



Committee Reports to the Miami-Dade HIV/AIDS Partnership
For the May 12, 2025 Meeting
As of May 2, 2025

This report contains eight (8) 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.

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.

EXECUTIVE COMMITTEE *1 MOTION*
MARCH 26, 2025

- Reviewed Staff Support Quarter 4 Expenditures.
- Reviewed the Master Calendar of Activities.
- Reviewed budget flowcharts.

Staff Support FY 2025-26 Scope of Service ~ Pages 2-4 ~	
1	Background
	As part of the budget review process, the Executive Committee reviewed and approved the Staff Support FY 2025-26 Scope of Service. <i>See pages 2-4 of this report for the Scope of Service.</i>
	Motion
	1. Motion to approve the Staff Support FY 2025-26 Scope of Service.

End of the Executive Committee Report.

BEHAVIORAL SCIENCE RESEARCH CORPORATION (BSR)

STAFF SUPPORT SERVICES FOR THE MIAMI-DADE HIV/AIDS PARTNERSHIP
SCOPE OF WORK DELIVERABLES FOR FY 2025

TABLE IX-C Partnership Staff Support Core Workplan Elements				
#	Task	Planned Frequency <i>(monthly, biannually, quarterly, annually)</i>	Deadline <i>(deadline is last day of month unless otherwise indicated)</i>	Status <i>(Not started, As needed, Ongoing, Completed)</i>
1	Prepare/draft/distribute correspondence for the Partnership (A.1)	Ongoing	Through February 2026	Ongoing
2	Facilitate process of identifying, recruiting, and nominating new Partnership members, especially members of the Affected Community, and on-boarding all duly appointed new members (A.1)	Monthly	Through February 2026	Ongoing
3	Assist Recipient in collecting and submitting financial disclosures for Partnership and Committee members (Source of Income statements) for members (C.4.a)	Annually	On or about July 1 st each year	In process
4	Assist Executive Committee with updating Bylaws and Policies and Procedures (A.1)	Annually, as needed	Through February 2026	As needed
5	Review Scope of Work and Budget for Partnership Staff Support with Executive Committee	Annually (Scope) Quarterly (Budget)	January 2025 (Scope) Quarterly (Budget)	In process
6	Coordinate logistics and provide clerical support (public meeting notices, monthly meeting calendar, clerical support, agenda, minutes, meeting materials, respond to requests for information, etc.) for Partnership, Committee, Subcommittee and Workgroup meetings (A.2, A.3, A.4, A.5, A.6):	Monthly	Through February 2026	Ongoing

TABLE IX-C Partnership Staff Support Core Workplan Elements

#	Task	Planned Frequency (monthly, biannually, quarterly, annually)	Deadline (deadline is last day of month unless otherwise indicated)	Status (Not started, As needed, Ongoing, Completed)
	<ul style="list-style-type: none"> Partnership Executive Committee Care and Treatment Committee Medical Care Subcommittee Strategic Planning Committee Prevention Committee (FDOH) Joint Integrated Plan Review Team (JIPRT, combined Strategic Planning and Prevention Committees) Housing Committee Community Coalition Roundtable 			
7	Assist Partnership in receiving, tracking, and resolving formal grievances or informal complaints against the Partnership (A.8)	As needed	Through February 2026	As needed
8	Assist Recipient with reports, data, and Partnership-related sections of reports, as needed, including annual progress reports and competitive grant application (B.1)	As needed	Through February 2026	As needed
9	Assessment of unmet need and service gaps in Miami-Dade (“Needs Assessment”) (B.2)	Annually	September 2025	Not started
10	Assist the Prevention and Strategic Planning Committees with updates to the Integrated Plan, including data entry into the VMSG Database (B.3)	Ongoing	Through February 2026	Ongoing
11	Assist the Strategic Planning Committee and Partnership with the Assessment of the Administrative Mechanism (B.4)	Annually	August 2025	Not started
12	Assist the Partnership in the annual “State of the HIV/AIDS Epidemic in Miami-Dade County” report (B.4)	Annually	July 2025	Not started

TABLE IX-C Partnership Staff Support Core Workplan Elements

#	Task	Planned Frequency (monthly, biannually, quarterly, annually)	Deadline (deadline is last day of month unless otherwise indicated)	Status (Not started, As needed, Ongoing, Completed)
13	Assist the Partnership and its various committees with reviewing and updating the Part A/MAI Program service definitions (B.5)	Annually, or more often as needed	February 2026	Ongoing
14	Conduct new member orientation training and periodic updates, including Get On Board and Report for Action (C.2)	Ongoing	Through February 2026	Ongoing
15	Develop and maintain the Partnership's website and social media accounts (C.3)	Ongoing	Through February 2026	Ongoing

CARE AND TREATMENT COMMITTEE *4 MOTIONS*
APRIL 10, 2025

- Approved service descriptions for Oral Health Care.
- Approved edits to the Minimum Primary Medical Care Standards.
- Approved revisions to the Letter of Medical Necessity for Dental Implants
- Approved the 2025 Provider Capacity Survey, which was updated to comply with federal Executive Orders.

2025 Ryan White Program Service Descriptions ~ Pages 6-9 ~	
2	Background
	<p>The Committee reviewed and approved the Oral Health Care service description edits, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Updates to language; <input type="checkbox"/> Updates to service priority rankings; <input type="checkbox"/> Reinstitution of annual cap (in <i>Section I, Page 1 of 120</i>); <input type="checkbox"/> Updating licensed medical provider language throughout; <input type="checkbox"/> Adding (MD, DO, APRN, PAs) at first appearance in the document; <input type="checkbox"/> Adding dental in front of licensed provider; and <input type="checkbox"/> Striking e.g. (Dentist, etc.). <p>The effective date will be updated to March 1, 2025, pending approval by the Partnership.</p> <p><i>See pages 6-9 of this report for the revised draft.</i></p>
	Motion
	<p>2. Motion to approve the Oral Health Care Service description as presented.</p>

ORAL HEALTH CARE

(Year 35 Service Priority: #4 for Part A only)

Oral Health Care is a core medical service. This service includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide dental care in the State of Florida, including general dentists, dental specialists, and dental hygienists, as well as licensed dental assistants. In accordance with Rule 64B5-9.011 of the Florida Administrative Code, dental assistants who are formally trained or have an appropriate certification (e.g., radiography) meet HRSA's definition of a licensed dental assistant.

This service may include diagnostic, preventive, and restorative services; endodontics, periodontics, and prosthodontics (removable and fixed); maxillofacial prosthetics; limited implant services (i.e., removal, repair, and placement [restricted for edentulous patients only] of implants); oral and maxillofacial surgery; and adjunctive general services as detailed and limited in the most current, local Ryan White Program Oral Health Care Formulary.

- A. Program Operation Requirements:** Provision of Oral Health Care services for any one client is limited to an annual cap of \$6,500 per Ryan White Part A Fiscal Year (March 1, 2025 through February 28, 2026). Exceptions to the annual cap may be approved by the County under special circumstances (e.g. implant placement) and the provision of preventive Oral Health Care services with consultation from the Miami- Dade HIV/AIDS Partnership's Medical Care Subcommittee as needed.

