



**WELCOME**


Thank you for joining  
today's meeting of the



**MIAMI-DADE**

**HIV/AIDS PARTNERSHIP**

*Please sign in to have your  
attendance recorded.*





 **MIAMI-DADE**  
**HIV/AIDS PARTNERSHIP**

**Tuesday, March 4, 2025**

10:00 AM – 12:00 PM

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium, Miami, FL 33130

**AGENDA**

- |       |   |                        |
|-------|---|------------------------|
| I.    | Call to Order   | Alecia Tramel-McIntyre |
| II.   | Introductions   | All                    |
| III.  | Housekeeping  | Alecia Tramel-McIntyre |
| IV.   | Floor Open to the Public  | Harold McIntyre        |
| V.    | Review/Approve Agenda   | All                    |
| VI.   | Review/Approve Minutes of January 7, 2025   | All                    |
| VII.  | Reports   |                        |
|       | A. Membership   | Alecia Tramel-McIntyre |
|       | ▪ Source of Income Filing   |                        |
|       | B. Committee Action Items   |                        |
|       | ▪ Care and Treatment (5 Motions)  | Dr. Diego Shmuels      |
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|       | - Provider Capacity Survey  |                        |
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|       | C. Grantee/Recipient Top Line Summaries   |                        |
|       | ▪ Ryan White Part A/MAI   | Carla Valle-Schwenk    |
|       | ▪ Ryan White Part B   | Karen Poblete          |
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|       | ▪ Housing Opportunities for Persons With AIDS (HOPWA)   | No Report              |
|       | D. Approval of Reports (1 Motion)   | All                    |
| VIII. | Standing Business   | Alecia Tramel-McIntyre |
|       | ▪ 2025 Officer Elections  |                        |
|       | ▪ Passing the Gavel   |                        |
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|       | ▪ Special Presentation: <i>MSM who engage in chemsex in South Florida: Preliminary findings from Florida NHBS-BHBA in 2023-2024</i> | Dr. David Forrest      |
| X.    | Announcements and Open Discussion   | All                    |
| XI.   | Next Meetings   |                        |
|       | ▪ Report for Action! April Partnership Meeting Briefing via Microsoft Teams on Friday, April 4, 2025                                |                        |
|       | ▪ Partnership Meeting at the Miami-Dade County Main Library on Monday, April 7, 2025  |                        |
|       | ▪ Calendar Update – May Partnership Meeting moved to Monday, <b>May 12</b> , 2025   |                        |
| XII.  | Adjournment   | Alecia Tramel-McIntyre |

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# Meeting Housekeeping Miami-Dade HIV/AIDS Partnership

Updated December 16, 2024  
*Behavioral Science Research*



# Disclaimer & Code of Conduct

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- ❑ 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

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



**Please Sign In**

# Language Matters!

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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 . . .**

# About the Partnership

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- ❑ 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 Partnership includes six Standing Committees and one Subcommittee.
- ❑ All Partnership and Standing Committee/Subcommittee 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**

# Meeting Participation

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## **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!

 <b>Meeting Guide</b>	
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!	
<b>Partnership, PC, or Planning Council</b>	The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County
<b>RWP or RWHAP</b>	The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).
<b>ADAP</b>	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.
<b>BSR</b>	Behavioral Science Research Corp. (aka, Staff).
<b>EHE</b>	Ending the HIV Epidemic: A Plan for America. Four Pillars: 1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
<b>EMA</b>	Eligible Metropolitan Area (locally, Miami-Dade County).
<b>FDOH or FDOH-MDC</b>	Florida Department of Health in Miami-Dade County.
<b>FPL</b>	Federal Poverty Level. Used to determine RWP eligibility and benefits.
<b>HOPWA</b>	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: <b>STRMU</b> : Short-Term Rental, Mortgage and Utilities Assistance; Project-based: Funds designated units in a building; <b>LTRA</b> : Long-Term Rental Assistance (voucher program); and <b>FMR</b> : Fair Market Rents.
<b>HRSA</b>	The Health Resources and Services Administration. The source of federal RWP grant funds.
<b>Integrated Plan or IP</b>	The Miami-Dade County Integrated HIV Prevention and Care Plan.
<b>JIPRT</b>	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
<b>MAI</b>	Minority AIDS Initiative. Additional RWP funding to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minority populations.
<b>NHAS</b>	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.
<b>PE-Miami or Provide Enterprise</b>	Provide Enterprise® by Groupware Technologies (RWP client database system).
<b>The Recipient, The County, or OMB</b>	The Miami-Dade County Office of Management and Budget. The Recipient of RWP Part A/MAI funds from HRSA.
<b>TTRA</b>	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 <a href="http://www.aidsnet.org/the-partnership/#getonboard1">www.aidsnet.org/the-partnership/#getonboard1</a> .	

# Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- ❑ Today's presentation and supporting documents are online at [www.aidsnet.org/the-partnership/](http://www.aidsnet.org/the-partnership/), or by scanning the QR code on your agenda.

The screenshot shows the homepage of AIDSNET.org. At the top right, it says "Welcome to AIDSNET.org!". Below this is a blue banner with a red ribbon icon on the left. The text in the banner reads: "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." To the right of this text, it says "SERVING 9,071 people with HIV". Below the banner is a navigation bar with six icons and their corresponding labels: "The Miami-Dade HIV/AIDS Partnership" (circled in red), "Resources for People with HIV", "Clinical Quality Management Program", "Ryan White Program Service Provider Resource Hub", "Community Newsletter - HIV News and Resources", and "Calendars".



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## **Floor Open to the Public**

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

BSR has a dedicated line for statements to be read into the record.

(No statements were received.)



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**Miami-Dade HIV/AIDS Partnership Meeting  
Miami-Dade County Main Library  
101 West Flagler Street, Auditorium, Miami, FL 33130**

**January 7, 2025 Minutes**

#	Partnership Members	Present	Absent	Guests
1	Burks, Laurie Ann		x	Acevedo, John
2	Chassi, Kai		x	Belledent, Nelly
3	Dougherty, James	x		Caicedo, Frank
4	Duberli, Francesco	x		Giglioli, Kelsey
5	Forrest, David	x		McMullen, Lamar
6	Gonzalez, Nilda	x		Mester, Brad
7	Henriquez, Maria	x		Parrish, Quinton
8	Jones, Keddrick		x	Valle-Schwenk, Carla
9	Machado, Angela	x		Villamizar, Kira
10	McIntyre, Harold	x		Wall, Daniel T.
11	Medina, Jesús E.	x		
12	Muñoz, Virginia	x		
13	Robinson, Joanna	x		
14	Romero, Javier		x	
15	Sarria, Manuel	x		
16	Shmuels, Diego		x	
17	Tazoe, Roberto		x	
18	Tramel-McIntyre, Alecia	x		
19	<b>Vacant</b> Representative of the Affected Community			
20	<b>Vacant</b> Representative of the Affected Community			
21	<b>Vacant</b> Representative of the Affected Community			
22	<b>Vacant</b> Representative of the Affected Community			
23	<b>Vacant</b> Representative of the Affected Community			
24	<b>Vacant</b> Hospital or Health Care Planning Agency Representative			
25	<b>Vacant</b> Housing, Homeless or Social Service Provider			
26	<b>Vacant</b> Mental Health Provider Representative			
27	<b>Vacant</b> Other Federal HIV Program Grantee Representative (SAMHSA)			
28	<b>Vacant</b> Ryan White Program Part D Representative			
29	<b>Vacant</b> Other Federal HIV Program Grantee (Part F)			
30	<b>Vacant</b> MDC Government Representative (Non-RWP)			
<b>Quorum = 7</b>				
<b>Ex-Officio Seats</b>				<b>Staff</b>
Representative from the Office of the Miami-Dade County (MDC) Mayor				Bontempo, Christina
Representative from the MDC Board of County Commissioners				Ladner, Robert
Representative from the MDC School Board				Smith, Terrence A., Esq.

Note: All documents referenced in these minutes were accessible to members and the public prior to and during the meeting, at [www.aidsnet.org/the-partnership#partnership1](http://www.aidsnet.org/the-partnership#partnership1).

**I. Call to Order**

The Chair, Alecia Tramel-McIntyre, called the meeting to order at 10:06 a.m.

**II. Introductions**

Ms. Tramel-McIntyre asked for introductions of members and guests. Members were reminded to read their membership role during introductions. Manny Sarria noted that his introduction was mislabeled.

### **III. Housekeeping/Meeting Rules**

Ms. Tramel-McIntyre called on members to read the Housekeeping presentation slides, which included information on disclaimers, travel offset vouchers, Code of Conduct, and Language Matters reminders.

### **IV. Floor Open to the Public**

Vice Chair, Harold McIntyre, opened the floor to the public with the following statement:

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

There were no comments; the floor was then closed.

### **V. Review/Approve Agenda**

Members reviewed the agenda and there were no changes. Ms. Tramel-McIntyre called for a motion to approve the agenda.

**Motion to approve the agenda as presented.**

**Moved: James Dougherty**

**Seconded: Harold McIntyre**

**Motion: Passed**

### **VI. Review/Approve Minutes of December 16, 2024**

Members reviewed the minutes of December 16, 2024, and accepted them with no corrections.

**Motion to approve the minutes of December 16, 2024, as presented.**

**Moved: Nilda Gonzalez**

**Seconded: Angela Machado**

**Motion: Passed**

### **VII. Reports**

#### **A. Membership**

Ms. Tramel-McIntyre announced that the latest vacancy report is posted online and reflects the updated membership categories based on the new ordinance. There are now 30 seats on the Partnership and twelve vacancies.

#### **B. Committee Reports**

The below motions were brought to the Partnership for review. Additional committee activities were detailed in the *Committee Reports to the Miami-Dade HIV/AIDS Partnership*, distributed to members and included in the materials posted online. Details regarding each committee’s motions were included in the report and are noted *in italics* prior to the motions.

- **Executive Committee**

Mr. McIntyre put forward the following motion as detailed in the Committee Report:

*The Committee reviewed and edited the Policies and Procedures Manual to align the document with current administrative functions and the revised Ordinance.*



Shared reference copies of the Policies and Procedures Manual were available at the meeting and posted online in advance of the meeting.

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

**Moved: Harold McIntyre**

**Seconded: James Dougherty**

**Motion: Passed**

▪ **Other**

The Care and Treatment Committee, Community Coalition Roundtable, Housing Committee, Prevention Committee, and Strategic Planning Committee had not met since the last Partnership meeting.

**C. Grantee/Recipient Reports**

Members and guests received the Top Line Summary Report. Members received copies of the referenced expenditure and utilization reports.

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

Daniel T. Wall noted that he would answer any questions about the information in the Top Line Summary Report. In addition, he noted the County has completed all 2024 reports to the Health Services and Resources Administration (HRSA), including the Estimated Unobligated Balance report and the Estimated Carryover report.

Subrecipient site visits are ongoing. All but one contract, which is pending a missing signature, have been executed. Award and reduction letters and amendments based on the last Sweeps allocations are being sent to subrecipients.

The Ryan White HIV/AIDS Program Services Report (RSR) portal will open for subrecipients to complete their client-level reporting on February 3, 2025.

Affordable Care Act (ACA) enrollment is up to 2,831 enrollments, for which ADAP pays the premiums, this total is more than 100 clients greater than this time last year. The deadline for ACA enrollment is January 15, 2025.

HRSA sent a reminder that programs are operating under a continuing resolution pending funding by Congress.

The Subrecipient Forum is scheduled for February 10, 2025, and attendance is required by subrecipient senior staff.

Members were reminded that clients who are not eligible for Medicaid, or who have reached their Medicaid limit, may be eligible to receive Ryan White services.

▪ **Ryan White Part B**

The Part B Top Line Summary was included in the report. Karen Poblete was not present, so Ms. Tramel-McIntyre called for a motion to defer the Part B Report.

**Motion to defer the Ryan White Part B Report.**

**Moved: Manny Sarria**

**Seconded: James Dougherty**

**Motion: Passed**

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

The ADAP Top Line Summary was included in the report. Dr. Javier Romero was not present, so Ms. Tramel-McIntyre called for a motion to defer the ADAP Report.

**Motion to defer the ADAP Report.**

**Moved: James Dougherty**

**Seconded: Manny Sarria**

**Motion: Passed**

- **General Revenue (GR) at SFAN**

Angela Machado noted the General Revenue report had not been updated since the last meeting because of the schedule change to meeting at the beginning of the month. A copy of the previous report was included for reference. There was no further discussion.

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

There was no HOPWA Report this month.

**D. Approval of Reports**

Ms. Tramel-McIntyre called for a motion to approve all reports. The suggested motion from the Committee Report was to approve reports, “as presented.” A member asked if the motion should be amended to note the tabled reports. The motion can carry as written since the tabled motions will be noted in the minutes.

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

**Moved: James Dougherty**

**Seconded: Manny Sarria**

**Motion: Passed**

**VIII. Standing Business (none)**

There was no Standing Business.

**IX. New Business**

- **2025 Bylaws Review**

Staff advised that the Miami-Dade HIV/AIDS Partnership Bylaws were updated by the Executive Committee, including the correction of scrivener’s errors, better organization, and alignment with the approved ordinance changes. The proposed changes were reviewed for legal sufficiency by Assistant County Attorney (ACA), Terrence E. Smith. Members were provided with copies of the pages containing substantive changes, and copies of the complete Bylaws draft were available at the meeting and had been posted online for review. Assistant County Attorney Smith advised there had been sufficient time for review and, if there were no additional changes or corrections, members could go forward with the approval of the draft Bylaws as presented.

Hearing no objections, Ms. Tramel McIntyre called for a motion to approve the Bylaws as presented.

**Motion to approve the Miami-Dade HIV/AIDS Partnership Bylaws as presented.**

**Moved: Dr. David Forrest**

**Seconded: Virginia Muñoz**

**Motion: Passed**

- **2025 Meeting Dates and Member Expectations**

Ms. Tramel-McIntyre advised members that a copy of the 2025 Meeting Dates and Member Expectations, including attendance requirements reminders, was included in meeting packets. Members should save the date

of Partnership meeting and plan to join staff for “Report for Action” meeting briefings via Teams prior to meetings to facilitate meeting dynamics.

**X. Announcements and Open Discussion**

Upcoming events were noted, including Survivors Pathway’s new location, AIDS Walk Ft. Lauderdale, National Black HIV/AIDS Awareness Day events, and HIV Is Not A Crime Awareness Day events.

Member Joanna Robinson was congratulated for her profile in the most recent POZ Magazine.

There were no open discussion items.

**XI. Next Meeting**

Mr. McIntyre announced that on the next Report for Action via Microsoft Teams is January 31. The log in information is included on the January 2025 calendar which is available online; and the next Partnership meeting is Tuesday, February 4, 2025, at 10:00 a.m. at the Miami-Dade County Main Library.

**XII. Adjournment**

Ms. Tramel-McIntyre thanked everyone for coming and adjourned the meeting at 11:51 a.m.

DRAFT



 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Tuesday, March 4, 2025**

10:00 AM – 12:00 PM

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium, Miami, FL 33130

**AGENDA**

- |       |   |                               |
|-------|---|-------------------------------|
| I.    | Call to Order   | Alecia Tramel-McIntyre        |
| II.   | Introductions   | All                           |
| III.  | Housekeeping  | Alecia Tramel-McIntyre        |
| IV.   | Floor Open to the Public  | Harold McIntyre               |
| V.    | Review/Approve Agenda   | All                           |
| VI.   | Review/Approve Minutes of January 7, 2025   | All                           |
| VII.  | <b>Reports</b>  |                               |
|       | <b>A. Membership</b>  | <b>Alecia Tramel-McIntyre</b> |
|       | ▪ <b>Source of Income Filing</b>  |                               |
|       | <b>B. Committee Action Items</b>  |                               |
|       | ▪ Care and Treatment (5 Motions)  | Dr. Diego Shmuels             |
|       | - Ryan White Program Service Descriptions   |                               |
|       | - Oral Health Care Standards  |                               |
|       | - Provider Capacity Survey  |                               |
|       | ▪ Community Coalition Roundtable, Housing, Strategic Planning, JIPRT (No action items)  |                               |
|       | <b>C. Grantee/Recipient Top Line Summaries</b>  |                               |
|       | ▪ Ryan White Part A/MAI   | Carla Valle-Schwenk           |
|       | ▪ Ryan White Part B   | Karen Poblete                 |
|       | ▪ General Revenue at SFAN   | Angela Machado                |
|       | ▪ AIDS Drug Assistance Program (ADAP)   | Dr. Javier Romero             |
|       | ▪ Housing Opportunities for Persons With AIDS (HOPWA)   | No Report                     |
|       | <b>D. Approval of Reports (1 Motion)</b>  | All                           |
| VIII. | Standing Business   | Alecia Tramel-McIntyre        |
|       | ▪ 2025 Officer Elections  |                               |
|       | ▪ Passing the Gavel   |                               |
| IX.   | New Business  |                               |
|       | ▪ Renaming the Partnership's Website  | Alecia Tramel-McIntyre        |
|       | ▪ Special Presentation: <i>MSM who engage in chemsex in South Florida: Preliminary findings from Florida NHBS-BHBA in 2023-2024</i> | Dr. David Forrest             |
| X.    | Announcements and Open Discussion   | All                           |
| XI.   | Next Meetings   |                               |
|       | ▪ Report for Action! April Partnership Meeting Briefing via Microsoft Teams on Friday, April 4, 2025                                |                               |
|       | ▪ Partnership Meeting at the Miami-Dade County Main Library on Monday, April 7, 2025  |                               |
|       | ▪ Calendar Update – May Partnership Meeting moved to Monday, <b>May 12</b> , 2025   |                               |
| XII.  | Adjournment   | Alecia Tramel-McIntyre        |

*Please mute or turn off all cellular devices.*

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

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)

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 SOL-F.

