MIAMI-DADE
HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, August 13, 2026

10:00 a.m. – 1:00 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 July 9, 2026	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Dr. Diego Shmuels
	• Partnership Report (reference only)	Dr. Diego Shmuels
VIII.	Standing Business	
	• None	
IX.	New Business	
	• Ryan White Program FY 2025 Client Satisfaction Survey Findings	Dr. Robert Ladner
	• Unmet Need/Projections	Dr. Robert Ladner
	• Policy Clarification Notice (PCN) #16-02 and Local Services	All
	• Summaries to Date	Marlen Meizoso
	• Next Steps and Reminders	Marlen Meizoso
	• Bylaws Review-Care and Treatment Section	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **September 10, 2026** at **Care Resource**	Dr. Diego Shmuels
XII.	Adjournment	Dr. Diego Shmuels

Please turn off or mute cellular devices – Thank you

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MIAMI-DADE
HIV/AIDS PARTNERSHIP

Meeting Housekeeping Care and Treatment Committee

Created by *Behavioral Science Research*

Updated July 2026

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 community as a whole, not private or personal interests
- Member shall treat all persons, issues, and business fairly.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

Meeting Participation

Everyone has a role to play!

- Only Care and Treatment members vote at today's meeting.
- 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.
- 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.

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 Roundtable.
- 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.

Language Matters!

Words can be stigmatizing or empowering.

Please consider how we refer to people:
People with HIV, ***People*** with substance use disorders, ***People*** who are unhoused, etc.

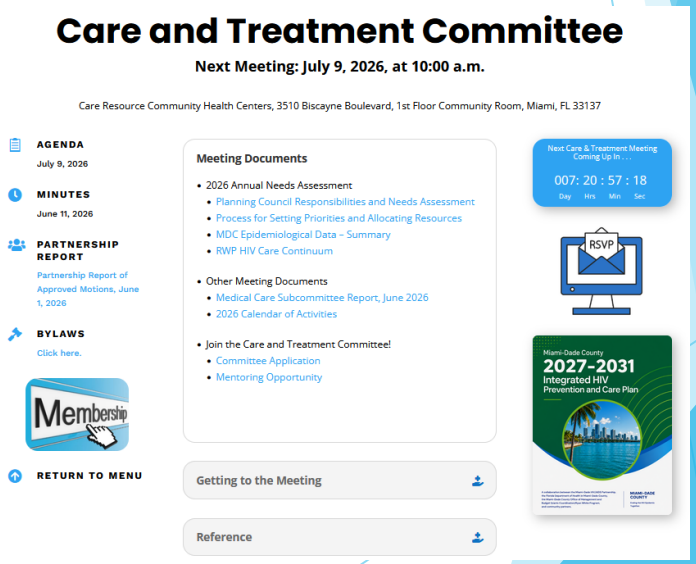
Please **do not** use these terms when referring to people:
Dirty. Clean. Full-blown AIDS. Victim.

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

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

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.
- Find today's presentation and supporting documents at www.partnershipmiami.org or by scanning the QR code on your agenda.



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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
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July 9, 2026, Minutes

#	Committee Members	Present	Absent
1	Dale, Jaqueline		X
2	Fils Aime, Louvens	X	
3	Gonzalez, Yvette	X	
4	Henriquez, Maria	X	
5	Ingram, Trillion	X	
6	Riley, James		X
7	Santiago, Grechen		X
8	Santiago, Steven	X	
9	Shmuels, Daniel	X	
10	Shmuels, Diego	X	
Quorum: 5			

Guests
Gonzalez de Obando, Tivisay
Hyde, Robert
McIntyre, Harold
Mitchell, Synthia
Molina, Hermi
Robinson, Joanna
Romero, Javier
Valle-Schwenk, Carla
Staff
Gattorno, Frank
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/partnership/#caretreatment2.

I. Call to Order *Dr. Diego Shmuels*

Dr. Diego Shmuels, Vice Chair, volunteered to chair the meeting until the Chair arrived, since quorum was present. He welcomed everyone, reviewed the tasks of the day, and called the meeting to order at 10:15 a.m.

II. Introductions *All*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Dr. Diego Shmuels*

Dr. Diego Shmuels reviewed the housekeeping presentation, detailing meeting participation reminders, meeting etiquette, and reminders of access to the meeting materials via the QR code on the agenda.

IV. Floor Open to the Public *Dr. Diego Shmuels*

Dr. Diego Shmuels read the following:

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda *All*

The Committee reviewed the agenda and for the earlier agenda items with Dr. Santiago's name, these should be changed to Dr. Shmuels. The Committee approved the agenda with the update.

Motion to accept the agenda with the discussed change.
Moved: Yvette Gonzalez Seconded: Trillion Ingram Motion: Passed

VI. Review/Approve Minutes of June 11, 2026

The Committee reviewed the minutes of June 11, 2026, and noted a correction on page two. The Ryan White Conference begins August 4, 2026, not August 3, 2026, which is a travel day.

Motion to accept the June 11, 2026, minutes with the discussed correction.
Moved: Trillion Ingram Seconded: Yvette Gonzalez Motion: Passed

VII. Reports

- **Part A** *Carla Valle-Schwenk*

Carla Valle-Schwenk reviewed the FY 2026 utilization report for the Ryan White Program. As of May 2026, the report indicated 7,496 clients had been served. The corresponding expenditures report will be available after contracts are completed.

None of the Ryan Whtie Program contingency plans have been executed since the State has provided the ADAP program with additional funding. However, the ADAP health insurance premium assistance is not being restored to previous levels.

The Statewide Needs Assessment survey is still accepting replies until the end of August. Clients should be encouraged to complete the survey since there has been an underwhelming response in Miami-Dade.

The Ryan White Conference is scheduled for the first week of August, with attendees from the Recipient office, BSR Staff Support, BSR Quality Management, and Partnership scheduled to attend.

The County's public outreach campaign continues, and TV and radio spots are being aired supporting the, "I am supported/thriving" campaign.

The Recipient continues to monitor federal executive orders for impacts related to local funding and program administration.

The RFP for FY 2027-2028 should be out by the end of the month and will have a short reply period.

- **ADAP report** *Dr. Javier Romero*

The ADAP program was awarded an additional $75 million from the State for the fiscal year from July 1, 2026 - June 30, 2027, supplementing the $30 million that had been appropriated on an emergency basis to cover March through June 2026. The HRSA annual funding level is similar to last year. Biktarvy® and Descovy® have been reinstated to the ADAP formulary with no prior authorization. ADAP will have a statewide cap of 21,000 clients who can receive direct dispense medications. Currently, ADAP serves about 18,500 clients statewide. Eligibility still includes residency and less than 400% FPL with required proof of income. Affordable Care Act health insurance premiums are not being paid for by ADAP. For clients who self-pay insurance, co-pay assistance is available through ADAP. Those clients who were still enrolled in ADAP premium support programs should have been terminated and switched to direct dispense.

- **Vacancies** *Marlen Meizoso*

Mrs. Meizoso reviewed the vacancies on the Partnership and the Committee and highlighted that anyone who is interested can attend a meeting or New Member Orientation.

- **Partnership Report** *Dr. Steven Santiago*

Dr. Steven Santiago indicated that the Partnership Report for the last meeting was posted online and detailed June activities. The next Partnership meeting is July 20, 2026.

VIII. Standing Business

- **FY 2026-27 Rapid Reallocation/Sweeps** *All*

This was the first budget adjustment since the total Part A/MAI award amount was announced for FY 2026. A total of $4,693,551 was swept from several service categories, including Health Insurance Premium and Cost Sharing Assistance in response to ADAP discontinuing premium support for clients enrolled in Affordable Care Act insurance, and Emergency Financial Assistance (EFA). Funding requests totaled $5,343,538. The Recipient recommended

reallocations for each service category for consideration by the Committee. The Committee bifurcated its votes on these recommendations since there was a voting conflict under Food Bank at the meeting. Dr. Santiago left the meeting while the Food Bank item was considered, and returned after the vote. His completed Form 8B will be attached to the minutes.

Motion to allocate $1,281,399 to the Food Bank service category as recommended by the Recipient for Ryan White Part A FY 2026-27 (YR 36) Sweeps 1.
Moved: Trillion Ingram Seconded: Louvens Fils Aime Motion: Passed
Recused: Dr. Steven Santiago

Motion to approve all the remaining funding allocations as recommended by the Recipient for Ryan White Part A FY 2026-27 (YR 36) Sweeps 1.
Moved: Dr. Diego Shmuels Seconded: Trillion Ingram Motion: Passed

Under Minority AIDS Initiative (MAI) funding, $12,087 was swept and $1,138,993 was requested. Based on utilization patterns, projected need, and maximizing MAI funded categories with more flexibility of spending, the Recipient made several recommendations for reallocation. The Committee bifurcated consideration of these recommendations since there were voting conflicts under Mental Health, Substance Abuse-Outpatient, and Outreach at the meeting. Dr. Diego Shmuels vacated the meeting because of the conflict and then returned after the vote. Dr. Shmuels' completed Form 8B will be included with the minutes.

