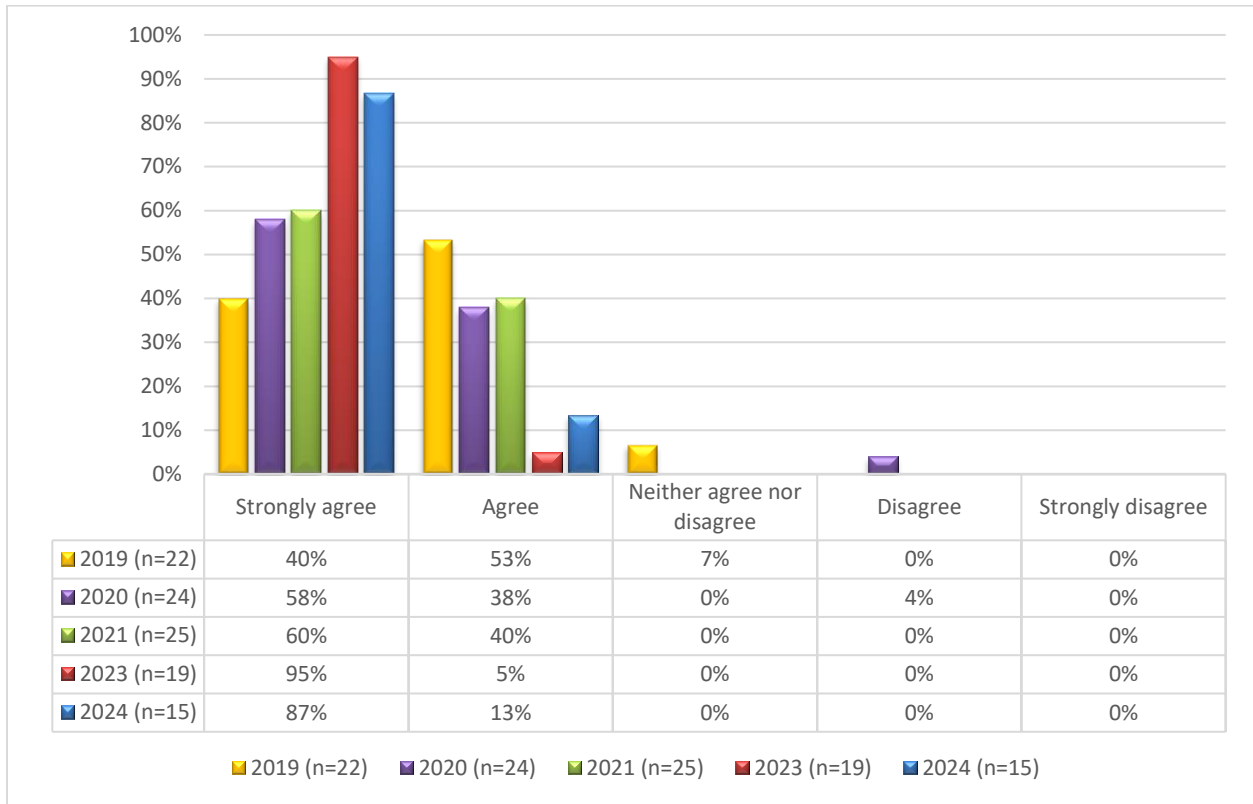
 - Recipient response: Please let us know what we can do better to ensure all members understand the Reallocations/Sweeps process. This process helps our program provide quality services to address medical and supportive needs of program-eligible people with HIV in our community, while utilizing all resources within our purview and maximizing expenditures.

6. The Recipient responded to inquiries, requests, and problem-solving needs from the Partnership, including those related to the Partnership’s Needs Assessment (Priority Setting and Resource Allocations)* in a timely manner.

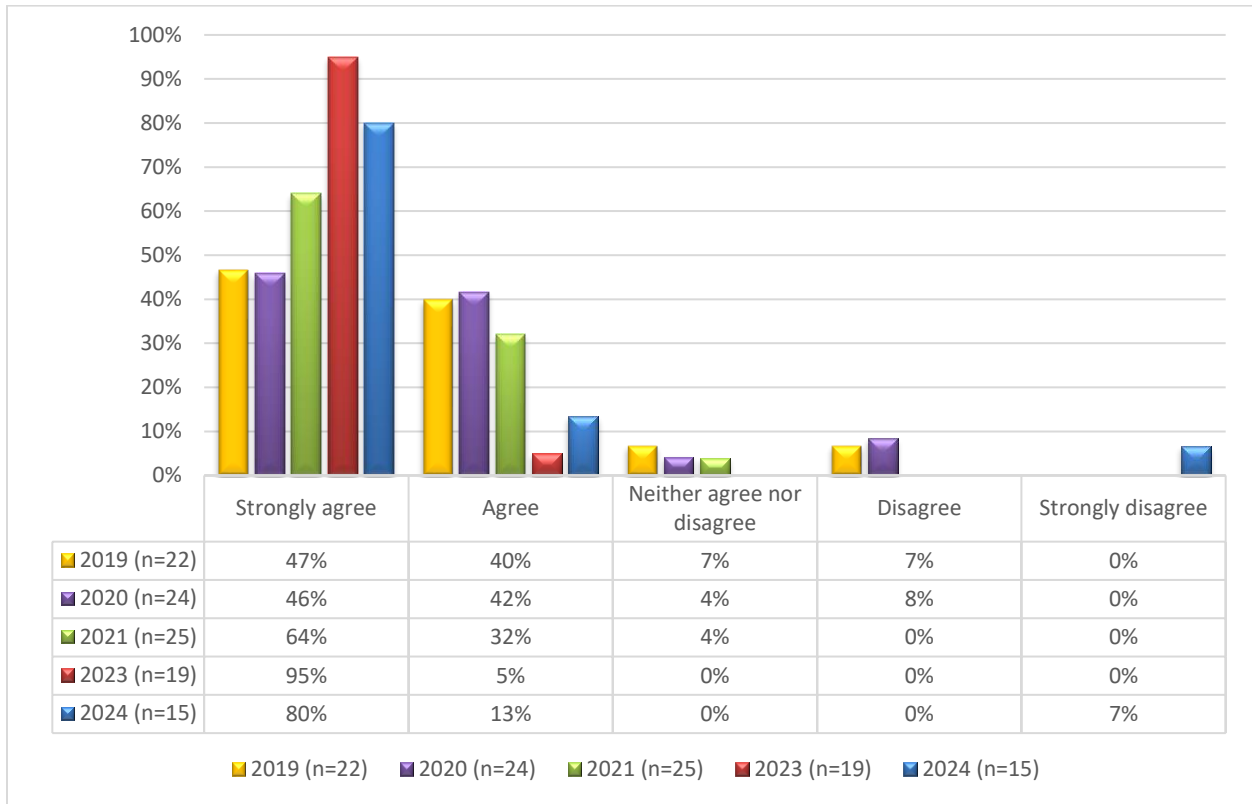


* Language added in 2024.

7. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the demographic population(s) of greatest need.



8. Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the geographic area(s) of greatest need.



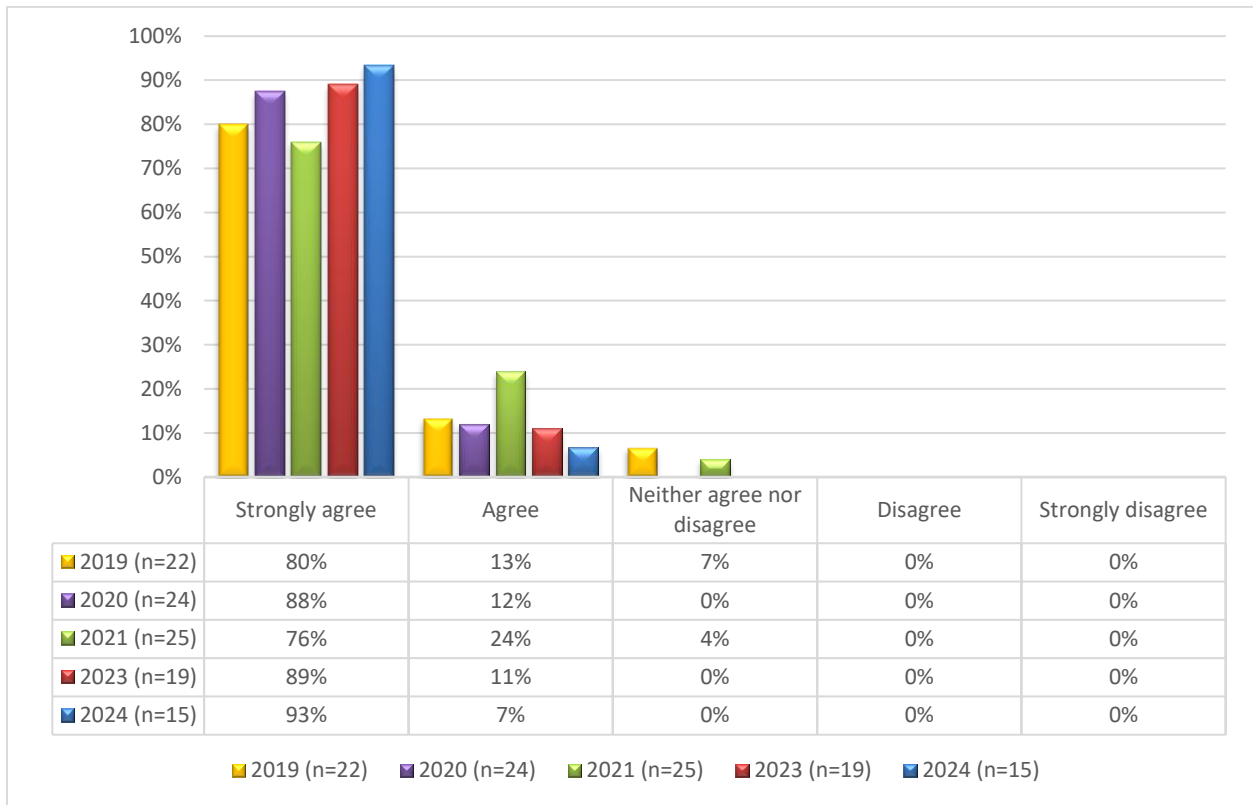
2024 COMMENTS

- The money was helpful for many people.
 - *Recipient response: We appreciate the comment. We strive to ensure that more than 9,000 clients have access to quality care from a network of service providers (subrecipients) throughout the county.*

2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- Need to move need Help some that meets my income monthly [sic]. (Regarding this comment, BSR staff contacted the respondent directly.)
 - *Recipient response: Local Ryan White Part A and Minority AIDS Initiative (MAI) Program-funded services are available to people with HIV who live in Miami-Dade County and have household income below 400% of the Federal Poverty Level (FPL). For example, in 2024, the income limit for a household of one person is \$60,390. Connecting with a Ryan White Program medical case management staff can assess client needs and identify what benefits programs are available to help meet those needs. For people with HIV whose income is above 400% of FPL, some health care, medication, and housing support resources are available through the County’s Ending the HIV Epidemic (EHE) funding.*

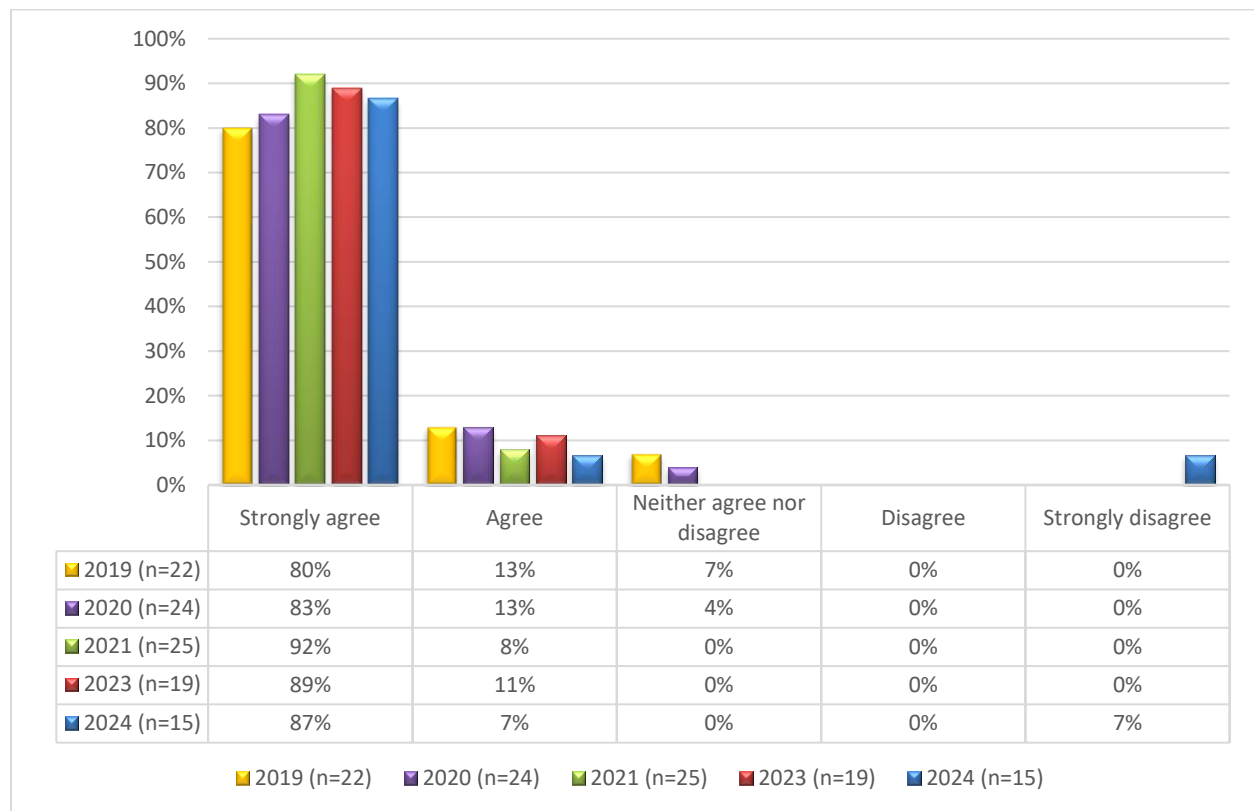
9. The Recipient's staff was courteous and respectful.



2024 COMMENTS

- I agree.
 - Recipient response: *We appreciate the comment.*
- Very respectful and informative.
 - Recipient response: *We appreciate the comment.*

10. Behavioral Science Research Corp. (BSR), the Recipient’s HIV planning council staff support contractor, responded to inquiries, requests, and problem-solving needs from the Partnership.



2024 COMMENTS

- Everything was made clear and understandable.
 - *Recipient response: We are pleased to see the mostly favorable responses relating to interaction between BSR, the contracted planning council staff support provider, and members of the Partnership and its committees.*

2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- I been going through Housing for the longest with applying for years and not being accepted going back to a back round something I had sealed in the past not being chosen waiting for years on waiting list being so patient and Humble I need Housing Please Help. (Regarding this comment, BSR staff contacted the respondent directly.)
 - *Recipient response: We see that BSR staff has reached out to this respondent for more information or to connect this person with resources to assist with their housing needs. If information is still needed, please contact the Ryan White Program Administrator, by phone (305-375-3546) or by email (Carla.ValleSchwenk@miamidade.gov).*

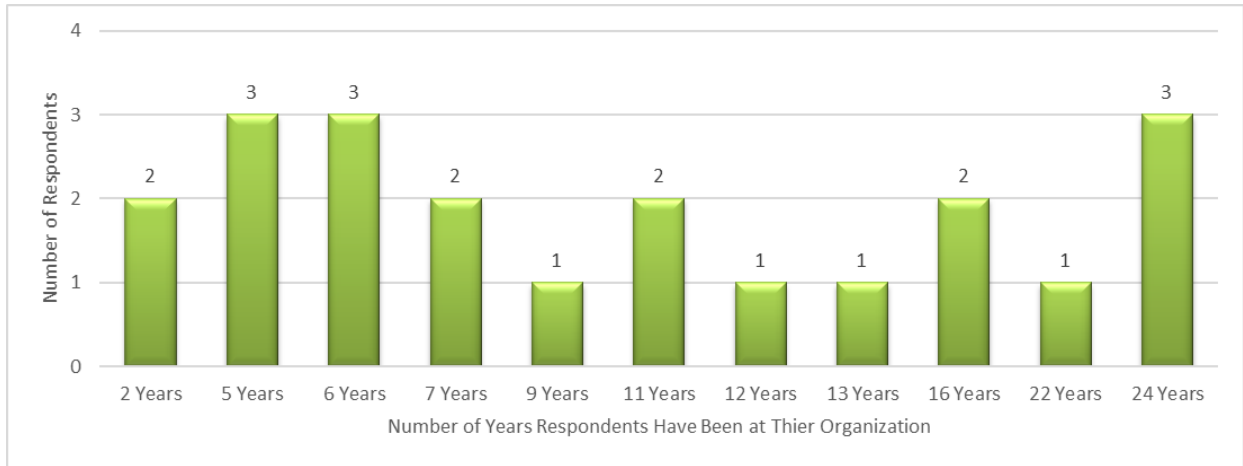
PART A/MAI SUBRECIPIENT SURVEY RESULTS

2024 GENERAL COMMENTS

- The four entities collaborate together to ensure processes and procedures are in place in delivery of services.
 - *Recipient response: We appreciate the comment.*
- The Recipient's office is always very helpful, responsive, and easy to communicate with.
 - *Recipient response: On behalf of our entire Recipient team, we appreciate the comment.*
- I am glad to have access to a product like PE, but all systems are imperfect.
 - *Recipient response: Thank you for your comment. If you have suggestions to improve the PE Miami data management system, please send comments by email to Carla.ValleSchwenk@miamidade.gov.*
- It is often difficult to communicate with managed care plans that serve our mutual patients/clients. Perhaps the Recipient or BSR can facilitate conversations with these managed care plans so organizations have a point of contact. For managed care plans that we are not in-network with, it is also difficult to substantiate payer of last resort without a relationship with that payer. This has led to services that are not billable to the Recipient. We suggest clarifying how to handle these situations to establish the Recipient as payor of last resort.
 - *Recipient response: Thank you for your feedback. Please contact the Program Administrator by phone (305-375-3546) or by email (Carla.ValleSchwenk@miamidade.gov) to provide additional context for this issue and to discuss possible next steps.*
- The Recipient has a longstanding relationship with [subrecipient] and has always met expectations.
 - *Recipient response: We appreciate the comment.*
- The Recipient is always open to support the agencies, and has an open door policy. BSR is always wanting to support agencies, and understand the challenges to serve our community.
 - *Recipient response: On behalf of our entire Recipient team and BSR staff, we appreciate the comment. In navigating the complexities of this program, it is a true partnership between our office, the planning council, subrecipients (from top level managers to front-line staff), BSR, and other stakeholders to provide quality care to our program clients. Team effort always!*
- None or N/A (4 responses).

