



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, February 13, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|---------------------|
| I. | Call to Order | Dr. Steven Santiago |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 9, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • February Draft: 2025 Capacity Survey | All |
| | • Service Description Review: Outreach | All |
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| | • Get on Board March 5, 2025 | |
| XII. | Next Meeting: March 13, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

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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



Scan to access meeting documents.

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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**

January 9, 2025 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	
8	Santiago, Steven		X
8	Shmuels, Diego	X	
9	Trepka, Mary Jo	X	
Quorum: 4			

Guests	
Lee, Crystall	
Poblete, Karen	
Valle-Schwenk, Carla	
Staff	
Ladner, Robert	
Meizoso, Marlen	

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

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

Dr. Mary Jo Trepka, Chair, welcomed everyone and called the meeting to order at 10:11 a.m.

II. Introductions *Dr. Mary Jo Trepka*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Marlen Meizoso*

Marlen Meizoso reviewed some highlights of the housekeeping presentation which detailed meeting participation reminders, people first language use, and meeting etiquette. She directed attendees to access the meeting presentation via the QR code on the agenda.

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. Staff requested the addition of the Partnership report to Committees after vacancies and announcements. The committee approved the agenda with the additions.

Motion to accept the agenda with additional additions as discussed.

Moved: Vanessa Mills

Seconded: Dr. Daniel Shmuels

Motion: Passed

VI. Review/Approve Minutes of December 12, 2024

All

The Committee reviewed the minutes of December 12, 2024, and a request was made to correct the attendance indicating Daniel Shmuels, not Diego Shmuels was present. A motion was made to approve the minutes with the correction.

Motion to accept the minutes of December 12, 2024, with the correction noted.

Moved: Vanessa Mills

Seconded: Tivisay Gonzalez

Motion: Passed

VII. Reports

▪ *Part A*

Carla Valle-Schwenk

Carla Valle-Schwenk reviewed Ryan White Program (RWP) expenditures and clients served to date. As of the November 2024 report, the RWP has served 8,772 unduplicated clients. Expenditures almost 45% of dollars allocated under Part A and almost 42% under Minority AIDS Initiative (MAI). The top three services used under Part A were Medical Case Management, Outpatient/Ambulatory Health Services, and Food Bank. Under MAI, the top three services were Medical Case Management, Outpatient/Ambulatory Health Services, and Medical Transportation. The last contract is in the final process and should be executed by next week. Aside from three site visits scheduled, all site visits for this year are done. Award and reduction letters for the sweeps have gone out. The estimated unspent and carry-over request have been submitted to HRSA. The RSR reports will be sent out next week with a return date mid-February. On February 10, there will be a Subrecipient Forum held. Program managers and decision makers should attend. The last cycle of funding for the RFP begins in March. A new RFP will be released in the next few months.

There are 2,831 clients enrolled in one of the 62 Affordable Care Act (ACA) plans paid for by the Ryan White Program for FY 2025, up from last year's total of 2,733. Open enrollment ends January 15, 2025.

Part B

Karen Poblete

Karen Poblete reviewed the Part B expenditure report for October 2024, which indicated 345 clients were served at a cost of \$130,130.93. The referral form to access Part B has been shared by the Part A program. Site visits were conducted in November with providers, there are no findings to report.

▪ *AIDS Drug Assistance Program (ADAP)*

Marlen Meizoso for Dr. Javier Romero

In Dr. Romero's absence, Mrs. Meizoso reviewed the ADAP report as of January 6, 2025, including enrollments, expenditures, prescriptions, premium payments, and program updates.

▪ *Vacancies*

Marlen Meizoso

Mrs. Meizoso reviewed the vacancy report for January 2025. Current vacancies reflect the roster changes of the revised ordinance. There are five opportunities for Ryan White Program clients and seven General Membership opportunities on the Partnership. There are also vacancies on the Committees and Subcommittee. On Care and Treatment, there are seven seats open. If attendees know of any additional candidates who may be interested in the work of any of the committees, please invite these persons to a committee meeting or training, or direct them to staff for further information.

VIII. Standing Business

- *2025 Capacity Survey Discussion* *All*

At the last meeting, the Committee approved the survey, but additional edits were needed, as indicated on the disclaimer at the top of the form. Staff presented some additional edits for clarity and uniformity. The Committee requested the following suggestions for the survey:

- On page 3, change wording on questions 9 and 10 to read “please indicate if you have”
- On page 4, question 14 add “medical” after core
- Add after question 13, new question “Do you have succession planning for your HIV medical providers?” with yes/no reply
- Delete partner notification section from question 17
- Add “Lack of HIV trained medical personnel” to question 25 and add “other” with a text box.

The changes will be brought back to ensure no additional clarifications or corrections are needed.

IX. New Business

- *Service Description Review: Medical Care Management and Outreach* *All*

The Committee reviewed the draft of the service description for Medical Case Management. Updates were made to dates, priority ranking, references, and a few areas which needed clarification. The Committee suggested the following additional edits:

- On page 53, add (MD, DO, APRN, PAs) since it is the first appearance and strike rest throughout the document
- On page 55, keep training language that is highlighted
- On page 57, strike (MD, DO, APRN, PAs)

Motion to accept the Medical Case Management service description with the changes indicated in the draft and noted above.

Moved: Dr. Diego Shmuels

Seconded: Maria Henriquez

Motion: Passed

The Committee reviewed the draft of the service description for the Outreach with updates to dates, priority ranking, and references. The Committee made the following additional edits:

- Check if Take Control Events are taking place
- Check if the Take Control Event code is being billed
- Change line on page 97 to “Ryan White Program-funded outreach providers shall cooperate with the FDOH-MDC’s Early Intervention Counseling and Testing initiatives.”
- Strike “MD, DO, APRN, PAs” on page 101

- Change “events” to “initiatives” as in “initiatives such as ‘Take Control Miami.’”
- Leave text highlighted on page 106.

Staff will make the edits and bring these back to the Committee.

▪ *2025 Officer Elections*

All

The Committee was reminded of the election memo in the meeting packets. There were two candidates interested in the officer positions, Dr. Steven Santiago for chair and Maria Henriquez for vice chair. Ms. Henriquez withdrew her nomination. The only other candidate who qualified as a Partnership member was Dr. Diego Shmuels. Dr. Shmuels agreed to serve as an officer. The Committee made motions for the officers.

Motion to select Dr. Steven Santiago as chair of the Care and Treatment Committee.

Moved: Vanessa Mills

Seconded: German Leiva

Motion: Passed

Motion to select Dr. Diego Shmuels as vice chair of the Care and Treatment Committee.

Moved: Vanessa Mills

Seconded: Tivisay Gonzalez

Motion: Passed

▪ *Passing of the Gavel*

All

With the conclusion of the elections, Dr. Trepka passed the gavel to Dr. Shmuels to lead the remainder of the meeting. She thanked the Committee for the opportunity to serve and the Committee thanked her for serving as Chair and a member for six years.

X. Announcements and Open Discussion

All

The next new member orientation is scheduled for January 15, 2025, via Microsoft Teams. In addition, for those interested in the Partnership, there is a special briefing on meeting items the week before the Partnership meeting, so the next “Report for Action!” briefing is scheduled for January 31, 2025.

There were no open discussion items.

XI. Next Meeting

Dr. Diego Shmuels

The next meeting is scheduled for Thursday, February 13, 2025, at Care Resource from 10:00 a.m. to 12:00 p.m.

XII. Adjournment

Dr. Diego Shmuels

With business concluded, Dr. Shmuels thanked everyone for participating in the meeting and adjourned the meeting at 11:22 a.m.



