



Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, May 8, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|---------------------|
| I. | Call to Order | Dr. Steven Santiago |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of April 10, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • 2026 Special Projects Discussion | All |
| X. | New Business | |
| | • FY 2024 Carryover Request | All |
| | • Setting Priorities and Allocation Resource Process | All |
| | • Planning Council Responsibilities and Needs Assessment | All |
| XI. | Announcements and Open Discussion | All |
| | • Get on Board, June 4, 2025 | |
| XII. | Next Meeting: June 12, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

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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 RWHP	The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).
ADAP	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
BSR	Behavioral Science Research Corp. (aka, Staff).
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/@stationboard1 .	

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.

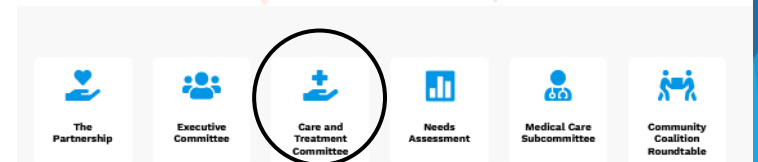
The Miami-Dade HIV/ AIDS Partnership



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**

April 10, 2025 Minutes

#	Committee Members	Present	Absent
1	Fils Aime, Louvens	X	
2	Henriquez, Maria	X	
3	Leiva, German	X	
4	Mills, Vanessa	X	
5	Santiago, Steven		X
6	Shmuels, Daniel	X	
7	Shmuels, Diego	X	
Quorum: 3			

Guests	
Lee, Crystal	
Pache, Rosa	
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. Diego Shmuels

Dr. Diego Shmuels, Vice Chair, welcomed everyone and called the meeting to order at 10:14 a.m.

II. Introductions

All

Dr. Diego Shmuels requested members, guests, and staff introduce 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. Diego 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. The 2026 Special Projects Discussion and Needs Assessment Input Discussion were swapped since the former may inform the later topic.

Motion to accept the agenda as discussed.

Moved: German Leiva

Seconded: Dr. Daniel Shmuels

Motion: Passed

VI. Review/Approve Minutes of February 13, 2025

All

The Committee reviewed the minutes of February 13, 2025, and approved them as presented.

Motion to accept the minutes of February 13, 2025, as presented.

Moved: Vanessa Mills

Seconded: German Leiva

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 February 2025 report (compiled 3/25/2025), the RWP has served 9,267 unduplicated clients. Final expenditures are still being tallied. The latest report shows 86% of Part A Funds expended. Minority AIDS Initiative (MAI) funds show almost 57% of dollars expended. Final figures should be available by May. To comply with federal executive orders, legal services for name changes and medication administration of hormone therapy for transgender clients has ceased. All clients are still encouraged to keep their HIV care appointments. Notification of any changes to the MAI program have not been received. The RWP staff are no longer working remotely as of April 15, 2025. A new staff member, Tivisay Gonzalez, has been hired as a Special Project Administrator II and will be assisting Ms. Valle-Schwenk.

▪ *Part B*

Karen Poblete

Karen Poblete reviewed the Part B expenditure reports for January and February 2025, which indicated 463 clients were served at a cost of \$8,244.13 in January, and 501 clients were served at a cost of \$113,667.76 in February. The contract year ended on March 31 and a new contract year has started. The report's appearance has changed since a new system is being used.

▪ *AIDS Drug Assistance Program (ADAP)*

Marlen Meizoso for Dr. Javier Romero

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

▪ *General Revenue (GR)*

Marlen Meizoso for Angela Machado

In Ms. Machado's absence, Mrs. Meizoso reviewed the January 2025 General Revenue report which indicated 722 clients were served for a cost of \$340,822.02.

▪ *Vacancies*

Marlen Meizoso

Mrs. Meizoso reviewed the vacancy report for March 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 nine seats open with Tivisay Gonzalez's resignation. 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. Diego Shmuels

Dr. Diego Shmuels reviewed the report which indicated the Subcommittee:

- 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 Medical Conditions List; and
- Discussed 2026 Special Projects.

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

Motion to approve the Oral Health Care service description as presented.

Moved: Dr. Daniel Shmuels

Seconded: German Leiva

Motion: Passed

Following review and editing of Minimum Primary Medical Care Standards, the Subcommittee recommended the following motion:

Motion to approve the Minimum Primary Medical Care Standards as discussed.

Moved: Dr. Daniel Shmuels

Seconded: German Leiva

Motion: Passed

The Subcommittee reviewed, added clarifying language, and made some editorial edits to the Letter of Medical Necessity for Dental Implants. Changes are reflected in the revised document.

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

Moved: Vanessa Mills

Seconded: Maria Henriquez

Motion: Passed

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

VIII. Standing Business

▪ *Edits to 2025 Provider Capacity Survey*

All

The Committee approved the 2025 Provider Capacity Survey, which included additional edits made to comply with federal executive orders. The Committee reviewed the edits and approved the changes.

Motion to approve the 2025 Provider Capacity Survey as discussed.

Moved: Dr. Daniel Shmuels

Seconded: German Leiva

Motion: Passed

IX. New Business

■ *2026 Special Projects Discussion*

All

As part of the annual staff support budget process approved last year, committees and the subcommittee are being polled for any request for support of special projects above and beyond the annual activities such as needs assessment, comprehensive planning, PSRA, and efficiency of administrative mechanism. Results of the special projects request will be shared with the Executive Committee. The Committee began their discussion by reviewing last year's request which focused on why clients are dropping out of care. The Florida Department of Health in Miami-Dade County are supposed to work on a Data 2 Care project which would track clients who have been identified as being out of care. Some clients know they are positive but are scared and do not want to go into care. Sometimes clients who are newly diagnosed have had a negative experience with their healthcare provider, which dissuades them from following through with appointments. Under the Ending the HIV Epidemic (EHE) program, training of hospital emergency room staff to provide more culturally competent and receptive care would help.

■ *Needs Assessment Input Discussion*

All

Staff inquired if the Committee wanted to have a special session at their June meeting specifically inviting clients to provide input. In the past this has not yielded helpful results so members indicated that input is always included on all agendas and a set aside is not needed. When client input is being shared such as the Client Satisfaction Survey results, clients should be invited to attend to hear the results, receive updates on issues being addressed, and why some issues can't be addressed.

■ *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 New Member Orientation training has been rescheduled for May 7, 2025, via Microsoft Teams.

There were no open discussion items.

XI. Next Meeting

Dr. Diego Shmuels

The next meeting is scheduled for Thursday, May 8, 2025, at Care Resource from 10:00 a.m. to 12:00 p.m.

XII. Adjournment

Dr. Diego Shmuels

With business concluded, Dr. Diego Shmuels thanked everyone for participating in the meeting and adjourned the meeting at 11:52 a.m.



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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
	3	37	3	5
	110	5,765	104	1,926
	7,221	104,780	3,304	8,842
	43	660	31	136
	385	10,207	276	2,843
	2,570	32,645	1,363	4,577
	1	31	1	9
	1,234	14,050	311	911
	405	6,940	206	1,011
	8	381	4	76
	37	466	31	282
	400	6,559	27	88
TOTALS:	12,417	182,521		
Total unduplicated clients (month):	4,201			
Total unduplicated clients (YTD):	9,316			

See 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

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	Service Units		Unduplicated Client Count	
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	110	5,765	104	1,926
	6,056	90,898	2,903	8,557
	36	597	24	98
	385	10,207	276	2,843
	2,423	29,533	1,304	4,406
	1	29	1	8
	1,234	14,050	311	911
	387	6,714	189	968
	8	381	4	76
	35	432	29	257
	400	6,559	27	88
TOTALS:	11,078	165,202		
Total unduplicated clients (month):	3,843			
Total unduplicated clients (YTD):	9,195			

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

February 2025

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

- Medical Case Management
- Mental Health Services
- Outpatient Ambulatory Health Services
- Substance Abuse Outpatient Care

Support Services

- Medical Transportation
- Outreach Services

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Medical Case Management	1,165	13,882	568	1,138
Mental Health Services	7	63	7	38
Outpatient Ambulatory Health Services	147	3,112	86	693
Substance Abuse Outpatient Care	0	2	0	1
Medical Transportation	18	226	17	50
Outreach Services	2	34	2	26
TOTALS:	1,339	17,319		

Total unduplicated clients (month):

625

Total unduplicated clients (YTD):

1,524

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.

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

March 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

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
	5	5	4	4
	70	70	68	68
	9,387	9,387	4,651	4,651
	40	40	21	21
	976	976	688	688
	1,696	1,696	1,133	1,133
	1,020	1,020	395	395
	507	507	259	259
	11	11	12	12
	24	24	20	20
	641	641	29	29
TOTALS:	14,377	14,377		

Total unduplicated clients (month):

5,449

Total unduplicated clients (YTD):

5,449

See 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:

March 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

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
	5	5	4	4
	70	70	68	68
	8,068	8,068	4,220	4,220
	40	40	21	21
	976	976	688	688
	1,592	1,592	1,072	1,072
	1,020	1,020	395	395
	482	482	237	237
	11	11	12	12
	23	23	19	19
	641	641	29	29
TOTALS:	12,928	12,928		
Total unduplicated clients (month):	5,119			
Total unduplicated clients (YTD):	5,119			

SERVICE CATEGORIES

Core Medical Services

- Medical Case Management
- 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	1,319	1,319	647	647
Outpatient Ambulatory Health Services	104	104	69	69
Medical Transportation	25	25	22	22
Outreach Services	1	1	1	1
TOTALS:	1,449	1,449		
Total unduplicated clients (month):	673			
Total unduplicated clients (YTD):	673			

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)
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Substance Abuse Services-Residential	1 day of residential substance abuse services

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR34 FORMULA AND SUPPLEMENTAL FUNDING

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

PART A

This report includes YTD paid reimbursements for FY 2024 Part A service months up to February 2025, as of 4/28/2025. This report reflects reimbursement requests that were due by 3/31/2025 (final invoice due date), and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process currently total \$440,864.56. 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	\$24,810,754
Carryover Award of FY23 Formula Funds	795,210.00	CARRYOVER	
Total Award	\$ 25,605,964.00		