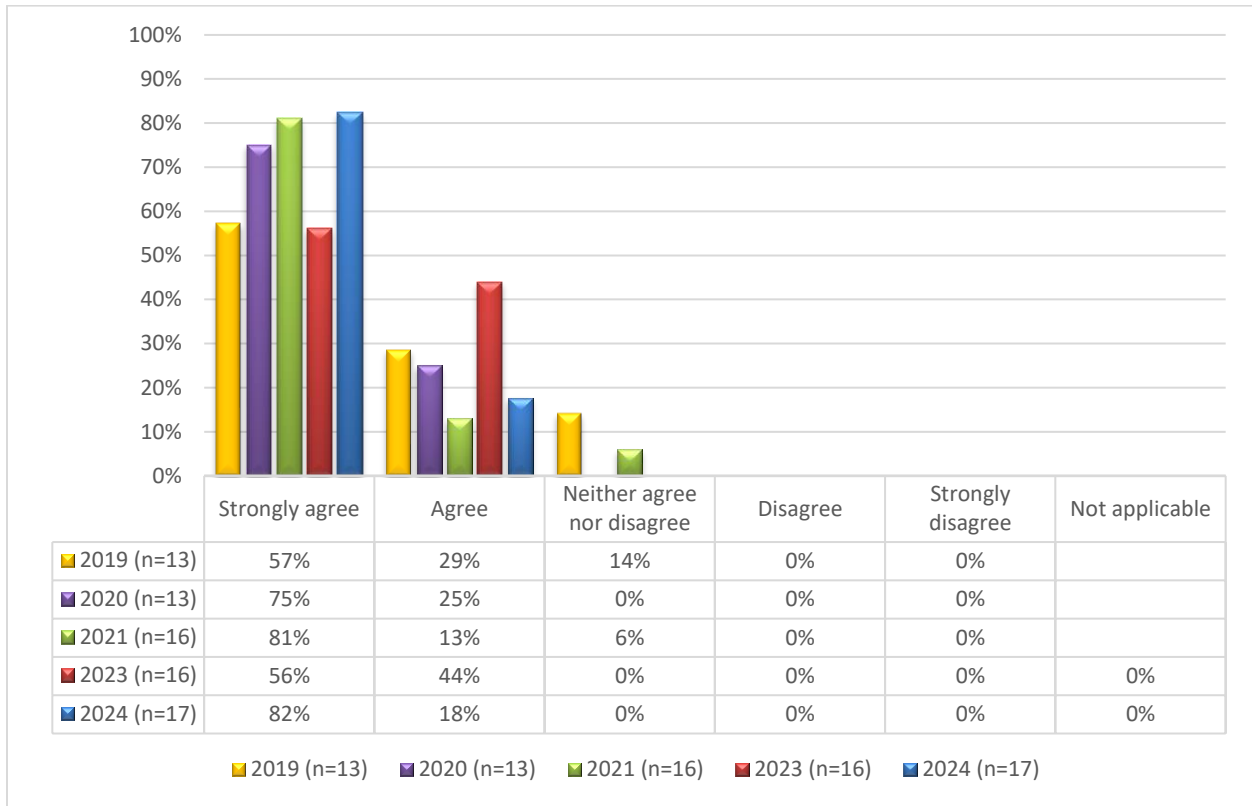
1. How many years have you been with your organization?

(Includes primary and secondary respondents; n=17. Question added in 2024.)



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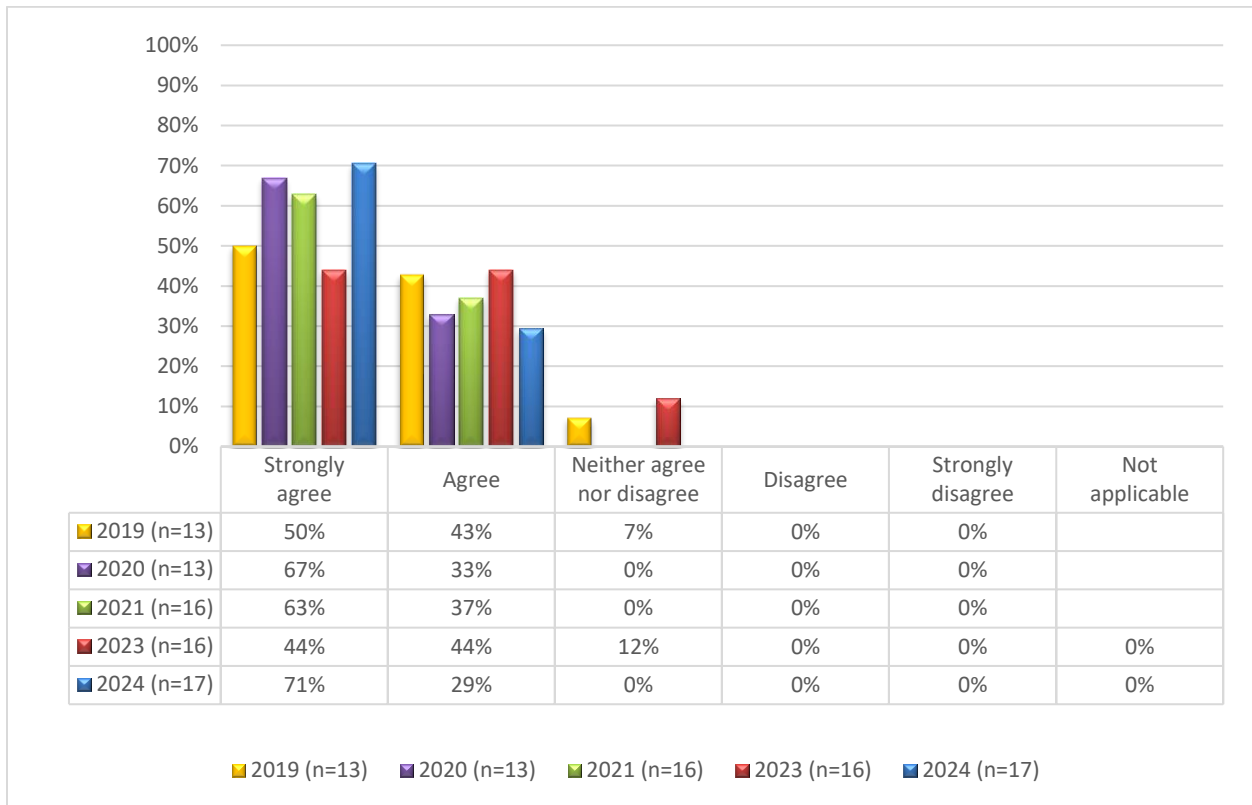
2. The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) conducted a fair contract negotiation process with our organization.



2024 COMMENTS

- Performs a great job to include the needs of the community to provide contracts in a fair fashion.
 - *Recipient response: We appreciate the comment. Thank you.*

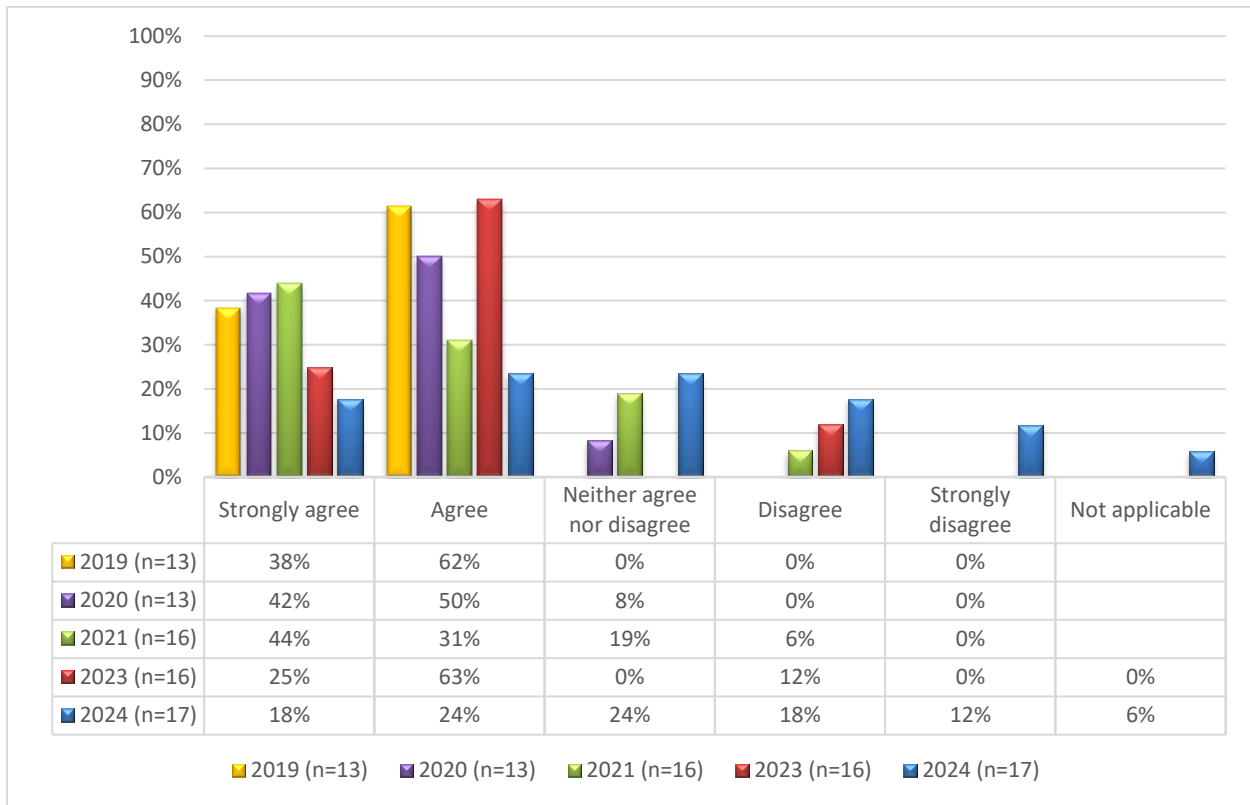
3. The Recipient sent award notifications/letters to our organization in a timely manner.



2024 COMMENTS

- Award notifications are sent on a timely manner, maybe it would be interesting when awards are sent and documents are needed to send to the recipients a calendar invite on the deadline?
 - Recipient response: Thank you for the suggestion. We will review the feasibility of including this recommendation in the next round of award notifications and reporting requirements.*

4. The Recipient executed our organization’s contract in a timely manner.



2024 COMMENTS

- Our FY23 was not executed until December 2023.
 - Recipient response: Thank you for the comment. Several competing assignments affected timely execution of contracts in FY 2023. Fourteen of 18 FY 2023 contracts were executed by October 31st; with only two executed in July. One subrecipient received their contract documents to be signed at the end of September but did not return the signed documents until January 2024, even after multiple inquiries and reminders. Please also see below.
- Much improved over previous years!
 - Recipient response: Thank you for acknowledging the improvements – streamlining internal processes, using a 100% electronic process, using templates, etc. However, we still need to do better. It is important to note that through our improvement efforts thus far, in FY 2024, 12 of 18 contracts were executed by July 31, 2024. One contract remains on hold because the agency has not passed the due diligence review. As the most needed component to ensure improvement in this area, our office anticipates hiring new staff by the end of this calendar year to focus on more timely contract development and execution for FY 2025. Until then, we will review and approve the remaining FY 2024 contracts as soon as possible.

- We appreciate the fact that the contracts are executed as timely as possible, sometimes, subrecipients delay returning documents which also delays the process. I would suggest if there is a delay as an agreement between parties, that billing and sweeps, should be re-considered and re-scheduled, otherwise this also causes confusion and additional delays.
 - *Recipient response: Thank you for acknowledging the challenges. Continuing to submit monthly invoices in a timely manner, even while contract execution is pending, helps with our expenditure projections to determine if we will be able to spend down our Part A and MAI awards by the end of the grant fiscal year, as well as for determining if we have available resources to address unmet needs and service gaps. Prior year expenditure patterns are also reviewed. Before making any reductions to contract amounts, our fiscal team communicates directly with subrecipient program and fiscal staff to share recommended reduction amounts and give the subrecipient the opportunity to agree to the proposed reduction or to provide justification for another reduction amount or no reduction. Results of this analysis (in the aggregate by service category) are provided to the planning council to make decisions on reallocations/sweeps by service category and funding type to address unmet needs and service gaps.*

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2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

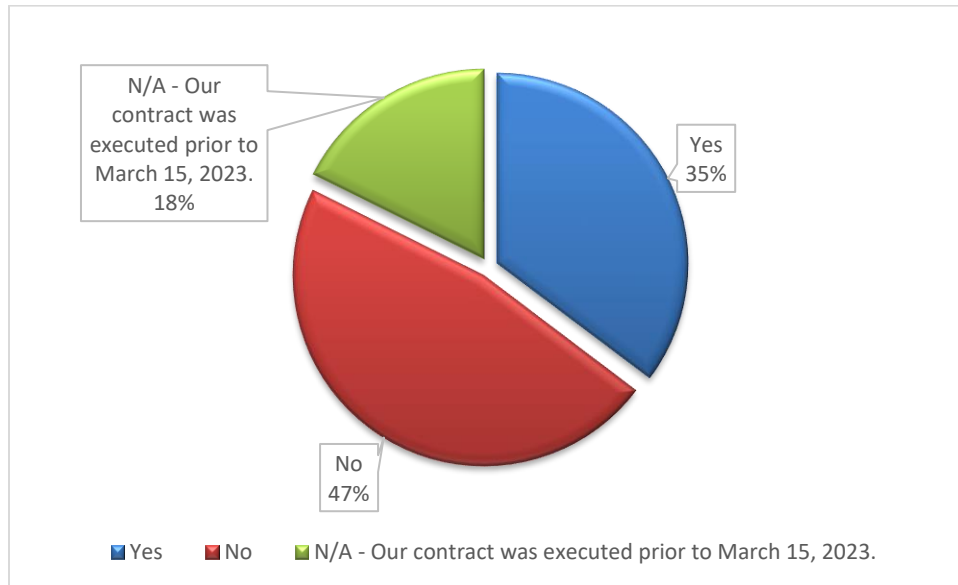
- June 10, 2024.
 - *Recipient response: Thank you for the response. See also the comments above.*
- For FY 2023-2024, the contract execution was completed on 07/26/2023, five months after the beginning of program services. The Recipient was open to communications and our concerns and rectified for FY 24-25.
 - *Recipient response: Thank you for the response. See also the comments above.*
- Our FY23 contract was not executed until December 2023. This impacted payments and our finance operations. Suggestion to execute earlier in the FY.
 - *Recipient response: Thank you for the response. See also the comments above.*
- “Concern” assumes too much. Municipal contracting is normally arduous.
 - *Recipient response: Thank you for the comment. Unfortunately, this is indeed an arduous process. There are numerous local, state, and federal requirements to address before a contract can be approved for execution. We continuously look for ways to improve and streamline the processes.*
- Contract executed far beyond fiscal year start date.
 - *Recipient response: Thank you for the response. See also the comments above.*

5. Please indicate the date of your FY 2023-2024 contract execution. (Question added in 2024.)

The dates submitted as answers are available for review, but are not included in this report since they did not align with the dates on record with the Recipient. The Recipient provided FY 2023 and FY 2024 contract execution dates as of August 2024, as noted in the table below. Note, there are 18 contracts indicated because this table includes the Administration/Clinical Quality Management contract, which does not count toward the survey responses.

Contract Execution Dates in Chronological Order FY 2023 and FY 2024				
#	FY 2023		#	FY 2024
1	July 26, 2023		1	April 26, 2024
2	July 26, 2023		2	May 16, 2024
3	August 8, 2023		3	May 30, 2024
4	August 16, 2023		4	June 10, 2024
5	August 16, 2023		5	June 10, 2024
6	August 25, 2023		6	June 10, 2024
7	September 13, 2023		7	June 10, 2024
8	September 13, 2023		8	July 12, 2024
9	September 13, 2023		9	July 22, 2024
10	September 13, 2023		10	July 25, 2024
11	October 19, 2023		11	July 25, 2024
12	October 26, 2023		12	August 1, 2024
13	November 21, 2023		13	August 15, 2024
14	October 16, 2023		14	August 21, 2024
15	October 20, 2023		15	Pending
16	December 22, 2023		16	Pending
17	December 26, 2023		17	Pending
18	January 26, 2024 (contract sent to agency to sign at the end of September; returned signed in January)		18	Pending

6. For contract execution later than March 15, 2023, were there internal factors within your organization that led to delays? (Question added in 2024.)



Responses as submitted are shown in this chart, however, as noted in the *Contract Execution Dates in Chronological Order* table, above, it should be noted that contract execution dates submitted by subrecipients did not match the Recipient's official record of contract execution dates. Rewording of this statement and/or further instructions may be necessary for future surveys.

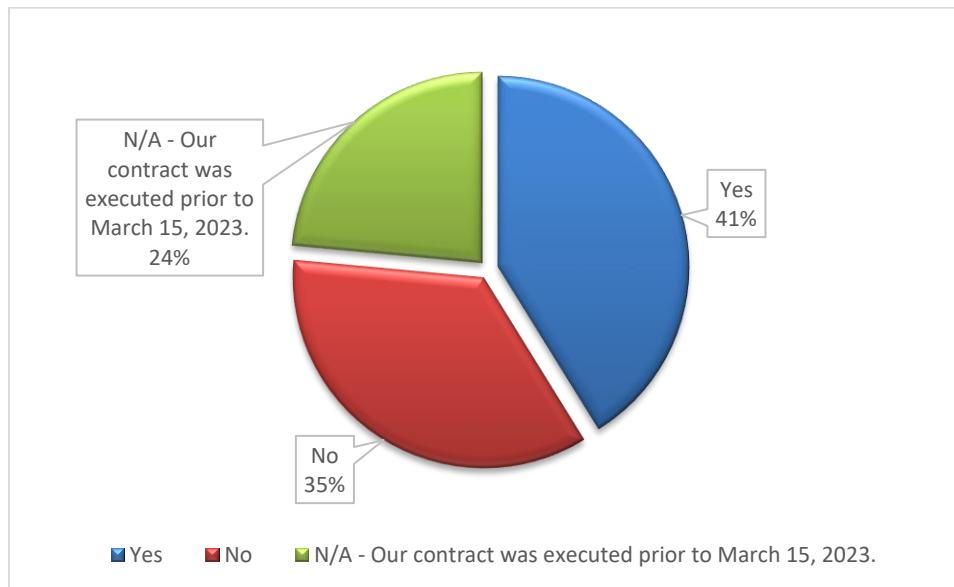
7. Please explain the internal factors within your organization that led to delays of contract execution. (Question added in 2024.)

