



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, January 9, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
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| I. | Call to Order | Dr. Mary Jo Trepka |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of December 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • 2025 Capacity Survey Discussion | All |
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| | • Service Description Review: Medical Case Management and Outreach | All |
| | • 2025 Officer Election | All |
| | • Passing of the Gavel | Dr. Mary Jo Trepka |
| X. | Announcements and Open Discussion | All |
| | • New Member Orientation January 15, 2025 | |
| XI. | Next Meeting: February 13, 2025 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

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Meeting Housekeeping Care and Treatment Committee

Updated October 23, 2024
Behavioral Science Research



Disclaimer & Code of Conduct

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

General Housekeeping

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

About the Partnership

- ❑ The Miami-Dade HIV/AIDS Partnership is the official Ryan White Program Planning Council for Miami-Dade County.
- ❑ Partnership Members are appointed by the Mayor of Miami-Dade County based on recommendations by the Community Coalition.
- ❑ The Care and Treatment is one of six Standing Committees of the Partnership.
- ❑ All Partnership and Standing Committee members are volunteers and commit to abiding by the Partnership's Bylaws, including regular meeting attendance and completion of required training and paperwork.
- ❑ See staff after the meeting for additional details.



Membership

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 experiencing homelessness, etc.

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

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

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

Meeting Participation

Everyone has a role to play!


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



Meeting Terminology

Meetings can be fast-paced and confusing!

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

Meeting Guide	
	Meetings can be fast-paced and confusing! These terms and acronyms can help you follow along. Please raise your hand at any time if you need more information!
Partnership, PC, or Planning Council	The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County
RWP or RWHP	The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).
ADAP	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
BSR	Behavioral Science Research Corp. (aka, Staff).
EHE	Ending the HIV Epidemic: A Plan for America. Four Pillars: 1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
EMA	Eligible Metropolitan Area (locally, Miami-Dade County).
FDOH or FDOH-MDC	Florida Department of Health in Miami-Dade County.
FPL	Federal Poverty Level. Used to determine RWP eligibility and benefits.
HOPWA	Housing Opportunities for People with AIDS Program. Federal program that provides funding to support housing and housing-related services for people with AIDS and their families. Related terms: STBMU: Short-Term Rentals, Mortgage and Utilities Assistance; Project-based: Funds designated units in a building; LTRA: Long-Term Rental Assistance (voucher program); and FMR: Fair Market Rents.
HRSA	The Health Resources and Services Administration. The source of federal RWP grant funds.
Integrated Plan or IP	The Miami-Dade County Integrated HIV Prevention and Care Plan.
JIPRT	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
MAI	Minority AIDS Initiative. Additional RWP funding to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minority populations.
NHAS	National HIV/AIDS Strategy. Four Goals: 1. Prevent new HIV infections; 2. Improve HIV-related health outcomes of people with HIV; 3. Reduce HIV-related disparities and health inequities; 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners.
PE-Miami or Provide Enterprise	Provide Enterprise® by Groupware Technologies (RWP client database system).
The Recipient, The County, or OMB	The Miami-Dade County Office of Management and Budget. The Recipient of RWP Part A/MAI funds from HRSA.
TTRA	Test and Treat/Rapid Access. Protocol designed to ensure newly diagnosed people or those returning to care will obtain immediate linkage to medical care and treatment.
More terminology at www.aidsnet.org/the-partnership/@stnboard/ .	

Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- ❑ Today's presentation and supporting documents are online at <https://aidsnet.org/the-partnership/#caretreatment2> 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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| | <ul style="list-style-type: none"> Service Description Review: Medical Case Management and Outreach 2025 Officer Election Passing of the Gavel | All
All
Dr. Mary Jo Trepka |
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**Care and Treatment Committee Meeting
 Care Resource Health Care Center, Midtown Miami
 3510 Biscayne Blvd, 1st Floor Community Room
 Miami, FL 33137**

December 12, 2024 Minutes

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

Guests	
Poblete, Karen	
Santiago, Dr. Steven	
Valle-Schwenk, Carla	
Staff	
Bontempo, Christina	
Ladner, Robert	

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

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

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

II. Introductions *Dr. Mary Jo Trepka*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Christina Bontempo*

Christina Bontempo reviewed the meeting housekeeping presentation which detailed meeting participation reminders, people first language use, and meeting materials location.

IV. Floor Open to the Public *Dr. Mary Jo Trepka*

Dr. Trepka read the following:

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda

All

The Committee reviewed the agenda. Additional announcements were added by staff. The committee approved the agenda with the additions.

Motion to accept the agenda with additional announcements at the end.

Moved: Louvens Fils Aime

Seconded: Dr. Daniel Shmuels

Motion: Passed

VI. Review/Approve Minutes of November 11, 2024

All

The Committee reviewed the minutes of November 11, 2024, and approved them as presented.

Motion to accept the minutes of November 11, 2024, as presented.

Moved: Louvens Fils Aime

Seconded: Dr. Daniel Shmuels

Motion: Passed

VII. Reports

▪ *Part A*

Carla Valle-Schwenk

Carla Valle-Schwenk reviewed Ryan White Program (RWP) expenditures and clients served to date. As of the October 2024 report, the RWP has served 8,667 unduplicated clients, which is close to the total number of clients served in FY 2023. Expenditures are close to 36% of dollars allocated. All but one contract have been executed, and that contract was reviewed by the County over 60 days ago and is awaiting subrecipient signature. As of December 6, 2024, there are 2,291 clients enrolled in one of the 62 Affordable Care Act (ACA) plans paid for by the Ryan White Program. Total ACA enrollment by RWP clients is close to last years totalof 2,733 clients enrolled in ACA plans in FY 2024. Information on two online trainings/webinars have been forwarded to providers and shared with BSR, one is on cardiac disease and the other is on HIV is Not a Crime.

▪ *Part B*

Karen Poblete

Karen Poblete reviewed the Part B expenditure report for September 2024, which indicated 371 clients were served at a cost of \$91,851.73. October expenditures should be available next month.

▪ *AIDS Drug Assistance Program (ADAP)*

Christina Bontempo for Dr. Javier Romero

In Dr. Romero’s absence, Ms. Bontempo reviewed the ADAP report as of December 2, 2024, including enrollments, expenditures, prescriptions, premium payments, and program updates.

▪ *General Revenue (GR)*

Christina Bontempo for Angela Machado

In Angela Machado’s absence, Ms. Bontempo reviewed the October 2024 GR Report, which indicated 1,171 clients were served at a cost of \$395,739.76.

▪ *Vacancies*

Christina Bontempo

Ms. Bontempo reviewed the vacancy report for November. The changed Ordinance relating to the Miami-Dade HIV/AIDS Partnership has been approved and the current vacancies reflect the roster changes. There are also vacancies on the Committees and Subcommittee. There is one new applicant for the Care and

Treatment Committee, Dr. Steven Santiago. Dr. Santiago expressed his interest in the Committee and was recommended for membership.

Motion to recommend Dr. Steven Santiago as a member of the Care and Treatment Committee.

Moved: Dr. Daniel Shmuels

Seconded: German Leiva

Motion: Passed

If attendees know of any additional candidates who may be interested in the work of any of the committees, please invite these persons to a committee meeting or training, or direct them to staff for further information.

- *Medical Care Subcommittee*

Dr. Mary Jo Trepka

Dr. Trepka reviewed the report which indicated the Subcommittee:

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
- Continued the review of the Minimum Primary Medical Care Standards.
- Nominated the current officers for a second-term; elections will take place in January.
- Reviewed and approved their 2025 calendar of activities.

The next Subcommittee meeting is scheduled for January 24, 2025, at Behavioral Science Research Corp.

VIII. Rapid Reallocation

The RWP Part A Sweeps #2 sheet was reviewed and indicated a proposed reduction of \$1,870,635 in potentially under-spent dollars and reallocation of the same amount to address requests by subrecipients. Based on 2024 priority rankings and data in the Dashboard Cards (both attached), and on the basis of specific requests by categories, the Committee agreed to allocate this funding to address potential shortfalls in medical case management, outpatient/ambulatory health services, mental health services, oral health care, substance abuse services (residential) and medical transportation.

Motion to accept the Ryan White Part A Sweeps 2 funding recommendations as presented.

Moved: Louvens Fils Aime

Seconded: Dr. Daniel Shmuels

Motion: Passed

Historically, following the final Fiscal Year Sweeps, the Recipient requests authorization to make a final administrative allocation of funds prior to the close of fiscal year. This authorization allows the Recipient to maximize expenditures and avoid an additional contract amendment process. The Recipient will report the final allocations report to the Partnership after the close of the Fiscal Year. The Committee moved to authorize this administrative action if necessary.

Motion to authorize the Miami-Dade County Office of Management and Budget - Grants Coordination to make last minute allocations prior to the close of the fiscal year to maximize expenditures, and then provide final allocations at the close of the fiscal year.

Moved: Dr. Steven Santiago

Seconded: Louvens Fils Aime

Motion: Passed

Ms. Valle-Schwenk advised that Partnership action to request carry-forward of unexpended funds after the close of the fiscal year will not be needed, since the Health Resources and Service Administration has made this an administrative function.

IX. Standing Business

- *2025 Office Nominations* *All*

The Committee was reminded that at last month's meeting staff provided a memo about 2025 Officer elections. Dr. Trepka will be terming off after the January meeting, so members were queried for interest in being nominated for either officer position. Dr. Steven Santiago and Maria Henriquez expressed interest as chair and vice-chair, respectively. An election will take place next month.

- *2025 Calendar of Activities* *All*

The Committee reviewed their calendar of meeting activities for 2025.

- *2025 Capacity Survey Review Continuation* *All*

The Committee reviewed the draft survey with some of the suggested changes from the prior meeting. The distribution date is subject to change, depending on the approval date of the meeting.

Committee members brought up issues related to Medical Case Management follow-up for clients in substance abuse and the high turn-over rate of medical case managers. Specifically, clients and providers trying to reach medical case managers are frequently unaware whom to contact.

The Committee made some additional suggestions to the survey:

- Make Hepatitis on page 8 lowercase.
- Remove HIV+ throughout document, instead use "clients with HIV".

Motion to accept the 2025 Capacity Survey with changes as discussed.

Moved: Dr. Daniel Shmuels

Seconded: Tivisay Gonzalez

Motion: Passed

X. New Business

- *Service Description Review: Legal Service and Health Insurance* *All*

The Committee reviewed the draft of the service description for Other Professional Services: Legal Services and Permanency Planning. Updates were made to dates, priority ranking, references, alphabetizing services and inclusion of note on expungement services on the draft. The Committee suggested editing the language under expungement to be "through the State Attorney's Office".

Motion to accept the Other Professional Services: Legal Services and Permanency Planning service description with the changes indicated in the draft and noted, above.

Moved: Louvens Fils Aime

Seconded: Dr. Daniel Shmuels

Motion: Passed

The Committee reviewed the draft of the service description for Health Insurance Premium and Cost Saving Assistance for Low-Income Individuals. Updates were made to dates, priority ranking, and insurance references. The Committee approved the draft.

Motion to accept the Health Insurance Premium and Cost Saving Assistance for Low-Income Individuals service description with the changes indicated in the draft.

Moved: Dr. Daniel Shmuels

Seconded: German Leiva

Motion: Passed

XI. Announcements and Open Discussion

All

The next new member orientation is scheduled for January 15, 2025 via Microsoft teams.

Staff walked the Committee through some website improvements on www.aidsnet.org including the countdown clock for the next meeting and location of meeting documents. Everyone was reminded meeting materials are accessible online, before, and after meetings.

There were no open discussion items.

XII. Next Meeting

Dr. Mary Jo Trepka

The next meeting is scheduled for Thursday, January 9, 2025, at Care Resource from 10:00 a.m. to 12:00 p.m.

XIII. Adjournment

Dr. Mary Jo Trepka

With business concluded, Dr. Trepka thanked everyone for participating in the meeting and wished everyone happy holidays. She adjourned the meeting at 11:38 a.m.