Disclosure for Tax Year Ending 2019	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			



Complete this section with your full name and complete home address.

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)

County  Public Health Trust  Municipal: \_\_\_\_\_  
(Municipality)

Department \_\_\_\_\_

Position or Title \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Work address \_\_\_\_\_ Work telephone \_\_\_\_\_ Employment began on/ended on \_\_\_\_\_

PLEASE WRITE CLEARLY!

Filing as (check one)

County Board  Municipal Board: \_\_\_\_\_  
(Municipality)  Consultant for County or Municipal Agency

Board where serving or name of County or Municipal Agency Consultant is providing professional services to \_\_\_\_\_

Alternate address (if home address is exempt) \_\_\_\_\_ Work telephone \_\_\_\_\_ Term began on/ended on \_\_\_\_\_



Miami-Dade HIV/AIDS address and phone number are already written in. Staff will complete the Start Date information.

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



List all sources of income. DO NOT include dollar amounts. If including Social Security income, you can leave the address blank.

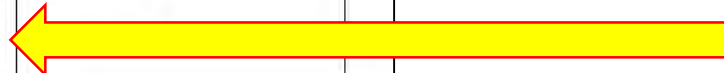
I hereby swear (or affirm) that the information above is a true and correct statement.

Signature of Person Disclosing \_\_\_\_\_

Date signed \_\_\_\_\_

RECEIVED BY ELECTIONS DEPARTMENT:

- Hardcopy
- Electronic Copy



Sign and Date

Sample of Source of Income with Place of Employment info:

Name of Source of Income	Address	Description of the Principal Business Activity
Joe's Deli	1235 Collins Ave. Miami Beach, FL 33140	Salary

Sample of Source of Income with Social Security info:

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
Social Security	1801 Alton Road, Ste. 200 Miami Beach, FL 33140	Social Security Income



# 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: _____ <span style="margin-left: 400px;">(Municipality)</span>		
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: _____ <input type="checkbox"/> Consultant for County or Municipal Agency <span style="margin-left: 200px;">(Municipality)</span>		
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

<b>RECEIVED BY ETHICS DEPARTMENT:</b> <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic Copy
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# SOURCE OF INCOME INFORMATION

Required by the Miami-Dade County Code, Section 2-11.1(i)

The term **INCOME** shall include, but is not limited to, the following items: wages, salaries; tips; bonuses; commissions & fees; dividends, interest; profits from businesses and professions; your share of profits from partnerships and small business corporations; pensions, annuities & endowments; profits from the sale or exchange of real estate, securities or other property, including personal residence; rents and royalties; your share or estate or trust income, including accumulated distributions;

alimony, separate maintenance or support payments; prizes; awards; fees as an Executor, Administrator or Director; disability retirement payments; workmen's compensation, insurance; damages; social security payments, etc.

## FILING INSTRUCTIONS

A "Source of Income Form," (SOI) or a signed copy of the personal income tax forms may be filed to satisfy the filing requirement for County/Public Health Trust employees, municipal employees, advisory board members, and consultants providing professional services to the County or a Municipality who are not required to file under State law. State filers who also hold County or Municipal positions (for example, State filers who also serve on County or Municipal boards) meet the County financial disclosure requirement by filing a **copy** of their state form with the Miami-Dade County Commission on Ethics and Public Trust or their Municipal clerk.

The Source of income Form must be filed yearly no later than 12:00 noon of July 1st. Consultants file within thirty (30) days of execution of a contract arising out of competitive negotiations and prior to any payments from the County, municipalities or other agencies and thereafter on a yearly basis no later than 12:00 noon of July 1st. For the last year of service, file "Final Source of Income Form "(SOI-F). The SOI and SOI-F should not be used as a substitute for State Form 1 or State Form 1F for those required to file under state requirements.

Filers whose address is exempt pursuant to Fla. Stat. §119.07 must provide an alternate address such as a business address or the address of the board if the filer serves on a board.

This form must be filed by July 1st of each year and should not be used as a substitute for State Form 1 for those required to file under state requirements. For the last year of service, file SOI-F.

**Example (Review sources of income above; note- no monetary amount required).**

Name of Source of Income	Address	Description of Principal Business Activity
Place of employment	Address where employed	Salary
Rental Property	123 Anywhere Street Miami, FL 00000	Rental income
Social Security	Social Security office closest to your zip code	Social Security income

**Miami-Dade County (including Public Health Trust) Personnel and Advisory Board** members shall file completed forms with:

**Miami-Dade County**  
**Commission on Ethics and Public Trust**  
**701 NW 1st Court 8th Floor**  
**Miami, FL 33136**  
or at: [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov)

**Municipal Personnel and Advisory Board Members** shall file completed forms with their respective Municipal Clerk. For further information, Miami-Dade County and Public Health Trust employees may contact the Miami-Dade County Commission on Ethics and Public Trust via telephone at 305-5792594 or via email at [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov). Municipal employees may contact their respective Municipal Clerk's Office.

**Note RE: Florida Statutes § 119.07:** The role of our office is to receive and maintain forms filed as public records. If your home address is exempt from disclosure and you do not wish your home address to be made public, please use your office or other address for your mailing address. The following persons are exempt from disclosing their home addresses: active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; firefighters; justices and judges; current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; county and municipal code inspectors and code enforcement officers.





 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Tuesday, March 4, 2025**

10:00 AM – 12:00 PM

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium, Miami, FL 33130

**AGENDA**

- |             |   |                          |
|-------------|---|--------------------------|
| I.          | Call to Order   | Alecia Tramel-McIntyre   |
| II.         | Introductions   | All                      |
| III.        | Housekeeping  | Alecia Tramel-McIntyre   |
| IV.         | Floor Open to the Public  | Harold McIntyre          |
| V.          | Review/Approve Agenda   | All                      |
| VI.         | Review/Approve Minutes of January 7, 2025   | All                      |
| <b>VII.</b> | <b>Reports</b>  |                          |
| A.          | Membership  | Alecia Tramel-McIntyre   |
|             | ▪ Source of Income Filing   |                          |
| B.          | <b>Committee Action Items</b>   |                          |
|             | ▪ <b>Care and Treatment (5 Motions)</b>   | <b>Dr. Diego Shmuels</b> |
|             | - Ryan White Program Service Descriptions   |                          |
|             | - Oral Health Care Standards  |                          |
|             | - Provider Capacity Survey  |                          |
|             | ▪ Community Coalition Roundtable, Housing, Strategic Planning, JIPRT (No action items)  |                          |
| C.          | Grantee/Recipient Top Line Summaries  |                          |
|             | ▪ Ryan White Part A/MAI   | Carla Valle-Schwenk      |
|             | ▪ Ryan White Part B   | Karen Poblete            |
|             | ▪ General Revenue at SFAN   | Angela Machado           |
|             | ▪ AIDS Drug Assistance Program (ADAP)   | Dr. Javier Romero        |
|             | ▪ Housing Opportunities for Persons With AIDS (HOPWA)   | No Report                |
| D.          | Approval of Reports (1 Motion)  | All                      |
| VIII.       | Standing Business   | Alecia Tramel-McIntyre   |
|             | ▪ 2025 Officer Elections  |                          |
|             | ▪ Passing the Gavel   |                          |
| IX.         | New Business  |                          |
|             | ▪ Renaming the Partnership’s Website  | Alecia Tramel-McIntyre   |
|             | ▪ Special Presentation: <i>MSM who engage in chemsex in South Florida: Preliminary findings from Florida NHBS-BHBA in 2023-2024</i> | Dr. David Forrest        |
| X.          | Announcements and Open Discussion   | All                      |
| XI.         | Next Meetings   |                          |
|             | ▪ Report for Action! April Partnership Meeting Briefing via Microsoft Teams on Friday, April 4, 2025                                |                          |
|             | ▪ Partnership Meeting at the Miami-Dade County Main Library on Monday, April 7, 2025  |                          |
|             | ▪ Calendar Update – May Partnership Meeting moved to Monday, <b>May 12, 2025</b>  |                          |
| XII.        | Adjournment   | Alecia Tramel-McIntyre   |

***Please mute or turn off all cellular devices.***

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

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)



## **Committee Reports to the Miami-Dade HIV/AIDS Partnership For the March 4, 2025 Meeting**

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This report contains six (6) motions and an overview of each committee's activities for the meeting date(s) indicated. Members are encouraged to review materials in advance.

The complete report is posted online at [www.aidsnet.org/the-partnership#partnership1](http://www.aidsnet.org/the-partnership#partnership1).

Partnership members will receive a copy of this report and supporting documents at the meeting.

- Referenced documents/attachments will be included immediately following the corresponding motion(s), with page numbers indicated.
- Documents longer than 20 pages will be made available at the meeting as shared reference copies.

For additional information, contact [mdcpartnership@behavioalscience.com](mailto:mdcpartnership@behavioalscience.com).

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**CARE AND TREATMENT COMMITTEE \*5 MOTIONS\***  
**JANUARY 9, 2025, AND FEBRUARY 13, 2025**

- Elected new officers: Dr. Steven Santiago as Chair, and Dr. Diego Shmuels as Vice Chair.
- Continued review of service descriptions.
- Approved service descriptions for Medical Case Management, Outreach, Substance Abuse Outpatient, and Substance Abuse Residential.
- Approved edits to the Oral Health Care Service Standards.
- Approved the 2025 Provider Capacity Survey.

<b>2025 Ryan White Program Service Descriptions</b> ~ Pages 3-20 ~	
<b>1</b>	<b>Background</b>
	<p>The Committee reviewed the <b>Medical Case Management</b> service description language, service priority rankings, and dates.</p> <p>Edits include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Removing, “A CD4 lab test result is optional following the U.S. Department of Health and Human Services (DHHS) treatment guidelines.” (page 4);</li> <li><input type="checkbox"/> Updating, “. . . client’s <del>primary care or HIV Licensed Medical Provider’s</del> <b>licensed medical provider (MD, DO, APRN, PAs)</b> contact information . . .” (page 7);</li> <li><input type="checkbox"/> Updating, “. . . time spent by a <del>medical provider (Physician, Advanced Practice Registered Nurse, Physician Assistant, etc.)</del> <b>licensed medical provider</b> . . .” (page 11); and</li> <li><input type="checkbox"/> Removing, “. . . Linkage to Care Team meetings . . .,” from RW-Approved Training (page 18).</li> </ul> <p>The effective date will be updated to March 1, 2025, pending approval by The Partnership.</p>
	<b>Motion</b>
	<b>Motion to accept the Medical Case Management service description with edits as presented.</b>

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

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

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

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

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

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

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

### **MEDICAL CASE MANAGEMENT COMPONENTS**

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

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

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

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

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

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

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

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

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

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

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

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

**1. Medical Case Manager Qualifications:**

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

**2. Provider Requirements:**

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

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

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

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

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



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

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

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

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

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

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

**B. Additional Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Program Medical Case Management Standards of Service*. (Please refer to Section III of this FY 2024<sup>5</sup> Service Delivery Manual for details, as may be amended.)

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

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

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

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

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

5. No two Peers can bill for the same time and for the same client when specifically using the Face-to-Face (FFE) and Adherence (ADH) services codes.
6. The following table reflects MCM and PESN encounter/activity billing codes (in alphabetical order **by code**) that are active in FY 2024<sup>5</sup>:

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

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

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

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

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



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

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

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

### **ADDITIONAL IMPORTANT NOTES:**

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

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

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

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

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for review by authorized persons.

DRAFT

## CARE AND TREATMENT COMMITTEE

### 2025 Ryan White Program Service Descriptions ~ Pages 22-41 ~

#### 2 Background

The Committee reviewed the **Outreach** service description language, service priority rankings, and dates.

Edits include:

- Updating the reference, “Ryan White Program-funded outreach providers ~~are required to~~ shall cooperate with the FDOH-MDC’s Early Intervention Counseling and Testing sites ~~by supplying outreach/linkage to care workers at “Take Control Miami.” events initiatives.~~” (page 24, with a similar change on page 30);
- Updating the reference, “A ~~Physician, Physician Assistant/Associate, or Advanced Practice Registered Nurse~~ licensed medical provider (MD, DO, APRN, PAs) . . .” (page 25, with a similar change on pages 26 and 28); and
- Adding, “Data to Care” activities (page 36).

The effective date will be updated to March 1, 2025, pending approval by The Partnership.

#### Motion

**Motion to accept the Outreach service description with edits as presented.**

## OUTREACH SERVICES

*(Year 3~~4~~<sup>5</sup> Service Priorities: #1~~4~~<sup>3</sup> for Part A and #7~~4~~<sup>4</sup> 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 ~~initiativesites 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

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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;

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- 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.
<b>Collateral Contacts</b>	<b>OCOL</b>	<p>Use this code to record all activities related to <b>coordination of care</b> 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 <b>referral activities</b> 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.
<b>Consultation</b>	<b>OCON</b>	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.
<b>Documentation</b>	<b>ODOC</b>	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.  <b>IMPORTANT NOTE:</b> See subsection II.D. below regarding “Applicability to Local Ryan White Program Requirements” for staff supervising Ryan White Program-funded Outreach Workers.
<b>Face to Face Encounter</b>	<b>OFFE</b>	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.
<b>Chart Review Activity</b>	<b>OREV</b>	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. <b>IMPORTANT NOTE:</b> See subsection II.D. below regarding “Applicability to Local Ryan White Program Requirements” for staff supervising Ryan White Program-funded Outreach Workers.

<b>Outreach Services</b>		
<b>Activity</b>	<b>Encounter/ Activity Billing Code</b>	<b>Comment, Limitation, etc.</b>
<b>Referral Activity</b>	<b>ORFL</b>	Use this code to record outreach referral activities that do not fit in any other outreach encounter/activity in this list.
<b>Safety Back-up</b>	<b>OSFT</b>	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.
<b>Outreach Telephone Encounter</b>	<b>OTEL</b>	Use this code to record telephone contacts.
<b>Outreach Contact Travel Time</b>	<b>OTVL</b>	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.
<b><u>Data to Care</u></b>	<b><u>D2C</u></b>	<b><u>Activities related to Date to Care project.</u></b>

<b>Take Control Miami events</b>	<b>TCM</b>	Use this code to record outreach activities conducted at authorized "Take Control Miami" events.
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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 <b>not</b> be used to bill for any training that is not a Ryan White Program training; for example: use of the TRN code <b>cannot</b> 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 1/12<sup>th</sup> 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 1/12<sup>th</sup> 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:

<b>% of Unduplicated Outreach Clients who were Connected / Re-connected to Care During the Quarter Reviewed</b>	<b>% of Quarterly Reimbursement Totals Subrecipient is Authorized to Retain (i.e., no penalty applied) *</b>
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.

## CARE AND TREATMENT COMMITTEE

### 2025 Ryan White Program Service Descriptions ~ Pages 43-52 ~

<b>3</b>	<b>Background</b>
	<p>The Committee reviewed the <b>Substance Abuse Outpatient Care and Substance Abuse Services (Residential)</b> service description language, service priority rankings, and dates.</p> <p>Edits include:</p> <ul style="list-style-type: none"><li>□ Service priority ranking, Year, and effective dates (throughout); and</li><li>□ Standard and Guidelines reference updates (page 51).</li></ul> <p>The effective date will be updated to March 1, 2025, pending approval by The Partnership.</p>
	<b>Motion</b>
	<b>Motion to accept the Substance Abuse Outpatient and Substance Abuse Service Residential service description with edits as presented.</b>

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

*(Year ~~345~~ Service Priorities: #8 for outpatient Part A and #~~65~~ for MAI; and #~~711~~ 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<sup>45</sup> 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<sup>5</sup> 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~~<sup>seventh</sup> Edition; ~~November 2, 2014~~<sup>April 8, 2024</sup>. 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>

## CARE AND TREATMENT COMMITTEE

### Miami-Dade County Ryan White Program Oral Health Care Standards ~ Pages 54-59 ~

4	<b>Background</b>
	<p>The Committee reviewed the Oral Health Care Standards.</p> <p>For Standard 4.6, <i>Refusal of treatments/radiographs is documented</i>, The measure was changed from “dentist (DDS)” to “licensed dental provider” (page 58).</p> <p>The approval date will be updated to March 4, 2025, pending approval by The Partnership.</p>
	<b>Motion</b>
	<b>Motion to approve the Oral Health Care Standards with the edits as presented.</b>

**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.**

	<b>Standards of Care</b>	<b>Measure</b>
<b>Standard 1.1</b>	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"> <li>• 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.</li> <li>• Documentation of work experience (letters of recommendation, work references, etc.)</li> </ul>
<b>Standard 1.2</b>	Policies and procedures.	Written policies and procedures manuals.
<b>Standard 1.3</b>	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.
<b>Standard 1.4</b>	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.**

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

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

	<b>Standard</b>	<b>Measure</b>
<b>Standard 3.1</b>	Initial Comprehensive Medical History	<ul style="list-style-type: none"> <li>• There is an initial comprehensive medical history including medications and conditions affecting diagnosis and management of oral health care.</li> <li>• The initial comprehensive medical history is signed and dated by the client and dentist.</li> </ul>
<b>Standard 3.2</b>	Medical History is updated at least once a year. <sup>a</sup>	Medical history is updated every 6 months or at the next appointment after six months.
<b>Standard 3.3.</b>	Medical conditions and allergies are noted.	<ul style="list-style-type: none"> <li>• Medical conditions and/or medications requiring an alert are flagged.</li> <li>• Allergies/ no known allergies (NKA) are noted.</li> </ul>
<b>Standard 3.4</b>	An oral health history is taken and updated at least once a year. <sup>a</sup>	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).



