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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, November 14, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

	Acting Chair
I. Call to Order	Acting Chair
II. Introductions	All
III. Meeting Housekeeping	Marlen Meizoso
IV. Floor Open to the Public	Acting Chair
V. Review/Approve Agenda	All
VI. Review/Approve Minutes of September 12, 2024	All
VII. Reports	
• Recipients (Part A, Part B, ADAP, General Revenue)	All
• Vacancies	Marlen Meizoso
• Medical Care Subcommittee	Marlen Meizoso
VIII. Standing Business	
IX. New Business	
• Service Description Review: Emergency Financial Assistance, Medical Transportation, Legal Services, Food Bank	All
• 2025 Meeting Dates	All
• 2025 Officer Elections	All
• 2024 Capacity Survey Review	All
X. Announcements and Open Discussion	All
XI. Next Meeting: December 12, 2024 at Care Resource	Acting Chair
XII. Adjournment	Acting Chair

Please turn off or mute cellular devices – Thank you

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

September 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	
9	Wall, Dan	X	
Quorum: 4			

Guests	
Keri Krosterf	
Carla Valle-Schwenk	
Staff	
Bontempo, Christina	Meizoso, Marlen
Ladner, Robert	

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

I. Call to Order

Dr. Mary Jo Trepka

Dr. Mary Jo Trepka, the Chair, called the meeting to order at 10:15 a.m. She reminded attendees that today they would conclude the annual needs assessment priority setting and resource allocation (PSRA) process. Because there is a very full schedule, the Chair requested members be mindful of the time.

II. Introductions

Dr. Mary Jo Trepka

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping

Marlen Meizoso

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

IV. Floor Open to the Public

Dr. Mary Jo Trepka

Dr. Trepka read the following:

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

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda

All

The Committee reviewed the agenda that was distributed and posted in advance of the meeting and made a motion to accept it as presented.

Motion to approve the agenda as presented.

Moved: Dr. Daniel Shmuels

Seconded: German Leiva

Motion: Passed

VI. Review/Approve Minutes of August 8, 2024

All

The committee reviewed the minutes of August 8, 2024, and approved them as presented.

Motion to accept the minutes from August 8, 2024, as presented.

Moved: Dan Wall

Seconded: German Leiva

Motion: Passed

VII. Reports

▪ *Part A*

Dan Wall

Dan Wall referenced the Ryan White Part A/Minority AIDS Initiative (MAI) expenditure and utilizations reports that are posted online and were projected on the meeting screen. The County is working on the Notice of Funding Opportunity (NOFO) for FY 2025 Ryan White Part A/MAI Program services which is due October 1, 2024. The Ending the HIV Epidemic (EHE) application has also been released with a due date of October 22, 2024. At today's meeting, the Committee will need to make percentage recommendations for the next RFP three-year cycle.

▪ *Part B*

Marlen Meizoso

Mrs. Meizoso reviewed the July Ryan White Part B expenditures report (as of September 4, 2024). In July, 335 clients were served at a cost of \$70,601.47.

▪ *ADAP*

Marlen Meizoso

Mrs. Meizoso referenced the August AIDS Drug Assistance Program (ADAP) expenditures report (as of September 3, 2024), indicating the enrollment, expenditures, program updates, and pharmacy additions.

- *Vacancies*

Marlen Meizoso

Mrs. Meizoso reviewed the Partnership Membership Report as of July 30, 2024. There are vacancies for all committees and the Partnership. Currently there are seven vacancies on the Care and Treatment Committee. If anyone knows of candidates who may be interested in the work of this committee or any of the other committees, please invite interested parties to a meeting or training, or direct them to staff for further information.

There was a question about when new Partnership members select committees. Members applying to the Partnership select their committee assignments during the application process before they are approved.

VIII. Standing Business

- *Additional Data from Client Satisfaction*

Dr. Robert Lander

Dr. Robert Ladner reviewed additional data on telehealth requests from the Client Satisfaction Survey. Telehealth usage does not affect medical case management satisfaction. Results of the survey indicate that use of telehealth is not favored by Haitian clients.

- *Projections and Estimates*

Dr. Robert Lander

Dr. Ladner reviewed Ryan White Part A/MAI cost projections and estimated clients to be served for 2025. Members reviewed some utilization figures on the Dashboard Cards which were used to generate projections. The estimated client count is expected to continue to increase. It is estimated that the program will serve 9,951 clients at a cost of over \$23.3 million dollars in 2025.

The current projections have been adjusted for food bank costs since cost-saving measures have been put into place and have been effective in keeping that expenditure in check.

Additional funding will need to be placed into medical transportation services since there has been increased utilization in the last two years. Increases are partly due to increased usage of Uber and other ride-share services. Transportation vouchers should not be used as an incentive for clients. The Recipient will review usage to ensure it is appropriate and may suggest updates based on their findings. Clients who are disabled or are on Medicare should take advantage of the Golden Passport Program. It was noted that there are better outcomes by clients using Uber since they attend their appointments and stay for their appointments.

The projections indicate a reduction to oral health care but within the levels of the last four years. Any shifts in need can be addressed in the rapid reallocation process.

IX. New Business

▪ *Special Directives*

All

Dr. Trepka reviewed what special directives were and requested if the committee had any directives. The Committee was reminded that at the last needs assessment they voted on what additional services to fund for the next request for proposal (RFP) and bundled certain services. There is still one year left on current contracts for 2025-26. Emergency Financial Assistance (EFA) is currently limited to prescription drugs for Test and Treat Rapid Access. While expanding services is not possible until the new RFP, the County has confirmed with the County Attorney that EFA could be expanded through a contract amendment. The Committee made a directive for the County to explore expanding EFA, as funding allows, with the addition of food vouchers.

Motion for the Partnership to direct the County to explore options to fully implement the Partnership's FY 2026 Emergency Financial Assistance service definition in FY 2025, subject to availability of funding, with the addition of food vouchers.

Moved: German Leiva

Seconded: Louvens Fils-Aime

Motion: Passed

The Committee discussed Oral Health Care access, which keeps appearing as an issue in the Client Satisfaction Survey results. There appear not to be enough providers. The Health Resources and Services Administration (HRSA) restricts Ryan White providers to not-for-profit organizations. It was suggested that once the RFP is released it is shared with a professional oral health care association, if one exists in Miami, so their members are aware of the opportunity for funding.

The Committee discussed significant potential systemic changes with Florida Department of Health (FDOH) and Ending the HIV Epidemic (EHE) in FY 2025 and FY 2026 and directed the County exercise the final one-year options on existing contracts. The RFP for services to begin in FY 2026 will be released in 2025.

Motion for the Partnership to direct the County to exercise the final one-year renewal options for existing subrecipient service contracts in FY 2025, in light of significant system changes.

Moved: Maria Henriquez

Seconded: Dr. Daniel Shmuels

Motion: Passed

▪ *Priority Setting*

All

The Committee reviewed the Ryan White Part A priority results in aggregate that Committee members completed. The items were projected, and the Committee deliberated on the items based on the data they had reviewed during the needs assessment. Some service category priorities were shifted to reflect funded services. After the Committee was satisfied with the ranking, they made a motion to accept the priorities as projected. The Committee repeated the exercise with the Minority AIDS Initiative services. Final rankings were read into the record as indicated, below.

Priority Setting - FY 2025 Part A	
Ranking	Services
1	AIDS Drug Assistance Program (ADAP) Treatment [C]
2	Medical Case Management, including Treatment Adherence Services [C]
3	Outpatient/Ambulatory Health Services [C]
4	Oral Health Care [C]
5	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
6	Food Bank/Home-Delivered Meals [S]
7	Mental Health Services [C]
8	Substance Abuse Outpatient Care [C]
9	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
10	Medical Transportation (Vouchers) [S]
11	Substance Abuse Services (Residential) [S]
12	Housing Services [S]
13	Outreach Services [S]
14	Emergency Financial Assistance [S]
15	Other Professional Services (Legal Assistance and Permanency Planning) [S]
16	Early Intervention Services [C]
17	Non-Medical Case Management [S]
18	Medical Nutrition Therapy [C]
19	Home and Community Based Health Care [C]
20	Psychosocial Support [S]
21	Health Education/Risk Reduction [S]
22	Home Health Care [C]
23	Child Care Services [S]
24	Hospice Services [C]
25	Linguistic Services [S]
26	Referral for Health Care and Support Services [S]
27	Rehabilitation Services [S]
28	Respite Care [S]
C=core services S=support services	

Motion to accept the FY 2025 Ryan White Part A priorities as presented.

Moved: Maria Henriquez

Seconded: German Leiva

Motion: Passed

Priority Setting - FY 2025 Ryan White Minority AIDS Initiative (MAI)	
Ranking	Services
1	Medical Case Management, including Treatment Adherence Services [C]
2	AIDS Drug Assistance Program (ADAP) Treatment [C]
3	Outpatient/Ambulatory Health Services [C]
4	Outreach Services [S]
5	Substance Abuse Outpatient Care [C]
6	Mental Health Services [C]
7	Medical Transportation (Vouchers) [S]
8	Emergency Financial Assistance [S]
9	Oral Health Care [C]
10	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
11	Food Bank/Home-Delivered Meals [S]
12	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
13	Non-Medical Case Management [S]
14	Early Intervention Services [C]
15	Housing Services [S]
16	Substance Abuse Services (Residential) [S]
17	Medical Nutrition Therapy [C]
18	Psychosocial Support [S]
19	Home and Community Based Health Care [C]
20	Health Education/Risk Reduction [S]
21	Home Health Care [C]
22	Hospice Services [C]
23	Referral for Health Care and Support Services [S]
24	Rehabilitation Services [S]
25	Child Care Services [S]
26	Other Professional Services (Legal Assistance and Permanency Planning) [S]
27	Linguistic Services [S]
28	Respite Care [S]
C=core services S=support services	

Motion to accept the FY 2025 Ryan White Minority AIDS Initiative (MAI) priorities as presented.

Moved: Dan Wall

Seconded: Dr. Daniel Shmuels

Motion: Passed

▪ *Resource Allocation*

All

The Committee addressed the flat funding budgets for Part A and MAI, reviewing Dashboard Card data and making adjustments until the flat funding totals were reached. Using the flat funding budgets as the base for the ceiling grant budgets, the Committee reviewed data and deliberated on totals until consensus was reached for the grant ceiling budget. Final allocations were read into the record as indicated, below.

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2025 PART A FLAT FUNDING (FORMULA & SUPPLEMENTAL FUNDING) BUDGET		
SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	\$88,255	0.41%
EMERGENCY FINANCIAL ASSISTANCE [S]	\$88,253	0.41%
FOOD BANK*/HOME DELIVERED MEALS [S]	\$529,539	2.44%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	\$595,700	2.74%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$5,869,052	27.01%
MEDICAL TRANSPORTATION [S]	\$154,449	0.71%
MENTAL HEALTH SERVICES [C]	\$132,385	0.61%
ORAL HEALTH CARE [C]	\$3,088,975	14.22%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	\$154,449	0.71%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$8,550,054	39.35%
OUTREACH SERVICES [S]	\$264,696	1.22%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$44,128	0.20%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$2,169,744	9.99%
AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded	N/A
CHILD CARE SERVICES [S]	Not Part A Funded	N/A
EARLY INTERVENTION SERVICES [C]	Not Part A Funded	N/A
HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded	N/A
HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded	N/A
HOME HEALTH CARE [C]	Not Part A Funded	N/A
HOSPICE [C]	Not Part A Funded	N/A
HOUSING [S]	Not Part A Funded	N/A
LINGUISTIC SERVICES [S]	Not Part A Funded	N/A
MEDICAL NUTRITION THERAPY [C]	Not Part A Funded	N/A
NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Part A Funded	N/A
PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Part A Funded	N/A
REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded	N/A
REHABILITATION SERVICES [S]	Not Part A Funded	N/A
RESPIRE CARE [S]	Not Part A Funded	N/A
SUBTOTAL	\$21,729,679	100.0%
* Funded component of the service category.		
[C]= Core Medical Service; [S] = Support Service		
ADMINISTRATION ²	\$2,481,075	
CLINICAL QUALITY MANAGEMENT	\$600,000	
TOTAL	\$24,810,754	
	Exp. Ratios	
Core Medical Services (includes carryover exp.) ⁴	84.53%	
Support Services	15.47%	
NOTES:		
¹ Total based on the RWP FY 2024 final award.		
² Administration includes Partnership Staff Support and Data Support (Provide® Enterprise-Miami).		
³ Service categories shaded in grey have been added for "FY 2025 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAL. This process is required by HRSA's Notice of Funding Opportunity (NOFO) instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.		
⁴ Actual FY 2023 Core Medical Service's expenditure ratio was 82.66%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.		

Motion to accept the FY 2025 Ryan White Part A Flat funding budget as presented.

Moved: Maria Henriquez

Seconded: Dr. Daniel Shmuels

Motion: Passed

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2025 MINORITY AIDS INITIATIVE (MAI) FLAT FUNDING BUDGET			
FY 2025 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
8	EMERGENCY FINANCIAL ASSISTANCE [S]	\$12,087	0.54%
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$791,213	35.31%
7	MEDICAL TRANSPORTATION [S]	\$7,628	0.34%
6	MENTAL HEALTH SERVICES [C]	\$18,960	0.85%
3	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$1,362,753	60.82%
4	OUTREACH SERVICES [S]	\$39,816	1.78%
5	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$8,058	0.36%
2	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A
10	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A
25	CHILD CARE SERVICES [S]	Not MAI Funded	N/A
14	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A
11	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A
20	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A
12	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	Not MAI Funded	N/A
19	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A
21	HOME HEALTH CARE [C]	Not MAI Funded	N/A
22	HOSPICE [C]	Not MAI Funded	N/A
15	HOUSING [S]	Not MAI Funded	N/A
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A
17	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A
13	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A
9	ORAL HEALTH CARE [C]	Not MAI Funded	N/A
26	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A
18	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A
23	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A
24	REHABILITATION SERVICES [S]	Not MAI Funded	N/A
28	RESPIRE CARE [S]	Not MAI Funded	N/A
16	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A
SUBTOTAL		\$2,240,515	100.00%
[C]= Core Medical Service; [S] = Support Service			
	ADMINISTRATION	\$260,057	
	CLINICAL QUALITY MANAGEMENT	\$100,000	
	TOTAL	\$2,600,572	
		Exp. Ratios	
	Core Medical Services (includes carryover exp.)³	97.34%	
	Support Services	2.66%	
NOTES:			
¹ Total based on the RWP FY 2024 final award.			
² Service categories shaded in grey have been added for "FY 2025 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is required by HRSA's Notice of Funding Opportunity (NOFO) instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.			
³ Actual FY 2023 Core Medical Service's expenditure ratio was 94.62%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.			

Motion to accept the FY 2025 Ryan White Minority AIDS Initiative Flat funding budget as presented.