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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY
FOR THE PERIOD OF:

November 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>
AIDS Pharmaceutical Assistance (LPAP/CPAP)	2	28	2	5
Health Insurance Premium and Cost Sharing Assistance	5	3,056	5	1,447
Medical Case Management	4,907	71,944	2,507	8,096
Mental Health Services	29	522	20	101
Oral Health Care	456	7,762	360	2,520
Outpatient Ambulatory Health Services	2,370	22,821	1,321	4,157
Substance Abuse Outpatient Care	5	25	4	8
Support Services				
Food Bank/Home Delivered Meals	1,132	9,711	385	802
Medical Transportation	125	4,311	118	809
Other Professional Services	35	317	13	71
Outreach Services	31	296	23	216
Substance Abuse Services (residential)	585	4,929	27	71
TOTALS:	9,682	125,722		

Total unduplicated clients (month):

3,806

Total unduplicated clients (YTD):

8,772

See Service Unit
Definitions on page 4

Page 1 of 4

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

November 2024

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

Service Units

Unduplicated Client Count

Monthly

Year-to-date

Monthly

Year-to-date

2

28

2

5

5

3,056

5

1,447

3,985

61,431

2,149

7,763

28

494

19

82

456

7,762

360

2,520

2,262

20,588

1,267

3,981

5

25

4

8

1,132

9,711

385

802

112

4,163

105

781

35

317

13

71

28

268

21

196

585

4,929

27

71

TOTALS:

8,635

112,772

Total unduplicated clients (month):

3,498

Total unduplicated clients (YTD):

8,633

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

November 2024

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

Medical Case Management

Mental Health Services

Outpatient Ambulatory Health Services

Support Services

Medical Transportation

Outreach Services

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
Medical Case Management	922	10,513	520	1,043
Mental Health Services	1	28	1	19
Outpatient Ambulatory Health Services	108	2,233	70	620
Support Services				
Medical Transportation	13	148	13	34
Outreach Services	3	28	2	20
TOTALS:	1,047	12,950		
Total unduplicated clients (month):	<u>569</u>			
Total unduplicated clients (YTD):	<u>1,399</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.

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 November 2024, as of 12/30/2024. This report reflects reimbursement requests that were due by 12/20/2024, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$5,166,871.97 One of 18 contracts has not been executed; pending resolution of a due diligence item.

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		
	Allocations	Carryover (C/O) Allocations	
DIRECT SERVICES:			
Core Medical Services			
8	AIDS Pharmaceutical Assistance	7,679.00	
6	Health Insurance Services	328,454.00	
1	Medical Case Management	6,063,727.00	
3	Mental Health Therapy/Counseling	69,501.00	
4	Oral Health Care	4,082,857.00	
2	Outpatient/Ambulatory Health Svcs	8,020,778.00	
9	Substance Abuse - Outpatient	9,441.00	
CORE Services Totals:		18,582,437.00	
Support Services			
12	Emergency Financial Assistance	0.00	
5	Food Bank	972,532.00	795,210.00
13	Medical Transportation	253,654.00	
15	Other Professional Services	40,274.00	
14	Outreach Services	149,032.00	
7	Substance Abuse - Residential	1,731,750.00	
SUPPORT Services Totals:		3,147,242.00	795,210.00
FY 2024 Award (not including C/O)		21,729,679.00	
DIRECT SERVICES TOTAL:		\$ 22,524,889.00	

Total Core Allocation	18,582,437.00	
Target at least 80% core service allocation	17,383,743.20	
Current Difference (Short) / Over	\$ 1,198,693.80	
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%	85.52%	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			
	Expenditures	Carryover (C/O) Expenditures	
DIRECT SERVICES:			
Core Medical Services			
5606970000	AIDS Pharmaceutical Assistance	1,280.24	
5606920000	Health Insurance Services	140,286.73	
5606870000	Medical Case Management	1,859,089.85	
5606860000	Mental Health Therapy/Counseling	41,210.00	
5606900000	Oral Health Care	1,810,027.00	
5606610000	Outpatient/Ambulatory Health Svcs	4,358,890.46	
5606910000	Substance Abuse - Outpatient	1,290.00	
CORE Services Totals:		8,212,074.28	
Support Services			
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	529,492.20	0.00
5606460000	Medical Transportation	66,764.26	
5606890000	Other Professional Services	28,494.00	
5606950000	Outreach Services	68,326.34	
5606930000	Substance Abuse - Residential	1,155,250.00	
SUPPORT Services Totals:		1,848,326.80	0.00
FY 2024 Award (not including C/O)		10,060,401.08	

TOTAL EXPENDITURES DIRECT SVCS & % :		\$ 10,060,401.08	44.66%
Formula Expenditure % 67.35%			
5606710000	Recipient Administration	1,306,567.23	
5606880000	Quality Management	400,000.00	1,706,567.23
Grant Unexpended Balance		FY 2023 Award 13,043,785.69	Carryover 795,210.00
			13,838,995.69
Total Grant Expenditures & %		\$ 11,766,968.31	45.95%
Core medical % against Total Direct Service Expenditures (Not including C/O):			
Cannot be under 75%	81.63%	Within Limit	
Quality Management % of Total Award (Not including C/O):			
Cannot be over 5%	1.61%	Within Limit	
OMB-GC Administrative % of Total Award (Cannot include C/O):			
Cannot be over 10%	5.27%	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 November 2024, as of 12/30/2024. This report reflects reimbursement requests that were due by 12/20/2024, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$157,072.34.

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	

Priority Order

CONTRACT ALLOCATIONS

DIRECT SERVICES:		Allocations	Carryover (C/O) Allocations
Core Medical Services			
	AIDS Pharmaceutical Assistance		
	Health Insurance Services		
1	Medical Case Management	350,102.00	661,318.00
3	Mental Health Therapy/Counseling	18,960.00	
	Oral Health Care		
2	Outpatient/Ambulatory Health Svcs	1,024,748.00	712,385.00
6	Substance Abuse - Outpatient	8,058.00	
CORE Services Totals:		1,401,868.00	1,373,703.00
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	8,300.00
FY 2024 Award (not including C/O)		1,449,312.00	
FY 2024 Carryover Award			1,382,003.00
DIRECT SERVICES TOTAL:		\$ 2,831,315.00	

Total Core Allocation 1,401,868.00
 Target at least 80% core service allocation 1,166,089.60
Current Difference (Short) / Over \$ 235,778.40

Recipient Admin. (OMB-GC)	\$ 260,057.00		
Quality Management	\$ 100,000.00	360,057.00	\$ 3,191,372.00
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (MAI)	\$ 791,203.00		
Unobligated Funds (Carry Over)	\$ 92,767.00	883,970.00	4,075,342.00

Core medical % against Total Direct Service Allocation (Not including C/O):	96.73%	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:		Expenditures	Carryover (C/O) Expenditures
Core Medical Services			
Account	Core Medical Services	Expenditures	Carryover Expenditures
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	347,707.30	218,558.55
5606860000	Mental Health Therapy/Counseling	1,527.50	566,265.85
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	363,727.84	229,384.58
5606910000	Substance Abuse - Outpatient	0.00	593,112.42
CORE Services Totals:		712,962.64	447,943.13
Support Services			
Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	6,881.69	6,881.69
5606890000	Other Professional Services		
5606950000	Outreach Services	16,590.00	
5606930000	Substance Abuse - Residential		
SUPPORT Services Totals:		23,471.69	0.00
FY 2024 Award (not including C/O)		736,434.33	

TOTAL EXPENDITURES DIRECT SVCS & %: \$ 1,184,377.46 41.83%

5606710000	Recipient Administration	82,425.03	
5606880000	Quality Management	66,666.64	149,091.67
Grant Unexpended Balance		FY 2024 Award	Carryover
		1,715,046.00	1,026,826.87
		2,741,872.87	

Total Grant Expenditures & % (Including C/O): \$ 1,333,469.13 32.72%

Core medical % against Total Direct Service Expenditures (Not including C/O):	96.81%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	2.56%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include C/O):	3.17%	Within Limit
Cannot be over 10%		



Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, January 9, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|--------------------|
| I. | Call to Order | Dr. Mary Jo Trepka |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of December 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • 2025 Capacity Survey Discussion | All |
| IX. | New Business | |
| | • Service Description Review: Medical Case Management and Outreach | All |
| | • 2025 Officer Election | All |
| | • Passing of the Gavel | Dr. Mary Jo Trepka |
| X. | Announcements and Open Discussion | All |
| | • New Member Orientation January 15, 2025 | |
| XI. | Next Meeting: February 13, 2025 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

Please turn off or mute cellular devices – Thank you

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

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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: October

Year: 2024-2025

Report generated on: 01/01/2025

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	October	0	0	\$125,294.00	\$19,012.47	\$78,340.08	63%
Medical Case Management (including treatment adherence)	October	69	12,150	\$111,527.00	\$13,972.50	\$76,279.50	68%
Mental Health Services - Outpatient	October	50	17	\$25,000.00	\$1,625.00	\$17,810.00	71%
Emergency Financial Assistance	October	64	137	\$912,456.00	\$67,212.62	\$329,174.26	36%
Non-Medical Case Management Services	October	15	15	\$184,024.00	\$12,439.81	\$56,806.47	31%
Referral for Health Care/Supportive Services	October	147	147	\$203,006.00	\$11,222.33	\$87,721.51	43%
Clinical Quality Management	October	0	0	\$82,071.00	\$2,323.10	\$11,156.73	14%
Planning and Evaluation	October	0	0	\$36,471.00	\$2,323.10	\$11,156.73	31%
Totals		345	12466	\$1,679,849.00	\$130,130.93	\$668,445.28	

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

ADVANCE(S) INFORMATION:

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

Total Contract Amount	\$1,679,849.00
Minus Expended Y-T-D	\$668,445.28
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,011,403.72

Total Expenditures this period: \$130,130.93
Less Advance Payback this period: \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$130,130.93

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

_____ Signature & Title of Provider Agency Official	_____ Date	_____ Contract Manager Signature	_____ Date
		_____ Contract Manager's Supervisor Signature	_____ Date



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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

JANUARY 6, 2025

ADAP MIAMI-DADE / SUMMARY REPORT[^] – DECEMBER 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	47	211	7,373	\$1,328,957.85	2,666	760	3.5	\$4,696,503.85	2,856	\$1,644.43
OCT-24	70	384	7,414	\$1,268,167.89	2,617	713	3.7	\$4,678,577.74	2,838	\$1,648.55
NOV-24	66	527	7,593	\$1,089,868.82	2,184	635	3.4	\$4,605,650.34	2,797	\$1,646.64
DEC-24	61	835	7,688	\$1,435,602.25	2,900	786	3.7	\$4,569,896.77	2,778	\$1,645.03
JAN-25										
FEB-25										
MAR-25										
FY24/25	671	4,152	7,688	\$11,574,243.70	21,928	6,612	3.3	\$42,166,498.36	25,518	\$1,652.42

PROGRAM UPDATE

- *01/01/25: BENEFIT LEVEL [^] 7,688 DIRECT DISPENSE 59 % 4566 - PREMIUM PLUS 41 % 3122 [ACA-MP, EMPLOYER SPONSORED INSURANCE, COBRA, MEDICARE PART-D]
- *12/01/24: CABENUVA [®] [^] 250 DIRECT DISPENSE 66 % 165 - PREMIUM PLUS 34 % 85
- *01/01/25: MEDICARE ELIGIBLE [^] 12 UNDER REVIEW THIS MONTH. – 58 CLIENTS WITHIN 7-MONTH WINDOW AROUND 65TH BIRTHDAY THIS MONTH.
- *01/01/25: MEDICARE 226 OPEN ENROLLMENT. ENDS DECEMBER 7TH. MEDICARE CLIENTS CAN MAKE CHANGES.
- *12/26/24: ACA-MP 2,659[^] OPEN ENROLLMENT. APPROVED PLANS FOR 2025 [62]. ENDS JANUARY 15TH.

DATE: 01/06/25. - SOURCE: PROVIDE ENTERPRISE & PHARMACY SYSTEMS. - [^] ALL DATA SUBJECT TO REVIEW & EDITING. ^{^^} OPEN + ACTIVE PTS. - NOTE: EXPENDITURES NOT INCLUDED: UNINSURED CLIENTS FROM WP & PBM PHARMACIES.

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 – PRIME THERAPEUTICS PBM MIAMI-DADE – 11/01/24		
AIDS HEALTHCARE FOUNDATION	COMMUNITY HEALTH OF SF - CHI	WALGREENS
BORINQUEN HEALTHCARE CTR	CVS SPECIALTY MAIL ORDER	FRESCO Y MÁS
MIAMI BEACH COMMUNITY HC	NAVARRO SPECIALTY PHARMACY	PHARMCO RX

NEW: CARE RESOURCE PHARMACY, LARKIN HOSPITAL COMMUNITY PHARMACY

PHARMACY SELECTION IS THE CLIENT'S CHOICE. STAFF MEMBERS FROM ADAP MIAMI ASSIST CLIENTS WITH THEIR PHARMACY SELECTION PROCESS.

CONTACT: WWW.ADAPMIAMI.COM / ADAP.FDOHMDC@FLHEALTH.GOV





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MIAMI-DADE HIV/AIDS PARTNERSHIP

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Membership Report

January 3, 2025

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for Ryan White Program Clients

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

Opportunities for General Membership

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

- Hospital or Health Care Planning Agency Representative
- Mental Health Provider Representative
- Housing, Homeless or Social Service Provider
- Other Federal HIV Program Grantee Representative (Part F)
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Non-Ryan White Program Miami-Dade County Representative
- Part D Grantee Representative

Are you a Member?

