



Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, April 10, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|-------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 13, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Diego Shmuels |
| IX. | Standing Business | |
| | • Edits to 2025 Provider Capacity Survey | All |
| X. | New Business | |
| | • Needs Assessment Input Discussion | All |
| | • 2026 Special Projects Discussion | All |
| | • Annual Source of Income Forms | Marlen Meizoso |
| XI. | Announcements and Open Discussion | All |
| | • New Member Orientation, May 7, 2025 | |
| XII. | Next Meeting: May 8, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Diego Shmuels |

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Meeting Housekeeping Care and Treatment Committee

Updated February 20, 2025
Behavioral Science Research



Disclaimer & Code of Conduct

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

General Housekeeping

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

About the Partnership

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



Membership

Language Matters!

In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.



Remember **People First** Language . . .

People with HIV, *People* with substance use disorders, *People* who are experiencing homelessness, etc.

Please don't say **RISKS** . . . Instead, say **REASONS**.

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

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

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

Meeting Participation

Everyone has a role to play!


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



Meeting Terminology

Meetings can be fast-paced and confusing!


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

 Meeting Guide Meetings can be fast-paced and confusing! These terms and acronyms can help you follow along. Please raise your hand at any time if you need more information!	
Partnership, PC, or Planning Council	The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County
RWP or RWHAP	The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).
ADAP	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
BSR	Behavioral Science Research Corp. (aka, Staff).
DHE	Ending the HIV Epidemic: A Plan for America. Four Pillars: 1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
EMA	Eligible Metropolitan Area (locally, Miami-Dade County).
FDOH or FDOH-MDC	Florida Department of Health in Miami-Dade County.
FPL	Federal Poverty Level. Used to determine RWP eligibility and benefits.
HOPWA	Housing Opportunities for People with AIDS Program. Federal program that provides funding to support housing and housing-related services for people with AIDS and their families. Related terms: STRMU: Short-Term Rental; Mortgage and Utilities Assistance; Project-based: Funds designated units in a building; LTRA: Long-Term Rental Assistance (voucher program); and FMR: Fair Market Rents.
HRSA	The Health Resources and Services Administration. The source of federal RWP grant funds.
Integrated Plan or IP	The Miami-Dade County Integrated HIV Prevention and Care Plan.
JIPRT	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
MAI	Minority AIDS Initiative. Additional RWP funding to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minority populations.
NHAS	National HIV/AIDS Strategy. Four Goals: 1. Prevent new HIV infections; 2. Improve HIV-related health outcomes of people with HIV; 3. Reduce HIV-related disparities and health inequities; 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners.
PE-Miami or Provide Enterprise	Provide Enterprise® by Groupware Technologies (RWP client database system).
The Recipient, The County, or OMB	The Miami-Dade County Office of Management and Budget. The Recipient of RWP Part A/MAI funds from HRSA.
TTRA	Test and Treat/Rapid Access. Protocol designed to ensure newly diagnosed people or those returning to care will obtain immediate linkage to medical care and treatment.
More terminology at www.aidsnet.org/the-partnership/@stakeboard1 .	

Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- ❑ Today's presentation and supporting documents are online at <https://aidsnet.org/the-partnership/#caretreatment2> or by scanning the QR code on your agenda.

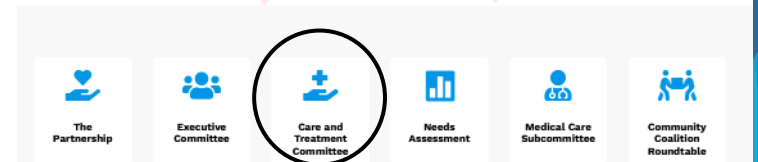
The Miami-Dade HIV/ AIDS Partnership



Miami-Dade County's Official Ryan White Program Planning Council for HIV Prevention and Care.

Our vision is to eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

SERVING
9,468
people with HIV





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Floor Open to the Public

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

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



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

February 13, 2025 Minutes

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

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

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

I. Call to Order

Dr. Steven Santiago

Dr. Steven Santiago, Chair, welcomed everyone and called the meeting to order at 10:20 a.m.

II. Introductions

All

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping

Dr. Diego Shmuels

Dr. Diego Shmuels reviewed the housekeeping presentation which detailed meeting participation reminders, people first language use, and meeting etiquette including access to the meeting materials via the QR code on the agenda.

IV. Floor Open to the Public

Dr. Diego Shmuels

Dr. Shmuels read the following:

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda

All

The Committee reviewed the agenda and approved it as presented.

Motion to accept the agenda as presented.

Moved: Dr. Daniel Shmuels

Seconded: German Leiva

Motion: Passed

VI. Review/Approve Minutes of January 9, 2025

All

The Committee reviewed the minutes of January 9, 2025, and approved them as presented.

Motion to accept the minutes of January 9, 2025, as presented.

