

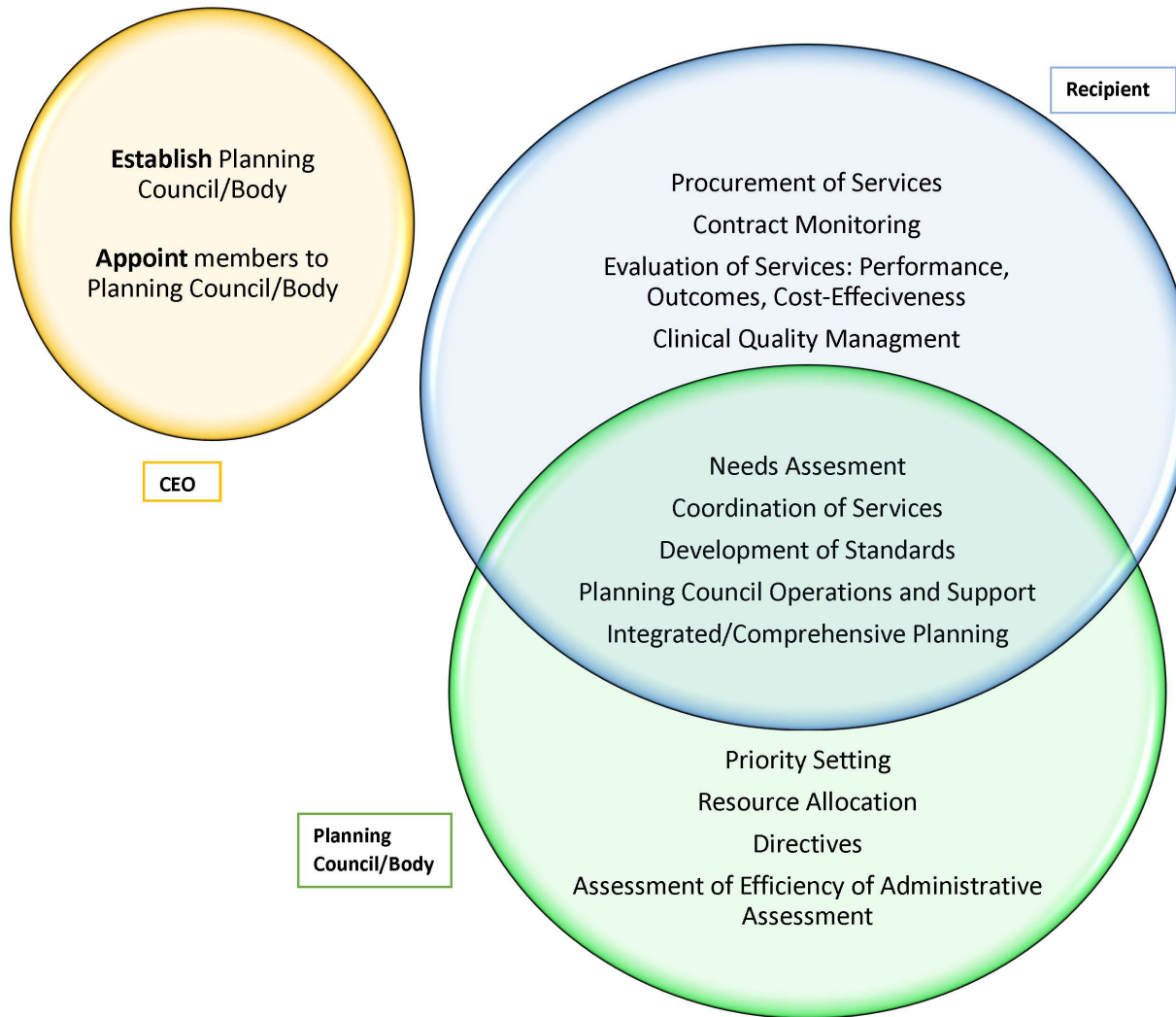
Planning Council Responsibilities AND Needs Assessment