**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.**

	<b>Standard</b>	<b>Measure</b>
<b>Standard 4.1</b>	Treatment assessment and planning developed and/or updated at least once a year. <sup>a</sup>	<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>
<b>Standard 4.2</b>	Documentation reflects services provided.	<p>Documentation, at a minimum, includes:</p> <ul style="list-style-type: none"> <li>• Date of service</li> <li>• Tooth number, if appropriate</li> <li>• Service description</li> <li>• Procedure code billed</li> <li>• Anesthetic used including strength and quantity</li> <li>• Materials used, if any</li> <li>• Prescriptions or medications dispensed, including name of drug, quantity, and dosage</li> <li>• Education provided</li> <li>• Signature and title</li> </ul>

<p><b>Standard 4.3</b></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;"><b>OR</b></p> <p>A problem-focused oral examination is performed.</p>	<p>Comprehensive Examination includes:</p> <ul style="list-style-type: none"> <li>• Cavity charting</li> <li>• Complete periodontal exam or periodontal screening record</li> <li>• Documentation of restorations &amp; prosthesis</li> <li>• Full mouth radiographs, as clinically indicated</li> <li>• Pre-existent conditions</li> <li>• Disease presence</li> <li>• Structural anomalies</li> <li>• Oral hygiene instruction</li> <li>• Prescriptions or medications dispensed including name of drug, quantity, and dosage</li> <li>• Education provided</li> </ul> <p>Problem-focused examination includes:</p> <ul style="list-style-type: none"> <li>• Chief complaint is documented</li> <li>• Problem-focused evaluation is performed</li> <li>• Prescriptions or medication dispensed include name of drug, quantity, and dosage</li> <li>• Radiographs as necessary</li> <li>• Specific oral treatment plan</li> <li>• Education provided</li> <li>• Return for further evaluation documented</li> </ul>
<p><b>Standard 4.4</b></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><b>Standard 4.5</b></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>

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

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

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

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

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

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

## CARE AND TREATMENT COMMITTEE

### 2025 Provider Capacity Survey ~ Pages 61-70 ~

<b>5</b>	<b>Background</b>
	<p>The 2025 Provider Capacity Survey is to be administered via Survey Monkey to Ryan White Program and other service providers (FDOH-MDC prevention providers, etc.).</p> <p>The Committee has refined the draft over several months.</p> <p>Results will be incorporated into the 2025 Annual Needs Assessment data for consideration during priority setting and resource allocations (PSRA).</p>
	<b>Motion</b>
	<b>Motion to approve the 2025 Provider Capacity Survey as presented.</b>

*End of the Care and Treatment Committee Report.*

## 2025 Provider Capacity Survey

### Purpose

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

**Please complete all the questions to the best of your ability, and submit your replies by xx xx, 2025. If your organization has multiple sites in Miami-Dade County, think about the services you provide across all sites when answering the questions below. If you have any questions, please contact Marlen Meizoso at [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com).**

### Organizational Information

\* 1. Location(s)

**Organizational Name**

**Address (main site in Miami-Dade)**

**City/Town**

**State**

**ZIP/Postal Code**

2. If you have multiple locations in Miami-Dade County, how many additional locations do you have?

\* 3. What days of the week are you open during business hours (8:00 a.m. to 5:00 p.m.)?

- Monday  
 Tuesday  
 Wednesday  
 Thursday

- Friday  
 Saturday  
 Sunday

\* 4. What days of the week are you open after 5 p.m.?

- Monday  
 Tuesday  
 Wednesday  
 Thursday

- Friday  
 Saturday  
 Sunday  
 None of the above

\* 5. What was your total estimated **organizational revenue** in Miami-Dade County during **calendar year 2024**?

\* 6. What was the total number of **clients served** by your organization in Miami-Dade County during **calendar year 2024**?

\* 7. 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

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

	Serve <b>In General</b>	Serve <b>People with HIV</b>
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"/>

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

	Serve <b>In General</b>	Serve <b>People with HIV</b>	Have <b>Special Programs for</b>
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"/>

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

- Who are paid
- Who are volunteers

11. 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

\* 12. 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

\* 13. 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



\* 14. 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

\* 15. Do you have succession planning for your HIV medical providers?

- Yes
- No
- Don't know

## Services Provided

16. **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
<b>AIDS Pharmaceutical Assistance:</b> Prescription medications for the treatment of HIV and for other medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child Care Services:</b> Assistance taking care of children while parent with HIV is at a medical visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early Intervention Services:</b> Services to help people get tested, educated about HIV, then referred and linked to care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Financial Assistance:</b> Short-term housing, prescription, and utility assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Food Bank/Home-Delivered Meals:</b> Home-delivered meals, food vouchers, or food pantries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Education/Risk Reduction:</b> Client education on ways to improve health and reduce risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Insurance Premium and Cost Sharing:</b> 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"/>
<b>Home and Community-Based Health Care:</b> Skilled health services and personal care provided in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Home Health Care Services:</b> Professional nursing care provided in home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Housing:</b> Short-term housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hospice Services:</b> End-of-life care and support for those in the last stages of their illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Linguistic Services:</b> Assistance with language translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Case Management:</b> Helping individuals access Ryan White programs and navigate the systems of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Nutrition Therapy:</b> Nutritional counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Transportation:</b> Transportation by bus or other means to help clients with medical/social service appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental Health Services:</b> Mental health treatment and counseling services offered in individual or group settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-Medical Case Management:</b> Eligibility and service access assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Oral Health Care:</b> Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Professional Services (Legal Services and Permanency Planning):</b> 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.

**Outreach:** Efforts to retain clients with HIV in care

**Psychosocial Support:** Support groups, therapy, and counseling for clients with HIV

**Referral for Health Care and Support Services:** Referral assistance

**Rehabilitation Services:** Home-based rehabilitation assistance

**Respite Care:** Short-term relief for persons caring for people with HIV

**Substance Abuse Services (Outpatient):** Professional counseling to address alcohol or drug abuse and addiction

**Substance Abuse (Residential):** Residential substance abuse treatment

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

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

## 19. 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
<b>Condom Distribution</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Counseling after Diagnosis:</b> Discussion of next steps upon receipt of an HIV test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Non-Occupational Post Exposure Prophylaxis (NPEP):</b> Taking antiretrovirals after HIV exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pre-Exposure Prophylaxis (PrEP):</b> Taking antiretrovirals to prevent HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Test and Treat/ Rapid Access</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Testing for Hepatitis</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Testing for HIV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Testing for Sexually Transmitted Infections (STI)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

## Referrals for Clients with HIV

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

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

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

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

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

## Barriers Assessments

\* 27. 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):  |   |

28. **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

Clients don't know where to go for services

Clients are embarrassed or too upset to think about services

Clients are worried about others finding out they have HIV

Clients can't find a service provider who speaks their language

Clients are afraid they may be reported to the authorities due to immigration status

Clients think they can't afford the services they need

Clients find the system of care is hard to navigate

Clients can't get referrals for services they need

Clients have life issues to deal with such as food insecurity, mental health issues, etc.

Clients can't qualify for some services because of eligibility requirements

Clients don't have a way to get to appointments

Client schedules do not fit available service hours

Clients don't have anyone to take care of their children while they receive care

\* 29. Does your organization have a waitlist for services?

- Yes
- No

30. If your organization has a waitlist,

For what services?

How long do clients typically stay on the waitlist?

\* 31. Name (main contact) for questions on this survey

\* 32. Email address of person completing this survey

33. 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](mailto:marlen@behavioralscience.com) or call 305-448-5258.

DRAFT

**COMMUNITY COALITION ROUNDTABLE  
JANUARY 27, 2025, AND FEBRUARY 24, 2025**

- Participated in a ViiV awareness campaign presentation concerning communication by people with HIV with their mothers, either born biological or chosen.
  - Reviewed vacancies and discussed strategies for targeted recruitment.
  - Requested information on funding for new recruitment strategies and supporting materials.
  - Suggested updating the Partnership’s website to remove “AIDS” from the URL.
  - Developed a phone banking script and scheduled a phone banking day for March 24, 2025.
  - Reviewed the Medical Case Management service description as part of ongoing review and better understanding of Ryan White Program services.
  - Reviewed the Ryan White Program Recipient reports.
- 

**HOUSING COMMITTEE MEETING  
JANUARY 16, 2025**

- Elected Lileaus Hill as Chair; Vice Chair position is vacant.
  - Reviewed their 2025 meeting dates and agenda items.
- 

**STRATEGIC PLANNING COMMITTEE  
FEBRUARY 14, 2025**

- Elected Stephanie Stonestreet as Chair and Angela Machado as Vice Chair.
  - Reviewed their 2025 meeting dates and agenda items.
- 

**JOINT INTEGRATED PLANNING REVIEW TEAM (JIPRT)  
JANUARY 21, 2025**

- Held breakout groups to review quarterly data and suggested updates and additional data.
- Received the 2027-2031 Integrated Plan Guidance.

The JIPRT is comprised of Strategic Planning Committee and Prevention Committee members. The JIPRT meetings take the place of Strategic Planning Committee and Prevention Committee stand-alone meetings.

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**OTHER COMMITTEES**

The Executive Committee and Prevention Committee have not met since the last Partnership meeting.

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~ MARCH 2025 ~ Miami-Dade HIV/AIDS Partnership Calendar ~

Monday	Tuesday	Wednesday	Thursday	Friday	 <p><b>MIAMIDADE HIV/AIDS PARTNERSHIP</b></p> <p>The Miami-Dade HIV/AIDS Partnership is the Official Ryan White Program Planning Council in Miami-Dade County. Our members are people with HIV and people who care about people with HIV!</p> <p>People with HIV are encouraged to participate!</p> <p>All events on this calendar are open to the public.</p> <p><b>RSVP</b></p> <p>Your participation matters! Please let us know if you're coming to the meeting!</p> <p>RSVP to (305) 445-1076 or <a href="mailto:mdcpartnership@behavioralscience.com">mdcpartnership@behavioralscience.com</a></p> <p><b>Be prepared!</b></p> <p>Go to <a href="http://www.aidsnet.org">www.aidsnet.org</a> or click on your meeting for agendas, minutes, and meeting documents.</p> <p><b>Stay connected!</b></p> 
<b>3</b>	<b>4</b> <b>Miami-Dade HIV/AIDS Partnership</b> 10:00 AM to 12:00 PM at MDC Main Library	<b>5</b> <b>Get on Board! Planning Council Member Enrichment Training</b> 12:00 PM to 1:00 PM via Microsoft Teams	<b>6</b>	<b>7</b>	
<b>10</b> National Women & Girls HIV/AIDS Awareness Day	<b>11</b>	<b>12</b>	<b>13</b> <b>Care &amp; Treatment Committee</b> 10:00 AM to 12:00 PM at Care Resource	<b>14</b> <b>Strategic Planning Committee</b> 10:00 AM to 12:00 PM at BSR Corp.	
<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b> National Native HIV/AIDS Awareness Day <b>Housing Committee</b> 2:00 PM to 4:00 PM at Care Resource	<b>21</b>	
<b>24</b>	<b>25</b>	<b>26</b> <b>Executive Committee</b> 10:00 AM to 12:00 PM at BSR Corp.	<b>27</b> <b>Prevention Committee</b> 10:00 AM to 12:00 PM at FDOH-Health District Center	<b>28</b> <b>Medical Care Subcommittee</b> 9:30 AM to 11:30 PM at BSR Corp.	
<b>31</b> <b>Community Coalition Roundtable</b> 4:00 PM to 6:00 PM (Dinner at 3:30 PM) at Care Resource	<p><b>MEETING LOCATIONS</b></p> <p><b>BSR Corp.</b> ~ Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard., Suite 240, Coral Gables, FL 33134</p> <p><b>Care Resource Community Health Centers</b>, Midtown Miami, 3510 Biscayne Boulevard, 1<sup>st</sup> Floor Community Room, Miami, FL 33137</p> <p><b>FDOH-Health District Center</b> - 1350 NW 14th Street, Conference Room 401B, Miami, FL 33125</p> <p><b>Miami-Dade County Main Library</b>, 101 West Flagler Street, Auditorium, Miami, FL 33130</p>				

**APPROVAL OF REPORTS \*1 MOTION\***

*This motion should be put forward following Grantee/Recipient Top Line Summaries.*

Approval of Reports	
<b>6</b>	<b>Motion</b>
	<b>Motion to accept the Membership, Grantee/Recipient, and Committee Reports as presented.</b>



 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Tuesday, March 4, 2025**

10:00 AM – 12:00 PM

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium, Miami, FL 33130

**AGENDA**

- |             |   |                        |
|-------------|---|------------------------|
| I.          | Call to Order   | Alecia Tramel-McIntyre |
| II.         | Introductions   | All                    |
| III.        | Housekeeping  | Alecia Tramel-McIntyre |
| IV.         | Floor Open to the Public  | Harold McIntyre        |
| V.          | Review/Approve Agenda   | All                    |
| VI.         | Review/Approve Minutes of January 7, 2025   | All                    |
| <b>VII.</b> | <b>Reports</b>  |                        |
| A.          | Membership  | Alecia Tramel-McIntyre |
|             | ▪ Source of Income Filing   |                        |
| B.          | Committee Action Items  |                        |
|             | ▪ Care and Treatment (5 Motions)  | Dr. Diego Shmuels      |
|             | - Ryan White Program Service Descriptions   |                        |
|             | - Oral Health Care Standards  |                        |
|             | - Provider Capacity Survey  |                        |
|             | ▪ Community Coalition Roundtable, Housing, Strategic Planning, JIPRT (No action items)  |                        |
| <b>C.</b>   | <b>Grantee/Recipient Top Line Summaries</b>   |                        |
|             | ▪ Ryan White Part A/MAI   | Carla Valle-Schwenk    |
|             | ▪ Ryan White Part B   | Karen Poblete          |
|             | ▪ General Revenue at SFAN   | Angela Machado         |
|             | ▪ AIDS Drug Assistance Program (ADAP)   | Dr. Javier Romero      |
|             | ▪ Housing Opportunities for Persons With AIDS (HOPWA)   | No Report              |
| D.          | Approval of Reports (1 Motion)  | All                    |
| VIII.       | Standing Business   | Alecia Tramel-McIntyre |
|             | ▪ 2025 Officer Elections  |                        |
|             | ▪ Passing the Gavel   |                        |
| IX.         | New Business  |                        |
|             | ▪ Renaming the Partnership’s Website  | Alecia Tramel-McIntyre |
|             | ▪ Special Presentation: <i>MSM who engage in chemsex in South Florida: Preliminary findings from Florida NHBS-BHBA in 2023-2024</i> | Dr. David Forrest      |
| X.          | Announcements and Open Discussion   | All                    |
| XI.         | Next Meetings   |                        |
|             | ▪ Report for Action! April Partnership Meeting Briefing via Microsoft Teams on Friday, April 4, 2025                                |                        |
|             | ▪ Partnership Meeting at the Miami-Dade County Main Library on Monday, April 7, 2025  |                        |
|             | ▪ Calendar Update – May Partnership Meeting moved to Monday, <b>May 12</b> , 2025   |                        |
| XII.        | Adjournment   | Alecia Tramel-McIntyre |

***Please mute or turn off all cellular devices.***

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

Follow Us: [www.aidsnet.org](http://www.aidsnet.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)



## Grantee/Recipient Top Line Summary Reports

As of March 3, 2025

This report includes top line summaries of Grantee/Recipient monthly expenditure and utilization reports.

Complete reports are posted at <https://aidsnet.org/the-partnership/#pshipreports1>. You are encouraged to review all reports prior to the meeting. All data are subject to review and editing.

For additional guidance on reading and understanding reports, staff is available to host the Get on Board! Training session on this topic. Contact [mdcpartnership@behavioralscience.com](mailto:mdcpartnership@behavioralscience.com) to schedule a training.

### Ryan White Program Part A /Minority AIDS Initiative (MAI)

Services from March 2024 through January 2025, as of February 26, 2025

#### Ryan White Program Part A

#### Minority AIDS Initiative (MAI)

##### Service Utilization (Number of Clients Served)

- |   |  |
|---|--|
| <input type="checkbox"/> 4,187 clients in January 2025    | <input type="checkbox"/> 630 clients in January 2025 |
| <input type="checkbox"/> 9,074 clients Year-to-Date (YTD) | <input type="checkbox"/> 1,480 clients YTD           |

##### Top Three Services by Clients Served - January 2025

- |   |  |
|---|--|
| 1. 3,321 clients – Medical Case Management (MCM)                | 1. 596 clients – MCM                   |
| 2. 1,343 clients – Outpatient/Ambulatory Health Services (OAHS) | 2. 65 clients – OAHS                   |
| 3. 432 clients – Oral Health Care                               | 3. 33 clients – Medical Transportation |

##### Expenditures (Resource Allocations)

- |  |  |
|--|--|
| <input type="checkbox"/> \$14,994,324.99 in direct services (67%)<br><i>Approximately 13% increase since last month's report.</i>          | <input type="checkbox"/> \$1,384,906.06 in direct services (49%)<br><i>Approximately 3% increase since last month's report.</i>          |
| <input type="checkbox"/> \$17,130,056.51 in total grant expenditures (67%)<br><i>Approximately 12% increase since last month's report.</i> | <input type="checkbox"/> \$1,550,664.39 in total grant expenditures (38%)<br><i>Approximately 2% increase since last month's report.</i> |

##### Top Three Services by Expenditures (Including Carryover Funds)

- |                                      |                           |
|--------------------------------------|---------------------------|
| 1. \$5,142,547.57 – OAHS             | 1. \$690,257.10 – MCM     |
| 2. \$3,768,074.75 – MCM              | 2. \$669,162.86 – OAHS    |
| 3. \$2,699,914.00 – Oral Health Care | 3. \$16,590.00 – Outreach |

#### Program Notes

- The County is continuing to monitor the impact of recent federal Executive Orders and will notify the Miami-Dade HIV/AIDS Partnership, subrecipients, the HIV community, and other stakeholders of related impacts on the Ryan White Program, if any, once confirmed by our funder. The County's message is, "Please note that our office is closely monitoring this situation. Until we have further confirmed information on how or if these changes will affect the Ryan White Program, please continue to provide client services as usual. Remind clients of the importance of treatment adherence. Encourage the use of telehealth and medication delivery for clients who don't want to (or can't) come into the clinic or office."
- All FY 2024 contracts were executed as of Jan. 2025. The County is continuing with catching up on payments.
- Three FY 2024 RWP contract amendments are in the final stages of the signature process as of February 26, 2025, and will be executed no later than close of business on February 28, 2025.
- Pending reimbursement requests that have been received and are in the payment review process currently total: \$5,196,422.35 (Part A); and \$260,183.00 (MAI).
- The total Part A & MAI combined unduplicated client count is 9,199 clients.

**RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)**

**PART A**

**EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR34  
FORMULA AND SUPPLEMENTAL FUNDING**

**Per Resolution #s: R-1162-21, R-246-20, R-247-20 & R-817-19**

This report includes YTD paid reimbursements for FY 2024 Part A service months up to January 2025, as of 2/26/2025. This report reflects reimbursement requests that were due by 2/20/2025, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$5,196,422.35. All contracts for Part A services have been executed. Three Part A amendments are pending execution by 2/28/2025.

Project #: BURW3403	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,389,150.00	FORMULA	
Grant Award Amount FY22 Formula	2,353.00	PY_FORMULA	
Grant Award Amount Supplemental	6,799,165.00	SUPPLEMENTAL	FY 2024 Award
Grant Award Amount FY22 Supplemental	1,620,086.00	PY_SUPPLEMENTAL	\$24,810,754
Carryover Award of FY23 Formula Funds	795,210.00	CARRYOVER	
<b>Total Award</b>	<b>\$ 25,605,964.00</b>		

Priority Order

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER			
DIRECT SERVICES:			
	Allocations	Carryover (C/O) Allocations	
<b>Core Medical Services</b>			
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		
<b>CORE Services Totals:</b>	<b>18,582,437.00</b>		
		<b>Carryover Allocations</b>	
<b>Support Services</b>			
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		
<b>SUPPORT Services Totals:</b>	<b>3,147,242.00</b>	<b>795,210.00</b>	
FY 2024 Award (not including C/O)	21,729,679.00		
<b>DIRECT SERVICES TOTAL:</b>	<b>\$ 22,524,889.00</b>		

Total Core Allocation	18,582,437.00		
Target at least 80% core service allocation	17,383,743.20		
<b>Current Difference (Short) / Over</b>	<b>\$ 1,198,693.80</b>		
<b>Recipient Admin. (GC, GTL, BSR Staff)</b>	<b>\$ 2,477,019.00</b>		
<b>Quality Management</b>	<b>\$ 604,056.00</b>	3,081,075.00	
<b>(+) Unobligated Funds / (-) Over Obligated:</b>			
Unobligated Funds (Formula & Supp)	\$ -		
Unobligated Funds (Carry Over)	\$ -	\$ -	25,605,964.00

<b>Core medical % against Total Direct Service Allocation (Not including C/O):</b>	<b>85.52%</b>	<b>Within Limit</b>
Cannot be under 75%		
<b>Quality Management % of Total Award (Not including C/O):</b>	<b>2.43%</b>	<b>Within Limit</b>
Cannot be over 5%		
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	<b>9.98%</b>	<b>Within Limit</b>
Cannot be over 10%		

CURRENT CONTRACT EXPENDITURES			
DIRECT SERVICES:			
Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	1,490.50	
5606920000	Health Insurance Services	240,904.99	
5606870000	Medical Case Management	3,768,074.75	
5606860000	Mental Health Therapy/Counseling	45,370.00	
5606900000	Oral Health Care	2,699,914.00	
5606610000	Outpatient/Ambulatory Health Svcs	5,142,547.57	
5606910000	Substance Abuse - Outpatient	1,320.00	
<b>CORE Services Totals:</b>		<b>11,899,621.81</b>	
Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	599,157.20	795,210.00
5606460000	Medical Transportation	88,933.63	
5606890000	Other Professional Services	33,606.00	
5606950000	Outreach Services	96,296.35	
5606930000	Substance Abuse - Residential	1,481,500.00	
<b>SUPPORT Services Totals:</b>		<b>2,299,493.18</b>	<b>795,210.00</b>
FY 2024 Award (not including C/O)		14,199,114.99	
<b>TOTAL EXPENDITURES DIRECT SVCS &amp; % :</b>		<b>\$ 14,994,324.99</b>	<b>66.57%</b>

<b>Formula Expenditure %</b>	<b>81.39%</b>
5606710000 <b>Recipient Administration</b>	1,635,731.52
5606880000 <b>Quality Management</b>	500,000.00
	2,135,731.52
<b>Grant Unexpended Balance</b>	<b>FY 2023 Award</b>
	<b>8,475,907.49</b>
<b>Total Grant Expenditures &amp; %</b>	<b>\$ 17,130,056.51</b>
	<b>66.90%</b>

<b>Core medical % against Total Direct Service Expenditures (Not including C/O):</b>	<b>83.81%</b>	<b>Within Limit</b>
Cannot be under 75%		
<b>Quality Management % of Total Award (Not including C/O):</b>	<b>2.02%</b>	<b>Within Limit</b>
Cannot be over 5%		
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	<b>6.59%</b>	<b>Within Limit</b>
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 January 2025, as of 2/26/2025. This report reflects reimbursement requests that were due by 2/20/2025, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$260,183.00. All contracts and amendments for MAI services have been executed.

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
<b>Total Award</b>	<b>\$ 4,075,342.00</b>	

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

CURRENT CONTRACT EXPENDITURES			
Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
<b>DIRECT SERVICES:</b>			
<b>Core Medical Services</b>			
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	347,707.30	342,549.80
5606860000	Mental Health Therapy/Counseling	1,592.50	
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	363,727.84	305,435.02
5606910000	Substance Abuse - Outpatient	0.00	
CORE Services Totals:		713,027.64	647,984.82
<b>Support Services</b>			
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	6,881.69	421.91
5606890000	Other Professional Services		
5606950000	Outreach Services	16,590.00	
5606930000	Substance Abuse - Residential		
SUPPORT Services Totals:		23,471.69	421.91
FY 2024 Award (not including C/O)		736,499.33	
<b>TOTAL EXPENDITURES DIRECT SVCS &amp; %:</b>		<b>\$ 1,384,906.06</b>	<b>48.91%</b>

Total Core Allocation	1,401,868.00		
Target at least 80% core service allocation	1,166,089.60		
<b>Current Difference (Short) / Over</b>	<b>\$ 235,778.40</b>		
<b>Recipient Admin. (OMB-GC)</b>	<b>\$ 260,057.00</b>		
<b>Quality Management</b>	<b>\$ 100,000.00</b>	360,057.00	\$ 3,191,372.00
<b>(+) Unobligated Funds / (-) Over Obligated:</b>			
Unobligated Funds (MAI)	\$ 791,203.00		
Unobligated Funds (Carry Over)	\$ 92,767.00	883,970.00	4,075,342.00

5606710000	Recipient Administration	82,425.03	
5606880000	Quality Management	83,333.30	165,758.33
<b>Grant Unexpended Balance</b>		<b>FY 2024 Award</b>	<b>Carryover</b>
		1,698,314.34	826,785.18
<b>Total Grant Expenditures &amp; % (Including C/O):</b>		<b>\$ 1,550,664.39</b>	<b>38.05%</b>

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

<b>Core medical % against Total Direct Service Expenditures (Not including C/O):</b>	<b>96.76%</b>	<b>Within Limit</b>
Cannot be under 75%		
<b>Quality Management % of Total Award (Not including C/O):</b>	<b>3.20%</b>	<b>Within Limit</b>
Cannot be over 5%		
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	<b>3.17%</b>	<b>Within Limit</b>
Cannot be over 10%		

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

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

**January 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>
	1	32	1	5
	25	4,547	23	1,760
	8,008	97,519	3,733	8,755
	30	592	17	111
	579	9,817	432	2,800
	2,600	29,113	1,394	4,407
	2	28	2	8
	1,730	12,816	322	874
	312	6,506	234	967
	25	373	4	75
	39	424	29	253
	624	6,159	30	84
<b>TOTALS:</b>	13,975	167,926		

Total unduplicated clients (month):

4,511

**Total unduplicated clients (YTD):**

9,199

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:

**January 2025**

**FUNDING SOURCE(S) INCLUDED:**

Ryan White Part A

**SERVICE CATEGORIES**

**Core Medical Services**

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

**Medical Case Management**

Mental Health Services

**Oral Health Care**

**Outpatient Ambulatory Health Services**

Substance Abuse Outpatient Care

**Support Services**

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
AIDS Pharmaceutical Assistance (LPAP/CPAP)	1	32	1	5
Health Insurance Premium and Cost Sharing Assistance	25	4,547	23	1,760
<b>Medical Case Management</b>	6,773	84,814	<b>3,321</b>	8,456
Mental Health Services	20	552	9	88
<b>Oral Health Care</b>	579	9,817	<b>432</b>	2,800
<b>Outpatient Ambulatory Health Services</b>	2,495	26,323	<b>1,343</b>	4,229
Substance Abuse Outpatient Care	2	28	2	8
<b>Support Services</b>				
Food Bank/Home Delivered Meals	1,730	12,816	322	874
Medical Transportation	277	6,300	201	926
Other Professional Services	25	373	4	75
Outreach Services	36	392	26	229
Substance Abuse Services (residential)	624	6,159	30	84
<b>TOTALS:</b>	<b>12,587</b>	<b>152,153</b>		

**Total unduplicated clients (month):**

**4,187**

**Total unduplicated clients (YTD):**

**9,074**

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

**January 2025**

**FUNDING SOURCE(S) INCLUDED:**

Ryan White MAI

**SERVICE CATEGORIES**

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
<b>Core Medical Services</b>				
Medical Case Management	1,235	12,705	596	1,110
Mental Health Services	10	40	8	23
Outpatient Ambulatory Health Services	105	2,790	65	664
<b>Support Services</b>				
Medical Transportation	35	206	33	48
Outreach Services	3	32	3	24
<b>TOTALS:</b>	<b>1,388</b>	<b>15,773</b>		

Total unduplicated clients (month):

630

Total unduplicated clients (YTD):

1,480



Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
<b>Core Medical Services</b>	
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
<b>Support Services</b>	
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 Program Part B

December 2024, as of February 28, 2025

- **Top Three Services by Clients Served**
  1. 147 clients – Referral for Health Care/Supportive Services
  2. 67 clients – Medical Case Management
  3. 67 clients – Emergency Financial Assistance
- **Top Three Direct Services by Expenditures**
  1. \$48,739.17 – Emergency Financial Assistance
  2. \$41,776.72 – Non-Medical Case Management
  3. \$39,515.20 – Medical Case Management
- **Program Notes**
  - Total expenditures this period: \$149,622.73.

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## AIDS Drug Assistance Program (ADAP)

January 2025 as of February 3, 2025

- **Enrollments By Type**
  - 99 New enrollments
  - 781 Re-enrollments
  - 7,659 Clients served
- **Affordable Care Act (ACA)**
  - \$5,203,613.10 – ACA payments
  - 2,975 Premiums paid
  - \$1,749.11 – Average cost per premium
- **Pharmacy (Rx)**
  - \$1,327,091.08 – Rx expenditures
  - 2,637 Prescriptions dispensed
  - 749 Clients served
- **Program Notes**
  - Benefit levels, Cabenuva® usage, Medicare- and ACA-related updates, and direct dispense access details are included in the complete report.

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## General Revenue at SFAN

January 2025, as of February 26, 2025

- **Top Three Services by Clients Served**
  1. 214 clients – Non-Medical Case Management
  2. 190 clients – Transportation
  3. 98 clients – Ambulatory Outpatient Care
- **Top Three Services by Expenditures**
  1. \$52,179.97 – Medical Case Management:
  2. \$46,709.70 – Nursing Home Care:
  3. \$41,651.19 – Substance Abuse Residential:
- **Program Notes**
  - Served 722 unduplicated clients for a total of \$340,822.02
  - Nursing Home Care services are ongoing with 5 clients currently being served.
  - As part of medical transportation, SFAN is continuing to provide bus passes and Lyft services.
  - All GR-funded beds at the Salvation Army are still full.

Provider Agency Name & Address  
 FDOH in Miami-Dade County  
 1350 N.W. 14th St.,  
 Miami, 33125

**Florida Department of Health**  
**Expenditure/Invoice Report**  
**Program Name: Patient Care-Consortia**



**Contract Name: 2024-2025 Miami Dade CHD RW  
 Consortia**

**Area Name: AREA 11A**  
**Month: December**  
**Year: 2024-2025**

Report generated on: 02/28/2025

<b>Contract Services</b>	<b>Expended Month</b>	<b># of Clients</b>	<b># of Service Units</b>	<b>Approved Budget</b>	<b>Expended Budget</b>	<b>Expended Y-T-D</b>	<b>Rate of Expend</b>
<b>Administrative Services</b>	December	0	0	\$125,294.00	\$3,883.42	\$96,986.12	77%
<b>Medical Case Management (including treatment adherence)</b>	December	67	9,060	\$111,527.00	\$10,419.00	\$95,789.25	86%
<b>Mental Health Services - Outpatient</b>	December	17	63	\$25,000.00	\$2,047.50	\$21,645.00	87%
<b>Emergency Financial Assistance</b>	December	67	158	\$912,456.00	\$48,739.17	\$400,192.68	44%
<b>Non-Medical Case Management Services</b>	December	11	11	\$184,024.00	\$41,776.72	\$112,860.82	61%
<b>Referral for Health Care/Supportive Services</b>	December	301	301	\$203,006.00	\$39,515.20	\$142,205.64	70%
<b>Clinical Quality Management</b>	December	0	0	\$82,071.00	\$1,502.77	\$13,955.35	17%
<b>Planning and Evaluation</b>	December	0	0	\$36,471.00	\$1,738.95	\$14,191.53	39%
<b>Totals</b>		<b>463</b>	<b>9593</b>	<b>\$1,679,849.00</b>	<b>\$149,622.73</b>	<b>\$897,826.39</b>	

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

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

Total Contract Amount	\$1,679,849.00
Minus Expended Y-T-D	\$897,826.39
Minus UNPAID Advances	\$0.00
Balance To Draw	\$782,022.61

Total Expenditures this period: \$149,622.73  
Less Advance Payback this period: \$0.00

**AMOUNT OF FUNDS REQUESTED THIS REPORT: \$149,622.73**

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

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

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



Vision: To be the Healthiest State in the Nation

Ron DeSantis  
Governor

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

FEBRUARY 3, 2025

ADAP MIAMI-DADE / SUMMARY REPORT ^ – JANUARY 2025

UTILIZATION & EXPENDITURES

MONTH	1 <sup>ST</sup> 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 65<sup>TH</sup> BIRTHDAY THIS MONTH.
- \*02/03/25: MEDICARE 228 OPEN ENROLLMENT. ENDED DECEMBER 7<sup>TH</sup>. 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 15<sup>TH</sup>.

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 WVP & 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 MAS
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](http://WWW.ADAPMIAMI.COM) / [ADAP.FLDOHMDC@FLHEALTH.GOV](mailto:ADAP.FLDOHMDC@FLHEALTH.GOV)



During this month of January we served a total of 722 unduplicated clients. We continue to provide Nursing Homes services currently we have a total of 5 clients. We are also as part of medical transportation we continue to provide bus passes as well as Lyft services. All of our beds at the Salvation Army continue to be full.