- Trying to obtain all of the necessary documents.
 - *Recipient response: Comment noted. Thank you.*
- Due to the internal routing process for documents, everything requested was submitted 2 days after the due date.
 - *Recipient response: Comment noted. Thank you.*
- Obtaining required signatures
 - *Recipient response: Comment noted. Thank you.*
- Close-out of fiscal year 23-24 and program site monitoring response tasks were all required around the same time as contract execution. Additionally, we had another site monitoring from another agency during this period of time.
 - *Recipient response: Comment noted. Thank you.*
- Office of Research Administration has several checks prior to executing a contract.
 - *Recipient response: Comment noted. Thank you.*

- Board minutes accepting contract and corporate resolution delays submission of paperwork
 - *Recipient response: Comment noted. This item is needed annually. To help mitigate delays, we will include a reminder in the provisional award letter rather than waiting to request it during the due diligence review and contract execution steps.*

DRAFT

8. For contract execution later than March 15, 2023, were there external factors with the Recipient that led to delays? (Question added in 2024.)



Responses as submitted are shown in this chart, however, as noted in the *Contract Execution Dates in Chronological Order* table, above, it should be noted that contract execution dates submitted by subrecipients did not match the Recipient's official record of contract execution dates. Rewording of this statement and/or further instructions may be necessary for future surveys.

9. Please explain the external factors with the Recipient that led to delays of contract execution. (Question added in 2024.)

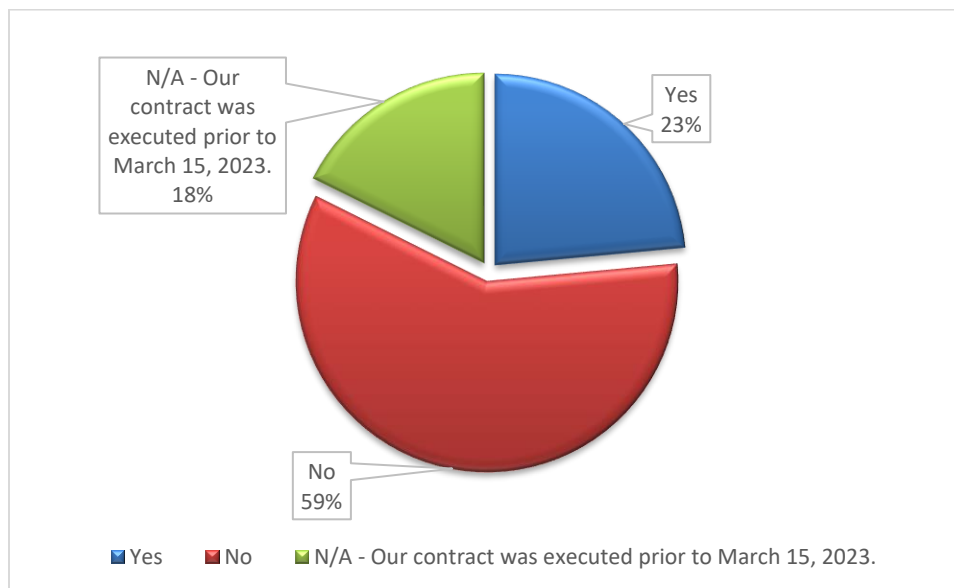
- We received renewal documents via email on 9/17/2023.
 - *Recipient response: This comment is not clear to us. Please provide additional context and clarity by email to Carla.ValleSchwenk@miamidade.gov, or to remain anonymous please provide more detail through BSR. Thank you.*
- I am able to describe, not explain, external factors. These relate to delays in obtaining approval for the allocated amounts assigned to our agency and municipal leadership signoff. Based on communications received at the time (updates) OMB seemed to be on top of their portion of the process.
 - *Recipient response: Comment noted. Thank you.*
- 1. NoA [Notice of Award] was received late; 2. The due diligence tasks takes time to be completed.
 - *Recipient response: Comment noted. Thank you. For context, the FY 2023 provisional award letters for the local contracting process were issued February 17, 2023. The corresponding final Notice of Award (NoA) from HRSA was received on April 5, 2023. For FY 2024, the provisional award letters were issued January 5, 2024, but the final NoA was not received until May 23, 2024. The due diligence review process is lengthy. We must ensure the organization is in good standing after reviewing several local, state, and federal contracting requirements. To assist in this process, we will consider including the review*

templates with the provisional award letters for transparency and for subrecipients to address potential issues in advance.

- Revisions to the contract language after 3/15/24.
 - *Recipient response: Comment noted. Thank you. We will try to ensure the contract template is reviewed and approved by the County Attorney's Office prior to March 1st each year. Necessary changes would then be addressed through amendments.*
- As mentioned before, delays from subrecipients delays the flow as well. In addition, we know County staff is limited.
 - *Recipient response: Comment noted. Thank you. We are working on increasing staffing in this area.*
- Unspecified (2 responses).
 - *Recipient response: No comment.*

DRAFT

10. Did delays in contract execution cause service disruptions or organizational disruptions?
(Question added in 2024.)



Responses as submitted are shown in this chart, however, as noted in the *Contract Execution Dates in Chronological Order* table, above, it should be noted that contract execution dates submitted by subrecipients did not match the Recipient's official record of contract execution dates. Rewording of this statement and/or further instructions may be necessary for future surveys.

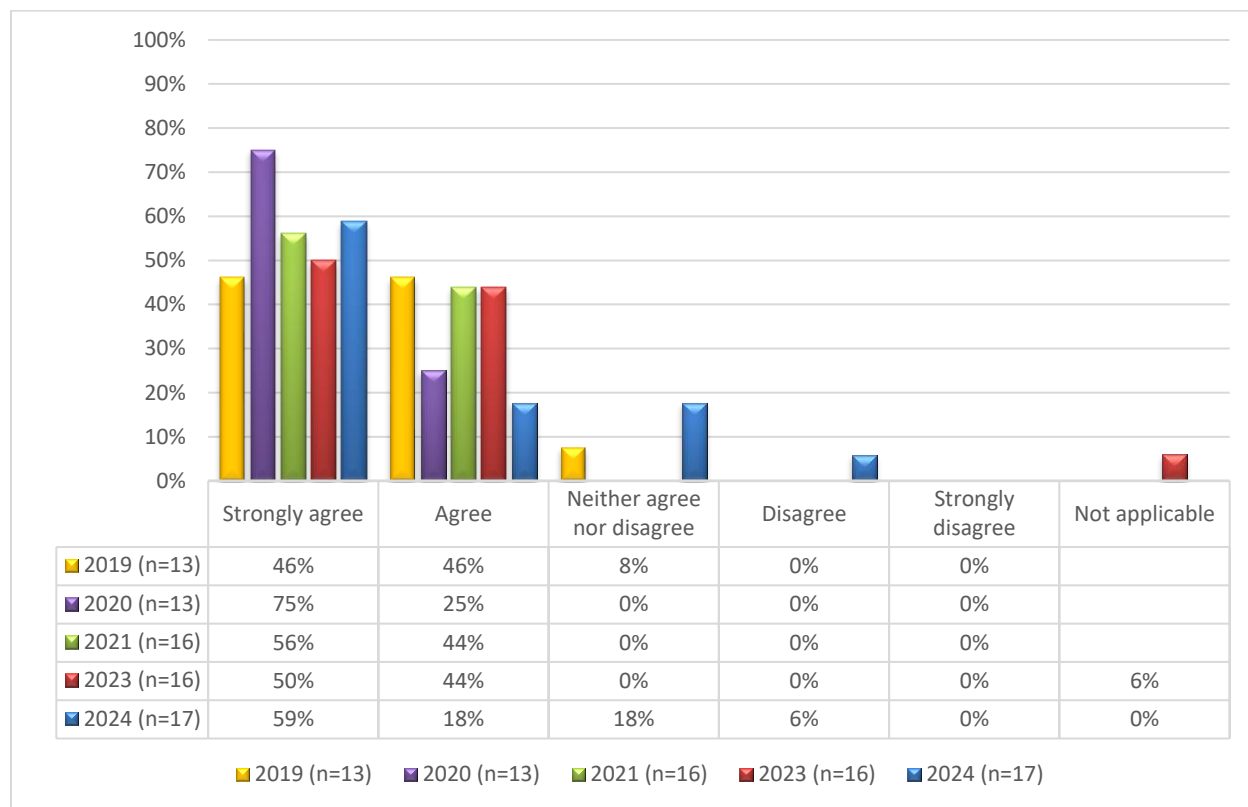
11. Please detail service disruptions or organizational disruptions resulting from delayed contract execution. (Question added in 2024.)

- Organizationally, we needed to make sure funding allocations were available for operational needs and keep reserves in place while expansions were also being implemented.
 - *Recipient response: Comment noted. We appreciate your team's patience and willingness to continue providing services to clients. We sincerely apologize for the related organizational disruptions.*
- Ryan White CM Supervisor trying to complete Quarterly report for Broward. Clients calling and/or stopping by the office. Numerous documents to be completed by both counties.
 - *Recipient response: Comment noted. Notably, there are staffing constraints at the Recipient and Subrecipient levels. We will keep this in mind as our requests and reporting deadlines are communicated.*
- The organization required having financial reserves to carry programs while completing expansions of facilities affecting budgetary constraints.
 - *Recipient response: Comment noted. We appreciate your team's patience and willingness to continue providing services to clients. We sincerely apologize for the related organizational disruptions.*

- There were no service disruptions. We had disruptions in properly recording our finances for providing RW Part A services.
 - *Recipient response: Comment noted. We appreciate your team's patience and willingness to continue providing services to clients. We sincerely apologize for the related organizational disruptions.*

DRAFT

12. There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance.



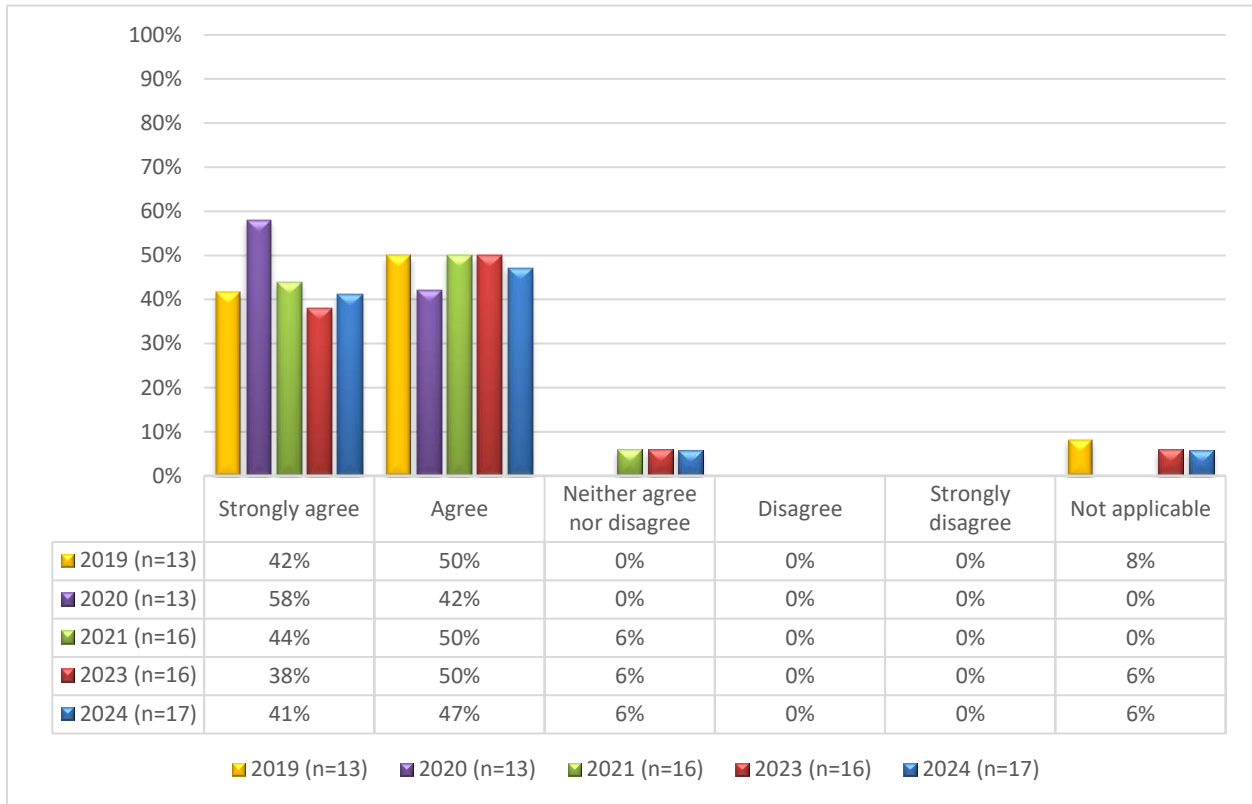
2024 COMMENTS

- Notification from OMB regarding items are reviewed and confirmed prior to disallowance.
 - *Recipient response: Comment noted. Thank you.*
- The process is normally to disallow line items first and then allow organization to contest the disallowance.
 - *Recipient response: Comment noted. Thank you. It is recommended that subrecipients review program requirements and limitations then review previous disallowances to identify and/or understand reoccurring issues to prevent future disallowances. As required by the federal Uniform Guidance and as reflected in the signed certification on each invoice, it is the subrecipient’s responsibility to review invoices thoroughly for completeness and accuracy before submitting them for reimbursement.*
- Recipient communicates openly for resolutions prior to any disallowance.
 - *Recipient response: Comment noted. Thank you. We aim to always maintain clear and continuous lines of communication.*

2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- There were differences.
 - *Recipient response: Comment noted. Thank you.*

13. The Recipient contacted our organization to review utilization and expenditures that were not on target.



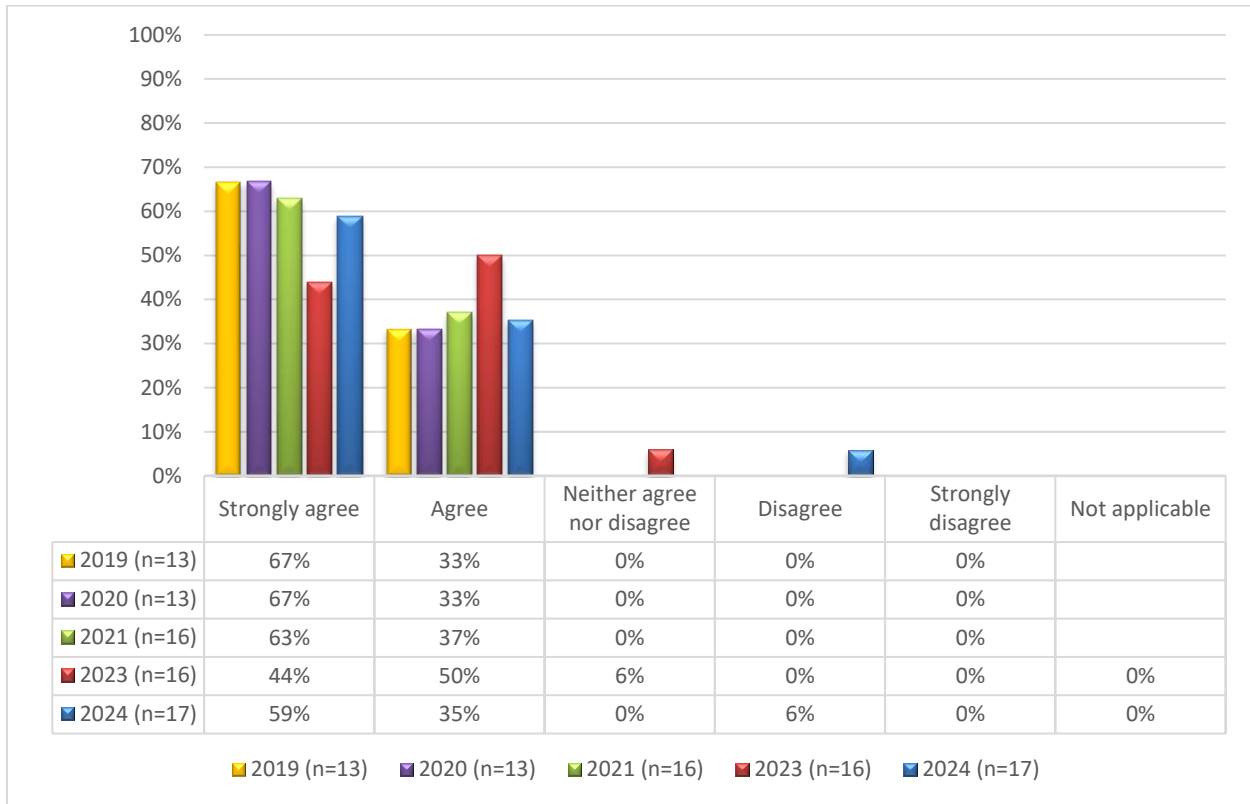
2024 COMMENTS

- We were notified of proposed sweeps.

 - *Recipient response: Comment noted. Thank you.*
- We are contacted to reduce spending, but discussion about utilization and expenditures occur only when sub-recipient reaches out. Maybe reviewing patient volume and un-billables, with the agencies to provide additional support.

 - *Recipient response: Thank you for your feedback. Our team will review this comment further to determine ways to provide additional support in this area. Subrecipient program and/or fiscal staff who are authorized with a Contract Management role in PE Miami should be regularly reviewing the unbillables report to determine if items are truly unbillable (i.e., do not meet program guidelines) or if an override request is warranted.*

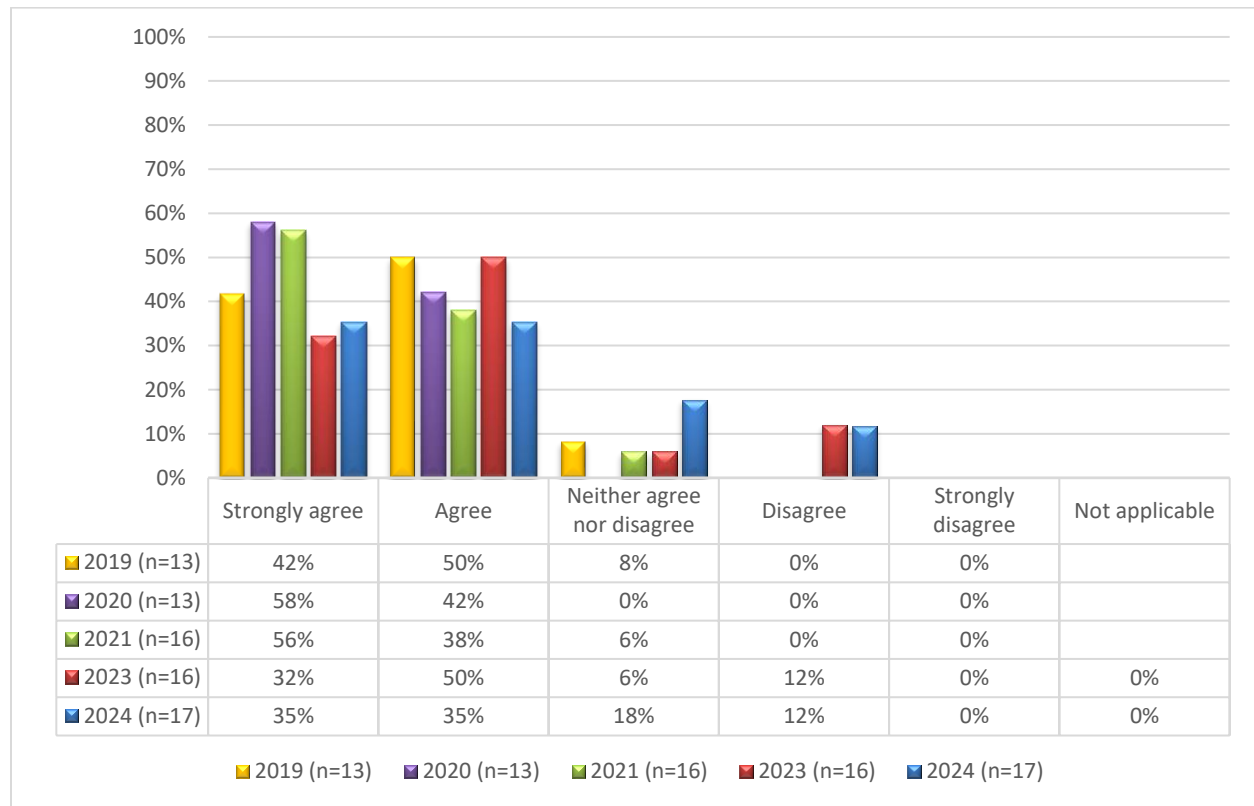
14. The Recipient reviewed our organization’s service utilization and reimbursement requests submissions in a timely manner.