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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

December 2025

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
AIDS Pharmaceutical Assistance (LPAP/CPAP)	3	31	2	5
Health Insurance Premium and Cost Sharing Assistance	95	3,699	91	1,596
Medical Case Management	8,598	89,395	4,641	8,642
Mental Health Services	20	543	13	103
Oral Health Care	734	8,660	527	2,646
Outpatient Ambulatory Health Services	2,247	25,540	1,276	4,260
Substance Abuse Outpatient Care	2	27	1	8
Support Services				
Food Bank/Home Delivered Meals	1,375	11,085	327	832
Medical Transportation	133	6,169	124	893
Other Professional Services	32	349	13	75
Outreach Services	41	367	17	231
Substance Abuse Services (residential)	606	5,535	25	77
TOTALS:	13,886	151,400		

Total unduplicated clients (month):

5,390

Total unduplicated clients (YTD):

9,094

See Service Unit
Definitions on page 4

Page 1 of 4

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

December 2025

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Service Units

Unduplicated Client Count

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)

Monthly Year-to-date Monthly Year-to-date

3 31 2 5

95 3,699 91 1,596

7,761 78,002 **4,280** 8,314

20 515 13 84

734 8,660 **527** 2,646

2,167 23,059 **1,226** 4,080

2 27 1 8

1,375 11,085 327 832

113 5,998 106 865

32 349 13 75

40 338 16 210

606 5,535 25 77

TOTALS: 12,948 137,298

Total unduplicated clients (month):

5,096

Total unduplicated clients (YTD):

8,957

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

December 2025

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Service Units

Unduplicated Client Count

Core Medical Services

Medical Case Management

Mental Health Services

Outpatient Ambulatory Health Services

Support Services

Medical Transportation

Outreach Services

Monthly

Year-to-date

Monthly

Year-to-date

837

11,393

476

1,060

0

28

0

19

80

2,481

53

645

20

171

18

35

1

29

1

21

TOTALS:

938

14,102

Total unduplicated clients (month):

505

Total unduplicated clients (YTD):

1,433

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

PART A

This report includes YTD paid reimbursements for FY 2024 Part A service months up to December 2024, as of 1/28/2025. This report reflects reimbursement requests that were due by 1/20/2025, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$5,860,397.57. All contracts have been executed.

Project #: BURW3403	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,389,150.00	FORMULA	
Grant Award Amount FY22 Formula	2,353.00	PY_FORMULA	
Grant Award Amount Supplemental	6,799,165.00	SUPPLEMENTAL	FY 2024 Award
Grant Award Amount FY22 Supplemental	1,620,086.00	PY_SUPPLEMENTAL	<u>\$24,810,754</u>
Carryover Award of FY'23 Formula Funds	795,210.00	CARRYOVER	
Total Award	\$ 25,605,964.00		

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

DIRECT SERVICES TOTAL:	\$ 22,524,889.00	
Total Core Allocation	18,582,437.00	
Target at least 80% core service allocation	17,383,743.20	
Current Difference (Short) / Over	\$ 1,198,693.80	
Recipient Admin. (GC, GTL, BSR Staff)	\$ 2,478,819.00	
Quality Management	\$ 602,256.00	3,081,075.00
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ -	\$ -
		25,605,964.00

Core medical % against Total Direct Service Allocation (Not including C/O):	85.52%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	2.43%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include C/O):	9.99%	Within Limit
Cannot be over 10%		

CURRENT CONTRACT EXPENDITURES			
	Expenditures	Carryover (C/O) Expenditures	
DIRECT SERVICES:			
Core Medical Services			
5606970000	AIDS Pharmaceutical Assistance	1,280.24	
5606920000	Health Insurance Services	167,434.66	
5606870000	Medical Case Management	3,269,774.30	
5606860000	Mental Health Therapy/Counseling	41,210.00	
5606900000	Oral Health Care	1,897,529.00	
5606610000	Outpatient/Ambulatory Health Svcs	4,659,264.40	
5606910000	Substance Abuse - Outpatient	1,290.00	
CORE Services Totals:		10,037,782.60	
Support Services			
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	529,492.20	0.00
5606460000	Medical Transportation	79,711.34	
5606890000	Other Professional Services	31,401.00	
5606950000	Outreach Services	72,512.84	
5606930000	Substance Abuse - Residential	1,372,500.00	
SUPPORT Services Totals:		2,085,617.38	0.00
FY 2024 Award (not including C/O)		12,123,399.98	

TOTAL EXPENDITURES DIRECT SVCS & % :	\$ 12,123,399.98	53.82%
Formula Expenditure %	76.66%	
5606710000	Recipient Administration	1,520,846.83
5606880000	Quality Management	500,000.00
		2,020,846.83
Grant Unexpended Balance	FY 2023 Award	Carryover
	10,666,507.19	795,210.00
		11,461,717.19
Total Grant Expenditures & %	\$ 14,144,246.81	55.24%

Core medical % against Total Direct Service Expenditures (Not including C/O):	82.80%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	2.02%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include C/O):	6.13%	Within Limit
Cannot be over 10%		

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 December 2024, as of 1/28/2025. This report reflects reimbursement requests that were due by 1/20/2025, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$168,435.29.

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

Priority Order

CONTRACT ALLOCATIONS

DIRECT SERVICES:		Allocations	Carryover (C/O) Allocations	
Core Medical Services				
	AIDS Pharmaceutical Assistance			
	Health Insurance Services			
1	Medical Case Management	350,102.00	661,318.00	1,011,420.00
3	Mental Health Therapy/Counseling	18,960.00		
	Oral Health Care			
2	Outpatient/Ambulatory Health Svcs	1,024,748.00	712,385.00	1,737,133.00
6	Substance Abuse - Outpatient	8,058.00		
CORE Services Totals:		1,401,868.00	1,373,703.00	
Support Services				
5	Emergency Financial Assistance	0.00		
	Food Bank			
13	Medical Transportation	7,628.00	8,300.00	15,928.00
	Other Professional Services			
7	Outreach Services	39,816.00		
	Substance Abuse - Residential			
SUPPORT Services Totals:		47,444.00	8,300.00	
FY 2024 Award (not including C/O)		1,449,312.00		
FY 2024 Carryover Award			1,382,003.00	
DIRECT SERVICES TOTAL:		\$ 2,831,315.00		

Total Core Allocation	1,401,868.00
Target at least 80% core service allocation	1,166,089.60
Current Difference (Short) / Over	\$ 235,778.40
Recipient Admin. (OMB-GC)	\$ 260,057.00
Quality Management	\$ 100,000.00
(+) Unobligated Funds / (-) Over Obligated:	
Unobligated Funds (MAI)	\$ 791,203.00
Unobligated Funds (Carry Over)	\$ 92,767.00

Core medical % against Total Direct Service Allocation (Not including C/O):	96.73%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	3.85%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include C/O):	10.00%	Within Limit
Cannot be over 10%		

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:		Expenditures	Carryover (C/O) Expenditures	
Account	Core Medical Services			
5606970000	AIDS Pharmaceutical Assistance			
5606920000	Health Insurance Services			
5606870000	Medical Case Management	347,707.30	282,650.95	630,358.25
5606860000	Mental Health Therapy/Counseling	1,592.50		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	363,727.84	276,843.37	640,571.21
5606910000	Substance Abuse - Outpatient	0.00		
CORE Services Totals:		713,027.64	559,494.32	
Account	Support Services			
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank			
5606460000	Medical Transportation	6,881.69	199.14	7,080.83
5606890000	Other Professional Services			
5606950000	Outreach Services	16,590.00		
5606930000	Substance Abuse - Residential			
SUPPORT Services Totals:		23,471.69	199.14	
FY 2024 Award (not including C/O)		736,499.33		

TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 1,296,192.79	45.78%
5606710000	Recipient Administration	82,425.03	
5606880000	Quality Management	83,333.30	165,758.33
Grant Unexpended Balance		FY 2024 Award	Carryover
		1,698,314.34	915,275.68
		2,613,590.02	
Total Grant Expenditures & % (Including C/O):		\$ 1,461,951.12	35.87%

Core medical % against Total Direct Service Expenditures (Not including C/O):	96.79%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	3.20%	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, February 13, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|---------------------|
| I. | Call to Order | Dr. Steven Santiago |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 9, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B , ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • February Draft: 2025 Capacity Survey | All |
| | • Service Description Review: Outreach | All |
| X. | New Business | |
| | • RWP FY 2024 Client Satisfaction Summary of Findings | Dr. Robert Ladner |
| | • Annual Source of Income Forms | Marlen Meizoso |
| XI. | Announcements and Open Discussion | All |
| | • Get on Board March 5, 2025 | |
| XII. | Next Meeting: March 13, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

Please turn off or mute cellular devices – Thank you

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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
 Area Name: AREA 11A
 Month: November
 Year: 2024-2025



Report generated on: 02/04/2025

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	November	0	0	\$125,294.00	\$14,762.62	\$93,102.70	74%
Medical Case Management (including treatment adherence)	November	53	7,905	\$111,527.00	\$9,090.75	\$85,370.25	77%
Mental Health Services - Outpatient	November	16	55	\$25,000.00	\$1,787.50	\$19,597.50	78%
Emergency Financial Assistance	November	93	123	\$912,456.00	\$22,279.25	\$351,453.51	39%
Non-Medical Case Management Services	November	21	21	\$184,024.00	\$14,277.63	\$71,084.10	39%
Referral for Health Care/Supportive Services	November	207	207	\$203,006.00	\$14,968.93	\$102,690.44	51%
Clinical Quality Management	November	0	0	\$82,071.00	\$1,295.85	\$12,452.58	15%
Planning and Evaluation	November	0	0	\$36,471.00	\$1,295.85	\$12,452.58	34%
Totals		390	8311	\$1,679,849.00	\$79,758.38	\$748,203.66	