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

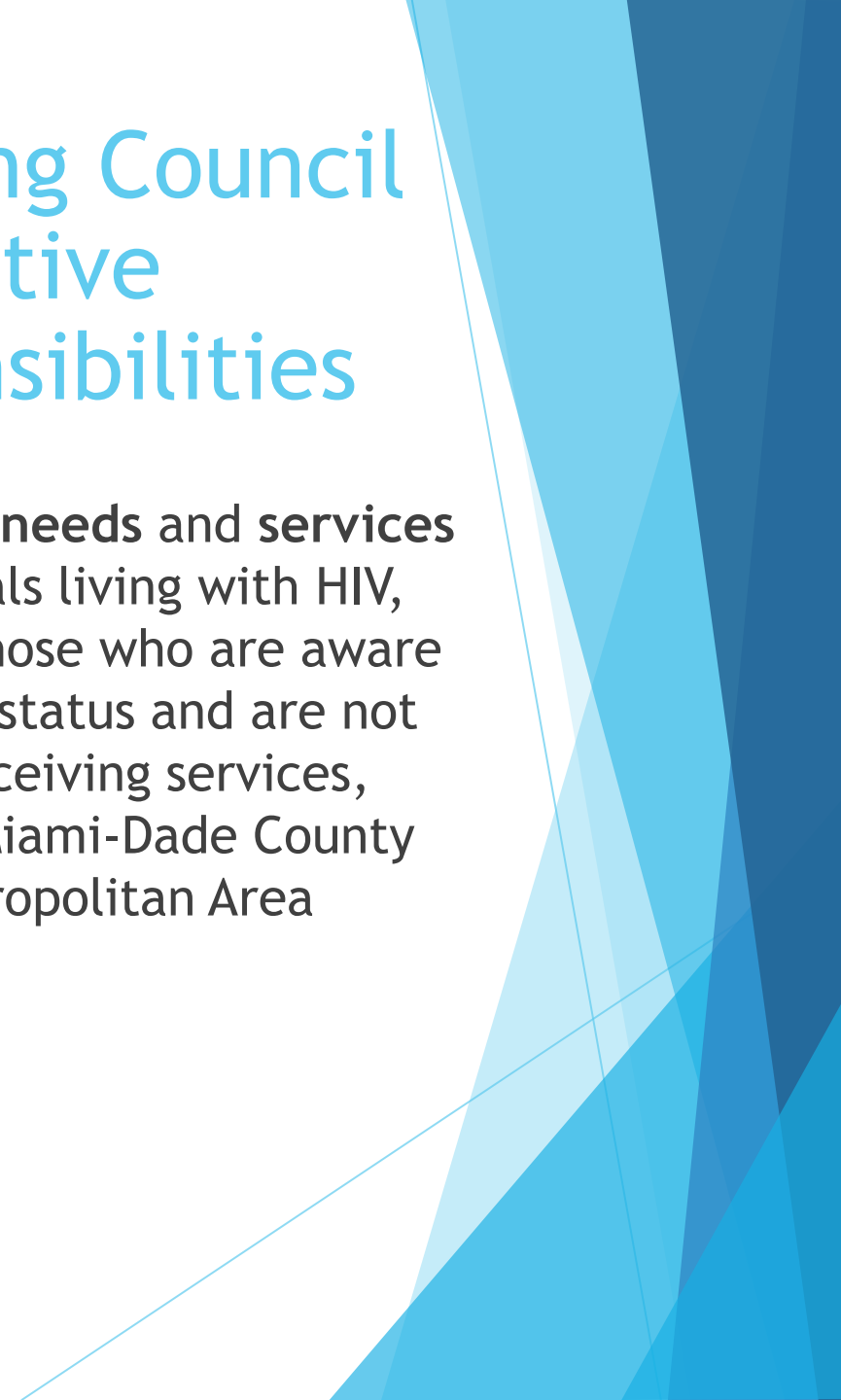
The planning council will be trained and comfortable in reviewing, assessing, and using data.