When a referral from a dentist to a dietitian is needed, the dentist must coordinate with the client's licensed medical provider (MD, DO, APRN, PAs) to obtain the required referral to nutrition services (i.e., a referral to Ryan White Program outpatient specialty care services). This is necessary to ensure communication between the care team (e.g., licensed medical providers and dentist). The client's medical case manager should also be informed of the client's need for nutrition services.

Labs may be requested from licensed medical providers as clinically indicated by the dentist.

All referrals to Ryan White Part A Oral Health Care services should include the client's 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.

Providers must offer, post, and maintain a daily walk-in slot for clients with urgent/emergent dental issues. Clients who come into or contact the office

with urgent/emergent dental issues (e.g., pain, broken tooth, situation requiring immediate treatment, or situation causing client high level of distress) will be triaged by appropriate dental staff; and those clients with substantial issues will be seen as soon as possible, but within 48 hours (i.e., two business days).

Teledentistry services may also be available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details.

- B. Additional Service Delivery Standards:** Providers of this service will adhere to the most current, local *Ryan White Program System-wide Standards and Ryan White Program Oral Health Care Standards*. (Please refer to Section III of this FY 2025 Service Delivery Manual for details.) Providers will be required to demonstrate that they adhere to generally accepted clinical guidelines for Oral Health Care treatment of HIV and AIDS-specific illnesses, upon request and through monitoring site visits or quality management record reviews.
- C. Rules for Reimbursement:** Providers will be reimbursed for all routine and emergency examination, diagnostic, prophylactic, restorative, surgical and ancillary Oral Health Care procedures, as approved by the Miami-Dade HIV/AIDS Partnership and included in the most current, local Ryan White Program Oral Health Care Formulary using the 2025 American Dental Association Current Dental Terminology (CDT 2025) codes for dental procedures. Reimbursement is in accordance with the rates indicated in the most current, local Ryan White Program Oral Health Care Formulary; flat fee, no multiplier.

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

An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.

- D. Children's Eligibility Criteria:** Providers must document that children with HIV who receive Ryan White Part A Program-funded Oral Health Care services are permanent residents of Miami-Dade County and have been properly screened for other private or public sector funding [i.e., private insurance, Medicaid, Medicaid's expanded dental insurance for its members with Managed Medical Assistance (MMA) or Long-Term Care (LTC) coverage who have LIBERTY Dental, DentaQuest, or MCNA Dental benefits (as may be amended), the Medically Needy Program, Children's Health Insurance Program (CHIP), Florida KidCare, etc.)], as appropriate. While children qualify for and can access private insurance, Medicaid (all programs), or other public sector funding for Oral Health Care services, they will not be eligible for Ryan White Part A Program-funded Oral Health Care services, except those dental procedures excluded by the other funding sources.
- E. Client Eligibility Criteria:** Clients receiving Oral Health Care must be documented as having been properly screened for other public sector funding as

appropriate every 366 days. While clients qualify for and can access dental services through other public funding [including, but not limited to, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-Term Care (LTC)], Medicare, or private health insurance, they will not be eligible for Ryan White Part A Program-funded Oral Health Care except for such program-allowable services that are not covered by the other sources or if their related benefits have been maxed out for the benefit period.

Clients referred for Oral Health Care by a Ryan White Part A or MAI Medical Case Manager should use the Ryan White Program In Network Referral process in the Provide® Enterprise Miami data management system. If the client is referred by a non-Part A or non-MAI provider [“Out of Network”(OON) provider] or self-refers because they do not have a Part A/MAI Medical Case Manager, an OON referral form must be submitted accompanied by the required medical, financial, and permanent Miami-Dade County residency documentation as well as all required consent forms and Notice of Privacy Practices. Clients coming without a referral, but with necessary documentation to support Ryan White Part A Program eligibility and viral load and CD4 lab test results within 366 days, are also able to access Ryan White Part A Oral Health Care services, upon completion of a brief intake in the Provide® Enterprise Miami data management system by the Oral Health Care provider agency and the client’s signed consent for service

- F. Ryan White Program Oral Health Care Formulary:** Ryan White Part A Program funds may only be used to provide Oral Health Care services that are included in the most recent release of the most current, local Ryan White Program Oral Health Care Formulary. The Formulary is subject to periodic revision.
- G. Letters of Medical Necessity:** Dental Implants require a completed Ryan White Letter of Medical Necessity (LOMN) (See Section V of this FY 2025 Service Delivery Manual for copies of the Letter of Medical Necessity, as may be amended).
- H. Rules for Documentation:** Providers must maintain a dental chart or electronic record that is signed by the licensed dental provider and includes a treatment plan, dates of service, services provided, procedure codes billed, and any referrals made. Providers must also maintain professional certifications, licensure documents, and proof of training, where applicable, of the dental staff providing services to Ryan White Program clients. Providers must make these documents available to OMB staff or authorized persons upon request.
- I. Rules for Reporting:** Provider monthly reports (i.e., reimbursement requests) for Oral Health Care must include the number of clients served, billing code for the dental procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate dental provider after calling for an appointment; and upon arrival for the appointment, the time the client spends

waiting to see the dental provider) and to make such reports available to OMB staff or authorized persons upon request.

DRAFT

CARE AND TREATMENT COMMITTEE

Minimum Primary Medical Care Standards

~ Pages 11-21 ~

3	Background
	<p>The Committee reviewed and approved the Minimum Primary Medical Care Standards.</p> <p>Extensive edits were made including reformatting, updates to standards, references, screenings, and footnotes.</p> <p><i>See pages 11-21 of this report for the revised draft.</i></p>
	Motion
	<p>3. Motion to approve the Minimum Primary Medical Care Standards as presented.</p>

Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards*

Statement of Intent: *All local Ryan White Program—funded practitioners are required by contract to adhere, at a minimum, to the Public Health Service (PHS) Guidelines. These standards serve as the minimum standards by which practitioners will be measured. All clients, regardless of viral load levels, must have viral load tests at a minimum every 6 months per the DHHS/HRSA standards or more frequently as medically necessary.*

I. Requirements

Requirements for New Practitioners (Physicians, Advanced Practice Registered Nurse, and Physician Assistants/Associates):

- New practitioners should be linked to existing Ryan White Program providers, AIDS Education and Training Center (AETC) or through an American Academy of HIV Medicine (AAHIVM) specialist to support the new provider.
- New providers will receive a chart review within 6 months by supervising physician, medical director or agency team.
- When a new practitioner is working with a contracted practitioner, new practitioner is encouraged to comply within one year to complete at least 30 hours of HIV-related Continuing Medical Education (CME) Category 1 credits.

Requirements for All Practitioners (Physicians, Advanced Practice Registered Nurse, and Physician Assistants/Associates):

- Practitioners are strongly encouraged to complete at least 30 hours of HIV-related Continuing Medical Education (CME) Category 1 credits within a period of two years.