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

ADVANCE(S) INFORMATION:

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

Total Contract Amount	\$1,679,849.00
Minus Expended Y-T-D	\$748,203.66
Minus UNPAID Advances	\$0.00
Balance To Draw	\$931,645.34

Total Expenditures this period:	\$79,758.38
Less Advance Payback this period:	\$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$79,758.38

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

FEBRUARY 3, 2025

ADAP MIAMI-DADE / SUMMARY REPORT ^ – JANUARY 2025

UTILIZATION & EXPENDITURES

MONTH	1 ST ENROLLMENTS	RE-ENROLLMENTS	CLIENTS ^{^^}	CHD PHARMACY \$	RXS	PATIENTS	RX/PT	PAYMENTS	#PREMIUMS	~\$ / PREMIUM
APR-24	93	763	7,182	\$1,299,197.75	1,574	759	2.1	\$4,760,132.82	2,869	\$1,659.16
MAY-24	99	660	7,358	\$1,348,852.85	2,632	781	3.4	\$4,661,276.34	2,804	\$1,662.37
JUN-24	75	305	7,365	\$1,224,156.67	2,319	672	3.5	\$4,735,158.01	2,855	\$1,658.55
JUL-24	86	268	7,414	\$1,281,998.16	2,551	762	3.3	\$4,743,763.59	2,867	\$1,654.61
AUG-24	72	199	7,495	\$1,297,441.51	2,592	744	3.5	\$4,715,538.90	2,854	\$1,652.26
SEP-24	47	211	7,373	\$1,328,957.85	2,666	760	3.5	\$4,696,503.85	2,856	\$1,644.43
OCT-24	70	384	7,414	\$1,268,167.89	2,617	713	3.7	\$4,678,577.74	2,838	\$1,648.55
NOV-24	66	527	7,593	\$1,089,868.82	2,184	635	3.4	\$4,605,650.34	2,797	\$1,646.64
DEC-24	61	835	7,688	\$1,435,602.25	2,900	786	3.7	\$4,569,896.77	2,778	\$1,645.03
JAN-25	99	781	7,659	\$1,327,091.08	2,637	749	3.5	\$5,203,613.10	2,975	\$1,749.11
FEB-25										
MAR-25										
FY24/25	770	4,933	7,659	\$12,901,334.78	24,565	7,361	3.3	\$47,370,111.46	28,493	\$1,662.52

PROGRAM UPDATE

- *02/03/25: BENEFIT LEVEL ^ 7,659 DIRECT DISPENSE 55 % 4182 - PREMIUM PLUS 45 % 3477 [ACA-MP, EMPLOYER SPONSORED INSURANCE, COBRA, M. PART-D] – [92 % W FLAGLER & 8 % WP]
- *02/03/25: CABENUVA ® 202 DIRECT DISPENSE 65 % 130 - PREMIUM PLUS 35 % 72
- *02/03/25: MEDICARE ELIGIBLE ^ 18 UNDER REVIEW THIS MONTH. – 62 CLIENTS WITHIN 7-MONTH WINDOW AROUND 65TH BIRTHDAY THIS MONTH.
- *02/03/25: MEDICARE 228 OPEN ENROLLMENT. ENDED DECEMBER 7TH. CHANGES TO MEDICARE PLANS.
- *02/03/25: ACA-MP ^ 2,907 OPEN ENROLLMENT. APPROVED PLANS FOR 2025 [62; 5 PLANS AVAILABLE TO 2024 CLIENTS]. ENDED JANUARY 15TH.

DATE: 02/03/25. - SOURCE: PROVIDE ENTERPRISE & PHARMACY SYSTEMS. - ^ ALL DATA SUBJECT TO REVIEW & EDITING. ^^ OPEN + ACTIVE PTS. - NOTE: EXPENDITURES NOT INCLUDED: UNINSURED CLIENTS FROM WP & PBM PHARMACIES.

DIRECT DISPENSE ACCESS

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

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

NEW: CARE RESOURCE PHARMACY, LARKIN HOSPITAL COMMUNITY PHARMACY

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

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





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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, February 13, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
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During the month of December a total of 357 unduplicated clients were served. Most of the medical case management & Outpatient services were provided under RW Part A. We continue to provide Home Health & Nursing Home care.

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

	December 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	3	7	10,500.32	389,088.27	1,644,600.00	1,727
Drug Pharmaceuticals	17	34	25,319.82	115,489.54	288,900.00	206
Early Intervention Services					63,206	
Oral Health	-	-	-	3,573.00	50,000.00	3
Home & Community Base Services				962.00	12,000.00	
Home Health Care				13,873.50	30,000.00	307
Mental Health Services	33	53	4,850.92	40,409.89	120,000.00	331
Nutrition Counseling		-		733.30	20,000.00	5
Medical Case Management	76	102	104,629.87	785,356.83	1,692,262.00	8,690
Substance Abuse Services	-	-	-	16,467.95	93,000.00	945
Food Bank/Home Delivered Meals	6	9	247.50	6,350.00	50,000.00	339
Non-Medical Case Management	178	179	29,717.52	223,023.64	630,735.00	700
Other Support Services / Emergency Fin. Assistance	1	1	3,712.23	47,484.54	192,000.00	20
Psychosocial Support Services	-	-	-	20,079.36	55,000.00	1,680
Transportation				9,050.68	82,250.00	178
Referral for Health Care / Supportive Services	37	122	35,621.47	222,133.10	420,820.00	939
Substance Abuse Residential	-	-	-	83,030.15	281,955.00	305
Residential Care - Adult	-	-	-	111,795.93	204,035.00	1,196
Nursing Home Care	6	142	35,563.00	285,021.13	470,000.00	1,043
Hospital Services						
	357	649	250,162.65	2,373,922.81	6,400,763.00	18,614



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, February 13, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|-----------------------|
| I. | Call to Order | Dr. Steven Santiago |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 9, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • February Draft: 2025 Capacity Survey | All |
| | • Service Description Review: Outreach | All |
| X. | New Business | |
| | • RWP FY 2024 Client Satisfaction Summary of Findings | Dr. Robert Ladner |
| | • Annual Source of Income Forms | Marlen Meizoso |
| XI. | Announcements and Open Discussion | All |
| | • Get on Board March 5, 2025 | |
| XII. | Next Meeting: March 13, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

Please turn off or mute cellular devices – Thank you

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

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



Membership Report

February 3, 2025

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for Ryan White Program Clients

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

Opportunities for General Membership

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

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

Are you a Member?

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

Do You Qualify for Membership?

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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