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

	January 25			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	98	129	28,293.48	417,381.75	1,644,600.00	1,856
Drug Pharmaceuticals	20	37	25,960.23	141,449.77	288,900.00	243
Early Intervention Services					63,206	
Oral Health			-	3,573.00	50,000.00	3
Home & Community Base Services	3	49	3,204.71	4,166.71	12,000.00	49
Home Health Care				13,873.50	30,000.00	307
Mental Health Services	57	95	11,226.94	51,636.83	120,000.00	426
Nutrition Counseling	25	29	4,444.12	5,177.42	20,000.00	34
Medical Case Management	34	56	52,179.97	837,536.80	1,692,262.00	8,746
Sustance Abuse Services	7	578	10,820.58	27,288.53	93,000.00	1,523
Food Bank/Home Delivered Meals	7	20	550.00	6,350.00	50,000.00	359
Non-Medical Case Management	214	215	39,171.19	262,194.83	630,735.00	915
Other Support Services / Emergency Fin. Assistance	1	1	2,515.68	50,000.22	192,000.00	20
Psychosocial Support Services	14	1,636	21,500.20	41,579.56	55,000.00	3,316
Transportation	190	323	16,669.35	25,720.03	82,250.00	501
Referral for Health Care / Supportive Services	39	138	35,924.68	258,057.78	420,820.00	1,077
Substance Abuse Residential	8	153	41,651.19	124,681.34	281,955.00	458
Residential Care - Adult				111,795.93	204,035.00	1,196
Nursing Home Care	5	162	46,709.70	331,730.83	470,000.00	1,205
Hospital Services						
	722	3,621	340,822.02	2,714,194.83	6,400,763.00	22,234



 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Tuesday, March 4, 2025**

10:00 AM – 12:00 PM

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium, Miami, FL 33130

**AGENDA**

- |             |   |                        |
|-------------|---|------------------------|
| I.          | Call to Order   | Alecia Tramel-McIntyre |
| II.         | Introductions   | All                    |
| III.        | Housekeeping  | Alecia Tramel-McIntyre |
| IV.         | Floor Open to the Public  | Harold McIntyre        |
| V.          | Review/Approve Agenda   | All                    |
| VI.         | Review/Approve Minutes of January 7, 2025   | All                    |
| <b>VII.</b> | <b>Reports</b>  |                        |
| A.          | Membership  | Alecia Tramel-McIntyre |
|             | ▪ Source of Income Filing   |                        |
| B.          | Committee Action Items  |                        |
|             | ▪ Care and Treatment (5 Motions)  | Dr. Diego Shmuels      |
|             | - Ryan White Program Service Descriptions   |                        |
|             | - Oral Health Care Standards  |                        |
|             | - Provider Capacity Survey  |                        |
|             | ▪ Community Coalition Roundtable, Housing, Strategic Planning, JIPRT (No action items)  |                        |
| C.          | Grantee/Recipient Top Line Summaries  |                        |
|             | ▪ Ryan White Part A/MAI   | Carla Valle-Schwenk    |
|             | ▪ Ryan White Part B   | Karen Poblete          |
|             | ▪ General Revenue at SFAN   | Angela Machado         |
|             | ▪ AIDS Drug Assistance Program (ADAP)   | Dr. Javier Romero      |
|             | ▪ Housing Opportunities for Persons With AIDS (HOPWA)   | No Report              |
| <b>D.</b>   | <b>Approval of Reports (1 Motion)</b>   | <b>All</b>             |
| VIII.       | Standing Business   | Alecia Tramel-McIntyre |
|             | ▪ 2025 Officer Elections  |                        |
|             | ▪ Passing the Gavel   |                        |
| IX.         | New Business  |                        |
|             | ▪ Renaming the Partnership’s Website  | Alecia Tramel-McIntyre |
|             | ▪ Special Presentation: <i>MSM who engage in chemsex in South Florida: Preliminary findings from Florida NHBS-BHBA in 2023-2024</i> | Dr. David Forrest      |
| X.          | Announcements and Open Discussion   | All                    |
| XI.         | Next Meetings   |                        |
|             | ▪ Report for Action! April Partnership Meeting Briefing via Microsoft Teams on Friday, April 4, 2025                                |                        |
|             | ▪ Partnership Meeting at the Miami-Dade County Main Library on Monday, April 7, 2025  |                        |
|             | ▪ Calendar Update – May Partnership Meeting moved to Monday, <b>May 12</b> , 2025   |                        |
| XII.        | Adjournment   | Alecia Tramel-McIntyre |

***Please mute or turn off all cellular devices.***

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

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 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Tuesday, March 4, 2025**

10:00 AM – 12:00 PM

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium, Miami, FL 33130

**AGENDA**

- |       |   |                               |
|-------|---|-------------------------------|
| I.    | Call to Order   | Alecia Tramel-McIntyre        |
| II.   | Introductions   | All                           |
| III.  | Housekeeping  | Alecia Tramel-McIntyre        |
| IV.   | Floor Open to the Public  | Harold McIntyre               |
| V.    | Review/Approve Agenda   | All                           |
| VI.   | Review/Approve Minutes of January 7, 2025   | All                           |
| VII.  | Reports   |                               |
|       | A. Membership   | Alecia Tramel-McIntyre        |
|       | ▪ Source of Income Filing   |                               |
|       | B. Committee Action Items   |                               |
|       | ▪ Care and Treatment (5 Motions)  | Dr. Diego Shmuels             |
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| VIII. | <b>Standing Business</b>  | <b>Alecia Tramel-McIntyre</b> |
|       | ▪ <b>2025 Officer Elections</b>   |                               |
|       | ▪ <b>Passing the Gavel</b>  |                               |
| IX.   | New Business  |                               |
|       | ▪ Renaming the Partnership's Website  | Alecia Tramel-McIntyre        |
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## *Memo*

**To:** Miami-Dade HIV/AIDS Partnership Members

**From:** Christina Bontempo

**Date:** February 26, 2025

**Re:** 2025 Officer Elections

---

As announced in January and per the Partnership Bylaws, elections of Partnership Chair and Vice Chair will be held on March 4, 2025.

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

The Partnership Officers develop agendas with support staff, lead committee meetings, serve as the Chair and Vice Chair of the Executive Committee, and serve as the Partnership liaison to the HRSA Project Officer. Staff provides comprehensive training for all Officers.

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

1. The Partnership shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the Partnership.
2. Officers shall be full voting members.
3. At least one (1) officer of the Partnership must be a person with HIV.
4. The Chair or Vice-Chair of the Partnership shall be a member of the affected community and recipient of Part A services.
5. The Chair and Vice-Chair of the Partnership shall not be representatives of a grantee organization, and shall not personally provide, represent entities that provide, or otherwise possess a financial relationship with entities that provide HIV-related services funded by programs under the purview of the Partnership.
6. No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

*You are encouraged to add your name as a nominee* in advance of the meeting; nominations will also be taken from the floor at the March 4, 2025, meeting. If you are interested in this opportunity or if you have any questions, please contact me at (305) 445-1076 or by email at [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com).



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Florida Department of Health/CDC

**FL NHBS-BHBA 2023-2024**  
**MSM engaged in chemsex in**  
**Miami-Dade and Broward counties**

**DRAFT**

March 4, 2025

# Outline

- Formative Assessment methods and results
- BHBA population and question
- Quantitative data collection summary
- Qualitative data collection summary
- Triangulation, key findings, and recommendations
- Limitations
- Plans for data use and dissemination

# Formative Assessment



**David Forrest**  
**Project Consultant**

**DRAFT**

# Formative Assessment Methods

## CKIs

(13)



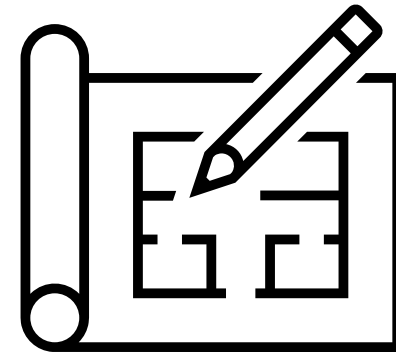
## PKIs

(17)



## Observations

(18 events-163 men)



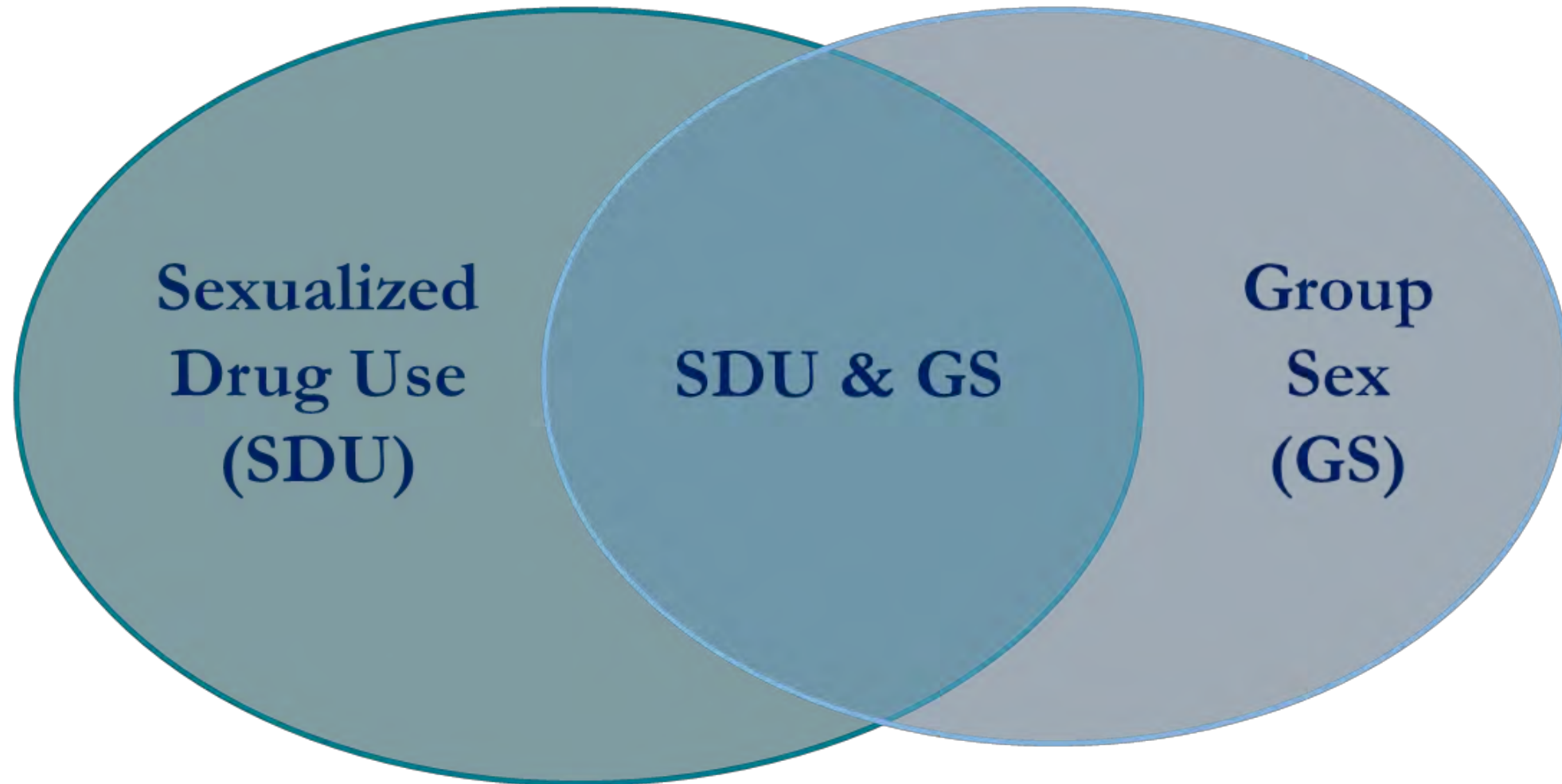
# Formative Assessment Findings

- Many younger men learn the chemsex scene as part of acculturation to local gay community where drug use is normative
- Social media and dating apps a common way for MSM who engage in chemsex to connect
- Chemsex events may be a way to explore fantasy and camaraderie for the men attending
- Social leveler aspect to chemsex scene with greater mix of ages and ethnicities than in broader gay community



# Defining the Priority Population

**MSM Who Engage in Chemsex**



# Study Question

*What are the behaviors and other factors which place MSM who engage in chemsex at risk of HIV infection in Miami-Dade and Broward counties?*



# LATINOS SALUD



PRIDE · COMMUNITY · SUPPORT



## Our Services

- ✓ HIV Testing
- ✓ STD Screening and Treatment
- ✓ PrEP Enrollment and Prescriptions
- ✓ Ryan White HIV Case Management
- ✓ Linkage-to-Care
- ✓ Health & Culture Events
- ✓ Youth Services
- ✓ DiversiSAFE Risk Reduction Counseling
- ✓ Vaccinations for:
  - COVID-19, Hepatitis A & B, Monkeypox, Human Papillomavirus (HPV), Meningitis
  - ACA Insurance Premium Support
  - Support Services

**From 4 South Florida Locations**

 /LatinosSalud  
 /LatinosSaludFL

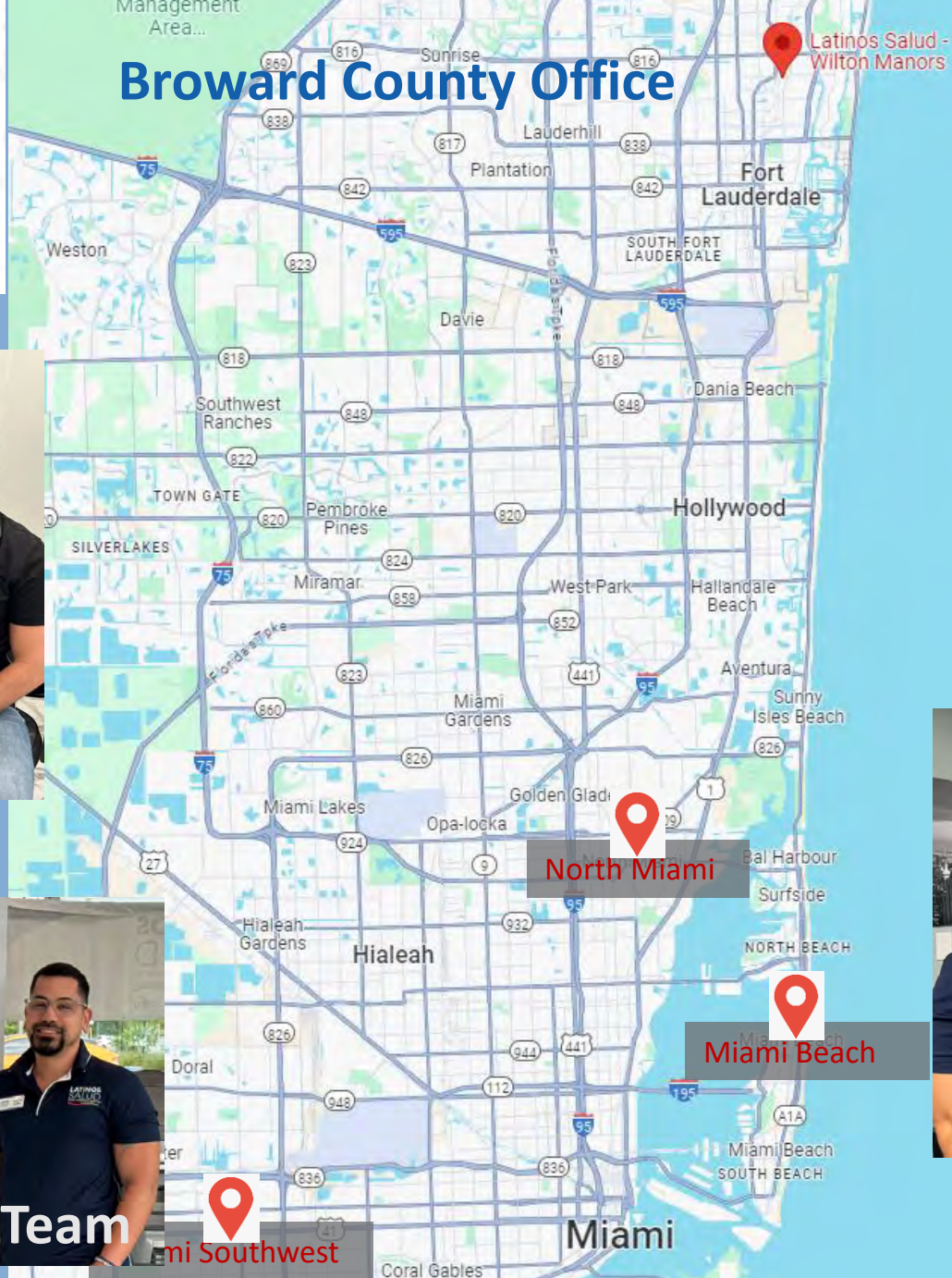
[www.LatinosSalud.org](http://www.LatinosSalud.org)



**Quantitative Data Collection**

# Quantitative Objectives

1. Describe the sexual and drug use behaviors among MSM who engage in sexualized drug use (SDU) or group sex, also referred to as chemsex.
2. Describe the use of HIV prevention methods among MSM who engage in chemsex, including: use of PrEP/PEP and HIV testing practices among HIV negative participants; ART use and viral suppression among HIV-positive participants; and condom use.