Moved: Maria Henriquez

Seconded: German Leiva

Motion: Passed

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2025 PART A FUNDING CEILING (FORMULA & SUPPLEMENTAL) BUDGET		
SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	\$38,255	0.17%
EMERGENCY FINANCIAL ASSISTANCE [S]	\$138,253	0.61%
FOOD BANK*/HOME DELIVERED MEALS [S]	\$1,291,793	5.65%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME	\$595,700	2.61%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$5,869,052	25.69%
MEDICAL TRANSPORTATION [S]	\$200,000	0.88%
MENTAL HEALTH SERVICES [C]	\$132,385	0.58%
ORAL HEALTH CARE [C]	\$3,600,000	15.76%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY	\$154,449	0.68%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$8,847,707	38.73%
OUTREACH SERVICES [S]	\$264,696	1.16%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$44,128	0.19%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$1,669,744	7.31%
AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded	N/A
CHILD CARE SERVICES [S]	Not Part A Funded	N/A
EARLY INTERVENTION SERVICES [C]	Not Part A Funded	N/A
HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded	N/A
HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded	N/A
HOME HEALTH CARE [C]	Not Part A Funded	N/A
HOSPICE [C]	Not Part A Funded	N/A
HOUSING [S]	Not Part A Funded	N/A
LINGUISTIC SERVICES [S]	Not Part A Funded	N/A
MEDICAL NUTRITION THERAPY [C]	Not Part A Funded	N/A
NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Part A Funded	N/A
PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Part A Funded	N/A
REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded	N/A
REHABILITATION SERVICES [S]	Not Part A Funded	N/A
RESPIRE CARE [S]	Not Part A Funded	N/A
SUBTOTAL	\$22,846,162	100.0%
* Funded component of the service category.		
[C]= Core Medical Service; [S] = Support Service		
	ADMINISTRATION ²	\$2,605,129
	CLINICAL QUALITY MANAGEMENT	\$600,000
	TOTAL ³	\$26,051,291
		Exp. Ratios
	Core Medical Services (includes carryover exp.)⁴	83.72%
	Support Services	16.28%
NOTES:		
¹ Award Ceiling Totals \$28,781,891 [\$26,051,291 (Part A) and \$2,730,600 (MAL)] per HRSA's FY 2025 Notice of Funding Opportunity (NOFO) Number HRSA-25-054.		
² Administration includes Partnership Staff Support and Data Support (Provide® Enterprise-Miami).		
³ Service categories shaded in grey have been added for "FY 2025 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAL. This process is required by HRSA's NOFO instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.		
⁴ Actual FY 2023 Core Medical Service's expenditure ratio was 82.66%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.		

Motion to accept the FY 2025 Ryan White Part A Ceiling grant funding budget as presented.
Moved: German Leiva Seconded: Maria Henriquez Motion: Passed

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2025 MINORITY AIDS INITIATIVE (MAI) FUNDING CEILING BUDGET			
FY 2025 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
8	EMERGENCY FINANCIAL ASSISTANCE [S]	\$12,087	0.51%
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$903,920	38.34%
7	MEDICAL TRANSPORTATION [S]	\$7,628	0.32%
6	MENTAL HEALTH SERVICES [C]	\$18,960	0.80%
3	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$1,362,753	57.80%
4	OUTREACH SERVICES [S]	\$44,134	1.87%
5	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$8,058	0.34%
2	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A
10	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A
25	CHILD CARE SERVICES [S]	Not MAI Funded	N/A
14	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A
11	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A
20	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A
12	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	Not MAI Funded	N/A
19	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A
21	HOME HEALTH CARE [C]	Not MAI Funded	N/A
22	HOSPICE [C]	Not MAI Funded	N/A
15	HOUSING [S]	Not MAI Funded	N/A
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A
17	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A
13	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A
9	ORAL HEALTH CARE [C]	Not MAI Funded	N/A
26	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A
18	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A
23	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A
24	REHABILITATION SERVICES [S]	Not MAI Funded	N/A
28	RESPIRE CARE [S]	Not MAI Funded	N/A
16	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A
SUBTOTAL		\$2,357,540	100.00%
[C]= Core Medical Service; [S] = Support Service			
ADMINISTRATION		\$273,060	
CLINICAL QUALITY MANAGEMENT		\$100,000	
TOTAL ²		\$2,730,600	
Core Medical Services (includes carryover exp.) ³		Exp. Ratios	
		97.29%	
Support Services		2.71%	
NOTES:			
¹ Award Ceiling Totals \$28,781,891 [\$26,051,291 (Part A) and \$2,730,600 (MAI)] per HRSA's FY 2025 Notice of Funding Opportunity (NOFO) Number HRSA-25-054.			
² Service categories shaded in grey have been added for "FY 2025 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is required by HRSA's Notice of Funding Opportunity (NOFO) instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.			
³ Actual FY 2023 Core Medical Service's expenditure ratio was 94.62%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.			

Motion to accept the FY 2025 Ryan White Minority AIDS Initiative Ceiling grant funding budget as presented.

Moved: Dan Wall

Seconded: Maria Henriquez

Motion: Passed

▪ *Request for Proposal*

At last year’s needs assessment, the Committee added services in preparation for the issuing of a new RFP for services. As part of the RFP process, the Committee had to determine what services would be included. Under Part A, the Committee determined that all current services and three new services - Housing, Psychosocial Support, and Non-Medical Case Management - would be included. The service categories were read into the record as indicated, below.

Service Categories – FY 2026 Request for Proposal (RFP) Ryan White Part A	
SERVICE CATEGORIES (ALPHABETIC ORDER)	CORE/SUPPORT SERVICE
AIDS Pharmaceutical Assistance	Core
Emergency Financial Assistance	Support
Food Bank*/Home Delivered Meals	Support
Health Insurance Premium And Cost Sharing For Low-Income Individuals	Core
Housing	Support
Medical Case Management, Inc. Treatment Adherence Services	Core
Medical Transportation	Support
Mental Health Services	Core
Non-Medical Case Management Services	Support
Oral Health Care	Core
Other Professional Services (Legal Services And Permanency Planning)	Support
Outpatient/Ambulatory Health Services	Core
Outreach Services	Support
Psychosocial Support Services	Support
Substance Abuse Outpatient Care	Core
Substance Abuse Services (Residential)	Support

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

**Motion to accept the Ryan White Part A service categories listed for the Request for Proposal.
Motion: Dan Wall Second: Maria Henriquez Motion: Passed**

The Committee reviewed the current MAI priorities and originally accepted them as presented. Upon further deliberation, the Committee decided to remove Substance Abuse Outpatient and add AIDS Pharmaceutical because of the bundling requirement with Outpatient Ambulatory Health. The service categories were read into the record as indicated, below.

Service Categories – FY 2026 Request for Proposal (RFP) Ryan White Minority AIDS Initiative (MAI)	
SERVICE CATEGORIES (ALPHABETIC ORDER)	CORE/SUPPORT SERVICE
AIDS Pharmaceutical Assistance	Core
Emergency Financial Assistance	Support
Medical Case Management, Inc. Treatment Adherence Services	Core
Medical Transportation	Support
Mental Health Services	Core
Outpatient/Ambulatory Health Services	Core
Outreach Services	Support

Motion to accept the Minority AIDS Initiative service categories listed for the Request for Proposal.

Moved: Maria Henriquez

Seconded: Dr. Daniel Shmuels

Motion: Passed

Time was going to run out of the meeting and all the business items had not been completed so the Committee made a motion to extend the meeting by 15 minutes to finish Committee business.

Motion to extend the meeting by 15 minutes.

Moved: Maria Henriquez

Seconded: Dan Wall

Motion: Passed

Based on prior expenditures and estimated needs, the Committee determined the *percentage allocations* for the FY 2026 Request for Proposal for both Part A and MAI. While whole percents were preferred, in some cases, half a percent was acceptable. The percentages were read into the record as indicated, below.

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

SERVICE CATEGORIES (ALPHABETIC ORDER) ¹	CORE/SUPPORT SERVICE	FY 2026 RFP FUNDING PERCENTAGE ²
AIDS PHARMACEUTICAL ASSISTANCE	CORE	0.50%
EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	1%
FOOD BANK*/HOME DELIVERED MEALS	SUPPORT	7%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS	CORE	1%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES	CORE	26%
MEDICAL TRANSPORTATION	SUPPORT	1%
MENTAL HEALTH SERVICES	CORE	1%
ORAL HEALTH CARE	CORE	16%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING)	SUPPORT	1%
OUTPATIENT/AMBULATORY HEALTH SERVICES	CORE	35%
OUTREACH SERVICES	SUPPORT	1%
SUBSTANCE ABUSE OUTPATIENT CARE	CORE	1%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) HOUSING	SUPPORT	6%
NON-MEDICAL CASE MANAGEMENT SERVICES	SUPPORT	1%
PSYCHOSOCIAL SUPPORT SERVICES	SUPPORT	0.50%
SUBTOTAL		100%
* Funded component of the service category.		
	ADMINISTRATION	
	CLINICAL QUALITY MANAGEMENT	
	TOTAL	
		<u>Core/Support Services</u>
		<u>Allocation Ratios ⁴</u>
	Core Medical Services (including carryover exp.) ³	80.50%
	Support Services	19.50%
¹ At the direction of the Planning Council during their June 17, 2024 meeting, the following service categories will be included in the upcoming Request for Proposal (RFP) procurement action for the FY 2026 budget period contracts: Housing, Non-Medical Case Management, and Psychosocial Support Services.		
² The percentage of funding will be applied to the overall amount of funding to be made available during the upcoming RFP procurement process for services that will begin March 1,		
³ Actual FY 2023 Core Medical Service's expenditure ratio was 82.66%, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services		
⁴ For budgeting purposes and to ensure that the Recipient meets the 75/25 Core Medical/Support Services ratio of actual expenditures, the Recipient recommends allocating 80% or higher to Core Medical services combined.		

Motion to accept the Ryan White Part A services categories *percentage allocations* for the FY 2026 Request for Proposal (RFP).

Moved: Dan Wall

Seconded: German Leiva

Motion: Passed

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

SERVICE CATEGORIES (ALPHABETIC ORDER) ¹	CORE/SUPPORT SERVICE	FY 2026 RFP FUNDING PERCENTAGE ²
EMERGENCY FINANCIAL ASSISTANCE	SUPPORT	0.5%
AIDS PHARMACUETICALS	CORE	0.5%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES	CORE	38%
MEDICAL TRANSPORTATION	SUPPORT	1%
MENTAL HEALTH SERVICES	CORE	1%
OUTPATIENT/AMBULATORY HEALTH SERVICES	CORE	57%
OUTREACH SERVICES	SUPPORT	2%
SUBTOTAL		100%
* Funded component of the service category.		
ADMINISTRATION		
CLINICAL QUALITY MANAGEMENT		
TOTAL		<u>Core/Support Services Allocation Ratios ⁴</u>
Core Medical Services (includes carryover exp.) ³		96.00%
Support Services		3.50%
¹ At the direction of the Planning Council during their June 17, 2024 meeting, the following service categories will be included in the upcoming Request for Proposal (RFP) procurement action for the FY 2026 budget period contracts: Housing, Non-Medical Case Management, and Psychosocial Support ² The percentage of funding will be applied to the overall amount of funding to be made available during the upcoming RFP procurement process for service ³ Actual FY 2023 Core Medical Service's expenditure ratio was 96.81% of expenditures, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver. ⁴ For budgeting purposes and to ensure that the Recipient meets the 75/25 Core Medical/Support Services ratio of actual expenditures, the Recipient recommends allocating 80% or higher to Core Medical Services combined.		

Motion to accept the Minority AIDS Initiative service categories percentage allocations for the FY 2026 Request for Proposal (RFP).

Moved: Dan Wall

Seconded: Louvens Fil-Aime

Motion: Passed

X. Announcements and Open Discussion

All

Mrs. Meizoso announced the New Member Orientation on September 18, 2024, and the next Get on Board training on October 2, 2024.

No open discussion items were raised.

XI. Next Meeting

Dr. Mary Jo Trepka

The next meeting is scheduled for Thursday, October 10, 2024, at Care Resource from 10:00 a.m. to 12:00 p.m.

XII. Adjournment

Dr. Mary Jo Trepka

With business concluded, Dr. Trepka thanked everyone for participating in the meeting and adjourned the meeting at 1:14 p.m.

DRAFT



Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, November 14, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

- | | | |
|-------|---|----------------|
| I. | Call to Order | Acting Chair |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Acting Chair |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee | Marlen Meizoso |
| VIII. | Standing Business | |
| IX. | New Business | |
| | • Service Description Review: Emergency Financial Assistance, Medical Transportation, Legal Services, Food Bank | All |
| | • 2025 Meeting Dates | All |
| | • 2025 Officer Elections | All |
| | • 2024 Capacity Survey Review | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: December 12, 2024 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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**RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

September 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>
	3	22	2	5
	3	1,944	1	1,092
	7,003	59,844	3,372	7,898
	67	434	35	92
	911	6,074	679	2,271
	2,418	16,836	1,326	3,887
	2	17	2	5
	1,034	7,500	397	731
	128	3,977	126	774
	29	224	13	59
	24	235	19	176
	373	3,648	17	55
TOTALS:	11,995	100,755		

Total unduplicated clients (month):

4,422

Total unduplicated clients (YTD):

8,534

See page 4 for
Service Unit
Definitions

Page 1 of 4

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

September 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

3

22

2

5

3

1,944

1

1,092

5,734

51,421

2,928

7,533

62

408

30

75

911

6,074

679

2,271

2,298

15,037

1,263

3,651

2

17

2

5

1,034

7,500

397

731

113

3,857

111

746

29

224

13

59

16

212

15

158

373

3,648

17

55

TOTALS:

10,578

90,364

Total unduplicated clients (month):

4,074

Total unduplicated clients (YTD):

8,379

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

September 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>
	1,269	8,423	609	1,013
	5	26	5	17
	120	1,799	77	555
	15	120	15	34
	8	23	4	18
TOTALS:	1,417	10,391		
Total unduplicated clients (month):	<u>641</u>			
Total unduplicated clients (YTD):	<u>1,319</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 September 2024, as of 11/8/2024. This report reflects reimbursement requests that were due by 10/20/2024, and have been paid thus far.