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

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



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



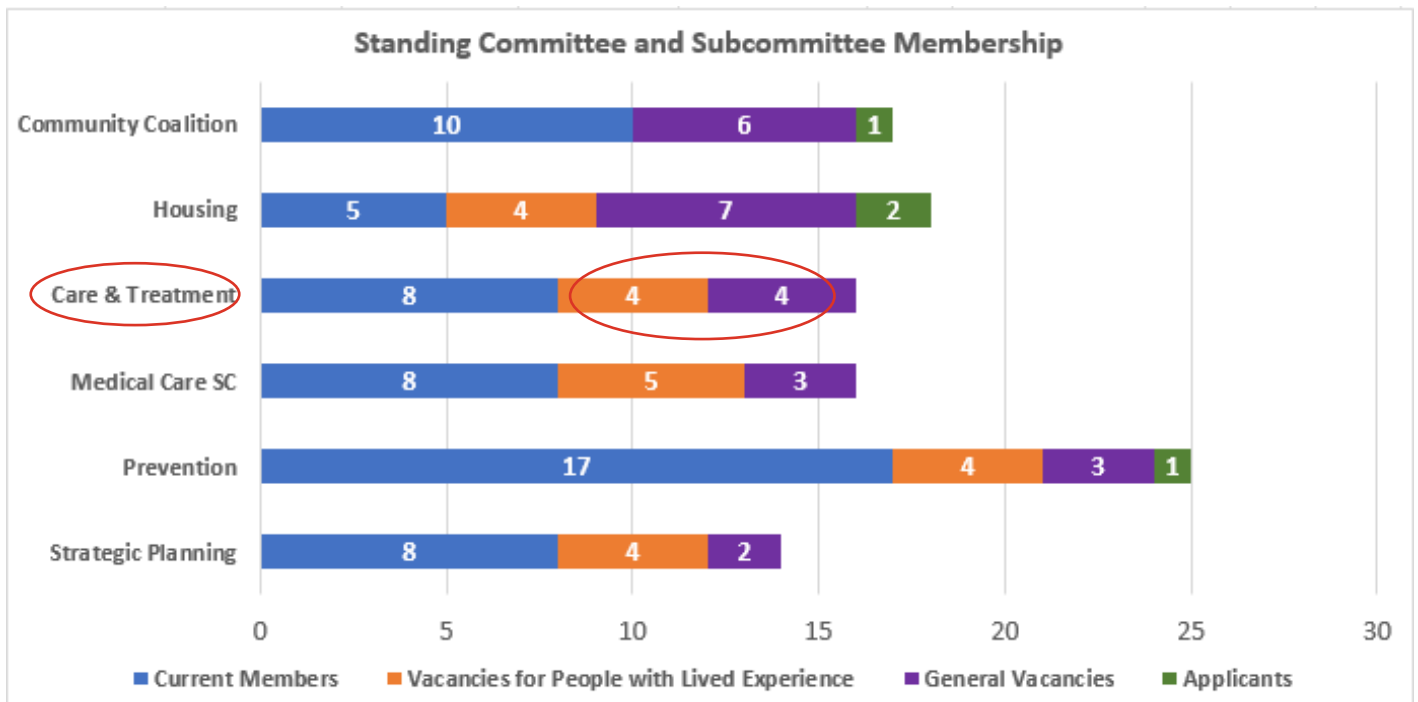


Committees

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

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

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





Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, February 13, 2025

10:00 a.m. – 12:00 p.m.

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

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**Medical Care Subcommittee
January 24, 2025 Meeting Report
to the Care and Treatment Committee
Presented February 13, 2025**

The Medical Care Subcommittee (MSCS):

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
 - Continued the review of the Minimum Primary Medical Care Standards.
 - Elected officers James Dougherty (chair) and Cristhian Ysea (vice chair) for a second-term.
 - Heard information on methadone access.
 - Reviewed the service descriptions for Oral Health Care.
 - Discussed updates to 2025 meeting activities.
-

Action Items

- Reviewed edits and approved the Oral Health Care Standards.
- 1. Motion to approve the Oral Health Care Standards with edits to licensed medical provider on page five.**
 - Reviewed edits and approved the service description for Substance Abuse (outpatient and residential).
 - 2. Motion to accept Substance Abuse Outpatient Care and Substance Abuse Service (Residential) service description as presented.**
-

Next Meeting

The next MCSC meeting is scheduled for February 28, 2025, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

All motions are subject to Partnership approval.

Miami-Dade County Ryan White Program Oral Health Care Standards

Standard 1: Oral health care providers shall ensure that all staff has sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population: initial orientation and training for new staff shall be provided and all staff shall participate in ongoing HIV/AIDS trainings.

	Standards of Care	Measure
Standard 1.1	All oral health care staff will possess appropriate licenses, credentials and expertise; experience working with HIV/AIDS clients is desirable.	<ul style="list-style-type: none"> • Copy of current license for each staff person, with provider number, as required by Florida law: copies of current required operational licenses as required by Florida law. • Documentation of work experience (letters of recommendation, work references, etc.)
Standard 1.2	Policies and procedures.	Written policies and procedures manuals.
Standard 1.3	Newly hired staff will receive orientation within one month of hire, including training on Ryan White Program eligibility and service requirements.	Documentation of completed orientation on file including documentation of training on Ryan White Program eligibility and service requirements.
Standard 1.4	Ongoing annual HIV/AIDS staff training.	Documentation of all completed annual trainings on file.

Standard 2: Clients receiving services meet Ryan White Program eligibility requirements and are informed of their rights per Ryan White Program standards.

	Standard	Measure
Standard 2.1	Ryan White Program client eligibility screening and demographics present.	<ul style="list-style-type: none"> • Proof of HIV status, financial eligibility, permanent residency in Miami-Dade County OR • Current Ryan White Program Referral. • Demographics include at a minimum: address, phone number, emergency information, age, race/ethnicity and gender.

Miami-Dade County Ryan White Program

Oral Health Care Standards

Standard 2.2	Ryan White Program required documents present, signed, and dated.	<ul style="list-style-type: none"> Signed and dated <i>Ryan White Consent form in the data management information system</i>) OR current Ryan White Program In Network Referral Documentation that <i>Outreach Consent/Miami-Dade County Notice of Privacy Practices and Composite Consent</i> were provided.
Standard 2.3	General Consent for Treatment	Signed general consent for treatment present.

Standard 3: All clients shall have a completed initial medical history with updates as appropriate; medical conditions and allergies are noted; an oral health history is taken.

	Standard	Measure
Standard 3.1	Initial Comprehensive Medical History	<ul style="list-style-type: none"> There is an initial comprehensive medical history including medications and conditions affecting diagnosis and management of oral health care. The initial comprehensive medical history is signed and dated by the client and dentist.
Standard 3.2	Medical History is updated at least once a year. ^a	Medical history is updated every 6 months or at the next appointment after six months.
Standard 3.3.	Medical conditions and allergies are noted.	<ul style="list-style-type: none"> Medical conditions and/or medications requiring an alert are flagged. Allergies/ no known allergies (NKA) are noted.
Standard 3.4	An oral health history is taken and updated at least once a year. ^a	Oral health history is taken that includes problems with or reactions to anesthesia, specific or chief complaints (if any), problems with previous treatment (if any).

Miami-Dade County Ryan White Program

Oral Health Care Standards

Standard 4: Documentation across providers shall reflect, at a minimum, services provided including procedure codes, treatment plans, examinations, charting grids, informed consents, refusal of treatment, and periodontal maintenance.

	Standard	Measure
Standard 4.1	Treatment assessment and planning developed and/or updated at least once a year. ^a	<p>Completed treatment plan is in the progress notes OR a treatment plan form is completed.*</p> <p><i>*If clients access oral health services for episodic care only, documentation in treatment notes will reflect clients were advised to return for examination and a treatment planning appointment. If client does not present for this appointment, documentation in client's chart of advice to return for planning may serve as treatment plan.</i></p>
Standard 4.2	Documentation reflects services provided.	<p>Documentation, at a minimum, includes:</p> <ul style="list-style-type: none"> • Date of service • Tooth number, if appropriate • Service description • Procedure code billed • Anesthetic used including strength and quantity • Materials used, if any • Prescriptions or medications dispensed, including name of drug, quantity, and dosage • Education provided • Signature and title

Miami-Dade County Ryan White Program

Oral Health Care Standards

<p>Standard 4.3</p>	<p>A comprehensive examination is provided*at least annually.</p> <p>*Not applicable for episodic care, follow up, or problem-focused examinations.</p> <p style="text-align: center;">OR</p> <p>A problem-focused oral examination is performed.</p>	<p>Comprehensive Examination includes:</p> <ul style="list-style-type: none"> • Cavity charting • Complete periodontal exam or periodontal screening record • Documentation of restorations & prosthesis • Full mouth radiographs, as clinically indicated • Pre-existent conditions • Disease presence • Structural anomalies • Oral hygiene instruction • Prescriptions or medications dispensed including name of drug, quantity, and dosage • Education provided <p>Problem-focused examination includes:</p> <ul style="list-style-type: none"> • Chief complaint is documented • Problem-focused evaluation is performed • Prescriptions or medication dispensed include name of drug, quantity, and dosage • Radiographs as necessary • Specific oral treatment plan • Education provided • Return for further evaluation documented
<p>Standard 4.4</p>	<p>Charting grids are completed as appropriate.</p>	<p>Charting of the examination findings/treatment is completed in the appropriate tooth grids.</p>
<p>Standard 4.5</p>	<p>Informed specific consents are present for each oral surgery procedure.</p>	<p>A signed, informed, specific consent is present for all oral surgery procedures that includes the risks, benefits, alternatives, and consequences of not having the procedure.</p>

Miami-Dade County Ryan White Program

Oral Health Care Standards

Standard 4.6	Refusal of treatments/radiographs is documented.	<ul style="list-style-type: none"> Client refusal for treatment/radiograph is documented (form or in progress note) with dentist (DDS) licensed dental provider signature, client signature or initials and date; signature and date of witness are present. Reason for DDS licensed dental provider refusal to perform a requested treatment is documented; signature and date of witness are present.
Standard 4.7	Periodontal screening or examination is done at least once a year. ^a	Charting of the examination findings/treatment is documented in the client record.
Standard 4.8	<p>Periodontal maintenance is regularly performed.*</p> <p>*Not applicable for clients who are “No shows” AND “No show” is documented; not applicable for episodic care.</p>	Periodontal maintenance is performed according to the treatment plan or at the next appointment, if later than six months.
Standard 4.9	Oral health education offered at least once a year. ^a	Education documented in the client record.

