WELCOME

Thank you for joining today's meeting of the

MIAMI-DADE
HIV/AIDS PARTNERSHIP

Please sign in to have your attendance recorded.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, November 18, 2024
10:00 AM – 12:00 PM
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

I.	Call to Order	Alecia Tramel-McIntyre
II.	Introductions	All
III.	Housekeeping	Alecia Tramel-McIntyre
IV.	Floor Open to the Public	Harold McIntyre
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of September 16, 2024	All
VII.	Reports	
	A. Membership	Alecia Tramel-McIntyre
	▪ Ordinance Updates	
	▪ Member Recognition	
	B. Committee Action Items	
	▪ Care and Treatment (6 Motions)	Diego Shmuels
	- Service Delivery Manual Updates	
	▪ Strategic Planning (1 Motion)	Angela Machado
	- 2023 Annual Report	
	▪ Executive, Community Coalition, Housing, Prevention (No action items)	
	C. Grantee/Recipient Top Line Summaries	
	▪ Ryan White Part A/MAI	Daniel T. Wall
	▪ Ryan White Part B	Karen Poblete
	▪ AIDS Drug Assistance Program (ADAP)	Dr. Javier Romero
	▪ General Revenue at SFAN	Angela Machado
	▪ Housing Opportunities for Persons With AIDS (HOPWA)	Roberto Tazoe
	D. Approval of Reports (1 Motion)	All
VIII.	Standing Business (none)	
IX.	New Business	
	▪ Sexual Harassment Awareness Training	All
	▪ 2025 Meeting Dates and Location	All
	▪ A Sister With A Testimony	Roxanne Bolden
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Year-End Meeting and Celebration! Monday, December 16, 2024 at the Miami-Dade County Main Library	Harold McIntyre
XII.	Adjournment	Alecia Tramel-McIntyre

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

Meeting Housekeeping Miami-Dade HIV/AIDS Partnership

Updated November 18,2024

Behavioral Science Research

MIAMI-DADE HIV/AIDS PARTNERSHIP

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.*
- Have your Cultural Center Parking Garage ticket validated at the Library front desk for a reduced parking rate.
- Eligible committee members should see staff for a voucher at the end of the meeting.

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 . . .

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 Partnership includes six Standing Committees and one Subcommittee.
- All Partnership and Standing Committee/Subcommittee members are volunteers and commit to abiding by the Partnership's Bylaws, including regular meeting attendance and completion of required training and paperwork.
- See staff after the meeting for additional details.

Meeting Participation

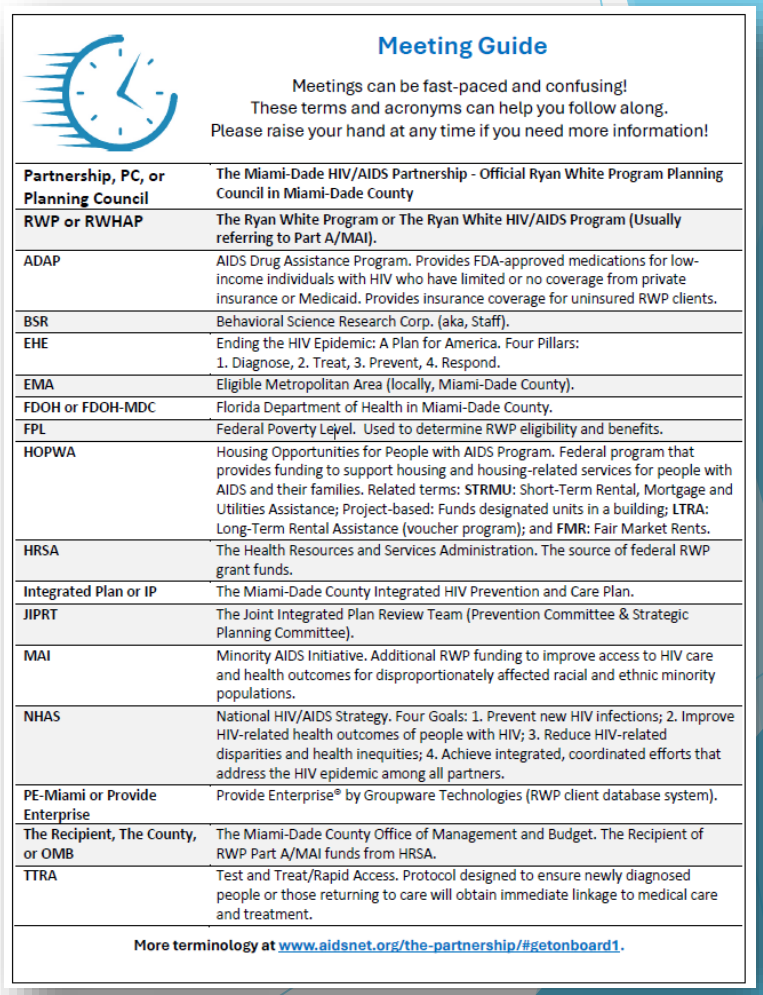
Everyone has a role to play!

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

Meeting Terminology

Meetings can be fast-paced and confusing!

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



Meeting Guide

Meetings can be fast-paced and confusing!
These terms and acronyms can help you follow along.
Please raise your hand at any time if you need more information!

Partnership, PC, or Planning Council	**The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County**
RWP or RWHAP	**The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).**
ADAP	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
BSR	Behavioral Science Research Corp. (aka, Staff).
EHE	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/#getonboard1.

Resources

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

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Miami-Dade HIV/AIDS Partnership Meeting
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September 16, 2024 Minutes

#	Partnership Members	Present	Absent
1	Burks, Laurie Ann		x
2	Chassi, Kai		x
3	Dougherty, James	x	
4	Duberli, Francesco		x
5	Forrest, David	x	
6	Gonzalez, Nilda	x	
7	Henriquez, Maria	x	
8	Jones, Keddrick	x	
9	Machado, Angela		x
10	Marcelin, Dora	x	
11	McIntyre, Harold	x	
12	Medina, Jesús E.	x	
13	Munoz, Virginia	x	
14	Robinson, Joanna	x	
15	Romero, Javier	x	
16	Sarria, Manuel	x	
17	Shmuels, Diego	x	
18	Tazoe, Roberto		x
19	Tramel-McIntyre, Alecia	x	
20	Wall, Daniel T.	x	
21	**Vacant** Representative of the Affected Community		
22	**Vacant** Representative of the Affected Community		
23	**Vacant** Representative of the Affected Community		
24	**Vacant** Representative of the Affected Community		
25	**Vacant** Representative of the Affected Community		
26	**Vacant** Representative of the Affected Community		
27	**Vacant** Representative of the Affected Community		
28	**Vacant** Representative of the Affected Community		
29	**Vacant** Representative of the Affected Community		
30	**Vacant** Representative of the Affected Community		
31	**Vacant** Other Federal HIV Program Grantee (Part F)		
32	**Vacant** Housing, Homeless or Social Service Provider		
33	**Vacant** Substance Abuse Provider Representative		
34	**Vacant** Representative Co-infected with Hepatitis B or C		
35	**Vacant** Other Federal HIV Program Grantee Rep. (SAMHSA)		
36	**Vacant** Hospital or Health Care Planning Agency Representative		
37	**Vacant** Federally Recognized Indian Tribe Representative		
38	**Vacant** Mental Health Provider Representative		
39	**Vacant** Miami-Dade County Public Schools Representative		
Quorum = 13			

#	Alternate Representatives of the Affected Community	Present	Absent
1	**Vacant**		
2	**Vacant**		
3	**Vacant**		

#	Ex-Officio Members	Present	Absent
1	**Vacant** MDC Mayor Office		
2	**Vacant** Board of County Commissioners		

Guests
Bolden, Roxana
Carr, Antoinette
Cooper, Taunya
Davis, Debra
Erbstein, Silvana
Grant, Gena
Kratofil, Keri
McMullen, Lamar
Mester, Brad
Nunez, Osvaldo
Parrish, Quinton
Singh, Hardeep
Stonestreet, Stephanie
Valle-Schwenk, Carla
Villamizar, Kira
Wallace, Latia

Staff
Bontempo, Christina
Ladner, Robert
Smith, Terrence A., Esq.

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

I. Call to Order

Alecia Tramel-McIntyre, the Chair, called the meeting to order at 10:18 a.m.

II. Introductions

Ms. Tramel-McIntyre called for introductions of members and guests.

III. Housekeeping/Meeting Rules

Ms. Tramel-McIntyre reviewed the meeting housekeeping, language matters reminders, and notification of the meeting terminology on the back of agendas.

IV. Floor Open to the Public

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

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

There were no comments; the floor was then closed.

V. Review/Approve Agenda

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

Motion to approve the agenda as presented.
Moved: Daniel T. Wall **Seconded: Manny Sarria** **Motion: Passed**

VI. Review/Approve Minutes of June 17, 202

Members reviewed the minutes of June 17, 2024. There were no corrections or additions. Ms. Tramel-McIntyre called for a motion.

Motion to approve the minutes of June 17, 2024, as presented.
Moved: Daniel T. Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

VII. Reports

A. Committee Reports

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

- **Care and Treatment Committee**

The Committee reviewed and approved the recommendations made by the Medical Care Subcommittee to clarify language under the Ophthalmology section of the Allowable Conditions list.

Motion to approve the changes to the Allowable Conditions list as discussed.
Moved: James Dougherty **Seconded: Dr. Diego Shmuels** **Motion: Passed**

The planning council must have minimal service standards for all service categories regardless of whether or not these services are funded. As part of the annual approval process, the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2025 were reviewed and approved; the document contains Policy Clarification Notification 16-02 with local restrictions.

Motion to accept the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2025.
Moved: Dr. Diego Shmuels Seconded: Maria Henriquez Motion: Passed

The Committee discussed that the Emergency Financial Assistance service category is currently limited to Test and Treat Rapid Access pharmacy assistance, but could potentially be expanded to the additional EFA activities approved by the Partnership for FY 2026 in 2025 on a trial basis through contract amendments with additional services. The Committee directed the County to explore this expansion and to consider food voucher options for a possible expansion.

Motion for the Partnership to direct the County to explore options to fully implement the Partnership's FY 2026 Emergency Financial Assistance service definition in FY 2025, subject to availability of funding, with the addition of food vouchers.
Moved: Manny Sarria Seconded: James Dougherty Motion: Passed

The Committee discussed significant potential systemic changes with FDOH and EHE in FY 2025 and FY 2026, and directed the County to exercise the final one-year options on existing contracts without service changes, and to issue an RFP for services to begin in FY 2026.

Motion for the Partnership to direct the County to exercise the final one-year renewal options for existing subrecipient service contracts in FY 2025, in light of significant system changes.
Moved: Maria Henriquez Seconded: Manny Sarria Motion: Passed

The Part A priorities were ranked, reviewed, discussed, and the re-ordered priorities were voted upon.

Motion to accept the FY 2025 Ryan White Part A priorities as presented.
Moved: Maria Henriquez Seconded: James Dougherty Motion: Passed

The Minority AIDS Initiative (MAI) priorities were ranked, reviewed, discussed, and the re-ordered priorities were voted upon.

Motion to accept the FY 2025 Ryan White Minority AIDS Initiative (MAI) priorities as presented.
Moved: Manny Sarria Seconded: Maria Henriquez Motion: Passed

While the Committee added services at the last needs assessment, these had yet to be formalized as part of the upcoming request for proposal. The Committee adopted the current service categories and three new services under Part A.

Motion to accept the Ryan White Part A service categories listed for the Request for Proposal.
Moved: Dr. Diego Shmuels Seconded: Maria Henriquez Motion: Passed

The Committee evaluated the current Minority AIDS Initiative services, and decided not to include the three new services in the MAI services for FY 2026. The Committee removed Substance Abuse Outpatient. Services from MAI, maintaining it under Part A. Because Outpatient Ambulatory Health Services is one of the categories proposed in the bundled service group for FY 2026, the Committee added Local AIDS Pharmaceutical Assistance to MAI. The Committee adopted the presented services.

Motion to accept the Minority AIDS Initiative service categories listed for the Request for Proposal.
Moved: Dr. Diego Shmuels **Seconded: Manny Sarria** **Motion: Passed**

Prior to the following three motions, Dr. Shmuels indicated his conflict as representative of Borinquen Medical Centers who is the sole provider of Ryan White Program Minority AIDS Initiative (MAI) funding for FY 2024-25 in mental health, outpatient substance abuse, and outreach. Dr. Shmuels excused himself and completed Form 8-B to be attached as an addendum to these minutes.

The Committee discussed calculations for future Ryan White service utilization, prior expenditures, award contract needs, unmet needs, and made adjustments in the development of the Flat funding budgets. See Dashboard Cards for data references.

Motion to accept the FY 2025 Ryan White Minority AIDS Initiative Flat funding budget as presented.
Moved: Manny Sarria **Seconded: Daniel T. Wall** **Motion: Passed**

Using the Flat funding budget as a base, members built the Ceiling grant budgets, taking into account calculations for future Ryan White service utilization, prior expenditures, and unmet needs. See Dashboard Cards for data references.

Motion to accept the FY 2025 Ryan White Minority AIDS Initiative Ceiling grant funding budget as presented.
Moved: James Dougherty **Seconded: Harold McIntyre** **Motion: Passed**

Based on prior expenditures and estimated needs, the Committee determined the percentage allocations for the FY 2026 Request for Proposal.

Motion to accept the Minority AIDS Initiative service categories percentage allocations for the FY 2026 Request for Proposal (RFP).
Moved: Maria Henriquez **Seconded: Javier Romero** **Motion: Passed**

Following the MAI motions, Dr. Shmuels returned to the meeting.

The Committee discussed calculations for future Ryan White Part A service utilization, prior expenditures, award contract needs, unmet needs, and made adjustments in the development of the Flat funding budgets. See Dashboard Cards for data references.

Motion to accept the FY 2025 Ryan White Part A Flat funding budget as presented.
Moved: Manny Sarria **Seconded: Dr. Diego Shmuels** **Motion: Passed**

Using the Flat funding budget as a base, members built the Ceiling grant budgets, taking into account calculations for future Ryan White service utilization, prior expenditures, and unmet needs. See Dashboard Cards for data references.

Motion to accept the FY 2025 Ryan White Part A Ceiling grant funding budget as presented.
Moved: Maria Henriquez **Seconded: Manny Sarria** **Motion: Passed**

Based on prior expenditures, estimated needs, and consideration of the 75% core service funding requirement, the Committee determined the percentage allocations for the FY 2026 Request for Proposals.

Motion to accept the Ryan White Part A services categories percentage allocations for the FY 2026 Request for Proposals (RFP).
Moved: Dr. Diego Shmuels Seconded: Maria Henriquez Motion: Passed

- **Executive Committee**

Ms. Tramel-McIntyre passed the gavel to Mr. McIntyre and designated him as Chair so that she could present the Executive Committee Report and related motions.

In response to the 2024 Health Services and Resources Administration (HRSA) site visit findings, the Executive Committee is tasked with review and approval of the Staff Support Part A Budget.

Motion to accept the proposed Miami-Dade HIV/AIDS Partnership (Planning Council) Staff Support Budget Review Process with the changes discussed (as presented).
Moved: Alecia Tramel-McIntyre Seconded: Daniel T. Wall Motion: Passed

The process for budget review was agreed upon but modified. As part of the process committees are polled for special projects for the following Fiscal Year.

Motion to approve the Staff Support Part A Proposed FY 2025 Budget Allocations as presented.
Moved: Alecia Tramel-McIntyre Seconded: Manny Sarria Motion: Passed

After reviewing requests for FY 2025, the Medical Care Subcommittee and Care and Treatment Committee project requests were sent back to the committee for reconsideration as FY 2026 projects, and the Community Coalition request was approved for FY 2025.

Motion to prioritize the Community Coalition's Partnership Membership Community Meet-and-Greet Event(s) up to $1,500.
Moved: Alecia Tramel-McIntyre Seconded: Keddrick Jones Motion: Passed

Following the Executive Committee report, Mr. McIntyre returned the gavel to Ms. Tramel-McIntyre to chair the remainder of the meeting.

- **Strategic Planning Committee**

The Committee reviewed and finalized the Assessment of the Recipient Administrative Mechanism Report. Reference copies were available at the meeting. The approved report will be sent to all members.

Motion to accept the Assessment of the Recipient Administrative Mechanism Report with minor editorial updates.
Moved: Nilda Gonzalez Seconded: Manny Sarria Motion: Passed

- **Other**

Community Coalition Roundtable, Housing Committee, and Prevention Committee updates were included in the report for reference.

Following the completion of committee reports, members Manny Sarria and James Doughtery left the meeting. Quorum of at least 13 members was confirmed.

B. Membership (Part 1)

Staff announced the Vacancy Report was available online.

Assistant County Attorney Terrence A. Smith announced the Miami-Dade County Ordinance revisions for the Partnership, which would reduce the number of member seats from 39 to 30, will be on the Board of County Commissioners' agenda on September 17, 2024, for the first reading, including public comment. ACA Smith detailed the timeline of meetings and opportunities for public input relevant to the Ordinance.

C. Grantee/Recipient Reports

Members received copies of all referenced reports.

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

  Daniel T. Wall reported the expenditures are as displayed on the meeting screen and included in meeting materials. In the interest of time, Mr. Wall asked members to see staff after the meeting with questions and advised that staff could hold a training on the details of the report for anyone interested.

  The Ryan White Program grant application is due to HRSA on October 1, 2024; and the Ending the HIV Epidemic grant application is due October 22, 2024.

  Note: Reading Grantee Reports is a standing element of Get on Board! training.

- **Ryan White Part B**

  Karen Poblete was not present. Ms. Tramel-McIntyre called for a motion to defer the report until the next meeting.

  Motion to defer the Ryan White Part B report until the next meeting.
  Moved: Daniel T. Wall Seconded: Dr. Diego Shmuels Motion: Passed

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

  Dr. Javier Romero reported on August 2024 ADAP activities. The program is going into the busiest time of year for enrollments. There are currently 7,495 open and active clients enrolled in ADAP. Dr. Romero reviewed the Program Updates noted on the ADAP report.

- **General Revenue at SFAN**

  Ms. Tramel-McIntyre announced the General Revue report was in meeting packets and that staff will bring any questions about the report to Angela Machado.

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

  No report.

D. Membership (Part 2)

Ms. Tramel-McIntrye welcomed the new Partnership members and announced committee assignments:

- Keddrick Jones, Joanna Robinson, and Kai Chassi have joined the Community Coalition Roundtable;

- Virginia Muñoz is Chair of the Prevention Committee;
- Nilda Gonzalez has joined the Strategic Planning Committee; and
- Jesus Medina has joined the Prevention Committee.

New members were applauded and welcomed.

E. Approval of Reports

Ms. Tramel-McIntyre called for a motion to approve all reports.

Motion to accept the Membership, Grantee/Recipient, and Committee Reports as presented.
Moved: Daniel T. Wall **Seconded: Dr. Diego Shmuels** **Motion: Passed**

VIII. Standing Business (none)

IX. New Business

- **Presentation: The Women's Engagement Initiative at IDEA Miami SSP: IDEA Exchange and UM Pathways to Wellness Clinic**

Dr. David Forrest presented information on the Women's Engagement Initiative at the IDEA Exchange, including a brief overview of the Infectious Disease Elimination Act (IDEA) Exchange Program enrollments, service sites and services, and specific data on the initiative. Dr. Forrest presented the numbers of encounters and HIV test results for women who inject drugs (WWID) through anonymous engagement; and explained confidential linkage to care data. He explained the outcomes from clinical visits, including diagnoses of syphilis, gonorrhea, chlamydia, and HIV; and the instances of pregnancy. All the women (n=19) testing positive for HIV were linked to HIV care at the IDEA Wellness Clinic and are currently in treatment. Reproductive health counseling began in March 2023. The data on the initiative was included in the presentation handouts.

- **Stop The Silence**

Gena Grant announced the Stop the Silence program, to empower women to be confident in public speaking toward their HIV advocacy. Stop the Silence members each gave a brief introduction. This is the second year of the program. Anyone interested in partnering with Stop the Silence should speak to Ms. Grant or Ms. Tramel-McIntyre.

- **Letter of Assurance for the Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program – Funding Opportunity Number: HRSA-25-054**

Members had a copy of the letter in their packets. The letter is a required attachment for the grant application due at the end of the month. Members were asked to review and approve signature by the chair. Ms. Tramel-McIntyre called for a motion.

Motion to authorize the Chair to sign the Letter of Assurance for the Ryan White Program Fiscal Year 2025 Notice if Funding Opportunity.
Moved: Dr. Diego Shmuels **Seconded: Harold McIntyre** **Motion: Passed**

X. Announcements and Open Discussion

Staff announced the next Community Coalition Roundtable has been moved to Borinquen Medical Center; details are on www.aidsnet.org.