Practitioner must:

- Be a Physician (MD or DO), Advanced Practice Registered Nurse, or Physician Assistant/Associates with current and valid license to practice medicine within the State of Florida.
- Have a minimum experience treating 20 HIV+ clients over the past two years or currently working and under supervision of a practitioner meeting these qualifications.
- Treat and monitor patients in adherence with current DHHS Guidelines and other standards of care, to include, but not limited to:
 - a. **American College of Cardiology/American Heart Association Guideline on the Treatment of Blood Cholesterol**
<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625>
 - b. **Adult Immunization Schedule**
https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

*These standards are current as of xx/xx/xx and are subject to change to be in compliance with EXECUTIVE ORDERS.

- c. **American Association for the Study of Liver Diseases**
<https://www.aasld.org/practice-guidelines>
 - d. **American Cancer Society Guidelines for the Early Detection of Cancer**
<https://www.cancer.org/healthy/find-cancer-early/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html>
 - e. **American Medical Association Telehealth Quick Guide**
<https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>
 - f. **Department of Health and Human Services (DHHS) Clinical Guidelines**
<https://clinicalinfo.hiv.gov/en/guidelines>
 - g. **Hepatitis (HEP) Drug Interactions University of Liverpool**
<https://www.hep-druginteractions.org/>
 - h. **HIV Drug Interactions University of Liverpool**
<https://hiv-druginteractions.org/>
 - i. **HIV Prevention with Adults and Adolescents with HIV in the US**
<https://www.cdc.gov/hiv/guidelines/recommendations/personswithhiv.html>
 - j. **Health Resources and Service Administration (HRSA) HIV Care for People Aging with HIV**
<https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/special-populations-hiv-and-older>
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging-guide-new-elements.pdf>
<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging-guide-best-team.pdf>
 - k. **Infectious Disease Society of America Primary Care Guidance for Persons with HIV**
<https://www.idsociety.org/practice-guideline/primary-care-management-of-people-with-hiv/>
 - l. **Miami—Dade County Ryan White Program (including Telehealth Policy and Test and Treat/Rapid Access [TTRA] program)**
https://www.miamidade.gov/global/service.page?Mduid_service=ser1482944607068715
 - n. **National HIV Curriculum**
<https://www.hiv.uw.edu/alternate>
 - o. **PrEP, nPEP and PEP guidelines below (Although not paid for by the Ryan White Program):**
<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>
<https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>
https://www.cdc.gov/hivnexus/hcp/resources/?CDC_AAref_Val=https://www.cdc.gov/hiv/clinicians/materials/prevention.html
 - q. **United States (US) Preventive Taskforce**
<https://uspreventiveservicestaskforce.org/uspstf/home>
- Follow an action plan to address any areas for performance improvement that are identified during quality assurance reviews.

II. Assessments and Referrals

1. Annual – At each annual visit:

- a. Adherence to medications
- b. Age-appropriate cancer screening
- c. Behavioral risk reduction
- d. Gynecological exam per guidance for females
- e. Interval changes in vital signs addressed, especially trend in weight/BMI over time
- f. Mental health and substance abuse assessment
- g. Physical examination, including review of systems
- h. Preconception counseling for men and women
- i. Rectal examination
- j. Safer sex practices – discussions may include PrEP, PEP, nPEP, for sexual partners and should include condom usage
- k. Sexually transmitted infection assessment
- l. Update comprehensive initial history, as appropriate
- m. Vital signs, including weight, BMI, height (no shoes)
- n. Wellness exam for females

Assess and document health education on:

- o. Advance Directives (completion or review)
- p. Birth control
- q. Domestic violence
- r. Drugs/Alcohol/Tobacco (including smokeless) assessment/care
- s. Exercise
- t. Frailty screening, as appropriate
- u. Mental Health assessment (particularly clinical depression, care, mood, libido, sleep patterns, concentration, and memory)
- v. Neurology and/or neuropsychology referral for assessment of neurocognitive disorders, dementia, and focal neuropathies, as appropriate
- w. Nutritional assessment/care (including appetite), as appropriate
- x. Oral health care

2. Additional Charting/Documentation at least annually:

- a. Allergies list complete and up to date
- b. Immunization list complete and up to date
- c. Medications list complete with start and stop dates, dosages
- d. Problem list complete and up to date

Item to be covered by subrecipient staff: If a client knows of others who need PrEP or Test and Treat / Rapid Access, information and referral are offered.

3. Initial – At initial visit:

- a. Access to stable housing, food, and transportation
- b. Adherence to medications
- c. Age-appropriate cancer screening

- d. Behavioral risk reduction
- e. Comprehensive initial history
- f. Dates of last: mammogram, bone density, colonoscopy, abnormal aortic aneurysm screening, dental visit, and dilated eye exam
- g. Education that they should never run out of ART medications and need to call the FDOH—MDC clinic if they cannot obtain ART
- h. Gynecological exam per guidance for females
- i. If enrolled as Test and Treat/Rapid Access (TTRA) client (patient), follow TTRA protocol for visit
- j. Mental health and substance abuse assessment
- k. Physical examination, including review of systems
- l. Pregnancy Planning:
 - 1) Preconception counseling for men and women
 - 2) Contraceptive counseling for men and women including assessment and type of birth control method
- m. Rectal examination
- n. Safer sex practices — discussions may include PrEP, PEP, nPEP for sexual partners and should include condom usage
- o. Sexually transmitted infection assessment as appropriate including at a minimum GC, Chlamydia at anatomical sites of potential exposure, RPR, and for females trichomoniasis NAAT of vaginal secretions.
- p. Social supports and disclosure history
- q. Targeted initial history and physical examination with expectation that a complete history and physical examination will be completed within 3 months.
- r. Vital signs, including weight, BMI, height (no shoes)
- s. Wellness exam for females

Item to be covered by subrecipient staff: Documented HIV education, including transmission, reduction of morbidity/mortality with ART; resistance; compliance with ART and office visits and lab monitoring; life expectancy; divulging HIV status and state statute.

- 4. **Interim Monitoring and Problem-Oriented visits** – At every visit:
 - a. Adherence to medications and lab and office visits for monitoring
 - b. In women of childbearing age, assessment of adequate contraception
 - c. Interval changes in vital signs addressed, especially trend in weight over time
 - d. Interval risk for acquiring STD and screening as indicated
 - e. Physical examination related to specific problems, as appropriate
 - f. Risk reduction
 - g. Safer sex practices – discussions may include PrEP, PEP, nPEP for sexual partners and should include condom usage
 - h. Vital signs, including weight/BMI – may not occur every time with telehealth

5. Telehealth

Telehealth may be used in place or conjunction with an office visit. Necessary assessments will be conducted as needed and follow-ups will be scheduled, as appropriate.

