



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 12, 2026

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|--------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 12, 2026 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Diego Shmuels |
| VIII. | Standing Business | |
| | • Response to the 2026 ADAP Programmatic Changes-Contingency Planning of Ryan White Program FY 2026-2027 | All |
| IX. | New Business | |
| | • Membership Recruitment Presentation | Roundtable Members |
| | • Planning for 2026-RFP and Needs Assessment | All |
| | • Special Projects Discussion | All |
| X. | Announcements and Open Discussion | All |
| | • Annual Source of Income forms | Marlen Meizoso |
| XI. | Next Meeting: April 9, 2026 at Care Resource | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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Meeting Housekeeping Care and Treatment Committee

Created by Behavioral Science Research

Disclaimer and 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.*
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.

About the Partnership

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



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.
- ❑ Only Care and Treatment members vote at today's meeting.
- ❑ Announcements can be made at the end of the meeting as time allows. Announcements should inform or educate the community and must not be used to advance personal interests or any form of financial gain.

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 unhoused, 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 . . . Victim10

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 <https://partnershipmiami.org/the-partnership-2/#caretreatment2> or by scanning the QR code on your agenda.

Care and Treatment Committee
Next Meeting: February 12, 2026, at 10:00 a.m.
Care Resource Community Health Centers, Midtown Miami, 3510 Biscayne Boulevard, 1st Floor Community Room, Miami, FL 33137

AGENDA
February 12, 2026

MINUTES
December 11, 2025

PARTNERSHIP REPORT
Partnership Report of Approved Motions, December 8, 2025

BYLAWS
Click here.

RETURN TO MENU

Meeting Documents

- Medical Care Subcommittee Report
- Outreach Service Description Draft
- Psychosocial Services Service Description Draft
- Health Insurance Service Description Draft
- Officer Nominations Memo
- 2026 Calendar of Activities
- FCPN Call for Nominations

Reference

Getting to the Meeting

Next Care & Treatment Meeting
Coming Up In ...
030: 22 : 40 : 31
Day hrs min sec

MIAMI DADE HIV/AIDS PARTNERSHIP
2025 - A YEAR IN REVIEW
December 8, 2025

2025 - A Year in Review

RSVP



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Floor Open to the Public

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

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



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**Care and Treatment Committee Meeting
Care Resource Community Health Center, Midtown Miami
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Miami, FL 33137**

February 12, 2026 Minutes

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

Guests	
Adolfo, Jen	Riley, James
Alcala, Carolina	Singh, Hardeep
Gonzalezde Obando Tivisay	Villamizar, Kira
Ingram, Trillion	
Oquendo, Lirian	
Staff	
Ladner, Robert	
Meizoso, Marlen	

All documents referenced in these minutes were accessible to members and the public prior to and during the meeting, at <https://partnershipmiami.org/the-partnership-2/#caretreatment2>.

I. Call to Order

Dr. Steven Santiago

Dr. Steven Santiago, the Committee Chair, welcomed everyone and called the meeting to order at 10:19 a.m.

II. Introductions

All

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping

Dr. Stephen Santiago

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

IV. Floor Open to the Public

Dr. Steven Santiago

Dr. Santiago read the following:

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda

All

The Committee reviewed the agenda and requested that all items indicating Dr. Diego Shmuels should be changed to Dr. Steven Santiago. A motion was made to accept the agenda with the correction.

Motion to accept the agenda as discussed.

Moved: Maria Henriquez

Seconded: Louvens Fils Aime

Motion: Passed

VI. Review/Approve Minutes of December 11, 2025 and January 23, 2026

The Committee reviewed the minutes of December 11, 2025, and January 23, 2026. Requesting no changes to the documents, a motion was made to accept each set of minutes.

Motion to accept the December 11, 2025, minutes as presented.

Moved: Maria Henriquez

Seconded: Louvens Fils Aime

Motion: Passed

Motion to accept the January 23, 2026, minutes as presented.

Moved: Louvens Fils Aime

Seconded: Maria Henriquez

Motion: Passed

VII. Reports

• Part A

Tivisay Gonzalez de Obando

Tivisay Gonzalez de Obando reviewed the Ryan White program expenditures and utilization through December 2025, as of January 28, 2026. All contracts have been executed and future expenditure reports will reflect catch-up reimbursements are still being paid.

• Part B

Kira Villamizar

Kira Villamizar reviewed the Part B report for December 2025, which was received yesterday, highlighting utilization and expenditures.

Emergency Financial Assistance (EFA) has some flexibility to cover medical transportation like Lyft but there are only five agencies contracted. EFA can cover short-term medications, transportation and housing, also.

- **ADAP**

Marlen Meizoso for Dr. Javier Romero

Dr. Javier Romero was not present at the meeting, but Marlen Meizoso directed attendees to review the posted items on the website and to forward any questions.

- **General Revenue**

No Report.

- **Vacancies**

Marlen Meizoso

Mrs. Meizoso reviewed the vacancy report from January 21, 2026, highlighting the membership opportunities on the Partnership, committees, and subcommittee. She announced that two qualified applicants were interested in membership and were present at the meeting, Trillion Ingram and James Riley. Each applicant presented themselves, expressed their interest, and the committee voted on their membership.

Motion to approve Trillion Ingram as member of the Care and Treatment Committee.

Moved: Louvens Fils Aime

Seconded: Maria Henriquez

Motion: Passed

Motion to approve James Riley as a member of the Care and Treatment Committee.

Moved: Louvens Fils Aime

Seconded: Maria Henriquez

Motion: Passed

Staff invited committee members who know of individuals interested in the work of this committee or the HIV/AIDS planning council, to invite them to a meeting or direct them to staff.

- **Medical Care Subcommittee Report**

Dr. Steven Santiago

Dr. Santiago reviewed the actions of the Medical Care Subcommittee (MCSC), which addressed contingency planning efforts by focusing on the oral health care formulary. These discussions focused on which oral health care services to prioritize in light of potentially significant cuts to the Oral Health Care allocations for FY 2026. Additional discussion will take place at the next meeting, where utilization data will be provided to assist the deliberations. The MCSC discussed outpatient ambulatory health services and the need to prioritize certain allowable conditions in light of potential significant increased demand. Additional discussion will also take place at the next meeting. Finally, the MCSC postponed changes to the prescription drug formulary until final resolution of changes made by the ADAP program.

The next MCSC meeting is scheduled for February 27, 2026, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 215, Coral Gables, FL 33134.

VIII. Standing Business

- *Response to the 2026 ADAP Programmatic Changes-Contingency Planning of Ryan White Program FY 2026-2027 Funding* *All*

The Care and Treatment Committee shared a recap of contingency measures to date. Clients are being urged to pick up a 90-day supply of medications. There was a meeting with providers to share changes. Formal communication has been requested of the Department of Health seeking clarification on the timing of the changes, allowable documentation (such as the head of household letter) and how changes will be enacted at the local ADAP office. The Recipient is preparing a letter to clients to be shared through medical case managers in English, Spanish and Haitian Creole to advise clients of changes. This letter will also be posted on the County's new website, www.miamidade.gov/hivsupport. The new website is part of a public relations program which will include signs and billboards promoting the Ryan White program in Miami-Dade County.