XI. Next Meeting

Mr. McIntyre announced the next meeting date is Monday, October 21, 2024, at the Miami-Dade County Library.

XII. Adjournment

Ms. Tramel-McIntyre thanked everyone for coming and adjourned the meeting at 11:44 a.m.

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MEMORANDUM

Agenda Item No. 4(B)

TO:	Honorable Chairman Oliver G. Gilbert, III and Members, Board of County Commissioners	**DATE:**	September 17, 2024
FROM:	Geri Bonzon-Keenan County Attorney	**SUBJECT:**	Ordinance relating to the Miami-Dade County HIV/AIDS Partnership; amending sections 2-1102 and 2-1103 of the Code; revising membership, organization, and quorum requirements; making technical and conforming changes

The accompanying ordinance was prepared by the Office of Management and Budget and placed on the agenda at the request of Prime Sponsor Senator René García.

Geri Bonzon-Keenan
County Attorney

GBK/gh

Memorandum

Date: September 17, 2024

To: Honorable Chairman Oliver G. Gilbert, III
and Members, Board of County Commissioners

From: Daniella Levine Cava
Mayor

Subject: Ordinance Amending Sections 2-1102 and 2-1103 of the Code of Miami-Dade County Concerning the Miami-Dade HIV/AIDS Partnership

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Executive Summary

This item seeks to amend Sections 2-1102 and 2-1103 of the Code of Miami-Dade County regarding the Miami-Dade HIV/AIDS Partnership (Partnership). The Partnership, in its capacity as a Miami-Dade County (County) advisory board, approved recommended changes to the governing ordinance for consideration and approval by the Miami-Dade County Board of County Commissioners (Board).

The proposed changes are intended to improve the efficiency and effectiveness of the Partnership by:

- redefining quorum requirements;
- reducing the total number of Partnership membership seats;
- removing alternate membership seats;
- redefining two membership seats and seats for ex-officio members;
- reclassifying two membership seats; and
- bringing Partnership membership categories as defined in the County Ordinance in line with the program's legislative definitions for required membership seats.

Recommendation

It is recommended that the Board approve the attached ordinance amending Sections 2-1102 and 2-1103 of the Code of Miami-Dade County, Florida concerning the Partnership by revising membership requirements and organizational structure.

Scope

The impact of this amended ordinance is countywide, as the Partnership is responsible for priority setting and funding allocation decisions regarding HIV/AIDS services for all of Miami-Dade County.

Delegation of Authority

Upon adoption of the amended ordinance, the County Mayor will be authorized to appoint members to the Partnership in accordance with the amended ordinance.

Fiscal Impact/Funding Source

The proposed changes to the ordinance will not create any fiscal impact on the County. Activities of the Partnership are solely federally funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), through the Ryan White Part A Program grant. No County matching funds are required.

Social Equity Statement

The proposed ordinance prioritizes equity by promoting diverse representation, meaningful participation, accessibility, and inclusivity. Restructuring the seats ensures affected communities, including people with HIV, members of Federally Recognized Indian Tribes, and those co-infected with Hepatitis B or C, are appropriately represented. By aligning membership categories with HRSA guidelines and removing obsolete seats, the Partnership will better reflect our County's HIV/AIDS community. Also, adjustments to quorum requirements and the removal of alternate seats will facilitate meaningful participation and

minimize the cancellation of meetings due to a lack of quorum. Renaming membership categories to use people-first language ("people with HIV" instead of "individuals with HIV disease") underscores our commitment to dignify and respect people affected by HIV/AIDS. Lastly, the shift to "ex officio representatives" ensures broader participation from relevant stakeholders without voting rights, enhancing transparency and collaboration. By implementing these changes, Miami-Dade County reaffirms its commitment to serving vulnerable populations with transparency, fairness, and respect.

Track Record/Monitor
The Grants Coordination Division of the Office of Management and Budget will be responsible for ensuring activities of the Partnership are compliant with local, state and federal programmatic, fiscal and administrative requirements. Daniel T. Wall, Office of Management and Budget Assistant Director, is the Program Director for this project.

Background
The Partnership evolved from the Miami-Dade County HIV Health Services Planning Council, which was established in 1994 to meet federal funding requirements under Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. In 1998, the Board created the Partnership to enable the County to apply for, receive, plan for, assess, and allocate financial assistance under the Title XXVI of the Public Health Service Act, as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White Program), and other HIV/AIDS-related funding as it becomes available; and to advise the Board, the County Mayor, and other governmental entities on HIV/AIDS-related issues. The Ryan White Program consists of multiple parts: Parts A, B, C, D, and F.

The Partnership determines the HIV/AIDS-related needs of the community as identified through local needs assessment activities, establishes service priorities, and allocates funding to the areas of greatest need as defined by the Federal granting agency, HRSA. The Partnership is dedicated to developing and coordinating integrated prevention, care and treatment, and housing services for people with HIV in Miami-Dade County that fulfill the requirements of various state and federal HIV/AIDS grant programs.

Presently, Partnership membership does not meet legislative requirements of the Ryan White Part A Program, which is managed by the County's Office of Management and Budget. Additionally, due to the current total number of membership seats – 39 members appointed by the County Mayor – and quorum rules, it is difficult to obtain quorum for meetings. Without quorum, the Partnership cannot meet and discuss critical business items. Therefore, a restructuring of the Partnership's quorum requirement and membership is necessary, as follows:

- Change the Partnership quorum requirement from "no less than thirteen (13) voting Partnership members" to "no less than one-third of active members plus one (1/3 + 1)."
    - This change is needed to effectively conduct Partnership business and reduce the number of canceled meetings due to lack of quorum.
- Remove the "Ryan White Program Part A local grantee" seat and replace it with "Representative of Miami-Dade County who shall not be a Ryan White Program recipient representative, whose position is not funded by Part A of the Ryan White HIV/AIDS Program (RWHAP), who does not provide in-kind services, and who has no significant involvement in the RWHAP Part A grant."
    - Historically, since the Partnership's inception, the "Miami-Dade County Representative" seat has been filled by Part A recipient staff with no objection from HRSA. However, the filled seat does not meet HRSA's current interpretation of the membership rules in the CARE Act legislation, as stated in their Ryan White HIV/AIDS Program Part A Recipient Letter, dated August 29, 2023. That letter states, "Separation of [Planning

Council/Planning Body] PC/PB and Recipient Roles: A separation of PC/PB and recipient roles is necessary to avoid conflicts of interest. The legislation prohibits PC public deliberations to be "chaired solely by an employee of the grantee." [Section 2602(b)(7)(A) of Title XXVI of the Public Health Service Act]. A recipient representative, whose position is funded with RWHAP Part A funds, provides in-kind services, or has significant involvement in the RWHAP Part A grant, shall not occupy a seat in the PC/PB, nor have a vote in the deliberations of the PC/PB."

- Reduce the "Representative of Affected Community" membership seats from 15 to 10 members.
    - Members of the affected community must comprise 33 percent of membership. If membership is reduced to 30 members, 10 members of the affected community would constitute at least 33 percent, a more manageable membership total.

- Incorporate the currently separate "Federally Recognized Indian Tribe Representative" and "Representative Co-infected with Hepatitis B or C" membership seats into existing "Representative of Affected Community" membership seats, as noted below.

- Rename the "Represented of Affected Community" membership seat to match HRSA language, "Member representatives of the affected communities, including people with HIV, or members of a Federally Recognized Indian Tribe as represented in the population, or individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations."

- Remove the current "Federally Recognized Indian Tribe Representative" membership seat.
    - This is not an HRSA-required seat by itself. It is within the collective designation of, "affected communities, including members of a Federally Recognized Indian Tribe…", as noted above.
    - This seat has been vacant for much of the life of the Partnership.
    - Grouping the designation with "Members of the Affected Community…" leaves the opportunity open for participation while relieving the burden of filling a highly specified vacant seat.

- Remove the current "Representative co-infected with Hepatitis B or C" membership seat.
    - This is not an HRSA-required seat by itself. It is within the collective designation of, "affected communities, including … individuals co-infected with Hepatitis B or C…", as noted above.
    - This seat has been vacant for much of the life of the Partnership.
    - Grouping the designation with "Members of the Affected Community…" leaves the opportunity open for participation while relieving the burden of filling a highly specified vacant seat.

- Remove the current "Miami-Dade County Public Schools Representative" membership seat.
    - This is not an HRSA-required seat.
    - The seat has been vacant for much of the life of the Partnership.
    - This designation would move to ex officio status leaving the opportunity open for participation from the local school board, while relieving the burden of filling a highly specified vacant seat.

- Remove the current “State of Florida General Revenue Grantee Representative” membership seat.

    - This is not an HRSA-required seat. Reports regarding HIV-related General Revenue funding, expenditures, and service utilization would still be included in regular Partnership business.

- Remove the three “Alternates – Representatives of the Affected Community” seats.

    - These are not HRSA-required seats.
    - These seats have been vacant for more than five years in addition to the full voting member vacancies in the same category.
    - These seats are obsolete. Back in the early years of the Partnership, there was a need for alternate affected community members, primarily due to health concerns. The removal of these seats reflects the reality of the HIV epidemic today, in which people with HIV who are in care and receiving treatment are living longer and healthier lives.
    - Persons who occupy these seats have no voting power; and if they sit on the Partnership for two terms without ever voting, they would then be ineligible to serve as a voting member until after a two-year waiting period ends.

- Change the designation of the two “ex officio members” seats to “ex officio representatives”; add Miami-Dade County Public Schools Representative; and retain representative seats from the Office of the Mayor of Miami-Dade County and Miami-Dade County Board of County Commissioners, for a total of three “ex officio representative” seats.

    - These are not HRSA-required categories.
    - These are non-voting seats.
    - These seats have been vacant for much of the life of the Partnership.
    - Moving the designation from “ex officio member” to “ex officio representative” status leaves the opportunity for participation while relieving the burden of filling highly specified vacancies.

- Change all instances of “individuals with HIV disease” to “people (or person) with HIV” following HRSA’s preferred people first language.

- The remaining membership categories require no change.

Carladenise Edwards
Chief Administrative Officer

MEMORANDUM

(Revised)

TO: Honorable Chairman Oliver G. Gilbert, III
and Members, Board of County Commissioners

DATE: September 17, 2024

FROM: Geri Bonzon-Keenan
County Attorney

SUBJECT: Agenda Item No. 4(B)

Please note any items checked.

_____ **"3-Day Rule" for committees applicable if raised**

_____ **6 weeks required between first reading and public hearing**

_____ **4 weeks notification to municipal officials required prior to public hearing**

_____ **Decreases revenues or increases expenditures without balancing budget**

_____ **Budget required**

_____ **Statement of fiscal impact required**

_____ **Statement of social equity required**

_____ **Ordinance creating a new board requires detailed County Mayor's report for public hearing**

_____ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's present ____, 2/3 membership ____, 3/5's ____, unanimous ____, majority plus one ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3) (h) or (4)(c) ____, CDMP 9 vote requirement per 2-116.1(4)(c) (2) _____) to approve**

_____ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 4(B)
9-17-24

ORDINANCE NO. _____

ORDINANCE RELATING TO THE MIAMI-DADE COUNTY HIV/AIDS PARTNERSHIP; AMENDING SECTIONS 2-1102 AND 2-1103 OF THE CODE OF MIAMI-DADE COUNTY, FLORIDA; REVISING MEMBERSHIP, ORGANIZATION, AND QUORUM REQUIREMENTS; MAKING TECHNICAL AND CONFORMING CHANGES; AND PROVIDING SEVERABILITY, INCLUSION IN THE CODE, AND AN EFFECTIVE DATE

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA:

Section 1. Section 2-1102 of the Code of Miami-Dade County, Florida, is hereby amended to read as follows:[1]

Sec. 2-1102. Membership requirements; appointments of members; terms; removal.

(a) All members of the Partnership shall be permanent residents and electors of Miami-Dade County, unless the Board of County Commissioners, by a two-thirds vote of its membership, waives this requirement and shall have reputations for integrity and community service. Notwithstanding the qualified elector requirement stated herein and in Section 2-11.38 of the Code of Miami-Dade County, applicants for or members of the Partnership who are appointed by the County Mayor to fill the seats of the [[~~13 individuals with HIV disease~~]] >>10 persons<< as described in Section 2-1102(b)(1) or one former inmate of a local, state, or federal prison as described in Section 2-

[1] Words stricken through and/or [[double bracketed]] shall be deleted. Words underscored and/or >>double arrowed<< constitute the amendment proposed. Remaining provisions are now in effect and remain unchanged.

1102(b)(18) of this code shall be exempt from any qualified elector requirement.

(b) The Partnership shall be composed of [[~~thirty-nine (39)~~]] >>30<< voting members from the following categories of representatives:

(1) [[~~Fifteen (15)~~]] >>10<< member representatives of the affected communities, [[~~that include 13 individuals with HIV disease who are not affiliated or employed by a Part A funded provider and are recipients of Part A services, and historically underserved groups and subpopulations that reflect the demographics of the population within the eligible metropolitan area~~]] >>including persons with HIV, or members of a federally recognized Indian tribe as represented in the population, or individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations<<;

(2) One [[~~(1) Health~~]] >>health<< care provider, which must represent a Federally Qualified Health Center;

(3) One [[~~(1) Community~~]] >>community-<< based AIDS service organization;

(4) Two [[~~(2) Housing, Homeless or Social Service~~]] >>housing, homeless or social service<< providers;

(5) One [[~~(1) Mental~~]] >>mental<< health provider;

(6) One [[~~(1) Substance~~]] >>substance<< abuse provider;

(7) One [[~~(1)~~]] HIV prevention provider;

(8) One [[~~(1)~~]] Hospital or health care planning agency;

(9) One [[~~(1)~~]] representative from agencies receiving grants under Part C of the Ryan White Program;

(10) One [[~~(1)~~]] representative from agencies receiving grants under Part D of the Ryan White Program, or from organizations with a history of providing services to children, youth, and families if funded locally>>, excluding a recipient representative from the Ryan White Part A Program<<;

(11) Four [[~~(4)~~]] grantee representatives of Other Federal HIV programs including Ryan White Program Part F and HOPWA, if funded locally;

(12) [[~~One (1) Ryan White Program Part A local grantee~~]] >> One representative of Miami-Dade County who shall not be a Ryan White Program recipient representative, whose position is not funded by Part A of the Ryan White HIV/AIDS Program (RWHAP), who does not provide in-kind services, and who has no significant involvement in the RWHAP Part A grant<<;

(13) One [[~~(1) State~~]] >>state<< government/Ryan White Program Part B grantee representative;

(14) One [[~~(1) State~~]] >>state<< government/Medicaid Agency representative;

(15) One [[~~(1) Local~~]] >>local<< public health agency representative from the Miami-Dade County Health Department >>(Florida Department of Health in Miami Dade County)<<;

(16) [[~~One (1) Miami-Dade County Public Schools representative;(17)~~]] One [[~~(1)~~]] Non-elected community leader who does not provide HIV related health care services subject to funding under Partnership programs;

[[~~(18)~~]]>>(17)<< One [[~~(1)~~]] former inmate of a local, state, or federal prison released from the custody of the penal system during the preceding three [[~~(3)~~]] years and [[~~had HIV disease~~]] >>diagnosed with HIV<< as of the date of [[~~his~~]] >>their<< release, or a representative of [[~~HIV+ incarcerated persons;~~]] >>an incarcerated person with HIV.<<

[[~~(19) One (1) State of Florida General Revenue grantee representative;~~

~~(20) One (1) representative of a federally recognized Indian tribe as represented in the population from the affected community;~~]]

~~(21) One (1) representative co-infected with hepatitis B or C from the affected community.~~]]

(c) Ex officio members shall be appointed in the same manner by which voting members are appointed, and at a minimum shall include [[~~ex officio members~~]] >>ex officio representatives<< from the following categories of representatives:

(1) One [[~~(1)~~]] representative from the Office of the Mayor;

(2) One [[~~(1)~~]] representative from the Board of County Commissioners; >> and

(3) One representative from Miami-Dade County Public Schools.<<

(d) [[~~Three (3) representatives of the affected community who are not affiliated or employed by a Part A funded provider, and are recipients of Part A services shall also be appointed as alternates. Alternate members may be assigned as voting members of committees, but are non-voting members of the full Partnership except when the voting member appointed to that category of representatives is unable to serve, at which time an alternate member of the same category of representatives designated by the chairperson shall serve as voting member for the full Partnership.~~

~~(e)~~]] The Partnership shall maintain at all times a fair and open nominations process as written in its By-Laws which shall result in a recommended slate of candidates, [[~~including alternates,~~]] which is forwarded to the County Mayor for [[~~his~~]]>>their<< consideration. Members [[~~and alternates~~]] shall be appointed by the County Mayor, who shall designate which category listed in subsections (a) and (b) above each member shall represent. Members shall be appointed in accordance with Sections 2-1102, 2-11.38 and 2-11.38.1 of the Code of Miami-Dade County. To the extent that the County Mayor or the County Mayor's designee conducts criminal background screening of all candidates recommended by the Partnership to be appointed by the County Mayor, the County Mayor or County Mayor's designee shall only deny such candidates if they have been convicted of a violent crime within five years of the date the County Mayor or County Mayor's designee receives a recommendation for appointment from the Partnership. Additionally, the County Mayor or the County Mayor's designee shall deny any candidate who has registered as a sex offender regardless of when such candidate has been convicted of such sexual offense. Whenever feasible, the County Mayor or County Mayor's designee shall expedite such criminal background screening. Whenever feasible the County Mayor shall either appoint or deny a candidate

within 20 days of receipt of the recommendation from the Partnership.

[[~~(f)~~]]>>(e)<< Vacancies on the Partnership shall be filled in the same manner as above [[~~, except for affected community positions, which may be filled by an affected community alternate member appointed by the Partnership~~]].

[[~~(g)~~]]>>(f)<< Appointment shall comply with the following requirements:

(1) Composition of the Partnership shall reflect in its composition the demographics of the epidemic in Miami-Dade County with particular consideration given to disproportionately affected and historically underserved groups, subpopulations, and geographic areas in Miami-Dade County.

(2) Composition of the Partnership, including committee membership, shall strive to assure the following:

(A) Parity, with each member having equal opportunity for input and participation as well as equal voice in voting and other decision making activities;

(B) Inclusiveness, that all affected communities are represented and involved in a meaningful manner in the community planning process;

(C) Representation, that members who represent a specific community truly reflect that community's values, norms and behaviors.

The foregoing requirements set forth in subsections [[~~(g)~~]]>>(f)<<(1) and (2) above shall not apply to ad hoc committees and workgroups established by the Partnership from time to time.

(3) No more than [[~~fifteen (~~]]15[[~~)~~]] individuals shall be appointed to the Partnership who personally provide, who represent entities that provide, or who otherwise possess a financial relationship with entities that provide HIV related services funded by Partnership programs.

(4) No funded provider shall have more than one [[~~(1)~~]] representative or employee as a member, except as mandated by the legal requirements of Partnership programs.

[[~~(h)~~]]>>(g)<< The term of office of members shall be in accordance with Section 2-11.38.2 of the Code of Miami-Dade County. Members shall be appointed to three [[~~(3)~~]] year terms, except that initially [[~~twelve (~~]]12 [[~~)~~]] members shall be appointed to a one [[~~(1)~~]] year term and [[~~twelve (~~]]12 [[~~)~~]] members appointed to a two [[~~(2)~~]] year term.

[[~~(i)~~]]>>(h)<< No member shall be permitted to serve more than two [[~~(2) year~~]] consecutive and complete terms of three [[~~(3) year~~]] years except as required by law. Notwithstanding the term limit requirements set forth herein, members appointed to fill government or grantee seats are excepted from these requirements and shall serve as members of the Partnership for as long as they are designated by their respective agencies to serve in this capacity.

[[~~(j)~~]]>>(i)<< Attendance requirements for members shall be in accordance with Section 2-11.39, except that five [[~~(5)~~]] absences, excused or unexcused, in any fiscal year shall also constitute grounds for removal and except absences that are due to Partnership business related travel are not counted against the total of five [[~~(5)~~]] absences. If a member appointed to represent a category listed in subsection (a) or (b) above loses such representative status, fails to maintain the qualifications for membership set forth in Section 2-11.38, fails to maintain attendance requirements, voluntarily resigns, or for other good cause is removed, the member shall forfeit membership on the Partnership.

[[~~(k)~~]]>>(j)<< Members shall serve without compensation but shall be entitled to reimbursement for necessary authorized expenses incurred in the discharge of their duties pursuant to policies and procedures published by the County.

Section 2. Section 2-1103 of the Code of Miami-Dade County, Florida, is hereby amended to read as follows:

Sec. 2-1103. Organization.