III. Assessments at Incremental Visits

General Health including Labs

1. **ALT, AST, Total Bilirubin**ⁱ – Entry into care; ART initiation or modification; 4-8 weeks after ART initiation or modification; every 6 months; or if ART initiation is delayed, every 6-12 months; or if clinically indicated.
2. **Annual wellness visit (females)**^{iv} – Should include screenings for anxiety, breast cancer, cervical cancer, interpersonal and domestic violence, obesity prevention (midlife women), sexually transmitted infections, urinary incontinence, and contraception. For those who are pregnant, lactation support and screenings for diabetes mellitus (including post-pregnancy), as applicable.
3. **Basic metabolic panel**ⁱ – Entry into care; ART initiation or modification; 4-8 weeks after ART initiation or modification; every 6 months; if ART initiation is delayed, every 6-12 months; or if clinically indicated. Serum Na, K, HCO₃, Cl, BUN, creatinine, glucose, and creatine-based estimated glomerular filtration rate. Serum phosphorus should be monitored in patients with chronic kidney disease who are on tenofovir disoproxil fumarate (TDF)-containing regimens. Consult the HIV Medicine Association of the Infectious Diseases Society of America's (HIVMA/IDSA) [Clinical Practice Guidelines for the Management of Chronic Kidney Disease in Patients Infected with HIV](#) for recommendations on managing patients with renal diseases. More frequent monitoring may be indicated for patients with evidence of kidney diseases (e.g., proteinuria, decreased glomerular dysfunction) or increased risk of renal insufficiency (e.g., patients with diabetes, hypertension).
4. **Bone Densitometry**ⁱⁱⁱ – Baseline bone DEXA should be performed in all postmenopausal women and men greater than or equal to 50 years old.
5. **CBC w/ differential**ⁱ – Entry into care; ART initiation or modification; every 3-12 months if monitoring CD4 count (if required by lab); or when clinically indicated. CBC with differential should be done when a CD4 count is performed. When CD4 count is no longer being monitored, the recommended frequency of CBC with differential is once a year. More frequent monitoring may be indicated for persons receiving medications that potentially cause cytopenia [e.g., trimethoprim-sulfamethoxazole (TMP-SMX)].
6. **Colon and Rectal Cancer Screening**ⁱⁱⁱ – Colorectal cancer screening recommended for individuals between 45-75 years of age if average risk (including personal and family history). For ages 76-85, individualized screening based on overall health and prior screening. Consider screening earlier if first-degree relatives are diagnosed with colon cancer prior to age 50. Screening tests include: stool based screening (gFOBT, FIT, FIT-DNA) every year, or colonoscopy every 10 years if normal, or more frequently if polyps are identified.
7. **Glucose (Random or Fasting)**ⁱ – Entry into care; ART initiation or modification; treatment failure; or if clinically indicated. If random glucose is abnormal, fasting glucose should be

obtained. HbA1C is no longer recommended for diagnosis of diabetes in person with HIV on ART, see [American Diabetes Association Guidelines](#).

8. **Gynecological Exam** ⁱⁱⁱ (females) – In women and adolescents with HIV, initiation of cervical cancer screening (Pap) should be conducted within one year of onset of sexual activity, but no later than 21 years of age. For those age 21-29, Pap should be done at diagnosis of HIV, repeated yearly for 3 years, then if all normal, Pap every 3 years. For those less than 30 years, no HPV testing unless abnormalities are found on Pap test. For those over 30 years old, Pap at diagnosis of HIV, repeat yearly x 3 years, then if all normal, Pap every 3 years or Pap with HPV testing, if both negative then Pap with HPV every 3 years. Abnormal Pap and/or HPV follow-up similar to general population; in general, continue screening past 65 years.
9. **Hepatitis A Screening** ⁱⁱ – At initial screening, if non-immune, offer vaccination and after vaccination received do postvaccination serologic testing 1 or 2 months or at the next scheduled visit. After the second vaccine to assess for immunogenicity. A repeat vaccine series is recommended in those who remain seronegative.
10. **Hepatitis B Serology (HBsAb, HBsAg, HBcAb total)** ⁱ – At entry into care; at ART initiation or modification, in patients not immune to hepatitis B (HBV), consider retesting if switching to a regimen that does not contain tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF); as clinically indicated including before starting hepatitis C direct-acting antiviral (HCV DAA). If a patient has HBV infection (as determined by a positive HBsAg or HBV DNA test result), TDF or TAF plus either emtricitabine (FTC) or lamivudine (3TC) should be used as part other ART regiment to treat both HBV and HIV infections. If HBsAg, HBsAb, and HBcAb test results are negative, hepatitis B vaccine series should be administered. Most patients with isolated HBcAb have resolved HBV infection with loss of HBsAb. Consider performing an HBV viral load test for confirmation. If the HBV viral load test is positive, the patient may be acutely infected (and will usually display other signs of acute hepatitis) or chronically infected. If the test is negative, the patient should be vaccinated. Refer to the HIVMA/IDSA's [Primary Care Guidance for Person with HIV](#) and the [Adult and Adolescent Opportunistic Infection Guideline](#) for detailed recommendations.
11. **Hepatitis C Screening (HCV antibody or, if indicated, HCV RNA)** ⁱ – At entry into care; every 12 months, for at-risk patients— injection drug users, person with a history of incarceration, men with HIV who have unprotected sex with men, and persons with percutaneous/parenteral exposure to blood in unregulated settings are at risk for hepatitis C (HCV) infection; or when clinically indicated. The HCV antibody test may not be adequate for screening in the setting of recent HCV infection (defined as acquisition within the past 6 months), or advanced immunodeficiency (CD4 count <100 cells/mm³). HCV RNA screening is indicated in persons who have been successfully treated for HCV or who spontaneously cleared prior infection. HCV antibody-negative patients with elevated ALT may need HCV RNA testing.
12. **Lipid Profile** ⁱ – Entry into care; 4-8 weeks after ART initiation or modification; consider 1-3 months after ART initiation or modification; every 12 months if normal at baseline but with cardiovascular risk. If normal at baseline, every 5 years or if clinically indicated. If random

lipids are abnormal, fasting lipids should be obtained. Consult the American College of Cardiology/American Heart Association's [2018 Guideline on the Management of Blood Cholesterol](#) for diagnosis and management of patients with dyslipidemia.

13. **Lung Cancer Screening** ⁱⁱⁱ – Annually with low-dose computer tomography (LDCT) for patients aged 50-80, who are currently smoking or former smokers with a 20 or more pack-year smoking history. Additional information at: <https://www.cancer.org/cancer/types/lung-cancer.html>.
14. **Mammogram** (females) ⁱⁱⁱ – From ages 40-49, inform of the potential risks and benefits of screening and offer screening every 2 years. From ages 50-75, mammography performed at least every 2 years. Additional information at: <https://www.cancer.org/cancer/types/breast-cancer.html>.
15. **Pregnancy test** ⁱ (For people of childbearing potential) – At entry into care; ART initiation or modification or when clinically indicated.
16. **Prostate-specific antigen (PSA) Screening** ⁱⁱⁱ (males) – For ages 55-69 digital rectal exam, should be considered primary evaluation before PSA screening. For those age 50-69, they discuss the risks and potential benefits of PSA screening. For those ages 70 and older, PSA screening is not recommended. The impact of HIV on prostate cancer risk is not yet known. African Americans and people with a relative with prostate cancer have a higher burden of prostate cancer. Clinicians should follow USPSTF or American Cancer Society guidelines and consider patient wishes. Additional information at: <https://www.cancer.org/cancer/prostate-cancer/detection-diagnosis-staging/acs-recommendations.html>.
17. **TB Testing** ⁱⁱⁱ – Perform annually in persons at risk for tuberculosis, either with a tuberculin skin test or IGRA.
18. **Urinalysis** ⁱ – Entry into care; or if clinically indicate e.g., in patients with chronic kidney disease (CKD) or diabetes mellitus (DM). Consult the HIV Medicine Association of the Infectious Diseases Society of America's (HIVMA/IDSA) [Clinical Practice Guidelines for the Management of Chronic Kidney Disease in Patients Infected with HIV](#) for recommendations on managing patients with renal disease. More frequent monitoring may be indicated for patients with evidence of kidney disease (e.g., proteinuria, decreased glomerular dysfunction) or increased risk of renal insufficiency (e.g., patients with diabetes, hypertension). Urine glucose and protein should be assessed before initiating tenofovir alafenamide (TAF)-or tenofovir disoproxil fumarate (TDF)-containing regimens and monitored during treatment with these regimens.