The Committee continued to use the ceiling allocations developed last year as it continued its work on contingency planning to focus funding on essential core services. Figures were adjusted based on historical expenditures detailed on the Dashboard, current expenditures, and estimated potential usage. While the actual budget amount is not known and likely will need to be revisited once the final award is received and the final outcome of additional ADAP changes is shared, the committee edited the dollar amounts but opted for a reduction of allocation percents from the ceiling budget as part of contingency planning.

The Committee first worked on the Minority AIDS Initiative (MAI) funding. Those items that had previously been allocated funding under a Request for Proposal were moved to current categories since contracts were extended an additional year (see table, following)

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2026-27 MINORITY AIDS INITIATIVE (MAI) FUNDING CEILING BUDGET EDITS FOR CONTINGENCY PLANNING							
FY 2026 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2024 EXPENDITURES	FY 2024 %	FY 2026 RECOMMENDED ALLOCATION ¹	FY 2026 %	REVISED FY 2026 RECOMMENDED ALLOCATION	REVISED FY 2026 %
9	EMERGENCY FINANCIAL ASSISTANCE [S]	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$785,709.75	44.32%	\$967,259.00	41.75%	\$750,000.00	32.37%
5	MEDICAL TRANSPORTATION [S]	\$12,488.33	0.70%	\$26,180.00	1.13%	\$9,000.00	0.35%
3	MENTAL HEALTH SERVICES [C]	\$2,990.00	0.17%	\$139,007.00	6.00%	\$5,000.00	0.22%
4	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$936,550.33	52.57%	\$1,181,562.00	51.00%	\$1,553,688.00	67.06%
21	OUTREACH SERVICES [S]	\$39,816.00	2.23%	\$0.00	0.00%	\$0.00	0.00%
12	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$120.00	0.01%	Not MAI Funded	N/A	\$100.00	0.0043%
2	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not Currently Funded ²	N/A	\$2,780.00	0.12%	Not Currently Funded	N/A
6	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
22	CHILD CARE SERVICES [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
11	EARLY INTERVENTION SERVICES [C]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
10	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
13	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
8	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
18	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
20	HOME HEALTH CARE [C]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
24	HOPICE [C]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
19	HOUSING [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
26	LINGUISTIC SERVICES [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
15	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
14	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
7	ORAL HEALTH CARE [C]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
27	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
16	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
23	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
25	REHABILITATION SERVICES [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
28	RESPIRE CARE [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
17	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded ²	N/A	Not MAI Funded	N/A	Not MAI Funded	N/A
	SUBTOTAL	\$1,781,674.61	100.00%	\$2,316,788	100.00%	\$2,316,788	100.00%

[C]= Core Medical Service, [S] = Support Service

A		B			
		\$535,113.39		\$2,316,788.00	Sum of Revised Column
		Difference (B-A)		\$0.00	Over/Short
ADMINISTRATION	\$220,562.42		\$268,531	\$268,531	
CLINICAL QUALITY MANAGEMENT	\$100,000.00		\$100,000	\$100,000	
TOTAL	\$2,102,237.03		\$2,685,519	\$2,685,519	
Core Medical Services (includes carryover exp.) ³		Exp. Ratios	Exp. Ratios	Exp. Ratios	
		97.06%	98.87%	99.66%	
Support Services		2.49%	1.13%	0.36%	

NOTES:

¹ Award Ceiling Totals \$28,445,042 [\$25,759,723 (Part A) and \$2,685,319 (MAI)] per HRSA's FY 2026 Non-Competing Continuation (NCC) Progress Report.

² The service category shaded in YELLOW was not previously funded under MAI and was selected in FY 2024 for inclusion in the upcoming Request for Proposals (RFP). Categories shaded in GREY are included for FY 2026 ranking purposes only and are not currently funded under the local RWP Part A or MAI, nor were they recommended for inclusion in the upcoming RFP. However, they are listed in accordance with HRSA's Notice of Funding Opportunity (NOFO) instructions and are intended to help guide other funding sources (e.g., FD/OH/Part B) in directing resources to areas of need.

³ Actual FY 2024 Core Medical Services' expenditure ratio was 93% under MAI, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.

FY 2026-27 CEILING BUDGET

MAI

Motion to recommend as contingency planning under the Minority AIDS Initiative (MAI) budget, the revised allocations by percentages indicated on the Miami Dade County Ryan White Program FY 2026-27 Minority AIDS Initiative (MAI) Funding Ceiling Budget Edits For Contingency Planning.
Moved: Maria Henriquez Seconded: Louvens Fils Aime Motion: Passed

The Committee then worked on the Part A budget, reallocating funding for those categories that were going to start under a new Request for Proposal. Since one member had a conflict, the motions related to Food Bank were bifurcated and the conflicted member will complete form 8B.

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2026-27 PART A FUNDING CEILING BUDGET EDITS FOR CONTINGENCY PLANNING							
FY 2026 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2024 EXPENDITURES	FY 2024 %	FY 2026 RECOMMENDED ALLOCATION ¹	FY 2026 %	REVISED FY 2026 RECOMMENDED ALLOCATION	REVISED FY 2026 %
3	AIDS PHARMACEUTICAL ASSISTANCE [C]	\$1,691.22	0.01%	\$29,359.00	0.13%	\$5,521,595.00	24.45%
8	EMERGENCY FINANCIAL ASSISTANCE [S]	\$0.00	0.00%	\$677,512.00	3.00%	\$0.00	0.00%
9	FOOD BANK/HOME DELIVERED MEALS [S]	\$1,767,470.45	8.12%	\$1,185,647.00	5.25%	\$300,000.00	2.21%
6	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW INCOME INDIVIDUALS [C]	\$228,123.41	1.15%	\$677,512.00	3.00%	\$0.00	0.00%
2	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	\$5,826,061.45	26.76%	\$5,645,938.00	25.00%	\$3,500,000.00	15.50%
10	MEDICAL TRANSPORTATION [S]	\$205,493.46	0.94%	\$225,837.00	1.00%	\$100,000.00	0.44%
7	MENTAL HEALTH SERVICES [C]	\$5,527.50	0.25%	\$1,129,188.00	5.00%	\$100,000.00	0.44%
5	ORAL HEALTH CARE [C]	\$3,974,344.00	18.25%	\$3,669,860.00	16.22%	\$1,034,930.00	4.12%
17	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	\$14,290.00	0.10%	\$56,459.00	0.25%	\$25,000.00	0.11%
4	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	\$7,820,124.45	35.91%	\$6,302,228.00	30.12%	\$10,002,228.00	44.29%
13	OUTREACH SERVICES [S]	\$123,202.86	0.57%	\$118,919.00	0.50%	\$0.00	0.00%
12	SUBSTANCE ABUSE OUTPATIENT CARE [C]	\$1,440.00	0.01%	\$225,838.00	1.00%	\$0.00	0.00%
14	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	\$1,639,750.00	7.57%	\$1,016,269.00	4.50%	\$1,000,000.00	4.47%
11	HOUSING [S]	Not Currently Funded ³	N/A	\$975,513.00	3.00%	Not Currently Funded ³	N/A
15	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Currently Funded ³	N/A	\$225,837.00	1.00%	Not Currently Funded ³	N/A
16	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Currently Funded ³	N/A	\$225,837.00	1.00%	Not Currently Funded ³	N/A
1	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
25	CHILD CARE SERVICES [S]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
18	EARLY INTERVENTION SERVICES [C]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
19	HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
21	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
22	HOME HEALTH CARE [C]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
24	HOSPICE [C]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
27	LINGUISTIC SERVICES [S]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
20	MEDICAL NUTRITION THERAPY [C]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
23	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
26	REHABILITATION SERVICES [S]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
28	RESPIRE CARE [S]	Not Part A Funded ²	N/A	Not Part A Funded	N/A	Not Part A Funded	N/A
	SUBTOTAL	\$21,775,528.20	100.00%	\$22,583,751	100.0%	\$22,583,751	100.0%