Moved: Dr. Daniel Shmuels

Seconded: Dr. Diego Shmuels

Motion: Passed

VII. Reports

▪ Part A

Carla Valle-Schwenk

Carla Valle-Schwenk reviewed Ryan White Program (RWP) expenditures and clients served to date. As of the December 2024 report, the RWP has served 9,094 unduplicated clients. Expenditures are almost 54% of dollars allocated under Part A and almost 46% under the Minority AIDS Initiative (MAI). Enrollment in the Affordable Care Act has reached 2,800 with 62 plans available. The last few RWP contract amendments are being finalized. The new fiscal year begins in a few weeks and so far, business is as usual. For clients who have concerns about traveling outside their homes, clients are encouraged to use telehealth services. If clients need blood draws, phlebotomy in the client's home could be done as long as there is a billing code for procedure. A partial award for Part A/MAI and Ending the Epidemic (EHE) has been received. Grant application scores were received: the FY 2025 Ryan White grant application scored 97 out of 100, and the FY 2025 EHE grant application scored 94 out of 100.

▪ Part B

Karen Poblete

Karen Poblete reviewed the Part B expenditure report for November 2024, which indicated 390 clients were served at a cost of \$79,758.38. Emergency Financial Assistance (EFA) is the most utilized service.

▪ AIDS Drug Assistance Program (ADAP)

Marlen Meizoso for Dr. Javier Romero

In Dr. Romero's absence, Marlen Meizoso reviewed the January 2025 ADAP report as of February 3, 2025, including enrollments, expenditures, number of prescriptions, premium insurance payments, and program updates.

▪ General Revenue (GR)

Marlen Meizoso for Angela Machado

In Angela Machado's absence, Marlen Meizoso reviewed the December 2024 General Revenue report which indicated 357 clients were served for a cost of \$250,162.65.

▪ *Vacancies*

Marlen Meizoso

Mrs. Meizoso reviewed the vacancy report for February 2025. There are five opportunities for Ryan White Program clients and seven General Membership opportunities on the Partnership. There are also vacancies on all the committees and the subcommittee. On Care and Treatment, there are eight seats open with Dr. Trepka terming off this month. If attendees know of any interested applicants for the committees, please invite these persons to a committee meeting or training, or direct them to staff for further information.

▪ *Medical Care Subcommittee Report*

Dr. Steven Santiago

Dr. Steven Santiago reviewed the report which indicated the Subcommittee:

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

Following review and editing of the Oral Health Care Standards, the Subcommittee recommended the following motion:

Motion to approve the Oral Health Care Standards with edits to licensed medical provider on page five.

Moved: Dr. Diego Shmuels

Seconded: German Leiva

Motion: Passed

Following review and editing of the service description for Substance Abuse Outpatient and Substance Abuse Service (Residential), the Subcommittee recommended the following motion:

Motion to accept the Substance Abuse Outpatient Care and Substance Abuse Service (Residential) service description as presented.

Moved: Dr. Diego Shmuels

Seconded: Dr. Daniel Shmuels

Motion: Passed

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

VIII. Standing Business

▪ *February Draft: 2025 Capacity Survey*

All

At the last meeting, the Committee requested some additional edits which are reflected in the February 2025 draft. Upon reviewing the updated version, two additional edits to the first page were requested. Under question one, add a question inquiring if there are additional locations and how many. And, at the top of the survey, add a statement about answering questions keeping in mind all the locations in Miami-Dade County.

Motion to approve the 2025 Provider Capacity Survey as discussed.

Moved: Dr. Diego Shmuels

Seconded: German Leiva

Motion: Passed

▪ *Service Description Review: Outreach*

All

The Committee has requested some edits which are reflected in the draft in the meeting materials. Staff was tasked with finding out about the Take Control events. Upon inquiring with the Florida Department of Health, events do take place and the term refers to all testing events in the community. Under Ryan White from January 2022 to date, there was only one instance of the code being billed which was disallowed for missing information.

The Committee requested the addition of a code for Date to Care (D2C) which would cover activities related to the Data to Care project that will be undertaken by the County and FDOH-MDC.

Motion to accept the Outreach service description as presented including the addition noted.

Moved: Dr. Daniel Shmuels

Seconded: Dr. Diego Shmuels

Motion: Passed

IX. New Business

▪ *RWP FY 2024 Client Satisfaction Summary of Findings*

Dr. Robert Ladner

The Committee heard a presentation from Dr. Robert Ladner on the Summary of Findings from the Ryan White FY 2024 Client Satisfaction Survey. Aside from overall satisfaction, clients were queried on medical case management, oral health, and food bank services in detail. There has been an increase in very satisfied levels, but clients have issues with the amount of time it takes to get appointments. Some of this is due to the high turnover of Medical Case Managers. Inservice training needs to be developed to help Medical Case Managers. It was suggested that instead of a client satisfaction survey, to change the survey to explore clients' experience which may garner more opportunities for quality improvement. Additional data will be shared during the needs assessment.

▪ *Annual Source of Income Forms*

All

Staff reminded the Committee that the annual source of income forms were in their meeting packets and are due to the County before July 1. These should be completed and submitted immediately.