Priority Order

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

	Allocations	Carryover (C/O) Allocations
Core Medical Services		
8 AIDS Pharmaceutical Assistance	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	1,691.22	
5606920000	Health Insurance Services	328,123.61	
5606870000	Medical Case Management	5,826,068.45	
5606860000	Mental Health Therapy/Counseling	53,527.50	
5606900000	Oral Health Care	3,975,334.00	
5606610000	Outpatient/Ambulatory Health Svcs	7,670,612.00	
5606910000	Substance Abuse - Outpatient	1,440.00	

CORE Services Totals: 17,856,796.78

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	972,260.45	795,210.00
5606460000	Medical Transportation	205,943.46	
5606890000	Other Professional Services	34,290.00	
5606950000	Outreach Services	103,480.68	
5606930000	Substance Abuse - Residential	1,639,750.00	

SUPPORT Services Totals: 2,955,724.59 795,210.00
FY 2024 Award (not including C/O) 20,812,521.37

TOTAL EXPENDITURES DIRECT SVCS & % : \$ 21,607,731.37 95.93%

Formula Expenditure % 94.90%

5606710000 **Recipient Administration** 1,710,824.58

5606880000 **Quality Management** 604,056.00 2,314,880.58

Grant Unexpended Balance **FY 2023 Award** **Carryover**
1,683,352.05 - 1,683,352.05

Total Grant Expenditures & % \$ 23,922,611.95 93.43%

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% 85.80% 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% 6.90% Within Limit

Printed On: 4/28/2025



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**Care and Treatment
Thursday, May 8, 2025**

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|---------------------|
| I. | Call to Order | Dr. Steven Santiago |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of April 10, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP , General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • 2026 Special Projects Discussion | All |
| X. | New Business | |
| | • FY 2024 Carryover Request | All |
| | • Setting Priorities and Allocation Resource Process | All |
| | • Planning Council Responsibilities and Needs Assessment | All |
| XI. | Announcements and Open Discussion | All |
| | • Get on Board, June 4, 2025 | |
| XII. | Next Meeting: June 12, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

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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

APRIL 7, 2025

ADAP MIAMI-DADE / SUMMARY REPORT ^ – MARCH 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	69	892	7,645	\$ 661,101.68	1,377	418	3.3	\$5,165,061.83	2976	\$1,735.57
FY24/25	894	6,666	8,569	\$14,719,864.11	28,276	8,435	3.4	\$57,729,745.85	34,201	\$1,687.95

PROGRAM UPDATE

*04/07/25: BENEFIT LEVEL ^ 8,569 DIRECT DISPENSE 57 % 4864 - PREMIUM PLUS 43 % 3705 – [92 % W FLAGLER & 8 % WP]
 *04/07/25: CABENUVA ® 223 DIRECT DISPENSE 58 % 130 - PREMIUM PLUS 42 % 93
 *04/07/25: MEDICARE ELIGIBLE ^ 12 UNDER REVIEW THIS MONTH. – 35 CLIENTS WITHIN 7-MONTH WINDOW AROUND 65TH BIRTHDAY THIS MONTH.
 *04/07/25: MEDICARE 250 OPEN ENROLLMENT. ENDED DECEMBER 7TH. CHANGES TO MEDICARE PLANS.
 *04/07/25: ACA-MP ^ 2,901 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, May 8, 2025

10:00 a.m. – 12:00 p.m.

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

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| | • FY 2024 Carryover Request | All |
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| | • Planning Council Responsibilities and Needs Assessment | All |
| XI. | Announcements and Open Discussion | All |
| | • Get on Board, June 4, 2025 | |
| XII. | Next Meeting: June 12, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

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During the month of February we provided services to a total of 753 unduplicated clients, 28 clients were referred for Mental Health services, 26 clients received assistance with medications under Pharmaceuticals and 5 clients are receiving Nursing Home Care

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

	February 25			Year To Date Data		
	Unduplicated				Budget as of	
	Client Count	Units	Dollar Amt.	Total Dollar Amt. YTD	2-1-25 Annual Budget	YTD Units
Ambulatory - Outpatient Care	192	301	35,108.47	452,490.22	1,644,600.00	2,157
Drug Pharmaceuticals	26	61	21,352.45	162,802.22	288,900.00	304
Early Intervention Services					20,206	
Oral Health			-	3,573.00	33,000.00	3
Home & Community Base Services	-	-	-	4,166.71	12,000.00	49
Home Health Care				51,636.83	160,000.00	307
Mental Health Services	28	38	3,754.98	55,391.81	120,000.00	464
Nutrition Counseling	-	-	-	5,177.42	20,000.00	34
Medical Case Management	22	34	38,034.63	875,571.43	1,692,262.00	8,780
Sustance Abuse Services	-	-	-	27,288.53	57,500.00	1,523
Food Bank/Home Delivered Meals	5	20	550.00	6,900.00	50,000.00	379
Non-Medical Case Management	244	249	45,374.01	307,568.84	630,735.00	1,164
Other Support Services / Emergency Fin. Assistance	3	3	9,152.56	59,152.78	122,000.00	23
Psychosocial Support Services	-	-	-	41,579.56	55,000.00	3,316
Transportation	170	175	9,309.25	35,029.28	82,750.00	676
Referral for Health Care / Supportive Services	39	145	36,871.52	294,929.30	420,820.00	1,222
Substance Abuse Residential	-	-	-	124,681.34	316,955.00	458
Residential Care - Adult	19	1,196	59,800.00	171,595.93	237,250.00	2,392
Nursing Home Care	5	140	40,293.40	372,024.23	436,785.00	1,345
Hospital Services						
	753	2,362	299,601.27	3,051,559.43	6,400,763.00	24,596

During this month of March we served a total of 2347 unduplicated clients for a total of \$831,000. We provided 86 Food voucher to clients, 221 clients with medical transportation between bus passes and Lyft. We continue providing temporary shelter at the Salvation Army with full occupancy based on our contracted beds

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

	March 25			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt. YTD	Budget as of 2-1-25 Annual Budget	YTD Units
Ambulatory - Outpatient Care	545	1,168	209,376.94	661,867.16	1,644,600.00	3,325
Drug Pharmaceuticals	9	15	14,332.74	177,134.96	288,900.00	319
Early Intervention Services					20,206	
Oral Health			-	3,573.00	33,000.00	3
Home & Community Base Services	-	-	-	4,166.71	12,000.00	49
Home Health Care				51,636.83	160,000.00	307
Mental Health Services	42	60	16,298.76	71,690.57	120,000.00	524
Nutrition Counseling	2	2	314.54	5,491.96	20,000.00	36
Medical Case Management	1,101	2,232	217,597.28	1,093,168.71	1,692,262.00	11,012
Sustance Abuse Services	6	936	17,058.24	44,346.77	57,500.00	2,459
Food Bank/Home Delivered Meals	86	356	9,810.00	16,710.00	50,000.00	735
Non-Medical Case Management	256	259	65,537.50	373,107.34	630,735.00	1,423
Other Support Services / Emergency Fin. Assistance	2	2	5,031.36	64,184.06	122,000.00	25
Psychosocial Support Services	14	400	5,420.32	46,999.88	55,000.00	3,716
Transportation	221	381	19,230.43	54,259.71	82,750.00	1,057
Referral for Health Care / Supportive Services	35	149	36,461.99	331,391.29	420,820.00	1,371
Substance Abuse Residential	10	484	131,749.32	256,430.66	316,955.00	942
Residential Care - Adult	13	767	38,350.00	209,945.03	237,250.00	3,159
Nursing Home Care	5	155	44,610.55	416,634.78	436,785.00	1,500
Hospital Services						
	2,347	7,366	831,179.97	3,882,739.42	6,400,763.00	31,962



Scan to access meeting documents.



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Membership Report

April 28, 2025

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for Ryan White Program Clients

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

Opportunities for General Membership

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

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

Are you a Member?

Thank you for your service to people with HIV!

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

Do You Qualify for Membership?

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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

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

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



Get Started Today!

Scan the QR Code or contact

mdcpartnership@behavioralscience.com.





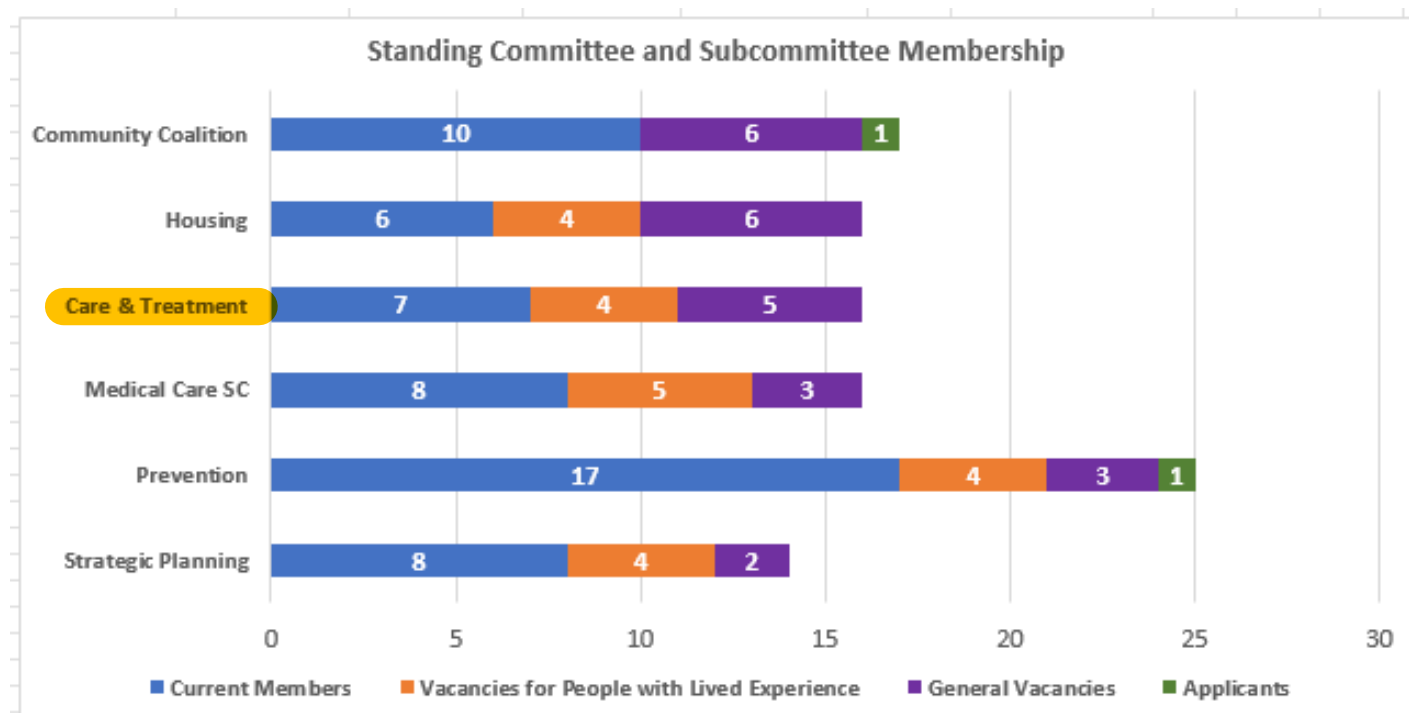
Committees

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

People with HIV are encouraged to join!