¹ Funded component of the service category.
[C]= Core Medical Service, [S]= Support Service

A		B		Sum of Column B	Sum of Revised Column
		Difference (B-A)		Over/Short	Over/Short
ADMINISTRATION ¹	\$2,078,698.08		\$2,575,972		\$2,575,972
CLINICAL QUALITY MANAGEMENT	\$604,056.00		\$600,000		\$600,000
TOTAL	\$24,458,282.88		\$25,759,723		\$25,759,723
Exp. Ratios		Exp. Ratios		Exp. Ratios	
Core Medical Services (includes carryover exp.) ⁴		82.69%		92.80%	
Support Services		17.31%		7.20%	

¹ Award Ceiling Totals \$26,445,042 (\$25,759,723 (Part A) and \$685,319 (MAI)) per HRSA's FY 2026 Non-Competing Continuation (NCC) Progress Report.

² Administration includes Partnership (Planning Council), Staff Support and Case Support (Provide³ Enterprise Miami).

³ Service categories shaded in YELLOW have not been previously funded and were selected in FY 2024 for inclusion in the upcoming Request for Proposals (RFP). Categories shaded in GREY are included for FY 2026 ranking purposes only and are not currently funded under the local RWP-Part A or MAI, nor were they recommended for inclusion in the upcoming RFP. However, they are listed in accordance with HRS's Notice of Funding Opportunity (NOFO) instructions and are intended to help guide other funding sources (e.g., FDOH/Part B) in directing resources to areas of need.

⁴ Actual FY 2024 Core Medical Service's expenditure ratio was 85.82% under Part A, net of expenditures funded by the carryover award. Per RWP legislation, Core Medical Service expenditures must be at least 75% of the overall direct service expenditures, not including carryover expenditures, unless the EMA meets the eligibility requirements for a Core Medical Services Waiver.

FY 2026-27 CEILING BUDGET

Part A

Motion to recommend as contingency planning under the Part A budget, the revised allocations by percentages indicated on the Miami Dade County Ryan White Program FY 2026-27 Part A Funding Ceiling Budget Edits For Contingency Planning, excluding Food Bank.

Moved: Maria Henriquez

Seconded: Louvens Fils Aime

Motion: Passed

Motion to recommend as contingency planning for Food Bank under the Part A budget, the revised allocation by percent indicated on the Miami Dade County Ryan White Program FY 2026-27 Part A Funding Ceiling Budget Edits For Contingency Planning.

Moved: Maria Henriquez

Seconded: Louvens Fils Aime

Motion: Passed

Recuse: Dr. Steven Santiago

A motion to extend the meeting was made, to allow continued discussions since less than 10 minutes were left.

Motion to extend the meeting.

Moved: James Riley

Seconded: Maria Henriquez

Motion: Passed

IX. New Business

- **2026 Elections**

The election memo shared at the December meeting was reviewed. Both officers are eligible and interested in serving another year. No additional members have indicated interest in placing their name on the ballot in advance of the meeting. The Committee opted to re-elect both officers for another year.

Motion to reelect the current officers.

Moved: Maria Henriquez

Seconded: Louvens Fils Aime

Motion: Passed

- **Update to 2026 Calendar of Activities**

Staff briefly highlighted the updated calendar of activities for 2026.

X. Announcements

All

Attendees were reminded that new member orientation is taking place on March 4, 2026, registration for the event is accessible via the posted QR code.

XI. Next Meeting

Dr. Steven Santiago

The next meeting is scheduled for Thursday, March 12, 2026, at Care Resource, from 10:00 a.m. to 12:00 p.m.

XII. Adjournment

Dr. Steven Santiago

With business concluded, Dr. Santiago thanked everyone for participating, and adjourned the meeting at 12:05 p.m.

FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS

LAST NAME—FIRST NAME—MIDDLE NAME Santiago, Steven		NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE Miami-Dade HIV/AIDS Partnership-Care and Treatment Cmte	
MAILING ADDRESS [REDACTED]		THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: ☐ CITY ☒ COUNTY ☐ OTHER LOCAL AGENCY	
CITY Miami	COUNTY Miami-Dade	NAME OF POLITICAL SUBDIVISION:	
DATE ON WHICH VOTE OCCURRED February 12, 2026		MY POSITION IS: ☒ ELECTIVE ☐ APPOINTIVE	

WHO MUST FILE FORM 8B

This form is for use by any person serving at the county, city, or other local level of government on an appointed or elected board, council, commission, authority, or committee. It applies to members of advisory and non-advisory bodies who are presented with a voting conflict of interest under Section 112.3143, Florida Statutes.

Your responsibilities under the law when faced with voting on a measure in which you have a conflict of interest will vary greatly depending on whether you hold an elective or appointive position. For this reason, please pay close attention to the instructions on this form before completing and filing the form.

INSTRUCTIONS FOR COMPLIANCE WITH SECTION 112.3143, FLORIDA STATUTES

A person holding elective or appointive county, municipal, or other local public office **MUST ABSTAIN** from voting on a measure which would inure to his or her special private gain or loss. Each elected or appointed local officer also **MUST ABSTAIN** from knowingly voting on a measure which would inure to the special gain or loss of a principal (other than a government agency) by whom he or she is retained (including the parent, subsidiary, or sibling organization of a principal by which he or she is retained); to the special private gain or loss of a relative; or to the special private gain or loss of a business associate. Commissioners of community redevelopment agencies (CRAs) under Sec. 163.356 or 163.357, F.S., and officers of independent special tax districts elected on a one-acre, one-vote basis are not prohibited from voting in that capacity.

For purposes of this law, a "relative" includes only the officer's father, mother, son, daughter, husband, wife, brother, sister, father-in-law, mother-in-law, son-in-law, and daughter-in-law. A "business associate" means any person or entity engaged in or carrying on a business enterprise with the officer as a partner, joint venturer, coowner of property, or corporate shareholder (where the shares of the corporation are not listed on any national or regional stock exchange).

* * * * *

ELECTED OFFICERS:

In addition to abstaining from voting in the situations described above, you must disclose the conflict:

PRIOR TO THE VOTE BEING TAKEN by publicly stating to the assembly the nature of your interest in the measure on which you are abstaining from voting; *and*

WITHIN 15 DAYS AFTER THE VOTE OCCURS by completing and filing this form with the person responsible for recording the minutes of the meeting, who should incorporate the form in the minutes.

* * * * *

APPOINTED OFFICERS:

Although you must abstain from voting in the situations described above, you are not prohibited by Section 112.3143 from otherwise participating in these matters. However, you must disclose the nature of the conflict before making any attempt to influence the decision, whether orally or in writing and whether made by you or at your direction.

IF YOU INTEND TO MAKE ANY ATTEMPT TO INFLUENCE THE DECISION PRIOR TO THE MEETING AT WHICH THE VOTE WILL BE TAKEN:

- You must complete and file this form (before making any attempt to influence the decision) with the person responsible for recording the minutes of the meeting, who will incorporate the form in the minutes. (Continued on page 2)

APPOINTED OFFICERS (continued)

- A copy of the form must be provided immediately to the other members of the agency.
- The form must be read publicly at the next meeting after the form is filed.