X. Announcements and Open Discussion

All

The next Get on Board training is scheduled for March 5, 2025, via Microsoft Teams. This training will cover the Ryan White Part A Program.

There were no open discussion items.

XI. Next Meeting

Dr. Diego Shmuels

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

XII. Adjournment

Dr. Steven Santiago

With business concluded, Dr. Santiago thanked everyone for participating in the meeting and adjourned the meeting at 11:55 a.m.



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RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

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

February 2025

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)
Health Insurance Premium and Cost Sharing Assistance
Medical Case Management
Mental Health Services
Oral Health Care
Outpatient Ambulatory Health Services
Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals
Medical Transportation
Other Professional Services
Outreach Services
Substance Abuse Services (residential)

Service Units		Unduplicated Client Count	
Monthly	Year-to-date	Monthly	Year-to-date
2	34	2	5
88	5,571	82	1,900
4,125	101,678	2,033	8,807
12	604	7	115
116	9,934	80	2,816
1,178	30,775	854	4,477
1	29	1	8
1,234	14,050	311	911
54	6,577	49	974
8	381	4	76
24	453	24	278
400	6,559	27	88
TOTALS:			
7,242	176,645		

Total unduplicated clients (month):

2,844

Total unduplicated clients (YTD):

9,267

Service Unit
Definitions on
pg. 4

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

February 2025

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)
Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services
Oral Health Care
Outpatient Ambulatory Health Services
Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals
Medical Transportation
Other Professional Services
Outreach Services
Substance Abuse Services (residential)

Service Units Unduplicated Client Count

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

2	34	2	5
88	5,571	82	1,900
2,963	87,800	1,634	8,522
9	561	4	89
116	9,934	80	2,816
1,060	27,699	797	4,306
1	29	1	8
1,234	14,050	311	911
36	6,351	32	931
8	381	4	76
22	419	22	253
400	6,559	27	88

TOTALS: 5,939 159,388

Total unduplicated clients (month):

2,480

Total unduplicated clients (YTD):

9,146

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

SERVICE CATEGORIES

February 2025

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

Core Medical Services

Medical Case Management

Mental Health Services

Outpatient Ambulatory Health Services

Support Services

Medical Transportation

Outreach Services

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Medical Case Management	1,162	13,878	566	1,137
Mental Health Services	3	43	3	26
Outpatient Ambulatory Health Services	118	3,076	73	689
Medical Transportation	18	226	17	50
Outreach Services	2	34	2	26
TOTALS:	1,303	17,257		
Total unduplicated clients (month):	607			
Total unduplicated clients (YTD):	1,515			

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

Service Categories	Service Unit Definition
Core Medical Services	
AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program; LPAP)	1 filled prescription
Health Insurance Premium & Cost Sharing Assistance	1 health insurance payment (copayment or deductible)
Medical Case Management (MCM; Incl. Treatment Adherence)	1 MCM encounter
Mental Health Services	1 individual or group encounter
Oral Health Care	1 oral health care visit
Outpatient/Ambulatory Health Services	1 medical visit
Substance Abuse Outpatient Care	1 individual or group encounter
Support Services	
Emergency Financial Assistance (limited access)	1 filled prescription
Food Bank	1 bag of groceries
Medical Transportation	1 medical transportation voucher or one-way rideshare trip
Other Professional Services (Legal Assistance & Permanency Planning)	1 hour of legal assistance
Outreach Services	1 individual encounter
Substance Abuse Services-Residential	1 day of residential substance abuse services

NOTE: MAI-funded services are limited to minority clients from priority subpopulations or emerging need subpopulations.

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

PART A

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

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

This report includes YTD paid reimbursements for FY 2024 Part A service months up to February 2025, as of 3/25/2025. This report reflects reimbursement requests that were due by 3/20/2025, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$1,668,197.02. The Recipient is still in the grant closeout process. Final expenditures for FY 2024 Part A will be provided after the grant closeout process is complete.

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

Priority Order

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

	Allocations	Carryover (C/O) Allocations
Core Medical Services		
8 AIDS Pharmaceutical Assistance	7,679.00	
6 Health Insurance Services	328,454.00	
1 Medical Case Management	6,063,727.00	
3 Mental Health Therapy/Counseling	69,501.00	
4 Oral Health Care	4,082,857.00	
2 Outpatient/Ambulatory Health Svcs	8,020,778.00	
9 Substance Abuse - Outpatient	9,441.00	

CORE Services Totals: 18,582,437.00

	Allocations	Carryover Allocations
Support Services		
12 Emergency Financial Assistance	0.00	
5 Food Bank	972,532.00	795,210.00
13 Medical Transportation	253,654.00	
15 Other Professional Services	40,274.00	
14 Outreach Services	149,032.00	
7 Substance Abuse - Residential	1,731,750.00	

SUPPORT Services Totals: 3,147,242.00 795,210.00
FY 2024 Award (not including C/O) 21,729,679.00

DIRECT SERVICES TOTAL: \$ 22,524,889.00

Total Core Allocation 18,582,437.00
Target at least 80% core service allocation 17,383,743.20
Current Difference (Short) / Over \$ 1,198,693.80