Standard 5: Client care and referrals shall be coordinated with other care providers, as appropriate.

	Standard	Measure
Standard 5.1	<p>Treatment provided for oral opportunistic infection (when indicated) is coordinated with client PCP.*</p> <p>*Not applicable if no oral opportunistic infection (OI) Dx/treatment documented.</p>	Documentation reflects treatment provided for oral OI and coordination with PCP.
Standard 5.2	<p>Referral and coordination of care.*</p> <p>*Not applicable if no condition documented and no referral made.</p> <p>Tobacco use and referral.*</p> <p>*NA for clients not using tobacco products.</p> <p>Nutritional problems and referral.*</p> <p>*Not applicable when no indication of nutritional problems.</p>	<ul style="list-style-type: none"> Documentation in client record of the condition and referral to a specific specialty or ancillary service provider. Documentation of heavy tobacco use and referral to a tobacco counseling program. Documentation of nutritional problems and referral to a nutritionist for nutritional counseling.

Miami-Dade County Ryan White Program Oral Health Care Standards

Standard 6: Clients shall receive education in preventive oral health practices; tobacco, and nutritional counseling as appropriate.

	Standard	Measure
Standard 6.1	<p>Education will be provided in preventive oral health practices¹ including hygiene, nutritional education² as related to oral health care and education, as appropriate, concerning tobacco use³.</p> <p>¹Not applicable for episodic care.</p> <p>²Not applicable for episodic care.</p> <p>³Not applicable if no indication of tobacco use; not applicable for episodic care.</p>	<ul style="list-style-type: none"> • Documentation of education in preventive oral health practices including hygiene is provided every six months or at next appointment if later than six months. • Documentation of nutritional education as related to oral health. • Documentation of education, as appropriate, concerning tobacco use.

^a Reflects Health Resources and Services Administration (HRSA) HIV/AIDS Bureau Core Performance Measures for Oral Health Care

**SUBSTANCE ABUSE OUTPATIENT CARE
AND
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)**

(Year 3~~45~~ Service Priorities: #8 for outpatient Part A and #6~~5~~ for MAI; and #7~~11~~ for Part A residential only)

Two types of substance abuse counseling and treatment services are included in this section: Outpatient and Residential. **Substance Abuse Outpatient Care** is a core medical service. **Substance Abuse Services (Residential)** is a support service. Both of these substance abuse service components shall comply with the following requirements:

- A. Program Operation Requirements:** Providers are encouraged to provide services that are highly accessible to target populations.

Providers are also encouraged to demonstrate linkages with other service providers relevant to the needs of people with HIV in substance abuse treatment programs. Providers should especially demonstrate linkages with other services relevant to the needs of people in substance abuse treatment programs including housing and shelter programs.

Service must be provided in settings that foster the client's sense of self-determination, dignity, responsibility for own actions, relief of anxiety, and peer support.

Providers are encouraged to offer program services to families to support the family unit. However, substance abuse services may be provided to members of a client's family in an outpatient setting only (i.e., non-HIV family members may not stay in the residential facility), and only if the program-eligible individual served (client) is also being served. A family member's participation in the substance abuse counseling sessions is included in the per day cost charged to the Ryan White Program (See Section II.A. of this service definition on the following page for details). **IMPORTANT NOTE:** *For the purpose of this service, family members are defined as those individuals living in the same household as the client.*

Individual treatment plans must be documented in the client's chart and linked to the provision of primary medical care.

Providers must ensure that clients adhere to their treatment plan, including prescription drug regimens.

Providers of substance abuse services must offer flexible schedules that accommodate the client's nutritional needs in order to facilitate client compliance with medication regimens.

Providers are encouraged to practice and incorporate motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate.

A residential substance abuse episode is not a pre-requisite to access Substance Abuse Outpatient Care. However, clients stepping down from or completing Substance Abuse Services (Residential) are encouraged to transition to Substance Abuse Outpatient Care. Furthermore, providers shall attempt a warm hand off to Substance Abuse Outpatient Care, where appropriate.;

I. Substance Abuse Outpatient Care

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. This service includes medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a Licensed Medical Provider or under the supervision of a Physician, or by other qualified personnel as indicated below. This program provides regular, ongoing substance abuse monitoring and counseling on an individual and/or group basis in a state-licensed outpatient setting.

Services include screening, assessment, diagnosis and/or treatment of substance use disorder. Allowable substance use disorder treatments include: pre-treatment/recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorders; outpatient drug-free treatment and counseling; medication assisted therapy; psychopharmaceutical interventions; substance abuse education; and relapse prevention. Services may also include mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; conflict resolution; anger management; and relapse prevention. All clients receiving this service must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis of substance use disorder.

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, it is included in a documented plan. Acupuncture therapy must be provided by an acupuncturist who is licensed in the State of Florida to provide such service.

Providers of this service must specify the maximum number of clients expected to be enrolled in a group counseling session. The minimum amount of group participants is three (3) Ryan White Program clients per group and should be no higher than fifteen (15) total persons per group. The ratio of group counseling

participants to Counselors should be no lower than 3:1 and no higher than 15:1. One unit is equal to one half-hour counseling session.

Substance Abuse Outpatient Care levels are specific to the education level of

the provider of the service, as indicated below, and are not interchangeable:

- **Substance Abuse Outpatient Care (Level I) - Professional Substance Abuse Counseling.** Level I services include *general and intensive* substance abuse therapy and counseling (individual, family, and group) provided by trained mental health or certified addiction professionals. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Direct service providers for Level I must possess at least a *doctorate or postgraduate degree* (PhD or Master's degree) in the appropriate counseling-related field, and preferably be licensed as a *certified addiction professional* (CAP), Licensed Clinical Psychologist, LCSW, LMHC, or LMFT to provide such services.
- **Substance Abuse Outpatient Care (Level II) - Counseling and Support Services.** Level II services include supportive and crisis substance abuse counseling by trained and supervised Counselors (who may possess Bachelor's degrees or have related experience, and may not be licensed), peers, and facilitators. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Non-certified personnel providing this Level II service will be supervised by professionals with appropriate Level I substance abuse counseling credentials.
- **Tele-substance abuse outpatient care 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: Providers of these services will also be required to adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. (Please refer to Section III of this FY 2024~~5~~ Service Delivery Manual for details, as may be amended.)

C. Rules for Reimbursement: Reimbursement for individual and group Substance Abuse Outpatient Care will be based on half-hour counseling sessions (i.e., 1 unit) not to exceed \$30.00 per unit for Level I individual counseling; \$34.00 per unit for Level I group counseling; \$27.00 per unit for Level II individual counseling; and \$30.00 per unit for Level II group counseling. Reimbursement for individual sessions is calculated for each client and/or family member(s) receiving the counseling, whereas, reimbursement for group sessions is calculated for the Counselor that provided the group counseling. Documentation activities are

included in the Substance Abuse Outpatient_

Care unit of service and are not to be billed as a separate encounter. Substance Abuse Outpatient Care may be provided to members of a client’s family in an outpatient setting if the program-eligible person with HIV (client) is also being served. The client must be currently receiving such services; and preferably, but not necessarily, the family member may be served on the same day as the client.

Tele-substance abuse outpatient care services are reimbursed as follows:

New Code	Description	Flat rate Reimbursement
THSAC1	Tele-Substance Abuse Outpatient Care provided by a Level I provider (individual client only)	\$30.00 per 30-minute session
THSAC2	Tele-Substance Abuse Outpatient Care provided by a Level II provider (individual client only)	\$27.00 per 30-minute session

D. Additional Rules for Reporting: The unit of service for reporting monthly activity of individual and group counseling is a *one half-hour counseling session* provided to the client and the number of unduplicated clients served. Providers must also report, on a monthly basis, the number of group counseling units provided by each Counselor.

E. Linkage/Referrals: Providers of Substance Abuse Outpatient Care must document the client’s progress through the treatment program, maintain linkages with one or more residential facilities, appropriate community services, including 12-step programs, and be able to refer or place clients in a residential program, in collaboration with the client, Medical Case Manager, and Licensed Primary Care Provider when that is found to be appropriate. Providers are required to determine if the client is currently receiving Medical Case Management services; if not, the provider must seek enrollment of the client in a Medical Case Management program of the client’s choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the Medical Case Management provider must be established in order to ensure coordination of services while the client remains in treatment.