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

Do You Qualify for Membership?

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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

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

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



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





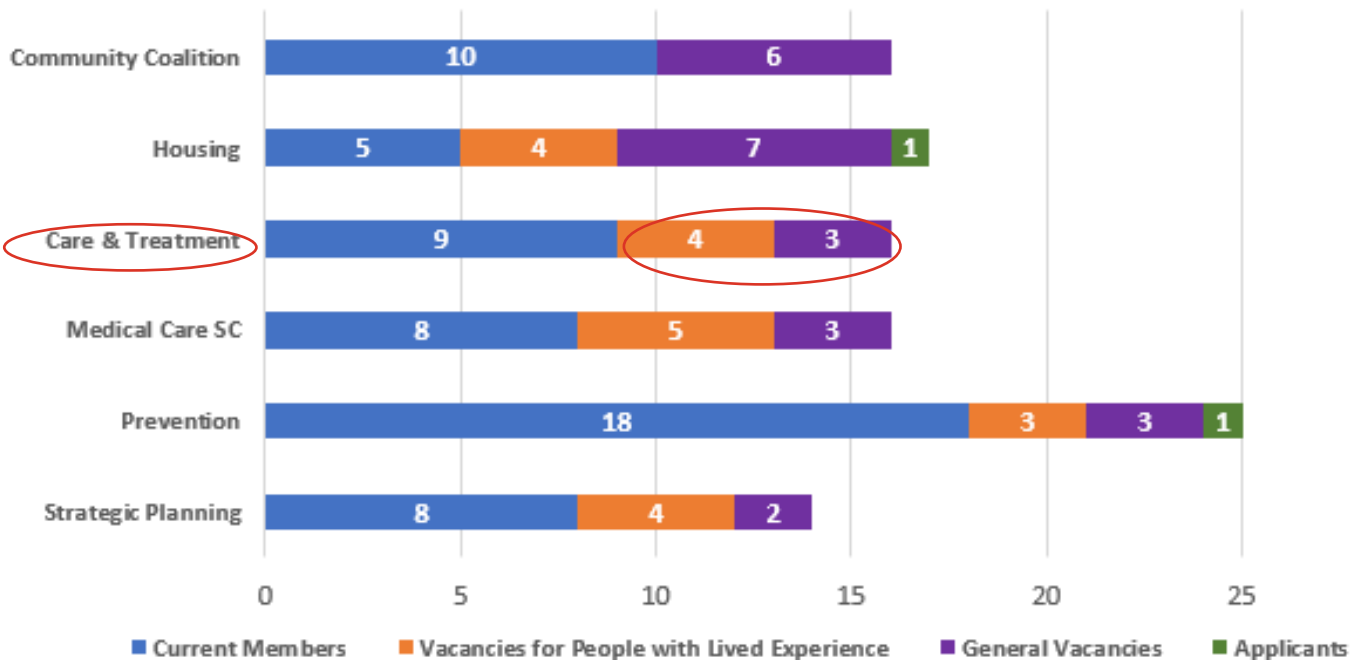
Committees

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

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

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

Standing Committee and Subcommittee Membership





Partnership Report to Committees and Subcommittee January 7, 2025 Meeting

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

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

Members heard regular reports and approved the following motions:

Executive Committee

1. Motion to accept the edits to the Miami-Dade HIV/AIDS Partnership Ryan White Planning Council Policies and Procedures Manual, as presented.
 2. Motion to accept the 2025 Miami-Dade HIV/AIDS Partnership Bylaws, as presented.
-

The following meeting dates were announced:

- Friday, January 31, 2025, 12:00 PM-12:30 PM
Report for Action! February Partnership Meeting Briefing
Microsoft Teams, ID: 238 353 321 012; Passcode: pW9t2mR7
- Tuesday, February 4, 2025, 10 AM-12:00 PM
Partnership Meeting
Miami-Dade County Main Library, 101 West Flagler St., Auditorium, Miami, FL 33130



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, January 9, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|--------------------|
| I. | Call to Order | Dr. Mary Jo Trepka |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of December 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • 2025 Capacity Survey Discussion | All |
| IX. | New Business | |
| | • Service Description Review: Medical Case Management and Outreach | All |
| | • 2025 Officer Election | All |
| | • Passing of the Gavel | Dr. Mary Jo Trepka |
| X. | Announcements and Open Discussion | All |
| | • New Member Orientation January 15, 2025 | |
| XI. | Next Meeting: February 13, 2025 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

Please turn off or mute cellular devices – Thank you

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

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January 2025 Revision: 2025 Provider Capacity Survey

Purpose

This survey is intended to inform the Ryan White Program's planning council (The Miami-Dade HIV/AIDS Partnership) regarding provider capacity and capabilities. The data provided will be used for service planning, priority setting and resource allocation during the annual needs assessment.

Please complete all the questions to the best of your ability, and submit your replies by March 13, 2025. If you have any questions, please contact Marlen Meizoso at marlen@behavioralscience.com.

Organizational Information

* 1. Location

Organizational Name	<input type="text"/>
Address (main site in Miami-Dade)	<input type="text"/>
City/Town	<input type="text"/>
State	<input type="text"/>
ZIP/Postal Code	<input type="text"/>

* 2. What days of the week are you open during business hours (8:00 a.m. to 5:00 p.m.)?

<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Thursday	

* 3. What days of the week are you open after 5 p.m.?

<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Thursday	<input type="checkbox"/> None of the above

* 4. What was your total estimated **organizational revenue** in Miami-Dade County during **calendar year 2024**?

* 5. What was the total number of **clients served** by your organization in Miami-Dade County during **calendar year 2024**?

* 6. Please indicate the specific sources of funding that support your organization. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Ryan White Part A | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Ryan White Part B | <input type="checkbox"/> Other federal funding |
| <input type="checkbox"/> Ryan White Part C | <input type="checkbox"/> General Revenue |
| <input type="checkbox"/> Ryan White Part D | <input type="checkbox"/> State funding |
| <input type="checkbox"/> Ryan White Part F-Dental | <input type="checkbox"/> Private insurance |
| <input type="checkbox"/> Ryan White Part F-Special Projects of National Significance (SPNS) | <input type="checkbox"/> Client fees |
| <input type="checkbox"/> Center for Disease Control and Prevention (CDC) | <input type="checkbox"/> County funding |
| <input type="checkbox"/> Health and Resources Service Administration (HRSA) | <input type="checkbox"/> Drug company rebates |
| <input type="checkbox"/> Substance Abuse and Mental Health Services Administration (SAMHSA) | <input type="checkbox"/> Foundations or corporations |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Fundraising |

Capacity

7. Please indicate whether your organization **currently serves** any of the following populations. Check all that apply.

	Serve In General	Serve People with HIV
Black/African-American females	<input type="checkbox"/>	<input type="checkbox"/>
Black/African-American males	<input type="checkbox"/>	<input type="checkbox"/>
Haitians females	<input type="checkbox"/>	<input type="checkbox"/>
Haitians males	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino/LatinX females	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latino/LatinX males	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate whether your organization **currently serves** or has **specialized services** for these **populations**. Check all that apply.

	Serve In General	Serve People with HIV	Have Special Programs for
Persons who are homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons who are unstably housed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who are transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men who have sex with men (MSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons using non-injectable drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons who inject drugs (PWID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth (age 13-18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Adult (age 19-24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons over 50 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you have any peers (people with HIV) at your organization? Check all that apply.

- Who are paid
 Who are volunteers

10. Do you have any of the following at your organization? Check all that apply.

- Support groups for people with HIV
 Social groups for people with HIV
 HIV related prevention programs

* 11. Given your **current caseload**, will you have enough staff and resources to meet the needs of your clients with HIV in 2025?

- Yes
 No
 Don't know

* 12. If your current caseload **increased by 5%**, would you have enough staff and resources to meet the needs of your clients with HIV in 2025?

- Yes
 No
 Don't know

* 13. If your current caseload **increased by 10%**, would you have enough staff and resources to meet the needs of your clients with HIV in 2025?

- Yes
- No
- Don't know

Services Provided

14. **Core and Support Services**-Please indicate the services provided.

	My organization <u>provides</u> this service to people with HIV.	We serve clients with HIV in my organization who <u>need</u> this service <u>but are not able to get it.</u>	Not applicable
AIDS Pharmaceutical Assistance: Prescription medications for the treatment of HIV and for other medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Services: Assistance taking care of children while parent with HIV is at a medical visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention Services: Services to help people get tested, educated about HIV, then referred and linked to care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Financial Assistance: Short-term housing, prescription, and utility assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Bank/Home-Delivered Meals: Home-delivered meals, food vouchers, or food pantries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Education/Risk Reduction: Client education on ways to improve health and reduce risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Premium and Cost Sharing: Assistance to help clients with health insurance premium coverage and copay assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home and Community-Based Health Care: Skilled health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and personal care provided in home

Home Health Care Services: Professional nursing care provided in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing: Short-term housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Services: End-of-life care and support for those in the last stages of their illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linguistic Services: Assistance with language translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Case Management: Helping individuals access Ryan White programs and navigate the system of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy: Nutritional counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Transportation: Transportation by bus or other means to help clients with medical/social service appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services: Mental health treatment and counseling services offered in individual or group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Medical Case Management: Eligibility and service access assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health Care: Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Services (Legal Services and Permanency Planning): Non-criminal legal advice and permanency planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient/Ambulatory Health Services: Treatment by a licensed medical provider, lab tests, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach: Efforts to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

retain clients with HIV in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial Support: Support groups, therapy, and counseling for clients with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral for Health Care and Support Services: Referral assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Services: Home-based rehabilitation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care: Short-term relief for persons caring for people with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services (Outpatient): Professional counseling to address alcohol or drug abuse and addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse (Residential): Residential substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Are there any additional medical and support services you provide to people with HIV that are not listed above?

16. Are there any additional medical and support services needed by people with HIV not listed above?

17. Prevention Services

	My organization <u>provides</u> this service to people.	Clients in my organization <u>need</u> this service but are <u>not getting</u> it.	Not applicable
Condom Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling after Diagnosis: Discussion of next steps upon receipt of an HIV test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Occupational Post Exposure Prophylaxis (NPEP): Taking antiretrovirals after HIV exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner Notification Services: Notification and counseling of partners of persons with a positive HIV test result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Exposure Prophylaxis (PrEP): Taking antiretrovirals to prevent HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test and Treat/ Rapid Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing for Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing for Sexually Transmitted Infections (STI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Are there any additional prevention services needed by people with HIV that are not listed above?

19. Are there any additional prevention services you provide to people with HIV that are not listed above?

Referrals for Clients with HIV

20. **To** what **agencies** do you refer most frequently?

21. **For** what **services** do you refer most frequently?

22. **From** what **agencies** do you receive referrals most frequently?

23. **For** what **services** do you receive referrals most frequently?

24. **For** what **services** does your organization have difficulty making referrals?

Barriers Assessments

* 25. What barriers does **your organization** face in providing care to clients with HIV?

Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Not enough funding | <input type="checkbox"/> Issues with referrals to/from our organization |
| <input type="checkbox"/> Funding has too many strings attached | <input type="checkbox"/> Not enough time for adequate communication with clients |
| <input type="checkbox"/> Trouble understanding and managing expectations from different funders | <input type="checkbox"/> People with HIV know about the services we provide but do not take advantage of them |
| <input type="checkbox"/> Difficulty finding/retaining qualified staff | <input type="checkbox"/> People with HIV who need the services are not always eligible to receive them |
| <input type="checkbox"/> Lack of staff training/professional development | <input type="checkbox"/> People with HIV do not know we provide the services they need |

26. **Clients with HIV** may face **barriers** that keep them from accessing services. Based on your experiences providing services, please indicate if you agree with the following statements.

Agree

Disagree

Not applicable or not sure

Clients don't know what services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients don't know where to go for services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients are embarrassed or too upset to think about services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients are worried about others finding out they have HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients can't find a service provider who speaks their language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients are afraid they may be reported to the authorities due to immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients think they can't afford the services they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients find the system of care is hard to navigate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients can't get referrals for services they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients have life issues to deal with such as food insecurity, mental health issues, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients can't qualify for some services because of eligibility requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients don't have a way to get to appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client schedules do not fit available service hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients don't have anyone to take care of their children while they receive care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 27. Does your organization have a waitlist for services?

Yes

No

28. If your organization has a waitlist,

For what services?

How long do clients typically stay on the waitlist?