Recipient Admin. (GC, GTL, BSR Staff) \$ 2,477,019.00

Quality Management \$ 604,056.00 3,081,075.00

(+) Unobligated Funds / (-) Over Obligated:

Unobligated Funds (Formula & Supp) \$ -
Unobligated Funds (Carry Over) \$ - \$ - 25,605,964.00

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% 85.52% Within Limit

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% 2.43% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% 9.98% Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	1,490.50	
5606920000	Health Insurance Services	240,904.99	
5606870000	Medical Case Management	5,483,331.35	
5606860000	Mental Health Therapy/Counseling	48,847.50	
5606900000	Oral Health Care	3,626,889.00	
5606610000	Outpatient/Ambulatory Health Svcs	6,404,770.26	
5606910000	Substance Abuse - Outpatient	1,320.00	

CORE Services Totals: 15,807,553.60

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	817,023.25	795,210.00
5606460000	Medical Transportation	193,641.05	
5606890000	Other Professional Services	33,606.00	
5606950000	Outreach Services	103,480.68	
5606930000	Substance Abuse - Residential	1,549,000.00	

SUPPORT Services Totals: 2,696,750.98 795,210.00
FY 2024 Award (not including C/O) 18,504,304.58

TOTAL EXPENDITURES DIRECT SVCS & % : \$ 19,299,514.58 85.68%

Formula Expenditure % 91.00%

5606710000 **Recipient Administration** 1,774,119.64

5606880000 **Quality Management** 550,000.00 2,324,119.64

Grant Unexpended Balance FY 2023 Award 3,982,329.78 Carryover - 3,982,329.78

Total Grant Expenditures & % \$ 21,623,634.22 84.45%

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% 85.43% Within Limit

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% 2.22% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% 7.15% Within Limit

Printed On: 3/25/2025

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR34
MINORITY AIDS INITIATIVE (MAI) FUNDING

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

This report includes YTD paid reimbursements for FY 2024 MAI service months up to February 2025, as of 3/25/2025. This report reflects reimbursement requests that were due by 3/20/2025, and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process currently total \$162,887.30. The Recipient is still in the grant closeout process. Final expenditures for FY 2024 MAI will be provided after the grant closeout process is complete.

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

Priority Order

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Carryover (C/O)

Core Medical Services	Allocations	Allocations
AIDS Pharmaceutical Assistance		
Health Insurance Services		
1 Medical Case Management	350,102.00	661,318.00
3 Mental Health Therapy/Counseling	18,960.00	
Oral Health Care		
2 Outpatient/Ambulatory Health Svcs	1,024,748.00	712,385.00
6 Substance Abuse - Outpatient	8,058.00	
CORE Services Totals:	1,401,868.00	1,373,703.00

Support Services	Allocations	Carryover Allocations
5 Emergency Financial Assistance	0.00	
Food Bank		
13 Medical Transportation	7,628.00	8,300.00
Other Professional Services		
7 Outreach Services	39,816.00	
Substance Abuse - Residential		

SUPPORT Services Totals: 47,444.00 8,300.00
 FY 2024 Award (not including C/O) 1,449,312.00
 FY 2024 Carryover Award 1,382,003.00

DIRECT SERVICES TOTAL: \$ 2,831,315.00

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

Recipient Admin. (OMB-GC) \$ 260,057.00

Quality Management \$ 100,000.00 360,057.00 \$ 3,191,372.00

(+) Unobligated Funds / (-) Over Obligated:

Unobligated Funds (MAI) \$ 791,203.00

Unobligated Funds (Carry Over) \$ 92,767.00 883,970.00 4,075,342.00

Core medical % against Total Direct Service Allocation (Not including C/O):

Cannot be under 75% 96.73% Within Limit

Quality Management % of Total Award (Not including C/O):

Cannot be over 5% 3.85% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):

Cannot be over 10% 10.00% Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Carryover (C/O)

Account	Core Medical Services	Expenditures	Expenditures
5606970000	AIDS Pharmaceutical Assistance		
5606920000	Health Insurance Services		
5606870000	Medical Case Management	347,707.30	409,495.85
5606860000	Mental Health Therapy/Counseling	1,982.50	
5606900000	Oral Health Care		
5606610000	Outpatient/Ambulatory Health Svcs	363,727.84	442,112.88
5606910000	Substance Abuse - Outpatient	0.00	
CORE Services Totals:		713,417.64	851,608.73

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank		
5606460000	Medical Transportation	6,881.69	4,755.21
5606890000	Other Professional Services		
5606950000	Outreach Services	23,226.00	
5606930000	Substance Abuse - Residential		

SUPPORT Services Totals: 30,107.69 4,755.21
 FY 2024 Award (not including C/O) 743,525.33

TOTAL EXPENDITURES DIRECT SVCS & %: \$ 1,599,889.27 56.51%

5606710000 Recipient Administration 82,425.03

5606880000 Quality Management 91,666.63 174,091.66

Grant Unexpended Balance FY 2024 Award 1,682,955.01 Carryover 623,161.27 2,306,116.28