(a) The Partnership shall establish, adopt, and amend bylaws, rules, and regulations for its own governance.

(b) The Partnership shall elect a chairperson and a chair-elect from among its members, who shall serve at the will of the Partnership. The chairperson and chair-elect shall not personally provide, represent entities that provide, or

otherwise possess a financial relationship with entities that provide HIV related services funded by programs under the purview of the Partnership. The chairperson and chair-elect shall not be a representative of a grantee organization for any HIV/AIDS related program under the purview of the Partnership.

(c) The chairperson shall preside at all meetings at which he or she is present. The chair-elect shall act as chairperson in the absence or inability of the chairperson.

(d) The Partnership shall have assistance from staff designated by the county manager and other governmental entities and legal representation from the county attorney's office. The staff shall maintain and keep the records of the Partnership; prepare, in cooperation with the chairperson, the agenda for each meeting; be responsible for the preparation of such reports, minutes, documents, resolutions or correspondences as the Partnership may direct; and generally administer the business and affairs of the Partnership, subject to budgetary limitations.

(e) In order to transact any business or to exercise any power vested in the Partnership, a quorum consisting of [[~~no less than thirteen (13) voting members~~]] >>no less than one-third of active members plus one<< shall be present.

(f) All meetings of the Partnership shall be open to the public and shall be held only after adequate notice to the public. The records, reports, transcripts, minutes agenda and other documents which are made available to or prepared for or by the Partnership shall be available for public inspection and copying at a single location consistent with Chapter 119 of the Florida Statutes and the Federal Advisory Council Act.

(g) The Partnership shall not transact business or exercise its powers unless a majority of the quorum in attendance agrees to the activity. The chairperson, or five (5) Partnership members upon written request to the chairperson, may call for a special meeting.

(h) The Partnership may appoint committees to accomplish its tasks, and may appoint as committee members individuals who are not Partnership members.

(i) Each committee shall strive to maintain no less than one-third (⅓) membership by representatives of the affected community.

Section 3. If any section, subsection, sentence, clause or provision of this ordinance is held invalid, the remainder of this ordinance shall not be affected by such invalidity.

Section 4. It is the intention of the Board of County Commissioners, and it is hereby ordained that the provisions of this ordinance, including any sunset provision, shall become and be made a part of the Code of Miami-Dade County, Florida. The sections of this ordinance may be renumbered or relettered to accomplish such intention, and the word "ordinance" may be changed to "section," "article," or other appropriate word.

Section 5. This ordinance shall become effective ten (10) days after the date of enactment unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

PASSED AND ADOPTED:

Approved by County Attorney as
to form and legal sufficiency:

Prepared by:

Terrence A. Smith

MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, November 18, 2024
10:00 AM – 12:00 PM
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

I.	Call to Order	Alecia Tramel-McIntyre
II.	Introductions	All
III.	Housekeeping	Alecia Tramel-McIntyre
IV.	Floor Open to the Public	Harold McIntyre
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of September 16, 2024	All
VII.	Reports	
	A. Membership	Alecia Tramel-McIntyre
	▪ Ordinance Updates	
	▪ Member Recognition	
	B. Committee Action Items	
	▪ Care and Treatment (6 Motions)	Diego Shmuels
	- Service Delivery Manual Updates	
	▪ Strategic Planning (1 Motion)	Angela Machado
	- 2023 Annual Report	
	▪ Executive, Community Coalition, Housing, Prevention (No action items)	
	C. Grantee/Recipient Top Line Summaries	
	▪ Ryan White Part A/MAI	Daniel T. Wall
	▪ Ryan White Part B	Karen Poblete
	▪ AIDS Drug Assistance Program (ADAP)	Dr. Javier Romero
	▪ General Revenue at SFAN	Angela Machado
	▪ Housing Opportunities for Persons With AIDS (HOPWA)	Roberto Tazoe
	D. Approval of Reports (1 Motion)	All
VIII.	Standing Business (none)	
IX.	New Business	
	▪ Sexual Harassment Awareness Training	All
	▪ 2025 Meeting Dates and Location	All
	▪ A Sister With A Testimony	Roxanne Bolden
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Year-End Meeting and Celebration! Monday, December 16, 2024 at the Miami-Dade County Main Library	Harold McIntyre
XII.	Adjournment	Alecia Tramel-McIntyre

Please mute or turn off all cellular devices.
For more information about the Miami-Dade HIV/AIDS Partnership, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.
Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership

MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, November 18, 2024
10:00 AM – 12:00 PM
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Committee Reports to the Miami-Dade HIV/AIDS Partnership
For the November 18, 2024 Meeting

This report contains eight (8) motions and an overview of each committee's activities for the meeting date(s) indicated. Members are encouraged to review materials in advance as time allows.

This report, including all referenced documents, is posted online at www.aidsnet.org/the-partnership#partnership1.

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

- Referenced documents/attachments will be included immediately following the corresponding motion(s), with page numbers indicated.

- Documents longer than 20 pages will be made available at the meeting as shared reference copies.

For additional information, contact mdcpartnership@behaviroalscience.com.

CARE AND TREATMENT COMMITTEE *6 MOTIONS*

- **NOVEMBER 14, 2024**
  - Received regular updates from Ryan White Program Part A, Ryan White Part B, and AIDS Drug Assistance Program (ADAP);
  - Received and approved the Medical Care Subcommittee Report;
  - Began reviewing service descriptions;
  - Reviewed and approved their 2025 meeting dates, and
  - Reviewed a draft Provider Capacity survey.

2025 Service Description Edits

Details

The Committee reviewed and approved edits to language, ranking, and dates for the following services as shown :

1. AIDS Pharmaceutical Assistance (Attachment #1, pages 3-7);
2. Mental Health Services (Attachment #2, pages 8-12);
3. Outpatient Ambulatory Health Service categories (Attachment #3, pages 13-26) [References highlighted in green will be updated in 2025 when they are available, and formatting and pagination will be corrected in the final document.];
4. Emergency Financial Assistance (Attachment #4, pages 27-28) [Accepted pending Florida Department of Health feedback on language to protocol];
5. Medical Transportation (Attachment #5, pages 29-33); and
6. Food Bank (Attachment #6, pages 34-38).

#	Motions
1	**Motion to accept the AIDS Pharmaceutical Assistance service description with the changes noted.** - (Attachment #1, pages 3-7)
2	**Motion to accept the Mental Health Services service description with the changes noted.** - (Attachment #2, pages 8-12)
3	**Motion to accept the Outpatient Ambulatory Health service description with the changes noted.** - (Attachment #3, pages 13-26)
4	**Motion to accept the Emergency Financial Assistance service description with the changes noted pending any Department of Health language to protocol.** - (Attachment #4, pages 27-28)
5	**Motion to accept the Medical Transportation service description with the changes noted.** - (Attachment #5, pages 29-33)
6	**Motion to accept the Food Bank service description with the changes noted.** - (Attachment #6, pages 34-38)

AIDS PHARMACEUTICAL ASSISTANCE
(LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM – LPAP)

(Year 3~~4~~5 Service Priority: #~~8~~5 for Part A)

A. **AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP)** is a core medical service. The purpose of the **LPAP** component (i.e., prescription drug services) of the AIDS Pharmaceutical Assistance service category, in accordance with federal Ryan White Program guidelines, is "to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic infections." LPAPs must be compliant with the Ryan White HIV/AIDS Program's requirement of payer of last resort.

This service includes the provision of medications and related supplies prescribed or ordered by a licensed medical provider (MD, DO, APRN, PAs) ~~to prolong life, improve health, or prevent deterioration of health~~ for people with HIV who are ineligible for Medicaid, Medicare Part D, ADAP, or other public sector funding, or have private insurance with limited or no prescription drug coverage. Supplies are limited to consumable medical supplies necessary for the administration of prescribed medications.

IMPORTANT NOTES: Services are restricted to outpatient services only. Inpatient, emergency room, and urgent care center prescription drug services are not covered. Vaccines provided during a medical office visit are no longer found in the local Ryan White Part A Program Prescription Drug Formulary but may be available under Outpatient/Ambulatory Health Services. Prescription drug copayment assistance is not provided for clients with prescription drug discount cards. LPAP services may not be provided on an emergency basis (defined as a single occurrence of short duration). See the General Revenue Short-term Medication Assistance protocol in Section XII of this FY 2025~~4~~4 Ryan White Program Service Delivery Manual for information on how to access to medications on a short-term, emergency basis.

1. **Medications Provided:** This service pays for injectable and non-injectable prescription drugs, pediatric formulations, appetite stimulants, and/or related consumable medical supplies for the administration of medications. Medications are provided in accordance with the most recent release of the local Ryan White Part A Program Prescription Drug Formulary, with the Ryan White Part A/MAI Program as the payer of last resort. The local Ryan White Part A Program Prescription Drug Formulary is subject to change due to guidance from HRSA, the federal granting agency, and/or the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

2. Client Education and Adherence:

- Providers are expected to educate clients on the importance of adhering to their medication regimen with the objectives of reducing the risk of developing and spreading a resistant virus, and to ensure a healthy life for the client.

- Providers are expected to offer basic education to clients on various treatment options~~, including information about state-of-the-art combination drug therapies~~.

- Clients must be encouraged to take medications as prescribed, as well as to follow the recommendations made by l~~L~~icensed m~~M~~edical p~~P~~roviders, n~~N~~utritionists, and ~~P~~pharmacists regarding medication management.

3. Coordination of Care:

- Providers must maintain appropriate contact with other caregivers (i.e., the client's m~~M~~edical c~~C~~ase m~~M~~anager, l~~L~~icensed m~~M~~edical p~~P~~rovider, n~~N~~utritionist, c~~C~~ounselor, etc.) and with the client in order to monitor that the client adheres to their medication regimen; and ensures that the client receives coordinated, interdisciplinary support for adherence, and assistance in overcoming barriers to meeting treatment objectives.

- Providers will be expected to immediately inform m~~M~~edical c~~C~~ase m~~M~~anagers when clients are not adhering to their medication regimen (i.e., the client misses prescription refills, misses licensed medical provider visits, or is having other difficulties with treatment adherence).

- Providers are expected to ensure immediate follow-up with clients who miss their prescription refills, licensed medical provider visits, and/or who experience difficulties with treatment adherence.

B. Program Operation Requirements:

- Providers are encouraged to provide county-wide delivery. However, Ryan White Program funds may not be used to pay for the delivery of medications or consumable medical supplies unless one of the following conditions is met by the client, is documented by the client's l~~L~~icensed ~~M~~medical ~~P~~provider, and said documentation is maintained in the client's chart:

1) The client is permanently disabled (condition is documented once);

2) The client has been examined by a lLicensed Mmedical Pprovider and found to be suffering from an illness that significantly limits the client's capacity to travel [condition is valid for the period indicated by the Llicensed Mmedical Provider provider or for sixty (60) calendar days from the date of certification].

IMPORTANT NOTE: Medical Case Managers requesting home delivery must have documentation on file that meets one of the conditions listed above.

- Providers must specify provisions for home delivery of medications and related supplies and equipment for eligible Ryan White Program clients who require this service.

- Providers of this service are expected to be Covered Entities authorized to dispense PHS 340B-priced medications either directly, through an allowable subcontract arrangement, or via another federally acceptable affiliation.

  - Clients needing this service may only go to, or be referred to, the pharmacy in which their HIV/Primary Care Providerlicensed medical provider or prescribing practitioner is located or affiliated with (e.g., by subcontract, etc.). This is due to PHS 340B Pharmacy drug pricing limitations, and HRSA's requirements that the Ryan White Part A/MAI Program use PHS 340B drug pricing wherever possible.

  - If the provider is a PHS 340B covered entity and the client is enrolled in the Florida ADAP Program, that client is eligible for PHS 340B pricing for prescriptions not covered by the ADAP formulary regardless of whether or not the client is the agency's own client.

- Pharmacy providers are directed to use the most cost-effective product, either brand name or generic name, whichever is less expensive at the time of dispensing. An annual, signed assurance is required from the service provider regarding this directive.

- The LPAP-funded service provider must be linked to an existing mMedical cCase Mmanagement system through agreements with multiple Medical Case Management providers. Providers are contractually required to enter into formal referral agreements that detail responsibilities of both parties and penalties for not complying with the referral agreement.

A Ryan White Program In Network Referral for LPAP Services is not required. However, to access LPAP services, the client must be open at the LPAP-funded agency and must have their Client Service Category Profile in the Provide® Enterprise Miami data management system open to Outpatient/Ambulatory Health Services at the same agency. This is due to 340B covered entity drug pricing requirements.

Ryan White Program-funded LPAP services have a maximum of one year from the date on the prescription.

C. Rules for Reimbursement: Dependent on the type of pharmacy provider, please adhere to the following reimbursement structures.

- Where applicable, providers will be reimbursed for program-allowable prescription drugs based on the PHS 340B price of the prescription provided to the Ryan White client, plus a flat rate dispensing fee. Total costs should include the cost of home delivery, as allowable, and other direct costs associated with the provision of this service. Providers must stipulate the flat rate dispensing fee that will be added to the PHS price. (For example, if the PHS price of a prescription is $185.00, and the provider's proposed flat rate dispensing fee is $11.00, then the total reimbursement amount is equal to $196.00.) An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.

- Reimbursement for consumable medical supplies is limited and must be related to administering medications (e.g., for insulin injection in diabetics, etc.). Approved consumable medical supplies are found in Attachment B of the most current, local Ryan White Program Prescription Drug Formulary.

- No multiplier will be applied to Medicare or Medicaid rates for consumable medical supplies.

D. Additional Rules for Reporting and Documentation: Providers must document client eligibility for this service and report monthly activity (i.e., through reimbursement requests) in terms of the individual drugs dispensed (utilizing a locally-defined drug coding system to be provided by the County), the number of prescriptions filled for each drug, the number of pills or units dispensed, the amount of Ryan White Program funds spent dispensing each drug, and the unduplicated number of clients that received each drug limited to those medications listed in the

most recent release of the local Ryan White Part A Program Prescription Drug Formulary.

Provider monthly reports (i.e., reimbursement requests) for consumable medical supplies must include the number of clients served, medical supply distributions with HCPCS codes as appropriate per client, and dollar amounts per client.

E. **Ryan White Part A Program Prescription Drug Formulary:** Ryan White Program funds may only be used to purchase or provide vitamins, appetite stimulants, and/or other prescription medications to program clients as follows:

- Prescribed medications that are included in the most recent release of the Ryan White Part A Program Prescription Drug Formulary. This formulary is subject to periodic revision; and

- Medications, appetite stimulants, or vitamins that have been prescribed by the client's ~~L~~licensed m~~M~~edical ~~P~~provider. **IMPORTANT NOTE**: Prescriptions for vitamins may be written for a 90-day (calendar days) supply.

F. **Letter of Medical Necessity: Continuous Glucose Monitoring (CGM) Devices** require a completed Ryan White Letter of Medical Necessity (LOMN) (See Section V of this FY ~~2024~~2025 Service Delivery Manual for copies of the Letters of Medical Necessity, as may be amended):

ADDITIONAL IMPORTANT NOTES:

- **Medical Case Managers must work with clients to explore in a diligent and timely manner all health insurance options and evaluate the client's best option to ensure that health insurance premiums, deductibles and prescription drug copayments are reasonable and covered by the appropriate payer source. For Medicare Part D recipients, any client whose gross household income falls below 150% of the ~~2024~~2025 Federal Poverty Level (FPL) must be enrolled in the Low-Income Subsidy (LIS) Program. In addition, for Medicare Part D recipients, any client whose gross household income falls between 135% and 150% of the FPL must be enrolled in ADAP for assistance with prescription drug expenses. For Medicare Part D recipients, any client whose gross household income falls above 150% of the FPL or does not qualify for the LIS and who falls into the "donut hole," must be referred to the ADAP Program.**

- **AS OMB RECEIVES ADDITIONAL INFORMATION FROM FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE**

MENTAL HEALTH SERVICES

(Year 3~~4~~5 Service Priorities: #~~3~~7 for Part A and #~~6~~3 for MAI)

Mental Health Services are a set of core medical services that consist of counseling and treatment for diagnosed behavioral health disorders. These services are designed to reduce harmful behaviors and episodes of instability and improve mental status and client health outcomes. These Mental Health Services include the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to people with HIV. Services are based on an individualized treatment plan and are conducted in group and individual sessions. All services are provided by mental health professionals licensed or otherwise authorized within the State of Florida to render such services. All clients receiving this service must have at least one mental or behavioral health diagnosis specified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM; Codes F01-F99, excluding "Mental and behavioral disorders due to psychoactive substance use" – codes F10-F19).

Mental Health Services require an individualized treatment plan, as noted above. Treatment plans incorporate the findings of assessment and diagnostic tools and specify the goals and objectives to be achieved during the treatment episode. The treatment plan also specifies the recommended clinical interventions and frequency with which these interventions shall be delivered. Mental health providers may use this service category to conduct the assessment and diagnostic steps for the development of a treatment plan. If ongoing mental health services are being provided to a client, it is expected that the client receives a mental health treatment plan at least every six months.

Psychiatric treatment with medication management and evaluation should be billed and recorded under Outpatient/Ambulatory Health Services. Additional mental health services may be billed under Outpatient/Ambulatory Health Services when provided by a licensed psychiatrist or other doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner or physician assistant/associate.

Mental Health Services are allowable only for program-eligible clients. This service is not available to family members without HIV. Ryan White Program funds may **not** be used for bereavement support for uninfected family members or friends.

Mental Health Services reimbursed under Part A or MAI of the Ryan White Program are limited to conditions impacting the treatment of the client's underlying HIV disease (e.g., assessing, diagnosing, and treating a mental health condition that hinders HIV treatment adherence) and treated within the context of the client's HIV or AIDS diagnosis. This service is intended to address issues that impact a person's ability to remain engaged in HIV care, strengthen coping skills and self-care, and promote engagement in ongoing medical care and treatment. It is important for the Level I or Level II mental health

professional to regularly gauge and document the client's progress and determine if the client is still in need of the service.

- **Mental Health Services (Level I):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess ***a Doctorate degree*** **in psychology or counseling or related field (PhD, EdD, PsyD), and must be *licensed by the State of Florida*** as a lLicensed cClinical pPsychologist, LCSW, LMHC, or LMFT to provide such services.

- **Mental Health Services (Level II):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess ***a Master's degree*** **in psychology, psychotherapy or counseling or related field (MS, MA, MSW, or M.Ed.), and must be *licensed by the State of Florida*** as a LCSW, LMHC or LMFT to provide such services. **Direct service providers may also be:** 1) Florida registered interns as defined by Florida Statute (F.S.) 491.0045 (Clinical Social Work Intern, Mental Health Counselor Intern, or Marriage and Family Therapy Intern), or 2) a Psychology Intern, Postdoctoral Resident, or Fellow satisfying Rule 64B19-11.005 of the Florida Administrative Code (F.A.C.). Such interns must provide services under the supervision of a LCSW, LMHC, LMFT or Llicensed pPsychologist who is licensed in the State of Florida.

Mental Health Service Components:

Level I counseling services provided to Ryan White Program clients include psychosocial assessment and evaluation, testing, diagnosis, treatment planning with written goals, crisis counseling, periodic re-assessments, re-evaluations of plans and goals, documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to program-eligible people with HIV (clients) such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Level II counseling services provided to Ryan White Program clients include crisis counseling, re-evaluations of plans and goals, documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to program-eligible people with HIV (clients) such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed

clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Group Counseling (Levels I and II) refers to a group of individuals [minimum of three (3) Ryan White Program clients, maximum of fifteen (15) total clients] with similar problems meeting under the expert guidance of a trained mental health professional. Members of the group will be selected by the mental health professional in order to maximize the interaction, learning, and benefits derived from a group dynamic. Group counseling provides therapy in a social context, reduces the feeling of isolation many clients experience, provides an opportunity for clients to share methods of problem-solving, and allows the therapist an opportunity to observe how an individual interacts with others.

A. Program Operation Requirements: Staff must demonstrate knowledge of HIV disease, its psychosocial dynamics, and implications, including cognitive impairment, and generally accepted treatment modalities and practices. Services may be delivered to non-HIV+ family members (as defined by the client) only if the program-eligible client is also being served. Providers will comply with super-confidentiality laws as per State of Florida's guidelines. The ratio of group counseling participants to counselors may not be lower than 3:1 and may not be higher than 15:1, as described above. One visit is equal to one half-hour counseling session.

Clients who are newly diagnosed with HIV or have returned to care should be offered the opportunity to speak with a mental health provider as a routine component of the services available through the local Ryan White Part A Program. An initial mental health visit could be used to identify, assess, or verify mental health conditions that may affect a client's treatment adherence. Subsequent or on-going Mental Health Services under the Ryan White Part A Program require a mental health diagnosis documented in the client's chart. To facilitate this process for newly diagnosed or returned to care clients who are receiving TTRA mental health services are limited to one encounter (all mental health services provided on one day) within 30 days of starting the TTRA protocol, while program eligibility is being determined. For clients following the Newly Identified Client (NIC) protocol, Mental Health Services may be provided with these same limitations.