* 29. Name (main contact) for questions on this survey

* 30. Email address of person completing this survey

31. Job title of person completing this survey

Thank you for completing the survey!

Aggregate data from this survey will be presented at the 2025 Needs Assessment. If you have any additional questions or comments, or would like to go into further detail on any of your answers here, please contact Marlen Meizoso at marlen@behavioralscience.com or call 305-448-5258.



Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, January 9, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

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| | • Vacancies | Marlen Meizoso |
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| | • Passing of the Gavel | Dr. Mary Jo Trepka |
| X. | Announcements and Open Discussion | All |
| | • New Member Orientation January 15, 2025 | |
| XI. | Next Meeting: February 13, 2025 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

Please turn off or mute cellular devices – Thank you

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

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**MEDICAL CASE MANAGEMENT,
INCLUDING TREATMENT ADHERENCE SERVICES**

(Year 3~~4~~5 Service Priorities: #~~1~~2 for Part A and #~~1~~ for MAI)

Medical Case Management, including Treatment Adherence Services (hereinafter referred to as Medical Case Management) are core medical services. The local Ryan White Program Medical Case Management service category has two (2) distinct components: **Medical Case Management and the Peer Education and Support Network (PESN)**. Subrecipient providers (“providers”) are required to offer both components of this service category. Medical Case Management services help clients improve health outcomes. As such, Medical Case Management providers should be able to analyze the care that a client receives to ensure that the client is obtaining the services necessary to improve his, her or their health outcomes.

The Health Resources and Services Administration’s HIV/AIDS Bureau (HRSA/HAB) defines Medical Case Management as a range of client-centered activities focused on improving health outcomes in support of the HIV Care Continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all methods of encounters (e.g., face-to-face meetings, phone contact, and any other documented forms of communication). Key activities include: 1) initial assessment of service needs (including review of medical, financial, social, and other needs, upon intake); 2) development of a comprehensive, individualized service plan (including coordination of services required to implement the plan); 3) timely and coordinated access to medically appropriate levels of health and support services and continuity of care; 4) continuous client monitoring to assess the efficacy of the care plan; 5) re-evaluation of the care plan at least every six months with adaptations as necessary or more often as needed; 6) ongoing assessment of the client’s and other key family members’ needs and personal support systems; 7) treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and 8) client-specific advocacy and/or review of utilization of services. In addition to providing the medically oriented services above, Medical Case Managers may also provide benefits/entitlement counseling and referral activities (to core medical and support services) by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare, Medicare Part D, State AIDS Drug Assistance Program, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the ACA Health Insurance Marketplaces/Exchanges).

Visits to ensure readiness for and adherence to complex HIV treatments shall be considered either billable under Medical Case Management or Outpatient/Ambulatory Health Services, depending on how the visit occurred. Treatment Adherence Services provided during a Medical Case Management visit shall be reported in the Medical Case Management service category (using the ADH billing code indicated below); whereas,

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit shall be reported under the Outpatient/Ambulatory Health Services category (using the appropriate CPT billing code).

The purpose and objectives of Medical Case Management are: 1) to maintain the client in ongoing medical care and treatment to improve client health outcomes; 2) to coordinate services across funding streams; 3) to reduce service duplication across providers; 4) to assist the client with accessing needed services; 5) to use available funds and services in the most efficient and effective manner; 6) to increase the client's adherence to the care plan (i.e., medication regimen) through counseling; 7) to empower clients to remain as independent as possible; and 8) to control costs while ensuring that client needs are properly addressed.

MEDICAL CASE MANAGEMENT COMPONENTS

- I. ***Medical Case Management:*** Medical Case Managers must be knowledgeable about the diversity of programs and be able to develop service plans from various funding streams. They are responsible for helping clients access needed services, not just Ryan White Program-funded services. Medical Case Managers will continue to have a training emphasis on addressing client housing issues (e.g., instability, homelessness, etc.) and identifying available housing assistance programs in Miami-Dade County, among other training topics.

Locally, in addition to the key activities indicated above, Medical Case Managers are responsible for performing the following functions: 1) conducting the initial intake; 2) managing and coordinating referrals, assisting with initial appointments, and coordinating services identified in the care plan, etc.; 3) monitoring client adherence to the care plan and medication regimens, as well as ensuring that service providers involved in the client's care are rendering services as requested; 4) evaluating services provided to the client by all funding sources to determine consistency with the established care plan; 5) conducting secondary prevention; and 6) closing client cases when warranted and documenting the reason for case closure. Medical Case Managers should regularly use special client-related views and reports in the Provide® Enterprise Miami data management system to identify any clients who may be at risk for falling out of care, and follow-up as appropriate (including a referral to Outreach Services if allowable) to locate the client and bring them back into care. ~~A CD4 lab test result is optional following the U.S. Department of Health and Human Services (DHHS) treatment guidelines.~~

Medical Case Managers are expected to review, understand, and comply with the related case management activities indicated throughout the service definition as stated above in the Health Insurance Assistance section of this Service Delivery Manual.

II. Peer Education and Support Network (PESN): At the option of the client, the Medical Case Management agency will assign a Peer (variously designated as PESN, Peer Educator, Peer Navigator, or Case Aide) who is a person with HIV to provide "peer support," including client orientation and education about health and social service delivery systems. These Peers may assist with initial client intake, paperwork and applications for financial and medical eligibility, educating new clients on the process of accessing core and support services, encouraging treatment adherence, as well as accompanying clients to initial appointments for medical care and other services. These Peers may also make phone calls or send mail, including electronic mail, (where authorized by the client) to clients for the purpose of reminding them of medical appointments, in order to improve the client's attendance and reduce no- shows. These Peers are restricted from completing Ryan White Program In-Network Referrals, Plans of Care, and Health Assessments, as these are functions of a Medical Case Manager. These Peers may also provide basic stress management guidance to their clients. For a description of PESN Essential Functions, see Section VII of this Service Delivery Manual.

Support group meetings and related activities are not an allowable function of the local PESN services.

The Peer will have basic knowledge of HIV/AIDS services and receive the necessary training on HIV funding streams from the Peer's Medical Case Management agency and other resources.

As incentives for productivity, PESN subrecipient providers are encouraged to provide the Peer with educational opportunities, as well as a standard living wage and medical benefits.

If the client decides not to access the PESN services, then the Medical Case Manager will also be responsible for providing the following services: 1) presentation of information regarding the HIV service delivery system across funding streams, and 2) assistance to clients in preparing applications for other benefit programs.

The following requirements apply to both Medical Case Management and PESN services (including Minority AIDS Initiative services) as indicated:

A. Program Operation Requirements: Subrecipient providers must ensure that Medical Case Management services include, at a minimum, the following: peer support, assessment, follow-up, direction of clients through the entire system of health and support services, and facilitation and coordination of services from one service provider to another. Subrecipient providers of Medical Case Management services are expected to educate clients on the importance of complying with their medication regimens.

Medical Case Managers and Peers operate as part of the clinical care team and must maintain frequent contact with other providers (the client's Licensed Medical Provider, other medical practitioner, Nutritionist, Pharmacist, Mental Health or Substance Abuse Counselors, HOPWA Housing Specialist, etc.) and with the client in order to assure the client adheres to medication regimens and ensure that the client receives coordinated, interdisciplinary support for adherence, attendance at medical care appointments, picking up prescriptions and re-fills, and assistance in overcoming barriers to meeting treatment objectives.

Medical Case Management providers are expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and to ensure that immediate follow-up is available for clients who miss their prescription refills, licensed medical provider visits, and/or who experience difficulties with adherence. Medical Case Management providers must ensure that the client is knowledgeable about HIV/AIDS; understands CD4 count, viral load, adherence and resistance concepts; understands the reason for treatment; identifies and addresses the possible factors or barriers affecting treatment adherence; and understands his/her/their treatment regimen to the best of the client's ability.

1. **Medical Case Manager Qualifications:**

Providers of this service will adhere to the educational and training requirements of staff as detailed in the *Ryan White Program System-wide Standards of Care* and the *Ryan White Program Medical Case Management Standards of Service* (see Section III of this FY 2023~~5~~ Service Delivery Manual), as may be amended.

2. **Provider Requirements:**

- a) Providers will be expected to report to Miami-Dade County the following, in the contract scope of services and/or upon request:
 - An explanation of the training – including RWP Basic Training, cultural sensitivity training, and other trainings as may be required by the RWP Recipient – that has been and will be offered to Medical Case Managers, MCM Supervisors, and Peers. CQM trainings are not billable under MCM or PESN.
 - An explanation of how a client's adherence to treatment will be monitored and how adherence problems will be identified and resolved.

An explanation of how the provider will serve clients who speak English, Spanish, and Haitian Creole or who have limited language proficiency. **Medical Case Management providers**

must budget for the following expenses or otherwise accommodate client needs for: American Sign Language interpreter, foreign language interpreter, Braille, and other materials to accommodate clients with disabilities, limited English language proficiency, and/or low literacy levels.

- A description of linkage agreements in place with other HIV/AIDS service providers.
 - As the Ryan White Program is the payer of last resort, clients who have Medicaid Managed Medical Assistance (MMA) or Long-Term Care (LTC) plans are not eligible to receive case management or referral services from the local Ryan White Part A/MAI Program. The MMA and LTC plans are contractually required to provide their clients with case management/care coordination.
- b) **Required Forms.** Medical Case Management staff will utilize Ryan White Program standardized forms, as approved by the Miami-Dade HIV/AIDS Partnership and the County, for all Medical Case Management functions.
- c) **Referrals.** All referrals made by Part A or MAI-funded Medical Case Managers to Ryan White Program services must be made utilizing the Ryan White Program In Network Referral process, which is available through the Provide® Enterprise Miami data management system. Referrals **cannot** be made for services not documented in the client’s Action Plan (formally referred to as the Plan of Care; billing code to use remains POC – see below). However, in the case of emergency, an Action Plan may be amended within two (2) business days to allow for the referral. Referrals for non-Part A or non-MAI services made by Part A/MAI Medical Case Managers will use the general certified referral form in the Provide® Enterprise Miami data management system. Referrals made to Part A/MAI services by non-Part A or non-MAI funded case managers will use the Out of Network (OON) referral form available from the County’s Office of Management and Budget-Grants Coordination – Ryan White Program. The OON Referral must be accompanied by appropriate supporting documentation and signed consents.

All referrals from Medical Case Management services to Ryan White Part A Program Oral Health Care services should include the client’s primary care or licensed medical provider~~HIV Licensed Medical Provider’s~~ contact information (name, address, phone and fax numbers, and email if available) and note any known allergies the client may have. This information can be included in the comments section of the referral.

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- d) **Caseload.** Medical Case Managers should have an active caseload of no more than 70 clients.
- e) **Peer schedules.** Providers are reminded that some Peers may be eligible for disability income and/or other supplemental income. Consequently, a part-time work schedule should be well-planned to meet the needs and benefits of the Peer employee.
- f) **Health Assessments.** Medical Case Managers are expected to complete a Health Assessment annually for each client as may be amended via formal written notification from the Recipient (i.e., Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program). Updates to the Health Assessment should be conducted as needed during the year.
- g) **Progress Notes.** Services must be documented in progress notes in a timely manner, preferably within 24 hours of service, but no later than 48 hours (i.e., 2 business days) after occurrence, unless the timeframe is suspended by the Miami-Dade County Office of Management and Budget during declared emergencies at the state or local level (e.g., during public health emergencies, hurricanes, etc.) or at the discretion of the County. Any Medical Case Management or Peer Education and Support Network encounter not properly recorded in the Provide® Enterprise Miami data management system within 48 hours (i.e., 2 business days) will be rejected in the system, unless the timeframe is suspended as noted above. When needed, requests for an override related to this type of rejection may be submitted to Miami-Dade County-Office of Management and Budget/Ryan White Program for review through the Provide® Enterprise Miami data management system. A reasonable justification for the delay in recording an encounter must be included for review of related override requests. Depending on the agency's reason for the delay, the County may opt to disallow the encounter.

A reasonable justification for the delay in entering a timely progress note would include the following, if such reason caused the Medical Case Manager, Peer, or the Medical Case Management Supervisor to miss the 48-hour time limit for entering progress notes:

- An event beyond the Medical Case Manager, Peer, or Medical Case Management Supervisor's control, such as an illness, proven data system (e.g., Provide® Enterprise Miami

data management system or provider's electronic medical record data system) access issues, public health emergencies, or extreme weather events directly affecting program operations.