Motion to allocate $18,960 to Mental Health Services, $8,058 to Substance Abuse Outpatient Care, and $39,816 to Outreach Services as recommended by the Recipient for Ryan White MAI FY 2026-27 (YR 36) Sweeps 1.
Moved: Trillion Ingram Seconded: Maria Henriquez Motion: Passed
Recused: Dr. Diego Shmuels

Motion to approve the remaining funding allocations as recommended by the Recipient for Ryan White MAI FY 2026-27 (YR 36) Sweeps 1.
Moved: Dr. Daniel Shmuels Seconded: Maria Henriquez Motion: Passed

IX. New Business

- **Miami-Dade County Ryan White Program Demographics FY 2025** *Frank Gattorno*

Frank Gattorno reviewed the Miami-Dade County Ryan White Program Demographics FY 2025, including:

- In fiscal year 2025, there was a 1.4% decrease in overall clients from 9,388 to 9,257 (figures may reflect some slight differences between the Recipient's client counts and the numbers generated by BSR, based on differences in the Provide Enterprise billed services dates).
- The number of new clients decreased from 1,220 in FY 2024 to 966 in FY 2025.

- Ryan White demographics compared to the overall prevalence indicate the percent of men to women is similar to previous years, 77% to 82% for males and 23% to 18%, respectively.
- Clients over 50 years of age account for over 34.9 % of all RWP clients.
- Latinos were the largest ethnic group (65.5%).
- Primary languages of choice for clients are Spanish (57.8%) and English (31.4%).
- New clients entering the system are more likely to have income under 135% FPL compared to established clients (65.0% vs. 51.3%).
- Affordable Care Act insurance enrollments have decreased from 40% in FY 2024 to 31% in FY 2025.
- The proportion covered by private insurance has increased from FY 2024 (14%) to FY 2025 (25%).
- There will likely be a shift in insurance in the current year since ADAP is no longer paying premiums and overall premiums cost have risen.

- **Miami-Dade County Ryan White Program Co-occurring Conditions FY 2025** *Dr. Robert Ladner*

Dr. Robert Ladner reviewed the Miami-Dade County Ryan White Co-Occurring Conditions FY 2025, which provided data on the six special need groups and eight co-occurring conditions, with highlights noted below. The data are derived from billed RWP services in Provide Enterprise, not medical records.

- The most frequent co-occurring condition was for clients at less than 136% of the Federal Poverty Level.
- People with a Sexually Transmitted Infection have the highest viral load suppression rate (95%), followed by people with mental illness (92%), possibly because of the stepped-up levels of medical care.
- Clients with mental illness as a co-occurring condition represents only 399 Ryan White clients, but they had the highest average cost of $5,481 per client.
- Clients experiencing homelessness had the lowest viral suppression rates (84%).

- **Other Funding and Dashboard Cards** *Marlen Meizoso*

Mrs. Meizoso presented the Other Funding and Dashboard Cards presentation, including:

- Background on other funding for services, including information from the annual Women, Infants, Children and Youth (WICY+) survey which requests HIV specific funding for Parts B-D, General Revenue, and the other providers.
- Highlights on utilization and expenditures of the Medicaid program.
- There has been a 12.57% increase in the number of Medicaid clients served, but a 57.85% decrease in total expenditures from FY 2023 to FY 2024.
- Medicaid demographic data by sex from the past three years has remained fairly constant, with males accounting for 53.7% and females 46.1% in FY 2024.

- Black/African Americans continue to be the largest subpopulation served by Medicaid (42%). Latinos have decreased in the Medicaid program by 36.12% from 28.4 % in FY 2023, to 19.1% in FY 2024.
- Data comparing the Miami-Dade County population, HIV prevalence, RWP clients, and Medicaid clients were also reviewed.

Mrs. Meizoso's presentation on how to read and use the Dashboard Cards included:

- Summary slides covering all the service categories in the RWP, located on the first four pages, sorted alphabetically and then by highest usage or expenditure in FY 2025.
- Priorities, expenditures, utilization, and trends for all thirteen funded RWP services.
- Just two service categories -- Outpatient Ambulatory Health Services (32.61%) and Medical Case Management (31.42%) -- account for the majority of the expenses.
- Categories spending their full allocation were highlighted.
- The importance of Dashboard Cards as a tool for priority setting, rapid reallocation, and resource allocation was emphasized.

X. Announcements and Open Discussion *All*

Attendees were reminded:

- The next New Member Orientation training has been rescheduled for July 22, 2026, and interested persons may register for the event via the posted QR code or link.
- It is import to RSVP to the Needs Assessment meetings to ensure that enough meeting materials are available and quorum is met.
- Members in attendance were asked to complete the online evaluation of today's meeting using the projected QR code. Staff will also send it via email. The evaluations assist with future planning.

There were no open discussion items.

XI. Next Meeting *Dr. Diego Shmuels*

The next meeting is scheduled for Thursday, August 13, 2026, at Care Resource, from 10:00 a.m. to 1:00 p.m.

XII. Adjournment *Dr. Steven Santiago*

With business concluded, Dr. Santiago thanked everyone for participating, and adjourned the meeting at 12:53 p.m.

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

LAST NAME—FIRST NAME—MIDDLE NAME	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE
Santiago, Steven	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 [redacted] COUNTY Miami-Dade	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED July 9, 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 July 9, 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 funding allocation 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.

7/9/2026
Date Filed

[redacted]
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.

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

LAST NAME—FIRST NAME—MIDDLE NAME	NAME OF BOARD, COUNCIL, COMMISSION, AUTHORITY, OR COMMITTEE
Shmuels, MD, Diego	Miami-Dade HIV/AIDS Partnership-Care and Treatment
MAILING ADDRESS [redacted]	THE BOARD, COUNCIL, COMMISSION, AUTHORITY OR COMMITTEE ON WHICH I SERVE IS A UNIT OF: ☐ CITY ☑ COUNTY ☐ OTHER LOCAL AGENCY
CITY [redacted] COUNTY Miami-Dade	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED July 9, 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, Diego Shmuels, MD, hereby disclose that on July 9, 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 Borinquen Medical Center, 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:

Ryan White Program Minority AIDS Initiative (MAI) funding allocations for FY 2026-27 for mental health, outpatient substance abuse, and outreach for which Borinquen is the sole service 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.

7/9/2026
Date Filed

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, August 13, 2026

10:00 a.m. – 1:00 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 July 9, 2026	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Dr. Diego Shmuels
	• Partnership Report (reference only)	Dr. Diego Shmuels
VIII.	Standing Business	
	• None	
IX.	New Business	
	• Ryan White Program FY 2025 Client Satisfaction Survey Findings	Dr. Robert Ladner
	• Unmet Need/Projections	Dr. Robert Ladner
	• Policy Clarification Notice (PCN) #16-02 and Local Services	All
	• Summaries to Date	Marlen Meizoso
	• Next Steps and Reminders	Marlen Meizoso
	• Bylaws Review-Care and Treatment Section	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **September 10, 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/

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **June 2026**

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)	1	19	1	5
Health Insurance Premium and Cost Sharing Assistance	0	43	0	13
Medical Case Management	8,024	37,168	4,326	7,015
Mental Health Services	23	272	8	83
Oral Health Care	849	3,852	639	1,644
Outpatient Ambulatory Health Services	2,619	12,251	1,662	4,049
Substance Abuse Outpatient Care	6	11	4	5
Support Services				
Food Bank/Home Delivered Meals	888	3,333	305	441
Medical Transportation	118	1,046	107	407
Other Professional Services	0	4	1	5
Outreach Services	74	304	30	85
Substance Abuse Services (residential)	606	2,105	24	36
TOTALS:	13,208	60,408		

Total unduplicated clients (month): 5,222

Total unduplicated clients (YTD): 7,781

See page 4 for Service Unit Definitions

REPORT COMPILED ON: 08/11/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **June 2026**

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)	1	19	1	5
Health Insurance Premium and Cost Sharing Assistance	0	43	0	13
Medical Case Management	6,615	29,958	3,855	6,319
Mental Health Services	16	226	4	59
Oral Health Care	849	3,852	639	1,644
Outpatient Ambulatory Health Services	2,385	11,412	1,512	3,891
Substance Abuse Outpatient Care	6	11	4	5
Support Services				
Food Bank/Home Delivered Meals	888	3,333	305	441
Medical Transportation	109	940	98	382
Other Professional Services	0	4	1	5
Outreach Services	71	291	28	75
Substance Abuse Services (residential)	606	2,105	24	36
TOTALS:	11,546	52,194		

Total unduplicated clients (month): 4,845

Total unduplicated clients (YTD): 7,479

REPORT COMPILED ON: 08/11/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **June 2026**

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	1,409	7,210	606	1,579
Mental Health Services	7	46	4	24
Outpatient Ambulatory Health Services	234	839	171	425
Support Services				
Medical Transportation	9	106	9	49
Outreach Services	3	13	3	12
TOTALS:	1,662	8,214		

Total unduplicated clients (month): 706

Total unduplicated clients (YTD): 1,727

REPORT COMPILED ON: 08/11/2026

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.