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

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





Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, May 8, 2025

10:00 a.m. – 12:00 p.m.

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

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**Medical Care Subcommittee
April 25, 2025 Meeting Report
to the Care and Treatment Committee
Presented May 8, 2025**

The Medical Care Subcommittee (MSCS):

- Heard updates from the Ryan White Program and AIDS Drug Assistance Program (ADAP).
- Discussed prospective special projects.

Action Items

- Reviewed and approved the Allowable Medical Conditions list with some additions, document edits, and suggested adjustments to spacing (page 5).

Motion to approve the Allowable Medical Conditions list with edits discussed.

Next Meeting

The next MCSC meeting is scheduled for May 23, 2025, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

All motions are subject to Partnership approval.

MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST
Subject to change to comply with Executive Orders.

These conditions are related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment.

Conditions listed may be accessible under multiple specialties though not specifically referenced.

*This list is intended to address the federal Health Resources and Services Administration's requirement that services provided through outpatient medical care be related to an individual's HIV status. **This list is not exhaustive and is a sample guideline created to assist medical providers with specialty care referrals and to emphasize the importance of documenting the link between an individual's HIV status and the specialty care service to which a client is referred.***

Routine medical diagnostic testing (e.g., Pap smear, mammogram, bone density test, colonoscopy, colorectal cancer screening, optometry or ophthalmologic screening for eye health, etc.) is allowable as long as such testing follows established medical guidelines, such as U.S. Public Health Service (PHS), American Medical Association, Health Resources and Services Administration (HRSA), or other local guidelines, as a standard of care. Please see the most current, local Ryan White Program Service Delivery Manual for more information.

When provided in an outpatient setting, labs, diagnostics, and treatments related to HIV, as indicated above, including complications of HIV treatment related to the following conditions may be covered:

BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY):

osteoarthritis

**BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY) and
CHIROPRACTIC/PHYSICAL MEDICINE:**

avascular necrosis of hip, knee, etc. (Stage 1 or 2 only for CHIROPRACTIC/PHYSICAL MEDICINE)

fibromyalgia

myopathy/myalgia, HIV-related (chronic for CHIROPRACTIC/PHYSICAL MEDICINE)

osteopenia/osteoporosis

rheumatic diseases

CARDIOLOGY:

atherosclerosis

coronary artery disease

heart disease

hyperlipidemia

peripheral artery disease

peripheral vascular disease

phlebitis

CHIROPRACTIC/PHYSICAL MEDICINE:

HIV-related chronic arthralgia

peripheral neuropathy

***IMPORTANT NOTE:** According to CDC, chronic pain is defined as pain having duration of at least three months. Chronic pain is considered a co-morbidity of HIV. This may also contribute to the depression with pain comorbidity complex (DPC). Treatment of acute pain is not covered.*

MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST
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COLORECTAL:

abnormal anal Pap smears
fistulas
hernias

COLORECTAL and ONCOLOGY:

anal cancers

DENTAL (ORAL HEALTH CARE):

giant aphthous ulcers

DENTAL (ORAL HEALTH CARE); and EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY:

human papillomavirus associated oral lesions

DENTAL (ORAL HEALTH CARE); EAR, NOSE and THROAT (ENT)/OTOLARYNGOLGY; and ONCOLOGY:

dental cancers
oral cancers

DERMATOLOGY:

dermatitis
eczema/seborrheic dermatitis
eosinophilic folliculitis
impetigo
Methicillin-resistant Staphylococcus aureus (MRSA)
molluscum contagiosum
photodermatitis
pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)
psoriasis
skin conditions and symptoms, including skin appendages and oral mucosa
warts

DERMATOLOGY and GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):

tinea infections

DERMATOLOGY and INFECTIOUS DISEASES:

herpes simplex virus

DERMATOLOGY and ONCOLOGY:

Kaposi's sarcoma
skin cancers (squamous cell carcinoma, etc.)

MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST
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DERMATOLOGY and PODIATRY:

onychomycosis

EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:

chronic sinusitis
oral human papillomavirus
oral candidiasis

ENDOCRINOLOGY:

diabetes
hypogonadism

GASTROINTESTINAL:

colitis (syphilitic colitis--very rare)
diarrhea
esophageal candidiasis
nausea/vomiting

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):

abnormal Pap smear
cervical human papillomavirus
erectile dysfunction*
hematuria (related to neoplasms)
pregnancy
scrotal candidiasis
vaginitis

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB) and ONCOLOGY:

gynecological cancers
prostate cancer

**IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics of erectile dysfunction; but the treatment of erectile dysfunction is not covered by the local Ryan White Part A/MAI Program.*

HEMATOLOGY:

Anemia
leukopenia
neutropenia
thrombocytopenia

HEMATOLOGY and ONCOLOGY:

polycythemia vera

INFECTIOUS DISEASE:

MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST
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histoplasmosis
leishmaniasis
non-tuberculous mycobacterial infections
syphilis
varicella zoster infections
viral hepatitis (hepatitis B and C)

INFECTIOUS DISEASE and DERMATOLOGY:

Mpox

INFECTIOUS DISEASE and OPHTHAMOLOGY:

toxoplasmosis

INFECTIOUS DISEASE and PULMONOLOGY:

tuberculosis

MENTAL HEALTH SERVICES and PSYCHIATRY:

mental health disorder caused or exacerbated by HIV diagnosis or HIV treatment
mental health disorder/condition that significantly hinders a client's HIV treatment adherence

IMPORTANT NOTES

Under Mental Health Services, a mental health professional (PhD, EdD, PsyD, MA, MS, MSW, or M. Ed) will assess, diagnose, and treat mental illness under the mental health service category.

Under Psychiatry, a Psychiatrist will assess, diagnose, and treat mental illness in an outpatient/ambulatory health care setting.

NEPHROLOGY:

human immunodeficiency virus-associated nephropathy
renal failure (may be related to coronary artery disease induced by HIV or diabetes mellitus induced by HIV, etc.)

NEUROLOGY:

delirium
HIV-associated neurocognitive disorder (HAND) ^{1, 2}
HIV- related encephalopathy
neuropathy
neurosyphilis

¹ National Institute of Mental Health info: <https://www.nimh.nih.gov/about/organization/dar/developmental-and-clinical-neuroscience-of-hiv-prevention-and-treatment-branch/clinical-neuroscience-of-hiv-infection-program>

[NOTE: old NIMH web link not accessible. Additional link added below by OMB-GC/Ryan White Program]

² UCSF Weill Institute for Neurosciences:

https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF_HIV%20Dementia_Providers_11-6-17.pdf

MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST
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NUTRITION:

lipodystrophy
wasting
weight gain
weight loss

ONCOLOGY:

Cancers may include but not limited to: breast, eye (e.g., squamous cell carcinoma of the eye, etc.), lymphoma, polycythemia vera, prostate

IMPORTANT NOTE: the local Ryan White Part A/MAI Program is restricted to evaluation, diagnostics, and treatment in an outpatient setting.

OPHTHALMOLOGY/OPTOMETRY:

Clients must also meet at least one of these criteria to receive ophthalmology/optometry treatment services:

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

Referrals to an optometrist or ophthalmologist for treatment must indicate a condition related to or exacerbated by HIV, comorbidities related to HIV, or complications of HIV treatment. Referrals for treatment must be generated by an ophthalmological specialist. Any one of these conditions listed below would apply as examples.

Manifestations due to opportunistic infections:

- acute retinal necrosis
- bacterial retinitis
- candida endophthalmitis
- cryptococcus chorioretinitis
- cytomegalovirus retinitis
- pneumocystis choroiditis

Visual disturbances to rule out complication of HIV due to:

- cataracts
- dry eyes (sicca)
- glaucoma
- intra-retinal hemorrhages
- reactive arthritis
- trichomegaly or eyelash hypertrichosis (exaggerated growth of the eye lashes found in the later stages of the disease)
- uveitis

History of STI and complications of STI:

- herpes simplex virus
- herpes zoster-varicella visual changes
- syphilis

IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation, diagnostics and treatment for HIV-related eye problems/complications such as the examples listed above and will not pay for the filling of prescriptions for corrective lenses (e.g., [glasses or contact lenses for] astigmatism, myopia, hyperopia, [or presbyopia]).

[bracketed phrasing above was added by Miami-Dade County Ryan White Program Recipient for clarity.]

MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST
Subject to change to comply with Executive Orders.