- A documented and previously approved event such as the aforementioned staff persons' vacation or attendance at a Ryan White Program meeting or training.

h) Staff Training. Medical Case Management staff (Medical Case Managers, Peers, and Medical Case Management Supervisors) must attend periodic training provided by the Ryan White Program's Clinical Quality Management and Training Program provided by BSR. In addition, effective April 7, 2017, any new Medical Case Managers, Peers, and Medical Case Management Supervisor hires under the Ryan White Part A or MAI Programs must complete all 13 of the Southeast AIDS Education and Training Center's (SE-AETC) web-based Medical Case Management and Cultural Competency curricula as required and as may be amended by the local Recipient **prior to** being approved for Provide® Enterprise Miami User Access. These curricula modules are indicated on the local Ryan White Program's AETC Training Module Checklist, and the modules can be accessed at the following website: <https://www.seaetc.com/modules/>. Time spent completing the SE-AETC training modules **cannot** be charged to the local Ryan White Part A/MAI Programs.

B. Additional Service Delivery Standards: Providers of this service will adhere to the *Ryan White Program Medical Case Management Standards of Service*. (Please refer to Section III of this FY 2024⁵ Service Delivery Manual for details, as may be amended.)

C. Rules for Reimbursement: The units of service used for Medical Case Management and PESN reimbursements are as follows. (**IMPORTANT NOTE:** *except for MCM and PESN (when referring to staff or service category), OMB, HIV/AIDS, and HIPAA, all acronyms used in this section are billing codes.*)

1. *Medical Case Management (MCM) Services* are reimbursed by unit cost, where one unit equals one minute of actual time, at rates not to exceed \$1.15 per unit/minute. See table below.
2. *Peer Education and Support Network (PESN) Services* are reimbursed by unit cost, where one unit equals one minute of actual time, at rates not to exceed \$0.65 per unit/minute. See table below.

3. Providers are required to document each unit of service performed (including the type of encounter and length of time spent) as face-to-face encounters, tele-medical case management, plan of care, adherence counseling, or other activities conducted with or on behalf of a client. These units [i.e., service code(s) and time spent] shall be entered in the Provide® Enterprise Miami data management system when documenting each client's progress log and for billing purposes. Units of service must be documented and reported separately for PESN and Medical Case Management services.
4. Client eligibility screening for voucherable services (e.g., Medical Transportation vouchers) is billable as a unit of service depending on the amount of time spent with the client. Costs related to the **actual distribution of voucher services** should be covered under the dispensing charge allowed for handling of vouchers under the Medical Transportation service category (i.e., discounted transportation EASY Tickets or limited ride-share).

Medical case management staff cannot use MCM encounter billing codes for time spent scheduling ride-share (e.g., Uber or Lyft) trips for a client with the ride-share transportation company. This activity is part of the dispensing fee allowable under the Medical Transportation service category if line items other than purchasing ride-share trips are included in the Medical Transportation budget.

Adherence and care coordination efforts to secure the medical or social service (e.g., appointment with a provider) a client uses ride-share services to attend may be billed by Medical Case Management staff using the appropriate code (e.g., ADH, POC, COL, etc.) from the table directly below. In such cases, medical case management staff should take this opportunity to ask if the client was satisfied with the medical or social service appointment, if the client understood what was covered during the appointment, and if other care coordination or referral is needed as a result of the appointment.

5. No two Peers can bill for the same time and for the same client when specifically using the Face-to-Face (FFE) and Adherence (ADH) services codes.
6. The following table reflects MCM and PESN encounter/activity billing codes (in alphabetical order **by code**) that are active in FY 2024⁵:

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Affordable Care Act (ACA) Health Insurance Marketplace	ACA	<p>This code includes any and all activities with or on behalf of the client, such as researching health insurance plans, discussing plan options, assisting with the application process, communicating with American Exchange LLC on behalf of the client, and documenting all efforts, related to the client's enrollment in private insurance through the Affordable Care Act Health Insurance Marketplace. This code also includes time spent explaining the health insurance plan to client, how it works, what documents the client is required to present, as well as what benefits and restrictions the client has under the plan.</p> <p>Do NOT use this ACA code to record time spent actually enrolling a client on-line in an ACA Marketplace health insurance plan overseen by American Exchange or other third-party ACA enrollment agents. Time spent navigating or enrolling clients on-lineonline at www.healthcare.gov are not billable to the local Ryan White Program.</p>
Adherence Counseling	ADH	<p>This code includes adherence activities with the client such as medication counseling, risks and benefits of treatment, compliance with treatment regimen, education on medication resistance, compliance with medical and other core service appointments, and review of HIV case management portal information.</p> <p>Do NOT use this ADH code to record time spent by a <u>licensed</u> medical provider (MD, DO, APRN, PAs, Physician, Advanced Practice Registered Nurse, Physician Assistant, etc.) providing adherence counseling, as this would be billed under the Outpatient/Ambulatory Health Services category.</p> <p>UPDATE (12/8/2023): ALL medical case management interactions with clients should have an adherence counseling component (i.e., use of the ADH billing code with related progress log note). Case management without adherence counseling is not Ryan White Program Medical Case Management.</p>

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Case Closure Activity	CCA	This code includes activities related to closing a client's case at the medical case management agency and in the Provide® Enterprise Miami data management system. The limit for this activity per client is 30 units (i.e., 30 minutes; see "Definition of a Unit" above).
Collateral Contacts	COL	<p>This code is to be used by Peers and Medical Case Management Assistants only to record communication with other care providers inside and outside of the Peer or Medical Case Management Assistant's own agency for all coordination of care activities conducted on behalf of the client. This includes telephone contacts or other electronic methods of communication (e.g., email or fax) with the outside or inside agency to obtain or provide additional information for the client's care.</p> <p>This code may also be used to document travel time with or on behalf of the client that is specific to care coordination, linkage to care, or retention in care activities conducted by Peer Educators or Medical Case Management Assistants. In such cases, documentation in the client chart must include reason for travel in relation to care coordination, linkage to care, or retention in care.</p> <p>This code cannot be used when pulling a chart to copy documents for a client's personal use or for filing documents. Instead, use the DOC billing code for pulling a chart or filing.</p> <p>Medical Case Managers and Medical Case Management Supervisors cannot use the COL code. Medical Case Managers and Medical Case Management Supervisors must use POC for all Plan of Care and coordination of care activities. See POC section below.</p>

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Consulting w/ Staff	CON	This code includes activities related to case consultation with internal staff. This code may only be billed by the agency's OMB-authorized Medical Case Management Supervisor or Lead Medical Case Manager.
Documentation	DOC	<p>This code includes activities related to documenting any encounter in the Provide® Enterprise Miami data management system, such as preparing the progress note to detail a face-to-face encounter, telephone contact, etc. This service code also includes time spent organizing the client record or filing, looking up, or pulling documents to make copies that are unrelated to coordination of care for the client. This code also includes conducting peer reviews of client charts.</p> <p>Do <u>not</u> use this DOC code to record documentation of activities related to the client's care plan or preparing referrals. Instead use POC to record <u>any</u> Plan of Care activity conducted by the Medical Case Manager or Medical Case Management Supervisor.</p> <p>Supervisors should NOT use this DOC code when advised by Miami-Dade County's Ryan White Program staff as part of a billing or site visit review that a progress note needs to be reviewed, corrected and resubmitted.</p> <p>UPDATE (12/8/2023): When recording documentation activities:</p> <ul style="list-style-type: none"> Any DOC encounter billed for 15 minutes or less does NOT require an explanation in the progress log of the activity. Any DOC encounter billed for more than 15 minutes requires a progress log note that indicates exactly which DOC activity was conducted (e.g., organizing the client record, scanning / copying documents to upload in PE Miami, documenting an encounter, entering the progress note in PE

		Miami, or copying records for the client's personal use for purposes unrelated to coordination of care.)
Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Eligibility Specialist (with Bachelor's Degree)	EDE	This code is only for use by OMB-authorized Eligibility Specialists who have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., Bachelor's degree) (billable at \$1.15 per minute). This code is to be used only by authorized persons completing Ryan White Program eligibility and facilitating the financial eligibility review process at Jackson Health System for purposes of assisting eligible clients in obtaining a Jackson Health System/Jackson Memorial Hospital "J card" with the "IO1" designation of the Ryan White Program as the payer source.
Adherence Encounter by Eligibility Specialist (no degree)	ENA	This code is only for use by OMB-authorized Eligibility Specialists who do not NOT have a Bachelor's degree (billable at \$0.65 per minute, similar to a peer or medical case management assistant). This code is to be used only by authorized persons when communicating the importance of treatment adherence to clients during a corresponding Eligibility Specialist encounter. For treatment adherence activities conducted by Medical Case Managers, Peers, or Medical Case Management Supervisors, use the ADH code.
Eligibility Specialist (no degree)	ENE	This code is only for use by OMB-authorized Eligibility Specialists who do NOT have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., no degree) (billable at \$0.65 per minute). This code is to be used only by authorized persons completing Ryan White Program eligibility and facilitating the financial eligibility review process at Jackson Health System for purposes of assisting eligible clients in obtaining a Jackson Health System/Jackson Memorial Hospital "J card" with the "IO1" designation of the Ryan White Program as the payer source.

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Face-to-Face Encounter	FFE	<p>This encounter is defined as any time the Medical Case Manager, Peer Educator, or Medical Case Management Supervisor has direct contact with the client in person. In consultations with a child and one or more adults, encounters are billed for one family member only who must be HIV+ and eligible for Ryan White Program-funded services. The FFE encounter includes activities that are conducted face-to-face with the client where no other encounter code is appropriate. FFE may also include referral activities if done face-to-face with the client.</p> <p>FFE may also be used to record travel time for the purpose of attending a medical appointment or social service appointment, only when traveling with the client. If travel is included in a FFE encounter, the appropriate reason and length of time must be documented in the client chart.</p> <p>A brief face-to-face encounter may be included with a POC activity to indicate that a client contact occurred on the same day as a POC activity. In such cases, a few minutes of the FFE code would be acceptable. This circumstance must be clearly explained in the progress notes.</p>
Insurance Coordination and Retention	ICR	<p>This code is only for use by OMB-authorized staff with special insurance coordinator roles (i.e., Users.IBM and Users.MCM.OpenNR) in the Provide® Enterprise Miami data management system. Approved activities include following up on health insurance policies to ensure clients are active or troubleshooting any issues where clients are dropped from an insurance policy, including where recoupment of funds may be needed (billable at \$1.15 per minute).</p>
Electronic Override Activity	OVR	<p>This code may only be used by authorized Medical Case Management Supervisors or Lead Medical Case Managers. The limit for this activity per client is 30 units (i.e., 30 minutes; see “Definition of a Unit” above).</p>

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Plan of Care (i.e., Action Plan)	POC	<p>This code is only to be used by Medical Case Managers, Lead Medical Case Managers, and Medical Case Management Supervisors to record all Plan of Care activities (including initial development of the Plan of Care, ongoing updates, follow-up, communication with other providers within the Medical Case Manager, Lead Medical Case Manager, or Medical Case Management Supervisor's own agency or with an outside agency for coordination of care). This includes face-to-face encounters related to the Plan of Care, as well as phone conversations, emails, faxes, and related referrals.</p> <p>If a telephone conversation is specifically related to a Plan of Care activity, the POC code should be used. The TEL code should be used for general telephone contacts. Please see the FFE and TEL comments sections for additional POC-related guidance.</p> <p>Peer Educators and Medical Case Management Assistants are NOT authorized to create or update the Plan of Care; and, therefore, are restricted from using this POC code.</p> <p>NOTE: the Plan of Care is referred to as the Action Plan in the Provide® Enterprise Miami data management system.</p>