Florida Department of Health
Expenditure/Invoice Report
Program Name: Patient Care-Consortia
Area Name: AREA 11A
Month: June
Year: 2026-2027
Provider Agency Name: FDOH Miami-Dade County
Contract Name: 2026_2027 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	$120446.00	$11384.02	$25200.91	$95245.09
Clinical Quality Management	0	0	$45000.00	$2688.00	$7178.75	$37821.25
Planning and Evaluation	0	0	$5104.00	$643.12	$1359.57	$3744.43
Medical Case Management (including treatment adherence)	64	8250	$127502.00	$9487.50	$39088.50	$88413.50
Mental Health Services - Outpatient	27	96	$25000.00	$3120.00	$7345.00	$17655.00
Emergency Financial Assistance	85	132	$1223431.00	$44051.37	$110071.45	$1113359.55
Non-Medical Case Management Services	10	10	$133366.00	$15615.62	$28149.58	$105216.42

	This Month	Year To Date
Total Expended:	$ 86989.63	$ 218393.76

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 : 07-17-2026

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

ENROLLMENTS, CHD PHARMACY EXPENDITURES & C&D UTILIZATION

Month	New	Re-E	Clients^^	EE
Apr-26	54	816	7,552	220
May-26	44	544	7,508	174
Jun-26	53	430	7,448	170
Jul-26				262
Aug-26				282
Sep-26				293
Oct-26				413
Nov-26				514
Dec-26				842
Jan-27				770
Feb-27				789
Mar-27				779
FY26/27	**151**	**1,790**	**7,448**	5,508
Projections	604	7,160		

CHD Pharmacy	RXs	Patients	RX/Pt
$ 815,360.52	2,373	573	4.1
$ 955,667.79	2,639	658	4.0
$ 986,283.56	2,797	678	4.1
$ 2,757,311.87	**7,809**	**1,909**	**4.1**
$11,029,247.48	31,236	7,636	

C & D	Report
2,092	*04/20/26*
1,873	*05/31/26*
1,778	*07/01/26*
5,743	

PROGRAM UPDATE

07/07/26	Benefit Level ^	*7,448*	Direct Dispense [07/07/26]	65%	4,970	C & D	35%	*2,478*
06/01/26	Cabenuva ®	*242*	Direct Dispense	*76%*	*183*	C & D	24%	*59*
06/01/26	Medicare eligible ^	*43*	7-month window around 65th birthday [03/1961 - 09/1961] - Target clients this month: 11					
06/01/26	On Medicare	*220*	Active clients with copayment assistance					
06/01/26	Self-Insured C & D	*0*	ESI: 210 – Medicare Part D: 220 – COBRA: 7 – ACA-MP: 1,462					

ADAP CHANGES

EFFECTIVE	5022 DIRECT DISPENSE	1756 C & D * SELF-INSURED	BIKTARVY	DESCOVY
07/01/26	*[0 % - 400 %] [cap 21,000 pts]*	*CVS Caremark card required [OR suspension]*	*Reinstated*	*Reinstated. No PA.*

▪$75,000,000 [06/30/27] ▪ Direct Dispense; cap 21,000 pts – *[05/31>18,000+]* ▪ Biktarvy & Descovy reinstated ▪ C&D Self-INS'd ▪ No Premium Assistance ▪

Report Notes: *SOURCES: Provide/ADAP & QS/1 systems. ^Data Subject to review. ^^Open + Active pts. * Expenditures NOT included: DD pts. from WP & PBM pharmacies [100+]*

For additional information, please visit www.adapmiami.com or contact 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 the month of June the top 3 services were: Medical Case Management with 1,242 unduplicated clients served, OAHS with 459 unduplicated clients and non medical case management with 217 unduplicated clients. For a total amount spend of $5,837,905.

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

	June 26			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt. YTD	Revised Budget as of 3-1-26 Annual Budget	YTD Units
Ambulatory - Outpatient Care	459	908	176,133.45	1,451,920.74	1,644,600.00	7,376
Drug Pharmaceuticals	26	143	56,432.89	313,110.24	316,100.00	528
Early Intervention Services				28,618.64	29,618.64 68,918	19
Oral Health	-	-	-	7,352.00	50,000.00	22
Home & Community Base Services				3,456.18	12,000.00	47
Home Health Care				5,611.00	24,288.00	186
Mental Health Services	43	52	7,916.00	108,469.15	120,000.00	575
Nutrition Counseling	-	-	-	3,086.72	20,000.00	19
Medical Case Management	1,242	3,045	307,612.83	1,892,000.84	1,692,262.00	19,973
Sustance Abuse Services	3	180	3,192.72	28,578.23	93,000.00	1,542
Food Bank/Home Delivered Meals	35	116	2,987.50	21,197.50	35,000.00	778
Non-Medical Case Management	217	217	60,136.05	596,899.21	630,735.00	2,239
Other Support Services / Emergency Fin. Assistance		-	-	22,024.72	192,000.00	10
Psychosocial Support Services	-	-	-	54,964.60	55,000.00	433
Transportation	163	173	9,196.75	97,437.74	97,250.00	1,500
Referral for Health Care / Supportive Services	-	-	-	440,410.84	420,820.00	1,560
Substance Abuse Residential	-	-	-	200,905.74	281,955.00	738
Residential Care - Adult	-	-	-	178,100.00	237,250.00	3,810
Nursing Home Care	6	180	51,530.40	383,761.68	436,785.00	1,087
Hospital Services				-		
	2,194	5,014	675,138.59	5,837,905.77	6,457,581.64	42,442

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, August 13, 2026

10:00 a.m. – 1:00 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
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IV.	Floor Open to the Public	Dr. Diego Shmuels
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of July 9, 2026	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Dr. Diego Shmuels
	• Partnership Report (reference only)	Dr. Diego Shmuels
VIII.	Standing Business	
	• None	
IX.	New Business	
	• Ryan White Program FY 2025 Client Satisfaction Survey Findings	Dr. Robert Ladner
	• Unmet Need/Projections	Dr. Robert Ladner
	• Policy Clarification Notice (PCN) #16-02 and Local Services	All
	• Summaries to Date	Marlen Meizoso
	• Next Steps and Reminders	Marlen Meizoso
	• Bylaws Review-Care and Treatment Section	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **September 10, 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

MAKE A DIFFERENCE IN HIV CARE IN MIAMI-DADE COUNTY!

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.

YOUR VOICE. YOUR COMMUNITY. REAL IMPACT.

Influence how more than **$27 MILLION** in Ryan White funds are used

Help improve HIV care and support services for **9,000+ PEOPLE** living with HIV

Advise Miami-Dade County leaders on HIV-related issues and policies

Build leadership, policy and community engagement skills

OPEN SEATS ON THE PARTNERSHIP

5 RYAN WHITE CLIENT SEATS

For Ryan White Program Clients who are not affiliated or employed by a Ryan White Part A funded service provider.

5 COMMUNITY & PROFESSIONAL SEATS

For people with HIV, service providers, and community stakeholders with experience, skills, and a commitment to our community.

Your voice is needed. Your community counts.
Join us in making an impact!

BECOME A MEMBER IN 3 EASY STEPS

1. **CONFIRM ELIGIBILITY**
   See requirements to the right.
2. **CONTACT US**
   Email us to learn more and request an application.
3. **ENGAGE & SERVE**
   Meet with the Membership Committee and start making a difference!

For more information, contact:
mdcpartnership@behavioralscience.com

DO YOU QUALIFY?

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

- Are you a resident of Miami-Dade County?
- Are you a registered voter in Miami-Dade County?
  Note: Some seats for people with HIV are exempt from this requirement.
- Can you volunteer three to five hours per month for Partnership activities?

THANK YOU FOR YOUR SERVICE TO PEOPLE WITH HIV!
Be sure to bring a Ryan White client to your next meeting!

COMMITTEE OPPORTUNITIES

Work with a dedicated team of volunteers on these Partnership committees
PEOPLE WITH HIV ARE ENCOURAGED TO JOIN!

YOUR INTEREST. YOUR IMPACT. YOUR COMMUNITY.

CARE & TREATMENT COMMITTEE

8 OPEN SEATS

- 4 PEOPLE WITH HIV
- 4 GENERAL MEMBERS

Allocate Ryan White funds, set priorities for health and support services, and improve care for people with HIV.

HOUSING COMMITTEE

7 OPEN SEATS

- 1 PEOPLE WITH HIV
- 6 GENERAL MEMBERS

Work with the City of Miami Housing Opportunities for Persons with AIDS Program to address housing challenges for people with HIV.

MEDICAL CARE SUBCOMMITTEE

8 OPEN SEATS

- 5 PEOPLE WITH HIV
- 3 EXPERTISE-SPECIFIC SEATS*

Oversee updates to medical treatment guidelines and the Ryan White Prescription Drug Formulary.

*Examples: Physician, Pharmacist, Mental Health Professional

PREVENTION COMMITTEE

4 OPEN SEATS

- 4 PEOPLE WITH HIV

Develop and monitor local Ending the HIV Epidemic activities and mobilize community action on the latest HIV prevention initiatives.

STRATEGIC PLANNING COMMITTEE

10 OPEN SEATS

- 5 PEOPLE WITH HIV
- 5 GENERAL MEMBERS

Develop and monitor the official HIV Prevention and Care Integrated Plan and the State of HIV report.