IF YOU MAKE NO ATTEMPT TO INFLUENCE THE DECISION EXCEPT BY DISCUSSION AT THE MEETING:

- You must disclose orally the nature of your conflict in the measure before participating.
- You must complete the form and file it within 15 days after the vote occurs with the person responsible for recording the minutes of the meeting, who must incorporate the form in the minutes. A copy of the form must be provided immediately to the other members of the agency, and the form must be read publicly at the next meeting after the form is filed.

DISCLOSURE OF LOCAL OFFICER'S INTEREST

I, Steven Santiago, hereby disclose that on February 12, 20 26 :

(a) A measure came or will come before my agency which (check one or more)

- ☐ inured to my special private gain or loss;
- ☐ inured to the special gain or loss of my business associate, _____ ;
- ☐ inured to the special gain or loss of my relative, _____ ;
- ☐ inured to the special gain or loss of _____, by whom I am retained; or
- ☐ inured to the special gain or loss of Food for Life Network, which is the parent subsidiary, or sibling organization or subsidiary of a principal which has retained me.

(b) The measure before my agency and the nature of my conflicting interest in the measure is as follows:

The FY 2026-27 allocation recommended for the food bank service category for which Food for Life Network is the sole provider.

If disclosure of specific information would violate confidentiality or privilege pursuant to law or rules governing attorneys, a public officer, who is also an attorney, may comply with the disclosure requirements of this section by disclosing the nature of the interest in such a way as to provide the public with notice of the conflict.

2/12/2026

Date Filed


Signature

NOTICE: UNDER PROVISIONS OF FLORIDA STATUTES §112.317, A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$10,000.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 12, 2026

10:00 a.m. – 12:00 p.m.

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

AGENDA

- | | | |
|-------|--|--------------------|
| I. | Call to Order | Dr. Diego Shmuels |
| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 12, 2026 | All |
| VII. | Reports | |
| | • Recipients (Part A, Part B, ADAP, General Revenue) | All |
| | • Vacancies | Marlen Meizoso |
| | • Medical Care Subcommittee Report | Dr. Diego Shmuels |
| VIII. | Standing Business | |
| | • Response to the 2026 ADAP Programmatic Changes-Contingency Planning of Ryan White Program FY 2026-2027 | All |
| IX. | New Business | |
| | • Membership Recruitment Presentation | Roundtable Members |
| | • Planning for 2026-RFP and Needs Assessment | All |
| | • Special Projects Discussion | All |
| X. | Announcements and Open Discussion | All |
| | • Annual Source of Income forms | Marlen Meizoso |
| XI. | Next Meeting: April 9, 2026 at Care Resource | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

Please turn off or mute cellular devices – Thank you

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

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

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

January 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

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

Support Services

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

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
	6	70	4	8
	6	5,315	5	1,935
	8,064	112,932	3,860	8,764
	8	555	4	123
	778	10,612	579	2,804
	2,035	28,302	1,059	4,126
	0	12	0	4
	664	11,233	280	802
	460	6,648	219	1,101
	5	195	3	51
	13	437	12	224
	172	5,599	7	85
TOTALS:	12,211	181,910		

Total unduplicated clients (month):

4,528

Total unduplicated clients (YTD):

9,141

See page 4 for
Service Unit
Definitions

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

January 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

Service Units		Unduplicated Client Count	
<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
6	70	4	8
6	5,315	5	1,935
6,165	96,748	3,038	8,475
8	555	4	123
778	10,612	579	2,804
1,895	26,141	977	4,005
0	12	0	4
664	11,233	280	802
420	6,394	179	1,067
5	195	3	51
7	397	7	199
172	5,599	7	85
TOTALS:	10,126	163,271	

Total unduplicated clients (month):

3,906

Total unduplicated clients (YTD):

9,033

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

January 2026

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

- Medical Case Management
- Outpatient Ambulatory Health Services

Support Services

- Medical Transportation
- Outreach Services

	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Medical Case Management	1,899	16,184	1,001	1,960
Outpatient Ambulatory Health Services	140	2,161	107	582
Medical Transportation	40	254	40	65
Outreach Services	6	40	5	26
TOTALS:	2,085	18,639		
Total unduplicated clients (month):	1,043			
Total unduplicated clients (YTD):	2,167			

Miami-Dade County Ryan White Part A/MAI Program

Service Unit Definitions

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

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

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3501)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35
FORMULA AND SUPPLEMENTAL FUNDING

Per Resolution #s: R-40-25, R-246-20, R-247-20, R-817-19 & R-639-23

This report reflects year-to-date paid reimbursements for FY 2025
Part A service months through January 2026, as of February 25,
2026. Pending Part A reimbursements currently under review total
\$5,739,210.61. All Part A contracts are fully executed.

Project #: BURW3501	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount Formula	16,176,379.00	FORMULA
Grant Award Amount FY23 Formula	1,500.00	PY_FORMULA
Grant Award Amount Supplemental	7,957,734.00	SUPPLEMENTAL
Grant Award Amount FY23 Supplemental	89,039.00	PY_SUPPLEMENTAL
Carryover Award of FY24 Formula Funds	800,000.00	CARRYOVER
Total Award	\$ 25,024,652.00	

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:	Allocations	Carryover (C/O) Allocations
Core Medical Services		
8 AIDS Pharmaceutical Assistance	5,744.00	
6 Health Insurance Services	490,526.00	
1 Medical Case Management	6,377,000.00	
3 Mental Health Therapy/Counseling	54,303.00	
4 Oral Health Care	4,631,775.00	
2 Outpatient/Ambulatory Health Svcs	7,007,729.00	
9 Substance Abuse - Outpatient	3,000.00	

CORE Services Totals: 18,570,077.00

Support Services	Allocations	Carryover Allocations
12 Emergency Financial Assistance	0.00	
5 Food Bank	848,861.00	640,000.00
13 Medical Transportation	62,888.00	160,000.00
15 Other Professional Services	18,700.00	
14 Outreach Services	140,661.00	
7 Substance Abuse - Residential	1,611,000.00	

SUPPORT Services Totals: 2,682,110.00 800,000.00
FY 2025 Award (not including C/O) 21,252,187.00

DIRECT SERVICES TOTAL: \$ 22,052,187.00

Total Core Allocation 18,570,077.00
Target at least 80% core service allocation 17,001,749.60
Current Difference (Short) / Over \$ 1,568,327.40

Recipient Admin. (GC, GTL, BSR Staff) \$ 2,368,904.00

Quality Management \$ 603,561.00 2,972,465.00

(+) Unobligated Funds / (-) Over Obligated:
Unobligated Funds (Formula & Supp) \$ -
Unobligated Funds (Carry Over) \$ - \$ - 25,024,652.00

Core medical % against Total Direct Service Allocation (Not including C/O):
Cannot be under 75% 87.38% Within Limit

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% 2.49% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% 9.78% Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:	Expenditures	Carryover (C/O) Expenditures
Core Medical Services		
5606970000 AIDS Pharmaceutical Assistance	2,806.47	
5606920000 Health Insurance Services	265,520.59	
5606870000 Medical Case Management	3,908,104.60	
5606860000 Mental Health Therapy/Counseling	36,985.00	
5606900000 Oral Health Care	3,006,564.00	
5606610000 Outpatient/Ambulatory Health Svcs	4,690,292.70	
5606910000 Substance Abuse - Outpatient	0.00	