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Safety Backup (PESN only)	PSFT	As a safety precaution, Ryan White Program Outreach Workers who must locate clients in high-risk areas or very rough neighborhoods may go out in two-person teams. In this scenario, a Peer/Peer Educator/Peer Navigator (Peer) may accompany the Outreach Worker; and the Peer should document the activity in the client chart, making note that they went to a high-risk area with an Outreach Worker and clearly stating that they went along as a safety back-up. The Peer should use the PSFT safety back-up code to record the entire service. Both the Peer and the Outreach Worker may reflect the time they spent on the encounter and have their agency or respective agencies report for the time and be reimbursed accordingly. The Peer cannot use any other encounter code or billing code for this activity on the same day.
Chart Review	REV	This code includes activities related to reviewing client charts for quality management purposes, to ensure proper documentation and coding. This code may only be billed by the agency's OMB-authorized Medical Case Management Supervisor or Lead Medical Case Manager.
Telephone Encounter	TEL	This code includes general telephone contacts with the client or the client's representative or leaving a voice message for the client. This activity does not include telephone contacts with other care providers. IMPORTANT NOTE: Telephone contacts with other care providers, for the purpose of coordinating care for clients, should be recorded as a collateral (COL) encounter if conducted by a Peer or Medical Case Management Assistant. Use the Plan of Care (POC) code if the telephone contact was done by a Medical Case Manager or the Medical Case Management Supervisor for the purpose of coordinating care. See COL and POC above for additional guidance. A brief general telephone encounter may be included with a POC activity to indicate that a client contact occurred on same day as a POC activity. In such cases, a few minutes of the TEL

		code would be acceptable. This circumstance must be clearly explained in the progress notes.
Medical Case Management & PESN		
Activity (with Limitation, if applicable)	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Tele-Medical Case Management (MCM)	THM	This code includes Tele-Medical Case Management services provided by Medical Case Manager, Medical Case Management Supervisor or Eligibility Specialist (with at least a Bachelor's degree). This is billable at \$1.15 per minute.
Tele-Medical Case Management (PESN)	THP	This code includes Tele-Medical Case Management services provided by Peer, Medical Case Management Assistant, or Eligibility Specialist (with no degree). This is billable at \$0.65 per minute.
RW-Approved Training	TRN	<p>This code includes time spent at local Ryan White Program-approved training for Medical Case Managers, Peers/Peer Educators/Peer Navigators, Medical Case Management Supervisors, and Outreach Workers (using OTRN), such as quarterly case management supervisor trainings, County-approved Provide® Enterprise Miami data system trainings, and Ryan White Program Provider Forums.</p> <p>The TRN code may NOT be used to bill for any training that is NOT a Ryan White Program-specific training. For example: use of the TRN code cannot be used to bill for staff attendance at Miami-Dade County HIV/AIDS Partnership and Committee meetings, on-site technical assistance provided by Behavioral Science Research Corporation (the Program's contracted clinical quality management provider), appreciation luncheons, agency-specific staff development activities, HIPAA refresher training, confidentiality training, SE-AETC on-line training modules, Linkage to Care Team meetings, or other employer-required training. Travel time or lunch (if time on your own) is NOT included when billing the TRN code. Billing staff, data entry staff, and other administrative staff may NOT use the TRN code.</p>

ADDITIONAL IMPORTANT NOTES:

- 1) There is no special billing code or activity code for ADAP-related services. ADAP-related services should be coded with the appropriate code from the table above.
- 2) MCM Supervisor direct service duties include activities related to, with, or on behalf of a client such as maintaining their own client case load, conducting case consultation with the Medical Case Manager for complex client issues or problems, and assisting the Medical Case Manager or client with the client's treatment adherence issues and/or other problems related to appropriate care.
- 3) MCM Supervisor administrative duties include staff scheduling, payroll, performance evaluations, general supervision, training unrelated to Ryan White Program activities, and other non-client related services. Do NOT use the billing codes above to record general administrative activities.

D. Rules for Reporting: Providers of PESN and Medical Case Management services must report, separately, their monthly activities according to one-minute "Face-to-Face" encounters and one-minute "Other" encounters. In addition, providers must report the number of unduplicated clients served. Providers must develop a method to track and report client wait time (e.g., the time it takes for a client to be scheduled to see a Medical Case Manager after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the Medical Case Manager and the wait time reaching a live person for assistance by telephone) and to make such reports available to OMB staff or authorized persons upon request.

E. Applicability to Local Ryan White Program Requirements: If a staff person of a Ryan White Program-funded service provider has a Ryan White Program Medical Case Management caseload, even if only one client, they will be required to adhere to the local Ryan White Program Service Delivery Manual, Medical Case Management Standards of Service, and Clinical Quality Management Program activities, whether or not they appear on the program's line item budget and regardless of the percentage of time and effort spent performing Ryan White Program Medical Case Management activities. Similarly, if any person on a provider's staff supervises any Ryan White Program Medical Case Management staff, whether or not they are on the budget for such, they also must follow the requirements in the local Ryan White Program Service Delivery Manual, Standards for Medical Case Management Supervisors, and Clinical Quality Management Program requirements.

F. Additional Rules for Documentation: Providers must also maintain documentation to support educational requirements in the personnel records for Medical Case Management staff and ensure that such documentation is available

for review by authorized persons.

DRAFT



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, January 9, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|--------------------|
| I. | Call to Order | Dr. Mary Jo Trepka |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of December 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • 2025 Capacity Survey Discussion | All |
| IX. | New Business | |
| | • Service Description Review: Medical Case Management and Outreach | All |
| | • 2025 Officer Election | All |
| | • Passing of the Gavel | Dr. Mary Jo Trepka |
| X. | Announcements and Open Discussion | All |
| | • New Member Orientation January 15, 2025 | |
| XI. | Next Meeting: February 13, 2025 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

Please turn off or mute cellular devices – Thank you

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

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

OUTREACH SERVICES

(Year 3~~4~~5 Service Priorities: #1~~4~~3 for Part A and #7~~4~~ for MAI)

I. Definition and Purposes of Outreach Services

Ryan White Program **Outreach Services** are support services. Ryan White Part A/MAI Outreach Services in Miami-Dade County will use targeted approaches to locate people with HIV who are in need of assistance accessing HIV care and treatment who are:

- Newly diagnosed with HIV or AIDS, not receiving medical care;
- People with HIV, formerly in care, currently not receiving medical care (lost to care);
- People with HIV, at risk of being lost to care; or
- People with HIV, never in care.

Ryan White Program Outreach Services are directed to those persons known to have HIV and consist of activities to: a) engage and enroll newly diagnosed clients into the system of care; b) assist people with HIV who are lost to care with re-entry into the care and treatment system; and c) assist people with HIV who are determined to be at risk of being lost to care with their retention and access to ongoing medical care and treatment.

Outreach programs must be: 1) conducted at times and in places where there is a high probability that people with HIV and/or persons exhibiting high-risk behavior will be nearby; 2) designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness; 3) planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort; and 4) targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.

With implementation of the Early Identification of Individuals with HIV/AIDS (EIIHA) initiative and in collaboration with the Florida Department of Health in Miami-Dade County's (FDOH-MDC) Early Intervention Program, newly diagnosed clients are the primary focus of service provision for Outreach Workers. Clients testing positive at state-licensed testing and counseling sites who sign an outreach consent form at the time they receive their preliminary reactive test result (Referral/Consent for Outreach Linkage to Care) will be contacted by Part A or MAI Outreach Workers for linkage to care either through Medical Case Management or Outpatient/Ambulatory Health Services. Outreach Workers will enter all demographic and program-related information in the Provide® Enterprise Miami data management system for every client contacted, including those not eligible for Ryan White Program-funded medical care. Thirty (30) and sixty (60) day follow-ups from the date of initial appointment with a medical provider and/or Medical Case Manager must be documented in the outreach progress note and labeled as a 30- and 60-day follow-up in the Provide® Enterprise Miami data management system

Once a lost-to-care or at risk of being lost-to-care client is located, or a newly diagnosed and/or never in care person with HIV is located, The Outreach Worker may assist the client in obtaining necessary documentation to receive services and may accompany the person to a point of entry into the system of care. Outreach Workers must follow-up on each referral to ensure that the client is enrolled in Medical Case Management and/or Outpatient/Ambulatory Health Services. The outcome (e.g., connection to care or inability to locate the client) must be documented in the Client Profile in the Provide® Enterprise Miami data management system.

IMPORTANT NOTE: Outreach Services may be provided to clients with a rapid test preliminary positive result while a confirmatory HIV test result is pending, for the purpose of rapidly linking the client to care. However, it is still necessary to obtain a confirmatory HIV test result; however, within thirty (30) calendar days, Outreach Services (e.g., connecting a newly diagnosed client to Outpatient/Ambulatory Health Services or Medical Case Management services) may be provided while a confirmatory HIV test result is pending. **Time spent by Outreach Workers with clients who have a preliminary reactive test result and a pending confirmatory HIV test result is limited to a total of up to three (3) encounters within a 30-calendar day period. After which time a confirmatory HIV test result is required to continue serving the client. If the HIV positive status cannot be confirmed or the result is negative, any services provided to the client must be disallowed.**

Referrals to Ryan White Program Part A or MAI-funded Outreach Services from state-licensed counseling and testing sites may only be initiated if there is a valid outreach-specific consent (Referral/Consent for Outreach Linkage to Care) signed by the client and filed in the client's chart or scanned into the Client Profile in the Provide® Enterprise Miami data management system.

IMPORTANT NOTE: Outreach Workers are required to pick up the Ryan White Program Referral/Consent for Outreach Linkage to Care within 24 hours of notice that a signed consent is waiting AND must make an initial attempt to contact the client within 48 hours (i.e., 2 business days) of such notice. During a public health emergency or extreme weather event the process to pick up the consent forms may be altered by the Florida Department of Health and/or the Miami-Dade County Office of Management and Budget-Grants Coordination. In such cases, outreach service providers will be notified in writing.

The Outreach Referral end date is thirty (30) calendar days from the initial referral date. At least one encounter must be provided within this 30-day period. Additionally, an Outreach Episode of Care must be opened in the Provide® Enterprise Miami data management system to coincide with the first date of Outreach Services and the period covered by the related referral. Final Outreach Services must be provided within ninety (90) calendar days of the initial referral date. After the ninety (90) calendar day period, the Outreach Episode of Care must be closed in the Provide® Enterprise Miami data

management system. New and lost to care clients who are served by Ryan White Part A/MAI Program Outreach Workers apart from the FDOH linkage process and are not successfully connected to care within ninety (90) calendar days should have their case closed unless there is a well-documented, reasonable justification for keeping the case open.

Newly diagnosed clients who are referred to the Ryan White Part A or MAI Program through the Florida Department of Health (FDOH) linkage referral process who are not successfully contacted by a Ryan White Program Outreach Worker within thirty (30) calendar days of receiving a signed consent shall be referred to FDOH-MDC Linkage Specialist or Disease Intervention Specialist for appropriate follow up.

A. Newly Diagnosed or Never in Care Person with HIV

1. Linkage agreements form the basis of collaborative relationships between providers. Outreach providers must have formal referral and linkage agreements with one or more of the eleven (11) key points of entry to the system of care listed below for the purpose of receiving referrals for program-eligible clients identified at key points of entry.

- Florida Department of Health (FDOH) Miami-Dade County's (M-DC) Sexually Transmitted Disease (STD) clinics
- FDOH state-licensed HIV counseling and testing sites
- Hospitals/emergency room departments/urgent care centers
- Hospital discharge clinics/departments
- Substance abuse treatment providers/programs
- Mental health clinics/programs
- Adult and juvenile detention centers
- Jail and/or correctional facilities, including, but not limited to, re-entry programs
- Homeless shelters
- Detoxification centers
- Federally Qualified Health Centers (FQHCs)

Linkage agreements must include the Outreach Worker's contact information, work schedule availability, geographic areas of the County covered, and a description of the Outreach Services offered. Clients referred from a key point of entry will be assisted to obtain necessary documentation for enrollment in the service system, will receive a referral to the primary medical care and/or Medical Case Management service provider of their choice, may be accompanied to the initial appointment and must be followed-up to ensure that they are connected to care. Ryan White Program-funded outreach providers are required to cooperate with the FDOH-MDC's Early Intervention Counseling and Testing sites by supplying outreach/linkage to care workers at "Take Control Miami"

Commented [MM1]: Pending; verifying if events still taking place

events. Under the EIIHA mandate it is the responsibility of Ryan White Program-funded outreach/linkage to care workers to connect every new positive who has signed a Referral/Consent for Outreach Linkage to Care to Medical Case Management and/or Outpatient/Ambulatory Health Services; this includes connecting clients who are not eligible for Ryan White Program-funded services to appropriate care under other funding sources. The Outreach Worker must provide the client with provider information and track the client to ensure, through 30- and 60-day follow-ups from the date of initial appointment with a medical provider and/or Medical Case Manager, that the client is actually linked to a Medical Case Manager and/or a medical provider.

B. Outreach to People Lost to Care or at Risk of Being Lost to Care

1. Outreach Workers must work with service providers, including Medical Case Managers, to locate people lost to medical care or Medical Case Management and bring them back to care. The Medical Case Manager, or pharmacy staff, after three (3) repeated attempts to contact the client by phone and/or mail without success, may refer the case through a Ryan White Program In Network Referral in the Provide® Enterprise Miami data management system to an Outreach Worker. Jail linkage and prison re-entry coordinators may refer a client to an Outreach Worker if they have a signed document with permission for a Ryan White Program Part A or MAI Outreach Worker to contact them; such documents must be included with the OON referral and the supporting documentation being sent to the outreach provider. There must be clear documentation in the client chart at the referring agency and recorded in the Ryan White Program In Network Referral, of at least three (3) repeated attempts by the Medical Case Manager, pharmacy staff, or jail linkage/prison re-entry coordinator to contact the client and the reason why the case is being referred to an Outreach Worker. A Ryan White Program In Network Referral with last known contact information on the client indicating the reason for the outreach referral must be provided to the Outreach Worker and be maintained in both the Medical Case Management and outreach client charts. In instances where it is clearly documented that a client has a history of non-compliance or clear documentation of extenuating circumstances, such as homelessness, repeated non-compliance with their treatment regimen, mental health issues, and/or a history of substance abuse, referrals to an Outreach Worker may be made after one or two attempts at contacting the client.
2. A ~~Physician, Physician Assistant/Associate, or Advanced Practice Registered Nurse~~ licensed medical provider (MD, DO, APRN, PAs) may immediately and directly request outreach assistance for a client who meets any of the conditions listed directly below in Section B.3., or for similar circumstances (e.g., abnormal lab results, significant

risk of non-adherence to treatment regimen, etc.). Such circumstances must be clearly documented in the client's chart and indicate that the assistance of an Outreach Worker was requested (i.e., the licensed medical practitioner provider writes a prescription for the needed outreach and documents such in the client's medical record).