COMMUNITY COALITION

4 OPEN SEATS

- 4 PEOPLE WITH HIV

Recruit and train new members, share meals and testimonials, and strengthen community engagement.

For more information, contact:
mdcpartnership@behavioralscience.com

Your voice matters.
Help shape the future of HIV care and prevention in Miami-Dade County.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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Thursday, August 13, 2026

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee July 9, 2026 Meeting Report to the Care and Treatment Committee Presented August 13, 2026

The Medical Care Subcommittee (MCSC):

- Heard updates on the Ryan White and ADAP Programs;
- Recommended Carlos Palacios, pharmacist, as a new member;
- Continued its review of documents crafted as a response to the HRSA "Dear Colleague" letter reviewing the Allowable Conditions list;
- Reviewed request for addition of four codes (D0602,D0603,D9110 and D0171) to the oral health care formulary. Only two codes -- D0171 (Post Operative Re-evaluation), and D9110 (Palliative Treatment of Dental Pain – per visit) -- were recommended for approval. Additional information is being requested for caries risk assessment codes D0602 and D0603.

Motion to recommended Code D0171-Post Operative Re-evaluation and D9110 Palliative Treatment of Dental Pain-per visit to the Ryan White Program Oral Health Care Formulary.

- Reviewed the latest version of the Ryan White Prescription Drug Formulary and requested additional editing. Biktarvy® had been recommended for removal, in anticipation of ADAP removal. ADAP reinstated the medication as of July 1, 2026. The Partnership tabled the removal motion; the medication should not be removed.

Next Meeting

The next MCSC meeting is scheduled for August 28, 2026, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

All motions are subject to Partnership approval.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, August 13, 2026

10:00 a.m. – 1:00 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 July 9, 2026	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Dr. Diego Shmuels
	• Partnership Report (reference only)	Dr. Diego Shmuels
VIII.	Standing Business	
	• None	
IX.	New Business	
	• Ryan White Program FY 2025 Client Satisfaction Survey Findings	Dr. Robert Ladner
	• Unmet Need/Projections	Dr. Robert Ladner
	• Policy Clarification Notice (PCN) #16-02 and Local Services	All
	• Summaries to Date	Marlen Meizoso
	• Next Steps and Reminders	Marlen Meizoso
	• Bylaws Review-Care and Treatment Section	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **September 10, 2026** at **Care Resource**	Dr. Diego Shmuels
XII.	Adjournment	Dr. Diego Shmuels

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Partnership Report to Committees and Subcommittee
July 20, 2026, Meeting

Supporting documents related to motions in this report are available online ***at the new URL***: partnershipmiami.org/partnership/#pshipreports1, or from Behavioral Science Research Corp. (BSR) staff at mdcpartnership@behavioralscience.com.

Visit www.partnershipmiami.org/calendars/ for details on future meetings.

Members heard regular reports and voted to approve the motions listed below. Members also heard a presentation by Queen Holden, Perinatal HIV Coordinator, Florida Department of Health in MDC, *Provider Support for Lactation in the HIV Community of Miami-Dade County.*

Prevention Committee

1. Motion to approve Crystal Lopez as the FCPN Prevention Alternate.

Care and Treatment Committee

2. Motion to approve Yvette Gonzalez as the FCPN Care and Treatment Division Representative.

3. Motion to accept the proposed Annual Service Description Review Protocol as presented.

4. Motion to allocate all funding recommendations as presented on the Ryan White Part A FY 2026-27 (YR 36) Sweeps 1 funding recommendation.

5. Motion to allocate Ryan White MAI FY 2026-27 (YR 36) Sweeps 1 funding recommendations of $18,960 to Mental Health Services, $8,058 to Substance Abuse Outpatient Care, and $39,816 to Outreach Services, as presented.

6. Motion to allocate the remaining Ryan White MAI FY 2026-27 (YR 36) Sweeps 1 funding recommendations as presented.

Strategic Planning Committee

7. Motion to approve the Partnership Assessment of the Efficiency of the Administrative Mechanism survey, as presented.

8. Motion to approve the Ryan White Part A/MAI Subrecipient Assessment of the Efficiency of the Administrative Mechanism survey, as presented.

New Business

Members agreed by consensus to change their September meeting date to September 21, 2026.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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XII.	Adjournment	Dr. Diego Shmuels

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Ryan White Program FY 2025 Client Satisfaction Survey Summary of Findings

August 13, 2026

Presentation created by Behavioral Science Research Corp.

FY 2025 Ryan White Program Client Satisfaction Survey

- The RWP Client Satisfaction Survey (CSS) has been conducted annually by Behavioral Science Research Corporation (BSR) since 2008.

- The annual CSS provides the RWP with an opportunity to take the pulse of client needs and opinions, detect and evaluate pain points in service delivery, and augment client health outcome measurement as the basis for quality improvement.

- The FY 2025 CSS was administered to 492 RWP Medically Case Managed (MCM) clients served by 12 MCM provider subrecipients. Because of internal MCM capacity issues during the dates of survey administration, one RWP subrecipient was granted an exemption from the FY 2025 CSS process.

- Of these clients, 304 also received Oral Health Care (OHC) services at eight OHC provider subrecipients and were interviewed about these services.

FY 2025 RWP CSS Participant Criteria

- Clients who were eligible for a CSS interview must have been in MCM care in Miami-Dade County for at least six months, validated by at least one MCM service – by itself or in combination with an OHC service – billed through Provide Enterprise® - Miami.
  - BSR provided a randomized list of eligible participants from which the MCMs would draw clients to participate in the CSS.
  - The list was subdivided demographically to ensure that the CSS survey sample matched the RWP client population as closely as possible.
  - Consent to participate was a two-stage process: clients recruited by the MCMs first had to give permission for BSR to contact them, and when BSR contacted them, they had to consent as well to participate in the interviews.

- Clients were interviewed by telephone between September and early November 2025, in English, Spanish or Haitian Creole.

- As an incentive to participate, clients were given a $30 Walmart "e-gift" card for grocery purchases. The gift cards were sent by text, by email, or by US mail.

FY 2025 Client Satisfaction Survey Respondent Characteristics

Congruence Between Total RWP Client Population and FY 2025 Client Satisfaction Survey Respondent Demographics							
	Total	Sex		Demography			
		Male	Female	Latino	Black/ African American	Haitian	White non-Latino
RWP Total Clients	9,257	82%	18%	65%	19%	10%	6%
CSS Survey Sample	492	74%	26%	68%	17%	11%	4%

Comment: By controlling the number of interviews obtained from each MCM subrecipient's caseload, and by quota-sampling by demographics within the sample, the population characteristics of the CSS respondents very closely matched the characteristics of the RWP client population as a whole. Refusal rates were higher among the male clients than among the female clients, however.

FY 2025 Client Satisfaction Survey Satisfaction with Services Received From …

PROVIDER CATEGORY	2023		2024		2025	
	% Very Satisfied	% Dis-satisfied	% Very Satisfied	% Dis-satisfied	% Very Satisfied	% Dis-satisfied
Medical Case Managers	82%	1%	82%	2%	86%	1%
Dentists	61%	4%	73%	3%	66%	4%
Oral Hygienists	n/a	n/a	75%	2%	68%	1%

Comment: The client satisfaction levels for MCM services has improved slightly over the last three years, with negligible levels of dissatisfaction. The same is not true for clients receiving OHC, where satisfaction with the services provided by RWP dentists and oral hygienists is consistently lower than the satisfaction expressed with MCMs.

FY 2025 Client Satisfaction Survey Satisfaction with Lag Time to Next Appointment

PROVIDER CATEGORY	2023		2024		2025	
	% Very Satisfied	% Dis-satisfied	% Very Satisfied	% Dis-satisfied	% Very Satisfied	% Dis-satisfied
Medical Case Managers	69%	1%	72%	2%	79%	2%
Dentists	30%	21%	38%	21%	37%	13%

Comment: Satisfaction with the time between appointments for MCM services has improved strongly over the past three years (from 69% very satisfied in FY 2023 to 79% in FY 2025), with negligible levels of dissatisfaction. The same is true to a lesser extent for clients receiving OHC: although satisfaction levels for the time between appointments is lower for dentists as opposed to MCMs, OHC satisfaction still showed improvements (from 30% very satisfied in FY 2023 to 37% in FY 2025) and a strong reduction in the dissatisfaction level (from 21% to 13%). Note that the Oral Health Care CQM Subcommittee initiated a QI project directed toward improving the appointment process during the summer of FY 2025, and the impact of this project on client satisfaction will be more evident in the data from the FY 2026 CSS, underway now.

FY 2025 Client Satisfaction Survey Ease of Making Next Appointments for Care

PROVIDER CATEGORY	2023		2024		2025	
	% Very Easy	% Difficult	% Very Easy	% Difficult	% Very Easy	% Difficult
Medical Case Managers	66%	1%	68%	3%	75%	2%
Dentists	30%	20%	37%	18%	42%	12%

Comment: Like the findings on satisfaction with lag time to next appointment, satisfaction with the ease of making appointments for both MCM and OHC services have risen since 2023. Although the ease of making OHC appointments still lags behind the ease of making MCM appointments, there have been significant improvements in the reported ease of making OHC appointments since 2023, and significant reductions in the perceived difficulty of the OHC appointment process.