PODIATRY:

diabetic foot care
foot and ankle pain*
plantar fasciitis related to lipoatrophy and other known associated causes

**IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation, diagnosis, and treatment of foot and ankle pain for HIV related conditions or co-morbidities. Conditions such as hammer toes, bunions, and heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present.*

PULMONARY:

mycobacterium
pneumocystis pneumonia
recurrent pneumonia



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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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MIAMI-DADE HIV/AIDS PARTNERSHIP

2025 NEEDS ASSESSMENT

PROCESS FOR SETTING PRIORITIES AND ALLOCATING RESOURCES

The annual Priority Setting and Resource Allocation (PSRA) needs assessment process is a series of monthly Care and Treatment Committee meetings scheduled from May to September. The results of the needs assessment process including priorities and allocations will be included in the Ryan White Program's updates report to HRSA due in the Fall. Representatives of the affected community, community stakeholders, and service providers are urged to attend and participate.

STEP 1. TRAINING ON RESPONSIBILITIES

The committee will be trained in the responsibilities regarding the needs assessment and how to use data.

STEP 2. PROCESS REVIEW

The committee will discuss and agree on the foundation of the process, including:

- Procedures for community input at meetings; and
- Review and, if necessary, revise established principles for setting priorities and allocations (e.g., priority on the poorest, priority on the sickest, etc.).

The committee's decisions at any meeting during this process will be made available to all participants at subsequent meetings through minutes of the meetings which will be posted online.

STEP 3. COMMUNITY INPUT

The Committee may receive input in three ways:

- 1) Written or phone comments from members of the affected community will be accepted and provided to the committee during a meeting focusing on unmet need.
- 2) Committee members and non-members in attendance will be encouraged to participate in discussion and consensus-building throughout the needs assessment process by offering relevant information and stating their opinions.
- 3) Results of the client satisfaction survey.

STEP 4. DATA REVIEW

Staff Support will provide an overview of HIV epidemiology, Ryan White Program client

demographics and service utilization, cost of services, unmet need and other data for Miami-Dade County in advance of the meetings, posting the information at www.aidsnet.org/the-partnership/#needsassessment1, and will provide summaries at the time of the meeting when these data are discussed. Information will include, as available:

- The HIV Epidemiology in Miami-Dade County, 2019-2023;
- The number of clients and demographic composition of clients receiving services under the Ryan White Program in FY 2024 (March 1, 2024 – February 28, 2025);
- FY 2024 and current cost and funding allocations for existing Ryan White Program services;
- Other funding streams that cover the same services as the Ryan White Program and the number of HIV-positive recipients;
- HIV Care Continuum data;
- Estimates of unmet need;
- Survey results; and
- Other issues relating to specific services.

Procedures for examining services will include:

- Review of information pertaining to definitions and cost and utilization of specific services at each meeting when services are discussed.
- Discussion and questions by committee members and others present to clarify and elicit additional information.



The committee will not make motions or take actions related to service priorities and funding allocations until after Step 4 has been completed.

STEP 5. SERVICE CATEGORIES

The committee will review and use needs assessment data as a basis for selecting service categories to be funded for the coming fiscal year. Currently funded service categories and demonstrated need will be reviewed to:

- Eliminate service categories for which no need is identified, focusing attention on the cost of the services and the impact that removing the services may have on the health of the affected community; and
- Identify and introduce new core and/or support service categories and seek to establish the basis of funding for these services, as needed.

Establishment of new categories must be based on data that demonstrate the extent of need and the lack of other funding sources or services to supply the area of need. ***Persons seeking to introduce new services are responsible for providing data on need and potential utilization: it will not be sufficient to assert that a particular service is needed without providing concrete data on the magnitude of that need among persons living with HIV/AIDS and the absence of non-Ryan White funding to support service provision for that need.*** Responsibility for providing data in support of proposed new services rests with the proposer. The committee will vote on the proposed new service(s) following presentation and review of the pertinent data.



The committee will review Policy Clarification Notice (PCN) #16-02 Service Standards, make any local edits as applicable, and make a motion to approve the document.

STEP 6. PRIORITY RANKING

The Committee will review needs assessment data once more. The Committee will follow the below process for establishing priority rankings of service categories for Part A and MAI.

- Members will complete a survey ranking services in order of importance prior to the final meeting;
- Guests will complete a survey ranking services in order of importance prior to the final meeting;
- Staff will tally the surveys and post the compiled services ranking of committee members and guests at the last meeting;
- The committee and others present will review this ranking, and based on discussion, make adjustments if necessary;
- The committee will come to a consensus on the final rank order of priorities and will adopt them by formal motion.

STEP 7. DIRECTIVES

After full consideration of relevant data reviewed during the needs assessment process, the committee may direct the Recipient to address unmet (or under-delivered) service priorities and to address other issues defined during the process. These may, among other things, address access issues to services or special geographic areas.

STEP 8. ALLOCATION OF FUNDS

The Committee will use the service priorities, established principles, and needs assessment data to allocate funds for Fiscal Year 2026 (March 1, 2026-February 28, 2027), generating a flat funding budget using the current grant award and a prospective resource allocation budget using the grant ceiling total.



Care and Treatment Committee members who work for subrecipients (“providers”) currently funded by the Ryan White Program may vote on funding recommendations affecting a service category in which their employers provide services under Ryan White, as long as the member's employer is not the sole subrecipient (“provider”) in that service category. Members who are "conflicted" in this way must declare their conflicted status during the meeting prior to discussion and vote of the service category. The conflicted member will then leave the meeting and he or she will be contacted by staff to rejoin the meeting once the conflicted vote is concluded. They will be emailed Form 8B, which will be completed and returned to staff within 48 hours after the conclusion of the meeting. Copies of completed Form 8Bs will be included with the minutes of the meeting.

STEP 9. DETERMINATION OF FINAL PRIORITIES AND ALLOCATIONS

The final priorities and allocations for Fiscal Year 2026 (March 1, 2026-February 28, 2027), as determined by the Care and Treatment Committee, will be presented to the full Partnership for approval.

Draft



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

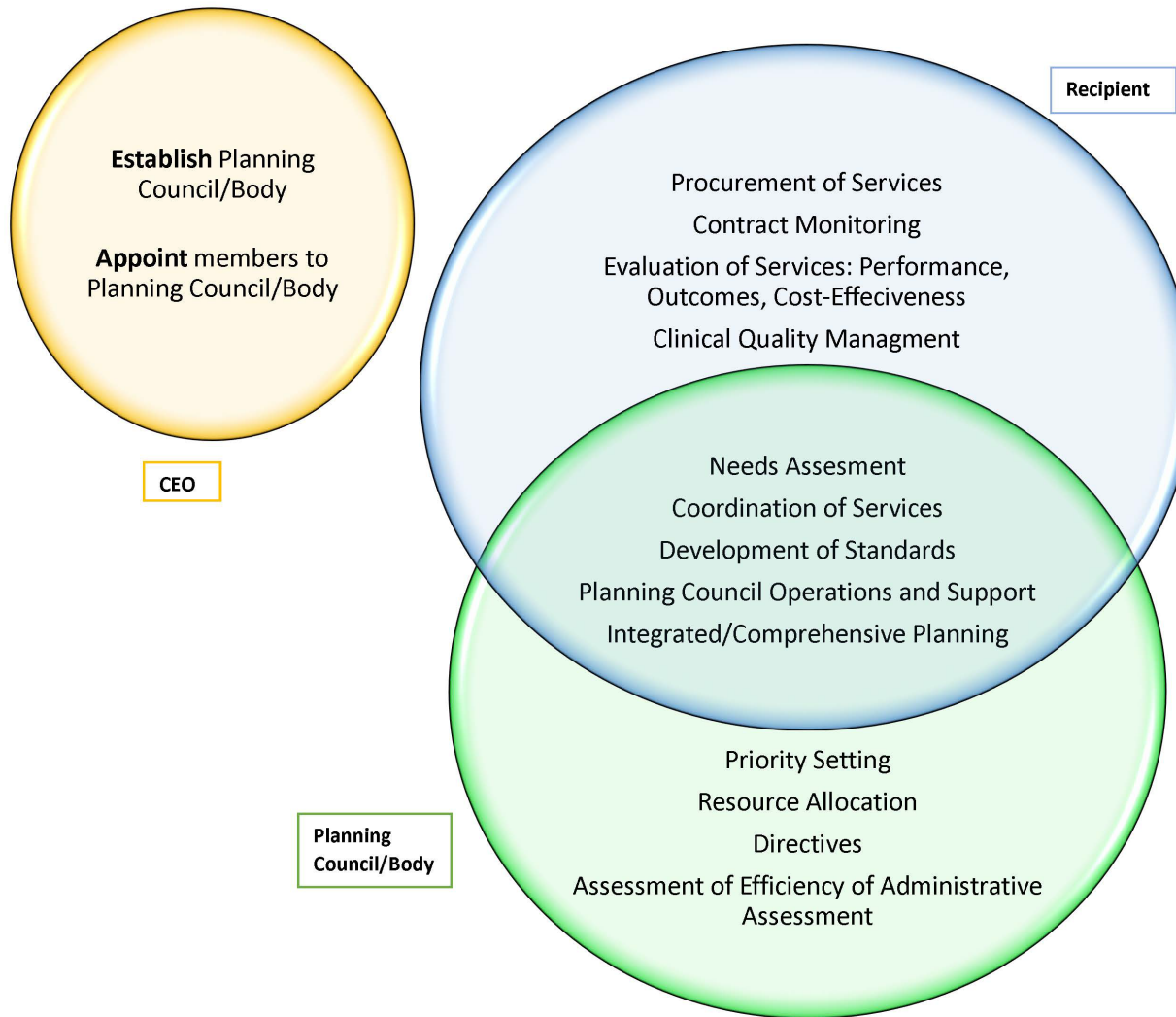
Planning Council Responsibilities AND Needs Assessment

May 8, 2025

Presentation created by Behavioral Science Research Corp.



Responsibilities



HRSA

Expectations

The planning council's (*Miami-Dade HIV/AIDS Partnership*) decisions about service priorities, service models, and directives for the Recipient will be **data-based**.

Data used for decision making will include:

- ▶ Needs assessment and community input
- ▶ Service cost and utilization data
- ▶ System-wide (not subrecipient-specific) Quality Management data

The planning council will be trained and comfortable in reviewing, assessing, and using data.





Planning Council Legislative Responsibilities

Identify the **needs** and **services** for individuals living with HIV, especially those who are aware of their HIV status and are not currently receiving services, within the Miami-Dade County Eligible Metropolitan Area (EMA).