3. Examples of clients considered lost to care or at risk of being lost to care, which require a valid consent for outreach and three (3) documented attempts by the referring agency to reach the client, include:
- Missing two (2) consecutive medical appointments;
 - Having no contact with a Medical Case Manager for more than three months;
 - Checking out of residential substance abuse treatment;
 - Not "reporting to" residential substance abuse treatment;
 - Missing the first medical care appointment after hospital discharge and/or referral to care;
 - Missing picking up prescription medications or prescription referrals from a pharmacy or a Medical Case Manager;
 - Missing an appointment with the jail linkage or prison re-entry coordinator; and/or
 - Missing a medical or social service appointment that the jail linkage or prison re-entry coordinator has scheduled.

IMPORTANT NOTE: Clients lost to care or at risk of being lost to care may be contacted after one or two unsuccessful attempts at communication ONLY IF extenuating circumstances as outlined above are clearly documented in the individual client chart and are recorded in the Ryan White Program In Network Referral or OON Referral from the Jail Linkage or Prison Re-entry programs

Outreach providers must work with and establish formal linkages with Ryan White Program medical providers and Medical Case Management sites in order to receive outreach referrals from these providers who will identify clients who are lost to care or at risk of being lost to care. Outreach Workers will then try to locate these clients and assist them in returning to ongoing medical care and treatment.

C. One Time Referrals

If in the course of outreach activities, Outreach Workers encounter a high-risk person with no documentation of HIV+ status, a referral should be made to an HIV testing site and/or appropriate prevention program to determine the client's HIV status. The goal of this one-time referral is to assist with the coordination to an HIV testing site and for the outreach worker's efforts to be recorded into the Provide® Enterprise Miami data management system in the Outreach Registration screen. This is a **secondary** outreach function that will be monitored by OMB and should

not supersede the primary goals of connecting newly diagnosed (newly identified)

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clients to care, as well as locating and reconnecting to the service system those clients who have been lost to care or who are at risk of becoming lost to care

D. Allowable Outreach Activities

1. Ryan White Part A/MAI-funded Outreach Workers may provide services to clients in the following situations to link or retain clients in HIV care: 1) for their agency's own clients; 2) upon receipt of a Ryan White Program In Network Referral for a particular client, for whom the referring agency has a valid informed outreach-specific consent signed by the client and filed in the client's chart; 3) upon receipt of a signed, completed Consent/Referral for Linkage to Care from state-licensed Counseling and Testing sites; 4) a prescription from a ~~Physician, Physician Assistant/Associate, or Advanced Practice Registered Nurse~~ licensed medical provider (MD, DO, APRN, PAs); or 4) by a letter or OON Referral from a jail linkage or prison re-entry coordinator as indicated in Section B above.

2. Outreach Workers may engage in the following activities, if the activity is properly documented and filed in the client's chart at the referring agency and at the receiving agency where applicable:
 - Obtain from the client all required consents for the Outreach Worker to access client-related information in the Ryan White Program's Provide® Enterprise Miami data management system;
 - Conduct brief intakes for new clients referred from a state-licensed Counseling and Testing Site, jail linkage or prison re-entry coordinator and enter data into the Provide® Enterprise Miami data management system outreach registration screen;
 - Upon receipt of a proper referral, review data in the Provide® Enterprise Miami data management system for existing clients who are lost to care or are at risk of falling out of care;
 - Complete assessments and document new clients' barriers to accessing care and lost-to-care clients' reasons for falling out of care;
 - Contact the service provider of the client's choice to coordinate appointments and obtain required documentation for services;
 - Accompany newly diagnosed, lost to care, or otherwise unconnected program-eligible people with HIV (clients) to the initial Licensed Medical Provider appointment and/or Medical Case Management appointment for the purpose of reconnecting them to care or enrolling them in service;
 - Accompany clients, as necessary, for the purpose of assisting them to obtain necessary documents for entry into the service system;
 - Contact clients who have a history or are at risk of falling out of care (i.e. substance abuse history, homelessness, mental illness) during

the 30--and 60--day follow-up period with the end of increasing retention in care;

- Conduct home visits to meet with a client for the purpose of connecting them to care;

➤ **IMPORTANT NOTES:**

- If a Part A/MAI-funded outreach service provider has an established agency policy not to send staff to conduct home visits, and it is determined that a home visit is necessary for successful linkage, the client's case **must** be transitioned to a Part A/MAI-funded outreach provider that is able to conduct home visits;
- In cases of transfer due to the home visits, the new outreach provider agency replaces the previous outreach provider agency;
- Maintain tracking and contact logs for new to care and lost to care clients;
- As a safety precaution, Ryan White Program Outreach Workers who must locate clients in high-risk areas or very rough neighborhoods may go out in two-person teams. In this scenario, both Outreach Workers should document the activity in the client chart or outreach log, making note that they went to a high-risk area, with one of the Outreach Workers clearly stating that they went along as a safety back-up and should use the OSFT safety back-up code to record the service. Both Outreach Workers may reflect the time they spent on the encounter and have their agency or respective agencies report for the time and be reimbursed accordingly. However, in the Provide® Enterprise Miami data management system the encounter should only be counted/recorded (i.e., OFFE, OTEL, ORFL, etc.) by the main Outreach Worker/agency that received the referral;

➤ **IMPORTANT NOTE:** If a Peer Educator is the safety back-up, the Peer Educator must use the corresponding safety encounter code, PSFT, under the PESN billing category.

- Provide education on available care and treatment options and services for people with HIV who receive outreach services via a Ryan White Program In Network Referral, Jail linkage referral, Department of Corrections Certification or a Referral Consent Linkage to Care form with the goal of directly empowering and enabling the client to access existing HIV/AIDS service programs, including Counseling & Testing sites;

-
- Provide out-stationed linkage and coordination to care services at key points of entry, including but not limited to counseling and testing facilities and other facilities with a high percentage of people with HIV as identified by the counseling and testing facility and verified by the Ryan White Part A/MAI Program;
 - Coordinate and participate in planned outreach/testing events such as "Take Control Miami" in cooperation with the FDOH-MDC;
 - Conduct 30- and 60-day follow-ups from the date of initial appointment with a medical provider or Medical Case Manager to ensure the client (regardless of whether the client is receiving services through the Ryan White Program) remains connected to care.

E. Inappropriate Outreach Activities

Funds awarded under Part A and MAI of the Ryan White HIV/AIDS Treatment Extension Act of 2009 may not be used for outreach programs that exclusively promote HIV education and prevention programs, condom distribution, and/or case finding that have as their main purpose broad-based or general HIV prevention education. Additionally, broad-scope awareness activities about HIV services that target the general public (i.e., poster campaigns for display on public transit, TV or radio public service announcements, health fairs directed at the general public, etc.) will not be funded.

Ryan White Part A/MAI Program funds may not be used to pay for HIV counseling or testing under this service category. Ryan White Part A/MAI Outreach Services must be planned and delivered in coordination with local HIV prevention programs to avoid duplication of effort.

Outreach Workers may not conduct random searches in the Provide® Enterprise Miami data management system for clients who are not enrolled at the Outreach Workers' assigned agency, or for clients for whom they do not have a Ryan White Program In Network Referral. Searches conducted in the Provide® Enterprise Miami data management system to identify clients lost to care must be initiated by the Medical Case Manager or medical or pharmacy staff of the referring agency.

Ryan White Program-funded outreach activities are not to be used for general recruitment of clients to the Outreach Worker's agency.

F. Documentation of Outreach Activity

All Outreach Workers must maintain documentation which includes the following:

- Name of Outreach Worker;

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- Name, signature, and consent of client;
- Client's date of birth;
- Client's gender;
- Client's race and ethnicity;
- Client's address or follow-up information;
- Date of diagnosis and site of diagnosis;
- Date of the encounter;
- Type of encounter (i.e., telephone, face-to-face, collateral, travel, referral, or coordination of care);
- Description of the encounter with a client and/or work done on behalf of the client;
- Time spent on the encounter in minutes;
- Total units documented;
- For newly diagnosed clients, a Referral/Consent for Linkage to Care;
- For clients lost to care, a Ryan White Program signed outreach consent to be contacted (found at the top of the County's Notice of Privacy Practices form);
- Site where client was identified (i.e., last known contact information, a specific geographic region, and/or key point of entry into the system of care in Miami-Dade County);
- One-time referral to a testing site for a high-risk client without documentation of HIV status;
- Document "initial contact" and all "follow-up" contacts;
- Maintain call logs and tracking logs for new-to-care and lost-to-care clients;
- If lost to care or identified as at risk of being lost to care, a copy of the initiating agency's referral to outreach;
- An individualized assessment of the client's barriers to care or reasons for falling out of care;
- Documentation that explanation of service system and choice of provider agency were provided;
- A copy of a Provide® Enterprise Miami In Network referral or documented attempt to make a referral by the Outreach Worker to a Medical Case Management agency and/or medical provider of the client's choice;
- Documentation of 30- and 60-day (calendar days) follow-up on referrals to ensure that the client is enrolled in medical care and treatment;
- Final disposition of the client must be documented in the Provide® Enterprise Miami data management system, the client's chart or service log indicating whether or not the client was connected to care (i.e., referral was made; client was taken to a medical provider or Medical Case Manager) or if the case was closed with a statement as to why it was closed; and

- Contact with the referring agency to communicate the client's final disposition.

II. Outreach Worker Incentives, Program Operation Requirements, and Staff Training Requirements

As incentives for productivity, providers are encouraged to provide Outreach Workers with educational training opportunities. The Ryan White Program also has educational and training requirements for Outreach Workers to improve productivity.

A. Program Operation Requirements:

1. **Staff Training.** Outreach Workers must possess at least a High School diploma or GED. All staff providing Outreach Services must complete the FDOH's "HIV/AIDS 101 – Know Your HIV Status" video training [this training is available on-line at <https://knowyourhivstatus.com/hiv-resources/>]. Outreach Workers must attend periodic training provided by the Ryan White Program's Clinical Quality Management and Training Program provided by BSR. In addition, effective June 1, 2018, any new hire Outreach Worker or Outreach Supervisor under the Ryan White Part A or MAI Programs must complete all 13 of the Southeast AIDS Education and Training Center's (SE-AETC) web-based Medical Case Management Curriculum and Cultural Competency Curriculum modules as required and as may be amended by the local Ryan White Part A Program **prior to** being approved for Provide® Enterprise Miami User Access. These curricula modules are indicated on the local Ryan White Program's AETC Training Module Checklist and the modules can be accessed at the following website: <https://www.seaetc.com/modules/>. Time spent completing the SE-AETC training modules **cannot** be charged to the local Ryan White Part A/MAI Programs.

Outreach providers must ensure that Outreach Workers are knowledgeable about resources and providers of medical care, substance abuse treatment, Medical Case Management, and other core medical and support services. At a minimum, the outreach provider should have reference material on hand which provides information on services offered, intake requirements, hours of operation, and contact personnel information. Outreach Workers must also have on hand Ryan White Program consent forms available for signature by clients lost to care or at risk of being lost to care.