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 (E-IHAI) 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](#)

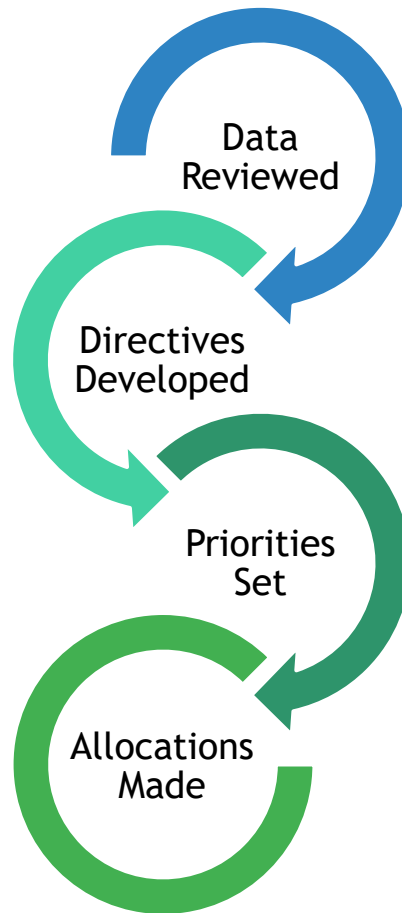
<https://aidsnet.org/the-partnership/#needsassessment1>

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

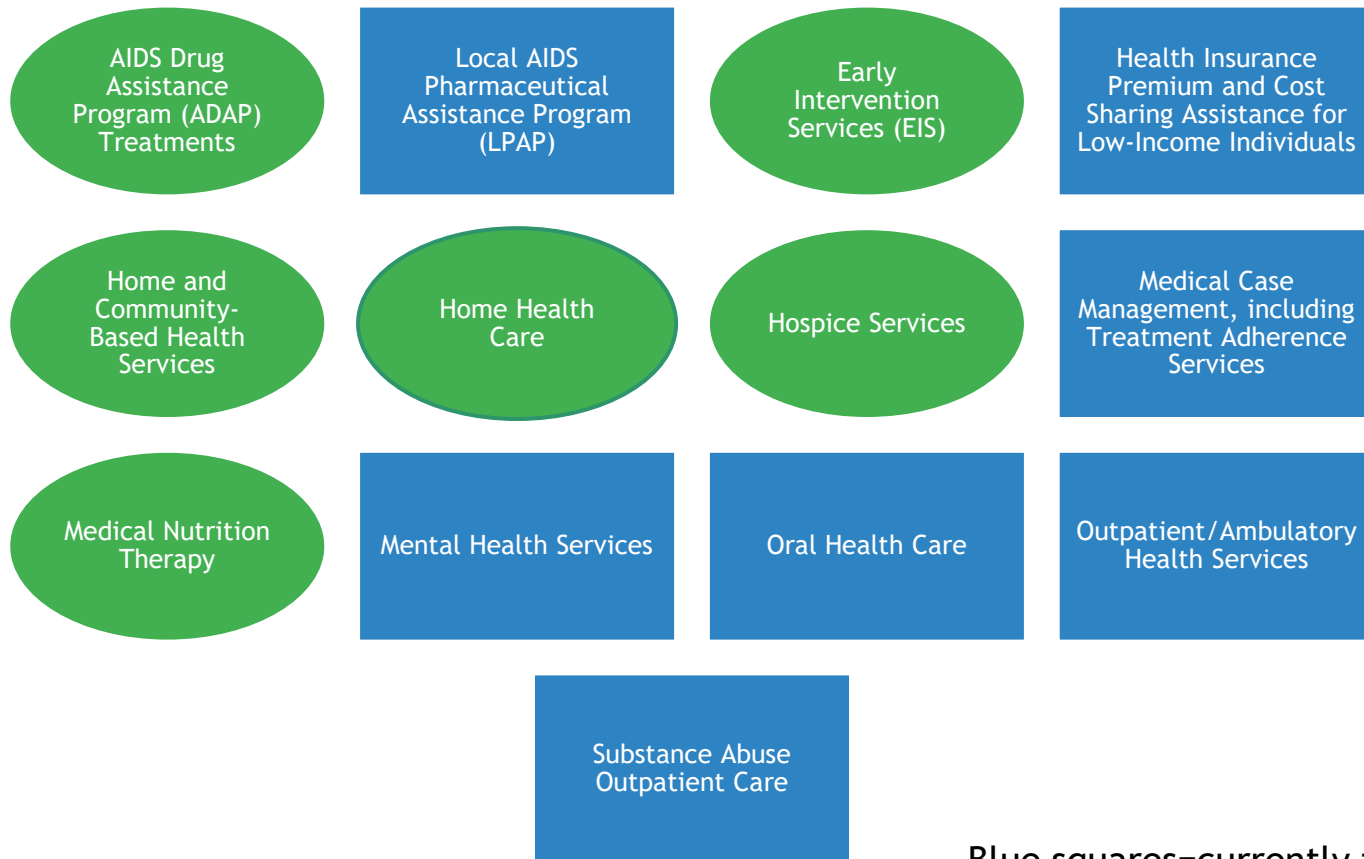
The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. 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