Total Grant Expenditures & % (Including C/O): \$ 1,773,980.93 43.53%

Core medical % against Total Direct Service Expenditures (Not including C/O):

Cannot be under 75% 95.34% Within Limit

Quality Management % of Total Award (Not including C/O):

Cannot be over 5% 3.52% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):

Cannot be over 10% 3.17% Within Limit

Printed On: 3/25/2025



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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, April 10, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|-------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 13, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Diego Shmuels |
| IX. | Standing Business | |
| | • Edits to 2025 Provider Capacity Survey | All |
| X. | New Business | |
| | • Needs Assessment Input Discussion | All |
| | • 2026 Special Projects Discussion | All |
| | • Annual Source of Income Forms | Marlen Meizoso |
| XI. | Announcements and Open Discussion | All |
| | • New Member Orientation, May 7, 2025 | |
| XII. | Next Meeting: May 8, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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Provider Agency Name & Address
 18255 Homestead Ave
 33157
 Contract Name:2024_2025 FDOH Miami-Dade County Patient Care-Consortia

Florida Department of Health
 Expenditure/Invoive Report
 Program Name: Patient Care-Consortia
 Area Name:AREA 11A
 Month JAN
 Year: 2024-2025

Contract Services	Expended Month	# of Clients	Units of Service	Approved Budget	Expended This Month	Expended To Y T D	Rate of Expend
Administrative Services	JAN	0	0	\$125,294.00	\$4,417.53	\$101,669.58	81
Clinical Quality Management	JAN	0	0	\$82,071.00	\$1,913.30	\$15,868.65	19
Emergency Financial Assistance	JAN	116	236	\$912,456.00	\$0.00	\$398,527.68	44
Medical Case Management (including treatment adherence)	JAN	64	10560	\$111,527.00	\$0.00	\$95,789.25	86
Mental Health Services - Outpatient	JAN	15	54	\$25,000.00	\$0.00	\$21,645.00	87
Non-Medical Case Management Services	JAN	18	18	\$184,024.00	\$0.00	\$112,810.82	61
Planning and Evaluation	JAN	0	0	\$36,471.00	\$1,913.30	\$16,104.83	44
Referral for Health Care/Supportive Services	JAN	250	250	\$203,006.00	\$0.00	\$142,205.64	70

TOTALS		463	11118	\$ 1,679,849.00	\$ 8,244.13	\$ 904,621.45	53.85135509
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ADVANCE(S) INFORMATION:				Total Contract Amount	\$ 1,679,849.00
Total Advances	\$0.00			Minus Expended Y-T-D	\$ 904,621.45
Previous Advances	\$0.00			Minus UNPAID Advances	\$0.00
Current Advances	\$0.00			Balance To Draw	\$ 775,227.55
Remaining Advances	0				

Total Expended This Month \$ 8,244.13
 Less Advance Payback This period \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT \$ 8,244.13

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

Signature & Title of Provider Agency Official
 Date

Contractor Manager Signature
 Date

Contract Manager's Supervisor Signature
 Date

Provider Agency Name & Address
 18255 Homestead Ave
 33157
 Contract Name:2024_2025 FDOH Miami-Dade County Patient Care-Consortia

Florida Department of Health
 Expenditure/Invoive Report
 Program Name: Patient Care-Consortia
 Area Name:AREA 11A
 Month FEB
 Year: 2024-2025

Contract Services	Expended Month	# of Clients	Units of Service	Approved Budget	Expended This Month	Expended To Y T D	Rate of Expend
Administrative Services	FEB	0	0	\$125,294.00	\$8,664.57	\$110,334.15	88
Clinical Quality Management	FEB	0	0	\$82,071.00	\$1,890.77	\$17,759.42	22
Emergency Financial Assistance	FEB	97	202	\$912,456.00	\$0.00	\$398,527.68	44
Medical Case Management (including treatment adherence)	FEB	57	9300	\$111,527.00	\$0.00	\$95,789.25	86
Mental Health Services - Outpatient	FEB	17	62	\$25,000.00	\$0.00	\$21,645.00	87
Non-Medical Case Management Services	FEB	22	22	\$184,024.00	\$0.00	\$112,810.82	61
Planning and Evaluation	FEB	0	0	\$36,471.00	\$3,112.42	\$19,217.25	53
Referral for Health Care/Supportive Services	FEB	308	308	\$203,006.00	\$0.00	\$142,205.64	70

TOTALS		501	9894	\$ 1,679,849.00	\$ 13,667.76	\$ 918,289.21	54.66498536
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ADVANCE(S) INFORMATION:				Total Contract Amount	\$ 1,679,849.00
Total Advances	\$0.00			Minus Expended Y-T-D	\$ 918,289.21
Previous Advances	\$0.00			Minus UNPAID Advances	\$0.00
Current Advances	\$0.00			Balance To Draw	\$ 761,559.79
Remaining Advances	0				

Total Expended This Month \$ 13,667.76
 Less Advance Payback This period \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT \$ 13,667.76

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

Signature & Title of Provider Agency Official
 Date

Contractor Manager Signature
 Date

Contract Manager's Supervisor Signature
 Date



Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, April 10, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
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| | • Medical Care Subcommittee Report | Dr. Diego Shmuels |
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Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership/

Mission:

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



Vision: To be the Healthiest State in the Nation

Ron DeSantis

Governor

Joseph A. Ladapo, M.D., Ph.D.