IMPORTANT NOTE: referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

F. **Additional Rules for Documentation:** Providers must submit an assurance to OMB that Substance Abuse Outpatient Care services are only provided in an outpatient setting. Providers must maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Providers must also submit to OMB a copy of the staffing structure showing supervision by a Licensed Medical Provider or other qualified personnel. Providers must also maintain client charts that include treatment plans with all required elements, including but not limited to measurable goals and timelines for completion. Documentation in the client chart must also clearly indicate that services were provided as allowable under the local Ryan White Program service definition, and include the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

II. **Substance Abuse Services (Residential)**

This program offers substance abuse, including alcohol addiction and/or addiction to legal and illegal drugs, treatment and counseling, including HIV specific counseling, to program-eligible people with HIV (clients) on a short-term basis. Medication-Assisted Treatment (MAT) is also covered as part of the residential treatment services. **Substance Abuse Services (Residential)** provides room and board, in a secure, drug-free, state-licensed residential (non-hospital) substance abuse treatment facility, and, when necessary, detoxification. Detoxification services are allowable, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital). HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting unless the detoxification facility has a separate license. Proof of the separate license is required for detoxification services.

In accordance with HRSA Policy Clarification Notice #16-02, Substance Abuse Services (Residential), as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, are permitted **only** when the client has received a written referral from a clinical provider. In Miami-Dade County's Ryan White Part A/MAI Program, this requirement shall be met if the client is accessing the service based on a Ryan White Program In Network Service Referral or Out of Network Referral as a result of a comprehensive health assessment conducted by a Medical Case Manager or other case manager or in response to a court-ordered directive to a residential treatment program. Upon arrival at the residential treatment center and PRIOR TO final enrollment in the treatment program, an assessment MUST be conducted by the residential clinical staff (e.g., Medical Director, Psychologist, Licensed Therapist, etc.) as appropriate using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) assessment

tool (e.g., ASAM Criteria®, a Level of Care determination tool) for diagnosis of a substance use disorder or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) tools. Services will then be provided by or under the supervision of a Licensed Medical Provider or by other qualified personnel with appropriate and valid licensure and certification as required by the State of Florida.

If the client is participating in a residential treatment program, the client's family member may visit the facility and participate in the counseling sessions, but the family member may not physically live in the residential facility with the client during the treatment process. As a reminder, a family member's participation in the substance abuse counseling sessions is included in the per day cost charged to the Ryan White Program (See Section II.B. of this service definition on the following page for details).

Residential treatment programs shall comply with the following requirements:

- B. Rules for Reimbursement:** The unit of service for reimbursement of Substance Abuse Services (Residential) is a *client-day* of care up to a maximum amount of \$250.00 per day. The final, maximum rate is negotiated between the County's Office of Management and Budget-Grants Coordination division and each funded subrecipient. **Under normal circumstances clients may not be enrolled in any Ryan White Program-funded Substance Abuse Services (Residential) program for longer than 180 calendar days within a twelve-month period. Twelve months begins on the very first day of a client's residential treatment and restarts every 12 months based on that original start date for Ryan White Program-funded residential substance abuse treatment services. No exceptions, unless approved by the Miami-Dade County Office of Management and Budget for extreme circumstances (e.g., public health emergencies such as COVID-19 or extreme weather events such as hurricanes). Override requests may be considered on a case-by-case basis and would be approved or denied at the discretion of Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program (OMB-GC/RWP) management. Please contact the OMB-GC/RWP office for pre-approval prior to extending residential care past the 180-day cap. The length of stay for existing clients will be closely monitored by the County's OMB/Ryan White Program.**

Residential substance abuse treatment providers are strongly encouraged to check the Provide® Enterprise Miami data management system order to determine how many days of residential treatment service have already been billed for the client, and how many days are remaining in the client's 180-day/12-month period. In addition, providers should call or email the client's previous Substance Abuse Services (Residential) provider, if applicable, to inquire if any services are pending to be entered or compiled in the Provide Enterprise® Miami data management system. This will affect the actual number of available days versus those that appear in the Provide® Enterprise Miami data management system.

C. **Additional Rules for Reporting:** Monthly activity reporting (i.e., reimbursement requests) for Substance Abuse Services (Residential) is per *client-day* of care and number of unduplicated clients served. Providers will indicate in the Provide® Enterprise Miami data management system the client’s disposition after Substance Abuse Services (Residential) has ended (e.g., treatment completed, client referred to outpatient substance abuse counseling, client withdrew from treatment, etc.). This process is facilitated by the review and managing of the “RSA Disenrollment Report” available in the Provide® Enterprise Miami data management system. Service providers are required to print this report on a monthly basis and disenroll clients who are no longer in active care. Once all residential treatment disenrollments for the month are completed, a final “RSA Disenrollment Report” must be printed and uploaded along with the monthly reimbursement request that is uploaded in the Provide® Enterprise Miami data management system.

D. **Linkage/Referrals:** Providers of Substance Abuse Services (Residential) must document the client’s progress through the treatment program, maintain linkages with one or more outpatient facilities and appropriate community services, including 12-step programs, and be able to refer or place clients in an outpatient program, in collaboration with the client, Medical Case Manager, and the Licensed Primary Care Provider when that is found to be appropriate. Providers are required to determine if the client is currently receiving Medical Case Management services; if not, the provider must seek enrollment of the client in a Medical Case Management program of the client’s choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the Medical Case Management provider must be established in order to ensure coordination of services while the client remains in treatment. **A client’s Ryan White Program- funded Medical Case Manager will receive an automated “pop-up” notification through the Provide® Enterprise Miami data management system upon the client’s discontinuance or release from, completion of, and/or relapse in residential substance abuse treatment.**

IMPORTANT NOTE: referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

E. **Special Client Eligibility Criteria:** A Ryan White Program In Network Service Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service. Clients receiving Ryan White Program Part A or MAI-funded Substance Abuse Services (Residential) must be documented as having gross household incomes below 400% of the 2024~~5~~ Federal Poverty Level (FPL).

F. **Additional Rules for Documentation:** Providers must also maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program

clients and must make these documents available to OMB staff or authorized persons upon request. Providers must submit to OMB a copy of the staffing structure showing supervision by a Licensed Medical Provider or other qualified personnel, and an assurance that all services are provided in a short-term residential setting. Providers must also maintain client charts that include individual treatment plans with all required elements and document that services were provided as allowable under the Ryan White Program service definition, the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

III. Additional Standards and Guidelines

Guidelines: Outpatient and residential substance abuse treatment and counseling providers will adhere to generally accepted clinical guidelines for substance abuse treatment of people with HIV. The following are examples of such guidelines:

- American Society of Addiction Medicine. *The ASAM Principles of Addiction Medicine*, ~~Seventh~~^{sixth} Edition; ~~November 2, 2014~~^{April 8, 2024}. Available at: <https://www.asam.org/publications-resources/textbooks> Accessed 10/19/2024.
- American Society of Addiction Medicine (ASAM). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. Fourth Edition. Available at: <https://www.asam.org/publications-resources/textbooks> Accessed 10/19/2024.
- American Society of Addiction Medicine. Current and archived public policy statements related to the treatment of substance use disorder. Available at: <https://www.asam.org/advocacy/public-policy-statements> Accessed 10/25/2024.
- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.

- Rules governing the provision of substance abuse treatment services consistent with the regulations promulgated by the State of Florida's Alcohol Prevention and Treatment (APT) and Drug Abuse Treatment and Prevention (DATAP) programs, as may be amended.
- Rules governing the provision of residential and outpatient substance abuse treatment services with regards to licensure and regulatory standards that are consistent with the administrative regulations promulgated in Chapter 65D-30, Substance Abuse Services Office, of the Florida Administrative Code under the State of Florida Department of Children and Families, as may be amended.

IV. Best Practices Compilation Search provides interventions that improved outcomes:

<https://targethiv.org/bestpractices/search?keywords=substance%20abuse&page=1>



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, February 13, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|---------------------|
| I. | Call to Order | Dr. Steven Santiago |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 9, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • February Draft: 2025 Capacity Survey | All |
| | • Service Description Review: Outreach | All |
| X. | New Business | |
| | • RWP FY 2024 Client Satisfaction Summary of Findings | Dr. Robert Ladner |
| | • Annual Source of Income Forms | Marlen Meizoso |
| XI. | Announcements and Open Discussion | All |
| | • Get on Board March 5, 2025 | |
| XII. | Next Meeting: March 13, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

Please turn off or mute cellular devices – Thank you

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

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

Purpose

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

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

Organizational Information

* 1. Location

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

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

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

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

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

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

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

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

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

Capacity

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

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

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

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

9. Please check (all that apply) if you have any peers (people with HIV) at your organization?

- Who are paid
- Who are volunteers

10. Please check (all that apply) if you have any of the following at your organization?

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

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

* 14. Do you have succession planning for your HIV medical providers?