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 FY23 Formula Funds	795,210.00	CARRYOVER	
Total Award	\$ 25,605,964.00		

Priority Order

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER			
DIRECT SERVICES:			
	Allocations	Carryover (C/O) Allocations	
Core Medical Services			
8 AIDS Pharmaceutical Assistance	15,679.00		
6 Health Insurance Services	378,454.00		
1 Medical Case Management	5,676,584.00		
3 Mental Health Therapy/Counseling	76,690.00		
4 Oral Health Care	3,352,857.00		
2 Outpatient/Ambulatory Health Svcs	8,828,192.00		
9 Substance Abuse - Outpatient	44,128.00		
CORE Services Totals:		18,372,584.00	
Support Services			
12 Emergency Financial Assistance	0.00		
5 Food Bank	972,532.00	795,210.00	
13 Medical Transportation	195,280.00		
15 Other Professional Services	88,274.00		
14 Outreach Services	232,059.00		
7 Substance Abuse - Residential	1,868,950.00		
SUPPORT Services Totals:		3,357,095.00	795,210.00
FY 2024 Award (not including C/O)		21,729,679.00	
DIRECT SERVICES TOTAL:		\$ 22,524,889.00	

Total Core Allocation	18,372,584.00	
Target at least 80% core service allocation	17,383,743.20	
Current Difference (Short) / Over	\$ 988,840.80	
Recipient Admin. (GC, GTL, BSR Staff)	\$ 2,478,819.00	
Quality Management	\$ 602,256.00	3,081,075.00
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ -	\$ -
		25,605,964.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	84.55%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.43%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	9.99%	Within Limit

CURRENT CONTRACT EXPENDITURES			
DIRECT SERVICES:			
Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	0.00	
5606920000	Health Insurance Services	0.00	
5606870000	Medical Case Management	901,647.85	
5606860000	Mental Health Therapy/Counseling	4,680.00	
5606900000	Oral Health Care	1,199,725.00	
5606610000	Outpatient/Ambulatory Health Svcs	2,120,574.02	
5606910000	Substance Abuse - Outpatient	990.00	
CORE Services Totals:		4,227,616.87	
Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	529,492.20	0.00
5606460000	Medical Transportation	12,786.59	
5606890000	Other Professional Services	20,133.00	
5606950000	Outreach Services	29,305.50	
5606930000	Substance Abuse - Residential	835,750.00	
SUPPORT Services Totals:		1,427,467.29	0.00
FY 2024 Award (not including C/O)		5,655,084.16	
TOTAL EXPENDITURES DIRECT SVCS & % :		\$ 5,655,084.16	25.11%

5606710000	Recipient Administration	1,042,892.35	
5606880000	Quality Management	350,000.00	1,392,892.35
Grant Unexpended Balance		FY 2023 Award	Carryover
		17,762,777.49	795,210.00
Total Grant Expenditures & %		\$ 7,047,976.51	27.52%

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	74.76%	Danger!!!!
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	1.41%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	4.20%	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 September 2024, as of 11/8/2024. This report reflects reimbursement requests that were due by 10/20/2024, and have been paid thus far.

PROJECT #: BURW3403	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,600,572.00	MAI
Carryover Award of FY23 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	903,920.00	107,500.00
3	Mental Health Therapy/Counseling	18,960.00	
	Oral Health Care		
2	Outpatient/Ambulatory Health Svcs	1,262,133.00	300,000.00
6	Substance Abuse - Outpatient	8,058.00	
CORE Services Totals:		2,193,071.00	407,500.00
Support Services		Allocations	Carryover Allocations
5	Emergency Financial Assistance	0.00	
	Food Bank		
13	Medical Transportation	7,628.00	8,300.00
	Other Professional Services		
7	Outreach Services	39,816.00	
	Substance Abuse - Residential		
SUPPORT Services Totals:		47,444.00	
FY 2024 Award (not including C/O)		2,240,515.00	
DIRECT SERVICES TOTAL:		\$ 2,656,315.00	

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

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

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:		Expenditures	Carryover (C/O) Expenditures
Account	Core Medical Services	Expenditures	Carryover Expenditures
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	328,984.15	0.00
5606860000	Mental Health Therapy/Counseling	0.00	328,984.15
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	331,642.39	0.00
5606910000	Substance Abuse - Outpatient	0.00	331,642.39
CORE Services Totals:		660,626.54	0.00
Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	6,881.69	0.00
5606890000	Other Professional Services		6,881.69
5606950000	Outreach Services	0.00	
5606930000	Substance Abuse - Residential		
SUPPORT Services Totals:		6,881.69	
FY 2024 Award (not including C/O)		667,508.23	
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 667,508.23	25.13%

5606710000	Recipient Administration	82,425.03	
5606880000	Quality Management	58,333.31	140,758.34
Grant Unexpended Balance		FY 2024 Award	Carryover
		1,792,305.43	1,474,770.00
Total Grant Expenditures & % (Including C/O):		\$ 808,266.57	19.83%

Core medical % against Total Direct Service Expenditures (Not including C/O):	98.97%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	2.24%	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, November 14, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

- | | | |
|-------------|---|----------------|
| I. | Call to Order | Acting Chair |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Acting Chair |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee | Marlen Meizoso |
| VIII. | Standing Business | |
| IX. | New Business | |
| | • Service Description Review: Emergency Financial Assistance, Medical Transportation, Legal Services, Food Bank | All |
| | • 2025 Meeting Dates | All |
| | • 2025 Officer Elections | All |
| | • 2024 Capacity Survey Review | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: December 12, 2024 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

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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: August

Year: 2024-2025

Report generated on: 10/07/2024

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	August	0	0	\$125,294.00	\$9,238.97	\$52,379.46	42%
Medical Case Management (including treatment adherence)	August	53	9,255	\$111,527.00	\$10,643.25	\$50,076.75	45%
Mental Health Services - Outpatient	August	27	94	\$25,000.00	\$3,055.00	\$13,715.00	55%
Emergency Financial Assistance	August	54	92	\$912,456.00	\$49,801.14	\$212,783.87	23%
Non-Medical Case Management Services	August	15	15	\$184,024.00	\$9,536.29	\$37,954.02	21%
Referral for Health Care/Supportive Services	August	180	180	\$203,006.00	\$16,214.97	\$64,983.74	32%
Clinical Quality Management	August	0	0	\$82,071.00	\$1,449.85	\$7,284.89	9%
Planning and Evaluation	August	0	0	\$36,471.00	\$1,449.85	\$7,284.89	20%
Totals		329	9636	\$1,679,849.00	\$101,389.32	\$446,462.62	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
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ADVANCE(S) INFORMATION:

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

Total Contract Amount	\$1,679,849.00
Minus Expended Y-T-D	\$446,462.62
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,233,386.38

Total Expenditures this period:	\$101,389.32
Less Advance Payback this period:	\$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$101,389.32

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

NOVEMBER 4, 2024

ADAP MIAMI-DADE / SUMMARY REPORT^A – OCTOBER 2024

UTILIZATION & EXPENDITURES

MONTH	1 ST ENROLLMENTS	RE-ENROLLMENTS	CLIENTS ^{AA}	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										
DEC-24										
JAN-25										
FEB-25										
MAR-25										
FY24/25	544	2,790	7,414	\$9,048,772.63	16,844	5,191	3.2	\$32,990,951.25	19,943	\$1,654.26

PROGRAM UPDATE

- *11/01/24: BENEFIT LEVEL ^A 7,414 DIRECT DISPENSE 56 % 4277 - PREMIUM PLUS 44 % 3258 [ACA-MP, EMPLOYER SPONSORED INSURANCE, COBRA, MEDICARE PART-D]
- *11/01/24: CABENUVA [®] ^A 250 DIRECT DISPENSE 66 % 165 - PREMIUM PLUS 34 % 85
- *11/01/24: MEDICARE ELIGIBLE ^A 11 UNDER REVIEW THIS MONTH. - 66 UNINSURED CLIENTS WITHIN 7-MONTH WINDOW AROUND 65TH BIRTHDAY.
- *11/01/24: MEDICARE 220 OPEN ENROLLMENT. ENDS DECEMBER 7TH. MEDICARE CLIENTS CAN MAKE CHANGES.
- *11/01/24: ACA-MP 2,603 OPEN ENROLLMENT. APPROVED PLANS FOR 2025 [62]. ENDS JANUARY 15TH.

DATE: 11/04/24. - SOURCE: PROVIDE ENTERPRISE & PHARMACY SYSTEMS. - ^A ALL DATA SUBJECT TO REVIEW & EDITING. ^{AA} OPEN + ACTIVE PTS. - NOTE: EXPENDITURES NOT INCLUDED: 349 UNINSURED WP CLIENTS & 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 THE PHARMACY SELECTION PROCESS.

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





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MIAMI-DADE HIV/AIDS PARTNERSHIP

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During this month a total of 937 clients received services. A total of 27 clients received mental health services, 59 received non-medical case management. We continue to provide Nursing Home and shelter. Our beds at Salvation Army have been full and we have a wait list.

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

	September 24			Year To Date Data		
	Unduplicated			Total Dollar Amt. YTD	Budget as of	YTD Units
	Client Count	Units	Dollar Amt.		7-1-24	
				Annual Budget		
Ambulatory - Outpatient Care	17	31	13,221.22	288,747.88	1,644,600.00	1,491
Drug Pharmaceuticals	20	34	19,700.86	49,932.77	288,900.00	103
Early Intervention Services					63,206	
Oral Health	1	3	3,573.00	3,573.00	50,000.00	3
Home & Community Base Services				-	12,000.00	
Home Health Care				-	30,000.00	-
Mental Health Services	27	69	5,479.22	14,466.68	120,000.00	172
Nutrition Counseling				-	20,000.00	-
Medical Case Management	754	1,552	133,646.55	494,685.23	1,692,262.00	6,788
Sustance Abuse Services				-	93,000.00	-
Food Bank/Home Delivered Meals				6,350.00	50,000.00	254
Non-Medical Case Management	59	62	29,486.24	81,377.53	630,735.00	234
Other Support Services / Emergency Fin. Assistance	2	2	4,947.76	21,617.19	192,000.00	9
Psychosocial Support Services				-	55,000.00	-
Transportation				-	82,250.00	-
Referral for Health Care / Supportive Services	51	132	35,604.99	97,642.42	420,820.00	493
Substance Abuse Residential				-	281,955.00	-
Residential Care - Adult				-	204,035.00	-
Nursing Home Care	6	180	48,532.20	144,846.33	470,000.00	537
Hospital Services						
	937	2,065	294,192.04	1,203,239.03	6,400,763.00	10,084



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Membership Report

October 21, 2024

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for Ryan White Program Clients

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

Opportunities for General Membership

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

- Hospital or Health Care Planning Agency Representative
- 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)

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.



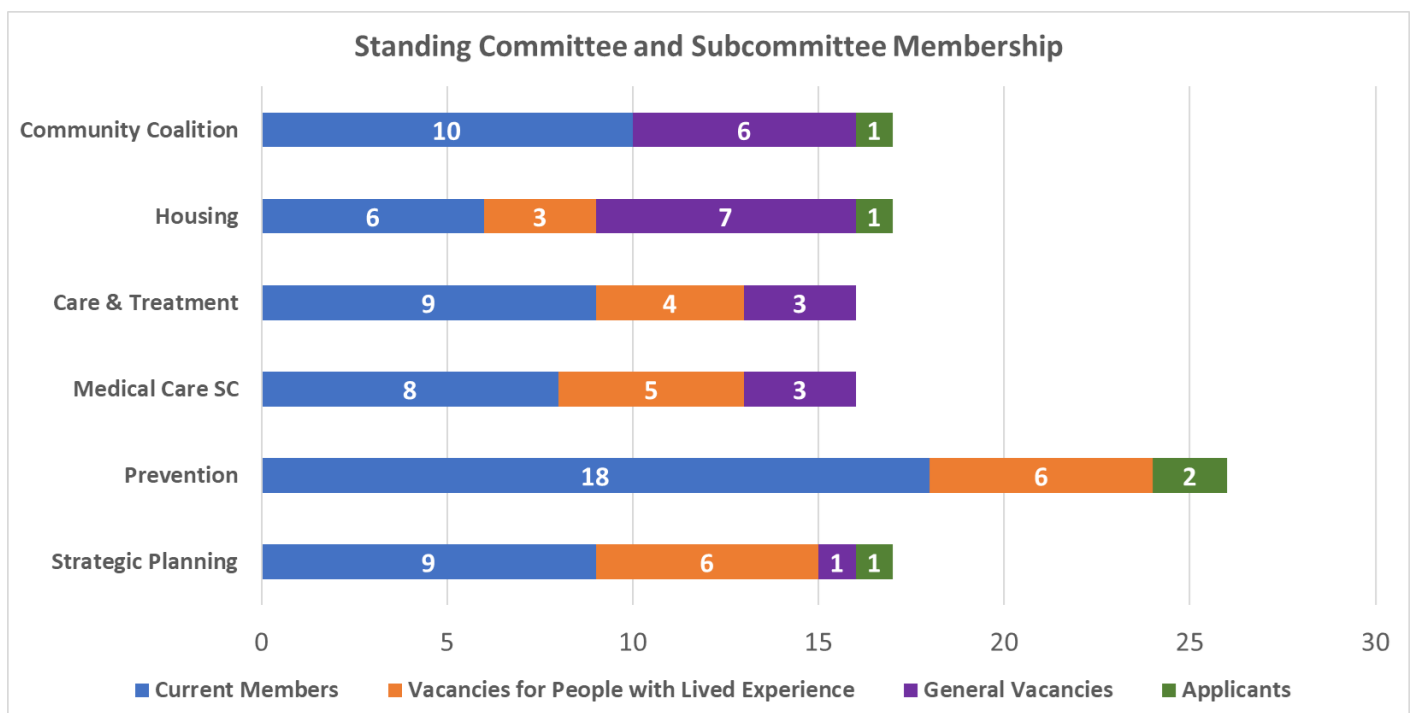


Committees

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.





Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, November 14, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

- | | | |
|-------------|---|-----------------------|
| I. | Call to Order | Acting Chair |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Acting Chair |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee | Marlen Meizoso |
| VIII. | Standing Business | |
| IX. | New Business | |
| | • Service Description Review: Emergency Financial Assistance, Medical Transportation, Legal Services, Food Bank | All |
| | • 2025 Meeting Dates | All |
| | • 2025 Officer Elections | All |
| | • 2024 Capacity Survey Review | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: December 12, 2024 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 Care Subcommittee
October 25, 2024 Meeting Report
to the Care and Treatment Committee
Presented November 14, 2024**

General Business

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
 - Discussed the review of the Minimum Primary Medical Care Standards and issues around performance measures.
 - Reviewed their 2025 meeting dates.
-

Action Items

- Reviewed and made edits to the AIDS Pharmaceutical Assistance (**Attachment 1**), Mental Health Services (**Attachment 2**), and Outpatient Ambulatory Health Service categories (**Attachment 3.**) *Any references in the documents highlighted in green will be updated in 2025 when they are available; formatting and pagination will be correct in final document.*
 1. **Motion to accept the AID Pharmaceutical Assistance service description with the changes noted.**
 2. **Motion to accept the Mental Health Services service description with the changes noted.**
 3. **Motion to accept the Outpatient Ambulatory Health service description with the changes noted.**
-

Next Meeting

The next MCSC meeting is scheduled for November 22, 2024, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

All motions are subject to Partnership approval.