# Broward County Office

Wilton Manors

North Miami

Miami Beach

Miami Southwest



Miami North Team



Wilton Manors Team



Miami Southwest Team

**LATINOS SALUD**  
PRIDE • COMMUNITY • SUPPORT

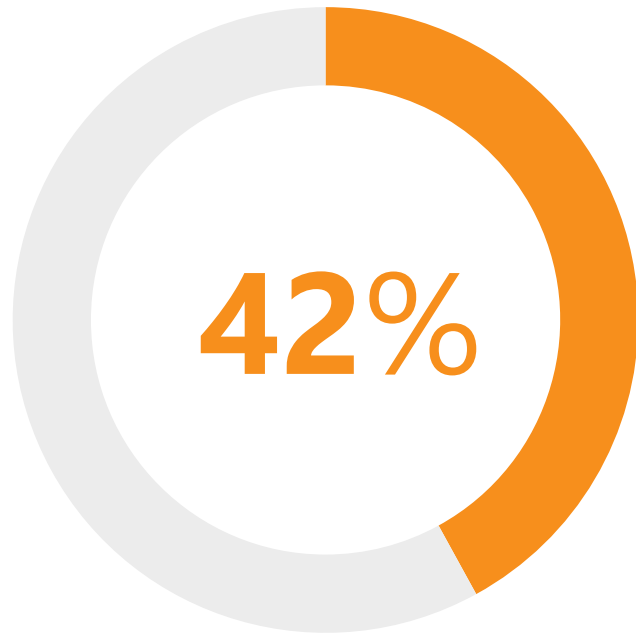
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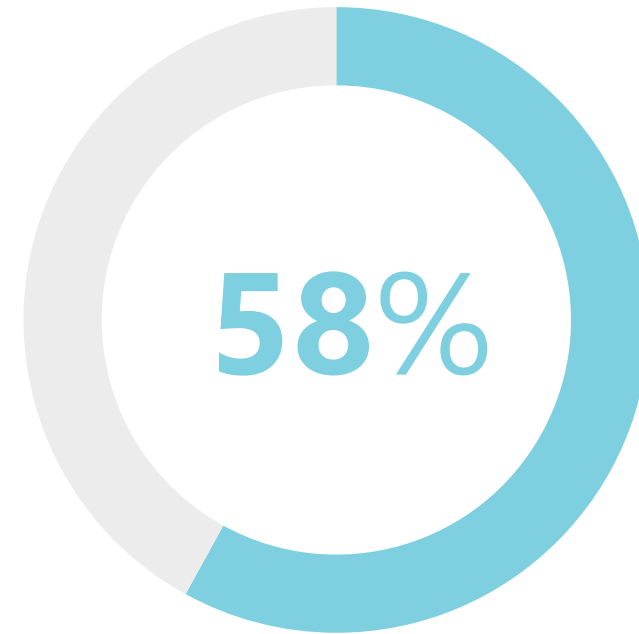


Miami Beach Team

# Recruitment Methods & Results

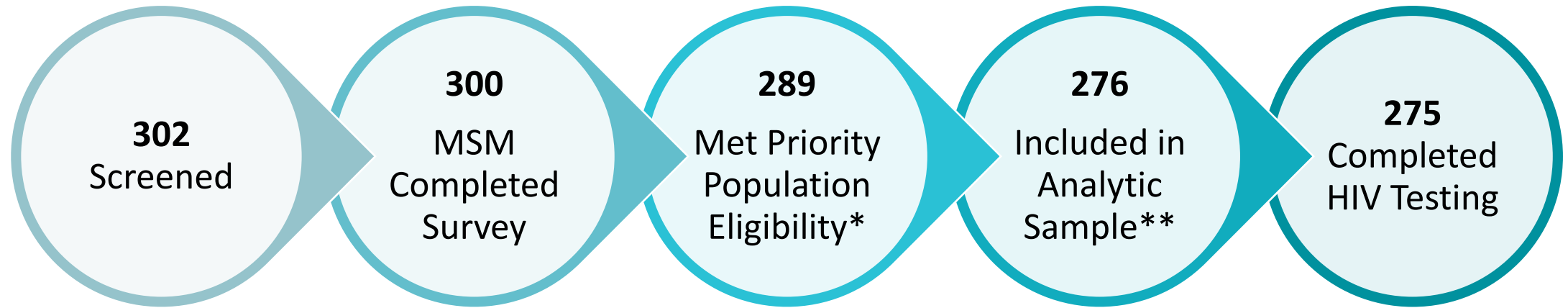


Initial Recruitment



Peer Recruitment

# Quantitative Sample

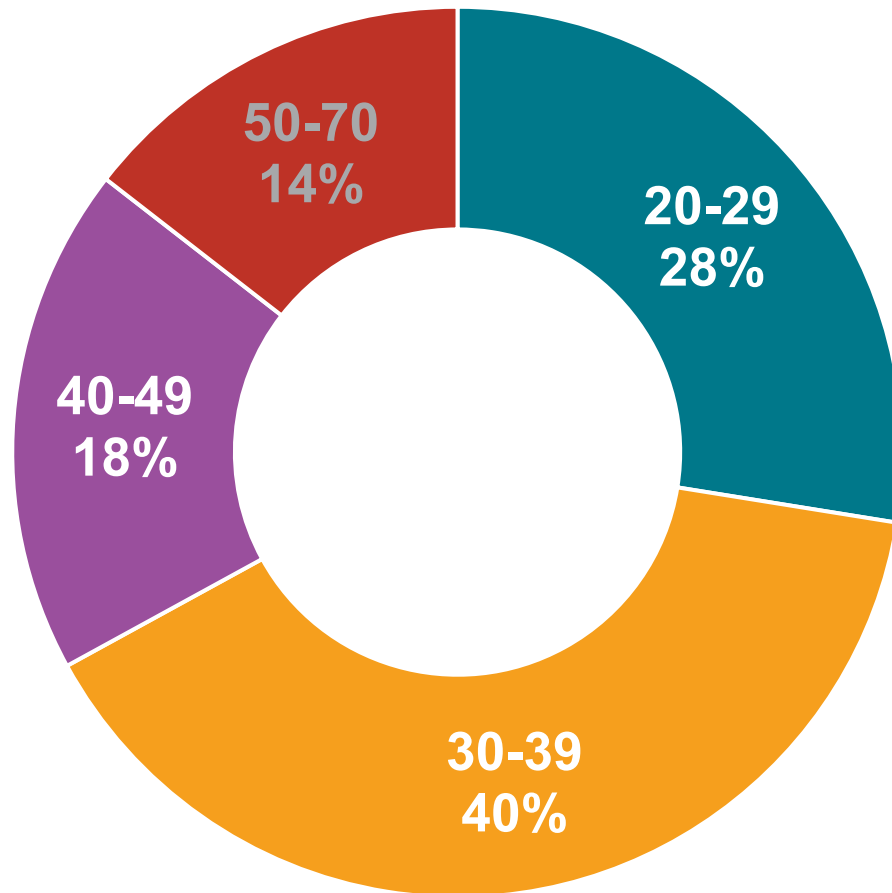


**DRAFT**

\* The priority population was limited to MSM who reported sexualized drug use or group sex in the past 12 months.

\*\* Thirteen records were excluded from the analytic sample due to data validity issues.

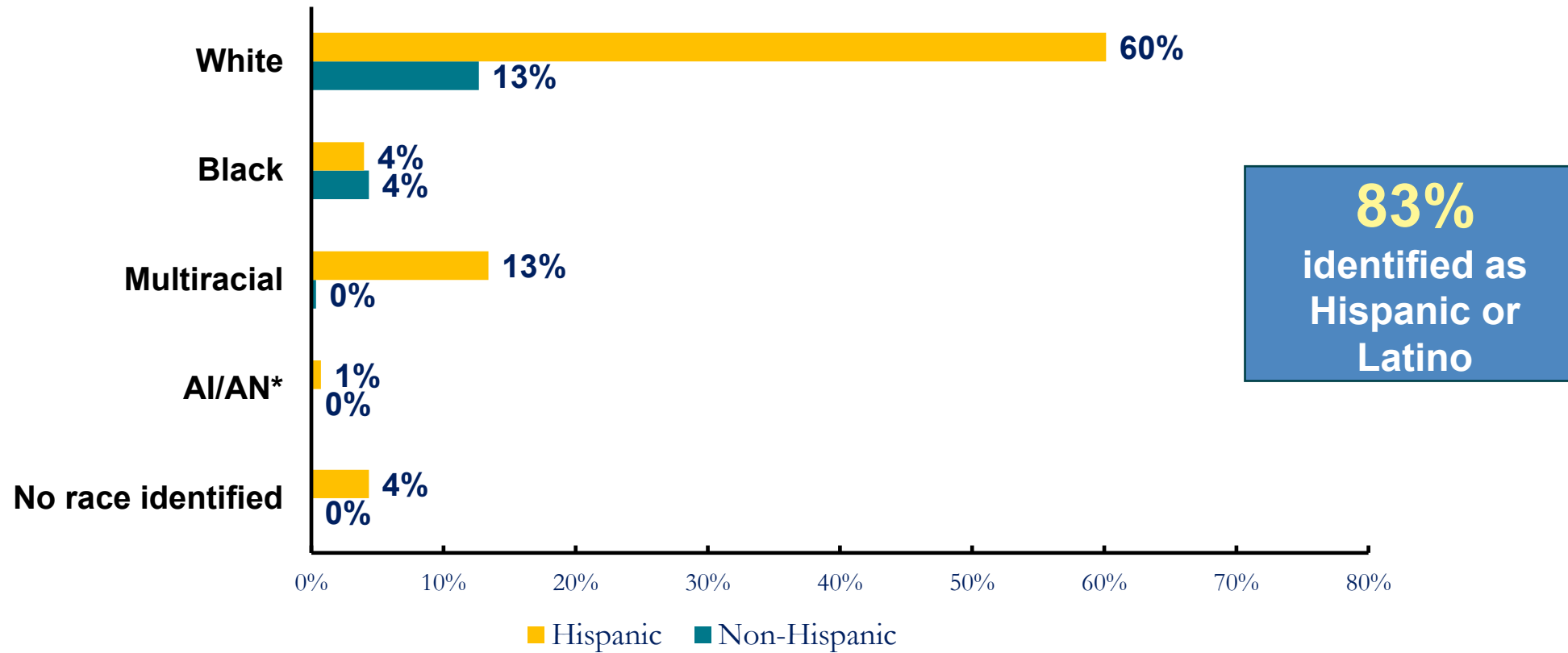
# Age Distribution (n=276)



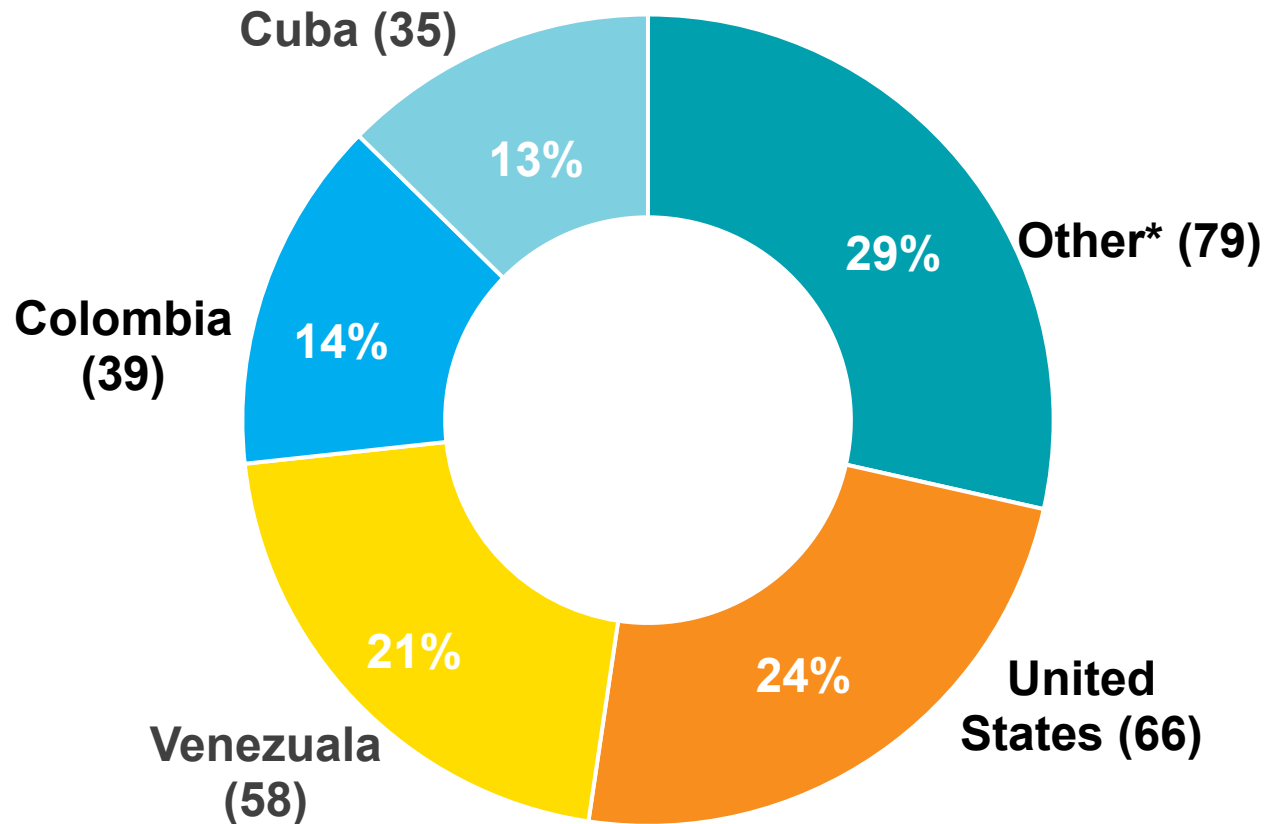
**68%** were  
younger men  
<40 years old



# Race and Ethnicity (n=276)



# Country of Birth (N=277)



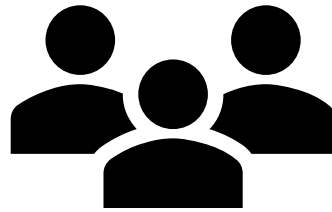
*Other Country of Birth	
Nicaragua	12
Puerto Rico	12
Brazil	7
Honduras	7
El Salvador	6
Dominican Republic	5
Peru	5
Ecuador	4
Mexico	2
Argentina	2
Chile	2
Costa Rica	2
Panama	2
Spain	2
Bosnia	1
Czech Republic	1
France	1
Ireland	1
Italy	1
Lebanon	1
Mexico	1
Portugal	1
Ukraine	1

# Sexualized Drug Use and Group Sex



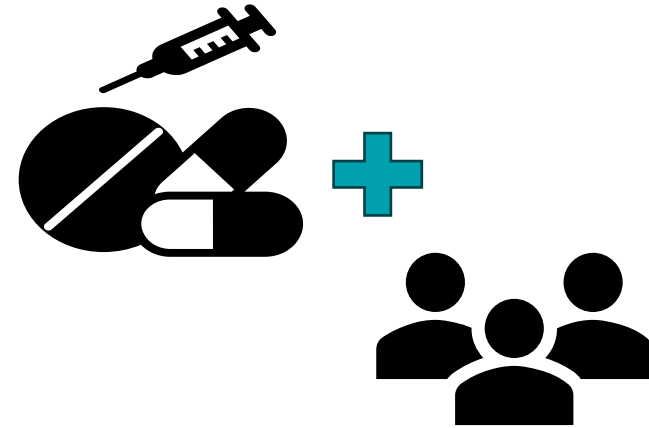
Sexualized Drug Use\*

**90%**



Group Sex\*\*

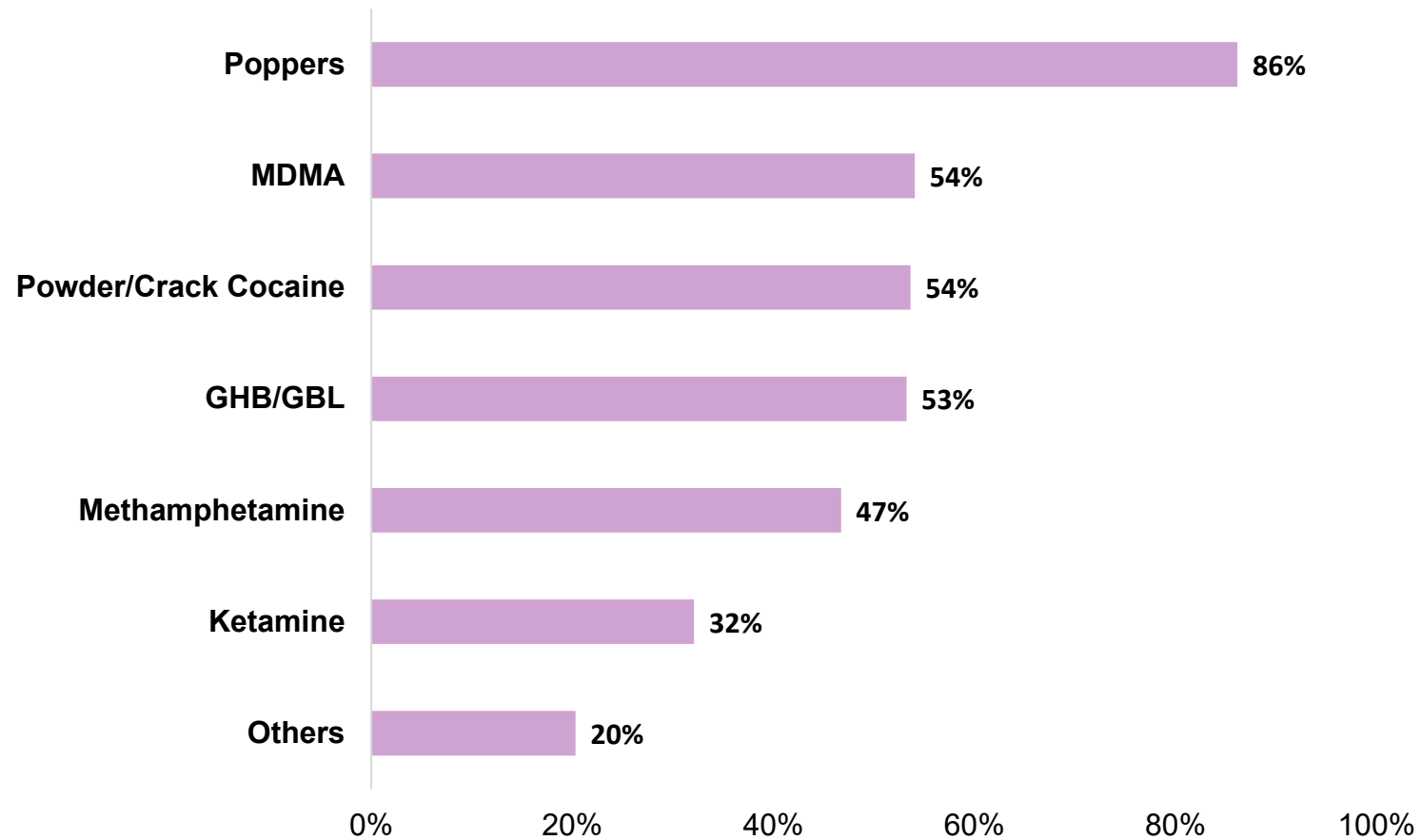
**93%**



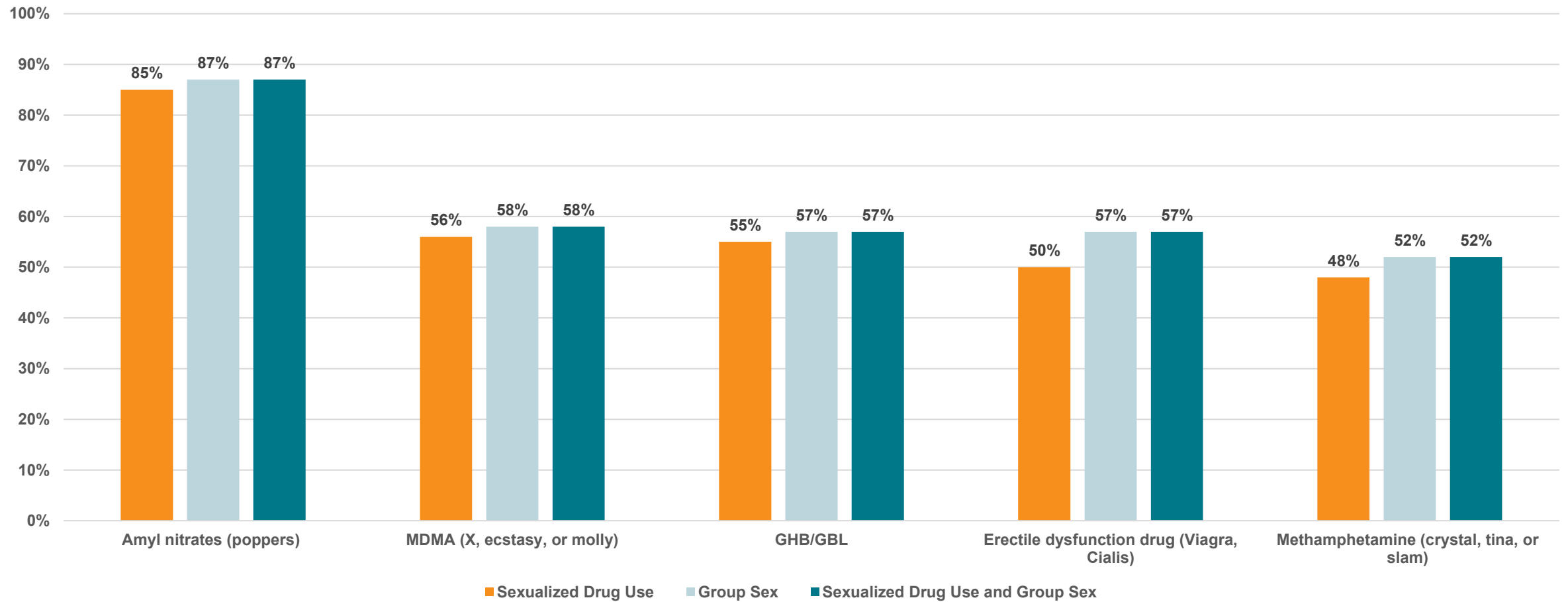
Sexualized Drug Use and  
Group Sex\*\*\*