Tele-mental health services are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

B. Additional Service Delivery Standards: Level I and Level II providers must adhere to generally accepted clinical guidelines for psychological treatment of persons with HIV/AIDS-related illnesses. (Please refer to Section III of this FY ~~2024~~2025 Service Delivery Manual for details, as may be amended.)

C. Rules for Reimbursement: Reimbursement for individual and group Mental Health Services will be based on a half-hour counseling session "unit" not to exceed $32.50 per unit for Level I individual counseling; $35.00 per unit for Level I group counseling; $32.50 per unit for Level II individual counseling; and $35.00 per unit for Level II group counseling. Reimbursement for individual counseling units are calculated for each client receiving the therapy (i.e., number of individual counseling units per client), whereas, reimbursement for group counseling units are calculated for the counselor that provided the group counseling (i.e., number of group counseling units per counselor).

Tele-mental health services are reimbursed as follows:

Billing Code	Description	Flat rate Reimbursement
THMHT1	Tele-Mental Health provided by a Level I provider (individual client only)	$32.50 per 30-minute session
THMHT2	Tele-Mental Health provided by a Level II provider (individual client only)	$32.50 per 30-minute session

D. Additional Rules for Reporting: The unit of service for reporting monthly activity of individual and group Mental Health Services is a one-half-hour counseling session and the unduplicated number of clients served. Providers will report individual and group activity separately for Level I and Level II Mental Health Services.

E. Additional Rules for Documentation: Providers must also maintain certifications and licensure documents of the mental health professionals providing services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Client charts **must** include a specific mental or behavioral health diagnosis and detailed treatment plan for each eligible client that includes all required components and the mental health professional's signature and/or the signature of the person supervising the professional.

F. Additional Treatment Guidelines and Standards: Providers of Mental Health Services (Levels I and II) will adhere to generally accepted clinical guidelines for mental health therapy/counseling of people with HIV. The following are examples of such guidelines:

- American Psychiatric Association (APA). HIV Psychiatry—Training and Education, as well as HIV Psychiatry Resources and Publications [e.g., Fact Sheets (Last Updated: 2012): HIV and Clinical Depression; HIV and Anxiety; HIV and Cognitive Disorders; HIV and Delirium; HIV and Substance Use; HIV and People with Severe Mental Illness (SMI); Sleep Disorders and HIV; and Pain in HIV/AIDS; Publications (including links to other related books and journals, such as the Diagnostic and Statistical Manual of Mental

Disorders, Fifth Edition, Text Revision ~~--~~DSM-5-TR); and additional web-based materials. Available at:

- https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychiatry ~~https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv- psychiatry~~ and https://www.psychiatry.org/psychiatrists/search-directories-databases Accessed 9~~11~~/137/202~~3~~4.

- American Psychiatric Association. Latest Published and Legacy APA Clinical Practice Guidelines; including, but not limited to, The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition, 2015. Available at:

  https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines and https://psychiatryonline.org/guidelines
  Accessed ~~11~~9/137/202~~3~~4.

OUTPATIENT/AMBULATORY HEALTH SERVICES

(Year 345 Service Priorities: #223 for Part A and- MAI)

A. **Outpatient/Ambulatory Health Services** are core medical services. These services include primary medical care and outpatient specialty care required for the treatment of people with HIV or AIDS. These services focus on timely/early medical intervention and continuous health care and disease treatment and management over time. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service (PHS) guidelines. Such care must include access to antiretroviral (ARV) and other prescription drug therapies, including prophylaxis and treatment of opportunistic infections (OI) and combination ARV therapies.

IMPORTANT NOTE: Services are restricted to outpatient services only.

For the outpatient medical services to be considered Ryan White Program allowable, such services must be provided in relation to a client's HIV+ diagnosis, co-morbidity, or complication related to HIV treatment. This program allowable relationship must be clearly documented in the client's medical chart, in the Primary Care Provider's referral to specialty care services, and in any corresponding Ryan White Program In Network Referral or general Out of Network Referral. A list of the most current Allowable Medical Conditions, as may be amended, is included in Section VIII of this FY 20245 Service Delivery Manual for reference. For clarity, one or more of the listed conditions along with one of the following catch-phrases should be included in the ~~L~~licensed m~~M~~edical p~~P~~rovider (MD, DO, APRN, PAs) notation and related referral, as appropriate:

- Service is in relation to this client's HIV diagnosis.
- Service is needed due to a related co-morbidity.
- Service is needed due to a condition aggravated or exacerbated by this client's HIV.
- Service is needed due to a complication of this client's HIV treatment.
- Routine diagnostic test conducted as a standard of care (SOC)
    - The SOC should be implemented as recommended by established medical guidelines, including, but not limited to, Public Health Service (PHS), American Medical Association, Health Resources and Services Administration; see Minimum Primary Medical Care Standards for Chart Reviews in Section III of this Service Delivery Manual document or other local guidelines, as may be amended.

Telehealth services are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

I. Primary Medical Care

1. Primary Medical Care Definition and Functions: Primary medical care includes the provision of comprehensive, coordinated, professional diagnostic and therapeutic services rendered by a licensed medical provider (MD, DO, APRN, PAs)~~Physician, Physician Assistant/Associates, Clinical Nurse Specialist, Nurse Practitioner, Advanced Practice Registered Nurse, or other health care professional~~ who is licensed in the State of Florida to practice medicine to prescribe ARV therapy in an outpatient setting. Outpatient settings include clinics, medical offices, and mobile vans where clients in general do not stay overnight. **Emergency rooms are not considered outpatient settings; therefore, emergency room services are not covered by the Ryan White Part A/MAI Program. Inpatient (hospital, etc.) services are also not covered.**

Although HRSA allows for urgent care center services to be payable through the Ryan White Program, non-HIV related visits to urgent care facilities are not allowable or reimbursable costs within the Outpatient/Ambulatory Health Services Category (see HRSA Policy Clarification Notice #16-02). The Miami-Dade HIV/AIDS Partnership, as advised by its Medical Care Subcommittee, has elected not to include this component as an allowable service locally. This decision was made due to the complex logistics involved in limiting this component to the treatment of HIV-related services, as required by HRSA; and the fact that Ryan White Part A/MAI Program-funded Outpatient/Ambulatory Health Services subrecipients are required to maintain procedures (i.e., an accessible phone line for clients to call for assistance) for clients who have urgent/emergent health issues after hours.

Allowable activities include: medical history taking; physical examination; diagnostic testing, including, but not limited to, laboratory testing; treatment and management of physical and behavioral health conditions; behavioral risk assessment, subsequent counseling, and referral; preventive care and screening; pediatric development assessment; prescription and management of medication therapy; treatment adherence; education and counseling on health and prevention issues; and referral to specialty care related to client's HIV diagnosis, co-morbidity, or complication of HIV treatment. Services also include diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, continuing care and management of chronic conditions, and referral to specialty care (including all medical subspecialties if related to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment), as necessary. Chronic illnesses usually treated by primary care providers include hypertension, heart failure, angina, diabetes, asthma, chronic obstructive pulmonary disease (COPD), depression, anxiety, back pain, thyroid dysfunction, and HIV.

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

a. New to Care Clients

One (1), initial primary medical care visit may be provided to a newly identified client (i.e., a newly diagnosed client) who has a preliminary reactive test result and a pending confirmatory HIV test result, if the client was properly referred by a Medical Case Manager or Outreach Worker. To be valid for this purpose, the referral must have an indication that the client is a "newly identified client" (NIC). Such initial primary medical care visits must be scheduled and provided within 30 calendar days of referral from the Medical Case Manager or Outreach Worker. Otherwise, a confirmatory HIV test result will be required to obtain further services.

b. Limitations on Specialty Testing

Before prescribing Selzentry (Maraviroc), a Highly Sensitive Tropism Assay (test), formerly known as the Trofile Tropism Assay, must be performed and documented in the client's chart to determine appropriateness of the treatment regimen. The Highly Sensitive Tropism Assay includes the Trofile, Trofile DNA, or Quest Diagnostics Tropism assay. If the cost of the Highly Sensitive Tropism Assay is being covered by any other payer source, clients must access the test through those resources first.

ViiV Healthcare currently covers the cost of the following test at no charge to eligible clients or the Ryan White Program: the HLA-B*5701 screening test. This screening test is available to assist clinicians in identifying clients who are at risk of developing a hypersensitivity reaction to abacavir (Ziagen). Whenever the cost of the HLA-B*5701 screening test can be covered by the ViiV Healthcare or any other source, providers **cannot** bill the local Ryan White Program for reimbursement of this test. As of December 1, 2019, FDOH/ADAP clients do not need certificates for HLA Aware program. They simply use either their designated Quest Diagnostic lab or LabCorp code (that was listed on their certificates) for reimbursement by ViiV Healthcare. Contracted providers that serve FDOH/ADAP clients do not need to send clients to FDOH/ADAP, they just need to enter the appropriate code depending on which lab they use. FDOH already has this code as part of their EHR system. The Ryan White Program must be the payer of last resort. Utilization of the HLA-B*5701 screening test as billed to the local Ryan White

Program will be monitored, and reimbursement may be denied if documentation does not support the use of Ryan White Program funds as a last resort.

2. **Client Education:** Providers of primary medical care services are expected to provide the following basic education as part of client care:

- Treatment options, with benefits and risks, including information about state-of-the-art combination drug therapies and reasons for treatment;
- Self-care and monitoring of health status;
- HIV/AIDS transmission and prevention methods; and
- Significance of CD4 counts, viral load and related disease aspects, adherence and resistance concepts.

3. **Adherence Education:** Providers of primary medical care services are responsible for assisting clients with adherence in the following ways:

- Adherence with medication regimens in order to reduce the risk of developing and spreading a resistant virus and to maintain health;
- Taking medications as prescribed, and following recommendations made by Physicians, Physician Assistants, Advanced Practice Registered Nurses, Nutritionists, and Pharmacists;
- Client involvement in the development and monitoring of treatment and adherence plans; and
- Ensuring immediate follow-up with clients who miss their prescription refills, medical appointments, and/or who experience difficulties with treatment adherence.

4. **Coordination of care:** Providers of primary medical care services are responsible for ensuring continuity and coordination of care. They must:

- Maintain contact as appropriate with other caregivers (mMedical cCase MManager, nNutritionist, sSpecialty cCare lLicensed mMedical PProvider, PPharmacist, CCounselor,
- etc.) and with the client in order to monitor health care and treatment adherence;
- Ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives; and

- Identify a single point of contact for Medical Case Managers and other agencies that have a client's signed consent and other required information.

5. Additional primary medical care services may include:

- Respiratory therapy needed as a result of HIV infection.

- Mental health services may be billed under Outpatient/Ambulatory Health Services when provided by a licensed psychiatrist or other licensed medical provider (MD, DO, APRN, PAs), clinical psychologist, clinical social worker, or clinical nurse specialist.

II. Outpatient Specialty Care

1. Outpatient Specialty Care Definition and Functions: This service covers short-term ambulatory treatment of specialty medical conditions and associated diagnostic procedures for program-eligible clients who are referred by a primary care provider through a Ryan White Program In Network Referral, OON referral, or prescription referral. Specialty medical care includes cardiology, chiropractic, colorectal, clinical psychiatry, dermatology, ear, nose and throat/otolaryngology, endocrinology, gastroenterology, hematology/oncology, hepatology, infectious disease, orthopedics/rheumatology, nephrology, neurology, nutritional assessments or counseling (performed by a Registered Dietitian), obstetrics and gynecology, ophthalmology/optometry, pulmonology, respiratory therapy, urology, and other specialties **as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment (see Allowable Medical Conditions List in Section VIII of this FY ~~2024~~2025 Service Delivery Manual).**

Additional medical services, which may be provided by other Ryan White Program subrecipients, may include outpatient rehabilitation, podiatry, physical therapy, occupational therapy, and speech therapy as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment. Pediatrics and specialty pediatric care are included in the list of specialties above. A Mental Health Services provider may also make referrals to clinical psychiatry. (**IMPORTANT NOTE**: Referrals to outpatient specialty care services for ongoing treatment must include documentation or a notation to support the specialty's relation to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment.)

a. Other Specialty Care Limitations or Guidelines:

i. **Chiropractic services** under the Ryan White Program are limited to services in relation to the client's HIV diagnosis. These services may relate to pain caused by the disease itself or pain that is a consequence of HIV medications. Chronic pain is also considered a co-morbidity to HIV and may also be treated when appropriate. Chiropractors affect the nervous system and immune system by utilizing spinal adjustments and physiotherapy to the spine and body that may assist the nervous system in operating to the best of its ability to fight HIV-related infection, disease, and symptomatology. Chiropractic physicians may adjust, manipulate, or treat the human body by manual, mechanical, electrical or natural methods; by the use of physical means or physiotherapy, including light, heat, water, or exercise, or by the administration of foods, food concentrates, food extracts, and items for which a prescription is not required. Chiropractic services for non-HIV related injuries or conditions are not covered. Examples of non-HIV related injuries or conditions are slip and falls, car accidents, sports injuries, and acute pain.

ii. **Podiatry services** under the County's Ryan White Program are limited to services in relation to a client's HIV diagnosis or co-morbidity (e.g., diabetes). The local Ryan White Part A/MAI Program will reimburse providers for the diagnostic evaluation of foot and ankle pain. Podiatry services for the treatment of peripheral neuropathy, HIV-related medication side effects (e.g., HAART/protease inhibitor medication regimens may cause ingrown toenails), onychomycosis, and diabetic foot care due to circulatory problems will be covered by the County's Ryan White Program. Conditions such as hammer toes, bunions, heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present. Furthermore, general podiatry services for non-HIV-related or non-diabetic-related foot injuries or conditions are not covered by the County's Ryan White Program.

iii. **Optometry and ophthalmology services** under the Ryan White Program are also limited to services in relation to a client's HIV diagnosis or co-morbidity. An annual eye exam solely for the purpose of routine eye care (especially for vision correction with glasses or contact lenses) is <u>not</u> covered by the local Ryan White Part A/MAI Program. In accordance with the most current local Ryan White Part A Program's Allowable Medical Conditions list, as may be amended, clients must

meet at least one of the following criteria to access ophthalmology/optometry services:

- Client has a low CD4 count (at or less than 200 cells/mm^3 *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

Furthermore, referrals to an optometrist or ophthalmologist must indicate a condition attempting to rule out complications of HIV. See the Allowable Medical Conditions List in Section VIII of this Service Delivery Manual for a list of conditions that would apply, such as manifestations due to opportunistic infections, visual disturbances to rule out complications of HIV, and history of sexually transmitted infections (STI) or complications of STI.

iv. Per Federal guidelines, **acupuncture services** are <u>not</u> covered under this service category, as Ryan White Program funds may only be used to support limited acupuncture services for program-eligible clients as part of substance abuse treatment services.

v. **Obstetric services:** Although the selection of a Ryan White Program-funded service provider is based on client choice, pregnant women should be referred to the University of Miami OB/GYN Department (Ryan White Part D Program, etc.) whenever possible due to its specialized care for this HIV population.

vi. **Pediatric, adolescent and young adult services:** Whenever possible and also based on client choice, providers are strongly encouraged to refer clients who are 13 to 24 years of age to the University of Miami's pediatric and adolescent care departments due to their specialized care for this HIV population and age group.

IMPORTANT NOTE: Under the local Ryan White Part A/MAI Program, primary medical care provided to people with HIV is not considered specialty care.

2. Client Education: Providers of specialty care services will be expected to provide the following basic education as part of client care:

- Basic education to clients on various treatment options offered by the specialist;

- Taking medications pertaining to specialty care treatment as well as adhering to treatment recommendations made by the pPrimary Ccare or HIV lLicensed mMedical Pproviders; and

- Educating clients about HIV/AIDS and its relationship to the specialty care service being provided.

3. **Coordination of Care:** The specialist must communicate, as appropriate, with the Pprimary cCare lLicensed mMedical cCare Pprovider and client for results, follow-up, and/or to re-evaluate the client in order to coordinate treatment.

The following subsections B. through I. are for both Primary and Specialty Care, unless otherwise noted:

B. Program Operation Requirements:

- Providers must offer, post, and maintain walk-in hours to ensure maximum accessibility to Outpatient/Ambulatory Health Services, to ensure that medical services are available to clients for urgent/emergent issues;

- Providers must demonstrate a history and ability to serve Medicaid and Medicare eligible clients; and

- **For Primary Medical Care Only:** Providers must ensure that medical care professionals: 1) have a minimum of three (3) years of experience treating HIV clients; or 2) have served a high volume of people with HIV (i.e., >50% of individual caseload per practitioner) in the past year. Certification from the American Academy of HIV Medicine (AAHIVM) is encouraged, but not required.

- **For Outpatient Specialty Care Only:** A referral from the client's Primary Care Providers or HIV Physician is required for all program-allowable specialty care services. Referrals to Outpatient Specialty Care services must be issued through the Provide® Enterprise Miami data management system and must indicate whether the referral is for a diagnostic appointment/test or for ongoing medical treatment. If the specialty care referral is for ongoing medical treatment the referrals must include supporting documentation that the ongoing care is HIV-related, comorbidity-related, and related to a complication of HIV treatment, as detailed in the most current, local Allowable Medical Conditions list.

C. Additional Service Delivery Standards: Providers of Outpatient/Ambulatory Health Services will also adhere to the following guidelines and standards, as may be amended (please refer to Section III of this FY 20242025 Service Delivery Manual for details):

- Public Health Service Clinical Guidelines for the Treatment of AIDS Specific Illnesses (as amended and current); also see Section I, below.

- ~~HAB HIV Performance Measures to include the following, as may be amended: (https://ryanwhite.hrsa.gov/grants/performance-measure- portfolio)~~
  - ~~Frequently Asked Questions~~
  - ~~Core~~
  - ~~All Ages~~
  - ~~Adolescent/Adult~~
  - ~~Children~~
  - ~~HIV-Exposed Children~~
  - ~~Medical Case Management (MCM)~~
  - ~~Oral Health [Care]~~
  - ~~ADAP [AIDS Drug Assistance Program]~~
  - ~~Systems-Level~~

- Minimum Primary Medical Care Standards

D. **Rules for Reimbursement:** Providers will be reimbursed for program allowable outpatient primary medical care and specialty care services as follows, unless a procedure has been disallowed or discontinued by the Miami-Dade County Office of Management and Budget-Grants Coordination:

- Reimbursements for medical procedures and follow-up contacts to ensure client's adherence to prescribed treatment plans will be no higher than the rates found in the "2023 Florida Medicare Part B Physician Fee Schedule (Participating, Locality/Area 04), revised/modified January 9, 2023." Codes 99205 and 99215 remain discontinued under this local Ryan White Part A/MAI Program. Code 99201 was also discontinued.

- Reimbursements for lab tests and related procedures will be based on rates no higher than those found in the "2023 Medicare Clinical Diagnostic Laboratory Fee Schedule, Calendar Year (CY) 2023 Quarter 1 (Q1) Release, added for January 2023, modified January 12, 2023."

- Reimbursements for injectables will be based on rates no higher than those found in the "2023 Medicare Part B Drug Average Sales Price (ASP) Drug Pricing Files, Payment Allowance Limits for Medicare Part B Drugs, updated January 30, 2023 (payment limit column)."

- Reimbursements for medical procedures performed at Ambulatory Surgical Centers (ASC) will be no higher than the rates found in the "2023 Florida Medicare Part B ASC Fee Schedule, by HCPCS Codes and Payment Rates,

PDF dated January 5, 2023, electronic file modified January 11, 2023; for Core Based Statistical Area 33124 (Miami, FL)." (Applies only to organizations with on-site or affiliated Ambulatory Surgical Centers).

- Reimbursements for medical procedures performed at Outpatient Hospital centers will be no higher than the rates found in the approved "Medicare Addendum B Outpatient Prospective Payment System (OPPS) by HCPCS Code for CY 2023 (January 2023), corrected January 20, 2023 (note "b.01.20.23" in file name)." (Applies only to organizations with on-site or affiliated outpatient hospital centers).

    - Opposite to Medicare's procedure guidelines, the local Ryan White Program discontinued the use of HCPCS code G0463 (hospital outpatient clinic visit). It is necessary for the local Ryan White Program to track the level of service provided to clients; therefore, providers of OPPS-APC services should continue to use CPT codes 99202-99204 or 99211-99214, as applicable to the services provided, instead of G0463.

- Evaluation and management visits and psychiatric visits will be reimbursed at rates no higher than the Medicare "allowable" rates times a multiplier of up to 2.5.