**AIDS PHARMACEUTICAL ASSISTANCE
(LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM – LPAP)**

(Year 3~~4~~⁵ Service Priority: #~~8~~⁵ for Part A)

- A. AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP)** is a core medical service. The purpose of the LPAP component (i.e., prescription drug services) of the AIDS Pharmaceutical Assistance service category, in accordance with federal Ryan White Program guidelines, is “to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic infections.” LPAPs must be compliant with the Ryan White HIV/AIDS Program’s requirement of payer of last resort.

This service includes the provision of medications and related supplies prescribed or ordered by a licensed medical provider (MD, DO, APRN, PAs) ~~to prolong life, improve health, or prevent deterioration of health~~ for people with HIV who are ineligible for Medicaid, Medicare Part D, ADAP, or other public sector funding, or have private insurance with limited or no prescription drug coverage. Supplies are limited to consumable medical supplies necessary for the administration of prescribed medications.

IMPORTANT NOTES: Services are restricted to outpatient services only. Inpatient, emergency room, and urgent care center prescription drug services are not covered. Vaccines provided during a medical office visit are no longer found in the local Ryan White Part A Program Prescription Drug Formulary but may be available under Outpatient/Ambulatory Health Services. Prescription drug copayment assistance is not provided for clients with prescription drug discount cards. LPAP services may not be provided on an emergency basis (defined as a single occurrence of short duration). See the General Revenue Short-term Medication Assistance protocol in Section XII of this FY 202~~5~~⁴ Ryan White Program Service Delivery Manual for information on how to access to medications on a short-term, emergency basis.

- 1. Medications Provided:** This service pays for injectable and non-injectable prescription drugs, pediatric formulations, appetite stimulants, and/or related consumable medical supplies for the administration of medications. Medications are provided in accordance with the most recent release of the local Ryan White Part A Program Prescription Drug Formulary, with the Ryan White Part A/MAI Program as the payer of last resort. The local Ryan White Part A Program Prescription Drug Formulary is subject to change due to guidance from HRSA, the federal granting agency, and/or the Miami-Dade HIV/AIDS Partnership’s Medical Care Subcommittee.

2. Client Education and Adherence:

- Providers are expected to educate clients on the importance of adhering to their medication regimen with the objectives of reducing the risk of developing and spreading a resistant virus, and to ensure a healthy life for the client.
- Providers are expected to offer basic education to clients on various treatment options, ~~including information about state-of-the-art combination drug therapies.~~
- Clients must be encouraged to take medications as prescribed, as well as to follow the recommendations made by Licensed mMedical providers, nutritionists, and Pharmacists regarding medication management.

3. Coordination of Care:

- Providers must maintain appropriate contact with other caregivers (i.e., the client's mMedical case manager, Licensed mMedical provider, nutritionist, counselor, etc.) and with the client in order to monitor that the client adheres to their medication regimen; and ensures that the client receives coordinated, interdisciplinary support for adherence, and assistance in overcoming barriers to meeting treatment objectives.
- Providers will be expected to immediately inform mMedical case managers when clients are not adhering to their medication regimen (i.e., the client misses prescription refills, misses licensed medical provider visits, or is having other difficulties with treatment adherence).
- Providers are expected to ensure immediate follow-up with clients who miss their prescription refills, licensed medical provider visits, and/or who experience difficulties with treatment adherence.

B. Program Operation Requirements:

- Providers are encouraged to provide county-wide delivery. However, Ryan White Program funds may not be used to pay for the delivery of medications or consumable medical supplies unless one of the following conditions is met by the client, is documented by the client's Licensed Medical Provider, and said documentation is maintained in the client's chart:

- 1) The client is permanently disabled (condition is documented once);
- 2) The client has been examined by a Licensed Medical Provider and found to be suffering from an illness that significantly limits the client's capacity to travel [condition is valid for the period indicated by the Licensed Medical Provider-provider or for sixty (60) calendar days from the date of certification].

IMPORTANT NOTE: Medical Case Managers requesting home delivery must have documentation on file that meets one of the conditions listed above.

- Providers must specify provisions for home delivery of medications and related supplies and equipment for eligible Ryan White Program clients who require this service.
- Providers of this service are expected to be Covered Entities authorized to dispense PHS 340B-priced medications either directly, through an allowable subcontract arrangement, or via another federally acceptable affiliation.
 - Clients needing this service may only go to, or be referred to, the pharmacy in which their HIV/Primary Care Provider licensed medical provider or prescribing practitioner is located or affiliated with (e.g., by subcontract, etc.). This is due to PHS 340B Pharmacy drug pricing limitations, and HRSA's requirements that the Ryan White Part A/MAI Program use PHS 340B drug pricing wherever possible.
 - If the provider is a PHS 340B covered entity and the client is enrolled in the Florida ADAP Program, that client is eligible for PHS 340B pricing for prescriptions not covered by the ADAP formulary regardless of whether or not the client is the agency's own client.
- Pharmacy providers are directed to use the most cost-effective product, either brand name or generic name, whichever is less expensive at the time of dispensing. An annual, signed assurance is required from the service provider regarding this directive.
- The LPAP-funded service provider must be linked to an existing mMedical case Management system through agreements with multiple Medical Case Management providers. Providers are contractually required to enter into formal referral agreements that detail responsibilities of both parties and penalties for not complying with the referral agreement.

A Ryan White Program In Network Referral for LPAP Services is not required. However, to access LPAP services, the client must be open at the LPAP-funded agency and must have their Client Service Category Profile in the Provide® Enterprise Miami data management system open to Outpatient/Ambulatory Health Services at the same agency. This is due to 340B covered entity drug pricing requirements.

Ryan White Program-funded LPAP services have a maximum of one year from the date on the prescription.

C. Rules for Reimbursement: Dependent on the type of pharmacy provider, please adhere to the following reimbursement structures.

- Where applicable, providers will be reimbursed for program-allowable prescription drugs based on the PHS 340B price of the prescription provided to the Ryan White client, plus a flat rate dispensing fee. Total costs should include the cost of home delivery, as allowable, and other direct costs associated with the provision of this service. Providers must stipulate the flat rate dispensing fee that will be added to the PHS price. (For example, if the PHS price of a prescription is \$185.00, and the provider's proposed flat rate dispensing fee is \$11.00, then the total reimbursement amount is equal to \$196.00.) An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.
- Reimbursement for consumable medical supplies is limited and must be related to administering medications (e.g., for insulin injection in diabetics, etc.). Approved consumable medical supplies are found in Attachment B of the most current, local Ryan White Program Prescription Drug Formulary.
- No multiplier will be applied to Medicare or Medicaid rates for consumable medical supplies.

D. Additional Rules for Reporting and Documentation: Providers must document client eligibility for this service and report monthly activity (i.e., through reimbursement requests) in terms of the individual drugs dispensed (utilizing a locally-defined drug coding system to be provided by the County), the number of prescriptions filled for each drug, the number of pills or units dispensed, the amount of Ryan White Program funds spent dispensing each drug, and the unduplicated number of clients that received each drug limited to those medications listed in the

most recent release of the local Ryan White Part A Program Prescription Drug Formulary.

Provider monthly reports (i.e., reimbursement requests) for consumable medical supplies must include the number of clients served, medical supply distributions with HCPCS codes as appropriate per client, and dollar amounts per client.

E. Ryan White Part A Program Prescription Drug Formulary: Ryan White Program funds may only be used to purchase or provide vitamins, appetite stimulants, and/or other prescription medications to program clients as follows:

- Prescribed medications that are included in the most recent release of the Ryan White Part A Program Prescription Drug Formulary. This formulary is subject to periodic revision; and
- Medications, appetite stimulants, or vitamins that have been prescribed by the client's Licensed mMedical Provider. **IMPORTANT NOTE:** Prescriptions for vitamins may be written for a 90-day (calendar days) supply.

F. Letter of Medical Necessity: Continuous Glucose Monitoring (CGM) Devices require a completed Ryan White Letter of Medical Necessity (LOMN) (See Section V of this FY ~~2024~~2025 Service Delivery Manual for copies of the Letters of Medical Necessity, as may be amended):

ADDITIONAL IMPORTANT NOTES:

- **Medical Case Managers must work with clients to explore in a diligent and timely manner all health insurance options and evaluate the client's best option to ensure that health insurance premiums, deductibles and prescription drug copayments are reasonable and covered by the appropriate payer source. For Medicare Part D recipients, any client whose gross household income falls below 150% of the ~~2024~~2025 Federal Poverty Level (FPL) must be enrolled in the Low-Income Subsidy (LIS) Program. In addition, for Medicare Part D recipients, any client whose gross household income falls between 135% and 150% of the FPL must be enrolled in ADAP for assistance with prescription drug expenses. For Medicare Part D recipients, any client whose gross household income falls above 150% of the FPL or does not qualify for the LIS and who falls into the "donut hole," must be referred to the ADAP Program.**
- **AS OMB RECEIVES ADDITIONAL INFORMATION FROM FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE**

REVISED.

DRAFT

MENTAL HEALTH SERVICES

(Year 345 Service Priorities: #37 for Part A and #63 for MAI)

Mental Health Services are a set of core medical services that consist of counseling and treatment for diagnosed behavioral health disorders. These services are designed to reduce harmful behaviors and episodes of instability and improve mental status and client health outcomes. These Mental Health Services include the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to people with HIV. Services are based on an individualized treatment plan and are conducted in group and individual sessions. All services are provided by mental health professionals licensed or otherwise authorized within the State of Florida to render such services. All clients receiving this service must have at least one mental or behavioral health diagnosis specified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM; Codes F01-F99, excluding “Mental and behavioral disorders due to psychoactive substance use” – codes F10-F19).

Mental Health Services require an individualized treatment plan, as noted above. Treatment plans incorporate the findings of assessment and diagnostic tools and specify the goals and objectives to be achieved during the treatment episode. The treatment plan also specifies the recommended clinical interventions and frequency with which these interventions shall be delivered. Mental health providers may use this service category to conduct the assessment and diagnostic steps for the development of a treatment plan. If ongoing mental health services are being provided to a client, it is expected that the client receives a mental health treatment plan at least every six months.

Psychiatric treatment with medication management and evaluation should be billed and recorded under Outpatient/Ambulatory Health Services. Additional mental health services may be billed under Outpatient/Ambulatory Health Services when provided by a licensed psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or physician assistant/associate.

Mental Health Services are allowable only for program-eligible clients. This service is not available to family members without HIV. Ryan White Program funds may **not** be used for bereavement support for uninfected family members or friends.

Mental Health Services reimbursed under Part A or MAI of the Ryan White Program are limited to conditions impacting the treatment of the client’s underlying HIV disease (e.g., assessing, diagnosing, and treating a mental health condition that hinders HIV treatment adherence) and treated within the context of the client’s HIV or AIDS diagnosis. This service is intended to address issues that impact a person’s ability to remain engaged in HIV care, strengthen coping skills and self-care, and promote engagement in ongoing medical care and treatment. It is important for the Level I or Level II mental health

professional to regularly gauge and document the client's progress and determine if the client is still in need of the service.

- Mental Health Services (Level I):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess **a Doctorate degree in psychology or counseling or related field (PhD, EdD, PsyD), and must be licensed by the State of Florida** as a ~~L~~icensed ~~c~~linical ~~p~~Psychologist, LCSW, LMHC, or LMFT to provide such services.
- Mental Health Services (Level II):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess **a Master's degree in psychology, psychotherapy or counseling or related field (MS, MA, MSW, or M.Ed.), and must be licensed by the State of Florida** as a LCSW, LMHC or LMFT to provide such services. **Direct service providers may also be:** 1) Florida registered interns as defined by Florida Statute (F.S.) 491.0045 (Clinical Social Work Intern, Mental Health Counselor Intern, or Marriage and Family Therapy Intern), or 2) a Psychology Intern, Postdoctoral Resident, or Fellow satisfying Rule 64B19-11.005 of the Florida Administrative Code (F.A.C.). Such interns must provide services under the supervision of a LCSW, LMHC, LMFT or ~~L~~icensed ~~p~~Psychologist who is licensed in the State of Florida.

Mental Health Service Components:

Level I counseling services provided to Ryan White Program clients include psychosocial assessment and evaluation, testing, diagnosis, treatment planning with written goals, crisis counseling, periodic re-assessments, re-evaluations of plans and goals, documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to program-eligible people with HIV (clients) such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Level II counseling services provided to Ryan White Program clients include crisis counseling, re-evaluations of plans and goals, documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to program-eligible people with HIV (clients) such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed

clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Group Counseling (Levels I and II) refers to a group of individuals [minimum of three (3) Ryan White Program clients, maximum of fifteen (15) total clients] with similar problems meeting under the expert guidance of a trained mental health professional. Members of the group will be selected by the mental health professional in order to maximize the interaction, learning, and benefits derived from a group dynamic. Group counseling provides therapy in a social context, reduces the feeling of isolation many clients experience, provides an opportunity for clients to share methods of problem-solving, and allows the therapist an opportunity to observe how an individual interacts with others.

- A. Program Operation Requirements:** Staff must demonstrate knowledge of HIV disease, its psychosocial dynamics, and implications, including cognitive impairment, and generally accepted treatment modalities and practices. Services may be delivered to non-HIV+ family members (as defined by the client) only if the program-eligible client is also being served. Providers will comply with super-confidentiality laws as per State of Florida's guidelines. The ratio of group counseling participants to counselors may not be lower than 3:1 and may not be higher than 15:1, as described above. One visit is equal to one half-hour counseling session.

Clients who are newly diagnosed with HIV or have returned to care should be offered the opportunity to speak with a mental health provider as a routine component of the services available through the local Ryan White Part A Program. An initial mental health visit could be used to identify, assess, or verify mental health conditions that may affect a client's treatment adherence. Subsequent or on-going Mental Health Services under the Ryan White Part A Program require a mental health diagnosis documented in the client's chart. To facilitate this process for newly diagnosed or returned to care clients who are receiving TTRA mental health services are limited to one encounter (all mental health services provided on one day) within 30 days of starting the TTRA protocol, while program eligibility is being determined. For clients following the Newly Identified Client (NIC) protocol, Mental Health Services may be provided with these same limitations.

Tele-mental health services are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

- B. Additional Service Delivery Standards:** Level I and Level II providers must adhere to generally accepted clinical guidelines for psychological treatment of persons with HIV/AIDS-related illnesses. (Please refer to Section III of this FY 20242025 Service Delivery Manual for details, as may be amended.)

- C. Rules for Reimbursement:** Reimbursement for individual and group Mental Health Services will be based on a half-hour counseling session “unit” not to exceed \$32.50 per unit for Level I individual counseling; \$35.00 per unit for Level I group counseling; \$32.50 per unit for Level II individual counseling; and \$35.00 per unit for Level II group counseling. Reimbursement for individual counseling units are calculated for each client receiving the therapy (i.e., number of individual counseling units per client), whereas, reimbursement for group counseling units are calculated for the counselor that provided the group counseling (i.e., number of group counseling units per counselor).