HIV Specific

19. **ARV therapy is recommended and discussed**ⁱ – Risks and benefits are discussed including reduced morbidity and mortality and prevention of HIV transmission to others and if treatment initiated, follow-up with adherence. If refused, document in record and refer to ARTAS and or Department of Health Treatment Adherence Specialist.
20. **CD4 cell count**ⁱ – Entry into care; at ART initiation or modification; every 3 months, if CD4 count is <300 cells/mm³; every 6 months during the first 2 years of ART, if CD4 count is ≥ 300 cells/mm³; every 12 months after 2 years on ART with consistently suppressed viral load, CD4 count 300-500 cells/mm³, if CD4 count >500 cells/mm³: CD4 monitoring is optional; if ART initiation is delayed monitor every 3-6 months; if treatment failure or if clinically indicated. *In accordance with the HRSA HAB performance measures, the local program defines consistently suppressed viral load as <200 copies/ml.*
21. **Genotypic Resistance Testing (PR/RT Genes)**ⁱ – Entry into care; at ART initiation or modification; if ART initiation is delayed; treatment failure or clinically indicated. Standard genotypic drug-resistance testing in ART-naïve persons should focus on testing for mutations in the PR and RT genes. If transmitted INSTI resistance is a concern, or if a person has a history of INSTI use in PrEP or treatment, or a person presents with viremia while on an INSTI, providers also should test for resistant mutation in the IN gene. In ART-naïve patient who do not immediately begin ART, repeat testing before initiating of ART is optional if drug-resistance testing was performed at entry into care. In patients with virologic suppression who are switching therapy because of toxicity or for convenience, viral amplification will not be possible; see the Drug-Resistance Testing section for a discussion of the potential limitations and benefits of proviral DNA assays in this situation. Results from prior drug-resistance testing should be considered because they can be helpful in constructing a new regimen.
22. **Genotypic Resistance Testing (Integrase Genes)**ⁱ – Entry into care, if transmitted INSTI resistance is suspected or if there is a history of cabotegravir long acting (CAB-LA) use for PrEP ; at ART initiation or modification, if transmitted INSTI resistance is suspected or if there is a history of INSTI use; treatment failure if there is a history of INSTI use; or clinically indicated, if there is a history of INSTI use. Standard genotypic drug-resistance testing in ART-naïve persons should focus on testing for mutations in the PR and RT genes. If transmitted INSTI resistance is a concern, or if a person has a history of INSTI use in PrEP or treatment, or a person presents with viremia while on an INSTI, providers also should test for resistant mutation in the IN gene. In ART-naïve patients who do not immediately begin ART, repeat testing before initiation of ART is option if drug-resistance testing was performed at entry into care. In patients with virologic suppression who are switching therapy because of toxicity or for convenience, viral amplification will not be possible; see the Drug-Resistance Testing section for a discussion of the potential limitations and benefits of proviral DNA assays in this situation. Results from prior drug-resistance testing should be considered because they can be helpful in constructing a new regimen.
23. **HIV viral load**ⁱ – Entry into Care; at ART initiation or modification; 4-8 weeks after ART initiation or modification if HIV RNA is still detectable, repeat testing every 4-8 weeks until viral load is suppressed to <50 copies/mL. Thereafter, repeat testing every 3-6 months. For

patients on ART, viral load typically is measured every 3-6 months. More frequent monitoring may be considered in individuals having difficulties with ART adherence or at risk for nonadherence. However, for adherent patients with consistently suppressed viral load and stable immunologic status for more than 1 year, monitoring can be extended to 6-month intervals but is still necessary for stable patients; if ART initiation is delayed, repeat testing is optional; or if treatment failure or if clinically indicated.

24. **HLA-B*5701ⁱ** – At ART initiation or modification if considering start of abacavir (ABC) and document in record carrying data forward to most current volume. *(Currently not paid for by the Ryan White Program due to payer of last resort restrictions; must access ViiV sponsored testing directly through labs. For LabCorp, HLA-AWARE HLA-B*5701 ViiV code #006940 and for Quest Diagnostic ViiV HLA-B*B5701 test code #19774).*
25. **Treatment of opportunistic infections and prophylaxis for opportunistic infectionsⁱⁱ** – Specifically, but not limited to, Mycobacterium avium complex (MAC), Pneumocystis jirovecii pneumonia (PCP), and Toxoplasmosis (Toxo) prophylaxis per DHHS Guidelines.
26. **Tropism testingⁱ** – At ART initiation or modification if considering use of CCR5 antagonist; or for treatment failure if considering a CCR5 antagonist, or if the patients with virologic failure on a CCR5 antagonist; or if clinically indicated. If performed, record carried forward to most current volume.

Immunizations

Document in medical record carrying data forward to most current volume

27. **COVID-19 vaccination^v** – Vaccinate per CDC guidance.
28. **Hepatitis A vaccination^v** – Offer vaccination if not immune per guidance. Assess for response 30-60 days after vaccination by performing Hep A IgG antibody or Hep A Total antibody.
29. **Hepatitis B vaccination^v** – Offer vaccination if not immune per guidance. Assess for response 30-60 days after vaccination by performing Hepatitis B surface antibody quantitative (anti-HBs).
30. **Human Papillomavirus (HPV) Vaccine^v** – HPV vaccination as indicated by current guidelines.
31. **Influenza vaccination^v** – Offer IIV3 or RIV3 annually.
32. **Meningococcal vaccination^v** – Use 2-dose series Menveo or MenQuadfi at least 8 weeks apart and revaccinate every 5 years if risk remains. See vaccination guidelines.
33. **Mpox vaccination^v** – Vaccinate per CDC guidance. Additional information at: <https://www.cdc.gov/mpox/hcp/vaccine-considerations/index.html>

34. **Pneumococcal vaccination**^v – Vaccinate per guidelines. For guidance on which pneumococcal vaccine should be used go to: <https://www2a.cdc.gov/vaccines/m/pneumo/pneumo.html>.
35. **Tetanus, diphtheria, pertussis (Td/Tdap)**^v – One dose Tdap, then Td or Tdap booster every 10 years.
36. **Varicella**^v – Vaccination may be considered (2 doses 3 months apart); VAR contraindicated for HIV infection with CD4 percentage <15% or CD4 count <200 cells/mm³.
37. **Zoster vaccination**^v — Use 2-dose series recombinant zoster vaccine (RZV, Shingrix) 2-6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon). See vaccination guidelines for detailed information and considerations: <https://www.cdc.gov/shingles/hcp/vaccine-considerations/immunocompromised-adults.html>.