CORE Services Totals: 11,910,273.36

Account	Support Services	Expenditures	Carryover Expenditures
5606940000	Emergency Financial Assistance	0.00	
5606980000	Food Bank	689,202.80	640,000.00
5606460000	Medical Transportation	33,561.81	159,137.49
5606890000	Other Professional Services	17,559.00	
5606950000	Outreach Services	65,889.72	
5606930000	Substance Abuse - Residential	1,397,750.00	

SUPPORT Services Totals: 2,203,963.33 799,137.49
FY 2025 Award (not including C/O) 14,114,236.69

TOTAL EXPENDITURES DIRECT SVCS & % : \$ 14,913,374.18 67.63%

Formula Expenditure % 80.01%

5606710000 Recipient Administration 1,684,959.31 71.13%

5606880000 Quality Management 500,734.42 2,185,693.73

Grant Unexpended Balance FY 2023 Award Carryover
7,924,721.58 862.51 7,925,584.09

Total Grant Expenditures & % \$ 17,099,067.91 68.33%

Core medical % against Total Direct Service Expenditures (Not including C/O):
Cannot be under 75% 84.38% Within Limit

Quality Management % of Total Award (Not including C/O):
Cannot be over 5% 2.07% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):
Cannot be over 10% 6.96% Within Limit

Printed On: 2/25/2026

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	97.53%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	3.90%	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%	95.24%	Within Limit
Quality Management % of Total Award (Not including C/O): Cannot be over 5%	3.25%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O): Cannot be over 10%	4.95%	Within Limit



Care and Treatment
Thursday, March 12, 2026

10:00 a.m. – 12:00 p.m.

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

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Florida Department of Health
Expenditure/Invoice Report
Program Name: Patient Care-Consortia

Area Name: AREA 11A

Month: December

Year: 2025-2026

Provider Agency Name: FDOH Miami-Dade County

Contract Name: 2025_2026 FDOH Miami-Dade County Patient Care-Consortia

Contract Service	No. of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance
Administrative Services	0	0	\$125356.00	\$8348.56	\$79909.01	\$45446.99
Clinical Quality Management	0	0	\$82071.00	\$3293.51	\$39437.99	\$42633.01
Planning and Evaluation	0	0	\$36471.00	\$4991.94	\$33028.92	\$3442.08
Medical Case Management (including treatment adherence)	61	8085	\$111527.00	\$9297.75	\$95910.00	\$15617.00
Mental Health Services - Outpatient	0	0	\$25000.00	\$0.00	\$0.00	\$25000.00
Emergency Financial Assistance	122	235	\$914524.00	\$30101.61	\$280738.08	\$633785.92
Non-Medical Case Management Services	2	2	\$184024.00	\$8822.39	\$90479.77	\$93544.23
Referral for Health Care/Supportive Services	261	261	\$200876.00	\$13817.01	\$129679.40	\$71196.60

	This Month	Year To Date
Total Expended:	\$ 78672.77	\$ 749183.17

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.

Ernesto Rodriguez

Signature of Provider Agency Official

Date : 01-22-2026



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ADAP Miami-Dade / Summary Report ^ - January-26

Utilization & Expenditures – CHD Pharmacy & Premium Plus

Month	New	Re-E	Clients ^{^^}	CHD Pharmacy	RXs	Patients	RX/Pt	Payments	#Premiums	~\$ / Premium
Apr-25	70	933	7,637	\$ 1,236,853.00	2,421	682	3.5	\$ 5,218,553.20	2,993	\$ 1,743.59
May-25	61	567	7,571	\$ 1,224,080.44	2,391	678	3.5	\$ 5,233,113.31	3,014	\$ 1,736.27
Jun-25	65	345	7,564	\$ 1,244,338.24	2,302	671	3.4	\$ 5,205,538.79	2,993	\$ 1,739.23
Jul-25	75	323	7,544	\$ 1,321,557.63	2,490	714	3.5	\$ 5,175,093.99	2,857	\$ 1,811.37
Aug-25	55	285	7,579	\$ 1,162,840.91	2,325	659	3.5	\$ 5,159,017.57	2,977	\$ 1,732.96
Sep-25	39	268	7,592	\$ 1,267,426.83	2,483	695	3.6	\$ 5,132,419.99	2,964	\$ 1,731.59
Oct-25	61	430	7,577	\$ 1,286,962.59	2,590	712	3.6	\$ 5,100,269.38	2,942	\$ 1,733.61
Nov-25	60	487	7,561	\$ 909,240.90	1,833	524	3.5	\$ 5,036,214.78	2,905	\$ 1,733.64
Dec-25	47	822	7,533	\$ 1,141,019.00	2,389	611	3.9	\$ 4,877,529.35	2,821	\$ 1,729.01
Jan-26	51	733	7,608	\$ 1,038,754.13	2,683	706	3.8	\$ 5,196,529.00	2,094	\$ 2,481.63
Feb-26										
Mar-26										
FY25/26	584	5,193	7,608	\$ 11,833,073.67	23,907	6,652	3.6	\$ 51,334,279.36	28,560	\$ 1,797.42
701 6,232				\$14,199,688.40	28,688	7,982		\$61,601,135.23	34,272	
FYTD DD [CHD Ph] + PP, excluding WP, DD-PBM: \$63,167,353.03				FY Projections DD+PP [E]: \$75,800,823.64		APTG [YTD] \$11,496,421.77		Projection 2025 \$15,886,776.63		
				\$91,687,600.27						

Program Update

02/06/26	Benefit Level ^	7,608	Direct Dispense	57%	4,311	Premium Plus	43%	3,297
02/06/26	Cabenuva ®	289	Direct Dispense	66%	190	Premium Plus	34%	99
02/06/26	Medicare eligible ^	71	Clients in 7-month window around 65 th birthday				Target clients this month: 10	
02/06/26	On Medicare	267	Active clients with copayment assistance					
02/06/26	ACA-MP ^	2,094	[FDOH, 01/09/26: Premium Assistance: discontinued. 130% FPL. Biktary: removed; Descovy: restricted. 2-mo. transition. [TBC]					

SOURCES: Provide Enterprise & Pharmacy systems. ^ All data subject to review. ^^ Open + Active pts. - NOTE: Expenditures NOT included: DD pts. from WP & PBM pharmacies [100+].