State Surgeon General

MARCH 3, 2025

ADAP MIAMI-DADE / SUMMARY REPORT ^ – FEBRUARY 2025

UTILIZATION & EXPENDITURES

MONTH	1 ST ENROLLMENTS	RE-ENROLLMENTS	CLIENTS ^{^^}	CHD PHARMACY \$	RXS	PATIENTS	RX/PT	PAYMENTS	#PREMIUMS	~\$ / PREMIUM
APR-24	93	763	7,182	\$1,299,197.75	1,574	759	2.1	\$4,760,132.82	2,869	\$1,659.16
MAY-24	99	660	7,358	\$1,348,852.85	2,632	781	3.4	\$4,661,276.34	2,804	\$1,662.37
JUN-24	75	305	7,365	\$1,224,156.67	2,319	672	3.5	\$4,735,158.01	2,855	\$1,658.55
JUL-24	86	268	7,414	\$1,281,998.16	2,551	762	3.3	\$4,743,763.59	2,867	\$1,654.61
AUG-24	72	199	7,495	\$1,297,441.51	2,592	744	3.5	\$4,715,538.90	2,854	\$1,652.26
SEP-24	47	211	7,373	\$1,328,957.85	2,666	760	3.5	\$4,696,503.85	2,856	\$1,644.43
OCT-24	70	384	7,414	\$1,268,167.89	2,617	713	3.7	\$4,678,577.74	2,838	\$1,648.55
NOV-24	66	527	7,593	\$1,089,868.82	2,184	635	3.4	\$4,605,650.34	2,797	\$1,646.64
DEC-24	61	835	7,688	\$1,435,602.25	2,900	786	3.7	\$4,569,896.77	2,778	\$1,645.03
JAN-25	99	781	7,659	\$1,327,091.08	2,637	749	3.5	\$5,203,613.10	2,975	\$1,749.11
FEB-25	55	841	7,599	\$1,157,427.65	2,334	656	3.6	\$5,194,572.56	2,732	\$1,901.38
MAR-25										
FY24/25	825	5,774	7,599	\$14,058,762.43	26,899	8,017	3.4	\$52,564,684.02	31,225	\$1,683.42

PROGRAM UPDATE

*02/03/25: BENEFIT LEVEL ^ 7,599 DIRECT DISPENSE 54 % 4103 - PREMIUM PLUS 45 % 3496 – [92 % W FLAGLER & 8 % WP]
 *02/03/25: CABENUVA ® 202 DIRECT DISPENSE 65 % 130 - PREMIUM PLUS 35 % 72
 *02/03/25: MEDICARE ELIGIBLE ^ 18 UNDER REVIEW THIS MONTH. – 62 CLIENTS WITHIN 7-MONTH WINDOW AROUND 65TH BIRTHDAY THIS MONTH.
 *02/03/25: MEDICARE 228 OPEN ENROLLMENT. ENDED DECEMBER 7TH. CHANGES TO MEDICARE PLANS.
 *02/03/25: ACA-MP ^ 2,907 OPEN ENROLLMENT. APPROVED PLANS FOR 2025 [62; 5 PLANS AVAILABLE TO 2024 CLIENTS]. ENDED JANUARY 15TH.

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

DIRECT DISPENSE ACCESS

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

ADDITIONAL PHARMACIES – PRIME THERAPEUTICS PBM MIAMI-DADE – 03/01/25		
AIDS HEALTHCARE FOUNDATION	COMMUNITY HEALTH OF SF - CHI	WALGREENS
BORINQUEN HEALTHCARE CTR	CVS SPECIALTY MAIL ORDER	FRESCO Y MÁS
MIAMI BEACH COMMUNITY HC	NAVARRO SPECIALTY PHARMACY	PHARMCO RX

NEW: CARE RESOURCE PHARMACY, LARKIN HOSPITAL COMMUNITY PHARMACY

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

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

Florida Department of Health in Miami-Dade County

ADAP Program & FLDOHMD CHD Pharmacy

2515 W Flagler Street, Suite 102. Miami, Florida 33135 - Phone: 305-643-7400



Accredited Health Department
Public Health Accreditation Board



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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, April 10, 2025

10:00 a.m. – 12:00 p.m.