2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- Reimbursements not timely.
 - *Recipient response: Comment noted. Thank you. For context, please note that reimbursement requests can only be processed once the contract is executed. Once we have an executed contract, more than 90% of the reimbursement requests are processed in 25 days or less.*

15. The Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices.



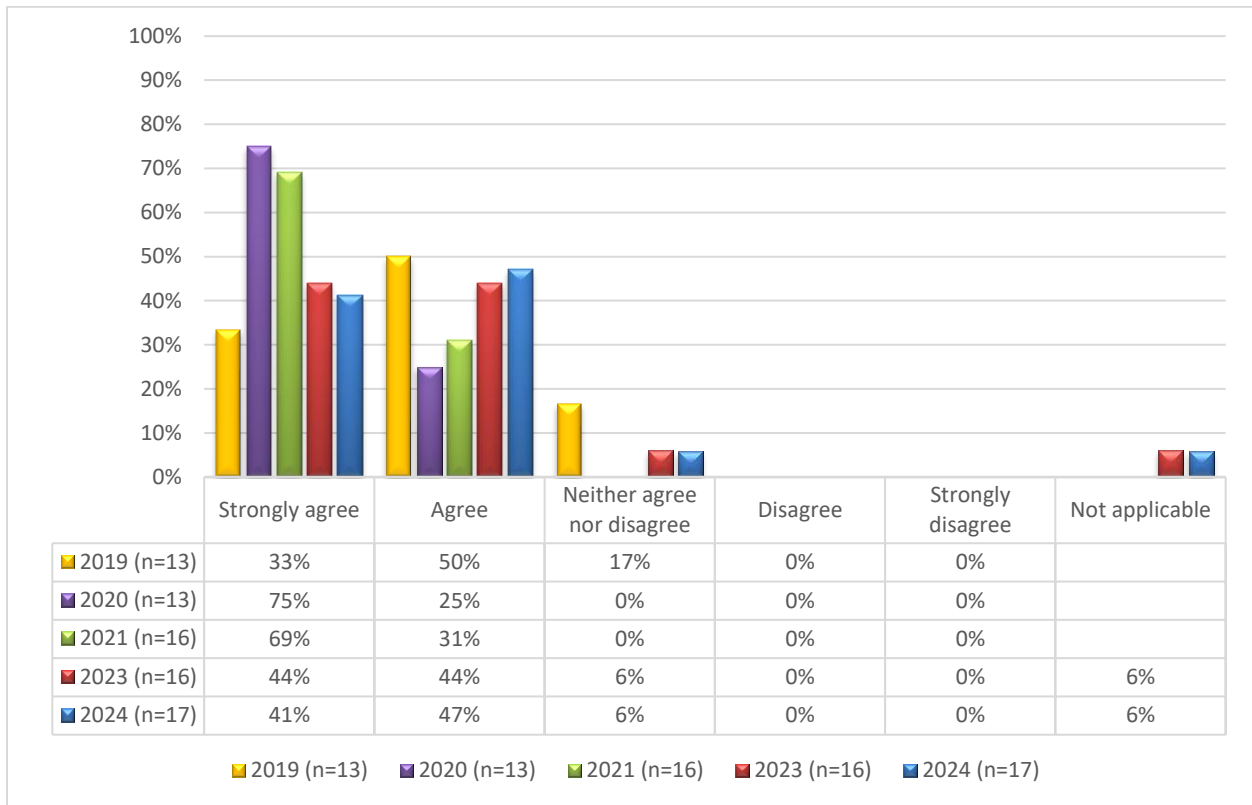
2024 COMMENTS

- We did not receive payment until the contract was executed, which was delayed.
 - *Recipient response: Comment noted. Thank you. For context, please note that reimbursement requests can only be processed once the contract is executed. Once we have an executed contract, more than 90% of the reimbursement requests are processed in 25 days or less.*

2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- Payment process takes more than 30 days, often.
 - *Recipient response: Comment noted. Please see above. Thank you.*
- We were not paid for invoices until our contract was executed, which was delayed until December 26, 2023.
 - *Recipient response: Comment noted. Thank you. We are striving to execute contracts in a more timely manner.*

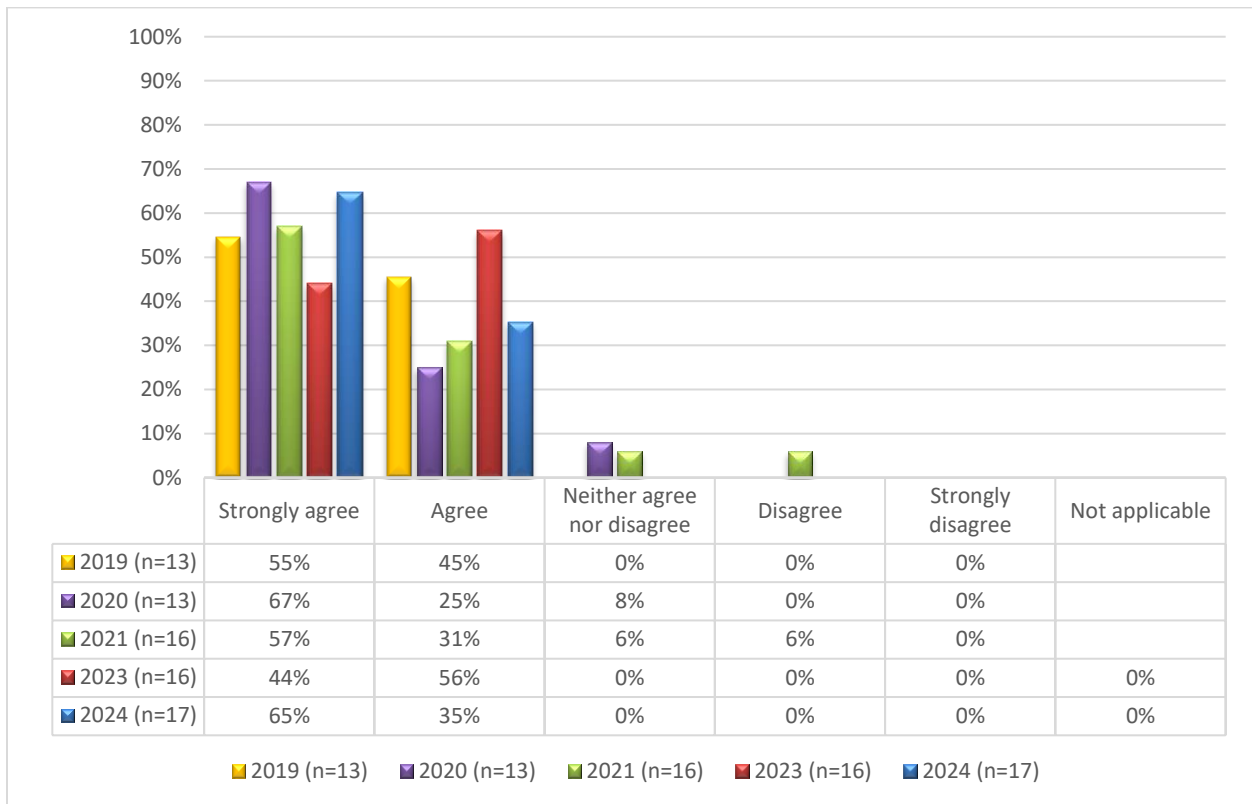
16. The Recipient clearly explained any holds or disallowances on reimbursement requests.



2024 COMMENTS

- Very clear.
 - *Recipient response: Comment noted. Thank you.*

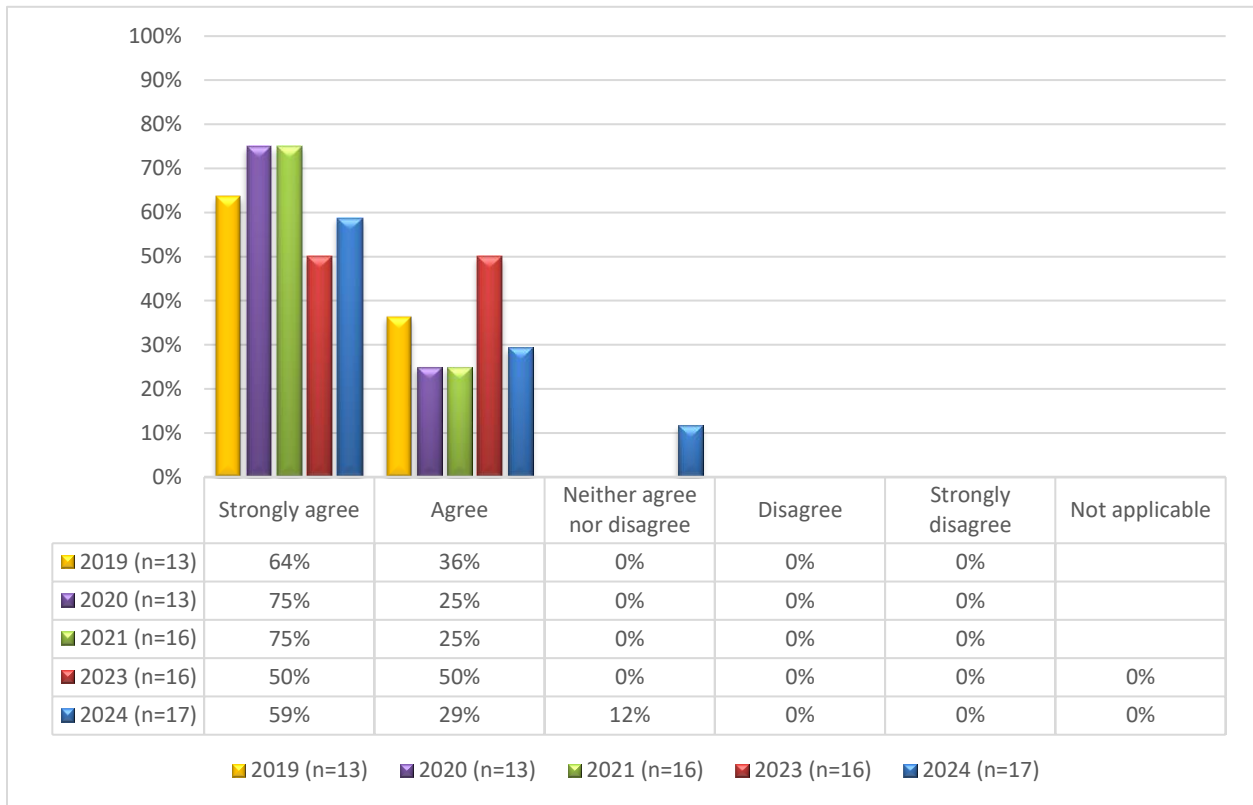
17. The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).



2024 COMMENTS

- Open communications and updates were provided.
 - *Recipient response: Comment noted. Thank you.*
- Recipient communicates openly and timely notifications.
 - *Recipient response: Comment noted. Thank you.*

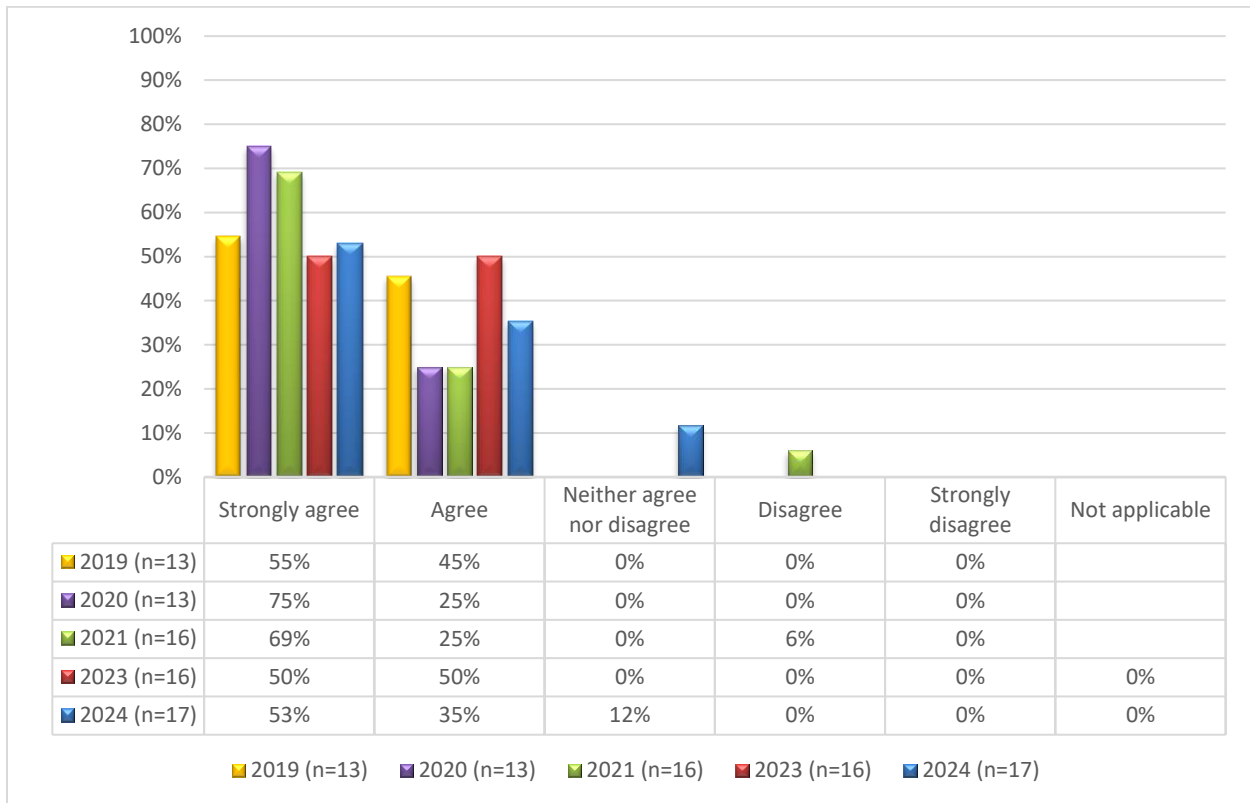
18. Communication between the Recipient and our organization has been timely.



2024 COMMENTS

- We have a great communication and always available.
 - *Recipient response: We appreciate the comment. Thank you.*

19. Communication between the Recipient and our organization has been effective.

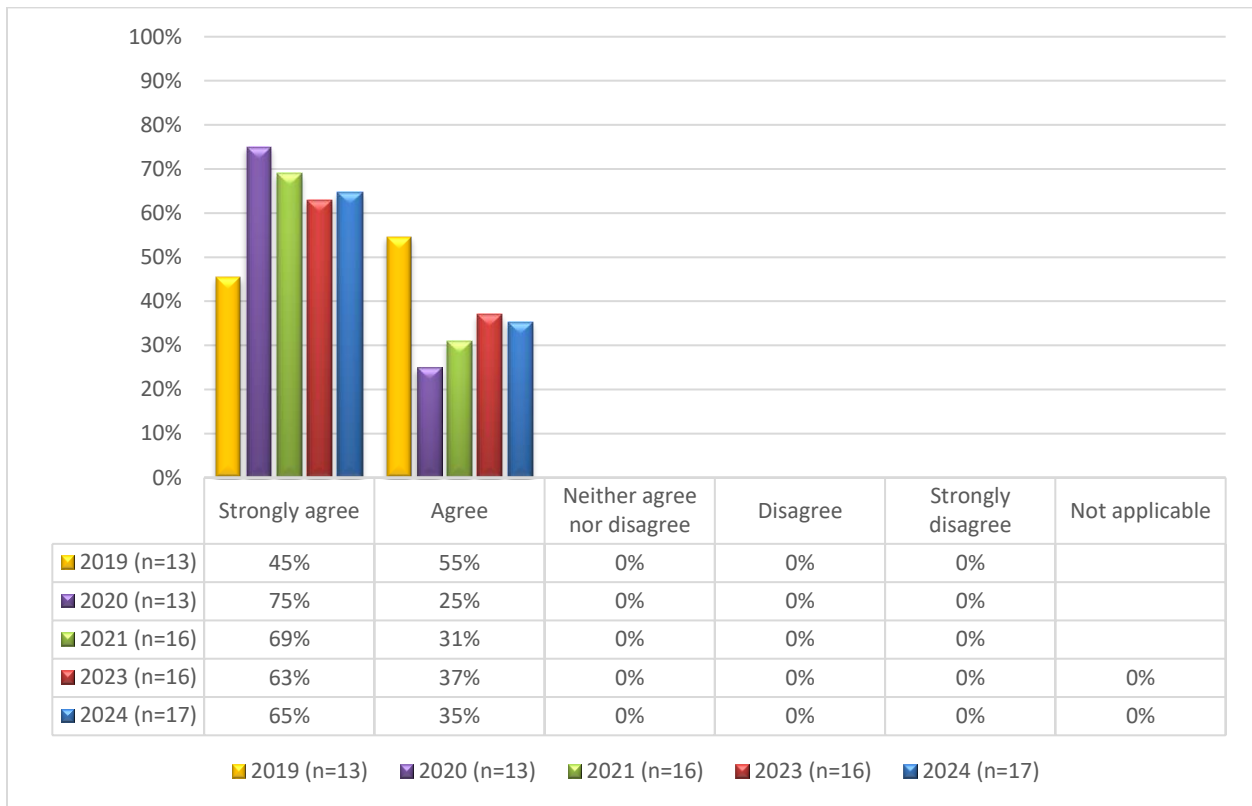


2024 COMMENTS

- Received conflicting instructions on reporting completion.
 - Recipient response: Comment noted. Additional context is requested so that we may improve in this area, ensuring that our instructions are clear and timely. Please send a related email to Carla.ValleSchwenk@miamidade.gov, or to remain anonymous please provide more detail through BSR. Thank you.*

- Sometimes with staff turnover at our agency, we have to repeat sometimes the same questions, maybe having a FAQ on their website could allow to avoid some of that repetition that puts the recipient to answer similar concerns multiple times.
 - Recipient response: Excellent suggestion. We will work to develop a related Frequently Asked Questions (FAQ) resource for our County webpage. It would be helpful if the person who made the comment provided some questions to get the FAQ started. Please send a related email to Carla.ValleSchwenk@miamidade.gov, or to remain anonymous please provide the questions through BSR. Thank you.*

20. The Recipient informed our organization of reallocation processes (sweeps) to identify unmet needs or service gaps*, and the requirements of a spending plan in order to adjust our organization’s budget during the contract year.