**83%**

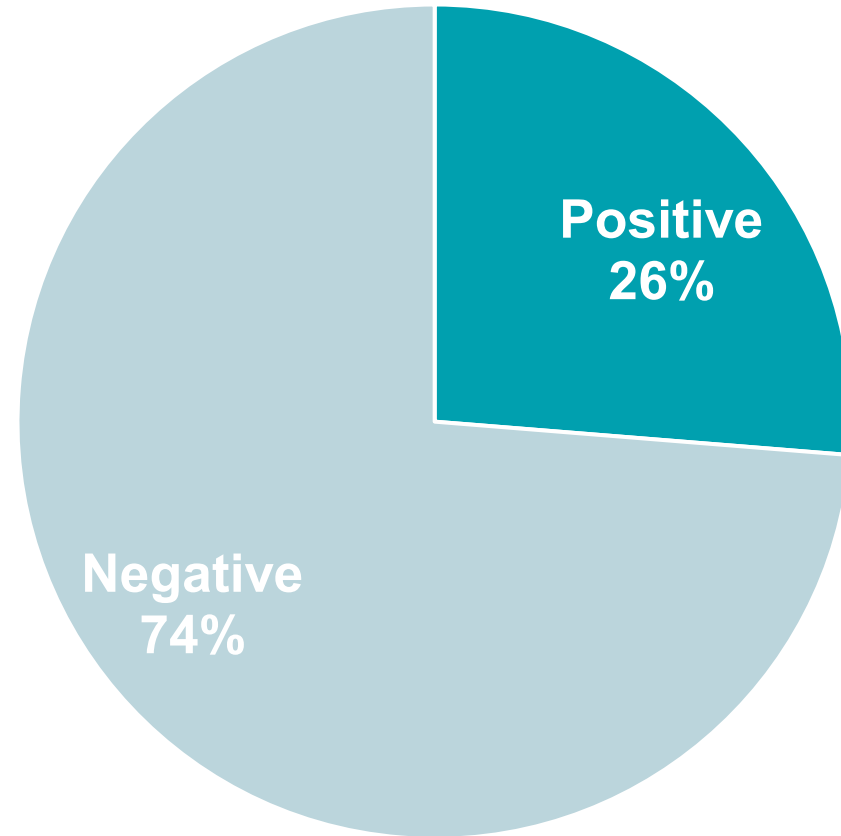
# Drugs taken for SDU in past 12 months



# Reported drug use by SDU, GS, SDU/GS

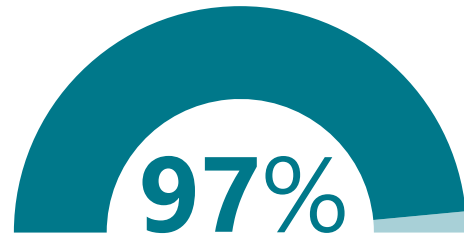


# HIV Status (N=274)

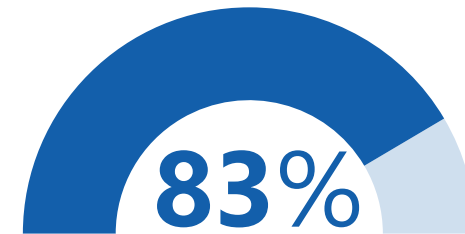


# HIV Testing & PrEP Use among HIV negative participants (N=206)

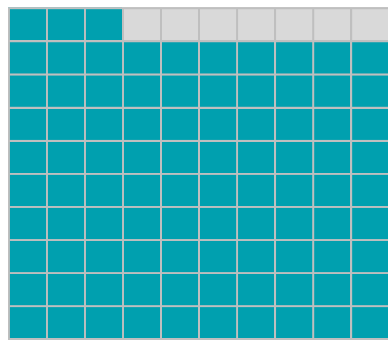
Tested for HIV in the past 12 months



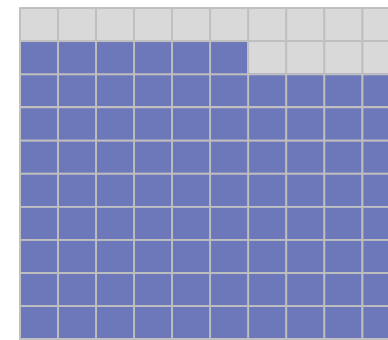
Used PrEP in the past 12 months



# ART Use and Viral Suppression (N=70)



**93%**  
Currently taking  
ART

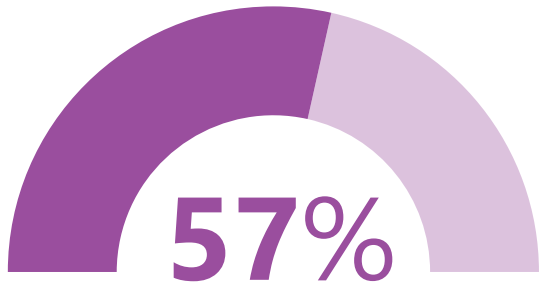


**86%**  
“Undetectable” on  
last viral load test



# Mpox vaccination and diagnosis

Received at least one dose of Mpox vaccine  
(n=276)



Reported Mpox diagnosis  
(n=275)

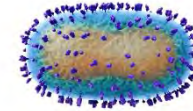
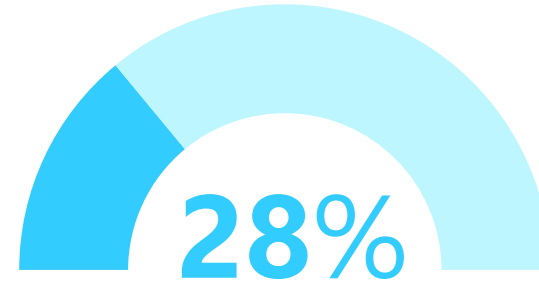
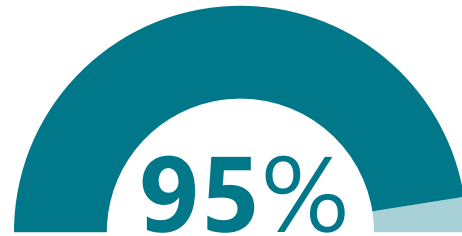


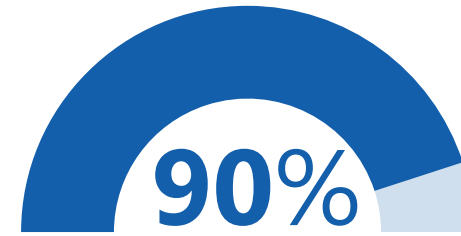
Illustration: Cognition Studio, Inc. and David H. Spach, MD

# STI testing (n=276)

Tested for STIs

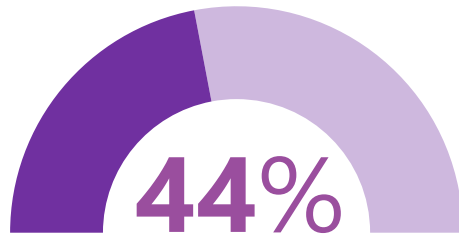


Rectal testing for STIs

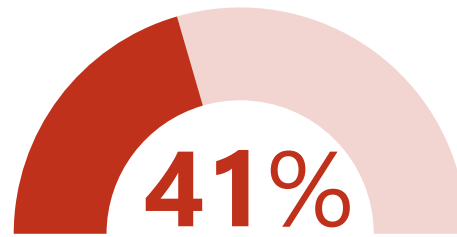


# STI Diagnoses (n=261)

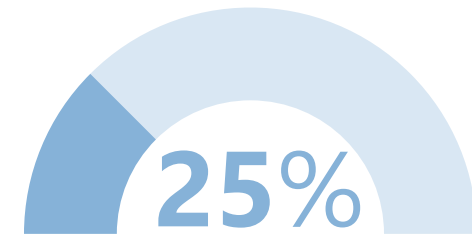
Gonorrhea



Chlamydia



Syphilis





Mark Burnard  
Qualitative  
Interviewer

# Qualitative Data Collection



Gladys Ibanez  
Qualitative  
Researcher

# Qualitative Objectives

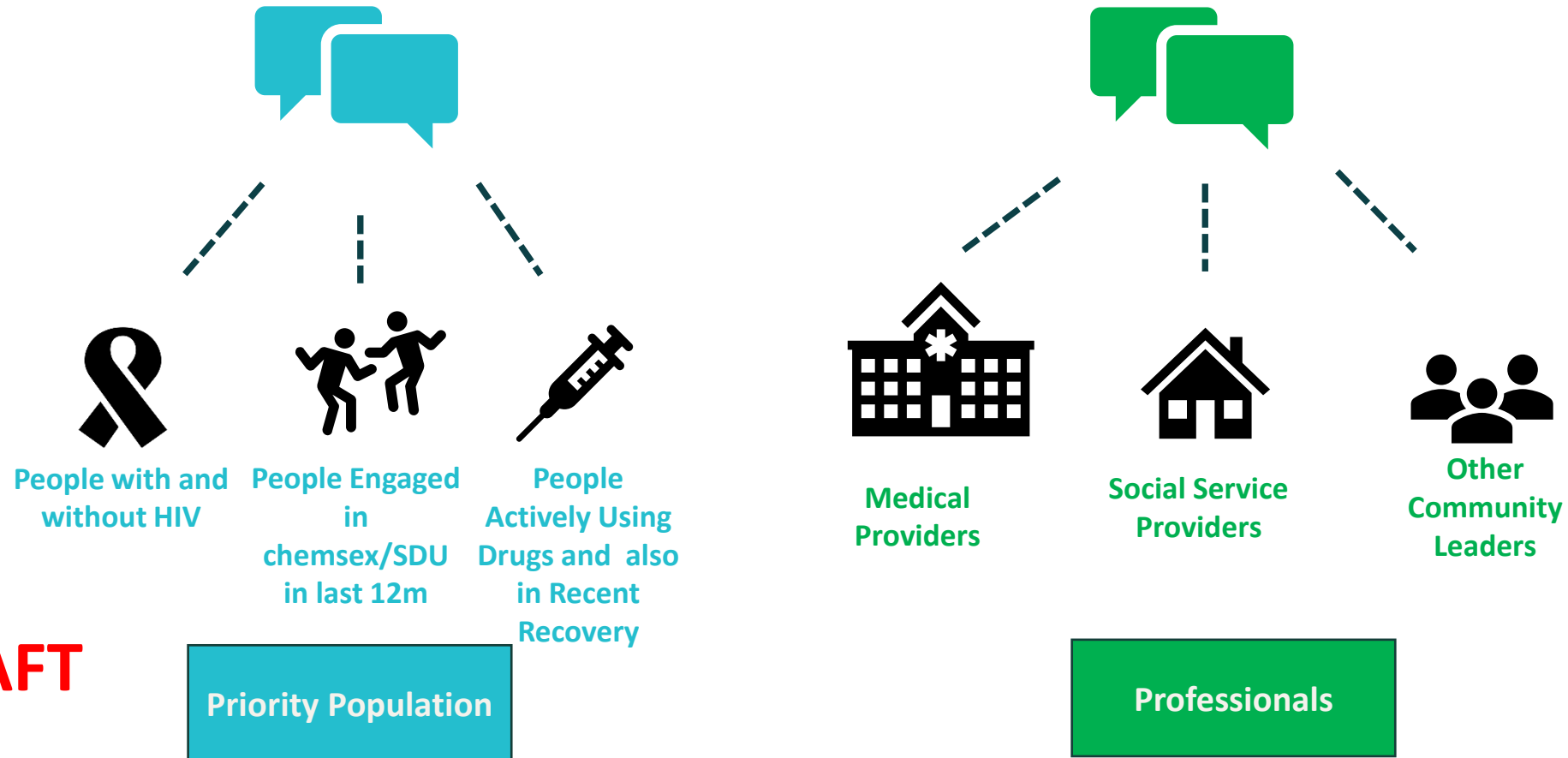
1. Describe the sexual and drug related behaviors among MSM engaging in chemsex
2. Describe the sociocultural context (e.g., acculturation, roles) for chemsex, at interpersonal and intrapersonal levels;
3. Identify potential prevention and harm reduction strategies and types of interventions that MSM involved in chemsex, can benefit from;

# In-Depth Interview Guide Development and Analysis

- **Domains of Interest**
  - General description of the chemsex scene
  - Personal experience in chemsex or sexualized drug use
  - Prevention, harm reduction strategies and intervention recommendations
- **Guide Development Process**
  - Literature review
  - Formative assessment
  - Discussion with CDC and FDOH team; IRB submission/approval

**DRAFT**

# Conducted 24 interviews in **Priority Population** and **7 Professionals** who work in their communities



**DRAFT**

# Professional Key Informant Interviews

- Number of Interviews = 7
- Demographics
  - Provider or Profession Type
    - Clinician (n=3; 43%)
    - Community health educators (n=2; 29%)
    - SSP program manager (n=1;14%)
    - Sex Therapist (n=1; 14%)
  - Types of population(s) that they work with: Men who have sex men; MSM who inject drugs; people with HIV

**DRAFT**



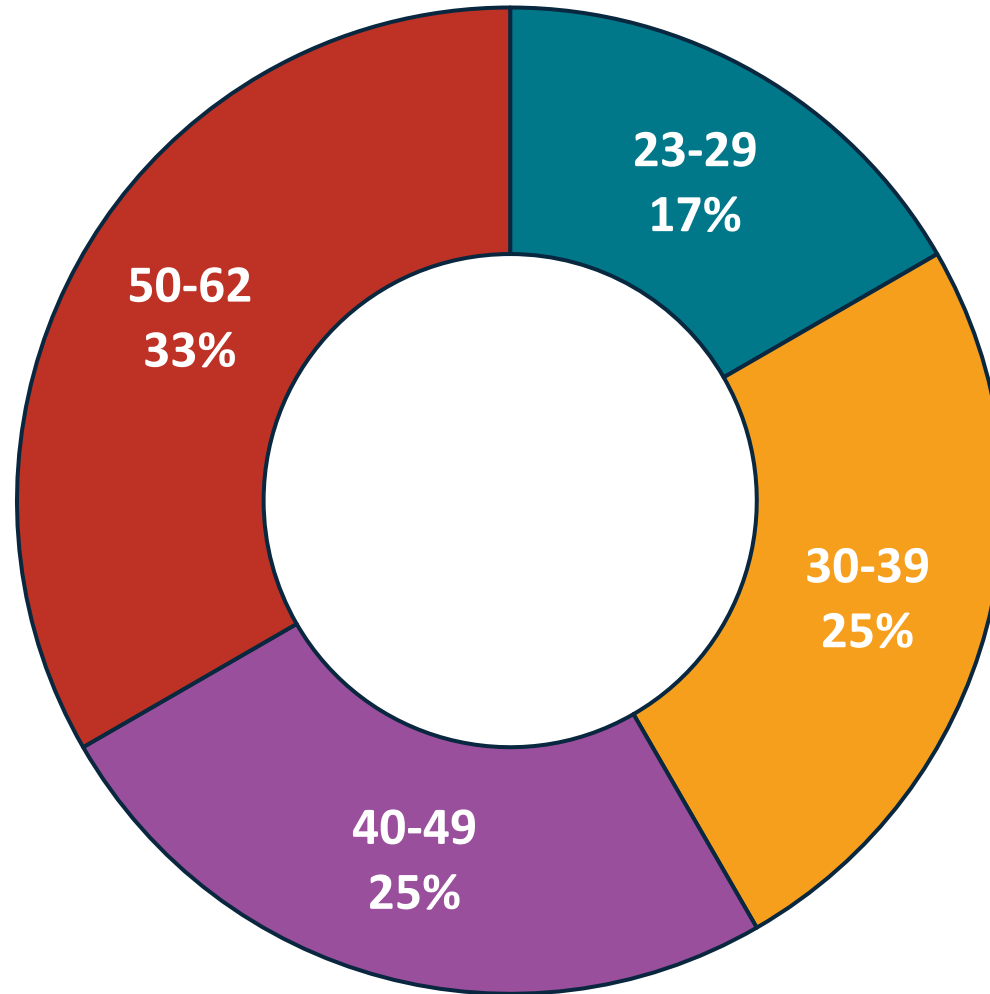
# Community Key Informants (CKIs) Recruitment Sources