Components of a Ryan White Needs Assessment

Epidemiological profile of HIV and AIDS cases and trends in Miami-Dade County.

A resource inventory of existing services.

A profile of provider capacity and capability - Overall availability, accessibility, and appropriateness.

Estimate and assessment of unmet need - People with HIV who know their status but are not in care and those who do not know their status.

Estimates and assessment of people with HIV who are unaware of their status.

Assessment of service need gaps - Information about service needs of people with HIV and access to getting services.

Data Collection For This Year

- ▶ Surveillance Data (from Florida Department of Health in Miami-Dade County)
- ▶ Ryan White Program demographic and utilization data (from the Provide Enterprise® Miami system)
- ▶ Survey Findings
- ▶ Other funding information

Note: All data subject to availability.





Needs Assessment Dates

10:00 a.m. to 1:00 p.m.

June 12, 2025

July 10, 2025

August 14, 2025

September 11, 2025

Book Location

Annual HIV/AIDS Needs Assessment

Decisions made during Needs Assessment drive the provision of services and distribution of funds for the next Ryan White Program fiscal year. All Partnership and committee members, Ryan White Program clients and other people with HIV, Ryan White Program subrecipients, and anyone interested in maximizing resources and improving services for people with HIV in Miami-Dade County are encouraged to participate in this and all Partnership activities.



2024 Needs Assessment

Final Needs Assessment Book, September 24, 2024 (1074 pages)

August 8, 2024

- 2024 (WIC) Needs Assessment Funding and Clients Served Survey Results
- Miami-Dade County Medicaid HIV/AIDS Expenditures FY 2022-23
- Miami-Dade County Medicaid HIV/AIDS Demographic Information FY 2022-23
- Dashboard Cards Presentation – Trends, Dollars, and Utilization for All Direct Service Categories

June 13, 2024 Meeting (Note: Due to the June 11, 2024 State of Emergency Order, the June 13, 2024 meeting was cancelled.)

- Early Identification of Individuals with HIV/AIDS (EIDH) Trends in HIV Diagnosis and Linkage to Care – Calendar Years (CY) 2022 and 2023
- RWP Case Continuum Presentation
- RWP Demographics Presentation
- Ryan White Program Part A / Minority AIDS Initiative (MAI) Expenditures Report (FY 2023 Final)
- Ryan White Program Part A / MAI Monthly and Year-To-Date Service Utilization Summary with service visit definitions (FY 2023 Final)

May 9, 2024 Meeting

- Needs Assessment Responsibilities for Planning Councils
- Needs Assessment Priority Setting Process
- HIV Epidemiology in Miami-Dade County, 2022 (FDOH-VDC)
- Complete Needs Assessment Book (as of May 8, 2024)

Past Needs Assessments



[RETURN TO MENU](#)

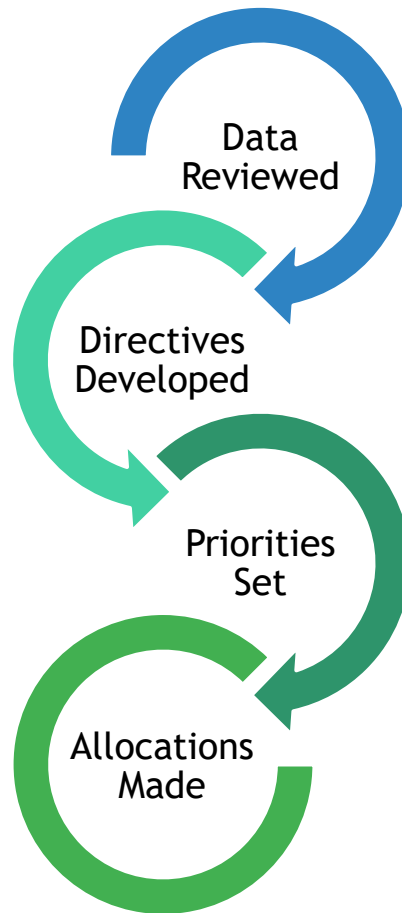
<https://aidsnet.org/the-partnership/#needsassessment1>

Steps for 2025 Needs Assessment Priority Setting and Resource Allocation (PSRA)

- ▶ Train on responsibilities and data elements; additional training materials will be included in the electronic book.
- ▶ Agree on the process and adopt it by motion; this will provide the outline for items that will be covered.



Steps for PSRA (**P**riority **S**etting and **R**esource **A**llocation)



Planning Council Responsibilities: Developing Directives

- ▶ Provide guidance to the Recipient on desired ways to respond to identified service needs, priorities, and/or shortfalls.
- ▶ Often specify use or non-use of a particular service model, or may address geographic access to services, etc.
- ▶ May have cost implications.
- ▶ Usually only a small number are developed.
- ▶ Must be followed by the Recipient in procurement, contracting, or other service planning.

Planning Council Responsibilities: Setting Priorities

- ▶ Determine what service categories are most important for people living with HIV in Miami-Dade County and place them in priority order.
- ▶ Planning council must establish a sound, fair process for priority setting and ensure that decisions are data-based and control conflict of interest.
- ▶ Take into account data such as utilization, epidemiological, and unmet needs.
- ▶ Priorities tend to change only a little from year to year and are not tied to funding or to service providers.
- ▶ Per HRSA guidance, **all** service categories will be prioritized.

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)

Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

This policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

Background

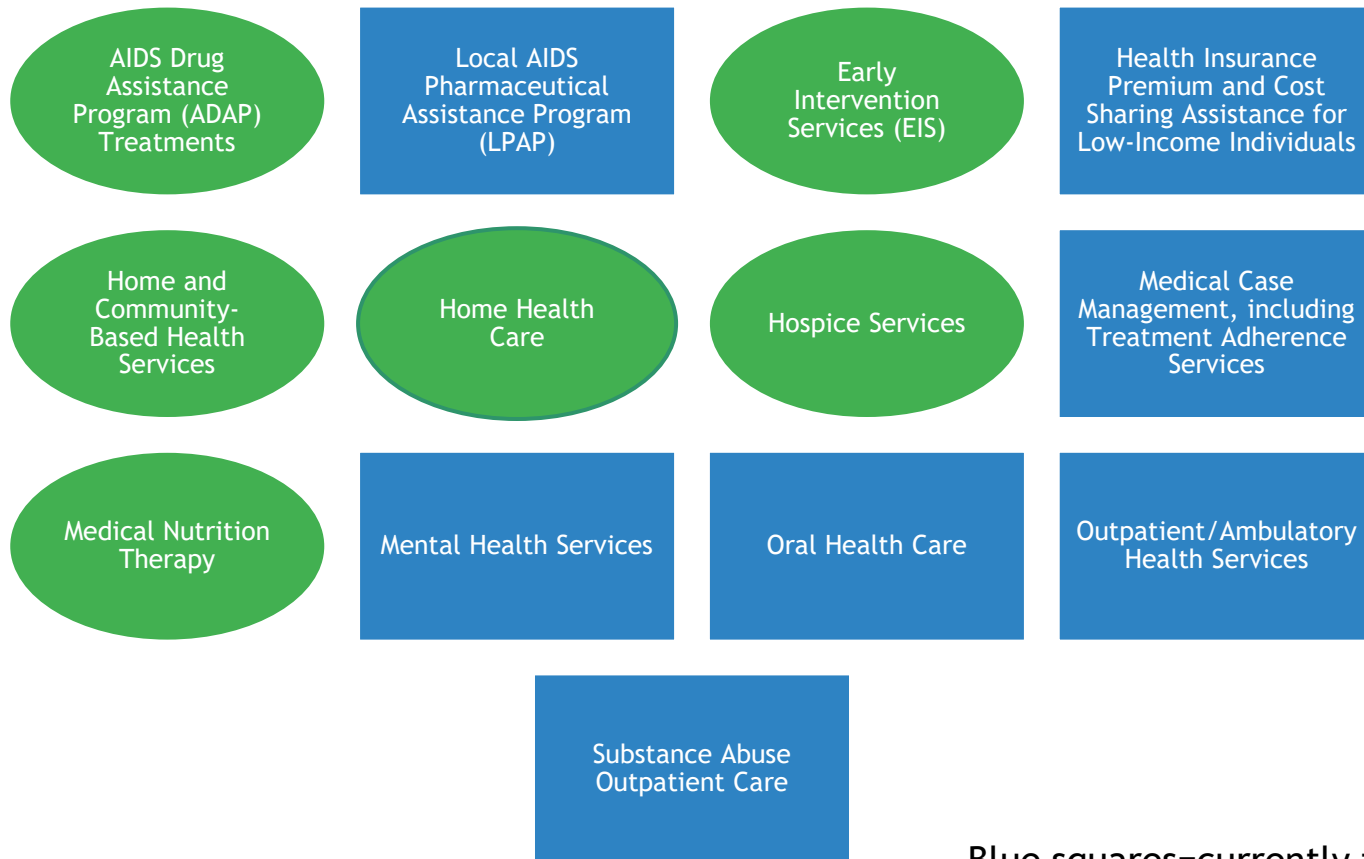
The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards](#). HRSA RWHAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR §§ 75.351-352](#)).