- If the client is eligible for ADAP, that program should be accessed for genotype and phenotype testing if available.

- No multiplier will be applied to reimbursement rates for laboratory tests and related procedures, for non-evaluation and management procedures, for injectables, or for supplemental procedures.

- Medical procedures with an active Current Procedural Terminology (CPT) code that are excluded from the Medicare Fee Schedules may be provided on a supplementary schedule, upon request from the provider to the County for review. A flat rate along with a detailed description of the procedure and a cost justification for each supplemental procedure must be included in the provider's submission request for review and approval by the County.

- Consumable medical supplies are limited and are only covered when needed for the administration of prescribed medications. Allowable consumable medical supplies are available only through the local Ryan White Program's

AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP) service category. A list of allowable consumable medical supplies can be found as an attachment to the most current, local Ryan White Program Prescription Drug Formulary (i.e., Attachment B of the referenced Formulary).

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

E. **Rules for Reporting:** Providers' monthly reports (i.e., reimbursement requests) for Outpatient/Ambulatory Health Services must include the number of clients served, billing code for the medical procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate medical provider after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the medical provider) and to make such reports available to OMB staff or authorized persons upon request.

F. **Additional Rule for Reimbursement:** Requests for reimbursement of primary and/or specialty medical care services that are not submitted to the County within four (4) calendar months from the date of service may be denied.

G. **Additional Rules for Documentation:** Providers must ensure that medical records document services provided (e.g., medical visits, lab tests, diagnostic tests, etc.), the dates and frequency of services provided, as well as an indication that services were provided for the treatment of HIV infection, a co-morbidity, or complication of HIV treatment. Clinician notes must be signed by the licensed provider of the service and maintained in the client chart or electronic medical record. Providers must maintain professional certifications and licensure documents of the medical staff providing services or ordering tests and must make them available to OMB staff or authorized persons upon request. Providers must ensure that chart notes are legible and appropriate to the course of treatment as mandated by Florida Administrative Code 64B8-9.003; and pursuant to Article VII, Section 7.1, of the provider's Professional Services Agreement with Miami-Dade County for Ryan White Program-funded services.

H. **Additional Client Eligibility Criteria:** Clients receiving Outpatient/Ambulatory Health Services must be documented as having been properly screened for other public sector funding as appropriate annually, every 366 days. (NOTE: The recertification period for ADAP and Part A is expected to be updated within this grant fiscal year, with no less than 30 calendar days' notice.) While clients qualify for and can access medical services through other public funding [including, but not limited to, Medicare, Medicaid, Medicaid Managed Medical Assistance

(MMA), or Medicaid Long-Term Care (LTC)], or private health insurance, they will not be eligible for Ryan White Part A Program-funded Outpatient/Ambulatory Health Services, except for such program-allowable services that are not covered by the other sources.

I. Additional Treatment Guidelines and Standards

Guidelines: Providers will adhere to the following clinical guidelines for treatment of HIV/AIDS specific illnesses (which can be found at https://clinicalinfo.hiv.gov/en/guidelines, unless otherwise noted below):

- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv; pp 1-604; updated March 23, 2023. Accessed 11/13/2023.

- Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Department of Health and Human Services. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv; pp 1-671; updated April 11, 2023. Accessed 11/13/2023.

- Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. Department of Health and Human Services. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/perinatal; pp 1-614; updated January 31, 2023. Accessed 11/13/2023.

- Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. National Institutes of Health, Centers for Disease Control and Prevention, HIV Medicine Association, and Infectious Diseases Society of America. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections; pp 1-670; updated September 25, 2023. Accessed 11/13/2023.

- Panel on Opportunistic Infections in Children with and Exposed to HIV. Guidelines for the Prevention and Treatment of Opportunistic Infections in Children with or Exposed to HIV. Department of Health and Human Services. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-pediatric-opportunistic-infections/updates-guidelines-prevention; pp 1-485; updated September 14, 2023. Accessed 11/13/2023.

- Guidelines Working Groups of the NIH Office of AIDS Research Advisory Council. Guidance for COVID-19 and People with HIV. Department of Health and Human Services. 2023. Available at: https://clinicalinfo.hiv.gov/en/guidelines/guidance-covid-19-and-people-hiv/guidance-covid-19-and-people-hiv; pp 1-19; updated February 22, 2022. Accessed 11/13/2023.

- U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. Clinical Care G0uidelines/Protocols, including the following, as appropriate: Guide for HIV/AIDS Clinical Care (2014), A Guide to the Clinical Care of Women with HIV (2013), A Guide for Evaluation and Treatment of Hepatitis C in Adults Coinfected with HIV (2011); and reference guides to help health care professionals as their aging population grows (e.g., "Incorporating New Elements of Care" and "Putting Together the Best Health Care Team". Available at: https://ryanwhite.hrsa.gov/grants/clinical-care-guidelines-resources#clinical-protocols. Date Last Reviewed: February 2022. Accessed 11/13/2023.

- Additional Education Materials (e.g., fact sheets, infographics and glossary) on HIV Overview; HIV Prevention; HIV Treatment; Side Effects of HIV Medicines; HIV and Pregnancy; HIV and Specific Populations; HIV and Opportunistic Infections, Coinfections and Conditions; and Living with HIV (including but not limited to finding HIV treatment services; Mental Health; Nutrition and Food Safety; and Substance Use). Available at: https://hivinfo.nih.gov/understanding-hiv/fact-sheets Accessed 11/13/2023.

- In addition, providers will adhere to other generally accepted clinical practice guideline standards, as follow:

  Standards:

  - Providers will inform clients as to generally accepted clinical guidelines for pregnant women with HIV, treatment of AIDS specific illnesses,

clients infected with tuberculosis, hepatitis, or sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

- Providers will screen for TB and make necessary referrals for appropriate treatment. In addition, providers will follow Universal Precautions for TB as recommended by the CDC. Providers will also screen for hepatitis, sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

IMPORTANT NOTE: FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE REVISED.

EMERGENCY FINANCIAL ASSISTANCE

(Year 3~~4~~5 Service Priorities: #1~~4~~2 for Part A and #~~5~~ 8 for

Emergency Financial Assistance is a support service. Under the local Ryan White Part A and MAI Programs, Emergency Financial Assistance provides limited one-time or short-term provision of approved formulary HIV/AIDS-related medications only, either directly or through a voucher program, while a client's eligibility for medication assistance is pending with a third-party payer. Subrecipients must be a Ryan White Part A or MAI Program-funded subrecipient also receiving AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program) funding and must have a current Public Health Service 340B certification from the federal Office of Pharmacy Affairs. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White Part A or MAI Program funds for these purposes will be as the payer of last resort, and for limited amounts, use and periods of time.

Currently, these funds are limited to the provision of short-term access to antiretroviral medications (ARV) for clients participating in the Test and Treat / Rapid Access (TTRA) protocol. In such instances, these services would only be used when the Florida Department of Health's financial resources for ARV medications under the local TTRA protocol have been depleted and the client is not yet enrolled in ADAP. Only clients whose gross household income is at or below 400% of the Federal Poverty Level and have a pending application with a third-party payer (e.g., ADAP or private insurance) are eligible for this assistance. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. Direct cash payments or reimbursements to a program client are not permitted.

Medications in the TTRA protocol, as may be amended based on guidance from the Florida Department of Health in Miami-Dade County, include:

- Biktarvy®
- Descovy® + Prezcobix®
- Dovato®
- Symtuza®
- Tivicay® + Descovy®

Medications in the TTRA protocol for women of childbearing potential (or for women presenting with pregnancy potential on inadequate contraception), as may be amended based on guidance from the Florida Department of Health in Miami-Dade County, include:

- Tivicay® + Truvada®
- Tivicay® + Descovy®
- Prezista® + Norvir®

IMPORTANT NOTES:

1) Tivicay® (dolutegravir) replaced Isentress® as a regimen appropriate and recommended for women at all stages of pregnancy – conception to birth. Tivicay® may be used with either Truvada® or Descovy®. The Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission (the Panel) recommends dolutegravir (DTG) as a Preferred antiretroviral (ARV) drug throughout pregnancy and now also recommends DTG as a Preferred ARV for women who are trying to conceive. (2/10/2021)

2) Dovato® (dolutegravir/lamivudine) has clinical data on use in the Test and Treat scenario (STAT clinical trial). Dovato® samples or vouchers can be obtained from ViiV Healthcare pharmaceutical representatives for use in subrecipient clinic(s). As such, the Florida Department of Health cannot be invoiced for this medication.

3) Symtuza®; subrecipients / service providers may prescribe this medication, but they must use the voucher provided by Janssen Pharmaceuticals to cover the cost of this medication. As such, the Florida Department of Health cannot be invoiced for this medication.

4) Should the need arise (i.e., when Florida Department of Health's TTRA medication funds are depleted) to implement this service category, the funds available under this service category may increase through the Reallocations/Sweeps process. Furthermore, if this service category is implemented, the rules under AIDS Pharmaceutical Assistance (Local AIDS Pharmaceutical Assistance Program) apply, except for the allowable medications which are limited to the most current, locally-approved medications for the TTRA protocol.

MEDICAL TRANSPORTATION

(Year ~~34~~ 35 Service Priorities: #1~~3~~0 for Part A and #7 for MAI)

Medical Transportation is a support service. Medical Transportation is the provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services. Locally, this service is limited to specially-designated, discounted EASY Tickets (transportation vouchers) from the Miami-Dade County Department of Transportation and Public Works (DTPW; formerly Miami-Dade Transit Agency-MDTA) to program-eligible people with HIV attending medical and/or social service appointments. Daily, weekly and monthly discounted EASY Tickets are available when using the discounted EASY Tickets option. Alternative methods (such as ride-sharing services like Uber, UberHealth, Lyft, etc.) may be available, where requested by a Part A/MAI-funded subrecipient and approved by the Miami-Dade County Office of Management and Budget-Grants Coordination.

Providers of discounted EASY Tickets must demonstrate coordination with Miami-Dade County transportation agencies and services, Medicaid Special Transportation, Miami-Dade County Special Transportation Services (STS), and other existing transportation programs to avoid duplication of services. In addition, providers of transportation tickets are encouraged to apply annually to the Miami-Dade Transit Agency's Transportation Disadvantaged Program (http://www.miamidade.gov/transit/transportation-disadvantaged-program-guidelines.asp) in order to obtain assistance for clients who are eligible under that program, where applicable. As a reminder, in all cases, the Ryan White Program must be used as the payer of last resort.

A. Program Operation Requirements: Discounted EASY Tickets are available to program-eligible clients who meet the requirements of this service category, for unlimited trips during the calendar month. These specially-designated EASY Tickets will not be usable in other months and are not "re-loadable."

These monthly transportation tickets should be distributed in a timely manner in order to maximize ticket usage. Unused discounted EASY Tickets (transportation vouchers) **cannot** be returned to the DTPW for credit. Unused or undistributed discounted EASY tickets **cannot** be charged to the Ryan White Program.

Providers must inform clients that this type of assistance is **not** an entitlement. Therefore, the level of assistance provided to individual clients is based on relative need and voucher availability. Clients must also be informed that the availability of transportation tickets is contingent upon funding availability and, therefore, the continuance of this type of assistance is not guaranteed.

Multiple instances of reduced fare transportation assistance per client per month are **NOT** allowed regardless of circumstance, payer source, and/or government assistance program that is using/providing the subsidized fare. As payer of last resort, the Ryan White Program can only reimburse subrecipients (service providers) for EASY Ticket fares (vouchers) distributed to eligible clients that are **NOT ELIGIBLE** to receive subsidized transportation assistance or fares under **ANY OTHER** program. This restriction will be closely monitored by the County's DTPW and the Office of Management and Budget (OMB) as a condition of the Ryan White Program having program access to the discounted EASY Tickets. Lost or stolen EASY tickets **cannot** be replaced by the local Ryan White Part A Program and replacements will not be considered by DTPW.

Regular reconciliation through a secure data system match of clients receiving discounted EASY Tickets through the Ryan White Part A Program will be conducted on a quarterly basis between the County's authorized OMB and DTPW staff, to ensure clients are not receiving more than one (1) instance of reduced fare transportation assistance per month. Clients found to be receiving duplicative discounted transportation services may be banned from receiving any additional assistance from one or both sources (the County's Ryan White Program or DTPW). **Medical Case Managers and Medical Transportation subrecipients must inform clients of this restriction and the reconciliation process.**

Prior to distributing these transportation vouchers, **subrecipients of Medical Transportation services must ensure that clients**: 1) review and sign the "Miami-Dade County Ryan White Part A Program Acknowledgement to Receive Monthly Transportation Assistance" attesting to their understanding of this restriction, including consent for the reconciliation data system match; 2) indicate that they have not received other discounted transportation assistance for the same month; and 3) indicate that they do not qualify to receive free or subsidized transportation assistance (fare) from any other program. This client acknowledgement/consent form is required prior to the client receiving a discounted EASY Ticket **each month**. A copy of the acknowledgement for each month of service must be maintained in the client's record/chart at the Medical Transportation subrecipient's site.

Providers must document criteria, policies, and procedures utilized to determine transportation EASY Tickets allotments for clients that must take into account not only minimum requirements, but also consideration for those clients who demonstrate the greatest need for these services. This documentation must be provided to the Miami-Dade County Office of Management and Budget-Grants Coordination upon request.

Documentation of at least one (1) monthly medical and/or social service appointments must be submitted by the client to the Medical Case Manager before the client can receive transportation assistance, unless otherwise directed ~~by the~~

by the County. **Note: The appointment to pick up the medical transportation pass does NOT count as a visit.** The number of required appointments is subject to change at the County's discretion with no less than thirty (30) days' written notice to all Part A/MAI- funded subrecipient agencies. Attendance at Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings also count towards the monthly appointment total. Any combination of medical, social service, AA, and/or NA appointments will count towards the required monthly total.

If allowable appointments are appropriately documented in the Client Profile in the Provide® Enterprise Miami data management system for each month of service, the Ryan White Program will not restrict the total number of months in which the client can receive transportation services during the grant Fiscal Year. Service providers will monitor the consistency of client attendance at these monthly medical and/or social service appointments to ensure compliance with the requirement for use of transportation vouchers under this program. If clients are non-adherent to appointments this must be documented and service providers will have the discretion, on a case-by-case basis, to not issue a voucher to continually non-compliant clients. "Non-compliant" is defined herein as two missed appointments in two consecutive months (e.g., two months in which two or more appointments have been missed each month without acceptable excuse or cancellation for cause by client would be considered non-compliant). Miami-Dade County Office of Management and Budget-Grants Coordination staff will also monitor compliance with this restriction.

IMPORTANT NOTE: Alternative methods of Medical Transportation service delivery are only available at select subrecipient agencies as a result of the corresponding Request for Proposals Process and subsequent contract negotiations.

~~B.~~ **Rules for Reimbursement:** Discounted EASY Tickets cost $56.25 per monthly ticket (1-Month Pass), $14.60 per weekly ticket (7-Day Pass), and $2.80 per daily ticket (1-Day Pass); and these rates may be subject to change. The number of discounted EASY Tickets available for distribution should be consistent throughout the duration of the contract period, unless the cost of these EASY Tickets changes, and must take into consideration the total budget request, agency capacity, client eligibility, and demand for this service. Ride-share services will be reimbursed based on the cost of each one-way trip. Providers will be reimbursed based on properly documented service utilization reports from the Provide® Enterprise Miami data management system, indicating the date of discounted EASY Ticket distribution or ride-share trip, client CIS number, and dollar amount including dispensing charge. Dispensing charges, not to exceed 15% (or as may be adjusted by the County due to formula calculations on the budget form), will be reimbursed after services have been provided, client utilization and disbursement information is submitted to the County, and vendor payment has been documented. This service is subject to audit by the Office of Management and Budget-Grants Coordination. Discounted EASY Ticket orders, invoices, and payments, as well as monthly distribution logs and acknowledgement of program limitations signed by the client

and scanned into the Provide® Enterprise Miami data management system, or ride-share logs where applicable, will be reviewed.

The following billing codes shall be used:

- **TRANSPORTATION VOUCHERS FOR PUBLIC TRANSIT (DISCOUNTED EASY TICKETS)**
    - Service Name = "EASY Ticket – Monthly Pass" with Service Code = "**EASYM**"
        - A maximum of one (1) may be distributed per client per service month; no exception. **Lost, stolen or damaged tickets are not replaceable.**
    - Service Name = "EASY Ticket – Weekly Pass" with Service Code = "**EASYW**"
        - A maximum of three (3) weekly tickets may be distributed per client per service month. If another week is/was needed, a monthly pass should be used.
    - Service Name = "EASY Ticket – Daily Pass" with Service Code = "**EASYD**"
        - A maximum of four (4) daily tickets may be distributed per client per service month. If more days are/were needed, a weekly or monthly pass should be used.
- **RIDE-SHARE:**
    - Service Name – "Uber/Lyft Ride" with Service Code = "RIDE"
        - Uber/Lyft Ride – Home to Provider
        - Uber/Lyft Ride – Provider to Home
        - Uber/Lyft Ride – Provider to Provider
    - **IMPORTANT NOTES**:
        - In the Provide® Enterprise Miami data management system, a pop-up warning will appear if two of the same ride types are entered for the same day for a given client. The warning will suggest the user document the reason for the potential "duplicate" service in the Comments field to prevent the County from rejecting the service in the monthly payment request.

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

C. Additional Rules for Reporting: Providers must report monthly activity according to the type and dollar amount of the tickets issued, the number of tickets distributed, date of distribution per client, and the unduplicated number of clients served; or number of one-way ride share trips per client, where applicable. As stated above in Medical Transportation section A above, a reconciliation data system match will be conducted of all clients receiving discounted EASY Tickets through the Ryan White Part A Program. This reconciliation review will be conducted by the County's authorized Ryan White Program Recipient (OMB) and DTPW staff.

D. Special Client Eligibility Criteria: A Ryan White Program In Network Referral or an Out of Network Referral (a non-certified referral accompanied by all appropriate supporting documentation) is required for this service and must be updated annually, every 366 days. Clients receiving Ryan White Part A Program-funded Medical Transportation assistance must be documented as having gross household incomes below 400% of the 20245 Federal Poverty Level (FPL). Clients receiving discounted EASY Tickets (transportation vouchers) must be documented as having been properly screened for other public sector funding as appropriate annually, every 366 days. While clients qualify for and can access other public funding [including, but not limited to, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-term Care (LTC) transportation services; or the County's Golden Passport program, Mobility EASY card program or Community-Reduced Fare program etc.) for transportation services], they will not be eligible for Ryan White Part A Program-funded Medical Transportation (discounted EASY Tickets or limited ride-share) assistance.

FOOD BANK

(Year 3~~4~~5 Service Priority: #~~5~~6 for Part A

Food Bank is a support service. The Food Bank program is a central distribution center providing actual food items (groceries), and personal hygiene products when available, for ~~low income~~low-income persons ~~who are~~ living with HIV ~~or AIDS~~. Groceries are distributed in cartons or bags of assorted products to eligible Ryan White Program clients. Local Food Bank assistance will be provided on a temporary, as needed basis to eligible clients to help maintain their health by providing a balanced, adequate diet.

Food Bank providers must offer nutritional counseling to all Food Bank clients through qualified staff supervised by a Licensed Dietitian or Nutritionist. A referral to a Registered Dietitian under a Ryan White Program-funded Outpatient/Ambulatory Health Services provider (specialty care; a core medical service) may also be made for nutritional services to meet this requirement. Proof of the provision of nutrition services from the Food Bank provider, or a referral for nutrition services to an appropriate provider, or the client declining such service must be documented in the client's record.

Ryan White Program funds for Food Bank services may not be used for water filtration/purification systems in communities where issues of water safety do not exist, household appliances, pet foods, or other non-essential products.

A. Program Operation Requirements:

A.1 Standard Provisions

Food Bank services may be provided only on an **emergency basis**. For this program, an emergency is defined as an extreme change of circumstance: loss of income (i.e., job loss or departure of person providing support), loss of housing, or release from institutional care (substance abuse treatment facility, hospital, jail, or prison) within the last two weeks. Duration of Food Bank service provision is to be **temporary**. Other emergencies, as defined by the client's Medical Case Manager, must be documented in the client's chart (or in the Client Profile in the Provide® Enterprise Miami data management system) as they arise. A severe change to the client's medical condition, as defined below under the provision for additional occurrences, may also be considered an emergency.

Medical Case Managers must conduct initial and ongoing assessment of each client to determine if the client is eligible for food-related services under any other public and/or private funding source, including food stamps or other charity care food banks and food distribution events.