SUMMARY *

ADAP DIRECT DISPENSE
≤ 130 % FPL

C&D: 0-400 % FPL
M-PartD, ESI

PREMIUM ASSISTANCE
≤ 130 % FPL

DIRECT DISPENSE
> 130 % FPL

PREMIUM ASSISTANCE
> 130 % FPL

[1] BIKTARVY: Removal
[2] DESCOVY: Restrictions

* Information & Implementation subject to change

For additional information, please visit www.adapmiami.com or contact adap.fldohmdc@flhealth.gov

Florida Department of Health in Miami-Dade County

ADAP Program & FLDHMD C HD Pharmacy - 2515 W Flagler Street, Suite 102, Miami, Florida 33135 - Phone: 305-643-7400



MIAMI-DADE HIV/AIDS PARTNERSHIP

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During the month of January the following were the top 3 services:
Non-Medical Case Management with a total of 254 unduplicated clients served for a total of \$43,850.77
Ambulatory Services with a total of 190 unduplicated clients served for a total of \$81,096.84
Medical Case Management with a total of 113 unduplicated clients for a total of \$45,824.81

General Revenue July 2025 - June 2026
HIV/AIDS Demographic Data for PHT/SFAN

	January 26			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt. YTD	Budget as of 7-1-25 Annual Budget	YTD Units
Ambulatory - Outpatient Care	190	297	81,096.84	548,878.30	1,644,600.00	2,235
Drug Pharmaceuticals	8	24	21,262.53 4,788.50	193,848.23	288,900.00	221
Early Intervention Services				23,074.04	68,918	11
Oral Health				-	50,000.00	-
Home & Community Base Services				2,510.60	12,000.00	35
Home Health Care				5,611.00	24,288.00	186
Mental Health Services	28	34	4,218.29	47,918.03	120,000.00	290
Nutrition Counseling				2,609.84	20,000.00	16
Medical Case Management	113	317	45,824.81	1,346,870.37	1,692,262.00	8,702
Sustance Abuse Services				14,548.24	93,000.00	793
Food Bank/Home Delivered Meals	42	87	2,392.50	14,030.00	35,000.00	510
Non-Medical Case Management	254	257	43,850.77	353,846.50	630,735.00	1,043
Other Support Services / Emergency Fin. Assistance	-	-	-	15,014.68	192,000.00	6
Psychosocial Support Services				28,843.20	55,000.00	2,244
Transportation	1	8	165.12	40,564.60	97,250.00	587
Referral for Health Care / Supportive Services	40	181	37,557.49	312,549.62	420,820.00	974
Substance Abuse Residential				83,302.38	281,955.00	306
Residential Care - Adult	-	-	-	79,950.00	237,250.00	1,847
Nursing Home Care	3	77	22,043.56	228,216.94	436,785.00	543
Hospital Services				-		
	679	1,282	263,200.41	3,342,186.57	6,400,763.00	20,549



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Membership Report

February 23, 2026

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for Ryan White Program Clients

4 seats are available to Ryan White Program Clients who are not affiliated or employed by a Ryan White Program Part A funded service provider.
(1 applicant pending)

Opportunities for General Membership

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

- Hospital or Health Care Planning Agency Representative
- Housing, Homeless or Social Service Provider
- Other Federal HIV Program Grantee Representative (Part F)
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Non-Ryan White Program Miami-Dade County Representative
- Part D Grantee Representative
- Mental Health Provider Representative (1 applicant pending)

Are you a Member?

Thank you for your service to people with HIV!
Be sure to bring a Ryan White client to your next meeting!

Do You Qualify for Membership?

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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?



Get Started Today!
Scan the QR Code or contact
mdcpartnership@behavioralscience.com.





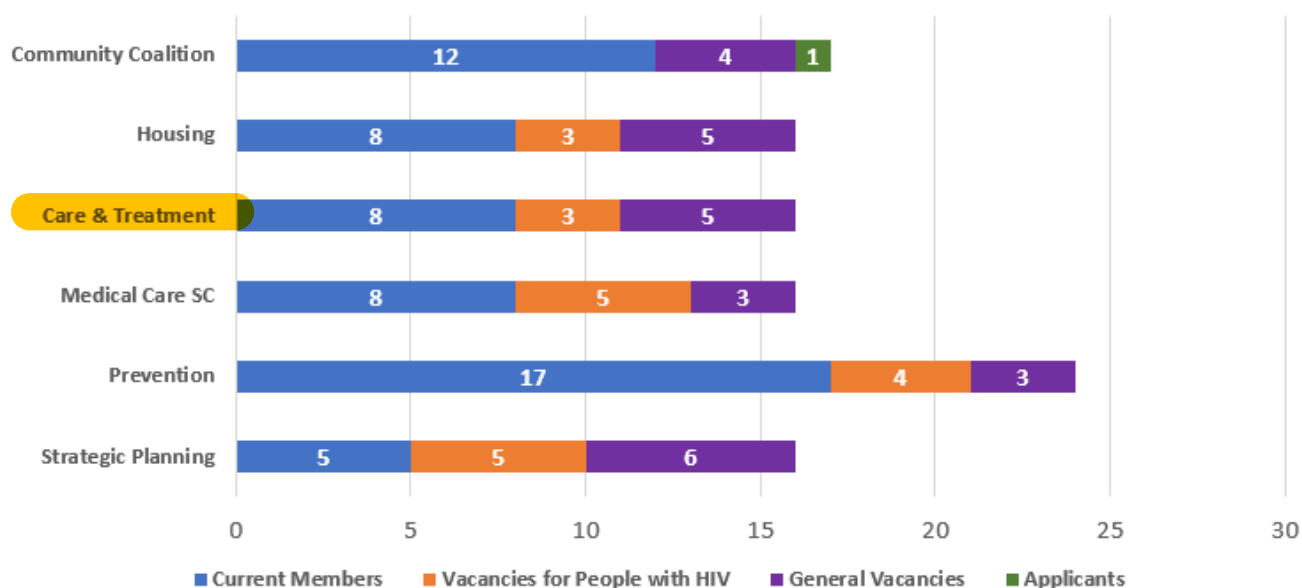
Committees

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

People with HIV are encouraged to join!

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

Standing Committee and Subcommittee Membership



* Prevention Committee activities and new member opportunities are on hold.



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**Medical Care Subcommittee
February 27, 2026 Meeting Report
to the Care and Treatment Committee
Presented March 12, 2026**

The Medical Care Subcommittee (MCSC) continued efforts addressing contingency planning by focusing on the oral health care formulary. They reviewed utilization data, recommendations from former Oral Health Care Workgroup members, and made determination on cost containment efforts by addressing the current cap and implants to sustain some oral health services to clients.

Motion as part of the contingency planning to address ADAP changes to remove implants from the Ryan White Oral Health Care formulary.

The current annual oral health care cap is \$6,500 per client. A range of cap level was offered. The lower range cap was \$1,500 which is closer to the average cost per client last year and the \$2,000 level would allow for clients to access dentures, since these are a more costly item. The cap level will be selected depending on what the expenditure level is at the time of implementation.

Motion as part of contingency planning to reduce the oral health care cap between \$1,500-\$2,000 depending on the rate of expenditure at the time of implementation.

Since funding levels will not be as high as past years, the decision was made to allow for an override for those clients whose treatment may require exceeding the annual cap, subject to funding availability.

Motion as part of contingency planning for urgent or emergency circumstances that an override be developed by the Office of Management and budget that dental providers provide, subject to availability of funds replies if it is an emergency; does it affect function; consequences of delay in treatment; and treatment plan of care.

Next Meeting

The next MCSC meeting is scheduled for March 27, 2026, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 215, Coral Gables, FL 33134.

All motions are subject to Partnership approval.



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On-Boarding and Mentorship Process

Miami-Dade HIV/AIDS Partnership

As of March 2, 2026

The purpose of this process is to promote engagement and retention of new members by ensuring they feel prepared for their membership responsibilities and have a connection to one or more Partnership committee members.