Care Resource Community Health Center, Midtown Miami
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| XIII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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

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

	January 25			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt. YTD	Budget as of 7-1-24 Annual Budget	YTD Units
Ambulatory - Outpatient Care	98	129	28,293.48	417,381.75	1,644,600.00	1,856
Drug Pharmaceuticals	20	37	25,960.23	141,449.77	288,900.00	243
Early Intervention Services					63,206	
Oral Health			-	3,573.00	50,000.00	3
Home & Community Base Services	3	49	3,204.71	4,166.71	12,000.00	49
Home Health Care				13,873.50	30,000.00	307
Mental Health Services	57	95	11,226.94	51,636.83	120,000.00	426
Nutrition Counseling	25	29	4,444.12	5,177.42	20,000.00	34
Medical Case Management	34	56	52,179.97	837,536.80	1,692,262.00	8,746
Sustance Abuse Services	7	578	10,820.58	27,288.53	93,000.00	1,523
Food Bank/Home Delivered Meals	7	20	550.00	6,350.00	50,000.00	359
Non-Medical Case Management	214	215	39,171.19	262,194.83	630,735.00	915
Other Support Services / Emergency Fin. Assistance	1	1	2,515.68	50,000.22	192,000.00	20
Psychosocial Support Services	14	1,636	21,500.20	41,579.56	55,000.00	3,316
Transportation	190	323	16,669.35	25,720.03	82,250.00	501
Referral for Health Care / Supportive Services	39	138	35,924.68	258,057.78	420,820.00	1,077
Substance Abuse Residential	8	153	41,651.19	124,681.34	281,955.00	458
Residential Care - Adult				111,795.93	204,035.00	1,196
Nursing Home Care	5	162	46,709.70	331,730.83	470,000.00	1,205
Hospital Services						
	722	3,621	340,822.02	2,714,194.83	6,400,763.00	22,234



Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, April 10, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|-------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 13, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Diego Shmuels |
| IX. | Standing Business | |
| | • Edits to 2025 Provider Capacity Survey | All |
| X. | New Business | |
| | • Needs Assessment Input Discussion | All |
| | • 2026 Special Projects Discussion | All |
| | • Annual Source of Income Forms | Marlen Meizoso |
| XI. | Announcements and Open Discussion | All |
| | • New Member Orientation, May 7, 2025 | |
| XII. | Next Meeting: May 8, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Diego Shmuels |

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Membership Report

March 21, 2025

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for Ryan White Program Clients

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

Opportunities for General Membership

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

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

Are you a Member?

Thank you for your service to people with HIV!

Be sure to bring a Ryan White client to your next meeting!

Do You Qualify for Membership?

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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

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

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



Get Started Today!

Scan the QR Code or contact

mdcpartnership@behavioralscience.com.





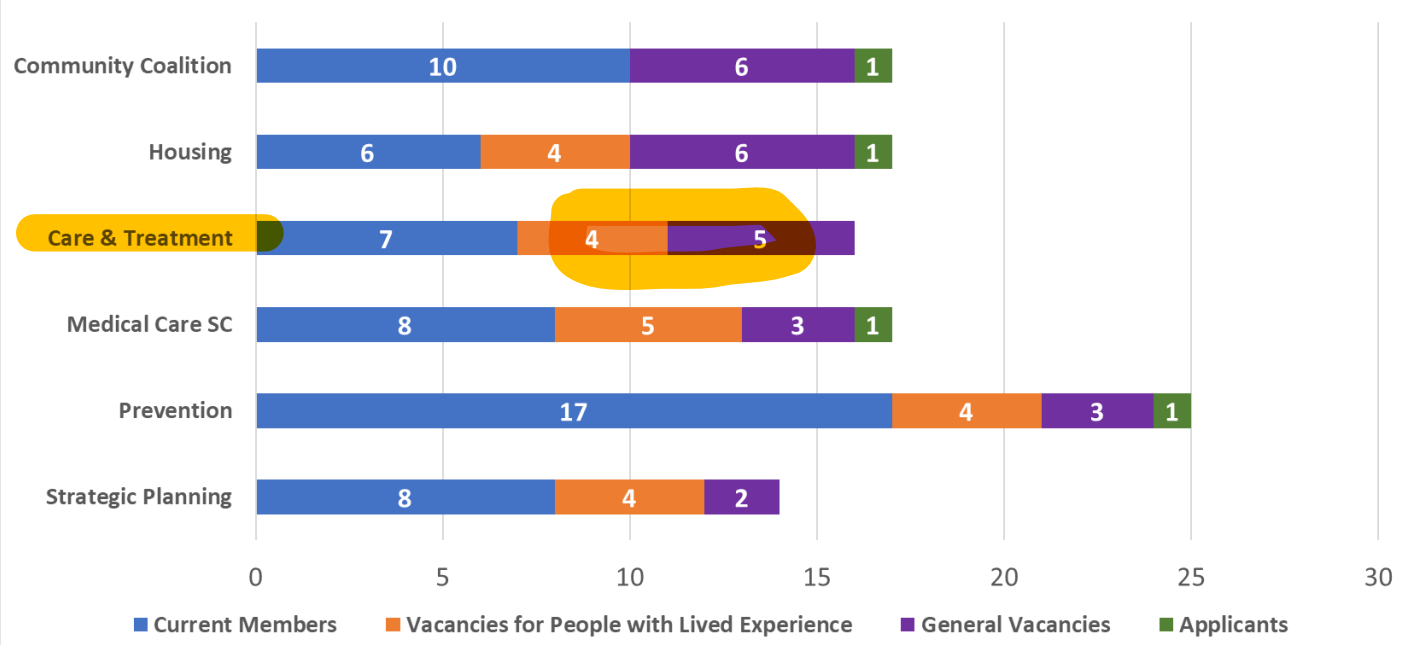
Committees

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

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

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

Standing Committee and Subcommittee Membership





Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

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**Medical Care Subcommittee
February 28, 2025, and March 28, 2025, Meeting
Report to the Care and Treatment Committee
Presented April 10, 2025**