- Yes
- No
- Don't know

Services Provided

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

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

help clients with health insurance premium coverage and copay assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home and Community-Based Health Care: Skilled health services and personal care provided in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Care Services: Professional nursing care provided in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing: Short-term housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Services: End-of-life care and support for those in the last stages of their illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linguistic Services: Assistance with language translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Case Management: Helping individuals access Ryan White programs and navigate the systems of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Nutrition Therapy: Nutritional counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Transportation: Transportation by bus or other means to help clients with medical/social service appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services: Mental health treatment and counseling services offered in individual or group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Medical Case Management: Eligibility and service access assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Health Care: Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Professional Services (Legal Services and Permanency Planning): Non-criminal legal advice and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

permanency planning			
Outpatient/Ambulatory Health Services: Treatment by a licensed medical provider, lab tests, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach: Efforts to retain clients with HIV in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial Support: Support groups, therapy, and counseling for clients with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral for Health Care and Support Services: Referral assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation Services: Home-based rehabilitation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care: Short-term relief for persons caring for people with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Services (Outpatient): Professional counseling to address alcohol or drug abuse and addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse (Residential): Residential substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

18. Prevention Services

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

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

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

Referrals for Clients with HIV

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

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

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

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

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

Barriers Assessments

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

Select all that apply.

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

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

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

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

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

- Yes
- No

29. If your organization has a waitlist,

For what services?

How long do clients typically stay on the waitlist?

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

* 31. Email address of person completing this survey

32. Job title of person completing this survey

Thank you for completing the survey!

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

DRAFT



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, February 13, 2025

10:00 a.m. – 12:00 p.m.

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

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| VI. | Review/Approve Minutes of January 9, 2025 | All |
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| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
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Please turn off or mute cellular devices – Thank you

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

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

OUTREACH SERVICES

(Year 345 Service Priorities: #143 for Part A and #74 for MAI)

I. Definition and Purposes of Outreach Services

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

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

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

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

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

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

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

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

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

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

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

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

A. Newly Diagnosed or Never in Care Person with HIV

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

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

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

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

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

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

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

3. Examples of clients considered lost to care or at risk of being lost to care, which require a valid consent for outreach and three (3) documented attempts by the referring agency to reach the client, include:

- Missing two (2) consecutive medical appointments;
- Having no contact with a Medical Case Manager for more than three months;
- Checking out of residential substance abuse treatment;
- Not "reporting to" residential substance abuse treatment;
- Missing the first medical care appointment after hospital discharge and/or referral to care;
- Missing picking up prescription medications or prescription referrals from a pharmacy or a Medical Case Manager;
- Missing an appointment with the jail linkage or prison re-entry coordinator; and/or
- Missing a medical or social service appointment that the jail linkage or prison re-entry coordinator has scheduled.

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

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

C. **One Time Referrals**

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

This is a **secondary** outreach function that will be monitored by OMB and should

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

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

D. Allowable Outreach Activities

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

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

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

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

➤ **IMPORTANT NOTES:**

- If a Part A/MAI-funded outreach service provider has an established agency policy not to send staff to conduct home visits, and it is determined that a home visit is necessary for successful linkage, the client's case **must** be transitioned to a Part A/MAI-funded outreach provider that is able to conduct home visits;
 - In cases of transfer due to the home visits, the new outreach provider agency replaces the previous outreach provider agency;
 - Maintain tracking and contact logs for new to care and lost to care clients;
 - As a safety precaution, Ryan White Program Outreach Workers who must locate clients in high-risk areas or very rough neighborhoods may go out in two-person teams. In this scenario, both Outreach Workers should document the activity in the client chart or outreach log, making note that they went to a high-risk area, with one of the Outreach Workers clearly stating that they went along as a safety back-up and should use the OSFT safety back-up code to record the service. Both Outreach Workers may reflect the time they spent on the encounter and have their agency or respective agencies report for the time and be reimbursed accordingly. However, in the Provide® Enterprise Miami data management system the encounter should only be counted/recorded (i.e., OFFE, OTEL, ORFL, etc.) by the main Outreach Worker/agency that received the referral;
- **IMPORTANT NOTE:** If a Peer Educator is the safety back-up, the Peer Educator must use the corresponding safety encounter code, PSFT, under the PESN billing category.
- Provide education on available care and treatment options and services for people with HIV who receive outreach services via a Ryan White Program In Network Referral, Jail linkage referral, Department of Corrections Certification or a Referral Consent Linkage to Care form with the goal of directly empowering and enabling the client to access existing HIV/AIDS service programs, including Counseling & Testing sites;

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

E. Inappropriate Outreach Activities

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

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

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

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

F. Documentation of Outreach Activity

All Outreach Workers must maintain documentation which includes the following:

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

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

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

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

A. Program Operation Requirements:

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

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

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

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

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

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

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

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

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

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

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

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

IMPORTANT NOTES:

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

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

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

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

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

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

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

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



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, February 13, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|---------------------|
| I. | Call to Order | Dr. Steven Santiago |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 9, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • February Draft: 2025 Capacity Survey | All |
| | • Service Description Review: Outreach | All |
| X. | New Business | |
| | • RWP FY 2024 Client Satisfaction Summary of Findings | Dr. Robert Ladner |
| | • Annual Source of Income Forms | Marlen Meizoso |
| XI. | Announcements and Open Discussion | All |
| | • Get on Board March 5, 2025 | |
| XII. | Next Meeting: March 13, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

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 Program FY 2024 Client Satisfaction Survey Summary of Findings

Prepared for
Subrecipient Forum, February 10, 2025

Prepared by
Behavioral Science Research Corporation

aidsnet.org

FY 2024 Ryan White Program Client Satisfaction Survey

- The Client Satisfaction Survey (CSS) has been conducted annually by Behavioral Science Research Corporation since 2008.
- The CSS provides the Miami-Dade County RWP with an annual opportunity to take the pulse of client needs and opinions, detect and evaluate pain points in service delivery, and augment client health outcome measurement as the basis for quality improvement.
- HRSA has encouraged the Miami-Dade RWP to make more targeted use of the CSS. The FY 2024 CSS focused on interviews with RWP clients receiving Oral Health Care (OHC) and Food Bank (FFL) service categories.

FY 2024 RWP CSS Methodology

- Clients were interviewed by telephone, between September and November 2024, in English, Spanish or Haitian Creole.
- Clients must have been in RWP care in Miami-Dade County for at least 6 months, validated through Provide Enterprise (PE) Miami.
 - Eligible clients were persons who had (1) a billed OHC service in the past 12 months, by itself or in combination with a FFL service (1,744 clients); or (2) a billed FFL service in the past 12 months, by itself or in combination with an OHC service (823 clients).
 - Clients were recruited by cooperating subrecipient MCMs from a list of clients provided by BSR. These clients gave confidential verified consent to the MCM for BSR to conduct the interviews before BSR could contact them.
- As an incentive to participate, clients were given a \$30 Walmart “e-gift” card for grocery purchases, by text, email, or sent by US mail.

FY 2024 CLIENT SATISFACTION SURVEY

Respondent Characteristics

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FY 2024 Client Satisfaction Survey

Respondent Characteristics

GENDER AND RACE/ETHNICITY DIFFERENCES IN OHC AND FFL SAMPLES (Transgender clients and “other” races are excluded)

	Total	Gender		Race/Ethnicity			
		Male	Female	Black/ African American	Haitian	Hispanic	White non- Hispanic
<i>RWP FY 2023 Total Clients</i>	<i>9,060</i>	<i>81%</i>	<i>17%</i>	<i>18%</i>	<i>8%</i>	<i>66%</i>	<i>6%</i>
Oral Health (OHC) CSS Sub-Sample	425	76%	22%	14%	8%	75%	3%
Food Bank (FFL) CSS Sub-Sample	153	79%	19%	11%	5%	80%	3%

Note: The OHC and FFL client populations (and sub-samples) show higher proportions of females and Hispanics, and a lower proportions of Black/African Americans, than the RWP population in general.

FY 2024 CLIENT SATISFACTION SURVEY

Satisfaction with Practitioners and Appointment Processes

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FY 2024 Client Satisfaction Survey

Satisfaction with Services Received From Your ...