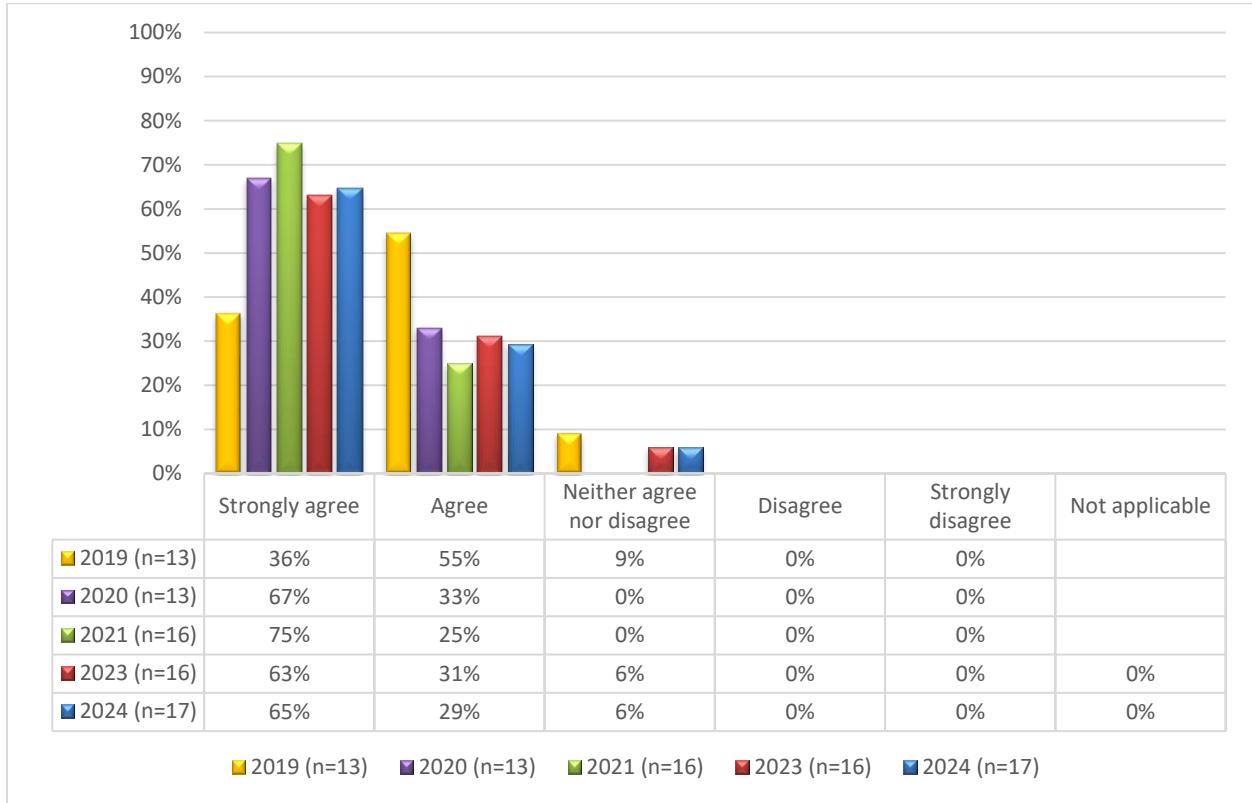


2024 COMMENTS

- As mentioned before, if there is a delay in contract execution, sweeps should also be delayed, as agencies might have a lag in billing and agencies might lose an opportunity
 - Recipient response: Comment noted. Thank you. However, with multiple tasks related to addressing unmet need and maximizing resources, it is not always feasible to delay the reallocations/sweeps process. Our improvement in this area will need to come from completing the contract execution process timelier; in which, as noted above, we have made significant progress.*

* Language added in 2024.

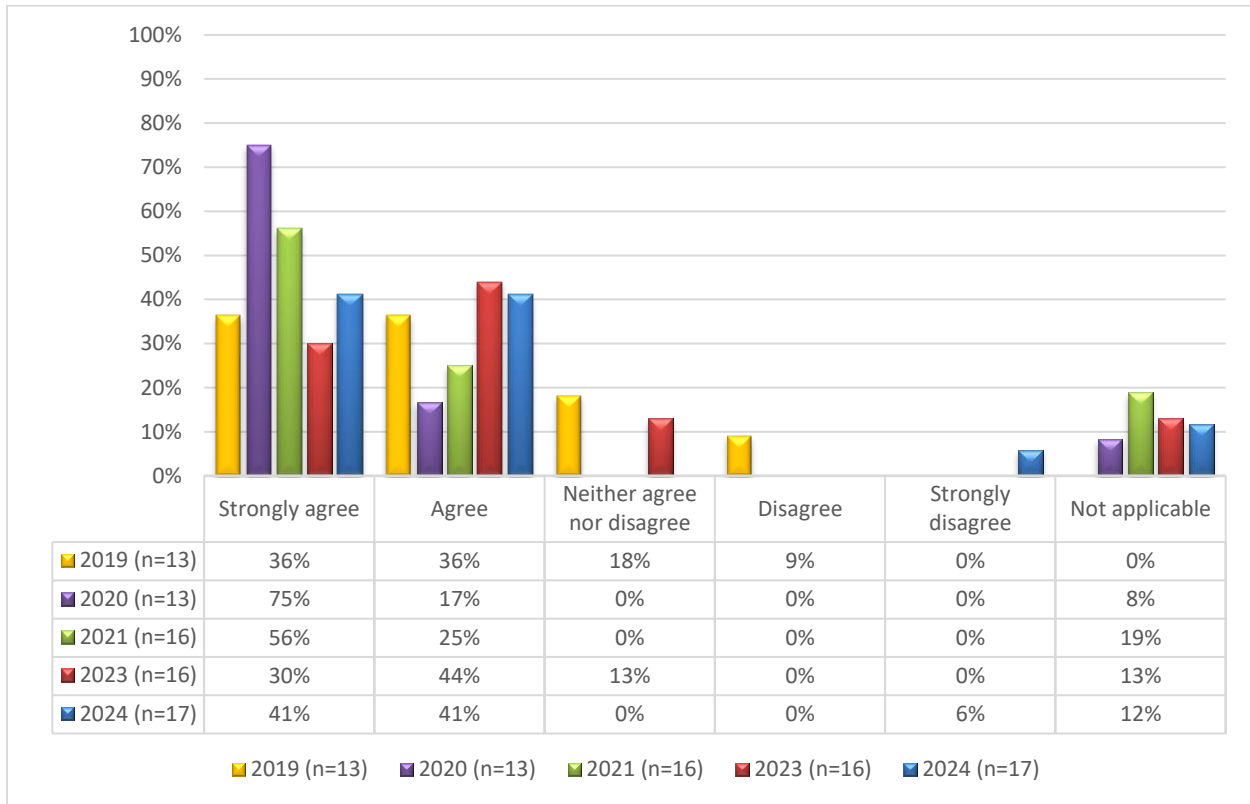
21. The Recipient kept our organization well informed of Miami-Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable services, etc.).



2024 COMMENTS

- The website needs to be updated, although emails and information is on-going, sometimes is easier to go on the website and look at updated information.
 - Recipient response: Noted and agreed. Once contracts are fully executed, we will work on updating the website. Thank you.*

22. When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue.



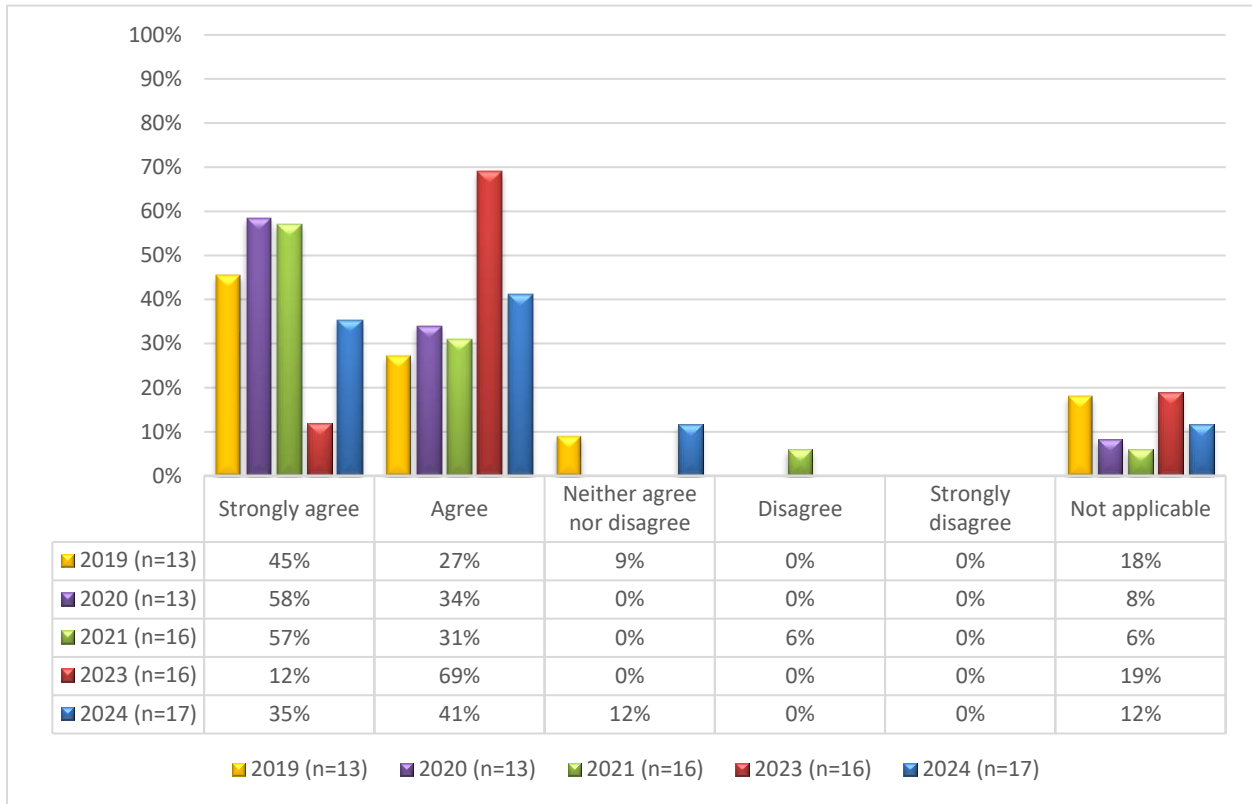
2024 COMMENTS

- We did not have any compliance issues.
 - *Recipient response: Comment noted.*

2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- Not allowed adequate time and unreasonable requests during monitoring.
 - *Recipient response: Comment noted. However, it would be helpful to know what the task was, what the deadline was, and what amount of time would be recommended as adequate. Also, it would be helpful to know what requests were unreasonable during the required monitoring process. As previously noted, this is a complex system with many local, state, and federal requirements. Sometimes requests or due dates (especially for federal reporting or annual monitoring requirements) cannot be waived or delayed. However, we can do better in communicating the requirements and any urgencies. Please send additional comments or suggestions by email to Carla.ValleSchwenk@miamidade.gov; or to remain anonymous please provide more detail through BSR. Thank you.*

23. When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided in a timely manner.



2024 COMMENTS

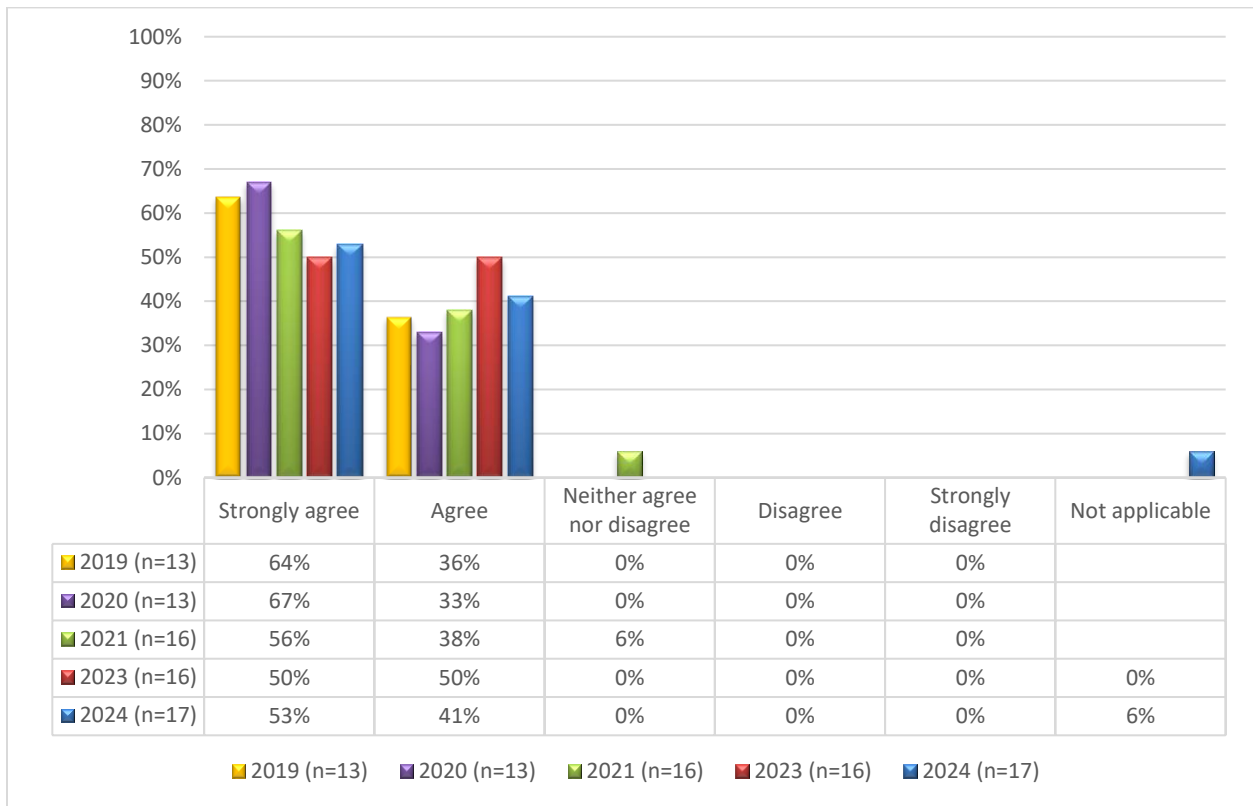
- It would be great if virtual workshops or TA meetings were held to discuss changes in HHS/HRSA guidelines.

 - *Recipient response: Comment noted. Thank you. Please contact Carla Valle-Schwenk, Program Administrator (by email to Carla.ValleSchwenk@miamidade.gov), or your assigned Contracts Officer to request technical assistance. We will develop a TA session or connect you with an appropriate external TA provider or workshop.*

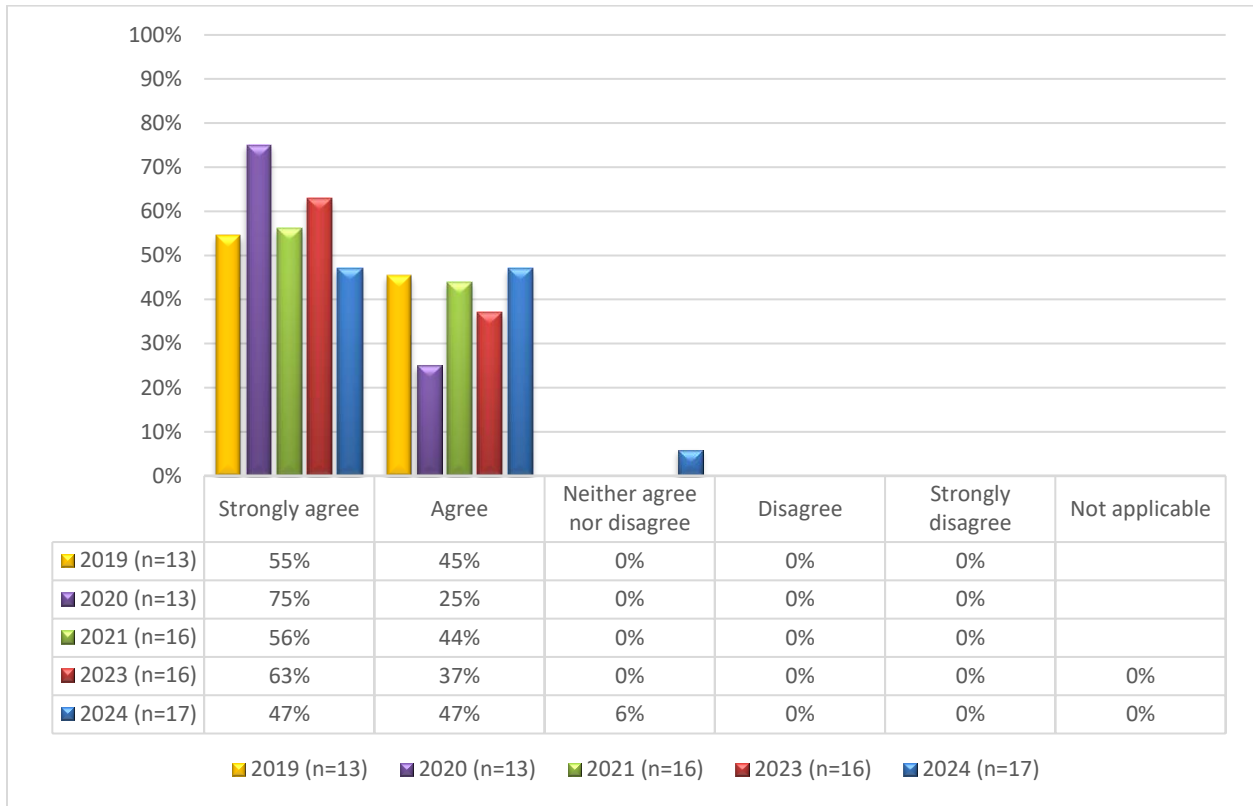
- They are always available.