Tele-mental health services are reimbursed as follows:

Billing Code	Description	Flat rate Reimbursement
THMHT1	Tele-Mental Health provided by a Level I provider (individual client only)	\$32.50 per 30-minute session
THMHT2	Tele-Mental Health provided by a Level II provider (individual client only)	\$32.50 per 30-minute session

- D. Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group Mental Health Services is a one-half-hour counseling session and the unduplicated number of clients served. Providers will report individual and group activity separately for Level I and Level II Mental Health Services.
- E. Additional Rules for Documentation:** Providers must also maintain certifications and licensure documents of the mental health professionals providing services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Client charts **must** include a specific mental or behavioral health diagnosis and detailed treatment plan for each eligible client that includes all required components and the mental health professional’s signature and/or the signature of the person supervising the professional.
- F. Additional Treatment Guidelines and Standards:** Providers of Mental Health Services (Levels I and II) will adhere to generally accepted clinical guidelines for mental health therapy/counseling of people with HIV. The following are examples of such guidelines:
- American Psychiatric Association (APA). HIV Psychiatry—Training and Education, as well as HIV Psychiatry Resources and Publications [e.g., Fact Sheets (Last Updated: 2012): HIV and Clinical Depression; HIV and Anxiety; HIV and Cognitive Disorders; HIV and Delirium; HIV and Substance Use; HIV and People with Severe Mental Illness (SMI); Sleep Disorders and HIV; and Pain in HIV/AIDS; Publications (including links to other related books and journals, such as the Diagnostic and Statistical Manual of Mental

Disorders, Fifth Edition, Text Revision---DSM-5-TR); and additional web-based materials. Available at:

- <https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychoiatry> <https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychoiatry> and <https://www.psychiatry.org/psychiatrists/search-directories-databases>
Accessed 9/11/2023.
- American Psychiatric Association. Latest Published and Legacy APA Clinical Practice Guidelines; including, but not limited to, The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition, 2015. Available at:
<https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines>
and <https://psychiatryonline.org/guidelines>
Accessed 11/9/2023.

OUTPATIENT/AMBULATORY HEALTH SERVICES

(Year 345 Service Priorities: #23 for Part A and MAI)

- A. **Outpatient/Ambulatory Health Services** are core medical services. These services include primary medical care and outpatient specialty care required for the treatment of people with HIV or AIDS. These services focus on timely/early medical intervention and continuous health care and disease treatment and management over time. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service (PHS) guidelines. Such care must include access to antiretroviral (ARV) and other prescription drug therapies, including prophylaxis and treatment of opportunistic infections (OI) and combination ARV therapies.

IMPORTANT NOTE: Services are restricted to outpatient services only.

For the outpatient medical services to be considered Ryan White Program allowable, such services must be provided in relation to a client's HIV+ diagnosis, co-morbidity, or complication related to HIV treatment. This program allowable relationship must be clearly documented in the client's medical chart, in the Primary Care Provider's referral to specialty care services, and in any corresponding Ryan White Program In Network Referral or general Out of Network Referral. A list of the most current Allowable Medical Conditions, as may be amended, is included in Section VIII of this FY 20245 Service Delivery Manual for reference. For clarity, one or more of the listed conditions along with one of the following catch-phrases should be included in the **Licensed mMedical pProvider** (MD, DO, APRN, PAs) notation and related referral, as appropriate:

- Service is in relation to this client's HIV diagnosis.
- Service is needed due to a related co-morbidity.
- Service is needed due to a condition aggravated or exacerbated by this client's HIV.
- Service is needed due to a complication of this client's HIV treatment.
- Routine diagnostic test conducted as a standard of care (SOC)
 - The SOC should be implemented as recommended by established medical guidelines, including, but not limited to, Public Health Service (PHS), American Medical Association, Health Resources and Services Administration; see Minimum Primary Medical Care Standards for Chart Reviews in Section III of this Service Delivery Manual document or other local guidelines, as may be amended.

Telehealth services are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

I. Primary Medical Care

1. **Primary Medical Care Definition and Functions:** Primary medical care includes the provision of comprehensive, coordinated, professional diagnostic and therapeutic services rendered by a licensed medical provider (MD, DO, APRN, PAs)~~Physician, Physician Assistant/Associates, Clinical Nurse Specialist, Nurse Practitioner, Advanced Practice Registered Nurse, or other health care professional~~ who is licensed in the State of Florida to practice medicine to prescribe ARV therapy in an outpatient setting. Outpatient settings include clinics, medical offices, and mobile vans where clients in general do not stay overnight. **Emergency rooms are not considered outpatient settings; therefore, emergency room services are not covered by the Ryan White Part A/MAI Program. Inpatient (hospital, etc.) services are also not covered.**

Although HRSA allows for urgent care center services to be payable through the Ryan White Program, non-HIV related visits to urgent care facilities are not allowable or reimbursable costs within the Outpatient/Ambulatory Health Services Category (see HRSA Policy Clarification Notice #16-02). The Miami-Dade HIV/AIDS Partnership, as advised by its Medical Care Subcommittee, has elected not to include this component as an allowable service locally. This decision was made due to the complex logistics involved in limiting this component to the treatment of HIV-related services, as required by HRSA; and the fact that Ryan White Part A/MAI Program-funded Outpatient/Ambulatory Health Services subrecipients are required to maintain procedures (i.e., an accessible phone line for clients to call for assistance) for clients who have urgent/emergent health issues after hours.

Allowable activities include: medical history taking; physical examination; diagnostic testing, including, but not limited to, laboratory testing; treatment and management of physical and behavioral health conditions; behavioral risk assessment, subsequent counseling, and referral; preventive care and screening; pediatric development assessment; prescription and management of medication therapy; treatment adherence; education and counseling on health and prevention issues; and referral to specialty care related to client's HIV diagnosis, co-morbidity, or complication of HIV treatment. Services also include diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, continuing care and management of chronic conditions, and referral to specialty care (including all medical subspecialties if related to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment), as necessary. Chronic illnesses usually treated by primary care providers include hypertension, heart failure, angina, diabetes, asthma, chronic obstructive pulmonary disease (COPD), depression, anxiety, back pain, thyroid dysfunction, and HIV.

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 an Outpatient/Ambulatory Health Service visit shall be reported under the Outpatient/Ambulatory Health Services category (using the appropriate CPT billing code); whereas 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).

a. New to Care Clients

One (1), initial primary medical care visit may be provided to a newly identified client (i.e., a newly diagnosed client) who has a preliminary reactive test result and a pending confirmatory HIV test result, if the client was properly referred by a Medical Case Manager or Outreach Worker. To be valid for this purpose, the referral must have an indication that the client is a “newly identified client” (NIC). Such initial primary medical care visits must be scheduled and provided within 30 calendar days of referral from the Medical Case Manager or Outreach Worker. Otherwise, a confirmatory HIV test result will be required to obtain further services.

b. Limitations on Specialty Testing

Before prescribing Selzentry (Maraviroc), a Highly Sensitive Tropism Assay (test), formerly known as the Trofile Tropism Assay, must be performed and documented in the client’s chart to determine appropriateness of the treatment regimen. The Highly Sensitive Tropism Assay includes the Trofile, Trofile DNA, or Quest Diagnostics Tropism assay. If the cost of the Highly Sensitive Tropism Assay is being covered by any other payer source, clients must access the test through those resources first.

ViiV Healthcare currently covers the cost of the following test at no charge to eligible clients or the Ryan White Program: the HLA-B*5701 screening test. This screening test is available to assist clinicians in identifying clients who are at risk of developing a hypersensitivity reaction to abacavir (Ziagen). Whenever the cost of the HLA-B*5701 screening test can be covered by the ViiV Healthcare or any other source, providers **cannot** bill the local Ryan White Program for reimbursement of this test. As of December 1, 2019, FDOH/ADAP clients do not need certificates for HLA Aware program. They simply use either their designated Quest Diagnostic lab or LabCorp code (that was listed on their certificates) for reimbursement by ViiV Healthcare. Contracted providers that serve FDOH/ADAP clients do not need to send clients to FDOH/ADAP, they just need to enter the appropriate code depending on which lab they use. FDOH already has this code as part of their EHR system. The Ryan White Program must be the payer of last resort. Utilization of the HLA-B*5701 screening test as billed to the local Ryan White

Program will be monitored, and reimbursement may be denied if documentation does not support the use of Ryan White Program funds as a last resort.

2. **Client Education:** Providers of primary medical care services are expected to provide the following basic education as part of client care:
 - Treatment options, with benefits and risks, including information about state-of-the-art combination drug therapies and reasons for treatment;
 - Self-care and monitoring of health status;
 - HIV/AIDS transmission and prevention methods; and
 - Significance of CD4 counts, viral load and related disease aspects, adherence and resistance concepts.

3. **Adherence Education:** Providers of primary medical care services are responsible for assisting clients with adherence in the following ways:
 - Adherence with medication regimens in order to reduce the risk of developing and spreading a resistant virus and to maintain health;
 - Taking medications as prescribed, and following recommendations made by Physicians, Physician Assistants, Advanced Practice Registered Nurses, Nutritionists, and Pharmacists;
 - Client involvement in the development and monitoring of treatment and adherence plans; and
 - Ensuring immediate follow-up with clients who miss their prescription refills, medical appointments, and/or who experience difficulties with treatment adherence.

4. **Coordination of care:** Providers of primary medical care services are responsible for ensuring continuity and coordination of care. They must:
 - ~~M~~aintain contact as appropriate with other caregivers (~~m~~Medical ~~c~~ase ~~M~~anager, ~~n~~utritionist, ~~s~~pecialty ~~c~~are ~~L~~icensed ~~m~~edical ~~P~~rovider, ~~P~~harmacist, ~~C~~ounselor, ~~u~~ etc.) and with the client in order to monitor health care and treatment adherence;
 - Ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives; and

- Identify a single point of contact for Medical Case Managers and other agencies that have a client's signed consent and other required information.

5. Additional primary medical care services may include:

- Respiratory therapy needed as a result of HIV infection.
- Mental health services may be billed under Outpatient/Ambulatory Health Services when provided by a licensed psychiatrist or other licensed medical provider (MD, DO, APRN, PAs), clinical psychologist, clinical social worker, or clinical nurse specialist.

II. Outpatient Specialty Care

- 1. Outpatient Specialty Care Definition and Functions:** This service covers short-term ambulatory treatment of specialty medical conditions and associated diagnostic procedures for program-eligible clients who are referred by a primary care provider through a Ryan White Program In Network Referral, OON referral, or prescription referral. Specialty medical care includes cardiology, chiropractic, colorectal, clinical psychiatry, dermatology, ear, nose and throat/otolaryngology, endocrinology, gastroenterology, hematology/oncology, hepatology, infectious disease, orthopedics/rheumatology, nephrology, neurology, nutritional assessments or counseling (performed by a Registered Dietitian), obstetrics and gynecology, ophthalmology/optometry, pulmonology, respiratory therapy, urology, and other specialties **as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment** (see Allowable Medical Conditions List in Section VIII of this FY ~~2024~~2025 Service Delivery Manual).

Additional medical services, which may be provided by other Ryan White Program subrecipients, may include outpatient rehabilitation, podiatry, physical therapy, occupational therapy, and speech therapy as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment. Pediatrics and specialty pediatric care are included in the list of specialties above. A Mental Health Services provider may also make referrals to clinical psychiatry. **(IMPORTANT NOTE: Referrals to outpatient specialty care services for ongoing treatment must include documentation or a notation to support the specialty's relation to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment.)**

a. Other Specialty Care Limitations or Guidelines:

- i. **Chiropractic services** under the Ryan White Program are limited to services in relation to the client's HIV diagnosis. These services may relate to pain caused by the disease itself or pain that is a consequence of HIV medications. Chronic pain is also considered a co-morbidity to HIV and may also be treated when appropriate. Chiropractors affect the nervous system and immune system by utilizing spinal adjustments and physiotherapy to the spine and body that may assist the nervous system in operating to the best of its ability to fight HIV-related infection, disease, and symptomatology. Chiropractic physicians may adjust, manipulate, or treat the human body by manual, mechanical, electrical or natural methods; by the use of physical means or physiotherapy, including light, heat, water, or exercise, or by the administration of foods, food concentrates, food extracts, and items for which a prescription is not required. Chiropractic services for non-HIV related injuries or conditions are not covered. Examples of non-HIV related injuries or conditions are slip and falls, car accidents, sports injuries, and acute pain.
- ii. **Podiatry services** under the County's Ryan White Program are limited to services in relation to a client's HIV diagnosis or co-morbidity (e.g., diabetes). The local Ryan White Part A/MAI Program will reimburse providers for the diagnostic evaluation of foot and ankle pain. Podiatry services for the treatment of peripheral neuropathy, HIV-related medication side effects (e.g., HAART/protease inhibitor medication regimens may cause ingrown toenails), onychomycosis, and diabetic foot care due to circulatory problems will be covered by the County's Ryan White Program. Conditions such as hammer toes, bunions, heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present. Furthermore, general podiatry services for non-HIV-related or non-diabetic-related foot injuries or conditions are not covered by the County's Ryan White Program.
- iii. **Optometry and ophthalmology services** under the Ryan White Program are also limited to services in relation to a client's HIV diagnosis or co-morbidity. An annual eye exam solely for the purpose of routine eye care (especially for vision correction with glasses or contact lenses) is not covered by the local Ryan White Part A/MAI Program. In accordance with the most current local Ryan White Part A Program's Allowable Medical Conditions list, as may be amended, clients must

meet at least one of the following criteria to access ophthalmology/optometry services:

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

Furthermore, referrals to an optometrist or ophthalmologist must indicate a condition attempting to rule out complications of HIV. See the Allowable Medical Conditions List in Section VIII of this Service Delivery Manual for a list of conditions that would apply, such as manifestations due to opportunistic infections, visual disturbances to rule out complications of HIV, and history of sexually transmitted infections (STI) or complications of STI.

- iv. Per Federal guidelines, **acupuncture services** are not covered under this service category, as Ryan White Program funds may only be used to support limited acupuncture services for program-eligible clients as part of substance abuse treatment services.
- v. **Obstetric services:** Although the selection of a Ryan White Program-funded service provider is based on client choice, pregnant women should be referred to the University of Miami OB/GYN Department (Ryan White Part D Program, etc.) whenever possible due to its specialized care for this HIV population.
- vi. **Pediatric, adolescent and young adult services:** Whenever possible and also based on client choice, providers are strongly encouraged to refer clients who are 13 to 24 years of age to the University of Miami's pediatric and adolescent care departments due to their specialized care for this HIV population and age group.