[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWHAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

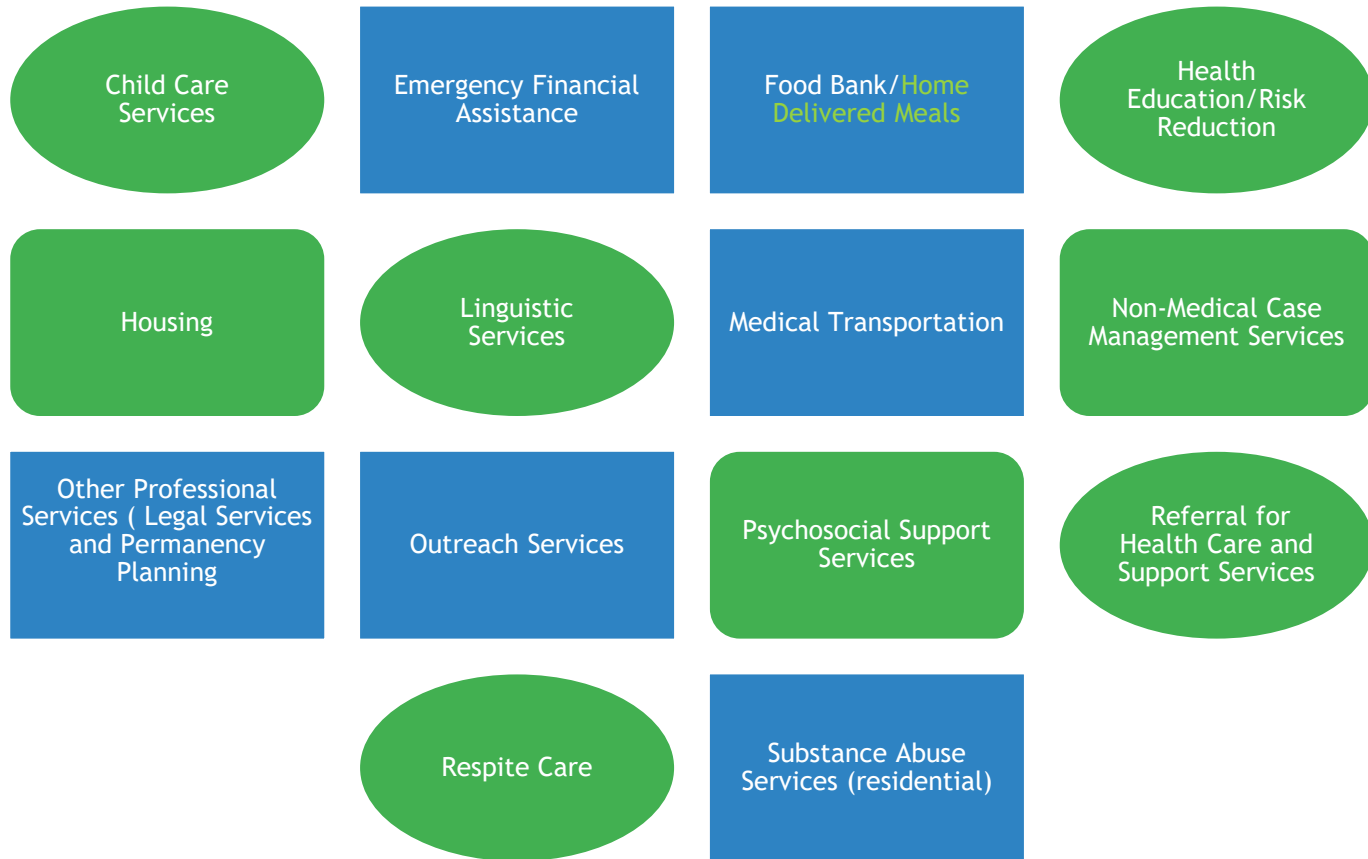
Policy Clarification Notice #16-02

Core Medical Services



Blue squares=currently funded
Green ovals=not currently funded

Support Services



Blue squares=currently funded
Green ovals=not currently funded

The background of the slide features a collage of financial and planning-related elements. On the left, there is a pie chart with several segments in shades of blue, green, and brown. Below the pie chart is a portion of a calendar grid showing months from October to December. At the bottom left, a table with numerical data is visible, including values like 4,568, 6,845, 10,000, 50,000, 35,000, 83,000, and 45,000. The main title is positioned on the right side of the slide, set against a white background with a blue geometric design on the far right edge.

Planning Council Responsibilities: Resource Allocations

- ▶ Decide how much money to allocate to each service category.
- ▶ Resource allocation is not tied to priorities; some lower-ranked service categories may receive disproportionate funding because they are expensive to provide.
- ▶ Other funding streams, cost per client data and anticipated numbers of new clients coming into care should be considered in decision making.

Planning Council Responsibilities: Resource Allocations and Managing Conflicts



Process should be fair, data-based and free of conflicts of interest.



If a member is the sole provider in a service category and funds are being allocated, the conflicted member must recuse him/herself from voting.

The member will follow a formal disclosure process, complete form 8B, and will step outside of the room both during discussion of and voting on the conflicted item.

He/she may return to the meeting once the discussion and voting are concluded.

Planning Council Responsibilities: Resource Allocations Restrictions

Core Services

- HRSA requires no less than 75% of funds be allocated to core services (unless the program has a waiver).

Support Services

- Remaining funds may be allocated to support services.
- Funded support services need to be linked to positive medical outcomes which are outcomes affecting the HIV-related clinical status of people living with HIV.

SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2023 EXPENDITURES	FY 2023 %	FY 2025 RECOMMENDED ALLOCATION ¹	FY 2025 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	\$1,109.57	0.01%		0.00%
EMERGENCY FINANCIAL ASSISTANCE [S]	\$0.00	0.00%		0.00%
FOOD BANK/HOME DELIVERED MEALS [S]	\$2,702,229.90	12.19%		0.00%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	\$324,143.01	1.46%		0.00%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$5,864,806.80	26.46%		0.00%
MEDICAL TRANSPORTATION [S]	\$191,280.78	0.86%		0.00%
MENTAL HEALTH SERVICES [C]	\$56,046.25	0.25%		0.00%
ORAL HEALTH CARE [C]	\$3,631,549.00	16.38%		0.00%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	\$71,730.00	0.32%		0.00%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$7,848,156.83	35.40%		0.00%
OUTREACH SERVICES [S]	\$117,183.05	0.53%		0.00%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$1,410.00	0.01%		0.00%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$1,358,250.00	6.13%		0.00%

Sample Budget Sheet

Budget Development Options

Two (2) Budgets:

1. Flat, and
2. Increased (up to allowable threshold).

OR

Three (3) Budgets:

1. Flat,
2. Decreased (determine % of decrease), and
3. Increased (up to allowable threshold).

Some Basic Points Regarding Data

- Different types of charts provide a visualization of the data.
- Sources of data should always be identified.
- Patterns in the data may have implications for the way we provide services in Miami-Dade County.
- **Data** should be used to make decisions.

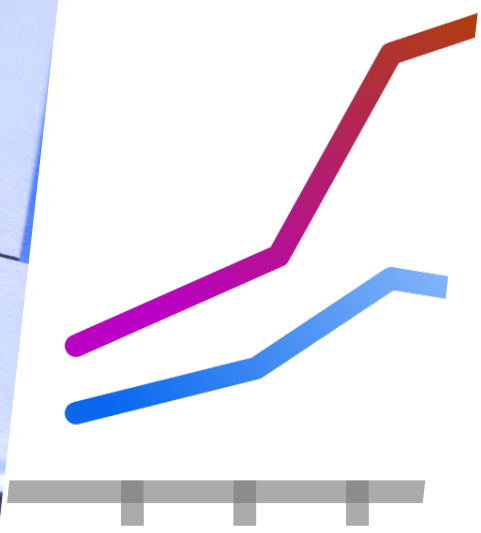


ities of Ionic Compounds* aq = aqueous (dissolve in water)

	Carbonate	Chlorate	Chloride	Fluoride	Hydrogen Carbonate	Hydroxide	Iodide	Nitrate	Nitrite
1		aq	aq	s		s	—	aq	
2	aq	aq	aq	aq	aq	—	aq	aq	aq
3	s	aq	aq	s		aq	aq	aq	aq
4	s	aq	aq	s		s	aq	aq	aq
5	s	aq	aq	—		s	aq	aq	
6	s	aq	aq	aq		s		aq	
7	s		aq	s		s	aq	aq	
8	aq		aq	s		s	aq	aq	
9	s	aq	s	s		s	s	aq	
10	aq	aq	aq	aq	aq	aq	aq	aq	
11	aq	s	aq	aq	s	s	aq	aq	
12	aq	s	aq	aq	aq	s	aq	aq	
13	aq	s	aq	aq	aq	—	s	aq	
14	aq	aq	aq	aq	aq	aq	aq	aq	
15	s	s	aq	s	aq		s	aq	
16	aq	aq	aq	aq	aq	aq	aq	aq	
17	aq	s	aq	aq	aq	s	aq	aq	



Sample Data and Chart Types





Epi Data

Number of people
living with a disease.

A background image showing a laboratory setting with several glass vials and test tubes containing various colored liquids (yellow, green, blue, red) arranged in rows. The focus is on the vials in the foreground, with the background slightly blurred.

Epidemiologic Profile

- ▶ Describes the HIV Epidemic in the Miami-Dade service area.
- ▶ Focuses on the social and demographic groups most affected by HIV transmission.
- ▶ Data are provided by the Florida Department of Health.
- ▶ Estimates the number and characteristics of persons with HIV who know their status but are not in care (unmet need) and those who are unaware of their HIV status.

“Epi” Terms - New Cases



Incidence

The number of new cases of a disease in a population during a defined period of time - such as the number of new HIV cases in Miami-Dade County as of December 31 of the referenced year.



Incidence Rate

The frequency of new cases of a disease that occur per unit of population during a defined period of time - such as the rate of new HIV cases per 100,000 in Miami-Dade County as of December 31 of the referenced year.

“Epi” Terms – Total Cases



Prevalence

The total number of people in a defined population with a specific disease or condition at a given time - such as the total number of people diagnosed with HIV in Miami-Dade County as of December 31 of the referenced year.