- Broward House – a social service organization for people with HIV
- Latinos Salud
- Crystal meth support group
- Formative assessment

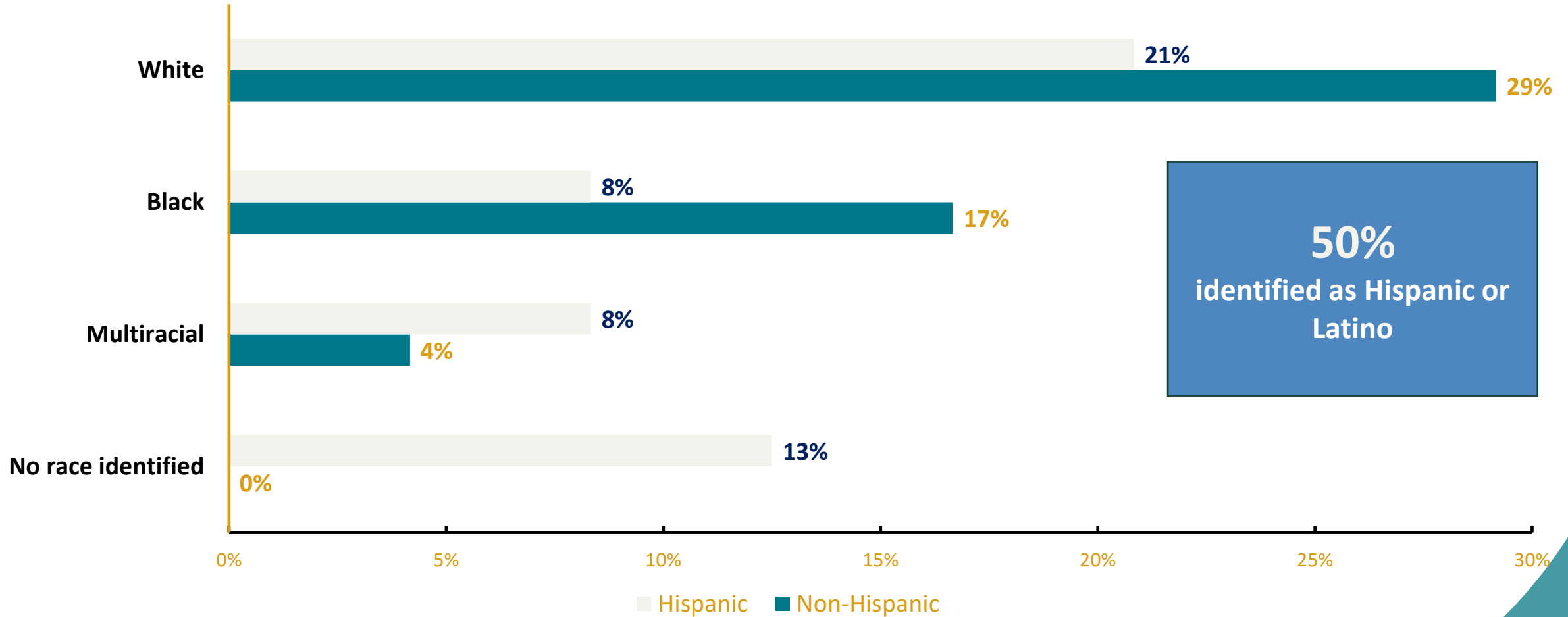


# Age Distribution of CKIs (n=24)

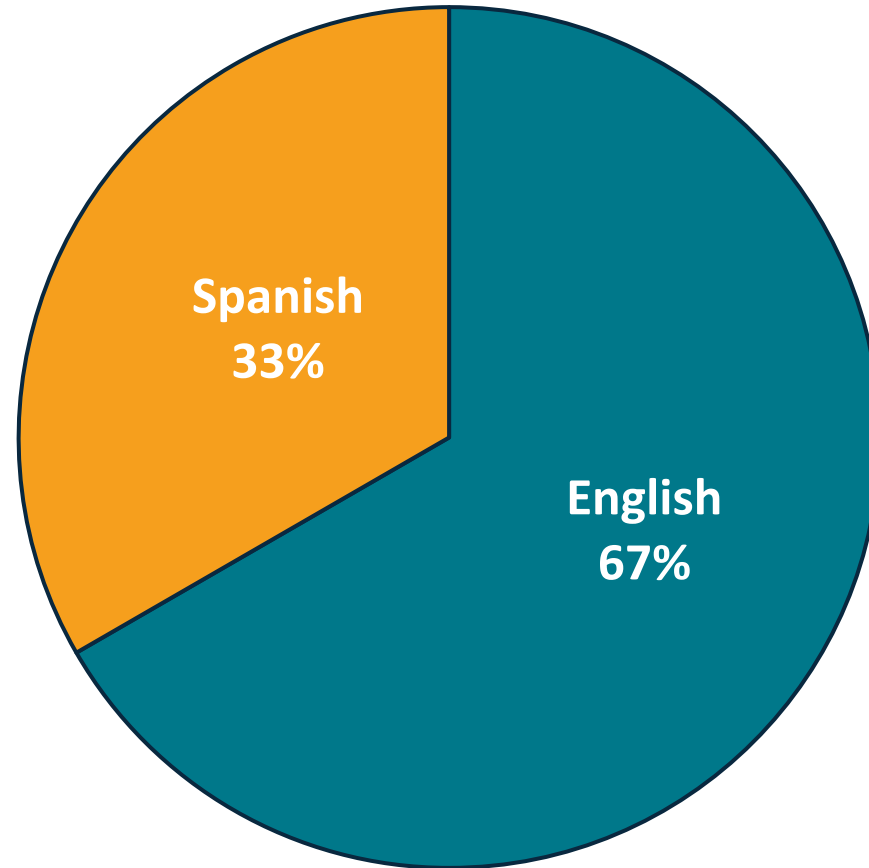
**58%** were men aged 40 years or older



# Race and Ethnicity of CKIs (n=24)



## Interview Language of CKIs (n=24)



Of 24 CKIs, **63%**  
self-reported HIV-positive.



# Sexual & Drug-Related Behaviors: Emerging Themes

- Poly substance use and multiple modes of administration are common
- Drugs were used interchangeably based on what effect the men wanted
- Chemsex settings vary and may include one-on-one, small groups, or large parties

# Sociocultural Context: Emerging Themes

- Men talked about different reasons or motivations for wanting to engage in chemsex
- Men describe the interpersonal context of chemsex including power dynamics and criminal/predatory behaviors
- Men describe the intrapersonal context of chemsex which include a mix of both positive and negative emotional experiences
- There is a heightened risk of STIs within chemsex

# Motivations for Engaging in Chemsex



Ease of access via dating apps



Exploration of new experiences



Peer pressure



Promotes interpersonal connection



Lowers inhibitions and increases self-esteem



Increased stamina (longer sex, with multiple partners)

*“When you’re at a party and take drugs, the drugs... disinhibit your way of acting, feeling, and maybe that’s what leads you to be more affectionate, more loving, or makes it easier for you to interact with others”*

*-- 42 year-old Hispanic man*



# Prevention Strategies: Emerging Themes

- PrEP and ART use was high but there were instances of missing doses
- Immigrants also report difficulty accessing services when first arrived
- Condoms are usually not used in chemsex
- Status disclosure is done mostly via apps not at the parties, but status is never confirmed
- Men bring clean syringes to parties but sometimes reuse syringes with others

# Possible Interventions: Emerging Themes

- Having a safe space that MSM engaged in chemsex can talk or drop in for services would be helpful
- Create social events that MSM can attend and you can deliver health messages
- They also talked about intervention topics and the importance of education
- Mobile vans placed near chemsex parties where MSM can go get PrEP or PEP

# Triangulated Key Findings

- Poly substance use is common
- Chemsex participation happens on a behavioral continuum with drugs used for different effects
- Settings for chemsex also vary from one-on-one to small groups to large parties
- High unawareness among providers about chemsex behavior

**DRAFT**

# Initial Recommendations

- HIV prevention service providers should incorporate substance use and mental health screening and referral services
- Detox services should provide services for meth use
- Interventions with providers to train them on the prevalence of chemsex and how to talk to their clients in a nonjudgemental manner
- Mobile vans to provide easier access to PrEP/PEP and SSP services to MSM engaged in chemsex
- Making injectable PrEP and ART more widely available
- Increasing awareness about DoxyPEP

**DRAFT**

# Data Limitations

- Quantitative Data are predominately self-reported and subject to recall bias
- A high percentage of participants were recruited from among Latinos Salud clientele and therefore reflective of the demographics and other characteristics of the agency's service recipients; data results may not be reflective of the broader MSM/chemsex population

**DRAFT**

# Plans for data use and dissemination

- Present findings locally to allied service partners: Latinos Salud, HIV Prevention/Care Planning groups in Miami-Dade and Broward counties, substance abuse/mental health providers
- Present findings locally and statewide to allied community groups e.g., fetish and kink communities
- Present findings to FL DOH HIV statewide planning bodies (CAG)
- Present findings internally e.g., FL DOH STD, HIV prevention, viral hepatitis Teams (CAG)
- Publications workgroup: David Forrest, Gladys Ibanez, CDC PO staff
- Chemsex Factsheet (DOH website)

**DRAFT**

# Acknowledgements

## Florida Dept of Health

Daniel Grischy, MD, MPH  
Della Blue  
Principal Investigators

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Epidemiologist

Claudia Sanchez, MPH  
HIV Prevention Program Consultant

John-Mark Schacht, BA  
Project Coordinator

## Consultants and Providers

### **Local NHBS Consultants**

David Forrest, PhD, Monica Faraldo

### **Qualitative Data Collection Team**

Gladys Ibanez, PhD      Nerming Briones  
Mark Burnard, PhD      Elizabeth Cabrera

### **Quantitative Data Collection Team**

Esteban Atehortua	Juan Buch	Miguel Davila
Roman Flores	Noel Guillen	Luis Hernandez
Benjamin Rivera	Daniel Rodriguez	Milton Rodriguez
Mauro Schiller	Cecilio Trivino	Kevin Vargas

Numerous CDC Project Officers!!



 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Tuesday, March 4, 2025**

10:00 AM – 12:00 PM

Miami-Dade County Main Library  
101 West Flagler Street, Auditorium, Miami, FL 33130

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| IV.   | Floor Open to the Public  | Harold McIntyre        |
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| VI.   | Review/Approve Minutes of January 7, 2025   | All                    |
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|       | ▪ Source of Income Filing   |                        |
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| VIII. | Standing Business   | Alecia Tramel-McIntyre |
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MIAMI-DADE  
HIV/AIDS PARTNERSHIP

# Report for Action!

## *Partnership Meeting Briefing for Member Enrichment*

Join Partnership Staff for a *30-minute briefing* before your next Partnership meeting. We'll walk you through your meeting docs on [aidsnet.org/the-partnership/](https://aidsnet.org/the-partnership/) and highlight meeting action items. Items to review may include:

- Committee Report to the Partnership
- Membership Report
- Top Line Summary Reports Part A/MAI, Part B, ADAP, GR, HOPWA
- New Business
- And more!

Save the Dates! Time for all briefings is 12:00 PM to 12:30 PM

- |                       |                    |                        |
|-----------------------|--------------------|------------------------|
| • Friday, January 3   | • Friday, May 2    | • Friday, August 29    |
| • Friday, January 31  | • Friday, May 30   | • Friday, October 3    |
| • Friday, February 28 | • Thursday, July 3 | • Friday, October 31   |
| • Friday, April 4     | • Friday, August 1 | • Thursday, December 4 |



**JOIN VIA MICROSOFT TEAMS**

Meeting ID: 238 353 321 012

Passcode: pW9t2mR7

Questions? Contact us at [mdcpartnership@behavioralscience.com](mailto:mdcpartnership@behavioralscience.com)



 **MIAMI-DADE  
HIV/AIDS PARTNERSHIP**

**Tuesday, March 4, 2025**

10:00 AM – 12:00 PM

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101 West Flagler Street, Auditorium, Miami, FL 33130

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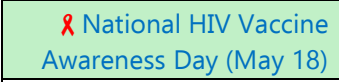

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# ~ APRIL 2025 ~ Miami-Dade HIV/AIDS Partnership Calendar ~

Monday	Tuesday	Wednesday	Thursday	Friday	
<b>MEETING LOCATIONS</b> <b>BSR Corp. ~ Behavioral Science Research Corp.,</b> 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134 <b>Care Resource Community Health Centers, Midtown</b> Miami, 3510 Biscayne Boulevard, 1 <sup>st</sup> Floor Community Room, Miami, FL 3313		<b>2</b> <b>Miami-Dade HIV/AIDS Partnership New Member Orientation</b> 1:00 PM to 4:00 PM via Microsoft Teams	<b>3</b>	<b>4</b> <b>Report for Action! April Partnership Meeting Briefing</b> 12:00 PM to 12:30 PM via Microsoft Teams	 <p>The Miami-Dade HIV/AIDS Partnership is the Official Ryan White Program Planning Council in Miami-Dade County. Our members are people with HIV and people who care about people with HIV!</p> <p><b>People with HIV are encouraged to participate!</b></p> <p>All events on this calendar are open to the public.</p> <h2>RSVP</h2> <p>Your participation matters! Please let us know if you're coming to the meeting!</p> <p>RSVP to (305) 445-1076 or <a href="mailto:mdcpartnership@behavioralscience.com">mdcpartnership@behavioralscience.com</a></p> <p><b>Be prepared!</b>                      Go to <a href="http://www.aidsnet.org">www.aidsnet.org</a> or click on your meeting for agendas, minutes, and meeting documents.</p> <p><b>Stay connected!</b></p>  
<b>7</b> <b>Miami-Dade HIV/AIDS Partnership</b> 10:00 AM to 12:00 PM at MDC Main Library	<b>8</b>	<b>9</b>	<b>10</b>  <b>National Youth HIV/AIDS Awareness Day Care &amp; Treatment Committee</b> 10:00 AM to 12:00 PM at Care Resource	<b>11</b>	
<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b> <b>Housing Committee</b> 2:00 PM to 4:00 PM at Care Resource	<b>18</b>  <b>National Transgender HIV Testing Day</b>	
<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b> <i>(New date)</i> <b>Joint Integrated Plan Review Team - Strategic Planning Committee and Prevention Committee</b> 10:00 AM to 1:00 PM at MDC Main Library	<b>25</b> <b>Medical Care Subcommittee</b> 9:30 AM to 11:30 AM at BSR Corp.	
<b>28</b> <b>Community Coalition Roundtable</b> 5:00 PM to 7:00 PM (Dinner at 4:30 PM) at Empower U	<b>29</b>	<b>30</b> <b>Executive Committee</b> Officer Training via Teams or In-Person Meeting with Officer Training, as Needed	<b>MEETING LOCATIONS</b> <b>Empower U Community Health Center</b> , 7900 NW 27th Avenue, Suite C3A, Miami FL 33147 <b>Miami-Dade County Main Library</b> , 101 West Flagler Street, Auditorium, Miami, FL 33130 <b>Report for Action!</b> Microsoft Teams, ID: 238 353 321 012; Passcode: pW9t2mR7		

# ~ MAY 2025 ~ Miami-Dade HIV/AIDS Partnership Calendar ~

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<p><b>5</b></p>	<p><b>6</b></p>	<p><b>7</b>  <b>Get on Board! Planning Council Member Enrichment Training</b>                      12:00 PM to 1:00 PM via Microsoft Teams</p>	<p><b>8</b>  <b>Care &amp; Treatment Committee Annual Needs Assessment/PSRA</b>                      10:00 AM to 12:00 PM at Care Resource</p>	<p><b>9</b>  <b>Strategic Planning Committee</b>                      10:00 AM to 12:00 PM at BSR Corp.</p>	<p><b>People with HIV are encouraged to participate!</b></p> <p>All events on this calendar are open to the public.</p>
<p><b>12</b>  <b>Miami-Dade HIV/AIDS Partnership</b> <i>(new date)</i>                      10:00 AM to 12:00 PM at MDC Main Library</p>	<p><b>13</b></p>	<p><b>14</b></p>	<p><b>15</b>  <b>Housing Committee</b>                      2:00 PM to 4:00 PM at Care Resource</p>	<p><b>16</b>  </p>	<p><b>RSVP</b></p> <p>Your participation matters! Please let us know if you're coming to the meeting!</p> <p>RSVP to (305) 445-1076 or <a href="mailto:mdcpartnership@behavioralscience.com">mdcpartnership@behavioralscience.com</a></p>
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<p><b>26</b>                      Memorial Day                      (BSR Offices Closed)</p>	<p><b>27</b></p>	<p><b>28</b>  <b>Executive Committee</b>                      10:00 AM to 12:00 PM at BSR Corp.</p>	<p><b>29</b>  <b>Prevention Committee</b>                      10:00 AM to 12:00 PM at FDOH-Health District Center</p>	<p><b>30</b>  <b>Report for Action!</b>  <b>June Partnership Meeting Briefing</b>                      12:00 PM to 12:30 PM via Microsoft Teams</p>	<p><b>Stay connected!</b></p>  



 **MIAMI-DADE  
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