IMPORTANT NOTE: Under the local Ryan White Part A/MAI Program, primary medical care provided to people with HIV is not considered specialty care.

2. Client Education: Providers of specialty care services will be expected to provide the following basic education as part of client care:

- Basic education to clients on various treatment options offered by the specialist;

- Taking medications pertaining to specialty care treatment as well as adhering to treatment recommendations made by the ~~p~~Primary ~~C~~are or HIV ~~L~~icensed ~~m~~Medical ~~P~~roviders; and
 - Educating clients about HIV/AIDS and its relationship to the specialty care service being provided.
3. **Coordination of Care:** The specialist must communicate, as appropriate, with the ~~P~~primary ~~c~~Care ~~L~~icensed ~~m~~Medical ~~c~~Care ~~P~~rovider and client for results, follow-up, and/or to re-evaluate the client in order to coordinate treatment.

The following subsections B. through I. are for both Primary and Specialty Care, unless otherwise noted:

B. Program Operation Requirements:

- Providers must offer, post, and maintain walk-in hours to ensure maximum accessibility to Outpatient/Ambulatory Health Services, to ensure that medical services are available to clients for urgent/emergent issues;
- Providers must demonstrate a history and ability to serve Medicaid and Medicare eligible clients; and
- **For Primary Medical Care Only:** Providers must ensure that medical care professionals: 1) have a minimum of three (3) years of experience treating HIV clients; or 2) have served a high volume of people with HIV (i.e., >50% of individual caseload per practitioner) in the past year. Certification from the American Academy of HIV Medicine (AAHIVM) is encouraged, but not required.
- **For Outpatient Specialty Care Only:** A referral from the client's Primary Care Providers or HIV Physician is required for all program-allowable specialty care services. Referrals to Outpatient Specialty Care services must be issued through the Provide® Enterprise Miami data management system and must indicate whether the referral is for a diagnostic appointment/test or for ongoing medical treatment. If the specialty care referral is for ongoing medical treatment the referrals must include supporting documentation that the ongoing care is HIV-related, comorbidity-related, and related to a complication of HIV treatment, as detailed in the most current, local Allowable Medical Conditions list.

- C. **Additional Service Delivery Standards:** Providers of Outpatient/Ambulatory Health Services will also adhere to the following guidelines and standards, as may be amended (please refer to Section III of this FY ~~2024~~2025 Service Delivery Manual for details):

- Public Health Service Clinical Guidelines for the Treatment of AIDS Specific Illnesses (as amended and current); also see Section I, below.
- ~~HAB HIV Performance Measures to include the following, as may be amended: (<https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio>)~~
 - ~~Frequently Asked Questions~~
 - ~~Core~~
 - ~~All Ages~~
 - ~~Adolescent/Adult~~
 - ~~Children~~
 - ~~HIV Exposed Children~~
 - ~~Medical Case Management (MCM)~~
 - ~~Oral Health [Care]~~
 - ~~ADAP [AIDS Drug Assistance Program]~~
 - ~~Systems Level~~
- Minimum Primary Medical Care Standards

D. Rules for Reimbursement: Providers will be reimbursed for program allowable outpatient primary medical care and specialty care services as follows, unless a procedure has been disallowed or discontinued by the Miami-Dade County Office of Management and Budget-Grants Coordination:

- Reimbursements for medical procedures and follow-up contacts to ensure client's adherence to prescribed treatment plans will be no higher than the rates found in the "2023 Florida Medicare Part B Physician Fee Schedule (Participating, Locality/Area 04), revised/modified January 9, 2023." Codes 99205 and 99215 remain discontinued under this local Ryan White Part A/MAI Program. Code 99201 was also discontinued.
- Reimbursements for lab tests and related procedures will be based on rates no higher than those found in the "2023 Medicare Clinical Diagnostic Laboratory Fee Schedule, Calendar Year (CY) 2023 Quarter 1 (Q1) Release, added for January 2023, modified January 12, 2023."
- Reimbursements for injectables will be based on rates no higher than those found in the "2023 Medicare Part B Drug Average Sales Price (ASP) Drug Pricing Files, Payment Allowance Limits for Medicare Part B Drugs, updated January 30, 2023 (payment limit column)."
- Reimbursements for medical procedures performed at Ambulatory Surgical Centers (ASC) will be no higher than the rates found in the "2023 Florida Medicare Part B ASC Fee Schedule, by HCPCS Codes and Payment Rates,

PDF dated January 5, 2023, electronic file modified January 11, 2023; for Core Based Statistical Area 33124 (Miami, FL).” (Applies only to organizations with on-site or affiliated Ambulatory Surgical Centers).

- Reimbursements for medical procedures performed at Outpatient Hospital centers will be no higher than the rates found in the approved “Medicare Addendum B Outpatient Prospective Payment System (OPPS) by HCPCS Code for CY 2023 (January 2023), corrected January 20, 2023 (note “b.01.20.23” in file name).” (Applies only to organizations with on-site or affiliated outpatient hospital centers).
 - Opposite to Medicare’s procedure guidelines, the local Ryan White Program discontinued the use of HCPCS code G0463 (hospital outpatient clinic visit). It is necessary for the local Ryan White Program to track the level of service provided to clients; therefore, providers of OPPS-APC services should continue to use CPT codes 99202-99204 or 99211-99214, as applicable to the services provided, instead of G0463.
- Evaluation and management visits and psychiatric visits will be reimbursed at rates no higher than the Medicare “allowable” rates times a multiplier of up to 2.5.
- If the client is eligible for ADAP, that program should be accessed for genotype and phenotype testing if available.
- No multiplier will be applied to reimbursement rates for laboratory tests and related procedures, for non-evaluation and management procedures, for injectables, or for supplemental procedures.
- Medical procedures with an active Current Procedural Terminology (CPT) code that are excluded from the Medicare Fee Schedules may be provided on a supplementary schedule, upon request from the provider to the County for review. A flat rate along with a detailed description of the procedure and a cost justification for each supplemental procedure must be included in the provider’s submission request for review and approval by the County.
- Consumable medical supplies are limited and are only covered when needed for the administration of prescribed medications. Allowable consumable medical supplies are available only through the local Ryan White Program’s

AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP) service category. A list of allowable consumable medical supplies can be found as an attachment to the most current, local Ryan White Program Prescription Drug Formulary (i.e., Attachment B of the referenced Formulary).

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

- E. Rules for Reporting:** Providers' monthly reports (i.e., reimbursement requests) for Outpatient/Ambulatory Health Services must include the number of clients served, billing code for the medical procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate medical provider after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the medical provider) and to make such reports available to OMB staff or authorized persons upon request.
- F. Additional Rule for Reimbursement:** Requests for reimbursement of primary and/or specialty medical care services that are not submitted to the County within four (4) calendar months from the date of service may be denied.
- G. Additional Rules for Documentation:** Providers must ensure that medical records document services provided (e.g., medical visits, lab tests, diagnostic tests, etc.), the dates and frequency of services provided, as well as an indication that services were provided for the treatment of HIV infection, a co-morbidity, or complication of HIV treatment. Clinician notes must be signed by the licensed provider of the service and maintained in the client chart or electronic medical record. Providers must maintain professional certifications and licensure documents of the medical staff providing services or ordering tests and must make them available to OMB staff or authorized persons upon request. Providers must ensure that chart notes are legible and appropriate to the course of treatment as mandated by Florida Administrative Code 64B8-9.003; and pursuant to Article VII, Section 7.1, of the provider's Professional Services Agreement with Miami-Dade County for Ryan White Program-funded services.
- H. Additional Client Eligibility Criteria:** Clients receiving Outpatient/Ambulatory Health Services must be documented as having been properly screened for other public sector funding as appropriate annually, every 366 days. (NOTE: The recertification period for ADAP and Part A is expected to be updated within this grant fiscal year, with no less than 30 calendar days' notice.) While clients qualify for and can access medical services through other public funding [including, but not limited to, Medicare, Medicaid, Medicaid Managed Medical Assistance

(MMA), or Medicaid Long-Term Care (LTC)], or private health insurance, they will not be eligible for Ryan White Part A Program-funded Outpatient/Ambulatory Health Services, except for such program-allowable services that are not covered by the other sources.

I. Additional Treatment Guidelines and Standards

Guidelines: Providers will adhere to the following clinical guidelines for treatment of HIV/AIDS specific illnesses (which can be found at <https://clinicalinfo.hiv.gov/en/guidelines>, unless otherwise noted below):

- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv>; pp 1-604; updated March 23, 2023. Accessed 11/13/2023.
- Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv>; pp 1-671; updated April 11, 2023. Accessed 11/13/2023.
- Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/perinatal>; pp 1-614; updated January 31, 2023. Accessed 11/13/2023.
- Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. National Institutes of Health, Centers for Disease Control and Prevention, HIV Medicine Association, and Infectious Diseases Society of America. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections>; pp 1-670; updated September 25, 2023. Accessed 11/13/2023.

- Panel on Opportunistic Infections in Children with and Exposed to HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Children with or Exposed to HIV. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-pediatric-opportunistic-infections/updates-guidelines-prevention>; pp 1-485; updated September 14, 2023. Accessed 11/13/2023.
- Guidelines Working Groups of the NIH Office of AIDS Research Advisory Council. Guidance for COVID-19 and People with HIV. Department of Health and Human Services. 2023. Available at: <https://clinicalinfo.hiv.gov/en/guidelines/guidance-covid-19-and-people-hiv/guidance-covid-19-and-people-hiv>; pp 1-19; updated February 22, 2022. Accessed 11/13/2023.
- U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. Clinical Care Guidelines/Protocols, including the following, as appropriate: Guide for HIV/AIDS Clinical Care (2014), A Guide to the Clinical Care of Women with HIV (2013), A Guide for Evaluation and Treatment of Hepatitis C in Adults Coinfected with HIV (2011); and reference guides to help health care professionals as their aging population grows (e.g., “Incorporating New Elements of Care” and “Putting Together the Best Health Care Team”. Available at: <https://ryanwhite.hrsa.gov/grants/clinical-care-guidelines-resources#clinical-protocols>. Date Last Reviewed: February 2022. Accessed 11/13/2023.
- Additional Education Materials (e.g., fact sheets, infographics and glossary) on HIV Overview; HIV Prevention; HIV Treatment; Side Effects of HIV Medicines; HIV and Pregnancy; HIV and Specific Populations; HIV and Opportunistic Infections, Coinfections and Conditions; and Living with HIV (including but not limited to finding HIV treatment services; Mental Health; Nutrition and Food Safety; and Substance Use). Available at: <https://hivinfo.nih.gov/understanding-hiv/fact-sheets> Accessed 11/13/2023.
- In addition, providers will adhere to other generally accepted clinical practice guideline standards, as follow:

Standards:

- Providers will inform clients as to generally accepted clinical guidelines for pregnant women with HIV, treatment of AIDS specific illnesses,

clients infected with tuberculosis, hepatitis, or sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

- Providers will screen for TB and make necessary referrals for appropriate treatment. In addition, providers will follow Universal Precautions for TB as recommended by the CDC. Providers will also screen for hepatitis, sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

IMPORTANT NOTE: FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE REVISED.



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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, November 14, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|----------------|
| I. | Call to Order | Acting Chair |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Acting Chair |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee | Marlen Meizoso |
| VIII. | Standing Business | |
| IX. | New Business | |
| | • Service Description Review: Emergency Financial Assistance,
Medical Transportation, Legal Services, Food Bank | All |
| | • 2025 Meeting Dates | All |
| | • 2025 Officer Elections | All |
| | • 2024 Capacity Survey Review | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: December 12, 2024 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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EMERGENCY FINANCIAL ASSISTANCE

(Year 345 Service Priorities: #142 for Part A and #5-8 for

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

Currently, these funds are limited to the provision of short-term access to antiretroviral medications (ARV) for clients participating in the Test and Treat / Rapid Access (TTRA) protocol. In such instances, these services would only be used when the Florida Department of Health's financial resources for ARV medications under the local TTRA protocol have been depleted and the client is not yet enrolled in ADAP. Only clients whose gross household income is at or below 400% of the Federal Poverty Level and have a pending application with a third-party payer (e.g., ADAP or private insurance) are eligible for this assistance. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. Direct cash payments or reimbursements to a program client are not permitted.

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

- Biktarvy®
- Descovy® + Prezcobix®
- Dovato®
- Symtuza®
- Tivicay® + Descovy®

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

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

IMPORTANT NOTES:

- 1) Tivicay® (dolutegravir) replaced Isentress® as a regimen appropriate and recommended for women at all stages of pregnancy – conception to birth. Tivicay® may be used with either Truvada® or Descovy®. The Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission (the Panel) recommends dolutegravir (DTG) as a Preferred antiretroviral (ARV) drug throughout pregnancy and now also recommends DTG as a Preferred ARV for women who are trying to conceive. (2/10/2021)
- 2) Dovato® (dolutegravir/lamivudine) has clinical data on use in the Test and Treat scenario (STAT clinical trial). Dovato® samples or vouchers can be obtained from ViiV Healthcare pharmaceutical representatives for use in subrecipient clinic(s). As such, the Florida Department of Health cannot be invoiced for this medication.
- 3) Symtuza®; subrecipients / service providers may prescribe this medication, but they must use the voucher provided by Janssen Pharmaceuticals to cover the cost of this medication. As such, the Florida Department of Health cannot be invoiced for this medication.
- 4) Should the need arise (i.e., when Florida Department of Health’s TTRA medication funds are depleted) to implement this service category, the funds available under this service category may increase through the Reallocations/Sweeps process. Furthermore, if this service category is implemented, the rules under AIDS Pharmaceutical Assistance (Local AIDS Pharmaceutical Assistance Program) apply, except for the allowable medications which are limited to the most current, locally-approved medications for the TTRA protocol.



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MEDICAL TRANSPORTATION

(Year ~~34~~35 Service Priorities: #~~130~~ for Part A and #~~7~~ for MAI)

Medical Transportation is a support service. Medical Transportation is the provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services. Locally, this service is limited to specially-designated, discounted EASY Tickets (transportation vouchers) from the Miami-Dade County Department of Transportation and Public Works (DTPW; formerly Miami-Dade Transit Agency-MDTA) to program-eligible people with HIV attending medical and/or social service appointments. Daily, weekly and monthly discounted EASY Tickets are available when using the discounted EASY Tickets option. Alternative methods (such as ride-sharing services like Uber, UberHealth, Lyft, etc.) may be available, where requested by a Part A/MAI-funded subrecipient and approved by the Miami-Dade County Office of Management and Budget-Grants Coordination.

Providers of discounted EASY Tickets must demonstrate coordination with Miami-Dade County transportation agencies and services, Medicaid Special Transportation, Miami-Dade County Special Transportation Services (STS), and other existing transportation programs to avoid duplication of services. In addition, providers of transportation tickets are encouraged to apply annually to the Miami-Dade Transit Agency's Transportation Disadvantaged Program (<http://www.miamidade.gov/transit/transportation-disadvantaged-program-guidelines.asp>) in order to obtain assistance for clients who are eligible under that program, where applicable. As a reminder, in all cases, the Ryan White Program must be used as the payer of last resort.