STI Screenings

38. **Anal Dysplasia Screening**ⁱⁱⁱ – All patients with HIV should have digital anorectal exam performed at least annually if asymptomatic. Anal pap: screen transgender women and men over 35 years of age who have sex with men, and all other people with HIV over 45 years of age, with anal Pap smears if there is access to, or ability to, refer for high-resolution anoscopy and treatment. Abnormal anal Pap should prompt referral for high-resolution anoscope. Additional information at: [HIV Clinical Guidelines Now Recommend High Resolution Anoscopy as Part of Anal Cancer Screening Program for People with HIV | National Institutes of Health](#)
39. **Bacterial STIs (Syphilis, *N. gonorrhoeae* (GC), *C. trachomatis* (Chlamydia) and parasitic STIs (Trichomoniasis)**ⁱⁱ – At the initial HIV care visit, providers should test all sexually active persons with HIV infection for curable STDs (e.g., syphilis, gonorrhea, and chlamydia) and perform testing at least annually during the course of HIV care. More frequent screening might be appropriate depending on individual risk behavior and the local epidemiology. Additional information at <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>

Footnotes

- ⁱ Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents. <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new-guidelines>. Accessed on November 13, 2024.
- ⁱⁱ Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections/whats-new>. Accessed on December 16, 2024.
- ⁱⁱⁱ Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2024 Update by the HIV Medicine Association of the Infectious Diseases Society of America. <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciae479/7818967>. Accessed November 13, 2024.
- ^{iv} Women's Preventive Service Guidelines. <https://www.hrsa.gov/womens-guidelines>. Accessed November 13, 2024.
- ^v Recommended Adult Immunization Schedule for Ages 19 years or older, United States, 2025. <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-schedule-vaccines.html>. Accessed December 16, 2024.

CARE AND TREATMENT COMMITTEE

Letter of Medical Necessity for Dental Implants ~ Pages 23-24 ~

4 Background

The Committee reviewed and approved the **Letter of Medical Necessity for Dental Implants**.

Edits include:

- ☐ Clarifying language on dental restrictions and unit definitions;
- ☐ Minor editorial changes; and
- ☐ Reorganization of references.

See pages 23-24 of this report for the Redlined and Clean drafts.

Motion

4. Motion to approve the revisions to the Letter of Medical Necessity for Dental Implants.

RYAN WHITE PROGRAM
Letter of Medical Necessity for
Dental Implants
(For Edentulous Clients)

Client's Full Name

~~Prescriber Full Name~~ Date of Birth~~Preferred Prescriber's Full Name~~

Prescriber License # (D.M.D, D.D.S.)

~~Date of Birth~~ Prescriber Telephone #~~Prescriber Telephone #~~

I certify my client fully meets the following criteria for the use of dental implants:

- The use of these implants is not cosmetic;
- This patient is edentulous and advanced resorption of the bone that supports dentures makes keeping dentures in place difficult; and
- The procedure will improve my client's quality of life.

I understand:

- Approval under this form is limited to codes D6010, D6011, D6191, D6192, D6110, or D6111;
- These dental codes are restricted up to 8 units each (8 units=4 implants per arch x 2 arches);
- Usage of this letter serves as an override to the annual oral health care cap, if any;
- This approval is subject to Part A funding availability;
- This form should be included in the client's dental file and uploaded into scanned documents in the Provide[®] Enterprise Miami (PE Miami) data management system; and
- I must attach the treatment plan to this form.

Prescriber Signature and Date

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Effective 3/1/2023

Revised xx/xx/2025

RYAN WHITE PROGRAM
Letter of Medical Necessity for
Dental Implants
(For Edentulous Clients)

CLEAN

Client's Full Name**Date of Birth****Prescriber's Full Name****Prescriber License # (D.M.D, D.D.S.)****Prescriber Telephone #**

I certify my client fully meets the following criteria for the use of dental implants:

- The use of these implants is not cosmetic;
- This patient is edentulous and advanced resorption of the bone that supports dentures makes keeping dentures in place difficult; and
- The procedure will improve my client's quality of life.

I understand:

- Approval under this form is limited to codes D6010, D6011, D6191, D6192, D6110, or D6111;
- These dental codes are restricted up to 8 units each (8 units=4 implants per arch x 2 arches);
- Usage of this letter serves as an override to the annual oral health care cap, if any;
- This approval is subject to Part A funding availability;
- This form should be included in the client's dental file and uploaded into scanned documents in the Provide[®] Enterprise Miami (PE Miami) data management system; and
- I must attach the treatment plan to this form.

Prescriber Signature and Date

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Services Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Effective 3/1/2023

Revised xx/xx/2025

CARE AND TREATMENT COMMITTEE

2025 Provider Capacity Survey ~ Pages 26-29 ~

5	Background
	<p>The 2025 Provider Capacity Survey was approved in March 2025.</p> <p>Subsequently, edits were made to comply with federal Executive Orders.</p> <p>The Committee approved the revisions.</p> <p>The survey will be administered via Survey Monkey to Ryan White Program and other service providers.</p> <p><i>See pages 26-29 of this report for the edited pages.</i></p>
	Motion
	<p>5. Motion to approve edits to the 2025 Provider Capacity Survey as presented.</p>

End of the Care and Treatment Committee Report.

* 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.

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

Capacity

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

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

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

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

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

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

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?

Opportunities

~~Barriers~~ Assessments

obstacles

* 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): | |

challenges

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

☐☐☐

STRATEGIC PLANNING COMMITTEE

MARCH 10, 2025 AND APRIL 24, 2025

- Elected Stephanie Stonestreet as Chair and Angela Machado as Vice Chair.
- Heard updates on Integrated Planning.
- Reviewed 2024 Assessment of the Administrative Mechanism survey results and developed recommendations for process improvement.
- Finalized 2025 Assessment of the Administrative Mechanism surveys.

2025 PARTNERSHIP Assessment of the Administrative Mechanism ~ Pages 31-40 ~

6	Background
	<p>The Assessment of the Recipient Administrative Mechanism is a HRSA-mandated evaluation, and a major activity of the Miami-Dade HIV/AIDS Partnership Strategic Planning Committee.</p> <p>The Committee reviewed all the 2024 questions and updated language for 2025 as needed.</p> <p>Once the survey is approved, every member of the Partnership will receive the survey link and is asked to complete the survey by May 30.</p> <p>Results will be shared with the Partnership at a future meeting.</p> <p><i>See pages 31-40 of this report for the draft survey.</i></p>
	Motion
	<p>6. Motion to approve the <i>Partnership</i> Assessment of the Recipient Administrative Mechanism as presented.</p>

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Fiscal Year 2024-2025

This survey refers to activities from March 1, 2024, through February 28, 2025.

All Miami-Dade HIV/AIDS Partnership members are asked to complete the survey.

The Recipient is the Miami-Dade County Office of Management and Budget-Grants Coordination.

Results will be distributed to all respondents and shared with the Strategic Planning Committee. You are welcome to attend Strategic Planning Committee meetings to review results and assist with process improvement.

Please complete no later than May 30, 2025.