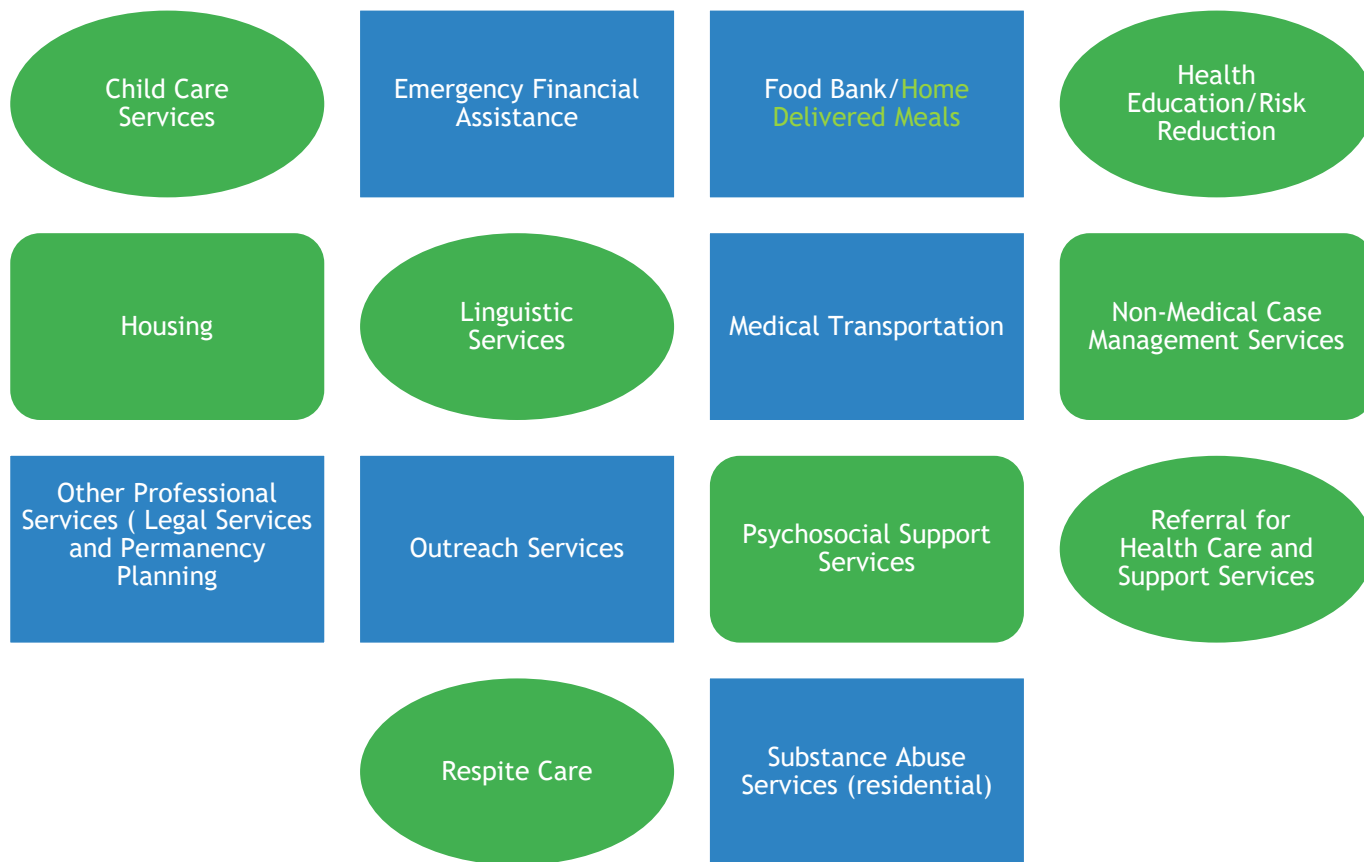
Policy Clarification Notice #16-02

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 images. 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 showing the months of October, November, and 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.

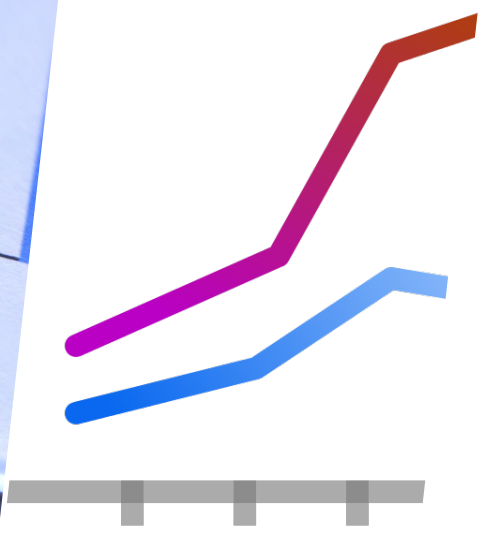


ities of Ionic Compounds* aq = aqueous (dissolve in water)

	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.