 - *Recipient response: Comment noted. Thank you.*

24. In response to our requests, the Recipient provided guidance and clarification to our organization for any program-related document, reporting requirement, or other requested items, in a timely manner.



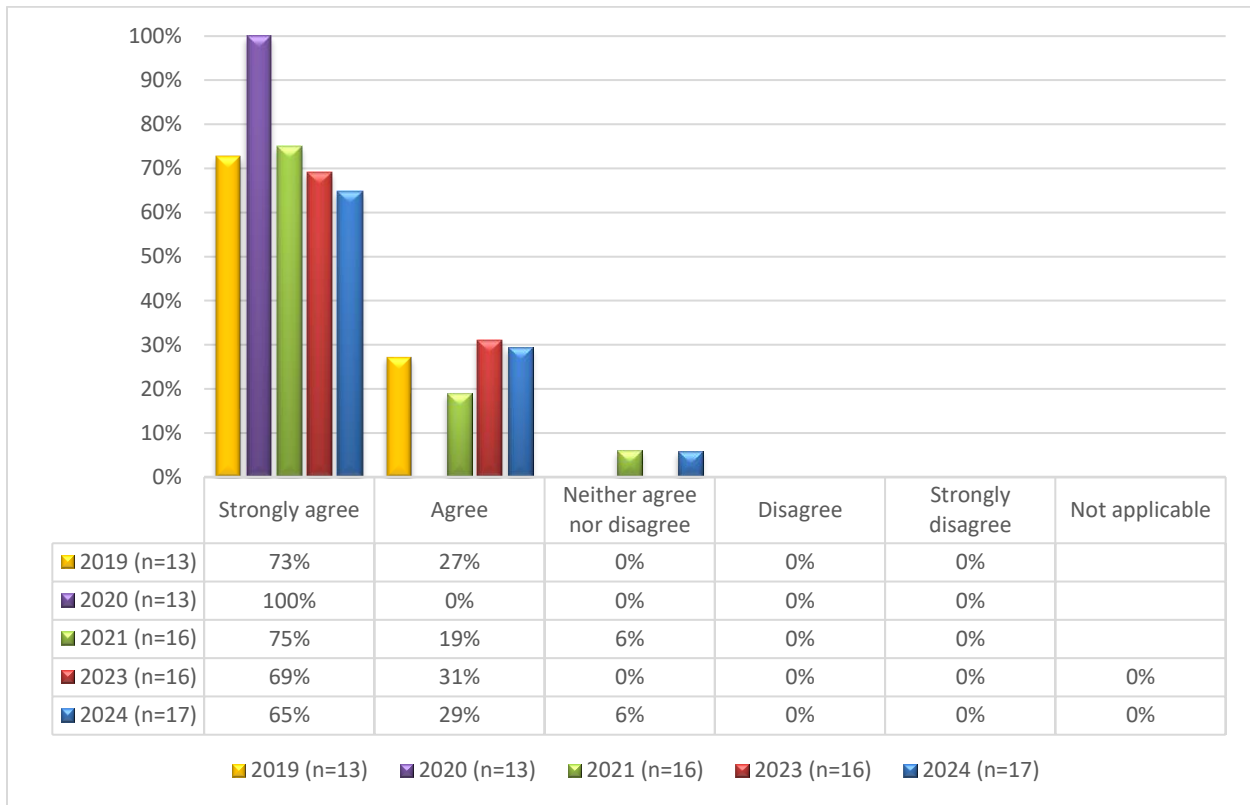
25. The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.



2024 COMMENTS

- Ms. Valle-Schwenk is very responsive to our organization's requests and inquires [sic].
 - *Recipient response: Comment noted. Thank you.*

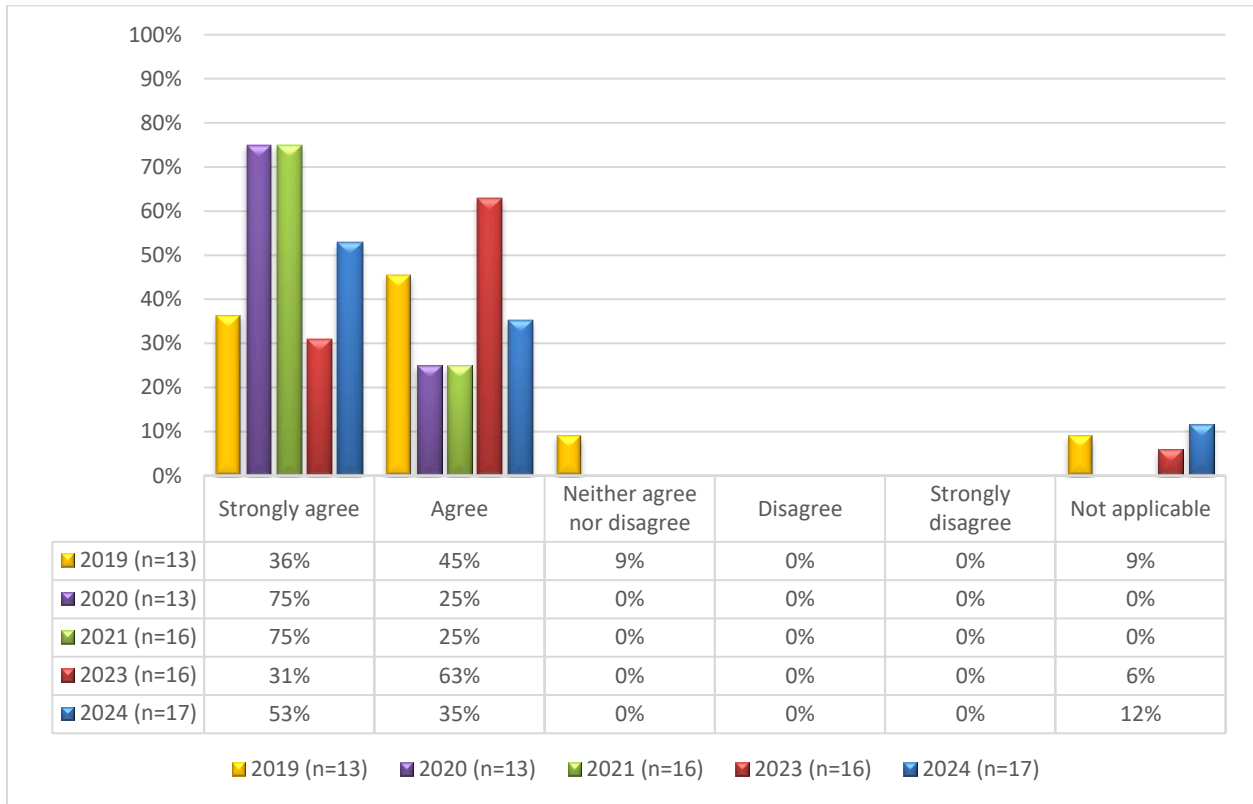
26. The Recipient's staff was courteous and respectful.



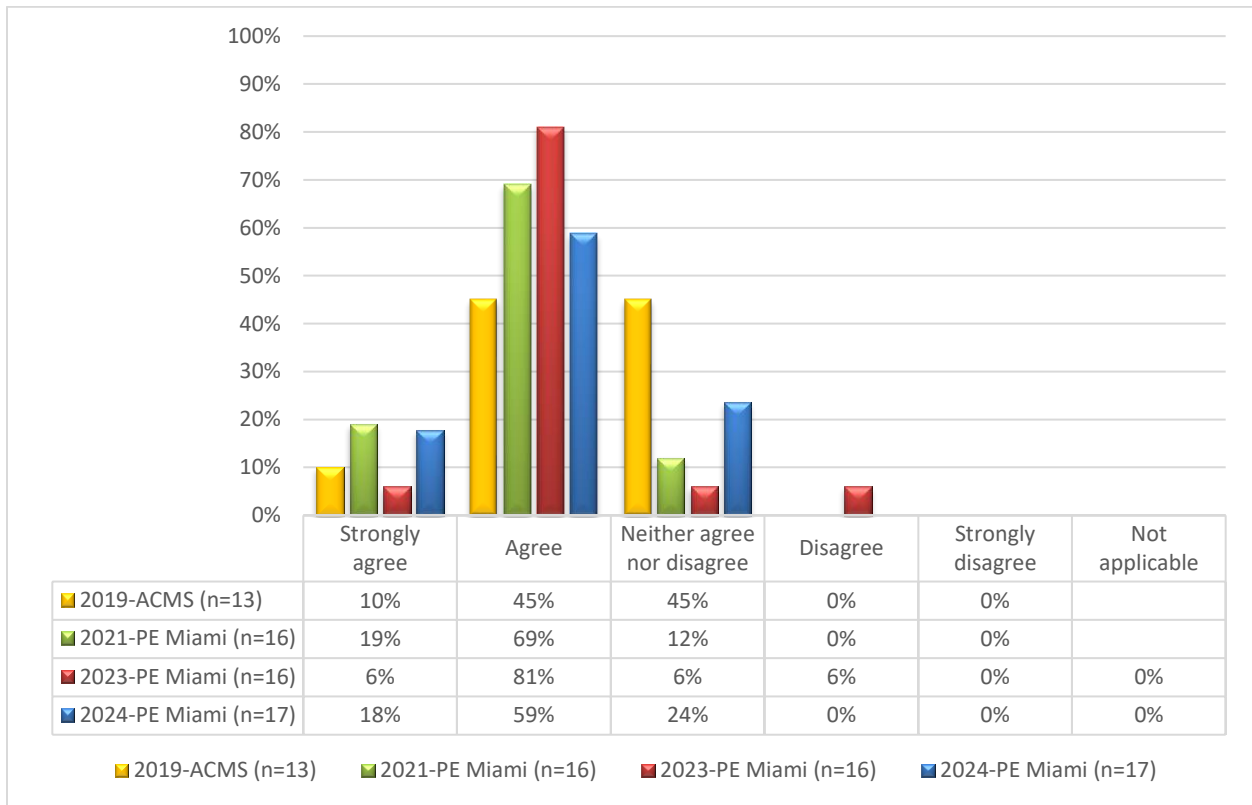
2024 COMMENTS

- Very knowledgeable recipient team members.
 - *Recipient response: Thank you for your kind words about our team. We take pride in our team's expertise – with Ryan White Program experience ranging from 8 years to 34 years – and are pleased to know it was evident in our interactions.*
- One of the biggest strengths.
 - *Recipient response: Thank you for recognizing our staff's courteousness and respectfulness. We strive to create a positive and professional environment, and it's great to hear that our efforts are making an impact.*

27. Behavioral Science Research Corp. (BSR), the Recipient’s Ryan White Program Clinical Quality Management contractor, responded adequately to inquiries, requests, and problem-solving from our organization.



28. The Provide® Enterprise Miami (PE Miami) client database system is reliable.

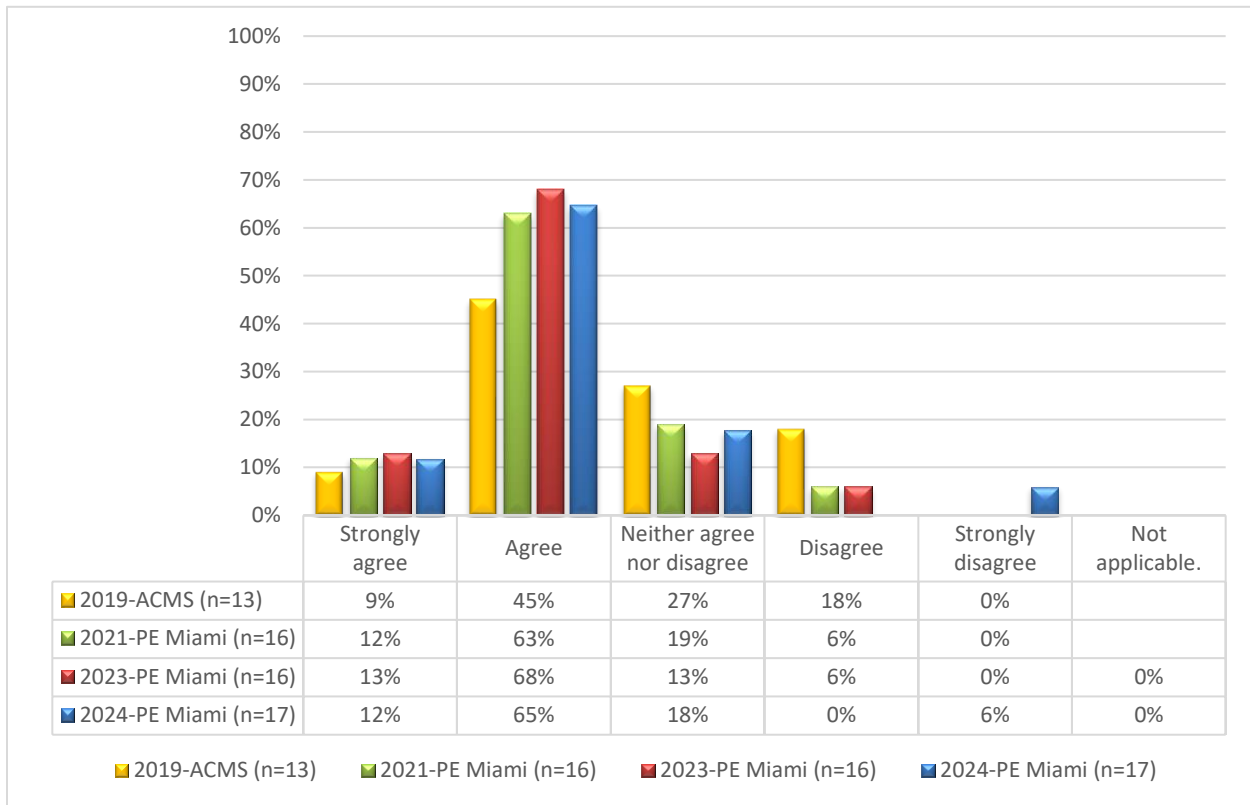


2024 COMMENTS

- The system has a robust platform, but reporting from it, is not reliable and is needed for agencies to track utilization and billing, which also requires access. Is a great billing tool, but not an effective system.

 - *Recipient response: Comment noted. We are regularly making improvements to PE Miami. Please send specific recommendations or suggestions by email to Carla.ValleSchwenk@miamidade.gov, or to remain anonymous please provide feedback through BSR. Thank you.*

29. The PE Miami client database system is easy to use.



2024 COMMENTS

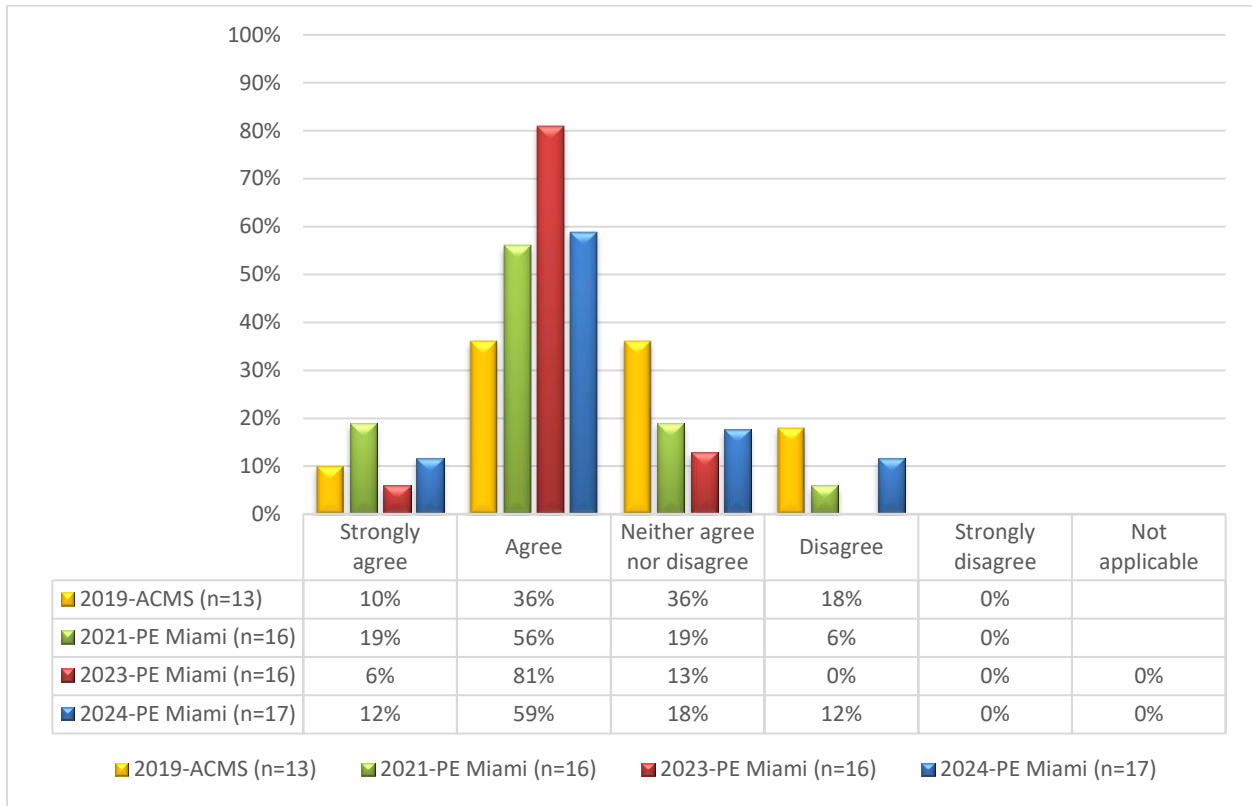
- For example the client acuity assessment is poorly worded and once completed does not have meaningful use. Another example is you can rewrite a progress note, you can change the minutes, but you cannot change the code.
 - *Recipient response: Thank you for your feedback. We will review this further in our regular meetings with Groupware Technologies LLC's programming and support team.*
- It is not user-friendly, data reporting is limited, and information requires roles to have access, not to mention, that in certain instances data entered can't be validated.
 - *Recipient response: Thank you for your feedback. We will review this further in our regular meetings with Groupware Technologies LLC's programming and support team. However, as a security feature of the system, some user access features are restricted or limited and require special functions or roles. If any system user feels they should have access to other features, they should communicate that to their supervisor who can in turn contact the County Ryan White Program Administrator for possible updates to the user's profile.*

2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- Is a system that not only it requires staff to follow to many steps, but also is only a billing tool, which needs an extra training for staff to fully understand how to follow each step. It is not user friendly. The only solution would be to streamline data entry and ensure that based on the role, it ensures to work in a seamless flow. Example Case Manager should be able to have an initial quick view to see eligibility, then when saved, intake or documentation, then, document provides with a checkbox to click on billing and then a review of the notes and submits. It should have a flow to limit errors and support the documentation or actions performed.
 - *Recipient response: Thank you for your feedback. We will review the comments and suggestions further during our regular calls with Groupware Technologies LLC.*