Notes:

- Responses are tallied and reported without identifying information.
- Your responses will be saved if you need to complete the survey in more than one session.
- A separate survey will be distributed to Ryan White Program subrecipients addressing these issues and other concerns. If you represent both a subrecipient AND are a Partnership member, you are asked to complete two surveys.
- The Assessment of the Recipient Administrative Mechanism (AAM) is a Health Resources and Services Administration (HRSA)-mandated evaluation, and a major activity of the Miami-Dade HIV/AIDS Partnership Strategic Planning Committee.

Thank you!

* 1. Please enter your First and Last Name (Your name is required for tracking responses and will not be included in the final report.)

Name

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Reporting

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Reporting

* 3. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) kept the Partnership well informed of policies, procedures, and updates from HRSA which impact the Ryan White Program.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Reporting

* 4.

The Top Line Summary is helpful for understanding funding which impacts the Ryan White Program.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Reporting

* 5. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Top Line Summary is helpful for understanding funding which impacts the Ryan White Program.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Reporting

March 1, 2024, through February 28, 2025

* 6.

I understand the information presented on the Recipient's Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Reporting

* 7. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *I understand the information presented on the Recipient's Ryan White Program Part A/Minority AIDS Initiative (MAI) expenditure reports.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Priority Setting and Resource Allocations

March 1, 2024, through February 28, 2025

* 8.

The Recipient followed the Partnership's recommendations for service priorities and resource allocations.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Priority Setting and Resource Allocations

* 9. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient followed the Partnership's recommendations for service priorities and resource allocations.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Priority Setting and Resource Allocations

March 1, 2024, through February 28, 2025

* 10. The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Priority Setting and Resource Allocations

* 11. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient effectively administered Part A/MAI funds according to priorities set by the Partnership.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Sweeps / Reallocations

March 1, 2024, through February 28, 2025

* 12. The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process (changing the distribution of funds among service categories to balance underspending with increased funding requests).

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Sweeps / Reallocations

* 13. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient communicated clearly to the Partnership on expenditure changes related to the Part A/MAI sweeps/reallocation process (changing the distribution of funds among service categories to balance underspending with increased funding requests).*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Resource Allocations (Demographics)

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Resource Allocations (Demographics)

* 15. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the demographic population(s) of greatest need.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Resource Allocations (Geographic Need)

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Resource Allocations (Geographic Need)

* 17. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *Based on Needs Assessment data, HIV/AIDS services funded by Part A/MAI were directed toward the geographic area(s) of greatest need.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Administration

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Administration

19. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient responded to inquiries, requests, and problem-solving needs from the Partnership, including those related to the Partnership's Needs Assessment (Priority Setting and Resource Allocations) in a timely manner.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Administration

March 1, 2024, through February 28, 2025

* 20. The Recipient's staff was courteous and respectful.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Administration

* 21. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient's staff was courteous and respectful.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Administration

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

Comments: Strengths, weaknesses & suggestions (optional)

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

Administration

* 23. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *Behavioral Science Research Corp. (BSR), the Recipient's HIV planning council staff support contractor, responded to inquiries, requests, and problem-solving needs from the Partnership.*

Partnership Member Assessment of the Recipient Administrative Mechanism Survey

24. OPTIONAL: Additional comments/suggestions regarding the Recipient, BSR, and/or other matters.

STRATEGIC PLANNING COMMITTEE

2025 SUBRECIPIENT Assessment of the Administrative Mechanism ~ Shared Reference Copy at the Meeting (pages 42-63, below)~

7	Background
	<p>The Committee reviewed all the 2024 questions and updated language for 2025 as needed.</p> <p>Once the survey is approved, every funded Ryan White Program subrecipient will receive the survey link and is asked to complete the survey by May 30.</p> <p>Results will be shared with the Partnership at a future meeting.</p> <p><i>See shared reference copy available at this meeting.</i></p>
	Motion
	<p>7. Motion to approve the <i>Subrecipient</i> Assessment of the Recipient Administrative Mechanism as presented.</p>

End of the Strategic Planning Committee Report.

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Fiscal Year 2024-2025

This survey refers to activities from March 1, 2024, through February 28, 2025.

All Ryan White Program Part A/MAI-funded subrecipients must complete the survey.

This survey link is specific to your organization.

More than one person can contribute responses. It is strongly recommended to complete the survey as a group, including input from medical case managers, MCM supervisors, contract managers, and billing managers when completing the survey. Topics include contract negotiation and execution, compliance, technical assistance, staff communication, and Provide Enterprise® Miami.

Results will be distributed to all respondents and shared with the Strategic Planning Committee. You are welcome to attend Strategic Planning Committee meetings to review results and assist with process improvement.

Please complete no later than May 30, 2025.

Notes:

- **The Recipient is the Miami-Dade County Office of Management and Budget-Grants Coordination.**
- **Responses are tallied and reported without identifying information.**
- **A separate survey will be distributed to Miami-Dade HIV/AIDS Partnership members addressing these issues and other concerns. If you represent both a subrecipient AND are a Partnership member, you are asked to complete two surveys.**
- **The Assessment of the Recipient Administrative Mechanism (AAM) is a Health Resources and Services Administration (HRSA)-mandated evaluation, and a major activity of the Miami-Dade HIV/AIDS Partnership Strategic Planning Committee.**

Thank you!

* 1. Please enter your Organization's Name

Organization

* 2. Primary Respondent: Please enter the First and Last Name and Title of the primary person completing this survey. (This is required for tracking responses and will not be included in the final report.)

You can include up to two additional people in the next section.

First and last name of
primary person
completing this survey

Title of primary person
completing this survey

* 3. Primary Respondent: How many years have you worked with the Ryan White Program?

- ☐ 0 to 3 years
- ☐ 4-9 years
- ☐ 10 years or more

4. OPTIONAL Second Respondent: Please enter the First and Last Name and Title of the second respondent completing the survey.

First and last name of
second respondent
completing survey

Title of second
respondent completing
survey

5. Second Respondent: How many years have you worked with the Ryan White Program?

- ☐ 0 to 3 years
- ☐ 4-9 years
- ☐ 10 years or more

6. OPTIONAL Third Respondent: Please enter the First and Last Name and Title of the third respondent completing the survey.

First and last name of
third respondent
completing survey

Title of third
respondent completing
survey

7. Third Respondent: How many years have you worked with the Ryan White Program?

- ☐ 0 to 3 years
- ☐ 4-9 years
- ☐ 10 years or more

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Negotiation

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Negotiation

* 9. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Miami-Dade County Office of Management and Budget-Grants Coordination (“the Recipient”) conducted a fair contract negotiation process with our organization.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Award Notification

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Award Notification

* 11. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient sent award notifications/letters to our organization in a timely manner.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

March 1, 2024, through February 28, 2025

* 12. The Recipient executed our organization's contract in a timely manner.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

* 13. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient executed our organization's contract in a timely manner.*

Contract Execution

March 1, 2024, through February 28, 2025

* 14. Were there internal factors within your organization that led to delayed contract execution?

- ☐ Yes
- ☐ No
- ☐ N/A - Our contract was executed on time.

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

* 15. Please select up to three internal factors that led to delayed contract execution. You can also include other internal factors in the comment box.