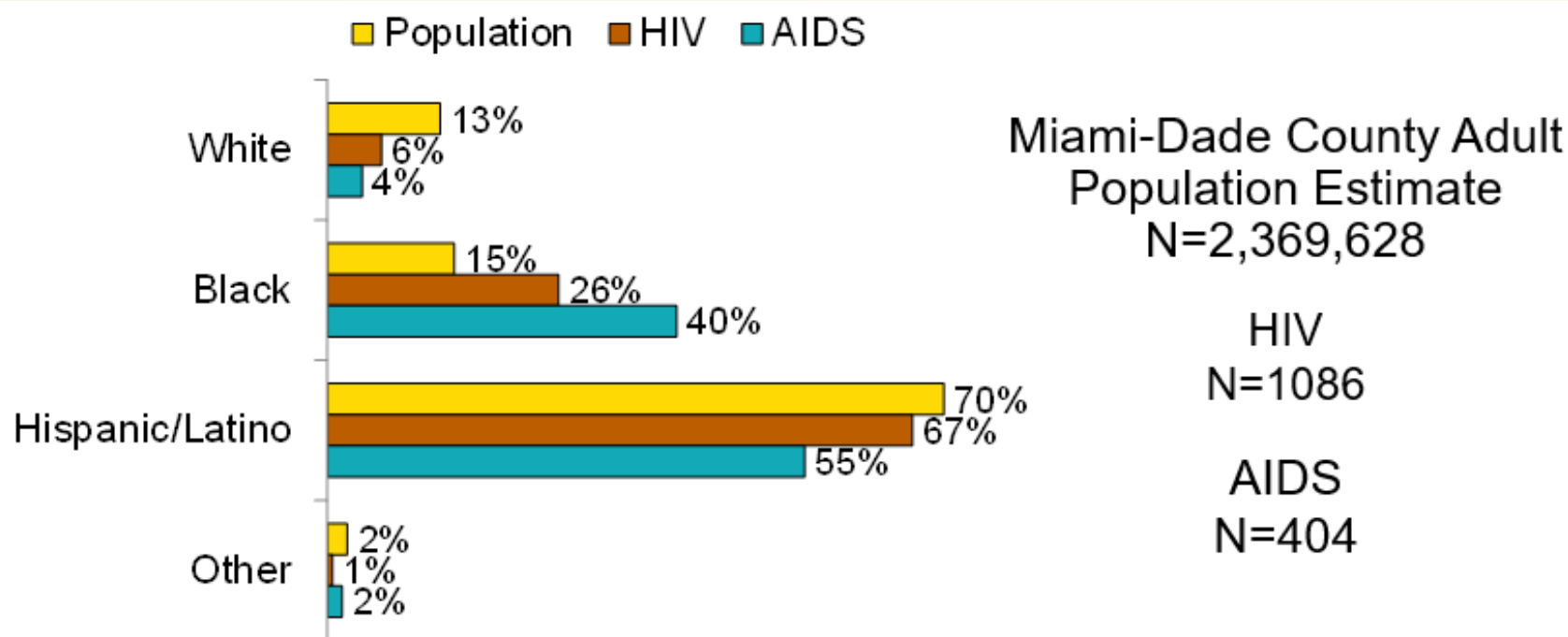


Prevalence Rate

The total or cumulative number of cases of a disease per unit of population as of a defined date - such as the rate of HIV cases per 100,000 population diagnosed in Miami-Dade County as of December 31 of the referenced year.

Sample Epi Data Using a Bar Graph

Adult HIV and AIDS Diagnoses and Population by Race or Ethnicity, 2022, Miami-Dade County



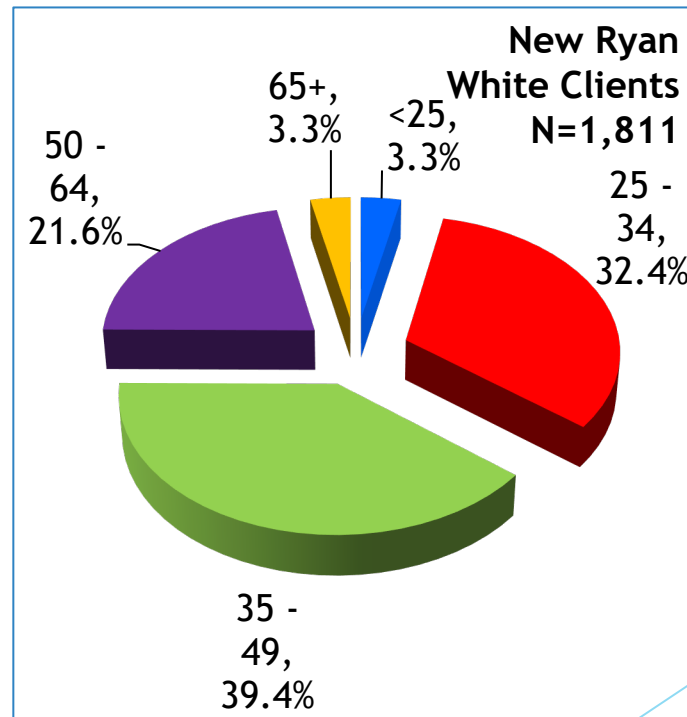
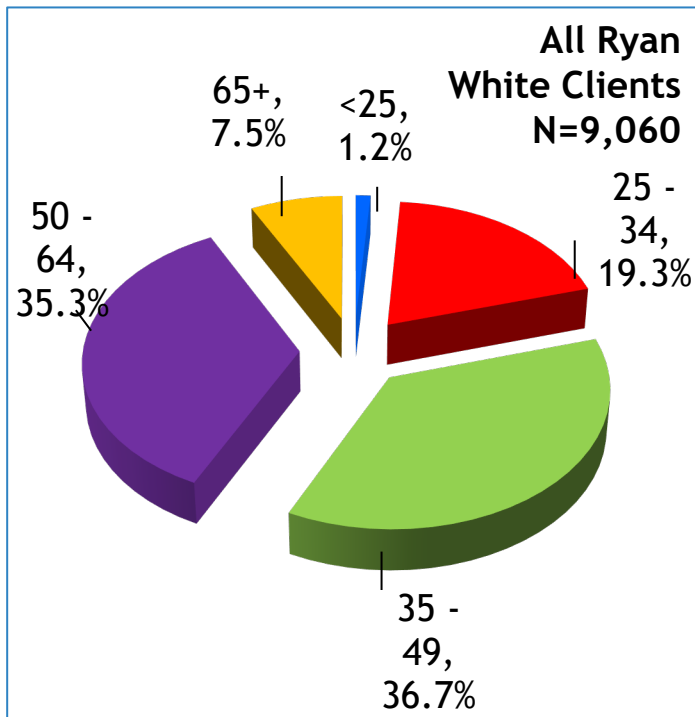


Demographics

Statistical data relating to the population and particular groups within it.

Sample Demographics Using a Pie Graph

Age Distribution of New and Total Clients in Care
Ryan White Program, FY 2023



Dashboard Cards

Tool to visualize utilization and other funding data.



Sample Dashboard Card Using Tables

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2018	\$21,934,627.17	0.39%
FY 2019	\$22,984,844.87	0.25%
FY 2020	\$17,660,128.37	0.30%
FY 2021	\$19,018,258.46	0.02%
FY 2022	\$22,372,383.35	0.02%
FY 2023	\$23,801,341.37	0.005%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2018	\$237,000.00	\$86,209.75	36.38%
FY 2019	\$187,000.00	\$57,843.29	30.93%
FY 2020	\$66,007.00	\$5,993.21	9.08%
FY 2021	\$83,595.00	\$4,379.02	5.24%
FY 2022	\$84,492.00	\$3,954.10	4.68%
FY 2023	\$3,455.00	\$1,109.57	32.11%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2018	4	\$137,000.00	\$81,547.76	59.52%
FY 2019	4	\$87,000.00	\$52,697.84	60.57%
FY 2020	3	\$66,007.00	\$5,993.21	9.08%
FY 2021	9	\$83,595.00	\$4,379.02	5.24%
FY 2022	4	\$84,492.00	\$3,954.10	4.68%
FY 2023	3	\$3,455.00	\$1,109.57	32.11%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2018	3	\$100,000.00	\$4,661.97	4.66%
FY 2019	7	\$100,000.00	\$5,145.45	5.15%
FY 2020	N/A	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A	N/A
FY 2023	N/A	N/A	N/A	N/A

Notes:

Expenditures continue on a downward trend because most clients access the ADAP program for this service. FY 2023 has the lowest number of clients served and expenditures.

Sample Utilization Using a Chart

Total Expenditure by Service Category (Alphabetic Listing)

SERVICE CATEGORIES	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Ryan White Program TOTAL	9,578	9,031	8,127	8,411	8,590	9,060
CORE SERVICES						
AIDS Pharmaceutical Assistance (Local)	\$86,210	\$57,843	\$5,993	\$4,379	\$3,954	\$1,110
Health Insurance Premium & Cost Sharing Assistance	\$502,536	\$372,895	\$289,193	\$298,950	\$297,152	\$324,143
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	\$5,308,840	\$5,776,806	\$5,283,942	\$5,744,512	\$6,030,823	\$6,510,077
Mental Health Services	\$133,790	\$135,505	\$90,019	\$60,239	\$64,577	\$59,426
Oral Health Care	\$2,841,838	\$3,547,495	\$1,645,879	\$2,533,062	\$3,273,644	\$3,631,549
Outpatient/Ambulatory Health Services	\$9,112,521	\$9,391,615	\$7,397,592	\$7,729,584	\$8,724,251	\$8,788,808
Substance Abuse Services Outpatient	\$55,390	\$23,970	\$23,556	\$1,356	\$4,971	\$1,440
SUPPORT SERVICES						
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank	\$1,451,528	\$1,851,369	\$1,303,702	\$1,338,778	\$2,540,864	\$2,702,230
Medical Transportation	\$139,855	\$140,937	\$5,642	\$100,956	\$159,552	\$198,897
Other Professional Services - Legal Services	\$140,599	\$115,976	\$146,336	\$97,371	\$67,581	\$71,730
Outreach Services	\$307,380	\$332,602	\$148,155	\$140,761	\$151,423	\$153,681
Substance Abuse Services (Residential)	\$1,854,140	\$1,237,830	\$1,320,120	\$968,310	\$1,053,590	\$1,358,250

Sample Other Funding Streams Using a Chart

AIDS Pharmaceutical Assistance (Prescription Drugs)