1. The applicant will complete the simplified two-page application and staff will process as usual.
2. Staff will bring the applicant contact information to the Community Coalition Roundtable (CCR) and CCR members may assign a CCR mentor for the applicant.
3. First Meeting
 - a. The CCR mentor will correspond with the applicant to ensure meeting attendance and will attend the meeting with the applicant, if possible. NOTE: CCR mentors are not required to give their personal contact information to an applicant; staff will help with coordination as needed.
 - b. The applicant will be assigned a mentor from the committee.
 - c. After the meeting, the CCR mentor will follow up with the applicant to discuss their readiness to be voted onto the committee.
 - d. If the applicant is ready to join, the CCR mentor will advise staff.
4. Next Meeting(s)
 - a. **If the applicant is not ready to join the committee.**
 - 1) The CCR mentor will correspond with the applicant to ensure meeting attendance and will attend the meeting with the applicant, if possible.
 - 2) The applicant will sit with their assigned committee mentor or CCR mentor for guidance throughout the meeting.
 - 3) After the meeting, the CCR mentor will follow up with the applicant to discuss their readiness to be voted onto the committee.
 - 4) The CCR mentor will advise staff of the applicant's readiness to join.
 - b. **If the applicant is ready to join the committee.**
 - 1) The CCR mentor will correspond with the applicant to ensure meeting attendance and will attend the meeting with the applicant, if possible.
 - 2) The applicant will sit with their assigned committee mentor or CCR mentor for guidance throughout the meeting.
 - 3) The Chair will request a motion to accept the applicant as a new member and the committee will vote. If the motion is approved, **the CCR mentorship will end in compliance with Government in the Sunshine**, and the committee members will provide ongoing support.
 - 4) Staff will correspond with the new member through regular channels.



Committee and Subcommittee Membership Application

This is the membership application for the committees and subcommittees of the Miami-Dade HIV/AIDS Partnership, Miami-Dade County's Ryan White Program Planning Council.

Our vision is to eliminate barriers and disparities, improve health outcomes, and create a healthier, empowered Miami-Dade County for all people living with, impacted by, or vulnerable to HIV. If you share this vision and have a reputation for integrity, community service, and a demonstrated interest in the field of HIV, you are invited to join!

Your commitment for membership includes:

- Monthly meeting preparation, attendance, and participation.
- Completion of Partnership and/or Miami-Dade County training and annual filing requirements.

1. Are you registered to vote in Miami-Dade County?

☐ Yes. ☐ No. ☐ I'm not sure. *Committee and Subcommittee applicants **must be registered to vote** in Miami-Dade County. Please confirm or update your voter status before completing this application.*

2. Contact Information

First Name: _____ Middle Initial: _____ Last Name: _____

Email: _____

Your email will be added to the Partnership listserv and will be used for regular Partnership correspondence.

Home Address: _____

Home or Cell Phone: _____ May we text this phone? ☐ Yes ☐ No

Employer (if applicable): _____

Business Address: _____

Business Phone Number: _____ May we text this phone? ☐ Yes ☐ No

Are you an officer, employee, representative, or consultant to any Ryan White Program Part A funded service provider? ☐ Yes ☐ No ☐ I'm not sure

3. Demographic Information

Sex: ☐ Male ☐ Female

Language(s) I speak: ☐ English ☐ Spanish ☐ Haitian Creole ☐ Other (please specify) _____

Race/Ethnicity: ☐ White/Non-Hispanic ☐ Black/Non-Hispanic ☐ Hispanic ☐ Asian/Pacific Islander
☐ American Indian/Alaska Native ☐ Other (please specify) _____

Date of Birth: _____

Your initials here

I understand that Partnership Staff will use this information to confirm my voter information from the website <https://registration.dos.fl.gov/en/CheckVoterStatus/Index>.

4. Committees and Subcommittees of Interest Check all that apply.

- ☐ **Care and Treatment Committee** Service guidelines, Annual Needs Assessment, funding allocations.
- ☐ **Community Coalition Roundtable** Member recruitment and community engagement.
- ☐ **Housing Committee** HOPWA housing and related programs.
- ☐ **Medical Care Subcommittee** Medical standards of care and HIV medications. Seat: _____ (e.g., MCM, MD)
- ☐ **Prevention Committee/Joint Integrated Plan Review Team** HIV/STI testing, prevention activities, integrated planning.
- ☐ **Strategic Planning/Joint Integrated Plan Review Team** Program assessment, annual reporting, integrated planning.

5. Disclosure of Personal Health Information Authorization

This authorization shall become valid immediately and shall remain in effect until revoked.

Meaningful involvement of people with HIV/AIDS is a cornerstone of Partnership and committee membership.

- I am applying for membership as a person with HIV. ☐ Yes ☐ No
- ☐ **I prefer not to disclose my HIV status.** *I understand that I will be considered for membership in other membership categories, provided there is an open seat, and I meet the qualifications for that seat.*
- I, (print your full name) _____, understand that if I wish to be considered for membership as a person with HIV it is necessary to identify my HIV status. By signing this authorization, I willingly disclose my HIV status.

Signature: _____

Date: _____

<i>Your initials here</i>	I understand that this information will become public record and may be discussed in open, public meetings. The Florida Government in the Sunshine Law requires open discussion in a public forum. In addition, I further understand that by signing this release, I waive any exemptions of the information concerning my HIV status pursuant to Chapter 119.07 of the Florida Statutes. My status will be released to anyone who requests a copy of this document.
<i>Your initials here</i>	I further understand that I may revoke this authorization to disclose my HIV status, in writing, prior to my application being considered at the next committee or subcommittee meeting. However, I understand that the information may have already been disclosed on the basis of this authorization.
<i>Your initials here</i>	I authorize the release and exchange of information about my HIV status among and between the Miami-Dade County Office of Management and Budget-Grants Coordination, the Office of the Mayor of Miami-Dade County, the Miami-Dade County Office of the Inspector General, the Miami-Dade HIV/AIDS Partnership, the United States Office of Inspector General, the United States Department of Health and Human Services, and Behavioral Science Research Corporation.

Cancellation Of Disclosure Authorization

I wish to cancel this Disclosure of Personal Health Information Authorization. I understand that I am entitled to a copy of this canceled Authorization.

Signature: _____

Date: _____

6. Signature and Next Steps

Bring your completed application to a meeting or send by:

- Mail: Behavioral Science Research Corporation (BSR), Attn: Staff Support, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134;
- Email: mdcpartnership@behavioralscience.com; or
- Fax: (305) 448-3325.

Please contact Partnership staff at (305) 445-1076 or mdcpartnership@behavioralscience.com, if you need assistance.

Upon receipt of your application, BSR staff and/or a Community Coalition Roundtable mentoring member will contact you to review next steps for membership. Following that review, your application will go before the committee or subcommittee to which you have applied. You are required to attend the meeting of that committee or subcommittee to introduce yourself and state your interest in serving as a member.

I, (print your full name) _____, certify I have thoroughly read this application and will abide by the rules and regulations governing the Miami-Dade HIV/AIDS Partnership. I further certify that all the statements made in this application are true and correct.

Signature: _____

Date: _____

Application valid for 6 months from this date.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, March 12, 2026

10:00 a.m. – 12:00 p.m.