Unless otherwise approved by the Miami-Dade County Office of Management and Budget, the provision of this service will be limited to twenty (20) occurrences within the Ryan White Part A Fiscal Year (March 1, 20245 through February 28, 20256). One (1) occurrence is defined as all Food Bank services provided within one (1) calendar week. For example, a client could receive Food Bank services once a week every week for five (5) months, or twice per month for ten (10) months, in the grant Fiscal Year or any variation thereof, with the limit of twenty (20) occurrences in the grant Fiscal Year.

Groceries, including personal hygiene products when available, can be picked up on a weekly or monthly basis. If groceries will be picked up on a **weekly** basis, the client will be limited to groceries valued at $85.00 per week at each pick-up. A client accessing Food Bank services on a weekly basis may not pick up groceries sooner than seven (7) days from the prior pick-up day.

If the client chooses to pick up groceries on a **monthly** basis, the client will be limited to groceries valued at $85.00 per week multiplied by the number of times the original day of pick-up occurs in the month. A client accessing Food Bank services on a monthly basis may not pick up groceries in a new month prior to the same pick-up day from the previous month.

Providers must make every effort to obtain matching funds, donations, or any supplemental assistance for the program and these efforts should be documented. Providers must also be familiar with and capable of referring clients to other community, faith-based, and/or neighborhood Food Bank sites when the client is not in an emergency situation and/or has reached their Food Bank allowance limit.

Providers must be able to provide ethnic foods and foods suited to special client dietary needs.

A.2. Initial Referral and Additional Occurrences

A letter of medical necessity is NOT required for a referral to Food Bank services for the client's first twenty (20) occurrences during the grant fiscal year; however, the circumstances justifying the referral to Food Bank services should be clearly documented in the client's chart and a Ryan White Program In Network Referral should be generated by the Medical Case Manager. A completed Out of Network Referral is also acceptable for this support service. Once the client's initial twenty (20) occurrences are exhausted, the client may NOT receive additional Food Bank services during the same Ryan White Part A Fiscal Year (i.e., March 1, 20245 through February 28, 20256) **without a Ryan White Program Nutritional Assessment Letter for Food Bank Services**

A **severe** change to the client's medical condition (i.e., new HIV-related diagnosis/symptom, wasting syndrome, protein imbalance, recent chemotherapy, recent hospitalization, etc.) may warrant additional occurrences of Food Bank services. When needed for the additional occurrences, the **Ryan White Program Nutritional Assessment Letter for Food Bank Services** must be completed by a licensed medical provider **OR** a Registered Dietitian or Licensed Nutritionist not associated with the Ryan White Part A Program-funded Food Bank provider. The client must be reassessed for the medical condition justifying additional Food Bank services every four (4) months. The Physician or Registered Dietitian or Licensed Nutritionist must specify the frequency and number of additional Food Bank visits (occurrences) that should be allowed for the client (maximum of sixteen (16) additional occurrences).

A.3. Provision for Families

In addition to the maximum amount defined above for groceries available per week to eligible clients, each additional adult who is a person with HIV and lives in the same household is eligible to receive $85.00 per week in groceries subject to the same service guidelines. Each dependent (i.e., minors under 18 years of age and living in the same household as the client who is a person with HIV) is also eligible to receive $26.00 per week in groceries, subject to the same service guidelines above. The client must provide documentation to prove the dependent's age and place of residence.

B. Rules for Reimbursement:

Providers will be reimbursed based on properly documented invoices reflecting the distribution of weekly bags of groceries, including personal hygiene products, plus a dispensing charge to be agreed upon between the provider and the Miami-Dade County Office of Management and Budget-Grants Coordination (OMB-GC). The cost of the weekly bag of groceries will not exceed $85.00. Providers will also submit a quarterly reconciliation of actual expenditures for food costs, staffing expenses, and other line items as listed on the approved budget.

C. Additional Rules for Reporting:

Providers must report monthly activities according to client visits (i.e., weekly occurrences). Providers must also submit to OMB an assurance that Ryan White Program funds were used only for allowable purposes in accordance with the contract agreement, and that the Ryan White Program was used as the payer of last resort. Providers must also submit an assurance regarding compliance with all federal, state, and local laws regarding the provision of Food Bank services, including any required licensure and/or certifications.

D. Additional Rules for Documentation:

Providers must maintain documentation of the amount and use of funds for purchase of non-food items; and make this documentation available to OMB staff upon request.

E. Special Client Eligibility Criteria:

A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service; and must be entered in the Provide® Enterprise Miami data management system. Current referrals expire automatically on February 28th of each Fiscal Year (or February 29th if a leap year). Each Medical Case Management referral must document the number of eligible dependents (i.e., minors). For additional occurrences, the client must be reassessed for the medical condition justifying additional Food Bank services every four (4) months. Providers must document that clients who receive Ryan White Part A Program- funded Food Bank services have gross household incomes that do not exceed **250%** of the ~~2024~~ 2025 Federal Poverty Level (FPL).

Clients who fall between **251% to 400% FPL** should be referred to the **Ryan White Part B Program** to access Emergency Financial Assistance resources, as funding allows; or to other resources in the community.

Clients receiving Food Bank services must be documented as having been properly screened for Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp program) benefits, home-delivered meal services through Medicaid's Long-Term Care (LTC) program, other community food bank programs, or other public sector funding as appropriate. Medical Case Managers must document a client's need for food services in the client's Plan of Care (POC) and indicate if the client is eligible to access food services under other available programs, with the understanding that the Ryan White Program-funded Food Bank services are provided on an emergency basis and as payer of last resort. If the client is eligible to receive food service benefits from another source, the Medical Case Manager will assist the client in applying to such program(s). If the client already receives SNAP benefits when requesting Ryan White Program-funded Food Bank services, the client must submit a copy of their SNAP award/benefit letter as documentation that the award is $250.00 or less per month in nutrition assistance benefits per person in the household; unless otherwise adjusted by the Office of Management and Budget-Grants Coordination/Ryan White Program with written notification to subrecipients. If the client applied for Food Stamp benefits and was denied, a copy of the denial letter must be scanned into the Client Profile in the Provide® Enterprise Miami data management system.

While clients reside in institutional settings (i.e., nursing home or a substance abuse residential treatment facility) they will not qualify for Ryan White Part A Program-funded Food Bank services. Similarly, while clients qualify for and can access

other public funding for food services, they will not be eligible for Ryan White Part A Program-funded Food Bank services, unless the provider is able to document that the client has an emergency need, or has applied for such benefits and eligibility determination is pending (a copy of benefit application must be kept in the client's chart).

STRATEGIC PLANNING COMMITTEE *1 MOTION*

- **NOVEMBER 8, 2024**
  - Finalized the 2023 Annual Report;
  - Heard an update on the Partnership Ordinance changes; and
  - Received notice of 2025 meeting dates and elections schedule.

2023 Annual Report		
#	**Details**	**Motion**
7	The Committee reviewed and finalized the report. Reference copies are available. The approved report will be sent to all members.	**Motion to accept the 2023 Annual Report as presented.** - (Pages 40-53)

2023

ANNUAL REPORT

HIV in Miami-Dade County

www.aidsnet.org

mdcpartnership@behavioralscience.com

Notes

- Hispanic Includes people who are Black Hispanic, White Hispanic, Latina, Latino, and Latinx, of any race.
- Black non-Hispanic includes Haitians.
- Data in this report is subject to change.

Data Sources

- AIDSVu.org
- Florida Health CHARTS
- Florida Department of Health in Miami-Dade County
- Florida Department of Health Epidemiological Data
- Miami-Dade County Ryan White Program
- Provide® Enterprise Miami (data management system utilized by the Ryan White Program Part A/Minority AIDS Initiative and Part B in Miami-Dade County)

This report was prepared by Behavioral Science Research Corporation for the Miami-Dade County OMB and the Miami-Dade HIV/AIDS Partnership. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2024 award totaling $27,411,326 as of May 23, 2024, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government.

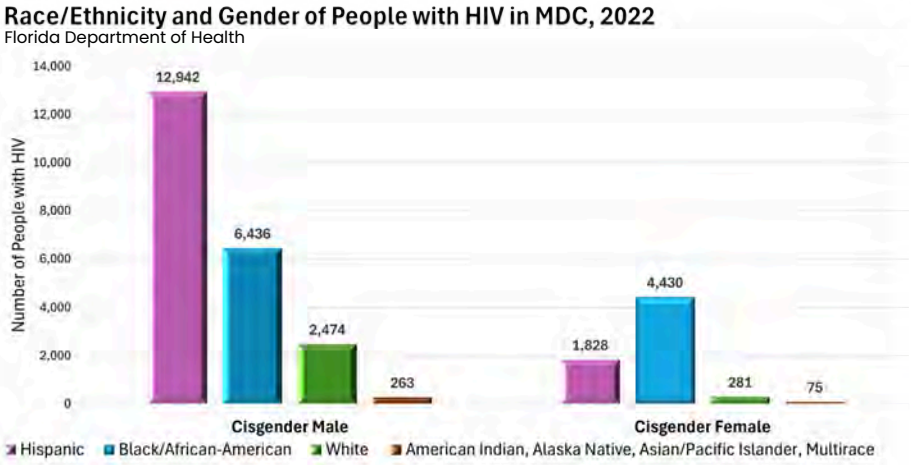
State of the HIV Epidemic

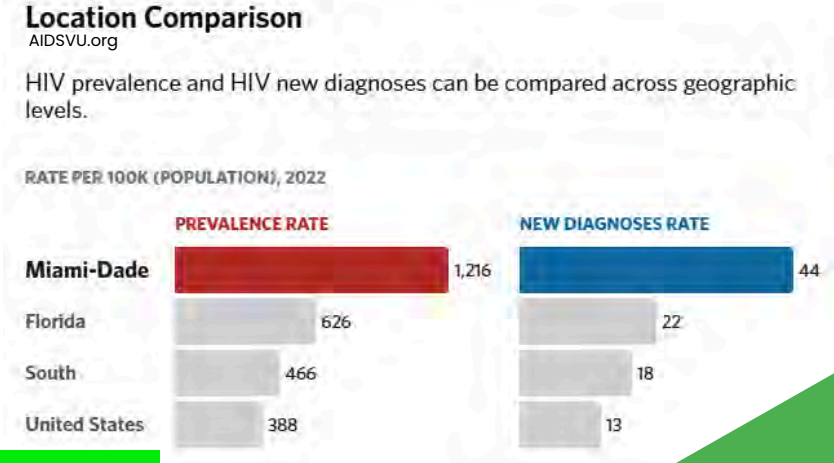
In 2022, people with HIV represented **one out of every 93** people living in Miami-Dade County.

Florida continues to have the highest rates of new HIV diagnosis in the United States (CDC, Volume 35).

2022 Florida Department of Health Snapshot

- **#1** Miami-Dade County has the highest rate of new diagnoses of HIV of any county in Florida.
- **28,749** Total number of people with HIV living in Miami-Dade County.
  Total 2022 MDC population: 2,673,056.
- **23%** Percent of Florida residents with HIV living in Miami-Dade County.
  Total 2022 FL population: 22,244,823; Total 2022 FL population of people with HIV: 124,577.

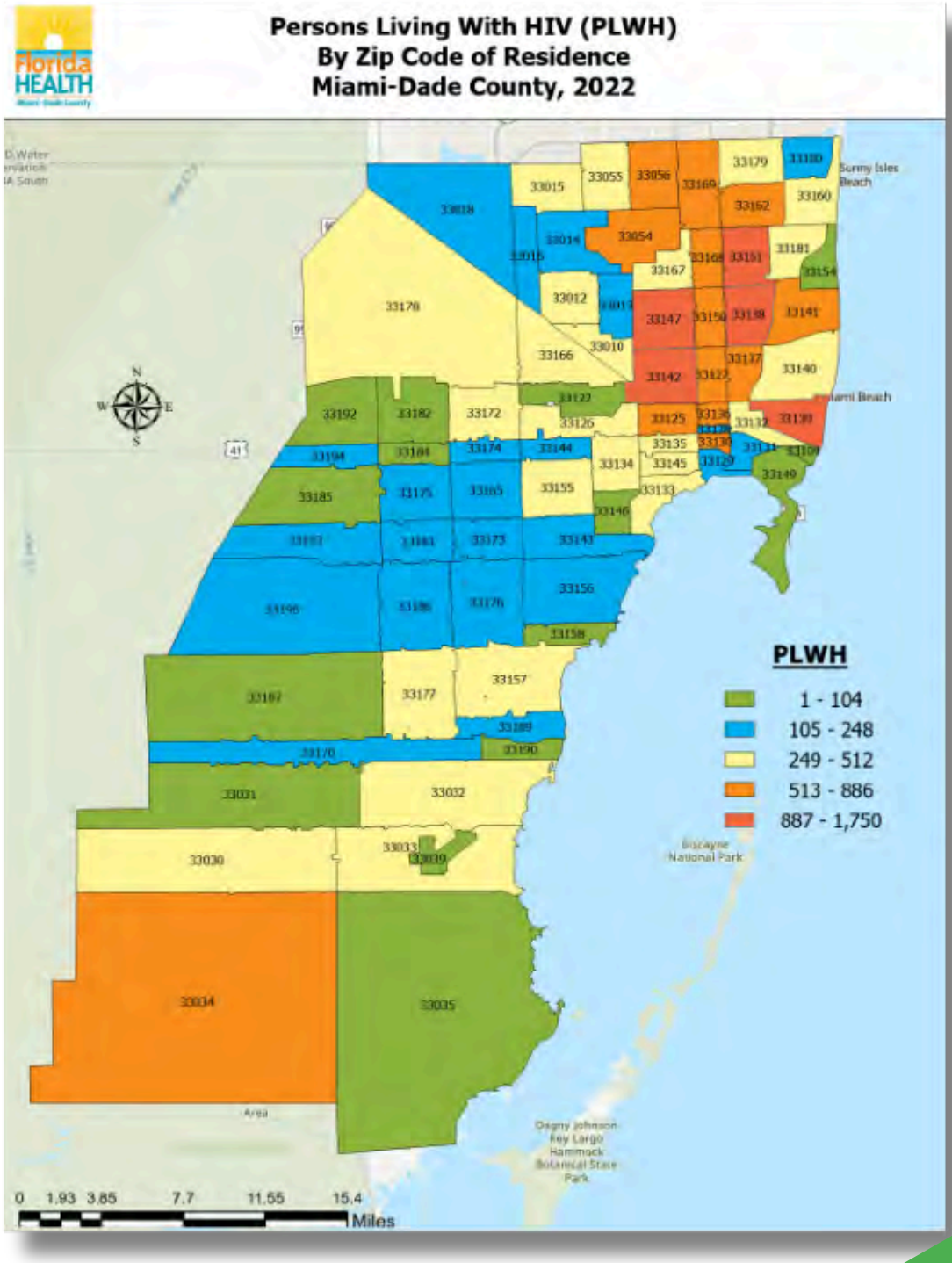




1

Geographic Distribution

Data are used to direct services to areas of greatest need.

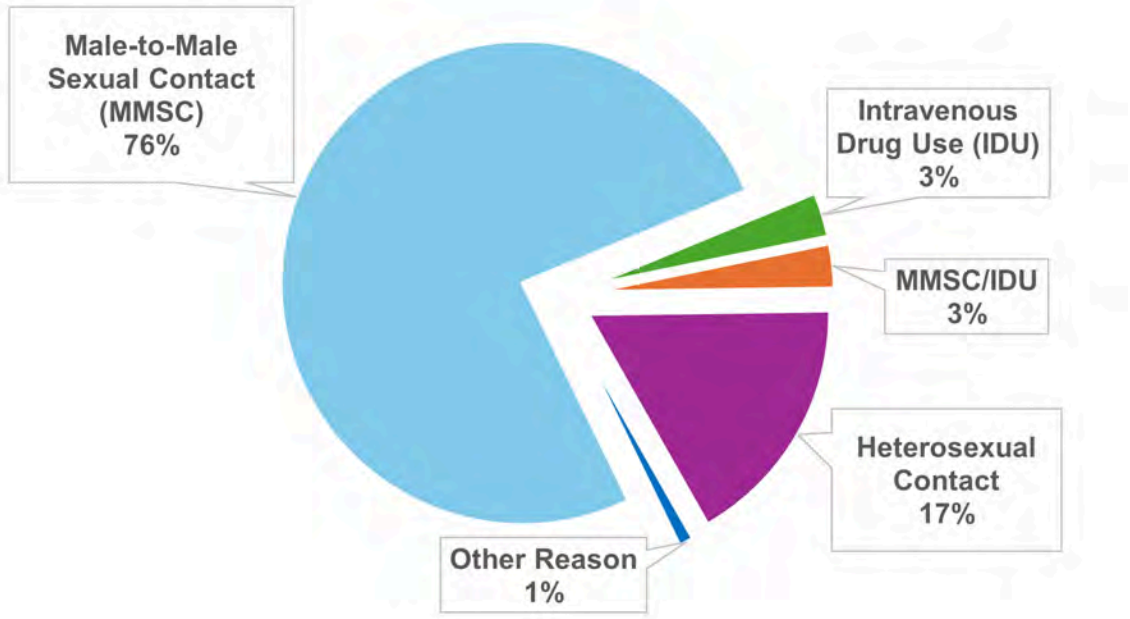


Modes of Acquiring HIV

In 2022, the Florida Department of Health reported the following self-reported modes of acquiring HIV among people in Miami-Dade County.

Cisgender Males

N=7,028



Cisgender Females

N=6,448

*Other Reason includes reason not reported or identified, along with hemophilia, blood transfusion, perinatal exposure, or missing/suppressed data.

3

Populations of Special Concern

In 2023, Miami-Dade County's Ryan White Program provided medical care and support services to **9,060 low-income people with HIV**. Populations of special concern are people over 50 with HIV, long-term survivors, and people with HIV experiencing homelessness and unstable housing.

People Over 50 with HIV

3,746 people

41% of Ryan White Program clients in care were **over age 50** and aging into Medicare in 2023.

Long-Term Survivors

1,335 people

4.7% of Ryan White Program client in care were **Long-Term Survivors** - living with HIV for more than 20 years - in 2023.

People with HIV over 50 and long-term survivors are more likely to have negative health outcomes due to lower cognitive functioning, diabetes, hypertension, and other co-morbidities.

People with HIV Experiencing Homelessness and Unstable Housing

460 people

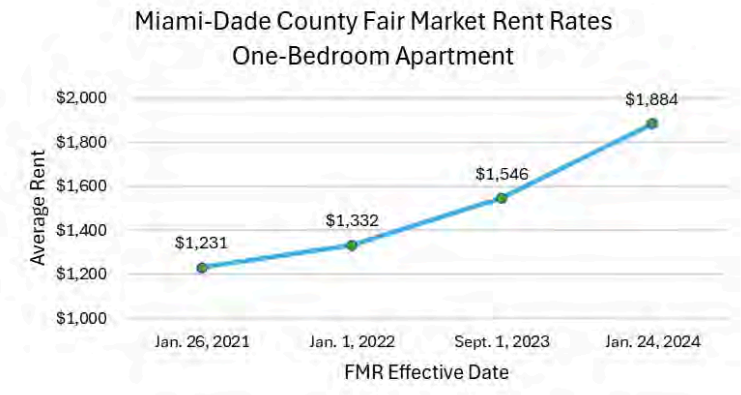
5.1% of Ryan White Program clients in care were **experiencing homelessness or were unstably housed** at the end of 2022.

People with HIV Living in Poverty

4,439 people

48.7% of Ryan White Program clients in care were **living below 136% of the Federal Poverty Level** in 2023.

Fair Market Rent (FMR)



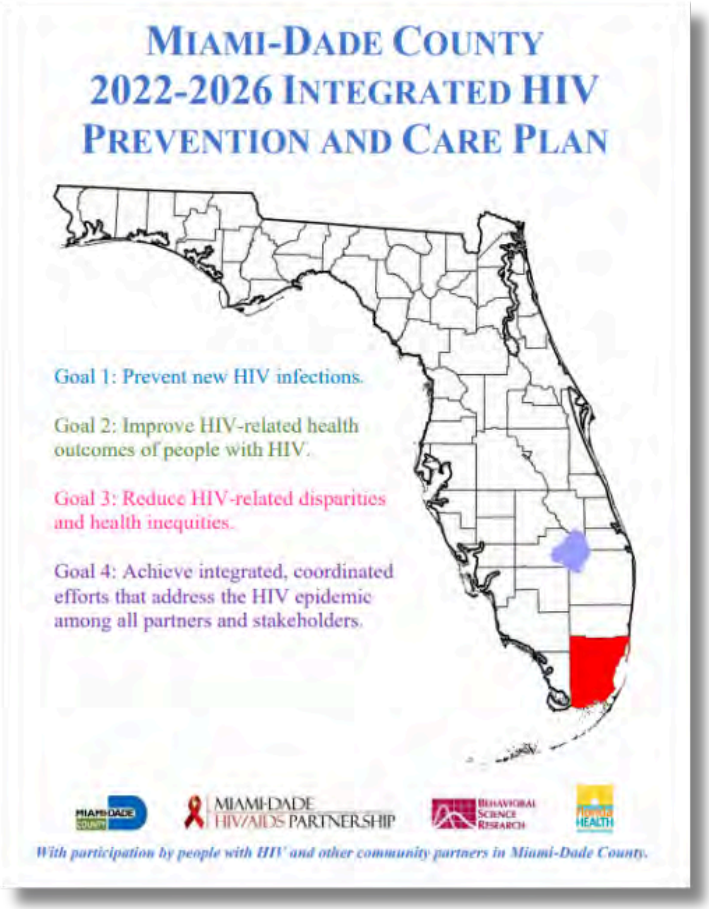
For people with HIV who are living in poverty and attempting to become stably housed, the lack of affordable housing and rising Fair Market Rents continue to hinder treatment adherence and threaten positive health outcomes.