DRAFT

30. The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner.



2024 COMMENTS

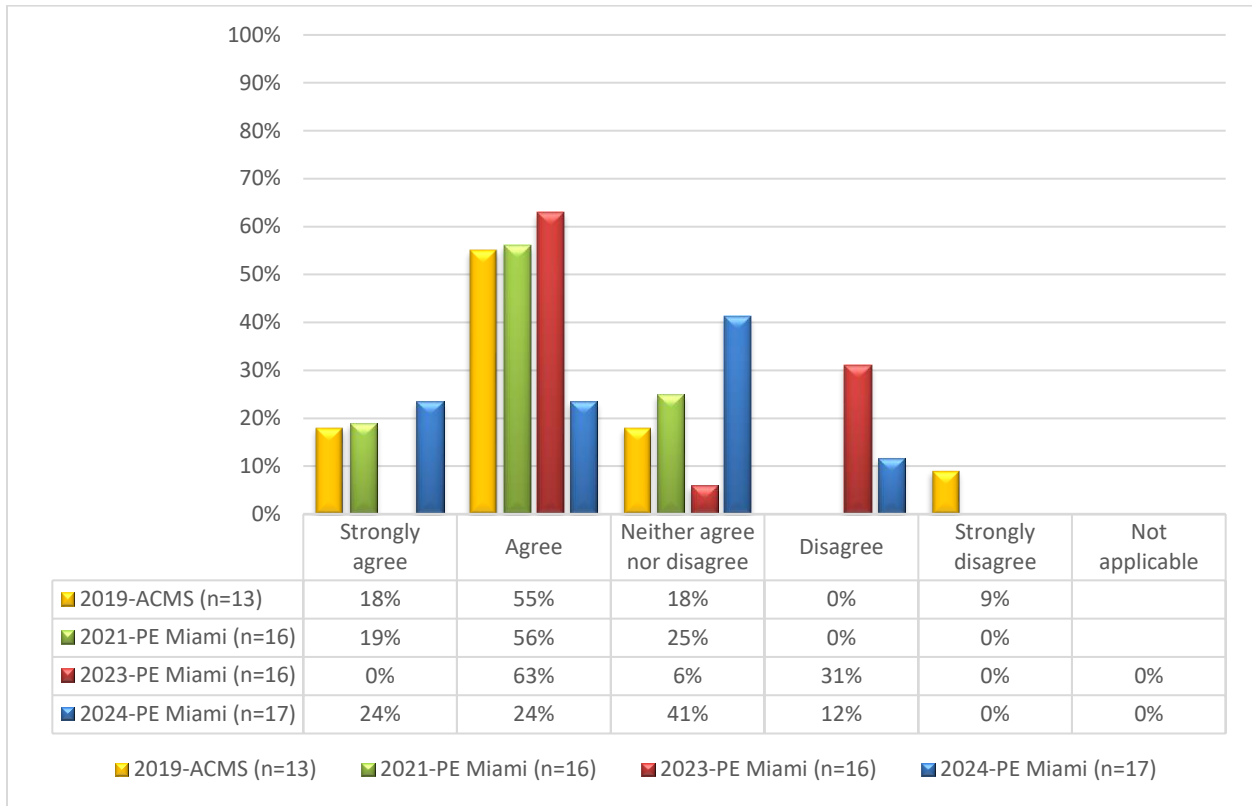
- It generates specific data but is not user friendly.
 - *Recipient response: Thank you for your feedback. We will review the comment and previous suggestions further during our regular calls with Groupware Technologies LLC.*
- Efficient and user-friendly are separate characteristics. It is efficient, but less user friendly.
 - *Recipient response: Thank you for your feedback. We will work on improving efficiency and use of the system.*
- Reports are not easy to obtain.
 - *Recipient response: Thank you for your feedback. We will review the comment further during our regular calls with Groupware Technologies LLC. Please provide further details of the reports you are trying to run and what challenges you are encountering while running the report. Send these comments by email to Carla.ValleSchwenk@miamidade.gov or through BSR, if you wish to remain anonymous.*

2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- Process is cumbersome and lacks option for organization to pull individual reports.
 - *Recipient response: Thank you for your feedback. We will review the comment further during our regular calls with Groupware Technologies LLC. Please provide further details of the reports you are trying to run and what challenges you are encountering while running the report. Send these comments by email to Carla.ValleSchwenk@miamidade.gov or through BSR, if you wish to remain anonymous.*
- Is not user friendly, which is why, the recipient and BSR allocate a staff to have full access and run reports in SqUEL [SQL or Sequel], that requires experience. Need to allow for a better access to reporting.
 - *Recipient response: Thank you for your feedback. Please note that BSR allocates a staff person to analyze data for the planning council and for the clinical quality management process. BSR's analyst is doing special queries using raw data. PE Miami has many report templates but understanding the best template to use for the data you need can be challenging. It is also important to note that reports are based on point-in-time data: a report run today could be different from the report results from yesterday, as the system updates the data nightly. We will review the comment further during our regular calls with Groupware Technologies LLC. Please provide further details of the reports you are trying to write and what challenges you are encountering while running the report. Send these comments by email to Carla.ValleSchwenk@miamidade.gov or through BSR, if you wish to remain anonymous.*

DRAFT

31. The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting.



2024 COMMENTS

- This is variable.
 - Recipient response: Comment noted. Thank you.
- They take too long to respond and sometimes solutions are not proper, so another request needs to be asked.
 - Recipient response: Comment noted. Thank you. We will discuss the comment with Groupware Technologies LLC’s programming and support team to identify where they can improve in this area.

2024 CONCERNS AND SOLUTIONS FOR RATINGS OF “DISAGREE” OR “STRONGLY DISAGREE”

- Disagree.
 - Recipient response: Comment noted. Thank you.
- Tickets take a long time to process or respond.
 - Recipient response: Comment noted. Thank you. We will discuss the comment with Groupware Technologies LLC’s programming and support team to identify where they can improve in this area.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, September 16, 2024

10:00 AM – 12:00 PM

Miami-Dade County Main Library

101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

I.	Call to Order	Alecia Tramel-McIntyre
II.	Introductions	All
III.	Housekeeping	Alecia Tramel-McIntyre
IV.	Floor Open to the Public	Harold McIntyre
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of June 17, 2024	All
VII.	Reports	
	A. Committee Action Items	
	▪ Executive (3 Motions)	Alecia Tramel-McIntyre
	- Budget Recommendations	
	▪ Care and Treatment (14 Motions)	Daniel T. Wall
	- Special Directives	
	- Priority Setting	
	- Resource Allocations	
	▪ Strategic Planning (1 Motion)	Nilda Gonzalez
	- Assessment of the Administrative Mechanism Report	
	▪ Community Coalition (General request)	Harold McIntyre
	- Ordinance Update	
	▪ Housing, Prevention (No action items)	
	B. Membership	Alecia Tramel-McIntyre
	C. Grantee/Recipient Top Line Summaries	
	▪ Ryan White Part A/MAI	Daniel T. Wall
	▪ Ryan White Part B	Karen Poblete
	▪ AIDS Drug Assistance Program (ADAP)	Dr. Javier Romero
	▪ General Revenue at SFAN (Report distributed)	
	▪ Housing Opportunities for Persons With AIDS (HOPWA) (No report)	
	D. Approval of Reports (1 Motion)	All
VIII.	Standing Business (none)	
IX.	New Business	
	▪ Presentation: The Women’s Engagement Initiative at IDEA Miami SSP: IDEA Exchange and UM Pathways to Wellness Clinic	Dr. David Forrest
	▪ Stop The Silence	Alecia Tramel-McIntyre
	▪ Letter of Concurrence for the Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program – Funding Opportunity Number: HRSA-25-054	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Monday, October 21, 2024, at the Miami-Dade County Main Library	Harold McIntyre
XII.	Adjournment	Alecia Tramel-McIntyre

Please mute or turn off all cellular devices.

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

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, September 16, 2024

10:00 AM – 12:00 PM

Miami-Dade County Main Library

101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|--|------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of June 17, 2024 | All |
| VII. | Reports | |
| | A. Committee Action Items | |
| | ▪ Executive (3 Motions) | Alecia Tramel-McIntyre |
| | - Budget Recommendations | |
| | ▪ Care and Treatment (14 Motions) | Daniel T. Wall |
| | - Special Directives | |
| | - Priority Setting | |
| | - Resource Allocations | |
| | ▪ Strategic Planning (1 Motion) | Nilda Gonzalez |
| | - Assessment of the Administrative Mechanism Report | |
| | ▪ Community Coalition (General request) | Harold McIntyre |
| | - Ordinance Update | |
| | ▪ Housing, Prevention (No action items) | |
| | B. Membership | Alecia Tramel-McIntyre |
| | C. Grantee/Recipient Top Line Summaries | |
| | ▪ Ryan White Part A/MAI | Daniel T. Wall |
| | ▪ Ryan White Part B | Karen Poblete |
| | ▪ AIDS Drug Assistance Program (ADAP) | Dr. Javier Romero |
| | ▪ General Revenue at SFAN (Report distributed) | |
| | ▪ Housing Opportunities for Persons With AIDS (HOPWA) (No report) | |
| | D. Approval of Reports (1 Motion) | All |
| VIII. | Standing Business (none) | |
| IX. | New Business | |
| | ▪ Presentation: The Women’s Engagement Initiative at IDEA Miami SSP:
IDEA Exchange and UM Pathways to Wellness Clinic | Dr. David Forrest |
| | ▪ Stop The Silence | Alecia Tramel-McIntyre |
| | ▪ Letter of Concurrence for the Ryan White HIV/AIDS Program Part A HIV
Emergency Relief Grant Program – Funding Opportunity Number: HRSA-25-054 | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: Monday, October 21, 2024, at the Miami-Dade County Main Library | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

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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 July 2024, as of 9/5/2024. This report reflects reimbursement requests that were due by 8/20/2024, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$4,997,880.30. Four 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	\$24,810,754
Carryover Award of FY'23 Formula Funds	795,210.00	CARRYOVER	
Total Award	\$ 25,605,964.00		

Priority Order

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER			
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		

	Allocations	Carryover	Allocations
Support Services			
12 Emergency Financial Assistance	0.00		
5 Food Bank	972,532.00	795,210.00	
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	795,210.00	
FY 2024 Award (not including C/O)	21,729,679.00		

DIRECT SERVICES TOTAL: \$ 22,524,889.00

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)	\$ -	\$ -
		25,605,964.00

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)
5606970000	AIDS Pharmaceutical Assistance	0.00	
5606920000	Health Insurance Services	0.00	
5606870000	Medical Case Management	489,866.25	
5606860000	Mental Health Therapy/Counseling	3,510.00	
5606900000	Oral Health Care	476,067.00	
5606610000	Outpatient/Ambulatory Health Svcs	589,176.70	
5606910000	Substance Abuse - Outpatient	870.00	
CORE Services Totals:		1,559,489.95	

Account	Support Services	Expenditures	Carryover	Expenditures
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	529,492.20	0.00	529,492.20
5606460000	Medical Transportation	9,203.95		
5606890000	Other Professional Services	16,578.00		
5606950000	Outreach Services	6,506.32		
5606930000	Substance Abuse - Residential	624,500.00		
SUPPORT Services Totals:		1,186,280.47	0.00	
FY 2024 Award (not including C/O)		2,745,770.42		

TOTAL EXPENDITURES DIRECT SVCS & % : \$ 2,745,770.42 **12.19%**

Formula Expenditure %	22.89%	
5606710000 Recipient Administration	756,261.09	
5606880000 Quality Management	250,000.00	1,006,261.09
Grant Unexpended Balance	FY 2023 Award	Carryover
	21,058,722.49	795,210.00
		21,853,932.49

Total Grant Expenditures & % \$ 3,752,031.51 **14.65%**

Core medical % against Total Direct Service Expenditures (Not including C/O):
 Cannot be under 75% **56.80%** **Danger!!!!**

Quality Management % of Total Award (Not including C/O):
 Cannot be over 5% **1.01%** **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
 Cannot be over 10% **3.05%** **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 July 2024, as of 9/5/2024. This report reflects reimbursement requests that were due by 8/20/2024, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$447,407.88

PROJECT #: BURW3403	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,600,572.00	MAI
Carryover Award of FY'23 MAI Funds	1,474,770.00	MAI_CARRYOVER
Total Award	\$ 4,075,342.00	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Core Medical Services	Allocations	Carryover (C/O) Allocations
AIDS Pharmaceutical Assistance		
Health Insurance Services		
1 Medical Case Management	903,920.00	107,500.00
3 Mental Health Therapy/Counseling	18,960.00	
Oral Health Care		
2 Outpatient/Ambulatory Health Svcs	1,262,133.00	300,000.00
6 Substance Abuse - Outpatient	8,058.00	
CORE Services Totals:	2,193,071.00	407,500.00

Support Services	Allocations	Carryover Allocations
5 Emergency Financial Assistance	0.00	
Food Bank		
13 Medical Transportation	7,628.00	8,300.00
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: \$ **2,656,315.00**

Total Core Allocation	2,193,071.00
Target at least 80% core service allocation	1,799,052.00
Current Difference (Short) / Over	\$ 394,019.00
Recipient Admin. (OMB-GC)	\$ 260,057.00
Quality Management	\$ 100,000.00
(+) Unobligated Funds / (-) Over Obligated:	
Unobligated Funds (MAI)	\$ -
Unobligated Funds (Carry Over)	\$ 1,058,970.00

Core medical % against Total Direct Service Allocation (Not including C/O):	97.88%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	3.85%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include C/O):	10.00%	Within Limit
Cannot be over 10%		

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	212,219.15	0.00
5606860000	Mental Health Therapy/Counseling	0.00	212,219.15
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	74,143.21	0.00
5606910000	Substance Abuse - Outpatient	0.00	74,143.21
CORE Services Totals:		286,362.36	0.00

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	5,107.55	0.00
5606890000	Other Professional Services		5,107.55
5606950000	Outreach Services	0.00	
5606930000	Substance Abuse - Residential		
SUPPORT Services Totals:		5,107.55	
FY 2024 Award (not including C/O)		291,469.91	

TOTAL EXPENDITURES DIRECT SVCS & %: \$ **291,469.91** **10.97%**

5606710000	Recipient Administration	1,234.16	
5606880000	Quality Management	41,666.65	42,900.81
	Grant Unexpended Balance	FY 2024 Award	Carryover
		2,266,204.28	1,474,770.00
			3,740,971.28
Total Grant Expenditures & % (Including C/O):		\$ 334,370.72	8.20%

Core medical % against Total Direct Service Expenditures (Not including C/O):	98.25%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	1.60%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include C/O):	0.05%	Within Limit
Cannot be over 10%		

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

July 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>
	1	17	1	5
	2	1,163	1	757
	6,657	39,948	3,327	7,374
	32	285	18	68
	857	4,348	640	1,909
	1,983	10,608	1,284	3,301
	2	14	2	5
	15	4,209	15	583
	111	1,423	103	486
	40	184	16	46
	37	176	31	135
	525	2,799	21	47
TOTALS:	10,262	65,174		

Total unduplicated clients (month):

4,222

Total unduplicated clients (YTD):

8,119

See Service
Unit Definitions
on page 4

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

July 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	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	1	17	1	5
	2	1,163	1	757
	5,337	34,227	2,854	6,963
	30	271	16	60
	857	4,348	640	1,909
	1,797	9,378	1,170	3,045
	2	14	2	5
	15	4,209	15	583
	95	1,334	87	461
	40	184	16	46
	36	162	30	122
	525	2,799	21	47
TOTALS:	8,737	58,106		

Total unduplicated clients (month):

3,818

Total unduplicated clients (YTD):

7,917

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

July 2024

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	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	1,320	5,721	633	919
	2	14	2	8
	186	1,230	121	479
	16	89	16	30
	1	14	1	13
TOTALS:	1,525	7,068		
Total unduplicated clients (month):	<u>699</u>			
Total unduplicated clients (YTD):	<u>1,189</u>			

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
Core Medical Services	
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program; LPAP)	1 filled prescription
Health Insurance Premium & Cost Sharing Assistance	1 health insurance payment (copayment or deductible)
Medical Case Management (MCM; Incl. Treatment Adherence)	1 MCM encounter
Mental Health Services	1 individual or group encounter
Oral Health Care	1 oral health care visit
Outpatient/Ambulatory Health Services	1 medical visit
Substance Abuse Outpatient Care	1 individual or group encounter
Support Services	
Emergency Financial Assistance (limited access)	1 filled prescription
Food Bank	1 bag of groceries
Medical Transportation	1 medical transportation voucher or one-way rideshare trip
Other Professional Services (Legal Assistance & Permanency Planning)	1 hour of legal assistance
Outreach Services	1 individual encounter
Substance Abuse Services-Residential	1 day of residential substance abuse services

NOTE: MAI-funded services are limited to minority clients from priority subpopulations or emerging need subpopulations.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, September 16, 2024

10:00 AM – 12:00 PM

Miami-Dade County Main Library

101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

I.	Call to Order	Alecia Tramel-McIntyre
II.	Introductions	All
III.	Housekeeping	Alecia Tramel-McIntyre
IV.	Floor Open to the Public	Harold McIntyre
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of June 17, 2024	All
VII.	Reports	
	A. Committee Action Items	
	▪ Executive (3 Motions)	Alecia Tramel-McIntyre
	- Budget Recommendations	
	▪ Care and Treatment (14 Motions)	Daniel T. Wall
	- Special Directives	
	- Priority Setting	
	- Resource Allocations	
	▪ Strategic Planning (1 Motion)	Nilda Gonzalez
	- Assessment of the Administrative Mechanism Report	
	▪ Community Coalition (General request)	Harold McIntyre
	- Ordinance Update	
	▪ Housing, Prevention (No action items)	
	B. Membership	Alecia Tramel-McIntyre
	C. Grantee/Recipient Top Line Summaries	
	▪ Ryan White Part A/MAI	Daniel T. Wall
	▪ Ryan White Part B	Karen Poblete
	▪ AIDS Drug Assistance Program (ADAP)	Dr. Javier Romero
	▪ General Revenue at SFAN (Report distributed)	
	▪ Housing Opportunities for Persons With AIDS (HOPWA) (No report)	
	D. Approval of Reports (1 Motion)	All
VIII.	Standing Business (none)	
IX.	New Business	
	▪ Presentation: The Women’s Engagement Initiative at IDEA Miami SSP: IDEA Exchange and UM Pathways to Wellness Clinic	Dr. David Forrest
	▪ Stop The Silence	Alecia Tramel-McIntyre
	▪ Letter of Concurrence for the Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program – Funding Opportunity Number: HRSA-25-054	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Monday, October 21, 2024, at the Miami-Dade County Main Library	Harold McIntyre
XII.	Adjournment	Alecia Tramel-McIntyre

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For more information about the Miami-Dade HIV/AIDS Partnership, please contact Christina Bontempo,
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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: July

Year: 2024-2025

Report generated on: 09/04/2024

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	July	0	0	\$125,294.00	\$3,818.44	\$43,191.19	34%
Medical Case Management (including treatment adherence)	July	59	7,245	\$111,527.00	\$8,331.75	\$39,433.50	35%
Mental Health Services - Outpatient	July	23	77	\$25,000.00	\$2,502.50	\$10,660.00	43%
Emergency Financial Assistance	July	59	123	\$912,456.00	\$50,180.90	\$164,672.85	18%
Non-Medical Case Management Services	July	11	11	\$184,024.00	\$2,691.68	\$28,417.73	15%
Referral for Health Care/Supportive Services	July	183	183	\$203,006.00	\$0.00	\$48,768.77	24%
Clinical Quality Management	July	0	0	\$82,071.00	\$1,538.10	\$5,835.04	7%
Planning and Evaluation	July	0	0	\$36,471.00	\$1,538.10	\$5,835.04	16%
Totals		335	7639	\$1,679,849.00	\$70,601.47	\$346,814.12	

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:

<hr/>				Total Contract Amount	\$1,679,849.00
Total Advances	\$0.00			Minus Expended Y-T-D	\$346,814.12
Previous Reductions	\$0.00			Minus UNPAID Advances	\$0.00
Current Reductions	\$0.00			<hr/>	
Remaining Advances	\$0.00	Total Expenditures this period:	\$70,601.47	Balance To Draw	\$1,333,034.88
		Less Advance Payback this period:	\$0.00		

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$70,601.47

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.