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

AGENDA

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| II. | Introductions | All |
| III. | Meeting Housekeeping | Dr. Diego Shmuels |
| IV. | Floor Open to the Public | Dr. Diego Shmuels |
| V. | Review/Approve Agenda | All |
| VI. | Review/Approve Minutes of February 12, 2026 | All |
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| | • Medical Care Subcommittee Report | Dr. Diego Shmuels |
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| XI. | Next Meeting: April 9, 2026 at Care Resource | Dr. Diego Shmuels |
| XII. | Adjournment | Dr. Diego Shmuels |

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Marlen Meizoso at 305-445-1076 or marlen@behavioralscience.com

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**Care and Treatment Committee
Ryan White Program
Annual Priorities Setting and Resource Allocations
Meeting Topics**

May 14, 2026-2 hours
June 11, 2026-3 hours
July 9, 2026-3 hours
August 13, 2026-3 hours
September 10, 2026-2 hours

- Setting Priorities and Allocating Resources Process
- Planning Council Responsibilities and Needs Assessment
- HIV Epidemiology In Miami-Dade County
- Ryan White Demographics
- Ryan White Program HIV Care Continuum
- Ryan White Co-Occurring Conditions
- Other Funding and Dashboard Cards
- Client Satisfaction Survey and Service Gaps
- Unmet Need
- HRSA PCN #16-02 and Local Service Categories
- Projections
- Special Directives
- Priorities Setting
- Resource Allocation



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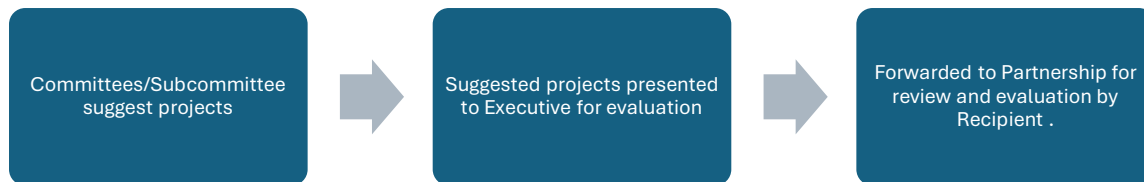
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2027 Special Projects

As part of the annual staff support budget process approved in 2024, the committees and the subcommittee are being polled for any request for support of special projects above and beyond the annual activities such as the needs assessment, comprehensive planning, PSRA, and the efficiency of administrative mechanism. After projects are elaborated, they will be vetted by the Executive Committee and forwarded for recommendation.



This year the Integrated Plan is under development and due by June 2026.



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SOURCE OF INCOME STATEMENT

Section 2-11.1(i) of the County Ethics Code requires that certain employees, public officials, and consultants file a financial disclosure Statement on a yearly basis by July 1st of every year. For the last year of service, file SOI-F.

Disclosure for Tax Year Ending	Last Name (or, Consultant or Consulting Firm name)	First Name	Middle Name/Initial
Mailing Address – Street Number, Street Name, or P.O. Box			
City, State, Zip			

If your home address is your mailing address, and your home address is exempt from public records pursuant to Fla. Stat. §119.07, read instructions on the following page **and check here.** ☐

Filing as an Employee (check one)

☐ County ☐ Public Health Trust ☐ Municipal: _____ (Municipality)		
Department		
Position or Title		Employee ID Number
Work address	Work telephone	Employment began on/ended on

Filing as (check one)

☒ County Board ☐ Municipal Board: _____ (Municipality) ☐ Consultant for County or Municipal Agency		
Board where serving or name of County or Municipal Agency Consultant is providing professional services to		
Alternate address (if home address is exempt)	Work telephone	Term began on/ended on

List below every source of income you received, along with the address and the principal activity of each source. Include your public salary. Place the sources of income in descending order, with the largest source first. Examples of sources of income include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, and social security payments. Also, include any source of income received by another person for your benefit. However, the income of your spouse or any business partner need not be disclosed. **If continued on a separate sheet, check here.** ☐

Name of Source of Income	Address	Description of the Principal Business Activity
Employer Name	Employer Address	salary

I hereby swear (or affirm) that the information above is a true and correct statement.

Signature of Person Disclosing

Date

ETHICS COMMISSION USE ONLY:

SOURCE OF INCOME INFORMATION

Required by the Miami-Dade County Code, Section 2-11.1(i)

The term **INCOME** shall include, but is not limited to, the following items: wages, salaries; tips; bonuses; commissions & fees; dividends, interest; profits from businesses and professions; your share of profits from partnerships and small business corporations; pensions, annuities & endowments; profits from the sale or exchange of real estate, securities or other property, including personal residence; rents and royalties; your share or estate or trust income, including accumulated distributions; alimony, separate maintenance or support payments; prizes; awards; fees as an Executor, Administrator or Director; disability retirement payments; workmen's compensation, insurance; damages; social security payments, etc.

FILING INSTRUCTIONS

A "Source of Income Form," (SOI) or a signed copy of the personal income tax forms may be filed to satisfy the filing requirement for County/Public Health Trust employees, municipal employees, advisory board members, and consultants providing professional services to the County or a Municipality who are not required to file under State law. State filers who also hold County or Municipal positions (for example, State filers who also serve on County or Municipal boards) meet the County financial disclosure requirement by filing their state form with the Florida Commission on Ethics.

The Source of income Form must be filed yearly no later than 12:00 noon of July 1st. Consultants file within thirty (30) days of execution of a contract arising out of competitive negotiations and prior to any payments from the County, municipalities or other agencies and thereafter on a yearly basis no later than 12:00 noon of July 1st. For the last year of service, file "Final Source of Income Form" (SOI-F). The SOI and SOI-F can not be used as a substitute for State Form 1 or State Form 1F for those required to file under state requirements.

Filers whose address is exempt pursuant to Fla. Stat. §119.07 must provide an alternate address such as a business address or the address of the board if the filer serves on a board.

This form must be filed by July 1st of each year and can not be used as a substitute for State Form 1 for those required to file under state requirements. For the last year of service, file SOI-F.

Example (Review sources of income above; note - no monetary amount required).

Name of Source of Income	Address	Description of Principal Business Activity
Name of place of employment	Address where employed	Salary
Rental Property	123 Anywhere Street Miami, FL 00000	Rental income
Social Security	Social Security office closest to your zip code	Social Security income

Miami-Dade County (including Public Health Trust) Personnel and Advisory Board members shall file completed forms with: Miami-Dade County Commission on Ethics and Public Trust

Via EMAIL: financial.disclosures@miamidade.gov

or by mail to:

**Miami-Dade County Commission on Ethics and Public Trust
701 NW 1st Court 8th Floor, East
Miami, FL 33136**

Municipal Personnel and Advisory Board Members shall file completed forms with their respective Municipal Clerk. Municipal employees may contact their respective Municipal Clerk's Office. For further information, Miami-Dade County and Public Health Trust employees may contact the Miami-Dade County Commission on Ethics and Public Trust via telephone at 305-579-2594 or via email at financial.disclosures@miamidade.gov.

Note RE: Florida Statutes § 119.07: The role of our office is to receive and maintain forms filed as public records. If your home address is exempt from disclosure and you do not wish your home address to be made public, please use your office or other address for your mailing address. A full list of positions and offices eligible for public records exemption can be found at Florida Statutes § 119.071.



MIAMI-DADE
HIV/AIDS PARTNERSHIP

New Member Orientation

Wednesday, April 1, 2026
1:00 p.m. - 4:00 p.m.
via Teams

Registration Required

New Member Orientation is a great opportunity to learn about the Miami-Dade HIV/AIDS Partnership and to gain an understanding of the expectations and responsibilities of Ryan White Program Planning Council members!

All Partnership and Committee members are required to complete New Member Orientation within three months of your membership start date.

To register, please scan the QR Code
or click: https://bit.ly/Feb_04_2026NMO



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MIAMI-DADE HIV/AIDS PARTNERSHIP

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Thursday, March 12, 2026

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