Miami-Dade County Response

Integrated Planning

Strategies and activities for achieving the National HIV/AIDS Strategy (NHAS) and Ending the HIV Epidemic (EHE) goals are detailed in the *2022-2026 Miami-Dade County Integrated HIV Prevention and Care Plan.*

The Plan



Community Partners

The Miami-Dade HIV/AIDS Partnership

Ryan White Program Planning Council established by County Ordinance as the official County Advisory Board for HIV needs and services in MDC.

Providing coordination between people with HIV, including Ryan White Program clients, service providers, and administrators, Florida Department of Health in MDC, government officials, the Housing Opportunities for Persons with AIDS Program (HOPWA), General Revenue, Medicaid, universities, hospitals, and HIV advocates.

The Ryan White Program

Ryan White Program Parts A, B, C, D, F, and the Minority AIDS Initiative (MAI).

Providing life-saving HIV medical care and treatment and support services to 9,060 people with HIV in 2023.

The Florida Department of Health in Miami-Dade County

Local County Health Department

Providing HIV and sexually transmitted disease testing and prevention services. More than 116,000 HIV tests administered in 2022, with 1,258 HIV positive test results.

Miami-Dade County Response

Ending the HIV Epidemic

Miami-Dade County is one of 57 Ending the HIV Epidemic priority jurisdictions receiving funding for resources, technology, and expertise to expand HIV prevention, treatment, and support services.

All residents with HIV - regardless of immigration status or income level - can benefit from these services.

Ryan White Program Ending the HIV Epidemic Initiatives

HealthTec

- Enhancing telehealth services by applying a multidisciplinary approach to provide medical care, medical case management, mental health counseling, substance use disorder services, prescription drugs, and more!

Quick Connect

- Expanding the Test and Treat/Rapid Access protocol to ensure access to medical care and antiretroviral therapy within 7 days.
- Educating non-Ryan White Program-affiliated providers at hospitals and clinics on the benefits of routinized opt-out HIV testing.
- Engaging the community in HIV testing through social marketing and media campaigns.

Housing Stability Services ~ Housing is Healthcare

- Providing transitional, short-term, or emergency housing assistance using a housing-first approach.

Mobile GO Teams

- Supporting Miami-Dade County's ability to rapidly respond to HIV transmission clusters using the local Test and Treat/Rapid Access model.

Florida Department of Health in MDC Ending the HIV Epidemic Initiatives

At 12 local agencies, Jackson Memorial Hospital and Homestead Hospital.

HIV Testing

- Providing rapid HIV testing and at-home HIV testing.

Rapid Access to Care

- Ensuring all persons who test positive for HIV will have medication to reach viral load suppression.

Pre-Exposure Prophylaxis (PrEP)

- Increasing PrEP uptake and access points.

Re-engagement in Care

- Getting people who have fallen out of care back into care.

Partner services

- Providing confidential partners services to individuals exposed to HIV, including HIV testing, and linkage to HIV treatment or Pre-Exposure Prophylaxis.

Academic Detailing

- Educating hospitals and clinics on the benefits of routinized opt-out HIV testing.

Establishing a Referral Network

- To connect people with HIV to care and services.

Media Campaigns

- Engaging the community in HIV testing through social marketing and media campaigns throughout the county.

Miami-Dade County Response

HIV Innovations and Interventions

IDEA Exchange

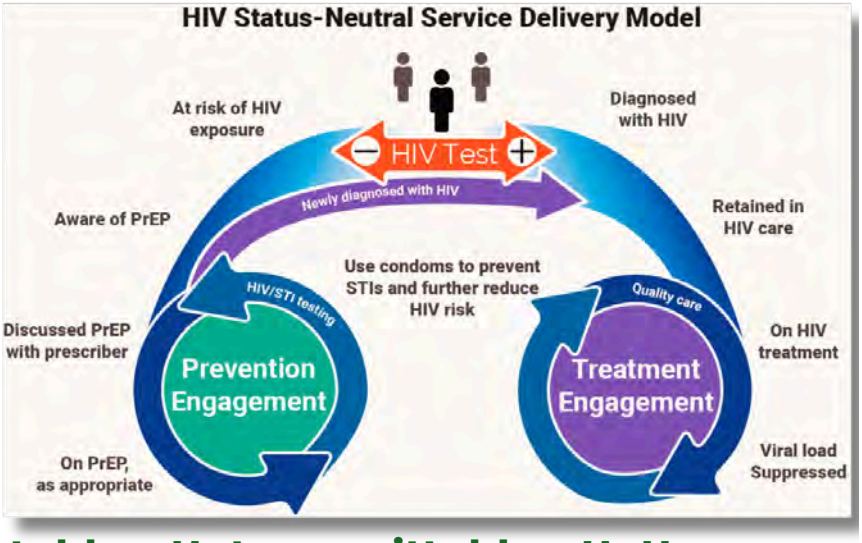
Infectious Disease Elimination Act

HIV transmission via injection drug use was mitigated by the Infectious Disease Elimination Act - IDEA Exchange, an innovative Syringe Services Program, which started in December 2016 in Miami-Dade County and has become a statewide Syringe Services Program model.

In 2023, 864 people were linked to IDEA Exchange services.

HIV Status Neutral Service Delivery Model

The MDC HIV Integrated Prevention and Care Plan includes activities to promote the CDC-recommended HIV Status Neutral Service Delivery Model, where HIV testing serves as an entry point to services regardless of a positive or negative HIV result, to improve HIV prevention and care outcomes.



Undetectable = Untransmittable ~ U=U

U=U means that a person with HIV who is on treatment and has an undetectable viral load cannot sexually transmit HIV.

The Miami-Dade HIV/AIDS Partnership is among 1,100 supporters from 105 countries who have signed on to share the U=U message.

Miami-Dade County Response

HIV Prevention

TestMiami.org

The Florida Department of Health, in collaboration with the Centers for Disease Control and Prevention and Fast Track Cities, offers free HIV testing and free condoms throughout Miami-Dade County through the TestMiami.org campaign.

PrEP

Pre-Exposure Prophylaxis

For persons who test negative for HIV, PrEP offers comprehensive HIV prevention that involves the use of antiretroviral medications to reduce the risk of contracting HIV.

197 persons were linked to a PrEP provider in 2023.

PEP

Post-Exposure Prophylaxis

For persons potentially exposed to HIV, taking antiretroviral medicines after exposure can prevent contracting HIV.

TelePrEP

Access PrEP thorugh a mobile device or your computer.

603 people received TelePrEP services in 2023.

PrEP Locator

Locate a PrEP in Miami-Dade County at www.preplocator.org, a national directory of providers of HIV PrEP in the U.S.

TestMiami.Org

Routine Opt-Out Testing

In 2023, the Florida Department of Health collaborated with **87 healthcare facilities** to offer routine opt-out testing, an increase of more than five times the number of facilities offering opt-out testing in 2022.

Free Condoms from the Florida Department of Health in MDC

Community Distribution

- More than **2.3 million** free condoms were distributed in 2023 with the help of a broad variety of community partners, including bars and clubs, colleges and schools, faith-based organizations, and street outreach.

Pick Up

- Free male and female condoms are available for pick up throughout Miami-Dade County.
- www.testmiami.org/map.html

Home Delivery

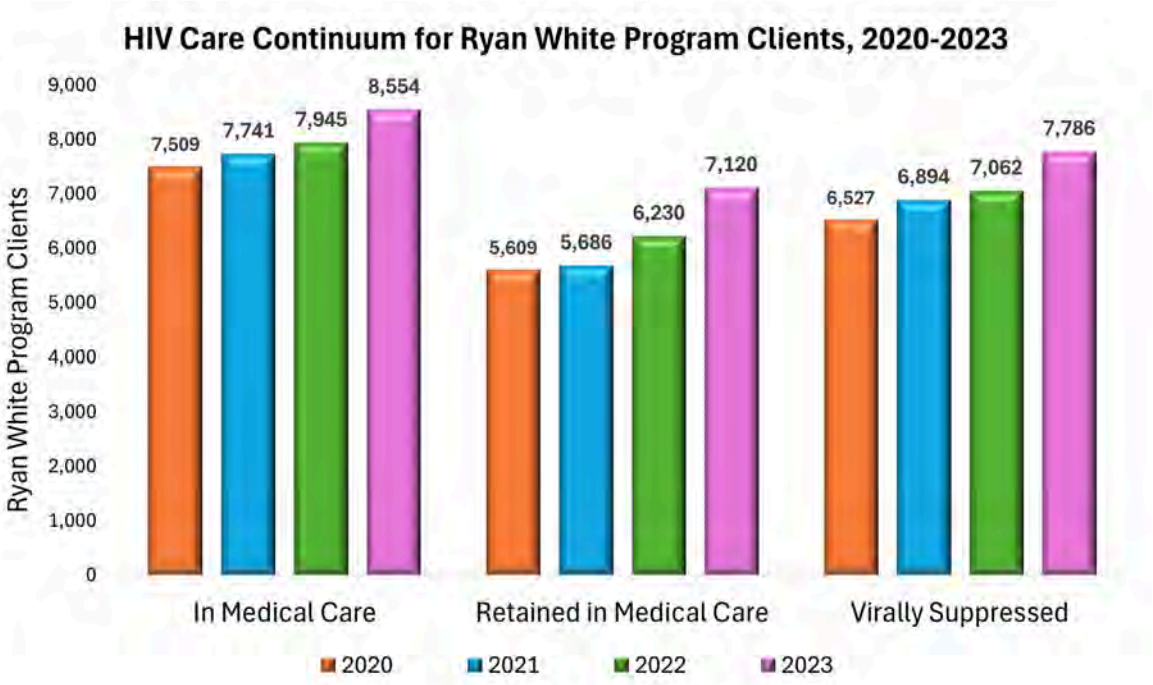
- Personal Protection Packages of male condoms, lubricants, and educational materials are available for free home delivery in Miami-Dade County.
- www.testmiami.org/condoms.html

Successful Outcomes

Ryan White Program Continuum of Care

Miami-Dade County's Ryan White Program continues to maintain clients in care and keep them virally suppressed.

Ryan White Program Part A/Minority AIDS Initiative



In Medical Care
At least one medical visit, a CD4 test, or viral load test in a 12 month period.

Retained In Medical Care
Two or more medical visits or viral load tests, at least 90 days apart in a 12 month period.

Virally Suppressed
Less than 200 copies of HIV per milliliter of blood.

Ryan White Part D Program

No Babies Born with HIV

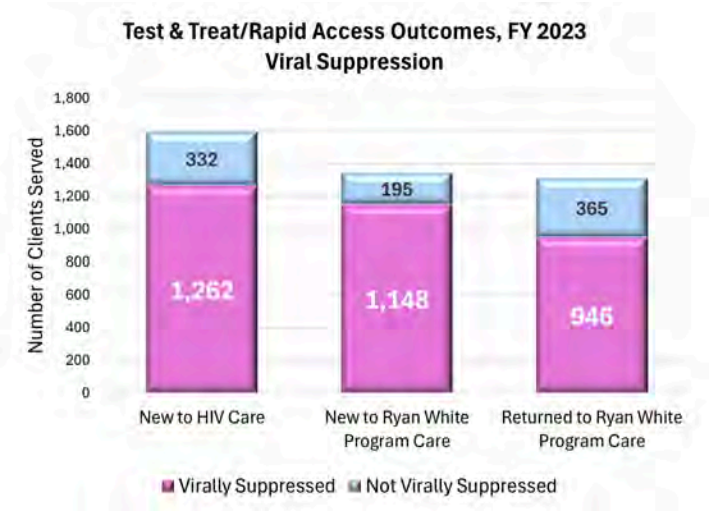
For the fifth year in a row (2019-2023), **no babies were born with HIV** to HIV positive mothers in Miami-Dade County, due in large part to initiatives funded by the Ryan White Program Part D at University of Miami – Miller School of Medicine, Department of OB-GYN and Reproductive Sciences.

Successful Outcomes

HIV Test & Treat/Rapid Access

4,250 people with HIV have entered the Ryan White Program service system through the Test and Treat/Rapid Access protocol since its inception in July 2018.

The Test & Treat/Rapid Access protocol ensures access to medical care and antiretroviral therapy within 7 days as the standard of care for every person who was newly diagnosed or returning to care with HIV in Miami-Dade County since July 2018.



New to HIV Care
Newly diagnosed or treatment naïve.

New to Ryan White Program Care
Previously in treatment but had not received services through the Ryan White Program.

Returned to Ryan White Program Care
Local Ryan White Program clients who had been lost to care and are now back in care.

Miami-Dade HIV/AIDS Partnership

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

Miami-Dade County's Official Ryan White Program Planning Council for HIV Prevention and Care. More than 70 Partnership and Committee Members:

- Set priorities for Ryan White Program HIV health and support services in MDC.
- Ensure Ryan White Program funds are rapidly allocated to the areas of greatest need.
- Recruit and train Partnership members, including Ryan White Program clients.
- Develop and monitor the official HIV Prevention and Care Integrated Plan and Ending the HIV Epidemic initiatives.
- Develop an Annual Report on the State of HIV and the Ryan White Program in MDC.
- Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV/AIDS.
- Oversee updates and changes to the Ryan White Prescription Drug Formulary and medical treatment guidelines for the Ryan White Part/MAI Program.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Through intensive data review, training, and community outreach, Partnership members make decisions that improve health outcomes for more than 9,000 people with HIV in Miami-Dade County.

Successful Outcomes

2023 HIV Prevention Initiatives

Gilead Sciences Frontlines of Communities in the United States (FOCUS) and Florida Department of Health in MDC HIV Testing

A collaborative model for routine communicable disease screening that enables partners to develop and share best practices in routine HIV, Hepatitis C, and Hepatitis B screening, diagnosis, and linkage to care.

FOCUS Testing, 2023

FOCUS Partner	Total HIV Tests Performed	Total Number of People Who Tested HIV Positive (Number of Acute Cases)
Baptist Health of South Florida/Homestead Hospital	8,279	73
Health Choice Network	87,350	397
Jackson Memorial Hospital	18,871	398 (4)
Jackson North	11,668	249 (2)
Jackson South	15,561	155 (5)
Jackson West	11,266	89 (3)
UHealth Emergency Department	4,230	34 (1)
West Kendall Baptist Hospital	7,784	29 (1)
Total	**165,009**	**1,424 (16)**

Florida Department of Health in MDC Testing

- **53,638** HIV tests were administered in 2023.
- **646** people tested positive for HIV in 2023.

Everyone has a role in ending the HIV epidemic!

Support funding for the HIV initiatives of the Ryan White Program, Florida Department of Health in Miami-Dade County, and Housing Opportunities for Persons with AIDS (HOPWA).

Get tested for HIV and promote HIV testing in your community!

- Locate an HIV testing site ~ www.testmiami.org
- Visit www.aidsnet.org and learn how to be supportive when someone tells you they are HIV positive ~ www.aidsnet.org/hivresourcehub/#hivhubtesting

Remember that language matters!

- Adopt "People First" language such as, "*people* with HIV" or "*people* experiencing homelessness".
- Please don't say, "infected" with HIV, instead, say "acquired HIV," "diagnosed with HIV," or "contracted HIV."
- Please don't use stigmatizing terms such as "dirty", "clean," or "victim".

Support HIV prevention, care, and treatment initiatives!

- The Miami-Dade HIV/AIDS Partnership ~ www.aidsnet.org
- FDOH HIV Epidemiological Profile ~ www.floridahealth.gov/diseases-and-conditions/aids/surveillance/epi-profiles/index.html
- FDOH Community Health Assessment Resource Tool Set ~ www.flhealthcharts.gov
- Miami-Dade County Ryan White Program ~ www.miamidade.gov/global/grants.page
- Federal HIV/AIDS Web Council ~ www.HIV.gov
- Tools for HRSA's Ryan White HIV/AIDS Program ~ www.TargetHIV.org
- Undetectable =Untransmittable (U=U) ~ www.preventionaccess.org

Stay in touch!

(305) 445-1076
mdcpartnership@behavioralscience.com
www.facebook.com/HIVPartnership
www.instagram.com/hiv_partnership

EXECUTIVE COMMITTEE

- **OCTOBER 30, 2024**
  - Reviewed Partnership Staff Support Quarter 2 Budget;
  - Reviewed their 2025 meeting dates;
  - Began reviewing and making edits to the Partnership Bylaws and Policy and Procedure manual.

COMMUNITY COALITION ROUNDTABLE

- **OCTOBER 28, 2024**
  - Held Recruitment Roundtable at Latinos Salud where members and guests shared what the Ryan White Program means to them and what the Partnership means to them;
  - Participated in a *An Apretude Educational Event* by ViiV Healthcare, featuring a ViiV Healthcare PrEP Ambassador.
  - Members will meet with staff during November and December for individual mentoring and recruitment plan development in preparation to roll out the Partnership's Recruitment and Retention Plan in 2025.

HOUSING COMMITTEE

- **OCTOBER 17, 2024**
  - Accepted Patera Robinson as a new member;
  - Reviewed their 2025 meeting dates;
  - Reviewed the 2025 elections memo; and
  - Posed questions about the HOPWA program.

PREVENTION COMMITTEE

- **OCTOBER 24, 2024**
  - Finalized letter regarding youth prevention efforts. Members will present the letter to the Partnership in 2025 following guidance by the Assistant County Attorney.
  - Heard reports from the Miami-Dade County HIV Prevention Workgroups.
  - Reviewed proposed 2025 Meeting Dates and Agenda Setting Calendar and agreed to hold stand-alone Prevention Committee meetings at the Florida Department of Health – Health District Center.
  - Reviewed 2025 Officer Nominations process; Virginia Muñoz will remain the appointed Chair; and Vice Chair Tajma Darlington will run again for a second term.

APPROVAL OF REPORTS *1 MOTION*

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, November 18, 2024
10:00 AM – 12:00 PM
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

I.	Call to Order	Alecia Tramel-McIntyre
II.	Introductions	All
III.	Housekeeping	Alecia Tramel-McIntyre
IV.	Floor Open to the Public	Harold McIntyre
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of September 16, 2024	All
VII.	Reports	
	A. Membership	Alecia Tramel-McIntyre
	▪ Ordinance Updates	
	▪ Member Recognition	
	B. Committee Action Items	
	▪ Care and Treatment (6 Motions)	Diego Shmuels
	- Service Delivery Manual Updates	
	▪ Strategic Planning (1 Motion)	Angela Machado
	- 2023 Annual Report	
	▪ Executive, Community Coalition, Housing, Prevention (No action items)	
	C. Grantee/Recipient Top Line Summaries	
	▪ Ryan White Part A/MAI	Daniel T. Wall
	▪ Ryan White Part B	Karen Poblete
	▪ AIDS Drug Assistance Program (ADAP)	Dr. Javier Romero
	▪ General Revenue at SFAN	Angela Machado
	▪ Housing Opportunities for Persons With AIDS (HOPWA)	Roberto Tazoe
	D. Approval of Reports (1 Motion)	All
VIII.	Standing Business (none)	
IX.	New Business	
	▪ Sexual Harassment Awareness Training	All
	▪ 2025 Meeting Dates and Location	All
	▪ A Sister With A Testimony	Roxanne Bolden
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Year-End Meeting and Celebration! Monday, December 16, 2024 at the Miami-Dade County Main Library	Harold McIntyre
XII.	Adjournment	Alecia Tramel-McIntyre

Please mute or turn off all cellular devices.
For more information about the Miami-Dade HIV/AIDS Partnership, please contact Christina Bontempo,
(305) 445-1076 x106 or cbontempo@behavioralscience.com.
Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | instagram.com/hiv_partnership

FY 2024 - Part A

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

This report includes YTD paid reimbursements for FY 2024 Part A service months up to September 2024, as of 11/8/2024. This report reflects reimbursement requests that were due by 10/20/2024, and have been paid thus far.