FY 2025 Client Satisfaction Survey Additional MCM Satisfaction Ratings

How satisfied are clients with the time it takes their MCMs to return phone calls or texts?	84% very satisfied; 2% dissatisfied
How often did MCMs work with clients to create or modify their plans of care?	69% frequently; 12% seldom or never
How often did MCMs discuss clients' needs and refer them to other needed RWP services?	76% frequently; 8% seldom or never
Did clients report MCMs speaking to them about seeing a medical provider annually?	94% yes
How often do clients report their MCMs speak to them about taking their medications?	86% always or usually; 10% rarely or never
Did clients report MCMs speak to them about the importance of lab tests every six months?	93% yes
Did clients report MCMs speak to them about seeing an OHC provider at least once a year?	89% yes

FY 2025 Client Satisfaction Survey Additional OHC Satisfaction Ratings

How often did their MCM or Peer help them schedule their initial OHC appointments?	73% always or usually; 21% rarely or never
How easy or hard was it for the clients to schedule that initial appointment?	44% very easy; 10% difficult
What proportion of the clients' most recent OHC visits were scheduled, vs. an emergency?	91% scheduled appointment; 9% urgent or emergency
How satisfied are clients with the time it takes for their OHC provider to return phone calls?	25% very satisfied; 15% dissatisfied
How often did clients feel the front office staff were as helpful as they should be?	93% always or usually; 2% rarely or never
How satisfied were clients with their lobby wait time once they are at the OHC provider?	34% very satisfied; 11% dissatisfied
How do clients make their next / follow-up appointment, once their current visit is over?	86% can make it on the spot; 14% client or MCM must call back
How satisfied are clients with the overall appointment process at their OHC provider?	40% very satisfied; 11% dissatisfied

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

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Unmet Need Estimates and Projections FY 2027

August 13, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Estimated HIV Population and Percent in Care, 2025

+ 3,910 estimated unaware HIV-positive persons in Miami-Dade, (13% of prevalence (CDC estimate)

+ 30,074 HIV-known positive persons (HIV prevalence: FDOH CY 2024)

+ 9,194 clients served by Ryan White Program, FY 2025 (31% of persons with HIV in Miami-Dade)

+ 9,834 HIV+ clients served by Medicaid, FY 2024 (33% of persons with HIV in Miami-Dade)

+ 8,153 estimated persons with HIV served by other funders, CY 2025, overlap with RWP and Medicaid unknown (27% of persons with HIV in Miami-Dade)

+ Women, Infants, Children, and Youth (WICY) are primarily served by the Medicaid and Ryan White Part D Program, and for those ineligible for those programs they can access the Ryan White Program.

Unmet Need, 2025

	Category	Totals	Numerical Inputs				Auto-Calculated Percentages					
							Within Categories			Across Categories		
		# of People Living with Diagnosed HIV Infection	# New Diagnoses	# Late Diagnoses	# Unmet Need (No VL)	# In Care, Not Virally Suppressed	% Late Diagnosed	% Unmet Need	% In Care, Not Virally Suppressed	% Late Diagnosed	% Unmet Need	% In Care, Not Virally Suppressed
A	B	C	D	E	F	G	H	I	J	K	L	M
HIV SURVEILLANCE DATA -Source: 2024 Epi Profile												
1	Total	30,074	1,027	167	8,956	3,187	16.3%	29.8%	15.1%	100.0%	100.0%	100.0%
2	POPULATIONS											
a	Black	11,056	353	53	3,795	1,530	15.0%	34.3%	21.1%	31.7%	42.4%	48.0%
b	Black Men	6,553	211	35	2,432	853	16.6%	37.1%	20.7%	21.0%	27.2%	26.8%
c	Black WCBA (age 18-44)	1,143	70	8	332	252	8.6%	29.0%	31.1%	3.8%	3.7%	7.9%
d	Black Women	4,503	142	18	1,363	677	12.7%	30.3%	21.6%	10.8%	15.2%	21.2%
e	Black Youth (age 13-17)	17	2	1	2	3	50.0%	11.8%	20.0%	0.8%	0.0%	0.1%
f	Haitians	2,842	152	32	1,134	344	21.1%	39.9%	20.1%	19.2%	12.7%	10.8%
g	Hispanic	15,887	601	103	4,116	1,374	17.1%	25.9%	11.7%	61.7%	46.0%	43.1%
h	Hispanic Men	13,939	528	90	3,550	1,140	17.0%	25.5%	11.0%	53.9%	39.7%	35.8%
i	Hispanic WCBA (age 18-44)	543	54	9	120	85	16.7%	22.1%	20.1%	5.4%	1.3%	2.7%
j	Hispanic Women	1,948	73	13	557	234	17.8%	28.6%	16.8%	7.6%	6.2%	7.3%
k	Hispanic Youth (age 13-17)	2	2	0	0	1	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
l	White	2,769	60	9	927	235	15.0%	33.6%	12.6%	5.4%	10.4%	7.4%
m	White Male	2,479	52	9	813	201	17.3%	32.8%	12.1%	5.4%	9.1%	6.3%
n	White WCBA (age 18-44)	73	5	0	31	11	0.0%	42.5%	26.2%	0.0%	0.3%	0.3%
o	White Woman	284	8	0	114	34	0.0%	40.1%	20.0%	0.0%	1.3%	1.1%
p	White Youth (age 13-17)	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
q	Males	23,258	800	136	6,900	2,224	17.0%	29.7%	13.6%	81.4%	77.0%	69.8%
r	Females	6,818	227	31	2,056	963	13.7%	30.2%	20.2%	18.6%	23.0%	30.2%
s	Homeless	480	8	2	45	36	25.0%	9.4%	8.3%	1.2%	0.5%	1.1%

2027 Estimates

FY 2026 Ryan White Program Projections
Part A/MAI Client Counts and Expenditures
Part A Client Service Projections
Based on $20M anticipated RWP budget and percentages derived from FY 2025 C&T meeting

A	C	D	F	G	H
Service Category -- Part A	% of Part A expenditures in FY 2025	N of Part A clients served in FY 2025	% allocation in RFP and FY 2027 from C&T in 8/25	Estimated number of clients who can be served with $20M funding	Comment
AIDS Pharmaceutical Assist. (C)	0.01%	8	0.13%	67	Anticipating possible direct dispense burden
Emergency Financial Assistance (S)	0.00%	0	3.00%	188	All clients use max payment = $3,200/year.
Food Bank (S)	6.85%	822	5.25%	580	Reduced percent of reduced total dollars
Health Insurance (HIPCSA) (C)	2.26%	2,254	3.00%	2,761	Additional service burdens in this category
Housing (S)	0.00%	0	3.00%	25	All clients use max payment = $24,000/year.
Medical Case Management (C)	29.07%	8,799	25.00%	5,525	Cost per client reflects increase in MCM rate
Medical Transportation (S)	1.02%	1,137	1.00%	1,023	Rate from FY 2025
Mental Health Services (C)	0.24%	124	5.00%	1,351	Reprogramming mental health from OAHS
Non-Medical Case Management (S)	0.00%	0	1.00%	316	Rate is 70% of MCM cost per client
Oral Health Care (C)	20.78%	2,833	16.25%	2,040	
Other Professional-Legal (S)	0.08%	51	0.25%	145	
Outpatient Ambulatory Health (C)	32.10%	4,220	30.12%	3,646	
Outreach (S)	0.56%	236	0.50%	193	
Psychosocial Support Services (S)	0.00%	0	1.00%	787	
Substance Abuse-Outpatient (C)	0.00%	4	1.00%	1,026	
Substance Abuse-Residential (S)	7.01%	87	4.50%	51	
Total	*100.00%*		*100.00%*	*$20,000,000*	

C=Core
S=Support

Projections

FY 2026 Ryan White Program Projections
Part A/MAI Client Counts and Expenditures
MAI Client Service Projections
Based on $1.6M anticipated RWP budget and percentages derived from FY 2025 C&T meeting

A	C	D	F	G	H
Service Category -- MAI	% of MAI expenditures in FY 2025	N of MAI clients served in FY 2025	% allocation in RFP and FY 2027 from C&T in 8/25	Estimated number of MAI clients who can be served with $1.6M funding	Comment
AIDS Pharmaceutical Assist. (C)	0.00%	0	0.12%	5	Same cost per client as Part A
Medical Case Management (C)	58.61%	2171	41.75%	1,318	FY 2025 MAI cost applied to FY 2027
Medical Transportation (S)	0.76%	65	1.13%	82	FY 2025 MAI cost applied to FY 2027
Mental Health Services (C)	0.00%	0	6.00%	130	Reprogramming mental health from OAHS.
Outpatient Ambulatory Health (C)	38.51%	731	51.00%	825	FY 2025 MAI cost applied to FY 2027
Outreach (not funded in MAI in 2027)	2.12%	30	0.00%	0	
Total	*100.00%*		*100.00%*	*$1,600,000*	