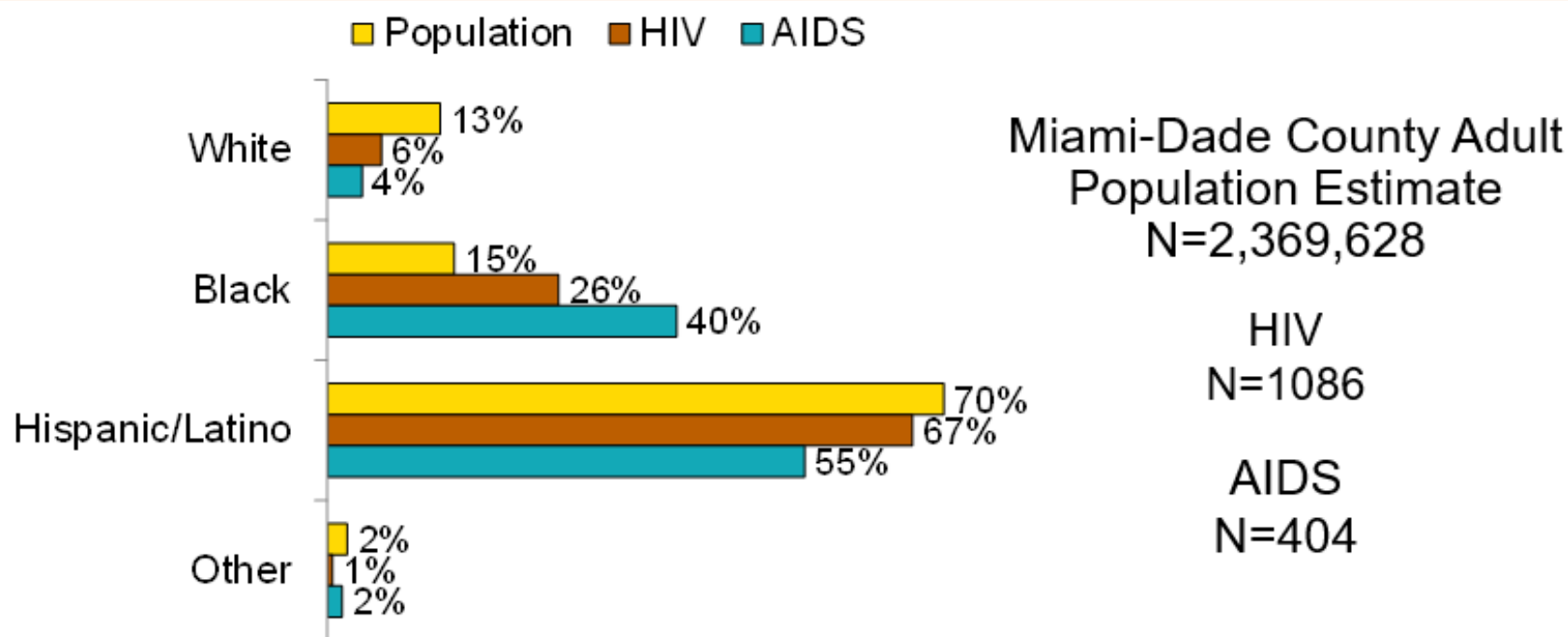


Prevalence Rate

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