PROVIDER CATEGORY	2023		2024	
	% Very Satisfied	% Dissatisfied or Very Dissatisfied	% Very Satisfied	% Dissatisfied or Very Dissatisfied
... Medical Case Managers	82%	1%	82%	2%
... Dentists	61%	4%	73%	3%
... Oral Hygienists	n/a	n/a	75%	2%

Note: Because the Food Bank services are provided by a single subrecipient, specific percentages relating to client satisfaction are not reported.

FY 2024 Client Satisfaction Survey

Satisfaction with Lag Time to Get an Appointment

SERVICE CATEGORY	2023		2024	
	% Very Satisfied	% Dissatisfied or Very Dissatisfied	% Very Satisfied	% Dissatisfied or Very Dissatisfied
Medical Case Managers	69%	1%	72%	2%
Oral Health Care Providers	30%	21%	38%	21%

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FY 2024 Client Satisfaction Survey

Ease of Making Appointments for Care

SERVICE CATEGORY	2023		2024	
	% Very Easy	% Difficult or Very Difficult	% Very Easy	% Difficult or Very Difficult
Medical Case Managers	66%	1%	68%	3%
Oral Health Care Providers	30%	20%	37%	18%

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FY 2024 CLIENT SATISFACTION SURVEY

Medical Case Management

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FY 2024 Client Satisfaction Survey

Awareness of RWP Services (Total Sample)

Was client aware of these services offered through the RWP? Did he/she use the service?	% Aware of Service	% Using Service	% Needed but Unaware
Oral health care?	98%	92%	1%
Prescription drug assistance?	95%	81%	<1%
Mental health services?	83%	32%	3%
Outpatient health services?	82%	67%	1%
Food bank services?	71%	50%	8%
Medical transportation services?	61%	16%	7%
Health insurance premium/copay assistance?	58%	54%	5%
Legal assistance	45%	16%	10%
Outpatient substance abuse treatment?	48%	1%	1%
Residential substance abuse treatment?	45%	1%	1%
Outreach services?	19%	4%	2%

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FY 2024 RWP Client Satisfaction Survey

Discussion Question #1

We are concerned that so many of our RWP clients appear to be unaware of some of the important services offered by the RWP, including (but not limited to) Food Bank, Transportation Services, and Legal Services. These are also services that show the highest levels of unmet need in the survey.

What do you think contributes to this unawareness? Is there anything you are doing at your agency to inform your treatment teams about community resources – both through the RWP and through non-RWP agencies – that can improve the quality of life and clinical outcomes of people with HIV? How can we make sure all of our MCMs know of these resources, and know how to match them with the needs of their RWP clients?

FY 2024 CLIENT SATISFACTION SURVEY

Oral Health Care

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FY 2024 Client Satisfaction Survey

Additional OHC Satisfaction Ratings

	% Very Satisfied	% Dissatisfied or Very Dissatisfied
Level of communication with OHC provider concerning client's treatment plan	60%	5%
Care and courtesy shown by receptionist or front office staff at OHC provider	65%	3%
Wait time in the lobby once client is at the OHC provider office for an appointment	43%	8%

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FY 2024 RWP Client Satisfaction Survey

Discussion Question #2

While our Oral Health Care providers show strong year-over-year increases in client satisfaction (from 61% very satisfied in FY 2023 to 73% in FY 2024), our clients continue to be dismayed by the time and effort it takes to get an initial or a follow-up OHC appointment. The RWP – through the CQM Steering Committee – is convening an OHC Clinical Quality Management task force to dig into the data and develop a “root cause analysis” that will lead to a quality improvement initiative throughout the County.

Can you suggest possible “root causes” for this task force to look at? Would you be willing to commit staff time from knowledgeable persons on your staff to help us identify the issues and create a County-wide OHC response?

FY 2024 CLIENT SATISFACTION SURVEY

Food Bank (Food for Life Network)

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Food Bank / Food for Life Network

“Provider-Side” and “Referral-Side” Satisfaction Issues

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PROVIDER-SIDE

- Complaints about FFL staff
- Dissatisfaction with existing single location
- Dissatisfaction with hours of operation
- Complaints about food variety, quantity, cultural preferences
- Difficulties communicating in Spanish

*Overall
Client
Satisfaction
With Food
For Life*

REFERRAL-SIDE

- Clients turned away because MCM referral paperwork was missing
- Clients turned away because SNAP papers were missing or defective
- Clients not aware of 20-visit limit and the need for a physician LOMN to extend
- Clients unaware that an RWP food bank exists
- Clients report MCM confusion over Part B cards

FY 2024 RWP Client Satisfaction Survey

Discussion Question #3

Food Bank (FB) is a referral-driven service. Complex eligibility requirements – household income, SNAP applications and limits on levels of SNAP assistance, and the need to keep track of visits – make referrals a challenge for RWP medical case managers as well as Food for Life staff. In turn, Food for Life struggles with volatility in the food supply chain and unpredictable food prices. Food for Life is planning a second distribution site in Little Havana to make its services more accessible, but there is more to do.

What are some important first steps to help address some of the “Provider-Side” and “Referral-Side” challenges we have identified?

What we have on our “CQM Agenda”

1. BSR CQM staff are conducting Technical Assistance sessions with all subrecipients to review MCM and OHC client satisfaction data, and identify areas for productive immediate action.
2. BSR CQM staff will be meeting with Food for Life staff and administration, to look closely at the Food Bank client satisfaction data and prioritize areas for action.
3. The CQM Steering Committee – BSR CQM staff and Part A and Part B administrators – are convening an OHC CQM task force to dive through Provide and CSS data, to identify and quantify a QI problem, and structure a response.
4. The CQM Steering Committee is developing a training plan for FY 2025, to address capacity building and service improvement opportunities identified in the CSS.

**Thank you for your attention.
Any questions?**



Scan to access meeting documents.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, February 13, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|---|---------------------|
| I. | Call to Order | Dr. Steven Santiago |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of January 9, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • February Draft: 2025 Capacity Survey | All |
| | • Service Description Review: Outreach | All |
| X. | New Business | |
| | • RWP FY 2024 Client Satisfaction Summary of Findings | Dr. Robert Ladner |
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| | • Get on Board March 5, 2025 | |
| XII. | Next Meeting: March 13, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

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SOURCE OF INCOME STATEMENT

Section 2-11.1(i) of the County Ethics Code requires that certain employees, public officials, and consultants file a financial disclosure Statement on a yearly basis by July 1st of every year. For the last year of service, file SOI-F.

Disclosure for Tax Year Ending 2024	Last Name (or, Consultant or Consulting Firm name)	First Name	Middle Name/Initial
Mailing Address – Street Number, Street Name, or P.O. Box			
City, State, Zip			

If your home address is your mailing address, and your home address is exempt from public records pursuant to Fla. Stat. §119.07, read instructions on the following page **and check here.**

Filing as an Employee (check one)

<input type="checkbox"/> County	<input type="checkbox"/> Public Health Trust	<input type="checkbox"/> Municipal: _____ (Municipality)
Department		
Position or Title		Employee ID Number
Work address	Work telephone	Employment began on/ended on

Filing as (check one)

<input checked="" type="checkbox"/> County Board	<input type="checkbox"/> Municipal Board: _____ (Municipality)	<input type="checkbox"/> Consultant for County or Municipal Agency
Board where serving or name of County or Municipal Agency Consultant is providing professional services to Miami-Dade HIV/AIDS Partnership		
Alternate address (if home address is exempt) 111 NW 1st Street, 22nd Floor, Miami, FL 33128	Work telephone 305-375-3546	Term began on/ended on

List below every source of income you received, along with the address and the principal activity of each source. Include your public salary. Place the sources of income in descending order, with the largest source first. Examples of sources of income include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, and social security payments. Also, include any source of income received by another person for your benefit. However, the income of your spouse or any business partner need not be disclosed. **If continued on a separate sheet, check here.**

Name of Source of Income	Address	Description of the Principal Business Activity

I hereby swear (or affirm) that the information above is a true and correct statement.

Signature of Person Disclosing _____

Date signed _____

RECEIVED BY ETHICS DEPARTMENT:
<input type="checkbox"/> Hardcopy
<input type="checkbox"/> Electronic Copy



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MIAMI-DADE
HIV/AIDS PARTNERSHIP

Get on Board

Member Enrichment Training

Station 15: ***The Ryan White Part A Program***

**Wednesday,
March 5, 2025**

12:00 p.m. - 1:00 p.m.
via Microsoft Teams



Topics

- What is Ryan White Part A?
- What are local Part A services?
- How to use Part A reports in decision-making.
- Why understanding Part A is important to the work of Partnership and Committee members.

Register at

<https://bit.ly/Mar0325GOB-PartA>



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