2. **Hours.** Outreach Services must be offered during non-traditional business hours, 10 hours at a minimum per week, per agency. Traditional business hours are defined as 9:00 a.m. to 5:00 p.m., Monday through Friday. Each Ryan White Program-funded outreach provider must have written procedures in place to address on-call coverage to reach an Outreach Worker after traditional business hours. The written procedures should include steps for contacting an on-call medical provider and/or Medical Case Manager, where immediate intervention is necessary.
3. **Cultural Sensitivity.** Providers are encouraged to be creative in developing outreach programs that are culturally sensitive and that meet the specific needs of the identified target subpopulations (i.e., substance abusers, illiterate persons, hard of hearing, sex workers, etc.). It is desirable that Outreach Workers reflect the community in which they are working and/or are targeting.
4. **Documentation of Units of Service.** Providers are required to document in the client's chart each unit (15-minute encounter) of outreach service performed (including the time spent) as a face-to-face encounter, telephone contact, collateral encounter on behalf of the client, coordination of care, travel, or referral activity on behalf of a client. Use the appropriate code from the following table to record outreach services (listed in alphabetical order by code):

Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Collateral Contacts	OCOL	Use this code to record all activities related to coordination of care for clients, including communication with other care providers, such as telephone contacts or other electronic methods of communication (e.g., email or fax). This code also includes other coordination of care activities that are conducted for or on behalf of the client, such as referral activities that are not face-to-face with the client and obtaining completed documents for the client from another (outside) care provider. This code should NOT be used for internal agency activities that are unrelated to the coordination of care for clients with outside providers. Examples of inappropriate use of this code include pulling a chart to copy documents for a client's personal use or filing for chart maintenance.

Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Consultation	OCON	Only Outreach Supervisors may use this OCON code. This code shall be used to record activities associated with consulting with outreach staff on Ryan White Program-related client, supervisory, or quality management issues.
Documentation	ODOC	Use this code to record activities related to documenting any encounter in the Provide® Enterprise Miami data management system, such as the client’s care plan, progress note, face-to-face encounter, telephone contact, etc. This service code also includes time spent filing or organizing the client chart or pulling the chart to make copies that are unrelated to coordination of care for the client. IMPORTANT NOTE: See subsection II.D. below regarding “Applicability to Local Ryan White Program Requirements” for staff supervising Ryan White Program-funded Outreach Workers.
Face to Face Encounter	OFFE	This encounter is defined as any time the Outreach Worker or Outreach Supervisor has direct contact with the client in person. The OFFE encounter includes activities that are conducted face-to-face with the client where no other encounter code is appropriate. OFFE may also include referral activities if done face-to-face with the client.
Chart Review Activity	OREV	Only Outreach Supervisors may use this OREV code. This code should be used to record activities associated with chart review processes to ensure that outreach staff is in compliance with this service definition, and with the Ryan White Program System-wide Standards of Care. As of May 1, 2018, there is no longer a required number of hours of OREV code use. IMPORTANT NOTE: See subsection II.D. below regarding “Applicability to Local Ryan White Program Requirements” for staff supervising Ryan White Program-funded Outreach Workers.

Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Referral Activity	ORFL	Use this code to record outreach referral activities that do not fit in any other outreach encounter/activity in this list.
Safety Back-up	OSFT	Ryan White Part A/MAI Program-funded Outreach Workers who as a safety precaution accompany a Ryan White Program Outreach Worker when locating clients in high-risk areas or very rough neighborhoods, as indicated in Section I.D.1 above, should use the OSFT safety back-up code to record the service. In this scenario, if applicable, both Outreach Workers should document the activity in the client chart or outreach log, making note that they went to a high-risk area, with one of the Outreach Workers clearly stating that they went along as a safety back-up. Both Outreach Workers may reflect the time they spent on the encounter and have their agency or respective agencies bill for the time and be reimbursed accordingly. However, in the Provide® Enterprise Miami data management system the other outreach billing code (i.e., OFFE, OTEL, ORFL, etc.) should only be counted or recorded by the main Outreach Worker/agency that received the referral.
Outreach Telephone Encounter	OTEL	Use this code to record telephone contacts.
Outreach Contact Travel Time	OTVL	Use this code to document travel time with or on behalf of the client that is specific to care coordination, linkage to care, retention or retention in care activities. In such cases, documentation in the client chart must include reason for travel in relation to care coordination, linkage to care, or retention in care.
Take Control Miami events	TCM	Use this code to record outreach activities conducted at authorized "Take Control Miami" events.

Outreach Services		
Activity	Encounter/ Activity Billing Code	Comment, Limitation, etc.
Training	TRN	Use this code to record and bill for time spent attending authorized Ryan White Program trainings (TRN), such as Outreach Worker trainings, County-approved Provide® Enterprise Miami data management system trainings, and Ryan White Program Subrecipient (Service Provider) Forums. The TRN code may not be used to bill for any training that is not a Ryan White Program training; for example: use of the TRN code cannot be used to bill for staff attendance at Miami-Dade County HIV/AIDS Partnership and Committee meetings, on-site BSR technical assistance visits; appreciation luncheons, agency-specific staff development activities, HIPAA refresher training, confidentiality training, AETC training modules, or other employer-required training. Travel time is not included when billing the TRN code. Billing staff, data entry staff, and other administrative staff may not use the TRN code.

5. **Connection to Care.** Providers are expected to document the client's connection(s) to care in the Provide® Enterprise Miami data management system as evidenced by documentation on file at the outreach provider agency that at least fifty percent (50%) of people contacted and billed for are actually returned to primary medical care and/or Medical Case Management services or that a case was closed, and at least fifty percent (50%) of the people contacted and billed for are new to primary medical care and/or Medical Case Management services, on a quarterly basis. Connections to care will also be monitored by the County on a quarterly basis through the Provide® Enterprise Miami data management system and/or analysis of outreach data conducted by BSR, as a Clinical Quality Management Program activity.

B. Rules for Reimbursement: Providers will be reimbursed 1/12th of the contract total, subject to penalties for non-performance (i.e., reduced payment based on not meeting the required percentage of connections to care), as detailed below. Under this service category, Payment Requests

(invoices) submitted (via mail, email or the Provide® Enterprise Miami data management system) without any recorded services will not be processed for payment without the County's prior approval. In months where this occurs, the County will automatically apply a 1/12th penalty for the month without services and will not take into consideration this month for purposes of the quarterly performance review.

Reimbursement will be performance-based. Initially, payment will be made in equal monthly installments of the contract award for this service, as may be amended through Reallocation/Sweeps awards or reductions. Subrecipients' performance under this service category will be reviewed quarterly to ensure effective service delivery; whereby at least 50% of the clients contacted through Outreach Services during the quarter must be connected for the first time (for new to care clients) or re-connected (for lost to care clients) to Outpatient/Ambulatory Health Services and/or Medical Case Management services. Failure to reach this 50% quarterly performance goal will result in penalties (i.e., payment reductions), as follows:

% of Unduplicated Outreach Clients who were Connected / Re-connected to Care During the Quarter Reviewed	% of Quarterly Reimbursement Totals Subrecipient is Authorized to Retain (i.e., no penalty applied) *
50% or more	100%
45 – 49%	90%
40 – 44%	80%
35 – 39%	70%
30 – 34%	60%
25 – 29%	50%
20 – 24%	30%
0 – 19%	0%

IMPORTANT NOTES:

- Adjustments (e.g., reductions, disallowances, etc.) will be made to reimbursements in monthly invoices following the quarter reviewed. Any adjustment will be made to one or more monthly reimbursement invoices in the subsequent months of the same grant fiscal year until the full amount of the penalty is recouped. For example, if only 36% of the outreach clients contacted/served in Quarter 1 – March to May – were connected to medical care and/or medical case management, the subrecipient would keep (retain) 70% of the amount reimbursed during that period and the amount of the penalty (i.e., 30% of amount reimbursed during the quarter) would be deducted from invoices between June and February until the full amount of the penalty is recouped.

- 2) Special circumstances (e.g., new hires, complexity of care for subpopulation served, COVID-19 restrictions, etc.) may be considered at the County's sole discretion for adjustments to any penalty reductions indicated in the table directly above.
- 3) Each Outreach Worker must be an approved user/provider in the local Ryan White Part A Program's MIS system (e.g., Provide® Enterprise Miami data management system) BEFORE their first service date. Approvals will no longer be made retroactively for this service category.
- 4) Reallocations/Sweeps actions will also be prospective, not retroactive.
- 5) If an Outreach Services budget includes a staff vacancy and that vacancy is not filled by the end of the next quarter reviewed, a proportionate amount will be deducted from the total award to reduce the amount allocated to the vacant position.
- 6) Sweeps requests for additional funds cannot be used to cover prior penalties.
- 7) These new percentage rates (see table directly above) will be closely monitored by the Recipient (i.e., Miami-Dade County) for effectiveness and may be subject to change.

C. Additional Rules for Reporting: Monthly activity reporting for this service will be on the basis of an outreach contact in comparison with the amount of time and effort billed to the program for each Outreach Worker.

Reimbursement requests will be continuously evaluated on the basis of productivity; in particular, people contacted and connected to primary medical care or Medical Case Management services. A sufficient level of Outreach Services must be provided and a corresponding bill generated through the Provide® Enterprise Miami data management system on a monthly basis in order for reimbursement to be approved by the County. The County maintains the right to assess the sufficiency of the services provided before reimbursement for services is made.

Outreach staff must follow all applicable requirements of this service category in the Provide® Enterprise Miami data management system which include the following: managing an Outreach Episode of Care; ensuring that an In Network or OON referral is opened for a client;

updating all client appointments evidencing connections to care; creating progress notes which fully document the client encounter; opening the Client Service Profile Record under the correct funding source; ensuring only eligible clients are served.

It is required that all staff working on Outreach Services review and become familiar with the Provide® Enterprise Miami user guides (manuals) titled “Outreach Services Program” and “Referrals: In Network Service and Out of Network” as part of their new outreach staff orientation and prior to providing outreach services. This practice will guide staff as they navigate and follow the requirements of this service category in the Provide® Enterprise Miami data management system with the goal of limiting unbillable services, which can affect the amount of reimbursement approved by the County if the service(s) entered cannot count towards the performance standards detailed above.

- D. Applicability to Local Ryan White Program Requirements:** If a staff person has a Ryan White Program outreach service caseload, even one client, they will be required to adhere to the local Ryan White Program Service Delivery Manual, System-wide Standards of Care, and Clinical Quality Management Program activities. This requirement is applicable whether or not the outreach staff person appears on the program’s line item budget and regardless of the percentage of time and effort spent performing Ryan White Program outreach activities. Similarly, if provider’s staff supervises any Ryan White Program outreach staff, whether or not they are on the budget for such, they also must follow the requirements in the local Ryan White Program Service Delivery Manual, System-wide Standards of Care, and Clinical Quality Management Program activities.



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, January 9, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|--------------------|
| I. | Call to Order | Dr. Mary Jo Trepka |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of December 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • 2025 Capacity Survey Discussion | All |
| IX. | New Business | |
| | • Service Description Review: Medical Case Management and Outreach | All |
| | • 2025 Officer Election | All |
| | • Passing of the Gavel | Dr. Mary Jo Trepka |
| X. | Announcements and Open Discussion | All |
| | • New Member Orientation January 15, 2025 | |
| XI. | Next Meeting: February 13, 2025 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

Please turn off or mute cellular devices – Thank you

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

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

Memo

To: Care and Treatment Committee Members

From: Marlen Meizoso

Date: November 14, 2024

Re: 2025 Officer Nominations and Elections

Annual nominations for the Care and Treatment Committee Chair and Vice Chair (Officers) are scheduled for the December 12, 2024, Care and Treatment Committee meeting. Elections will be held at the January 9, 2025, meeting.

Serving as an Officer provides you a great opportunity to enhance your leadership skills, add a new title to your resume, and become a more involved planning council member!

Committee Officers develop agendas with support staff, lead committee meetings, and serve as members of the Executive Committee. Staff provides comprehensive training for all Officers.

For your reference, I am providing the qualifications for Officers as they relate to this Committee, from the Miami-Dade HIV/AIDS Partnership Bylaws (Section 5.1):

- Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.
- Officers shall be full voting members.
- At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.
- Standing committees, committees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.
- No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair as Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

You are encouraged to add your name as a nominee in advance of the meeting; nominations will also be taken from the floor at the January 9, 2025, meeting. Current Officers who have served less than two years are eligible and encouraged to add their name to the ballot. If you are interested in this opportunity or if you have any questions, please contact me at (305) 445-1076 or by email at marlen@behavioralscience.com.



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, January 9, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
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| X. | Announcements and Open Discussion | All |
| | • New Member Orientation January 15, 2025 | |
| XI. | Next Meeting: February 13, 2025 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

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

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, January 9, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 1st Floor, Community Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|--------------------|
| I. | Call to Order | Dr. Mary Jo Trepka |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Dr. Mary Jo Trepka |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of December 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| VIII. | Standing Business | |
| | • 2025 Capacity Survey Discussion | All |
| IX. | New Business | |
| | • Service Description Review: Medical Case Management and Outreach | All |
| | • 2025 Officer Election | All |
| | • Passing of the Gavel | Dr. Mary Jo Trepka |
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NEW MEMBER ORIENTATION

Orientation is a requirement for membership and is a great opportunity to learn about the Partnership!

January 15, 2025
1:00 p.m.-4:00 p.m.

Via Microsoft Teams

Register at: <https://bit.ly/Jan082025PartnershipNMO>
or scan QR code:





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