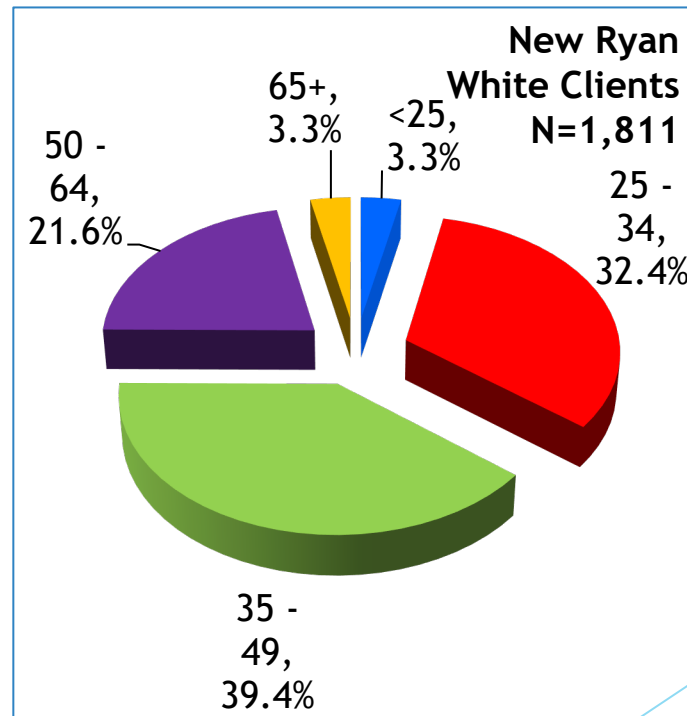
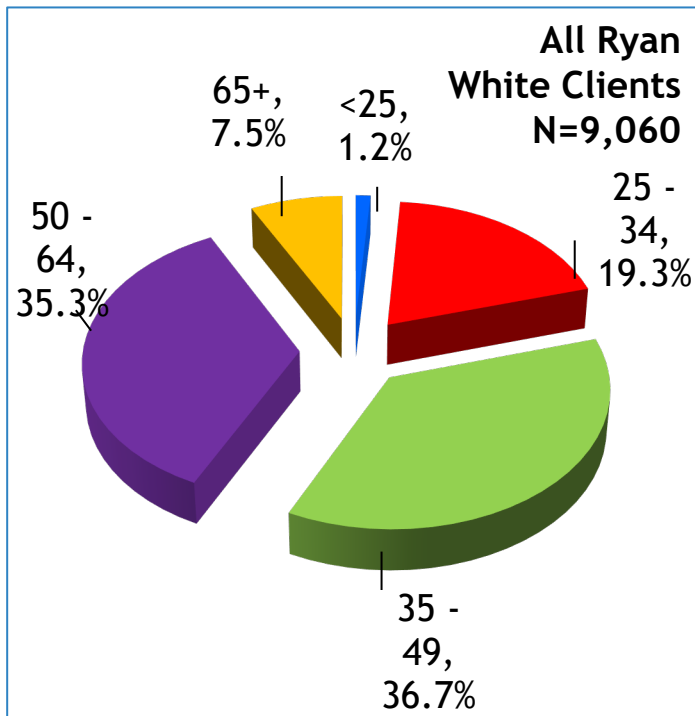