- ☐ Difficulty obtaining the necessary paperwork.
- ☐ Difficulty obtaining the necessary signatures.
- ☐ Limited time due to other contract execution demands.
- ☐ Limited time due to program monitoring schedule.
- ☐ Delayed by Board of Directors process(es).
- ☐ Delayed by our internal document routing process(es).

Other internal factors

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

March 1, 2024, through February 28, 2025

* 16. Were there external factors with the Recipient that led to delays in contract execution?

- ☐ Yes
- ☐ No
- ☐ N/A - Our contract was executed on time.

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

* 17. Please select up to three external factors that led to delayed contract execution. You can also include other external factors in the comment box.

- ☐ Delayed by the lateness of the Notice of Award.
- ☐ Delayed due to a contract language revision.
- ☐ Delayed due to multiple contract language revisions.
- ☐ Delayed in obtaining approval for the allocated amounts assigned to our agency.
- ☐ Delayed by Recipient for unknown reasons.

Other external factors

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

March 1, 2024, through February 28, 2025

* 18. Did delays in contract execution cause service disruptions and/or organizational disruptions?

- ☐ Yes
- ☐ No
- ☐ N/A - Our contract was executed on time.

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Contract Execution

* 19. Please select up to three service disruptions and/or organizational disruptions resulting from delayed contract execution. You can also include additional feedback in the comment box.

- ☐ Delayed services to existing clients.
- ☐ Inability to expand services for existing clients.
- ☐ Inability to accommodate new clients.
- ☐ Delayed payroll.
- ☐ Unable to hire additional staff.
- ☐ Delayed billing (accounts payable).
- ☐ Interrupted cashflow.
- ☐ Unable to complete facilities upgrades with reserve funding.

Other service disruptions and/or organizational disruptions

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Reimbursements

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Reimbursements

* 21. Please **explain your concern and suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *There were no significant differences between billed versus reimbursed amounts for our organization that were not discussed prior to any disallowance.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Utilization and Expenditures

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Utilization and Expenditures

* 23. Please **explain your concern and suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient contacted our organization to review utilization and expenditures that were not on target.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Utilization and Reimbursements

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Utilization and Reimbursements

* 25. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient reviewed our organization’s service utilization and reimbursement requests submissions in a timely manner.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Payment of Invoices

March 1, 2024, through February 28, 2025

* 26. After contract execution, the Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Payment of Invoices

* 27. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *After contract execution, the Recipient provided payment to our organization within 30 days of submission of complete and accurate invoices.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Payment of Invoices

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Payment of Invoices

* 29. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient clearly explained any holds or disallowances on reimbursement requests.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

* 31. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient provided our organization with a clear explanation of Ryan White Program reporting requirements (i.e., Ryan White HIV/AIDS Program Services Report (RSR), Annual Progress Report, client eligibility screening, etc.).*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

March 1, 2024, through February 28, 2025

* 32. Communication between the Recipient and our organization has been timely.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

* 33. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *Communication between the Recipient and our organization has been timely.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

March 1, 2024, through February 28, 2025

* 34. Communication between the Recipient and our organization has been effective.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

* 35. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *Communication between the Recipient and our organization has been effective.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

* 37. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient informed our organization of reallocation processes (sweeps) to identify unmet needs or service gaps, and the requirements of a spending plan in order to adjust our organization's budget during the contract year.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Communication

* 39. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient kept our organization well informed of Miami-Dade HIV/AIDS Partnership decisions that impact Ryan White Program subrecipients (e.g., approval of or changes to service definitions, notice of Prescription Drug Formulary changes, updates to Allowable Medical Conditions, changes to billable services, etc.).*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Compliance

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Compliance

* 41. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *When contract non-compliance issues were raised, the Recipient provided adequate time for remediation specific to the issue.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Technical Assistance

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Technical Assistance

* 43. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *When/if our organization requested programmatic and/or fiscal technical assistance or training, it was provided in a timely manner.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Technical Assistance

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Technical Assistance

* 45. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *In response to our requests, the Recipient provided guidance and clarification to our organization for any program-related document, reporting requirement, or other requested items, in a timely manner.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Technical Assistance

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Technical Assistance

* 47. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient responded adequately to inquiries, requests, and problem-solving needs from our organization.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Staff

March 1, 2024, through February 28, 2025

* 48. The Recipient's staff was courteous and respectful.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Staff

* 49. Please **explain your concern and suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Recipient's staff was courteous and respectful.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Staff

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Staff

* 51. Please **explain your concern and suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *BSR, the Recipient's Ryan White Program Clinical Quality Management contractor, responded adequately to inquiries, requests, and problem-solving from our organization.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide Enterprise® Miami

March 1, 2024, through February 28, 2025

* 52. The Groupware Technologies, LLC (GTL) Provide Enterprise® Miami (PE Miami) client data management system is reliable.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide Enterprise® Miami

* 53. Please **explain your concern and suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The Groupware Technologies, LLC (GTL) Provide Enterprise® Miami (PE Miami) client data management system is reliable.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide Enterprise® Miami

March 1, 2024, through February 28, 2025

* 54. The PE Miami client database system is easy to use.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable.

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide Enterprise® Miami

* 55. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The PE Miami client database system is easy to use.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide Enterprise® Miami

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide Enterprise® Miami

57. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The PE Miami client database system generates organization-specific data in an efficient and user-friendly manner.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide Enterprise® Miami

March 1, 2024, through February 28, 2025

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

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not applicable

Comments: Strengths, weaknesses & suggestions (optional)

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Provide Enterprise® Miami

59. Please **explain your concern** and **suggest a solution** for a "Disagree" or "Strongly disagree" response to the statement: *The PE Miami client database system vendor, Groupware Technologies, responds promptly and adequately to inquiries, data requests, and system trouble-shooting.*

Subrecipient Assessment of the Recipient Administrative Mechanism Survey

Additional Comments - Optional

60. Please offer additional comments or suggestions regarding the Recipient, BSR, PE Miami, Groupware Technologies, and/or other matters.

COMMUNITY COALITION ROUNDTABLE

MARCH 28, 2025 AND APRIL 28, 2025

- Elected Joanna Robinosn as Chair and Luigi Ferre as Vice Chair.
- Reviewed vacancies and discussed strategies for targeted recruitment.
- Requested information on funding for new recruitment strategies and supporting materials.
- Participated in phone banking to contact RWP clients.
- Continued review of RWP Service Descriptions as part of ongoing training to better understand the Ryan White Program.
- Worked on a design of a new Partnership logo.
- Considered alternate language for the Partnership's Vision Statement.
- Reviewed Ryan White Program expenditure and utilization reports.

HOUSING COMMITTEE

MARCH 20, 2025 AND APRIL 17, 2025

- Worked on a draft of the invitation letter to housing stakeholders for the Housing Stakeholders meeting.
- Developed a draft agenda for the Housing Stakeholders Meeting.

PREVENTION COMMITTEE

The Prevention Committee has not met since the last Partnership meeting.

SAVE THE DATES!

- Report for Action! June Partnership Meeting Briefing via Microsoft Teams on Friday, May 30, 2025
- Partnership Meeting at the Miami-Dade County Main Library on Tuesday, June 3, 2025

APPROVAL OF REPORTS *1 MOTION*

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

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