C= Core
S=Support

Projections

2026 Needs Assessment

Thank You

Behavioral Science Research

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

2026 Needs Assessment
Unmet Need and Population Worksheet

	Category	Totals	Numerical Inputs				Auto-Calculated Percentages					
							Within Categories			Across Categories		
		# of People Living with Diagnosed HIV infection	# New Diagnoses	# Late Diagnoses	# Unmet Need (No VL)	# In Care, Not Virally Suppressed	% Late Diagnosed	% Unmet Need	% In Care, Not Virally Suppressed	% Late Diagnosed	% Unmet Need	% In Care, Not Virally Suppressed
A	B	C	D	E	F	G	H	I	J	K	L	M
HIV SURVEILLANCE DATA -Source: 2024 Epi Profile												
1	Total	30,074	1,027	167	8,956	3,187	16.3%	29.8%	15.1%	100.0%	100.0%	100.0%
2	**POPULATIONS**											
a	Black	11,056	353	53	3,795	1,530	15.0%	34.3%	21.1%	31.7%	42.4%	48.0%
b	Black Men	6,553	211	35	2,432	853	16.6%	37.1%	20.7%	21.0%	27.2%	26.8%
c	Black WCBA (age 18-44)	1,143	70	6	332	252	8.6%	29.0%	31.1%	3.6%	3.7%	7.9%
d	Black Women	4,503	142	18	1,363	677	12.7%	30.3%	21.6%	10.8%	15.2%	21.2%
e	Black Youth (age 13-17)	17	2	1	2	3	50.0%	11.8%	20.0%	0.6%	0.0%	0.1%
f	Haitians	2,842	152	32	1,134	344	21.1%	39.9%	20.1%	19.2%	12.7%	10.8%
g	Hispanic	15,887	601	103	4,116	1,374	17.1%	25.9%	11.7%	61.7%	46.0%	43.1%
h	Hispanic Men	13,939	528	90	3,559	1,140	17.0%	25.5%	11.0%	53.9%	39.7%	35.8%
i	Hispanic WCBA (age 18-44)	543	54	9	120	85	16.7%	22.1%	20.1%	5.4%	1.3%	2.7%
j	Hispanic Women	1,948	73	13	557	234	17.8%	28.6%	16.8%	7.8%	6.2%	7.3%
k	Hispanic Youth (age 13-17)	2	2	0	0	1	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
l	White	2,763	60	9	927	235	15.0%	33.6%	12.8%	5.4%	10.4%	7.4%
m	White Male	2,479	52	9	813	201	17.3%	32.8%	12.1%	5.4%	9.1%	6.3%
n	White WCBA (age 18-44)	73	5	0	31	11	0.0%	42.5%	26.2%	0.0%	0.3%	0.3%
o	White Woman	284	8	0	114	34	0.0%	40.1%	20.0%	0.0%	1.3%	1.1%
p	White Youth (age 13-17)	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
q	Males	23,258	800	136	6,900	2,224	17.0%	29.7%	13.6%	81.4%	77.0%	69.8%
r	Females	6,816	227	31	2,056	963	13.7%	30.2%	20.2%	18.6%	23.0%	30.2%
s	Homeless	480	8	2	45	36	25.0%	9.4%	8.3%	1.2%	0.5%	1.1%

	Category	Totals	Numerical Inputs				Auto-Calculated Percentages				
							Within Categories			Across Categories	
		# of RWHAP Clients			# Unmet Need	# In Care, Not Virally Suppressed	% Unmet Need	% In Care, Not Virally Suppressed		% Unmet Need	% In Care, Not Virally Suppressed
A	B	C			F	G	I	J		L	M
5	Total	9,257			651	425	7.0%	4.9%		100.0%	100.0%
6	**POPULATIONS**										
a	Black Man	1,133			105	78	9.3%	7.6%		16.1%	18.4%
b	Black Woman	558			56	49	10.0%	9.8%		8.6%	11.5%
c	Haitians	897			57	65	6.4%	7.7%		8.8%	15.3%
d	Hispanic/Latino Man	5,368			335	179	6.2%	3.6%		51.5%	42.1%

FY 2026 Ryan White Program Projections

Part A/MAI Client Counts and Expenditures

Part A Client Service Projections

Based on $20M anticipated RWP budget and percentages derived from FY 2025 C&T meeting

A	C	D	F	G	H
Service Category -- Part A	% of Part A expenditures in FY 2025	N of Part A clients served in FY 2025	% allocation in RFP and FY 2027 from C&T in 8/25	Estimated number of clients who can be served with $20M funding	Comment
AIDS Pharmaceutical Assist. (C)	0.01%	8	0.13%	67	Anticipating possible direct dispense burden
Emergency Financial Assistance (S)	0.00%	0	3.00%	188	All clients use max payment = $3,200/year.
Food Bank (S)	6.85%	822	5.25%	580	Reduced percent of reduced total dollars
Health Insurance (HIPCSA) (C)	2.26%	2,254	3.00%	2,761	Additional service burdens in this category
Housing (S)	0.00%	0	3.00%	25	All clients use max payment = $24,000/year.
Medical Case Management (C)	29.07%	8,799	25.00%	5,525	Cost per client reflects increase in MCM rate
Medical Transportation (S)	1.02%	1,137	1.00%	1,023	Rate from FY 2025
Mental Health Services (C)	0.24%	124	5.00%	1,351	Reprogramming mental health from OAHS
Non-Medical Case Management (S)	0.00%	0	1.00%	316	Rate is 70% of MCM cost per client
Oral Health Care (C)	20.78%	2,833	16.25%	2,040	Rate from FY 2025
Other Professional-Legal (S)	0.08%	51	0.25%	145	Increased percent, rate from FY 2025
Outpatient Ambulatory Health (C)	32.10%	4,220	30.12%	3,646	Reduction in client load b/c of MHS
Outreach (S)	0.56%	236	0.50%	193	Rate from FY 2025
Psychosocial Support Services (S)	0.00%	0	1.00%	787	Rate is 60% of MHS cost per client
Substance Abuse-Outpatient (C)	0.00%	4	1.00%	1,026	Stepped up attention on preventative SA-O
Substance Abuse-Residential (S)	7.01%	87	4.50%	51	Rate from FY 2025
Total	*100.00%*		*100.00%*	*$20,000,000*	

C=Core

S=Support

FY 2026 Ryan White Program Projections

Part A/MAI Client Counts and Expenditures

MAI Client Service Projections

Based on $1.6M anticipated RWP budget and percentages derived from FY 2025 C&T meeting

A	C	D	F	G	H
Service Category -- MAI	% of MAI expenditures in FY 2025	N of MAI clients served in FY 2025	% allocation in RFP and FY 2027 from C&T in 8/25	Estimated number of MAI clients who can be served with $1.6M funding	Comment
AIDS Pharmaceutical Assist. (C)	0.00%	0	0.12%	5	Same cost per client as Part A
Medical Case Management (C)	58.61%	2171	41.75%	1,318	FY 2025 MAI cost applied to FY 2027
Medical Transportation (S)	0.76%	65	1.13%	82	FY 2025 MAI cost applied to FY 2027
Mental Health Services (C)	0.00%	0	6.00%	130	Reprogramming mental health from OAHS.
Outpatient Ambulatory Health (C)	38.51%	731	51.00%	825	FY 2025 MAI cost applied to FY 2027
Outreach (not funded in MAI in 2027)	2.12%	30	0.00%	0	
Total	*100.00%*		*100.00%*	*$1,600,000*	

C= Core

S=Support

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, August 13, 2026

10:00 a.m. – 1:00 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 July 9, 2026	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Dr. Diego Shmuels
	• Partnership Report (reference only)	Dr. Diego Shmuels
VIII.	Standing Business	
	• None	
IX.	New Business	
	• Ryan White Program FY 2025 Client Satisfaction Survey Findings	Dr. Robert Ladner
	• Unmet Need/Projections	Dr. Robert Ladner
	• Policy Clarification Notice (PCN) #16-02 and Local Services	All
	• Summaries to Date	Marlen Meizoso
	• Next Steps and Reminders	Marlen Meizoso
	• Bylaws Review-Care and Treatment Section	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **September 10, 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/

Note: items in red show local restrictions

Miami-Dade Ryan White Program Service Standard Excerpts for FY 2027

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

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02
(*funded in Miami-Dade, *[1]pending RFP release for new or revised services.)

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

AIDS Pharmaceutical Assistance*

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals*

Home and Community-Based Health Services

Home Health Care

Hospice

Medical Case Management, including Treatment Adherence Services*

Medical Nutrition Therapy

Mental Health Services*

Oral Health Care*

Outpatient/Ambulatory Health Services*

Substance Abuse Outpatient Care*

RWHAP Support Services

Child Care Services

Emergency Financial Assistance*[1]

Food Bank*/Home Delivered Meals

Health Education/Risk Reduction

Housing*[1]

Linguistic Services

Medical Transportation*

Non-Medical Case Management Services*[1]

Other Professional Services*(Legal Services and Permanency Planning)

Outreach Services*

Psychosocial Support Services*[1]

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)*

Appendix

RWHAP Legislation: Core Medical Services

AIDS Drug Assistance Program Treatments

Description:
The AIDS Drug Assistance Program (ADAP) is a state-administered program authorized under RWHAP Part B to provide U.S. Food and Drug Administration (FDA)-approved medications to low-income clients living with HIV who have no coverage or limited health care coverage. HRSA RWHAP ADAP formularies must include at least one FDA-approved medicine in each drug class of core antiretroviral medicines from the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV.[5] HRSA RWHAP ADAPs can also provide access to medications by using program funds to purchase health care coverage and through medication cost sharing for eligible clients. HRSA RWHAP ADAPs must assess and compare the aggregate cost of paying for the health care coverage versus paying for the full cost of medications to ensure that purchasing health care coverage is cost effective in the aggregate. HRSA RWHAP ADAPs may use a limited amount of program funds for activities that enhance access to, adherence to, and monitoring of antiretroviral therapy with prior approval.