- A. Program Operation Requirements:** Discounted EASY Tickets are available to program-eligible clients who meet the requirements of this service category, for unlimited trips during the calendar month. These specially-designated EASY Tickets will not be usable in other months and are not “re-loadable.”

These monthly transportation tickets should be distributed in a timely manner in order to maximize ticket usage. Unused discounted EASY Tickets (transportation vouchers) **cannot** be returned to the DTPW for credit. Unused or undistributed discounted EASY tickets **cannot** be charged to the Ryan White Program.

Providers must inform clients that this type of assistance is **not** an entitlement. Therefore, the level of assistance provided to individual clients is based on relative need and voucher availability. Clients must also be informed that the availability of transportation tickets is contingent upon funding availability and, therefore, the continuance of this type of assistance is not guaranteed.

Multiple instances of reduced fare transportation assistance per client per month are **NOT** allowed regardless of circumstance, payer source, and/or government assistance program that is using/providing the subsidized fare. As payer of last resort, the Ryan White Program can only reimburse subrecipients (service providers) for EASY Ticket fares (vouchers) distributed to eligible clients that are **NOT ELIGIBLE** to receive subsidized transportation assistance or fares under **ANY OTHER** program. This restriction will be closely monitored by the County's DTPW and the Office of Management and Budget (OMB) as a condition of the Ryan White Program having program access to the discounted EASY Tickets. Lost or stolen EASY tickets **cannot** be replaced by the local Ryan White Part A Program and replacements will not be considered by DTPW.

Regular reconciliation through a secure data system match of clients receiving discounted EASY Tickets through the Ryan White Part A Program will be conducted on a quarterly basis between the County's authorized OMB and DTPW staff, to ensure clients are not receiving more than one (1) instance of reduced fare transportation assistance per month. Clients found to be receiving duplicative discounted transportation services may be banned from receiving any additional assistance from one or both sources (the County's Ryan White Program or DTPW). **Medical Case Managers and Medical Transportation subrecipients must inform clients of this restriction and the reconciliation process.**

Prior to distributing these transportation vouchers, **subrecipients of Medical Transportation services must ensure that clients:** 1) review and sign the "Miami-Dade County Ryan White Part A Program Acknowledgement to Receive Monthly Transportation Assistance" attesting to their understanding of this restriction, including consent for the reconciliation data system match; 2) indicate that they have not received other discounted transportation assistance for the same month; and 3) indicate that they do not qualify to receive free or subsidized transportation assistance (fare) from any other program. This client acknowledgement/consent form is required prior to the client receiving a discounted EASY Ticket **each month**. A copy of the acknowledgement for each month of service must be maintained in the client's record/chart at the Medical Transportation subrecipient's site.

Providers must document criteria, policies, and procedures utilized to determine transportation EASY Tickets allotments for clients that must take into account not only minimum requirements, but also consideration for those clients who demonstrate the greatest need for these services. This documentation must be provided to the Miami-Dade County Office of Management and Budget-Grants Coordination upon request.

Documentation of at least one (1) monthly medical and/or social service appointments must be submitted by the client to the Medical Case Manager before the client can receive transportation assistance, unless otherwise directed by the

County. The number of required appointments is subject to change at the County's discretion with no less than thirty (30) days' written notice to all Part A/MAI-funded subrecipient agencies. Attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings also count towards the monthly appointment total. Any combination of medical, social service, AA, and/or NA appointments will count towards the required monthly total.

If allowable appointments are appropriately documented in the Client Profile in the Provide® Enterprise Miami data management system for each month of service, the Ryan White Program will not restrict the total number of months in which the client can receive transportation services during the grant Fiscal Year. Service providers will monitor the consistency of client attendance at these monthly medical and/or social service appointments to ensure compliance with the requirement for use of transportation vouchers under this program. If clients are non-adherent to appointments this must be documented and service providers will have the discretion, on a case-by-case basis, to not issue a voucher to continually non-compliant clients. "Non-compliant" is defined herein as two missed appointments in two consecutive months (e.g., two months in which two or more appointments have been missed each month without acceptable excuse or cancellation for cause by client would be considered non-compliant). Miami-Dade County Office of Management and Budget-Grants Coordination staff will also monitor compliance with this restriction.

IMPORTANT NOTE: Alternative methods of Medical Transportation service delivery are only available at select subrecipient agencies as a result of the corresponding Request for Proposals Process and subsequent contract negotiations.

- B. Rules for Reimbursement:** Discounted EASY Tickets cost \$56.25 per monthly ticket (1-Month Pass), \$14.60 per weekly ticket (7-Day Pass), and \$2.80 per daily ticket (1-Day Pass); and these rates may be subject to change. The number of discounted EASY Tickets available for distribution should be consistent throughout the duration of the contract period, unless the cost of these EASY Tickets changes, and must take into consideration the total budget request, agency capacity, client eligibility, and demand for this service. Ride-share services will be reimbursed based on the cost of each one-way trip. Providers will be reimbursed based on properly documented service utilization reports from the Provide® Enterprise Miami data management system, indicating the date of discounted EASY Ticket distribution or ride-share trip, client CIS number, and dollar amount including dispensing charge. Dispensing charges, not to exceed 15% (or as may be adjusted by the County due to formula calculations on the budget form), will be reimbursed after services have been provided, client utilization and disbursement information is submitted to the County, and vendor payment has been documented. This service is subject to audit by the Office of Management and Budget-Grants Coordination. Discounted EASY Ticket orders, invoices, and payments, as well as monthly distribution logs and acknowledgement of program limitations signed by the client

and scanned into the Provide® Enterprise Miami data management system, or ride-share logs where applicable, will be reviewed.

The following billing codes shall be used:

- **TRANSPORTATION VOUCHERS FOR PUBLIC TRANSIT (DISCOUNTED EASY TICKETS)**

- Service Name = “EASY Ticket – Monthly Pass” with Service Code = “**EASYM**”
 - A maximum of one (1) may be distributed per client per service month; no exception. **Lost, stolen or damaged tickets are not replaceable.**
- Service Name = “EASY Ticket – Weekly Pass” with Service Code = “**EASYW**”
 - A maximum of three (3) weekly tickets may be distributed per client per service month. If another week is/was needed, a monthly pass should be used.
- Service Name = “EASY Ticket – Daily Pass” with Service Code = “**EASYD**”
 - A maximum of four (4) daily tickets may be distributed per client per service month. If more days are/were needed, a weekly or monthly pass should be used.

- **RIDE-SHARE:**

- Service Name – “Uber/Lyft Ride” with Service Code = “RIDE”
 - Uber/Lyft Ride – Home to Provider
 - Uber/Lyft Ride – Provider to Home
 - Uber/Lyft Ride – Provider to Provider

- **IMPORTANT NOTES:**

- In the Provide® Enterprise Miami data management system, a pop-up warning will appear if two of the same ride types are entered for the same day for a given client. The warning will suggest the user document the reason for the potential “duplicate” service in the Comments field to prevent the County from rejecting the service in the monthly payment request.

- Medical case management (MCM) staff cannot use MCM encounter billing codes for time spent scheduling ride-share (e.g., Uber, UberHealth, Lyft, etc.) 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.

C. Additional Rules for Reporting: Providers must report monthly activity according to the type and dollar amount of the tickets issued, the number of tickets distributed, date of distribution per client, and the unduplicated number of clients served; or number of one-way ride share trips per client, where applicable. As stated above in Medical Transportation section A above, a reconciliation data system match will be conducted of all clients receiving discounted EASY Tickets through the Ryan White Part A Program. This reconciliation review will be conducted by the County's authorized Ryan White Program Recipient (OMB) and DTPW staff.

D. Special Client Eligibility Criteria: A Ryan White Program In Network Referral or an Out of Network Referral (a non-certified referral accompanied by all appropriate supporting documentation) is required for this service and must be updated annually, every 366 days. Clients receiving Ryan White Part A Program-funded Medical Transportation assistance must be documented as having gross household incomes below 400% of the 2024⁵ Federal Poverty Level (FPL). Clients receiving discounted EASY Tickets (transportation vouchers) must be documented as having been properly screened for other public sector funding as appropriate annually, every 366 days. While clients qualify for and can access other public funding [including, but not limited to, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-term Care (LTC) transportation services; or the County's Golden Passport program, Mobility EASY card program or Community-Reduced Fare program etc.) for transportation services], they will not be eligible for Ryan White Part A Program-funded Medical Transportation (discounted EASY Tickets or limited ride-share) assistance.



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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, November 14, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

- | | | |
|-------|--|----------------|
| I. | Call to Order | Acting Chair |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Acting Chair |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee | Marlen Meizoso |
| VIII. | Standing Business | |
| IX. | New Business | |
| | • Service Description Review: Emergency Financial Assistance, Medical Transportation, Legal Services, Food Bank | All |
| | • 2025 Meeting Dates | All |
| | • 2025 Officer Elections | All |
| | • 2024 Capacity Survey Review | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: December 12, 2024 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

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**OTHER PROFESSIONAL SERVICES:
LEGAL SERVICES AND PERMANENCY PLANNING**

(Year 354 Service Priority: #15 for Part A only)

Other Professional Services (Legal Services and Permanency Planning) are support services. Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Locally, this service category is limited to the provision of Legal Services and Permanency Planning to people with HIV or AIDS who would not otherwise have access to these services, with the goal of maintaining clients in health care. Legal Services are available to eligible individuals with respect to powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White Program, especially but not limited to assistance with access to benefits and health care-related services.

A. Program Operation Requirements:—Funds may be used to support and complement pro bono activities.

Funds may also be used to support program-allowable services (e.g., legal assistance, filing fees, and fingerprinting fees, etc. to support legal name and identity changes) for gender affirming care. This support for gender affirming care aims to facilitate access to benefit programs and services for which a client may be eligible. This gender affirming care support may be included in one or more of the service areas listed below.

All legal assistance under Ryan White Part A Program funding will be provided under the supervision of an attorney licensed by the Florida Bar Association. Only civil cases are covered under this Agreement. Therefore, the service provider will assist eligible Ryan White Program clients with civil legal HIV-related issues which will benefit the overall health of the client and/or the Ryan White Program care delivery system in the following service areas:

- Collections/Finance – issues related to unfair or illegal actions by collection agencies related to health care debt (e.g., bankruptcy due to health care debt).
- Employment Discrimination Services – issues related to discrimination while at work, unfair terminations, unfair promotion policies, or hostile work environment as related to HIV diagnosis or status.

- Health Care Related Services – issues related to ensuring that the client is treated in a fair manner, and issues relating to breach of confidentiality by divulging HIV status or other confidential medical/income information without client consent.
- Health Insurance Services – issues related to seeking, maintaining, and purchasing of private health insurance.
- Government Benefit Services – issues related to obtaining or retaining public benefits which the client has been denied and is eligible to receive, including but not limited to Social Security Disability and Supplemental Income Services (SSDI and SSI) benefits, Unemployment Compensation, as well as welfare appeals, and similar public/government services.
- Rights of the Recently Incarcerated Services – issues related to a client’s right to access and receive medical treatment upon release from a correctional institution.
- Adoption/Guardianship Services – issues relating to preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.
- Permanency Planning – this component helps clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including: the provision of social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney. This sub-component includes preparation of advance directives, healthcare power of attorney, durable powers of attorney, and living wills.

IMPORTANT NOTES:

- Adoption/Guardianship is related to Permanency Planning under HRSA Policy Clarification Notice #16-02; however, for local tracking purposes, it has been identified as a separate billable component.
- Adoption/Guardianship and Permanency Planning activities do not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver. Proper planning must occur prior to the death of the client (i.e., parent/guardian).
- HRSA’s Program Letter titled “Gender-Affirming Care in the Ryan White HIV/AIDS Program,” dated December 16, 2021 (<https://ryanwhite.hrsa.gov/grants/program-letters>), addresses the importance of and allowable uses of funds to support gender-affirming care.

Providers should demonstrate experience in providing similar services and the ability to meet the multi-lingual needs of the HIV/AIDS community.

- [HRSA’s Program Letter titled “Expungement Services for People with HIV Who Have Had Legal System Involvement,” dated June 24, 2024 \(https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-expungement-program-letter.pdf\) , addresses the use of Ryan White funds for expungement.](https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/hrsa-hab-expungement-program-letter.pdf)

- B. Rules for Reimbursement:** The unit of reimbursement for this service is *one hour (or fraction thereof)* of legal consultation and/or advocacy provided by an attorney or paralegal at a rate not to exceed \$90.00 per hour. Gender affirming care support does not have a separate billing code, as it is a component in one or more of the service areas listed in Section A, directly above.
- C. Additional Rules for Reporting:** Monthly activity reporting for this service will be on the basis of *one hour of legal consultation and/or advocacy* provided by an attorney or paralegal. Legal Services and Permanency Planning providers must submit an annual written assurance that: 1) Ryan White Program funds are being used only for Legal Services and Permanency Planning directly necessitated by an individual’s HIV status; 2) Ryan White Program funds are not used for any criminal defense or for class action suits unrelated to access to services eligible for Ryan White Program funding; and 3) the Ryan White Program was used as the payer of last resort.
- D. Special Client Eligibility Criteria:** A Ryan White Program In Network Referral or an Out of Network Referral (a non-certified referral accompanied by all appropriate supporting documentation) is required for this service and must be updated annually. Providers must also document that program-eligible people with HIV (clients) receiving Ryan White Part A Program-funded Other Professional Services (Legal Services and Permanency Planning) are permanent residents of Miami-Dade County and have gross household incomes that do not exceed 400% of the 2024⁵ Federal Poverty Level (FPL).
- E. Additional Rules for Documentation:** Client charts must include a description of how the Legal Service or Permanency Planning services are necessitated by the individual’s HIV status, the provision of services, client eligibility (Ryan White Program In Network Referral or Out of Network Referral with supporting documentation), and the hours spent in the provision of such services.



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| X. | Announcements and Open Discussion | All |
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| XII. | Adjournment | Acting Chair |

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FOOD BANK

(Year 3~~4~~⁵ Service Priority: #~~5~~⁶ for Part A

Food Bank is a support service. The Food Bank program is a central distribution center providing actual food items (groceries), and personal hygiene products when available, for ~~low-income~~low-income persons who are living with HIV or AIDS. Groceries are distributed in cartons or bags of assorted products to eligible Ryan White Program clients. Local Food Bank assistance will be provided on a temporary, as needed basis to eligible clients to help maintain their health by providing a balanced, adequate diet.