Demographics

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

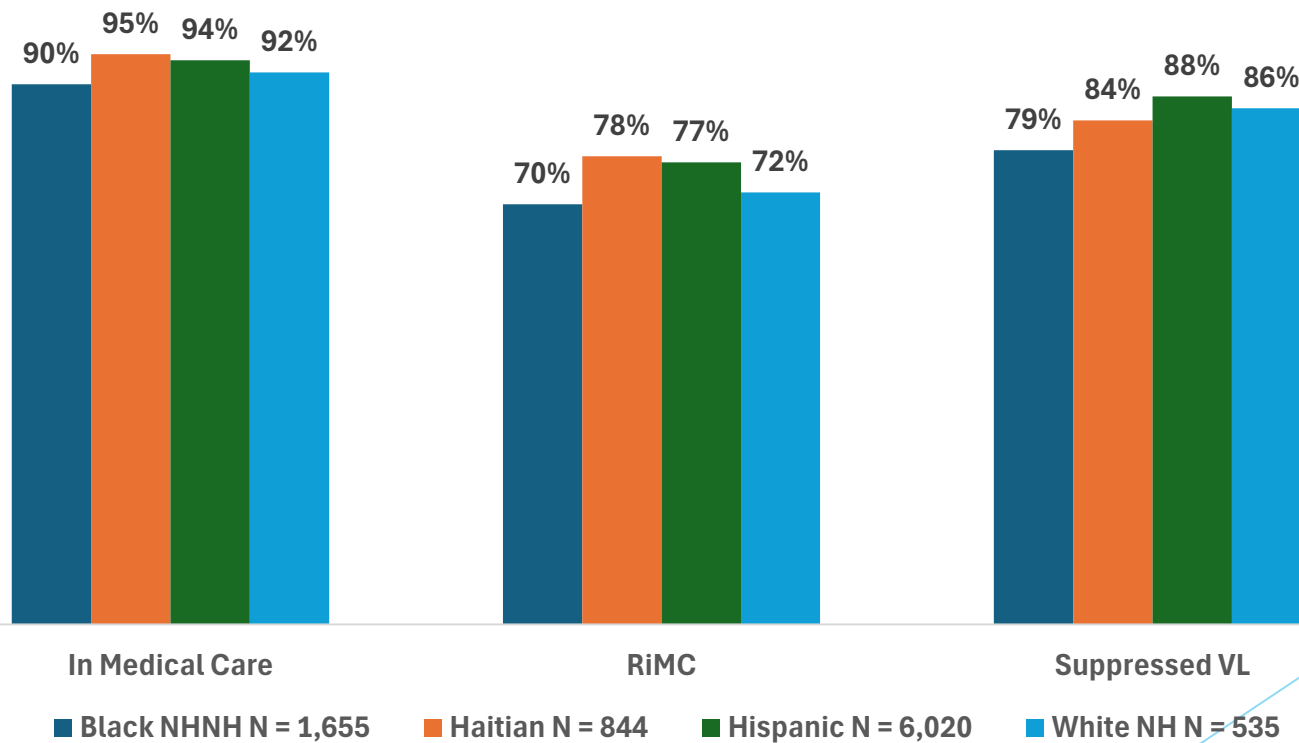
Care Continuum

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*