[5] https://aidsinfo.nih.gov/guidelines

Program Guidance:
HRSA RWHAP Parts A, C and D recipients may contribute RWHAP funds to the RWHAP Part B ADAP for the purchase of medication and/or health care coverage and medication cost sharing for ADAP-eligible clients.

AIDS Pharmaceutical Assistance

Description:
AIDS Pharmaceutical Assistance may be provided through one of two programs, based on HRSA RWHAP Part funding.

1. A Local Pharmaceutical Assistance Program (LPAP) is operated by a HRSA RWHAP Part A or B (non-ADAP) recipient or subrecipient as a supplemental means of providing ongoing medication assistance when an HRSA RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

   HRSA RWHAP Parts A or B recipients using the LPAP to provide AIDS Pharmaceutical Assistance must establish the following:
   - Uniform benefits for all enrolled clients throughout the service area
   - A recordkeeping system for distributed medications
   - An LPAP advisory board
   - A drug formulary that is
     - Approved by the local advisory committee/board, and
     - Consists of HIV-related medications not otherwise available to the clients due to the elements mentioned above
   - A drug distribution system
   - A client enrollment and eligibility determination process that includes screening for HRSA RWHAP ADAP and LPAP eligibility with rescreening at minimum of every six months
   - Coordination with the state's HRSA RWHAP Part B ADAP
     - A statement of need should specify restrictions of the state HRSA RWHAP ADAP and the need for the LPAP
   - Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)
2. A Community Pharmaceutical Assistance Program (CPAP) is provided by a HRSA RWHAP Part C or D recipient for the provision of ongoing medication assistance to eligible clients <u>in the absence of any other resources</u>.

Program Guidance:
For LPAPs: HRSA RWHAP Part A or Part B (non-ADAP) funds may be used to support an LPAP. HRSA RWHAP ADAP funds may not be used for LPAP support. LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

Early Intervention Services (EIS)

Description:
The RWHAP legislation defines EIS for Parts A, B, and C. See § 2651(e) of the Public Health Service Act.

Program Guidance:
The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A and B EIS services must include the following four components:
    - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
    - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
    - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
    - Referral services to improve HIV care and treatment services at key points of entry
    - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
    - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Description:
Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance. LOCAL RESTRICTION ON HEALTH INSURANCE: Standalone dental insurance is not included.

The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral

health care services for eligible clients; and/or
- Paying cost sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services (HRSA RWHAP Part A, HRSA RWHAP Part B, HRSA RWHAP Part C, and HRSA RWHAP Part D).

To use HRSA RWHAP funds for standalone dental insurance premium assistance, an HRSA RWHAP Part recipient must implement a methodology that incorporates the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost Sharing Assistance only when determined to be cost effective.

Program Guidance:
Traditionally, HRSA RWHAP Parts A and B recipients have supported paying for health insurance premiums and cost sharing assistance.

HRSA RWHAP Parts A, B, C, and D recipients may consider providing their health insurance premiums and cost sharing resource allocation to their state HRSA RWHAP ADAP, particularly where the ADAP has the infrastructure to verify health care coverage status and process payments for public or private health care coverage premiums and medication cost sharing.

Home and Community-Based Health Services
Description:
Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to that client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- Appropriate mental health, developmental, and rehabilitation services
- Day treatment or other partial hospitalization services

- Durable medical equipment
- Home health aide services and personal care services in the home

Program Guidance:
Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

Home Health Care
Description:
Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities provided under Home Health Care must relate to the client's HIV disease and may include:

- Administration of prescribed therapeutics (e.g. intravenous and aerosolized treatment, and parenteral feeding)
- Preventive and specialty care
- Wound care
- Routine diagnostics testing administered in the home
- Other medical therapies

Program Guidance:
The provision of Home Health Care is limited to clients that are homebound. Home settings do not include nursing facilities or inpatient mental health/substance abuse treatment facilities.

Hospice Services
Description:
Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

Program Guidance:
Hospice Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for Hospice Services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the recipient. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective state Medicaid programs.

Medical Case Management, including Treatment Adherence Services

Description:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance:

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

Medical Nutrition Therapy

Description:

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Program Guidance:

All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a registered/licensed dietician should be considered Psychosocial Support Services under the HRSA RWHAP.

Mental Health Services

Description:

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

Oral Health Care

Description:

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

Program Guidance:

None at this time.

Outpatient/Ambulatory Health Services

Description:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:
Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category. LOCAL RESTRICTION ON URGENT CARE: Per decisions made by the local planning council, the Ryan White Program in Miami-Dade does not include Urgent Care services at all under Outpatient/Ambulatory Health Services.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Substance Abuse Outpatient Care
Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Pretreatment/recovery readiness programs
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Outpatient drug-free treatment and counseling
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

RWHAP Legislation: Support Services

Child Care Services
Description:
The HRSA RWHAP supports intermittent Child Care Services for the children living in the household of PLWH who are HRSA RWHAP-eligible clients for the purpose of enabling those clients to attend medical visits, related appointments, and/or HRSA RWHAP-related meetings, groups, or training sessions.

Allowable use of funds include:

- A licensed or registered child care provider to deliver intermittent care
- Informal child care provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)

Program Guidance:
The use of funds under this service category should be limited and carefully monitored. Direct cash payments to clients are not permitted.

Such arrangements may also raise liability issues for the funding source which should be carefully weighed in the decision process.

Emergency Financial Assistance
Description:
Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. LOCAL RESTRICTION ON EMERGENCY FINANCIAL ASSISTANCE: This service includes prescription drugs for TTRA, emergency electric utility assistance, and emergency rental assistance, per decisions made in FY 2024.

Program Guidance:
Emergency Financial Assistance funds used to pay for otherwise allowable HRSA RWHAP services must be accounted for under the Emergency Financial Assistance category. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client must not be funded through Emergency Financial Assistance.

Food Bank/Home Delivered Meals

Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:

Unallowable costs include household appliances, pet foods, and other non-essential products.

See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Health Education/Risk Reduction

Description:

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:

Health Education/Risk Reduction services cannot be delivered anonymously.

Housing

Description:

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits (cf. sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act), although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards. LOCAL RESTRICTION ON HOUSING: Housing assistance is limited to a total of 24 months.

Legal Services
See Other Professional Services

Linguistic Services
Description:
Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

Program Guidance:
Linguistic Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Transportation
Description:
Medical Transportation is the provision of nonemergency transportation that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:
Medical transportation may be provided through:

- Contracts with providers of transportation services

- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

Non-Medical Case Management Services

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Other Professional Services
Description:
Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
    - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
    - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
    - Preparation of:
        - Healthcare power of attorney
        - Durable powers of attorney
        - Living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
    - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
    - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits. LOCAL RESTRICTION ON INCOME TAX PREPARATION: The Miami-Dade Ryan White Program should not include income tax preparation as a component of "other professional services" because there are other local sources for this service, e.g. the United Way Center for Financial Stability's Volunteer Income Tax Assistance program.

Program Guidance:
Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459

Outreach Services

Description:

The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.

Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

1) use data to target populations and places that have a high probability of reaching PLWH who
    a. have never been tested and are undiagnosed,
    b. have been tested, diagnosed as HIV positive, but have not received their test results, or
    c. have been tested, know their HIV positive status, but are not in medical care;
2) be conducted at times and in places where there is a high probability that PLWH will be identified; and
3) be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:

Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Permanency Planning

See Other Professional Services

Psychosocial Support Services

Description:

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:

- Bereavement counseling
- Caregiver/respite support (HRSA RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements (*See* Food Bank/Home Delivered Meals).

HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership.

Rehabilitation Services

Description:

Rehabilitation Services provide HIV-related therapies intended to improve or maintain a client's quality of life and optimal capacity for self-care on an outpatient basis, and in accordance with an individualized plan of HIV care.

Program Guidance:

Allowable activities under this category include physical, occupational, speech, and vocational therapy.

Rehabilitation services provided as part of inpatient hospital services, nursing homes, and other long-term care facilities are not allowable.

Referral for Health Care and Support Services

Description:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

Respite Care
Description:

Respite Care is the provision of periodic respite care in community or home-based settings that includes non-medical assistance designed to provide care for an HRSA RWHAP-eligible client to relieve the primary caregiver responsible for their day-to-day care.