Food Bank providers must offer nutritional counseling to all Food Bank clients through qualified staff supervised by a Licensed Dietitian or Nutritionist. A referral to a Registered Dietitian under a Ryan White Program-funded Outpatient/Ambulatory Health Services provider (specialty care; a core medical service) may also be made for nutritional services to meet this requirement. Proof of the provision of nutrition services from the Food Bank provider, or a referral for nutrition services to an appropriate provider, or the client declining such service must be documented in the client's record.

Ryan White Program funds for Food Bank services may not be used for water filtration/purification systems in communities where issues of water safety do not exist, household appliances, pet foods, or other non-essential products.

A. Program Operation Requirements:

A.1 Standard Provisions

Food Bank services may be provided only on an **emergency basis**. For this program, an emergency is defined as an extreme change of circumstance: loss of income (i.e., job loss or departure of person providing support), loss of housing, or release from institutional care (substance abuse treatment facility, hospital, jail, or prison) within the last two weeks. Duration of Food Bank service provision is to be **temporary**. Other emergencies, as defined by the client's Medical Case Manager, must be documented in the client's chart (or in the Client Profile in the Provide® Enterprise Miami data management system) as they arise. A severe change to the client's medical condition, as defined below under the provision for additional occurrences, may also be considered an emergency.

Medical Case Managers must conduct initial and ongoing assessment of each client to determine if the client is eligible for food-related services under any other public and/or private funding source, including food stamps or other charity care food banks and food distribution events.

Unless otherwise approved by the Miami-Dade County Office of Management and Budget, the provision of this service will be limited to twenty (20) occurrences within the Ryan White Part A Fiscal Year (March 1, 2024⁵ through February 28, 2025⁶). One (1) occurrence is defined as all Food Bank services provided within one (1) calendar week. For example, a client could receive Food Bank services once a week every week for five (5) months, or twice per month for ten (10) months, in the grant Fiscal Year or any variation thereof, with the limit of twenty (20) occurrences in the grant Fiscal Year.

Groceries, including personal hygiene products when available, can be picked up on a weekly or monthly basis. If groceries will be picked up on a **weekly** basis, the client will be limited to groceries valued at \$85.00 per week at each pick-up. A client accessing Food Bank services on a weekly basis may not pick up groceries sooner than seven (7) days from the prior pick-up day.

If the client chooses to pick up groceries on a **monthly** basis, the client will be limited to groceries valued at \$85.00 per week multiplied by the number of times the original day of pick-up occurs in the month. A client accessing Food Bank services on a monthly basis may not pick up groceries in a new month prior to the same pick-up day from the previous month.

Providers must make every effort to obtain matching funds, donations, or any supplemental assistance for the program and these efforts should be documented. Providers must also be familiar with and capable of referring clients to other community, faith-based, and/or neighborhood Food Bank sites when the client is not in an emergency situation and/or has reached their Food Bank allowance limit.

Providers must be able to provide ethnic foods and foods suited to special client dietary needs.

A.2. Initial Referral and Additional Occurrences

A letter of medical necessity is NOT required for a referral to Food Bank services for the client's first twenty (20) occurrences during the grant fiscal year; however, the circumstances justifying the referral to Food Bank services should be clearly documented in the client's chart and a Ryan White Program In Network Referral should be generated by the Medical Case Manager. A completed Out of Network Referral is also acceptable for this support service. Once the client's initial twenty (20) occurrences are exhausted, the client may NOT receive additional Food Bank services during the same Ryan White Part A Fiscal Year (i.e., March 1, 2024⁵ through February 28, 2025⁶) **without a Ryan White Program Nutritional Assessment Letter for Food Bank Services**

A **severe** change to the client's medical condition (i.e., new HIV-related diagnosis/symptom, wasting syndrome, protein imbalance, recent chemotherapy, recent hospitalization, etc.) may warrant additional occurrences of Food Bank services. When needed for the additional occurrences, the **Ryan White Program Nutritional Assessment Letter for Food Bank Services** must be completed by a licensed medical provider **OR** a Registered Dietitian or Licensed Nutritionist not associated with the Ryan White Part A Program-funded Food Bank provider. The client must be reassessed for the medical condition justifying additional Food Bank services every four (4) months. The Physician or Registered Dietitian or Licensed Nutritionist must specify the frequency and number of additional Food Bank visits (occurrences) that should be allowed for the client (maximum of sixteen (16) additional occurrences).

A.3. Provision for Families

In addition to the maximum amount defined above for groceries available per week to eligible clients, each additional adult who is a person with HIV and lives in the same household is eligible to receive \$85.00 per week in groceries subject to the same service guidelines. Each dependent (i.e., minors under 18 years of age and living in the same household as the client who is a person with HIV) is also eligible to receive \$26.00 per week in groceries, subject to the same service guidelines above. The client must provide documentation to prove the dependent's age and place of residence.

B. Rules for Reimbursement:

Providers will be reimbursed based on properly documented invoices reflecting the distribution of weekly bags of groceries, including personal hygiene products, plus a dispensing charge to be agreed upon between the provider and the Miami-Dade County Office of Management and Budget-Grants Coordination (OMB-GC). The cost of the weekly bag of groceries will not exceed \$85.00. Providers will also submit a quarterly reconciliation of actual expenditures for food costs, staffing expenses, and other line items as listed on the approved budget.

C. Additional Rules for Reporting:

Providers must report monthly activities according to client visits (i.e., weekly occurrences). Providers must also submit to OMB an assurance that Ryan White Program funds were used only for allowable purposes in accordance with the contract agreement, and that the Ryan White Program was used as the payer of last resort. Providers must also submit an assurance regarding compliance with all federal, state, and local laws regarding the provision of Food Bank services, including any required licensure and/or certifications.

D. Additional Rules for Documentation:

Providers must maintain documentation of the amount and use of funds for purchase of non-food items; and make this documentation available to OMB staff upon request.

E. Special Client Eligibility Criteria:

A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service; and must be entered in the Provide® Enterprise Miami data management system. Current referrals expire automatically on February 28th of each Fiscal Year (or February 29th if a leap year). Each Medical Case Management referral must document the number of eligible dependents (i.e., minors). For additional occurrences, the client must be reassessed for the medical condition justifying additional Food Bank services every four (4) months. Providers must document that clients who receive Ryan White Part A Program- funded Food Bank services have gross household incomes that do not exceed **250%** of the 2024-2025 Federal Poverty Level (FPL).

Clients who fall between **251% to 400% FPL** should be referred to the **Ryan White Part B Program** to access Emergency Financial Assistance resources, as funding allows; or to other resources in the community.

Clients receiving Food Bank services must be documented as having been properly screened for Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp program) benefits, home-delivered meal services through Medicaid's Long-Term Care (LTC) program, other community food bank programs, or other public sector funding as appropriate. Medical Case Managers must document a client's need for food services in the client's Plan of Care (POC) and indicate if the client is eligible to access food services under other available programs, with the understanding that the Ryan White Program-funded Food Bank services are provided on an emergency basis and as payer of last resort. If the client is eligible to receive food service benefits from another source, the Medical Case Manager will assist the client in applying to such program(s). If the client already receives SNAP benefits when requesting Ryan White Program-funded Food Bank services, the client must submit a copy of their SNAP award/benefit letter as documentation that the award is \$250.00 or less per month in nutrition assistance benefits per person in the household; unless otherwise adjusted by the Office of Management and Budget-Grants Coordination/Ryan White Program with written notification to subrecipients. If the client applied for Food Stamp benefits and was denied, a copy of the denial letter must be scanned into the Client Profile in the Provide® Enterprise Miami data management system.

While clients reside in institutional settings (i.e., nursing home or a substance abuse residential treatment facility) they will not qualify for Ryan White Part A Program-funded Food Bank services. Similarly, while clients qualify for and can access

other public funding for food services, they will not be eligible for Ryan White Part A Program-funded Food Bank services, unless the provider is able to document that the client has an emergency need, or has applied for such benefits and eligibility determination is pending (a copy of benefit application must be kept in the client's chart).

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MIAMI-DADE HIV/AIDS PARTNERSHIP

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Proposed 2025 Meeting Dates

All Dates/Locations are subject to change

Care and Treatment Committee

10:00 a.m. to 12:00 p.m.

Care Resource Community Health Center

3510 Biscayne Blvd., 1st Floor Community Room,

Miami, FL 33137

January	9	2025
February	13	2025
March	13	2025
April	10	2025
May	8	2025
June	12	2025
July	10	2025
August	14	2025
September	11	2025
October	9	2025
November	13	2025
December	11	2025

Needs Assessment: May 2025 (2-hour meeting)

June-September 2025 (3-hour meetings)



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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, November 14, 2024

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd, 3rd Floor, Executive Conference Room
Miami, FL 33137

AGENDA

- | | | |
|------------|---|----------------|
| I. | Call to Order | Acting Chair |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Marlen Meizoso |
| IV. | Floor Open to the Public | Acting Chair |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of September 12, 2024 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee | Marlen Meizoso |
| VIII. | Standing Business | |
| IX. | New Business | |
| | • Service Description Review: Emergency Financial Assistance, Medical Transportation, Legal Services, Food Bank | All |
| | • 2025 Meeting Dates | All |
| | • 2025 Officer Elections | All |
| | • 2024 Capacity Survey Review | All |
| X. | Announcements and Open Discussion | All |
| XI. | Next Meeting: December 12, 2024 at Care Resource | Acting Chair |
| XII. | Adjournment | Acting Chair |

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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.



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2024 Provider Capacity Survey

Purpose

This survey is intended to inform the Ryan White Program's planning council regarding provider capacity, capabilities, service gaps, and needs. The data provided will be used in service planning during the annual needs assessment.

Please complete all the questions to the best of your ability, and submit your replies to this survey by **June 14, 2024**. If you have any questions, please contact Marlen Meizoso at marlen@behavioralscience.com.

Organizational Information

* 1. Location

Business Name

Address (main site)

City/Town

State

ZIP/Postal Code

* 2. How many days per week are you open 8 a.m. to 5 p.m.?

1 day

2 days

3 days

4 days

5 days

6 days

7 days

3. How many days per week are you open after 5 p.m.?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |
| <input type="checkbox"/> 4 days | <input type="checkbox"/> None of the above |

4. Please indicate whether your organization **currently serves** any of the following populations or has **specialized services** for these **populations**.

	Serve In general	Serve People with HIV	Have Special Programs for
Black/African-Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haitians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic/Latinos/LatinX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing unstable	<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"/>
Minority women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons over 50 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons using non-injecting drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons who inject drugs (PWID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth (age 13-24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 5. What was your total estimated **organizational revenue** in Miami-Dade County during **calendar year 2023**?

* 6. What was the total number of **clients served** by your organization in Miami-Dade County during **calendar year 2023**?

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

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

Capacity

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

- Peers (people living with HIV) who are paid
- Peers (people living with HIV) who are volunteers
- Support groups for people with HIV
- Social groups for people with HIV
- HIV related prevention programs

* 9. Do you have enough staff and resources to meet the needs of your HIV+ clients on your **current caseload**?

- Yes
- No

* 10. Do you have enough staff and resources to meet the needs of your HIV+ clients if your current caseload **increased by 5%**?

- Yes
- No
- Don't know

* 11. Do you have enough staff and resources to effectively meet the needs of your HIV+ clients if your current caseload **increased by 10%**?

- Yes
- No
- Don't know

Services Provided

12. Core Services

	My organization <u>provides</u> this service to people with HIV.	We have 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 other conditions	<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"/>
Health Insurance Premium and Cost Sharing -assistance to help clients with health insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home and Community-Based Health Care -skilled health services and personal care delivered in home based on written plan of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Care Services -professional nursing or attendant care provided in a client's home	<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

Mental Health Services-mental health treatment and counseling services offered to individuals or in a group setting

Medical Nutrition Therapy-services including nutritional counseling

Medical Case Management-helping individuals access Ryan White programs and navigate the system of care

Oral Health Care-dental care

Outpatient/Ambulatory Health Services-office visits with a physician, lab test, etc.

Substance Abuse Services (Outpatient)-professional counseling services to address alcohol or drug abuse and addiction programs

13. Support Services

My organization provides this service to people with HIV.

We have clients with HIV in my organization who need this service but are not able to get it.

Not applicable

Child Care Services-assistance taking care of children while parent with HIV is at medical visit

Emergency Financial Assistance-medication assistance

Food Bank/Home-Delivered Meals-home-delivered meals, food vouchers, or food pantries

Health Education/Risk

Reduction-
education on
reducing risk and
ways to improve
health

Housing-
temporary housing

**Linguistic
Services-**assistance
with languages

**Medical
Transportation-**
assistance provided
by bus or other
means to help
clients get to all
medical
appointments

**Non-Medical Case
Management-**
eligibility
assistance or
housing placement
assistance

**Other Profession
Services** (legal
services and
permanency
planning)-non-
criminal legal
advice to clients
and permanency
planning services

Outreach-
programs that help
clients with HIV get
into care

**Psychosocial
Support-**support
groups, therapy,
and council for
clients with HIV

**Referral for
Health Care and
Support Services-**
assist clients with
referrals for
services

**Rehabilitation
Services-**assistance
with rehabilitation
in client's home

Respite Care-
short-term relief for
care givers

**Substance Abuse
(residential)-**
residential
substance abuse

treatment

14. Prevention Services

My organization provides this service to people.

Clients in my organization need this service but are not getting it.

Condom Distribution-
distribution of prophylactics

Non-Occupational Post Exposure Prophylaxis (NPEP)- taking antiretroviral after HIV exposure

Pre-Exposure Prophylaxis (PrEP)- taking antiretrovirals to prevent HIV

HIV Testing- testing for HIV

Counseling after Diagnosis- discussion of next steps upon receipt of an HIV + test

Partner Notification Services- notification of partner upon HIV+ test result

Hepatitis Testing- testing for Hepatitis

STI Testing- testing for sexually transmitted diseases

Test and Treat Rapid Access- program to test and provide treatment rapidly

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

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

Referrals for your clients with HIV

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

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

19. What **services** does your organization have difficulty making referrals to?

Barriers Assessments

20. What barriers does **your organization** face in providing care to people living with HIV? Select all that apply.

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

21. Below are a list of **barriers clients with HIV** may face that keep them from accessing services. Based on your experiences providing services, please indicate if you agree or not with the following factors.

	Agree	Disagree	Not applicable or not sure
Clients don't know what	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

services are available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients don't know where to go	<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 someone who speaks their language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients are afraid to be report to the authorities due to immigration status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients can't afford the services because they don't have insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The system of care is too hard for clients 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 other 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 services because of rules and regulations	<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"/>
The hours that services are available do not fit client schedules	<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"/>

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

Yes

No

23. If your organization has a waitlist,

For what services?

How long do clients typically stay on the waitlist?

* 24. Name of the person completing this survey

* 25. Email address of person completing this survey

26. Job title of person completing this survey

27. If an additional person(s) assisted with completing this survey, please enter their name(s).

Thank you for completing the survey!



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