The Medical Care Subcommittee (MSCS):

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
- Welcomed Dr. Vanessa Rojas as a new member.
- Reviewed and is revising the Allowable Conditions List.
- Discussed 2026 Special Projects.

Action Items

- Finalized and accepted the draft of the Oral Health Care service description.
- 1. Motion to approve the Oral Health Care service description as presented. (Attachment 1)**
 - Finalized review of the Minimum Primary Medical Care Standards and approved them as presented.
 - 2. Motion to approve the Minimum Primary Medical Care Standards as discussed. (Attachment 2)**
 - The Subcommittee reviewed, added clarifying language, and made some editorial edits to the Letter of Medical Necessity for Dental Implants. The changes are reflected in the revised document.
 - 3. Motion to approve the revisions to the Letter of Medical Necessity for Dental Implants. (Attachment 3)**

Next Meeting

The next MCSC meeting is scheduled for April 25, 2025, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

All motions are subject to Partnership approval.

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

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.

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 unites=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;
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Effective 3/1/2023**Revised xx/xx/2025**



Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, April 10, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|-------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 13, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Diego Shmuels |
| IX. | Standing Business | |
| | • Edits to 2025 Provider Capacity Survey | All |
| X. | New Business | |
| | • Needs Assessment Input Discussion | All |
| | • 2026 Special Projects Discussion | All |
| | • Annual Source of Income Forms | Marlen Meizoso |
| XI. | Announcements and Open Discussion | All |
| | • New Member Orientation, May 7, 2025 | |
| XII. | Next Meeting: May 8, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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2025 Provider Capacity Survey

Purpose

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

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

Organizational Information

* 1. Location(s)

Organizational Name

Address (main site in Miami-Dade)

City/Town

State

ZIP/Postal Code

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

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

- ☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday

- ☐ Friday
☐ Saturday
☐ Sunday

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

- ☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday

- ☐ Friday
☐ Saturday
☐ Sunday
☐ None of the above

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

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

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

- ☐ 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

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

- ☐ Yes
- ☐ No
- ☐ Don't know

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

- ☐ Yes
- ☐ No
- ☐ Don't know

Services Provided

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

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

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

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

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

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

19. Prevention Services

	My organization <u>provides</u> this service to people.	Clients in my organization <u>need</u> this service but are <u>not</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

☐☐☐

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

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

- ☐ Yes
- ☐ No

30. If your organization has a waitlist,

For what services?

How long do clients
typically stay on the
waitlist?

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

* 32. Email address of person completing this survey

33. Job title of person completing this survey

Thank you for completing the survey!

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



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10:00 a.m. – 12:00 p.m.

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

AGENDA

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| III. | Meeting Housekeeping | Dr. Diego Shmuels |
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Project Proposals

(B) Care & Treatment Not-In-Care Needs

**Study of unmet needs and barriers to care among clients not in RWP care
for at least one year (English, Spanish, Creole)**

+ n= 200 clients

Component	Quantity	Cost	Total
Incentives for clients	200	\$ 30.00	\$ 6,000.00
Translation of survey into Spanish and Creole	2	\$ 300.00	\$ 600.00
Recruitment: 4 recruiters @ 160 hrs. each	640	\$ 20.00	\$ 12,800.00
Survey completions, quantitative interviewer cost	200	\$ 40.00	\$ 8,000.00
Data analysis	1	\$5,000.00	\$ 5,000.00

TOTAL \$ 32,400.00

Request was made for a strategy to *address unmet needs and barriers to care for persons not in RWP care*. The best population to use as data source is clients who have been out of RWP for at least one year, and who have returned to RWP care, identified through PE-Miami. (Special note: Persons with HIV who are undiagnosed and clients who are diagnosed but not in RWP care – as lost to care or never entered RWP care – are not available for interview.) PE-Miami data show about 980 clients have returned to RWP care since FY 2021 after being without a billable RWP events for ≥one year, therefore identifiable and potentially interviewable if they have signed a permission waiver allowing them to be contacted by BSR for paid research purposes.

Project B *comments* from **Executive Committee**:

The Committee indicated that the potential participants for this study are very narrow. Additional clarification is needed for the request. For the next iteration, it would be helpful to have a member of the Committee making the requests.



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NEW MEMBER ORIENTATION

**NEW
DATE!**

MAY 7, 2025

1:00 PM TO 4:00 PM

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

Via Microsoft Teams

Register at: https://bit.ly/Apr022025_NMO
or scan QR code:





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