Other Funding Streams 2023

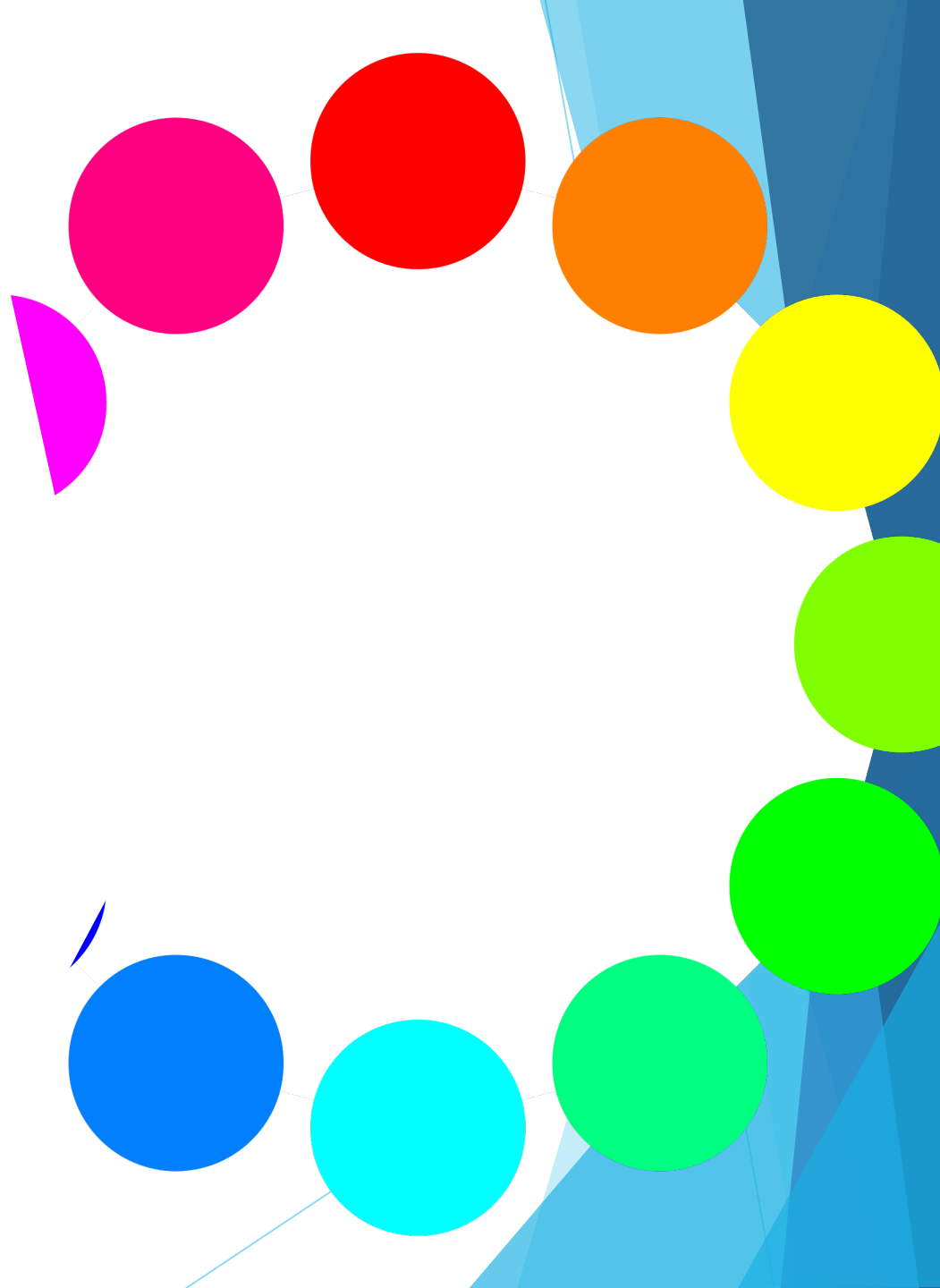
	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$26,005,586	4,589	\$5,667
2	General Revenue	\$351,172	446	\$787
3	Medicaid	\$112,742,680	6,121	\$18,419
4	Part C	\$30,873	N/A	N/A

Other Funding Streams 2024

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	\$20,127,184	4,672	\$4,308
2	General Revenue	\$313,605	323	\$971
3	Medicaid	\$117,295,422	6,878	\$17,054
4	Part C	\$33,225	N/A	N/A

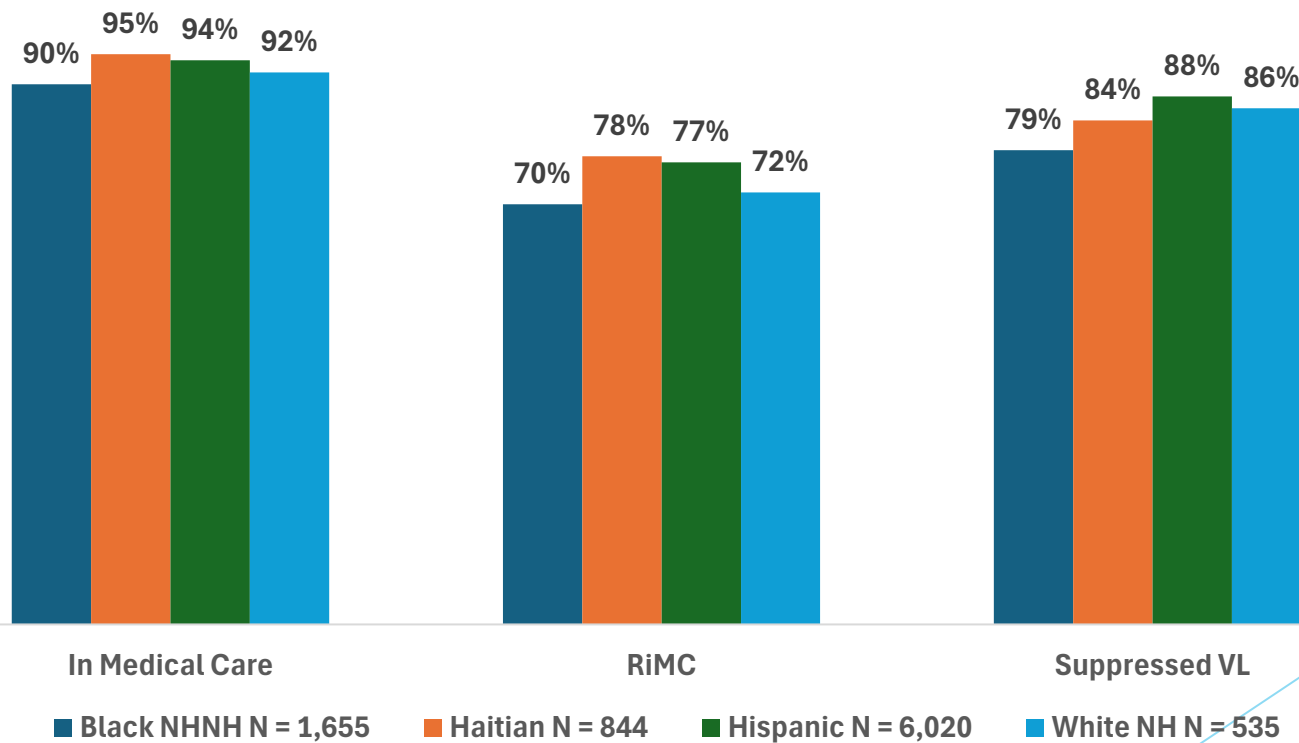
Care Continuum

Model that outlines the steps/stages that people with HIV go through from diagnosis to viral suppression.



Sample HIV Care Continuum Using a Bar Graph

Ryan White Program HIV Care Continuum by Race/Ethnicity, FY 2023



How do we connect the data?



Priorities

Address identified service needs or groups needing services



Allocations

Per client cost=
estimate allocation



Directives

Use of Service Utilization and Continuous Quality Improvement Data

► **Priority Setting**

What service categories have fully used all funding, which had waiting lists, which had unused resources, which needed more funding?

► **Resource Allocation**

How can we use cost per client data to determine funding allocations for anticipated new clients?

► **Developing Directives**

What access to care issues have been identified and how can these be addressed?



Data Driven Decisions

Think 3D!

But ultimately, it's about . . .



Leveraging **data** within the framework of established Ryan White Program guidelines to make informed decisions on priorities and funding, aiming to enhance service delivery for individuals living with HIV in Miami-Dade County.

*Thank
You*



Scan to access meeting documents.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment Thursday, May 8, 2025

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|---------------------|
| I. | Call to Order | Dr. Steven Santiago |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of April 10, 2025 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • 2026 Special Projects Discussion | All |
| X. | New Business | |
| | • FY 2024 Carryover Request | All |
| | • Setting Priorities and Allocation Resource Process | All |
| | • Planning Council Responsibilities and Needs Assessment | All |
| XI. | Announcements and Open Discussion | All |
| | • Get on Board, June 4, 2025 | |
| XII. | Next Meeting: June 12, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact
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MIAMI-DADE
HIV/AIDS PARTNERSHIP

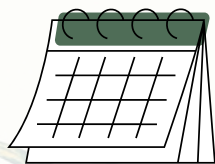
2025 NEEDS ASSESSMENT

The annual activity of the planning council and a federal requirement.

Join the Care and Treatment Committee for the 2025
Needs Assessment meetings.

*Be a decision-maker for Ryan White Program service
priorities and funding!*

*Your participation helps more than 9,000 people living with
HIV in Miami-Dade County!*



- June 12, 2025
- July 10, 2025
- August 14, 2025
- September 11, 2025

10 A.M.
TO 1 P.M.



Meetings are held at:
Care Resource Health Centers,
3510 Biscayne Blvd,
1st Floor Training Room,
Miami, FL 33137

*Must RSVP at 305-445-1076 or
marlen@behavioralscience.com*



Scan to access meeting documents.



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| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Steven Santiago |
| IX. | Standing Business | |
| | • 2026 Special Projects Discussion | All |
| X. | New Business | |
| | • FY 2024 Carryover Request | All |
| | • Setting Priorities and Allocation Resource Process | All |
| | • Planning Council Responsibilities and Needs Assessment | All |
| XI. | Announcements and Open Discussion | All |
| | • Get on Board, June 4, 2025 | |
| XII. | Next Meeting: June 12, 2025 at Care Resource | Dr. Diego Shmuels |
| XIII. | Adjournment | Dr. Steven Santiago |

Please turn off or mute cellular devices – Thank you

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Care and Treatment Committee please contact
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