<hr/>	<hr/>	<hr/>	<hr/>
Signature & Title of Provider Agency Official	Date	Contract Manager Signature	Date
		<hr/>	<hr/>
		Contract Manager's Supervisor Signature	Date



MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, September 16, 2024

10:00 AM – 12:00 PM

Miami-Dade County Main Library

101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

- | | | |
|-------|--|--------------------------|
| I. | Call to Order | Alecia Tramel-McIntyre |
| II. | Introductions | All |
| III. | Housekeeping | Alecia Tramel-McIntyre |
| IV. | Floor Open to the Public | Harold McIntyre |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of June 17, 2024 | All |
| VII. | Reports | |
| | A. Committee Action Items | |
| | ▪ Executive (3 Motions) | Alecia Tramel-McIntyre |
| | - Budget Recommendations | |
| | ▪ Care and Treatment (14 Motions) | Daniel T. Wall |
| | - Special Directives | |
| | - Priority Setting | |
| | - Resource Allocations | |
| | ▪ Strategic Planning (1 Motion) | Nilda Gonzalez |
| | - Assessment of the Administrative Mechanism Report | |
| | ▪ Community Coalition (General request) | Harold McIntyre |
| | - Ordinance Update | |
| | ▪ Housing, Prevention (No action items) | |
| | B. Membership | Alecia Tramel-McIntyre |
| | C. Grantee/Recipient Top Line Summaries | |
| | ▪ Ryan White Part A/MAI | Daniel T. Wall |
| | ▪ Ryan White Part B | Karen Poblete |
| | ▪ AIDS Drug Assistance Program (ADAP) | Dr. Javier Romero |
| | ▪ General Revenue at SFAN (Report distributed) | |
| | ▪ Housing Opportunities for Persons With AIDS (HOPWA) (No report) | |
| | D. Approval of Reports (1 Motion) | All |
| VIII. | Standing Business (none) | |
| IX. | New Business | |
| | ▪ Presentation: The Women’s Engagement Initiative at IDEA Miami SSP:
IDEA Exchange and UM Pathways to Wellness Clinic | Dr. David Forrest |
| | ▪ Stop The Silence | Alecia Tramel-McIntyre |
| | ▪ Letter of Concurrence for the Ryan White HIV/AIDS Program Part A HIV
Emergency Relief Grant Program – Funding Opportunity Number: HRSA-25-054 | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: Monday, October 21, 2024, at the Miami-Dade County Main Library | Harold McIntyre |
| XII. | Adjournment | Alecia Tramel-McIntyre |

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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

SEPTEMBER 3, 2024, 2024

ADAP MIAMI-DADE / SUMMARY REPORT[▲] – AUGUST 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	72	199	7,495	\$1,297,441.51	2,592	744	3.5	\$4,715,538.90	2,854	\$1,652.26
SEP-24										
OCT-24										
NOV-24										
DEC-24										
JAN-25										
FEB-25										
MAR-25										
FY24/25	427	2,195	7,495	\$ 6,451,646.94	11,561	3,718	3.1	\$23,615,869.66	14,249	\$1,657.37

PROGRAM UPDATE

- *09/01/24: BENEFIT LEVEL ▲ 7,495 DIRECT DISPENSE 57 % 4273 - PREMIUM PLUS 43 % 3222 [ACA-MP, EMPLOYER SPONSORED INSURANCE, COBRA, MEDICARE PART-D]
- *09/01/24: CABENUVA @ ▲ 233 DIRECT DISPENSE 67 % 155 - PREMIUM PLUS 33 % 78
- *09/01/24: MEDICARE ELIGIBLE ▲ 13 UNDER REVIEW THIS MONTH. – 72 UNINSURED CLIENTS WITHIN 7-MONTH WINDOW AROUND 65TH BIRTHDAY.

DATE: 09/03/24. - SOURCE: PROVIDE ENTERPRISE & PHARMACY SYSTEMS. - ▲ ALL DATA SUBJECT TO REVIEW & EDITING. ▲▲ OPEN + ACTIVE PTS. - NOTE: EXPENDITURES NOT INCLUDED FOR 335 WP UNINSURED CLIENTS.

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 MÀS
MIAMI BEACH COMMUNITY HC	NAVARRO SPECIALTY PHARMACY	PHARMCO RX

PHARMACY SELECTION:

TO AVOID LIABILITY, DUPLICATION OF DISPENSING/PICKUPS AT MULTIPLE PHARMACIES, & TO REDUCE CONFUSION, ADAP MIAMI ASSISTS CLIENTS WITH THE PHARMACY SELECTION PROCESS.

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





MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, September 16, 2024

10:00 AM – 12:00 PM

Miami-Dade County Main Library

101 West Flagler Street, Auditorium, Miami, FL 33130

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This is the start of the new FY and during this month we provided services to a total of 1908 clients. Out of those 1236 clients received Medica Case Management, we provided food vouchers to 64 clients. We continue to provide Nursing Home Care & during this month we had 5 clients receiving care.

General Revenue July 2024 - June 2025
HIV/AIDS Demographic Data for PHT/SFAN

	JULY 24			Year To Date Data		
	Unduplicated	Units	Dollar Amt.	Total Dollar Amt.	Revised Budget	YTD Units
	Client Count				5-1-24	
					Annual Budget	
Ambulatory - Outpatient Care	374	679	137,055.67	137,055.67	1,644,600.00	679
Drug Pharmaceuticals	21	34	16,607.79	16,607.79	288,900.00	34
Early Intervention Services					63,206	
Oral Health					50,000.00	
Home & Community Base Services				-	12,000.00	
Home Health Care				-	30,000.00	-
Mental Health Services	24	47	4,104.10	4,104.10	120,000.00	47
Nutrition Counseling				-	20,000.00	-
Medical Case Management	1,236	2,607	148,974.10	148,974.10	1,692,262.00	2,607
Sustance Abuse Services				-	93,000.00	-
Food Bank/Home Delivered Meals	64	254	6,350.00	6,350.00	50,000.00	254
Non-Medical Case Management	90	91	22,405.05	22,405.05	630,735.00	91
Other Support Services / Emergency Fin. Assistance	3	4	9,247.79	9,247.79	192,000.00	4
Psychosocial Support Services	-	-	-	-	55,000.00	-
Transportation				-	82,250.00	-
Referral for Health Care / Supportive Services	91	180	26,801.63	26,801.63	420,820.00	180
Substance Abuse Residential				-	281,955.00	-
Residential Care - Adult				-	204,035.00	-
Nursing Home Care	5	155	41,815.59	41,815.59	470,000.00	155
Hospital Services						
	1,908	4,051	413,361.72	413,361.72	6,400,763.00	4,051



MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, September 16, 2024

10:00 AM – 12:00 PM

Miami-Dade County Main Library

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- | | | |
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MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, September 16, 2024

10:00 AM – 12:00 PM

Miami-Dade County Main Library

101 West Flagler Street, Auditorium, Miami, FL 33130

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HOUSING COMMITTEE

The July meeting was cancelled due to lack of quorum.

▪ AUGUST 15, 2024

- Held a Housing Stakeholders Meeting which featured presentations on the Housing Opportunities for Persons with AIDS (HOPWA) Program and Epidemiological Data; and
 - Stakeholders discussed: Affordable housing opportunities they offer; currently available housing assistance for low-income individuals; and consideration for housing resources specific to the HIV population.
-

PREVENTION COMMITTEE

▪ JUNE 27, 2024

- Participated in National HIV Testing Day events in lieu of their regularly scheduled meeting.

▪ JULY 23, 2024 -JOINT INTEGRATED PLAN REVIEW TEAM

- Integrated Plan activity targets and progress to date were reviewed in four breakout groups formed: 1) Prevention: Know Your Status; and Women, Infants, and Youth; 2) Prevention: PrEP; Advertising; Condoms; and Syringe Services Program; 3) Care: Linkage to Care; Retention in Care; and Special Populations; and 4) Care: Disparities in Retention in Care and Disparities in Viral Load Suppression Rates Among Priority Populations; and
- Continued revisions to Integrated Plan targets and measurements were recommended.

▪ AUGUST 29, 2024

- Received reports from Miami-Dade County HIV Prevention Workgroups: Hispanic Initiative (Iniciativa Hispana); The Miami Collaborative MSM Workgroup; Florida Black HIV/AIDS Coalition – Miami Chapter; and Pre-Exposure Prophylaxis Workgroup;
 - National HIV Testing Day event feedback was shared;
 - Heard presentations on HIV prevention among youth (primarily grade school-aged), including: Healthy Teen Expos; Youth Health Committee activities and call to action; and group discussion on Integrated Plan activities for improving HIV prevention and testing efforts toward youth; and
 - Requested Staff to draft a letter to Mayor Daniella Levine Cava addressing the concerns about the limitations on HIV prevention education in schools and the impact of HIV and STI among youth.
-

APPROVAL OF REPORTS *1 MOTION*

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



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The Women's Engagement Initiative at IDEA Miami SSP: IDEA Exchange and UM Pathways to Wellness Clinic

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August 29, 2024

David Forrest, PhD
Monica Faraldo, MA
Teresa Chueng, MD, MPH
Katrina Ciraldo, MD
Hansel Tookes, MD, MPH



IDEA Miami SSP

The Infectious Disease Elimination Act (IDEA) of 2016 allows the University of Miami and its affiliates to operate a five-year pilot syringe services program (SSP) in Miami-Dade County. The IDEA Exchange SSP opened December 1, 2016, and was the first legal syringe services program in the State of Florida.

Expansion of this law by the Florida Legislature in 2019 allows each county in the state to set up a syringe services program within its borders. Both the pilot program and the expansion bill stipulates a one-to-one syringe exchange and forbids the use of state or county funding to pay for the exchange of syringes.

IDEA Miami SSP

*The **IDEA Exchange** provides anonymous harm reduction services for enrolled participants within Miami-Dade County, FL. Services include one-to-one syringe exchange, distribution of other clean harm reduction equipment and routine anonymous HIV and HCV rapid testing.*

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*The **UM Pathways to Wellness Clinic** provides confidential linkage to care services at the IDEA Miami fixed site and mobile unit locations. Confidential services include HIV and HCV testing and linkage to care; STI testing and treatment; vaccination for seasonal influenza, COVID-19, hepatitis A and B; medication management; buprenorphine induction; wound care; referral to UM research studies, and navigation to partner agencies for services not provided by IDEA Miami.*

IDEA Miami SSP – enrollment through August 25, 2024

	Totals as of 08/25/2024
Participants enrolled	2,471
Gender	Male 71.2%; Female 27.4%; Trans M-F .9%; Trans F-M .4%
Ethnicity/race	Hispanic 38.1%; non-Hispanic white 47.7%; non-Hispanic Black 11.2%
Mean age	39.3
Number of exchanges	38,840
Used syringes received	2,088,732
New syringes exchanged	2,072,340
HIV tests at enrollment/quarterly assessments/clinic visits	4,025
HCV tests at enrollment/quarterly assessments/clinic visits	3,508
HIV positive	8.5% of those who tested at enrollment
HCV positive	39.4% of those who tested at enrollment
Narcan distributed	7,444
Narcan reversals reported	4,036

Fixed Site – UM Medical Campus in Overtown community, Miami

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



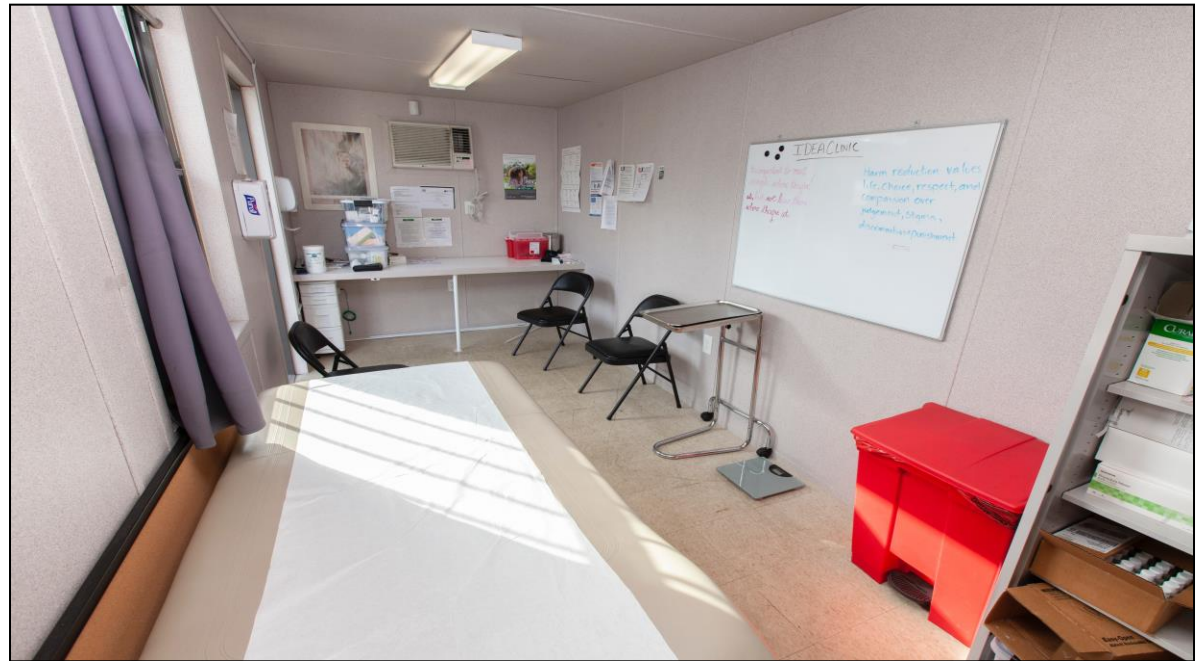
Mobile Unit

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



Patient-centered care for PWID is at the heart of the student run UM DOCS IDEA Wound Care Clinic.

- The University of Miami Miller School of Medicine DOCS launched the student-run IDEA Wound Care Clinic in September 2017.



Services

- Acute Wound Care
- Health Screenings
- Telehealth appointments
- Buprenorphine initiation

IDEA Exchange

Anonymous engagement of women who inject drugs (WWID)

July 1, 2022 – June 30, 2024

	Fixed	Mobile	Overall
Enrollments	288	112	300
Encounters	1,784	1,318	3,102
Unique participants	133	58	191
HIV Tests	190	37	227
Negative	167 (9.4%)	37 (2.8%)	204 (6.6%)
Positive	23 (1.3%)	0 (0%)	23 (0.7%)
Women of childbearing age (18-44)	75.9%	74.1%	

UM Pathways to Wellness Clinic

Confidential linkage to care of women who inject drugs (WWID)

July 1, 2022 – June 30, 2024

Women’s Clinic

91 unique women were successfully navigated by an outreach worker to the Women’s Clinic and offered testing for HIV and STIs. Of these women, 63 unique women of childbearing age (18-44) were also offered testing for pregnancy.

315 clinical visits were completed during this period with these 91 WWID (some visiting more than once during this 24-month period)

UM Pathways to Wellness Clinic

July 1, 2022 – June 30, 2024

Women’s Clinic

During these 315 clinical visits:

- 91 women tested for syphilis with 35.2% testing positive at least once during the period
- 91 women tested for gonorrhea with 9.9% testing positive for oropharyngeal infections, 14.3% for urinary infections and 16.5% for rectal infections at least once during the period
- 91 women tested for chlamydia with 3.3% testing positive for oropharyngeal infections, 7.7% for urinary infections and 13.2% for rectal infections at least once during the period
- All the women testing positive for STI infection during these clinical visits were successfully treated at the Women’s Clinic.

UM Pathways to Wellness Clinic

July 1, 2022 – June 30, 2024

Women’s Clinic

During these 315 clinical visits:

- 19 of the 91 women (21%) tested positive for HIV, with 2 of these women newly diagnosed with HIV during this period
- All the women testing positive for HIV were linked to HIV care at the IDEA Wellness Clinic and are currently in treatment

UM Pathways to Wellness Clinic

July 1, 2022 – June 30, 2024

Women’s Clinic

During these 315 clinical visits:

- 5 unique women had pregnancies during this period. Of these 5 pregnant women:
- 1 tested positive for syphilis, gonorrhea, chlamydia and HIV
- 1 tested positive for syphilis, gonorrhea and chlamydia
- 1 tested positive for syphilis and HIV

UM Pathways to Wellness Clinic

July 1, 2022 – June 30, 2024

Women’s Clinic

Staff began offering reproductive health counseling in March 2023

- Depo-Provera was made available on site from February 2024
 - 8 women currently receive Depo-Provera every 3 months
- Nexplanon was made available on site in June 2024
 - No women have received the Nexplanon implant to date

Questions?

Acknowledgements

Special thanks to:

- IDEA Miami SSP staff
- IDEA Miami SSP clients
- Dr Teresa Chueng
- Dr Katrina Ciraldo
- Bureau of Public Health Laboratories – Miami

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The IDEA Miami Women's Engagement Initiative is supported by:

- Florida Department of Health in Miami-Dade County
- ViiV Positive Action Community Grants

Contact information

David W. Forrest, Ph.D.

IDEA Miami SSP Program Director

University of Miami

dforrest@med.miami.edu

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XII.	Adjournment	Alecia Tramel-McIntyre

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

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