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	$24,810,754
Carryover Award of FY'23 Formula Funds	795,210.00	CARRYOVER	
Total Award	**$ 25,605,964.00**		

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations	
8	AIDS Pharmaceutical Assistance	15,679.00		
6	Health Insurance Services	378,454.00		
1	Medical Case Management	5,676,584.00		
3	Mental Health Therapy/Counseling	76,690.00		
4	Oral Health Care	3,352,857.00		
2	Outpatient/Ambulatory Health Svcs	8,828,192.00		
9	Substance Abuse - Outpatient	44,128.00		
	CORE Services Totals:	18,372,584.00		
	Support Services	**Allocations**	**Carryover Allocations**	
12	Emergency Financial Assistance	0.00		
5	Food Bank	972,532.00	795,210.00	1,767,742
13	Medical Transportation	195,280.00		
15	Other Professional Services	88,274.00		
14	Outreach Services	232,059.00		
7	Substance Abuse - Residential	1,868,950.00		
	SUPPORT Services Totals:	3,357,095.00	795,210.00	
	FY 2024 Award (not including C/O)	21,729,679.00		
	DIRECT SERVICES TOTAL:		**$ 22,524,889.00**	
	Total Core Allocation	18,372,584.00		
	Target at least 80% core service allocation	17,383,743.20		
	Current Difference (Short) / Over	**$ 988,840.80**		
	Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,478,819.00**		
	Quality Management	**$ 602,256.00**	3,081,075.00	
	(+) Unobligated Funds / (-) Over Obligated:			
	Unobligated Funds (Formula & Supp)	$ -		
	Unobligated Funds (Carry Over)	$ -	$ -	25,605,964.00

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures	
5606970000	AIDS Pharmaceutical Assistance	0.00		
5606920000	Health Insurance Services	0.00		
5606870000	Medical Case Management	901,647.85		
5606860000	Mental Health Therapy/Counseling	4,680.00		
5606900000	Oral Health Care	1,199,725.00		
5606610000	Outpatient/Ambulatory Health Svcs	2,120,574.02		
5606910000	Substance Abuse - Outpatient	990.00		
	CORE Services Totals:	4,227,616.87		
Account	**Support Services**	**Expenditures**	**Carryover Expenditures**	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	529,492.20	0.00	529,492.20
5606460000	Medical Transportation	12,786.59		
5606890000	Other Professional Services	20,133.00		
5606950000	Outreach Services	29,305.50		
5606930000	Substance Abuse - Residential	835,750.00		
	SUPPORT Services Totals:	1,427,467.29	0.00	
	FY 2024 Award (not including C/O)	5,655,084.16		
	TOTAL EXPENDITURES DIRECT SVCS & % :		**$ 5,655,084.16**	**25.11%**
	Formula Expenditure %	**43.00%**		
5606710000	**Recipient Administration**	**1,042,892.35**		
5606880000	**Quality Management**	**350,000.00**		1,392,892.35
	Grant Unexpended Balance	**FY 2023 Award**	**Carryover**	
		17,762,777.49	**795,210.00**	18,557,987.49
	Total Grant Expenditures & %		**$ 7,047,976.51**	**27.52%**

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% — **84.55%** — **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% — **9.99%** — **Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% — **74.76%** — **Danger!!!!!**

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% — **1.41%** — **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% — **4.20%** — **Within Limit**

Printed On: 11/8/2024

FY 2024 - MAI

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR34

MINORITY AIDS INITIATIVE (MAI) FUNDING

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

This report includes YTD paid reimbursements for FY 2024 MAI service months up to September 2024, as of 11/8/2024. This report reflects reimbursement requests that were due by 10/20/2024, and have been paid thus far.

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

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations		Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures	
	AIDS Pharmaceutical Assistance				5606970000	AIDS Pharmaceutical Assistance			
	Health Insurance Services				5606920000	Health Insurance Services			
1	Medical Case Management	903,920.00	107,500.00	1,011,420.00	5606870000	Medical Case Management	328,984.15	0.00	328,984.15
3	Mental Health Therapy/Counseling	18,960.00			5606860000	Mental Health Therapy/Counseling	0.00		
	Oral Health Care				5606900000	Oral Health Care			
2	Outpatient/Ambulatory Health Svcs	1,262,133.00	300,000.00	1,562,133.00	5606610000	Outpatient/Ambulatory Health Svcs	331,642.39	0.00	331,642.39
6	Substance Abuse - Outpatient	8,058.00			5606910000	Substance Abuse - Outpatient	0.00		
	CORE Services Totals:	2,193,071.00	407,500.00			CORE Services Totals:	660,626.54	0.00	
	Support Services	**Allocations**	**Carryover Allocations**		**Account**	**Support Services**	**Expenditures**	**Carryover Expenditures**	
5	Emergency Financial Assistance	0.00			5606940000	Emergency Financial Assistance	0.00		
	Food Bank				5606980000	Food Bank			
13	Medical Transportation	7,628.00	8,300.00	15,928.00	5606460000	Medical Transportation	6,881.69	0.00	6,881.69
	Other Professional Services				5606890000	Other Professional Services			
7	Outreach Services	39,816.00			5606950000	Outreach Services	0.00		
	Substance Abuse - Residential				5606930000	Substance Abuse - Residential			
	SUPPORT Services Totals:	47,444.00				SUPPORT Services Totals:	6,881.69		
	FY 2024 Award (not inlcuding C/O)	2,240,515.00				FY 2024 Award (not inlcuding C/O)	667,508.23		
	DIRECT SERVICES TOTAL:		**$ 2,656,315.00**			**TOTAL EXPENDITURES DIRECT SVCS & %:**		**$ 667,508.23**	**25.13%**
	Total Core Allocation	2,193,071.00							
	Target at least 80% core service allocation	1,799,052.00							
	Current Difference (Short) / Over	**$ 394,019.00**							
	Recipient Admin. (OMB-GC)	**$ 260,057.00**			5606710000	**Recipient Administration**	**82,425.03**		
	Quality Management	**$ 100,000.00**	360,057.00	$ 3,016,372.00	5606880000	**Quality Management**	**58,333.31**		140,758.34
	(+) Unobligated Funds / (-) Over Obligated:					**Grant Unexpended Balance**	**FY 2024 Award**	**Carryover**	
	Unobligated Funds (MAI)	$ -					**1,792,305.43**	**1,474,770.00**	3,267,075.43
	Unobligated Funds (Carry Over)	**$ 1,058,970.00**	1,058,970.00	4,067,042.00		**Total Grant Expenditures & % (Including C/O):**		**$ 808,266.57**	**19.83%**

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**97.88%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.85%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**98.97%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.24%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**3.17%**	**Within Limit**

Printed On: 11/8/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **September 2024**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	3	22	2	5
Health Insurance Premium and Cost Sharing Assistance	3	1,944	1	1,092
Medical Case Management	7,003	59,844	3,372	7,898
Mental Health Services	67	434	35	92
Oral Health Care	911	6,074	679	2,271
Outpatient Ambulatory Health Services	2,418	16,836	1,326	3,887
Substance Abuse Outpatient Care	2	17	2	5
Support Services				
Food Bank/Home Delivered Meals	1,034	7,500	397	731
Medical Transportation	128	3,977	126	774
Other Professional Services	29	224	13	59
Outreach Services	24	235	19	176
Substance Abuse Services (residential)	373	3,648	17	55
TOTALS:	11,995	100,755		

Total unduplicated clients (month): 4,422

Total unduplicated clients (YTD): 8,534

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 11/08/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **September 2024**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	3	22	2	5
Health Insurance Premium and Cost Sharing Assistance	3	1,944	1	1,092
Medical Case Management	5,734	51,421	2,928	7,533
Mental Health Services	62	408	30	75
Oral Health Care	911	6,074	679	2,271
Outpatient Ambulatory Health Services	2,298	15,037	1,263	3,651
Substance Abuse Outpatient Care	2	17	2	5
Support Services				
Food Bank/Home Delivered Meals	1,034	7,500	397	731
Medical Transportation	113	3,857	111	746
Other Professional Services	29	224	13	59
Outreach Services	16	212	15	158
Substance Abuse Services (residential)	373	3,648	17	55
TOTALS:	10,578	90,364		

Total unduplicated clients (month): 4,074

Total unduplicated clients (YTD): 8,379

REPORT COMPILED ON: 11/08/2024

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **September 2024**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	1,269	8,423	609	1,013
Mental Health Services	5	26	5	17
Outpatient Ambulatory Health Services	120	1,799	77	555
Support Services				
Medical Transportation	15	120	15	34
Outreach Services	8	23	4	18
TOTALS:	1,417	10,391		

Total unduplicated clients (month): 641

Total unduplicated clients (YTD): 1,319

REPORT COMPILED ON: 11/08/2024

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.

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

Contract Name: 2024-2025 Miami Dade CHD RW Consortia

Florida Department of Health

Expenditure/Invoice Report

Program Name: Patient Care-Consortia

Area Name:AREA 11A

Month: September

Year: 2024-2025

Report generated on: 11/15/2024

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	September	0	0	$125,294.00	$6,948.15	$59,327.61	47%
Medical Case Management (including treatment adherence)	September	58	10,635	$111,527.00	$12,230.25	$62,307.00	56%
Mental Health Services - Outpatient	September	22	76	$25,000.00	$2,470.00	$16,185.00	65%
Emergency Financial Assistance	September	70	126	$912,456.00	$49,177.77	$261,961.64	29%
Non-Medical Case Management Services	September	22	22	$184,024.00	$6,412.64	$44,366.66	24%
Referral for Health Care/Supportive Services	September	199	199	$203,006.00	$11,515.44	$76,499.18	38%
Clinical Quality Management	September	0	0	$82,071.00	$1,548.74	$8,833.63	11%
Planning and Evaluation	September	0	0	$36,471.00	$1,548.74	$8,833.63	24%
Totals		**371**	**11058**	**$1,679,849.00**	**$91,851.73**	**$538,314.35**	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend

ADVANCE(S) INFORMATION:

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

Total Contract Amount	$1,679,849.00
Minus Expended Y-T-D	$538,314.35
Minus UNPAID Advances	$0.00
Balance To Draw	$1,141,534.65

Total Expenditures this period:	$91,851.73
Less Advance Payback this period:	$0.00
AMOUNT OF FUNDS REQUESTED THIS REPORT:	**$91,851.73**

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

Signature & Title of Provider Agency Official | **Date** | **Contract Manager Signature** | **Date**

Contract Manager's Supervisor Signature | **Date**

October 11, 2024

ADAP Miami-Dade / Summary Report^ – September 2024

Utilization & Expenditures

Month	1st 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										
Nov-24										
Dec-24										
Jan-25										
Feb-25										
Mar-25										
FY24/25	474	2,406	7,373	$7,780,604.74	14,227	4,478	3.2	$28,312,373.51	17,105	$1,655.21

Program Update

*10/01/24: Benefit Level ^	*7,373*	Direct Dispense 56 % *4129* - Premium Plus 44 % *3244 [ACA-MP, employer sponsored insurance, COBRA, Medicare part-D]*
*10/01/24: Cabenuva ® ^	*245*	Direct Dispense 66 % *161* - Premium Plus 34 % *84*
*10/01/24: Medicare eligible ^	*15*	Under review this month. – *72* uninsured clients within *7-month window around 65th birthday.*
*10/15/24: Medicare	*188*	Open Enrollment. Ends December 7th. Medicare clients can make changes.
*11/01/24: ACA-MP	*2,579*	Open Enrollment. Approved plans [pending]. Ends January 15th.

Date: 10/11/24. - source: provide enterprise & pharmacy systems. - ^ all data subject to review & editing. ^^ open + active pts. – NOTE: expenditures NOT included for 335 WP uninsured clients.

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 - Magellan Rx PBM Miami-Dade – As of 07/01/24		
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

PHARMACY SELECTION: it is the client's choice. ADAP Miami assists clients with the pharmacy selection process.

For additional information: www.ADAPMiami.com or ADAP.FLDOHMDC@flhealth.gov

Florida Department of Health in Miami-Dade County
ADAP Program & FLDOHMDC CHD Pharmacy
2515 W Flagler Street, Suite 102. Miami, Florida 33135 - Phone: 305-643-7400

During this month a total of 937 clients received services. A total of 27 clients received mental health services, 59 received non-medical case management. We continue to provide Nursing Home and shelter. Our beds at Salvation Army have been full and we have a wait list.

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

	September 24			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt. YTD	Budget as of 7-1-24 Annual Budget	YTD Units
Ambulatory - Outpatient Care	17	31	13,221.22	288,747.88	1,644,600.00	1,491
Drug Pharmaceuticals	20	34	19,700.86	49,932.77	288,900.00	103
Early Intervention Services					63,206	
Oral Health	1	3	3,573.00	3,573.00	50,000.00	3
Home & Community Base Services				-	12,000.00	
Home Health Care				-	30,000.00	-
Mental Health Services	27	69	5,479.22	14,466.68	120,000.00	172
Nutrition Counseling				-	20,000.00	-
Medical Case Management	754	1,552	133,646.55	494,685.23	1,692,262.00	6,788
Sustance Abuse Services				-	93,000.00	-
Food Bank/Home Delivered Meals				6,350.00	50,000.00	254
Non-Medical Case Management	59	62	29,486.24	81,377.53	630,735.00	234
Other Support Services / Emergency Fin. Assistance	2	2	4,947.76	21,617.19	192,000.00	9
Psychosocial Support Services				-	55,000.00	-
Transportation				-	82,250.00	-
Referral for Health Care / Supportive Services	51	132	35,604.99	97,642.42	420,820.00	493
Substance Abuse Residential				-	281,955.00	-
Residential Care - Adult				-	204,035.00	-
Nursing Home Care	6	180	48,532.20	144,846.33	470,000.00	537
Hospital Services						
	937	2,065	294,192.04	1,203,239.03	6,400,763.00	10,084

MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, November 18, 2024
10:00 AM – 12:00 PM
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, November 18, 2024
10:00 AM – 12:00 PM
Miami-Dade County Main Library
101 West Flagler Street, Auditorium, Miami, FL 33130

AGENDA

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IV.	Floor Open to the Public	Harold McIntyre
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of September 16, 2024	All
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	▪ Housing Opportunities for Persons With AIDS (HOPWA)	Roberto Tazoe
	D. Approval of Reports (1 Motion)	All
VIII.	Standing Business (none)	
IX.	New Business	
	▪ Sexual Harassment Awareness Training	All
	▪ 2025 Meeting Dates and Location	All
	▪ A Sister With A Testimony	Roxanne Bolden
X.	Announcements and Open Discussion	All
XI.	Next Meeting: Year-End Meeting and Celebration! Monday, December 16, 2024 at the Miami-Dade County Main Library	Harold McIntyre
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MIAMI-DADE HIV/AIDS PARTNERSHIP

Miami-Dade HIV/AIDS Partnership Member Training Checklist

Partnership, committee, and subcommittee members are required to complete trainings as indicated below within three months of the beginning of your membership term.

Please keep this checklist for your records.

REQUIRED

☐ **Miami-Dade HIV/AIDS Partnership New Member Orientation and Training (NMO)**
A comprehensive 3-hour training including an overview of the Ryan White Program, understanding the Partnership Bylaws, and expectations and responsibilities of members.

This training is conducted by BSR staff via Microsoft Teams and typically held quarterly. Training dates and the complete NMO Manual are posted online at www.aidsnet.org/the-partnership#orientation1.

Completion Date: _____

☐ **Miami-Dade County Advisory Board Member Ethics Training**
http://ethics.miamidade.gov/training-county-advisory-board.asp

Training sessions are conducted via Zoom usually on the third Wednesday of each month, from either 8 a.m. to 9:30 a.m. or 12:00 p.m. to 1:30 p.m. Please register in advance by enrolling online, then selecting the class date.

1. Register at https://w85exp.miamidade.gov/coetrainingpayweb/COE_Login.jsp using your business information (if applicable). You will indicate the Partnership information in Step 2:
2. You will receive a Zoom link 24 to 48 hours before the class. When you receive the link, indicate the name of your advisory board as "Miami-Dade HIV/AIDS Partnership."

Completion Date:_____

☐ **Miami-Dade County Preventing Sexual Harassment Training**

1. Go to: https://www.miamidade.gov/global/humanresources/fair-employment/training.page:
   - □ Register for an instructor-led course;
     or
   - □ Watch the video (1 hour, 12 minutes): "Preventing Sexual Harassment (PSH): Sexual Harassment Prevention Training for County Advisory Board Members"
2. Submit the completed Acknowledgment Form to: woody.remy@miamidade.gov; Acknowledgment Form: www.miamidade.gov/humanresources/library/sexual-harassment-prevention-training-acknowledgment-form.pdf.

Completion Date:_____

MIAMI-DADE HIV/AIDS PARTNERSHIP

RECOMMENDED

☐ **Get on Board! Member Enrichment Training**
Virtual training series covering topics such as Understanding Monthly Reports, Recruitment Strategies, Ending the HIV Epidemic, Needs Assessment, Integrated Planning, Meeting Terminology, and more!

All Get on Board Training dates are posted on monthly calendars. Sessions are held via Microsoft Teams. Registration is required. Registration links and previous training presentations are available online: www.aidsnet.org/the-partnership#getonboard1.

Please contact mdcpartnership@behavioralscience.com if you need assistance accessing any training courses or if you have questions regarding membership requirements.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Monday, November 18, 2024
10:00 AM – 12:00 PM
Miami-Dade County Main Library
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MIAMI-DADE HIV/AIDS PARTNERSHIP

Miami-Dade HIV/AIDS Partnership 2025 Meeting Dates and Locations

As of November 18, 2024

The below dates are recommended for 2025 Miami-Dade HIV/AIDS Partnership meetings.

By moving the meetings to the beginning of each month, members will have ample time to review all committee recommendations prior to each scheduled meeting.

Review documents and meeting date and location details are online at www.aidsnet.org/the-partnership/#partnership1.

The Miami-Dade County Main Library is expected to be unavailable after March 2025. Staff is researching viable alternative locations.

Meeting Dates ***All meetings are 10:00 AM – 12:00 PM***	**Location**
Tuesday, January 7, 2025	Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130
Monday, February 3, 2025	Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130
Monday, March 3, 2025	Location: TBD
Monday, April 7, 2025	Location: TBD
Monday, May 5, 2025	Location: TBD
Monday, June 2, 2025	Location: TBD
Wednesday, July 2, 2025	Location: TBD
Monday, August 4, 2025	Location: TBD
Tuesday, September 2, 2025	Location: TBD
Monday, October 6, 2025	Location: TBD
Monday, November 3, 2025	Location: TBD
Monday, December 8, 2025	Location: TBD

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DECEMBER 2024

RYAN WHITE PART A/MAI PROGRAM AND MIAMI-DADE HIV/AIDS PARTNERSHIP CALENDAR

MEETING LOCATIONS

BSR Corp. - Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134
Care Resource - Care Resource Community Health Centers, 3510 Biscayne Blvd., 1st Floor Community Room, Miami, FL 33137
MDC Main Library - Miami-Dade County Main Library, 101 West Flagler Street, Auditorium, Miami, FL 33130

Monday	Tuesday	Wednesday	Thursday	Friday
2 World AIDS Day (December 1)	**3**	**4**	**5**	**6** **Remembering Ryan White** Born December 6, 1971 Died April 8, 1990
9	**10**	**11**	**12** **Care & Treatment Committee** 10:00 AM to 12:00 PM at Care Resource	**13**
16 **Miami-Dade HIV/AIDS Partnership** 10:00 AM to 12:00 PM at MDC Main Library	**17**	**18** **Executive Committee** 10:00 AM to 12:00 PM at BSR Corp.	**19**	**20**
23	**24**	**25** Christmas Day (BSR Offices Closed)	**26**	**27**
30	**31**	**January 1, 2025** New Year's Day (BSR Offices Closed)	**January 2, 2025**	**January 3, 2025**

All events on this calendar are open to the public.

People with HIV are invited to participate!

PLEASE RSVP

Your RSVP lets us know if we have the necessary participants to hold the activity and ensures we have enough materials.

RSVP to (305) 445-1076, mdcpartnership@behavioralscience.com, or scan the QR Code for Partnership meetings.

Visit www.aidsnet.org for more information.

Version 05/13/24
Information on this calendar is subject to change.

MIAMI-DADE HIV/AIDS PARTNERSHIP
CQM Program Ryan White Part A/MAI Miami-Dade County

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thank you
danke
謝謝
ngiyabonga
teşekkür ederim
gracias
спасибо
Баярлалаа
рахмат
obrigado
bedankt
dziękuję
merci
go raibh maith agat
mochchakkeram
sukriya
kop khun krap
terima kasih
grazie
arigatô
takk
dakujem
мерси
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ありがとう
ευχαριστώ
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maururu
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