Program Guidance:
Recreational and social activities are allowable program activities as part of Respite Care provided in a licensed or certified provider setting including drop-in centers within HIV Outpatient/Ambulatory Health Services or satellite facilities.

Funds may be used to support informal, home-based Respite Care, but liability issues should be included in the consideration of this expenditure. Direct cash payments to clients are not permitted.

Funds may not be used for off premise social/recreational activities or to pay for a client's gym membership.

Substance Abuse Services (residential)
Description:
Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use disorder
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance:
Substance Abuse Services (residential) is permitted only when the client has

received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the HRSA RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, August 13, 2026

10:00 a.m. – 1:00 p.m.

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

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IV.	Floor Open to the Public	Dr. Diego Shmuels
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VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Dr. Diego Shmuels
	• Partnership Report (reference only)	Dr. Diego Shmuels
VIII.	Standing Business	
	• None	
IX.	New Business	
	• Ryan White Program FY 2025 Client Satisfaction Survey Findings	Dr. Robert Ladner
	• Unmet Need/Projections	Dr. Robert Ladner
	• Policy Clarification Notice (PCN) #16-02 and Local Services	All
	• Summaries to Date	Marlen Meizoso
	• Next Steps and Reminders	Marlen Meizoso
	• Bylaws Review-Care and Treatment Section	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **September 10, 2026** at **Care Resource**	Dr. Diego Shmuels
XII.	Adjournment	Dr. Diego Shmuels

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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

The 2026 Needs Assessment

Summaries to Date

August 13, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Epi Data Highlights

Tab 3

Incidence

- **Incidence** for diagnosed with HIV in 2024 was 1,027, and Miami-Dade accounts for 23% of the Florida cases. AIDS Diagnoses in 2024 was 378, an increase of 6% (5.88%)from last year.
- Over 80% of new HIV and AIDS cases are male.
- The largest age group for new HIV cases is 20-39 years old (58%).

Prevalence

- **Prevalence** for 2024 was 30,074, an increase of about 2% (1.58%) from last year.
- The majority of persons living with HIV are male (77.3%) in 2024.
- The majority are over 50 years old (57%).
- The leading transmission category (59%) is male to male sexual contact (MMSC).

Care Continuum

Tab 3

- From 2024 to 2025 there were improvements in health outcome measures: 1) in medical care, 2) retained in medical care, and 3) virally suppressed.
- **Non-Hispanic, Non-Haitian Blacks** have the lowest viral suppression rates (83%) by race/ethnicity.
- **Males** have slightly better suppressed viral load rates (89%) versus **women** (86%).
- Clients who have **injection drug use (IDU)** as an exposure category have the lowest viral load suppression rates (78%), followed by **other**(81%).

Demographics

Tab 4

Most Ryan White Program clients are:

- 35 years or older (80%).
- Male (82.3%), of which Latino males are 59.2% and Black males are 12.7%
- Latinos (65.5%), continue to be the largest ethnic group.
- Prefer Spanish (57.8%) as their primary language.
- Within the Federal Poverty Level (FPL) income of 0-135% FPL (51.3%).
- Reliant on the Ryan White Program for their health care (39.3%).

Tab 4

Co-Occurring Conditions

- **Special Need Groups (SNG):**
- **Latino Males (VL suppression 90%) represented the SNG with the highest VL suppression rate, higher than the overall RWP average.**
- **Accounted for 59% of the total RWP population.**
- **WoCA (Age 15-44) had the lowest VL suppression rate (81%).**
- **Co-Occurring Conditions (COC):**
- **Clients with Sexually Transmitted Infections (STI) showed the highest VL suppression rate (95%).**
- **Clients with Hepatitis B or C and clients with Mental Illness also had higher average VL suppression rates than the RWP average.**
- **Clients who were Homeless/Unstably Housed had the lowest VL suppression rate (84%).**
- **Clients with Mental Illness, Substance Use, and Homelessness/Unstable Housing COCs showed the highest annual costs per client, $5,481, $4,397, and $4,357 respectively.**

Dashboard Cards

Tab 5

- Provides historical priorities, utilization and other funding.
- Top three services with reduced utilization: Outpatient Ambulatory Health Services, Food Bank, and Outreach.
- Top three services with increased utilization by clients: Health Insurance, Medical Transportation., and AIDS Pharmaceutical.
- Top three services with increased utilization by costs: Medical Case Management, Oral Health Care, and Medical Transportation.

	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Total Expenditures	$17,660,128	$19,018,258	$22,372,383	$23,801,341	$23,557,203	$23,594,690
Total Unduplicated Clients	8,127	8,411	8,590	9,060	9,316	9,194
Total Average Cost/Client	$2,173	$2,261	$2,604	$2,627	$2,529	$2,566

Behavioral Science Research

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

MIAMI-DADE HIV/AIDS PARTNERSHIP

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The 2026 Needs Assessment Priority Setting and Resource Allocation (PSRA) Process

Next Steps and Reminders

August 13, 2026

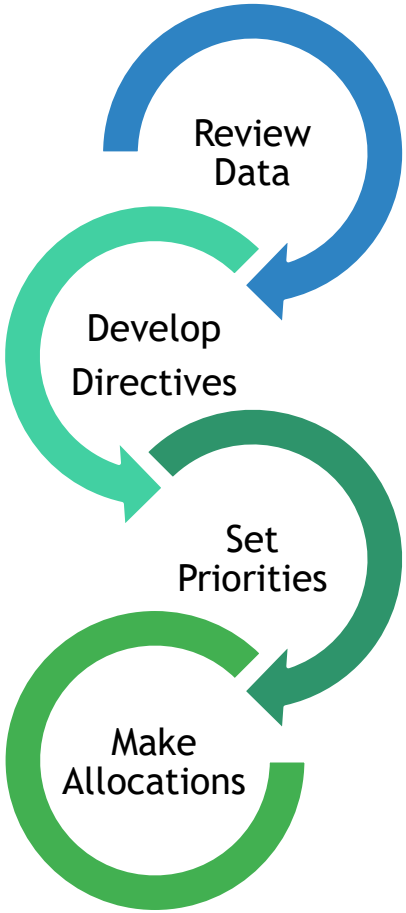
Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

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



Where We Are Now

We have reviewed and discussed:

- Epidemiological Information
- Demographics
- Care Continuum
- Dashboard Cards: Utilization and Other Funding
- Co-Occurring Conditions
- Client Satisfaction Service Gaps
- Unmet Needs/Projections
- Service Categories

Remaining Topics

- Special Directives
- Priority Setting
- Resource Allocation

Special Directives

- Guide the Recipient on desired ways to respond to identified service needs, priorities, and gaps.
- Often specify use or non-use of a particular service model, or addresses geographic access to services, language issues, or issues relative to specific populations.
- May impact costs.
- Must be followed by the Recipient in procurement, contracting, or other service planning. (When directives cannot be achieved, the Recipient must report on challenges.)

Priority Setting

All Part A/MAI service categories **must** be prioritized.

During the Priority Setting Process:

- The Committee will determine a ranking from highest to lowest priority of all Part A/MAI service categories available to people living with HIV in Miami-Dade County.
- Use your Dashboard Cards! Priority Setting is a data-driven process, using data, such as utilization, epidemiological, and unmet needs.
- Remember that Priority Setting is not tied to Resource Allocations or to service providers.

Year 2027-2028
Ranking Sheet Sample

Ryan White Program Part A Priorities

) As part of the annual Needs Assessment process and keeping in mind all the presentations made uring the Needs Assessment, use this survey to rank all 28 service categories from highest priority (1) to owest priority (28) for people living with HIV in Miami-Dade County. Please see HRSA Policy Clarification Notice 16-02 for details.

1= first most important,2= second most important, and so on down to 28=least important

Rank	Services
	AIDS Drug Assistance Program (ADAP) Treatment [C]
	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	Child Care Services [S]
	Early Intervention Services [C]
	Emergency Financial Assistance [S]
	Food Bank/Home-Delivered Meals [S]
	Health Education/Risk Reduction [S]
	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
	Home and Community Based Health Care [C]
	Home Health Care [C]
	Hospice Services [C]
	Housing Services [S]
	Linguistic Services [S]
	Medical Case Management, including Treatment Adherence Services [C]
	Medical Nutrition Therapy [C]
	Medical Transportation (Vouchers) [S]
	Mental Health Services [C]
	Non-Medical Case Management [S]
	Oral Health Care [C]
	Other Professional Services (Legal Assistance and Permanency Planning) [S]
	Outpatient/Ambulatory Health Services [C]
	Outreach Services [S]
	Psychosocial Support [S]
	Referral for Health Care and Support Services [S]
	Rehabilitation Services [S]
	Respite Care [S]
	Substance Abuse Outpatient Care [C]
	Substance Abuse Services (Residential) [S]

C=core services S=support services

Year 2027-2028
Ranking Sheet Sample

Ryan White Program Minority AIDS Initiative (MAI) Priorities

2) Minority AIDS Initiative (MAI) Funds support innovative models to improve health outcomes for people with HIV and racial and ethnic minority communities. Keeping in mind all the presentations made during the Needs Assessment, rank all 28 service categories from highest priority (1) to lowest priority (28) for racial and ethnic minorities living with HIV in Miami-Dade County. Please see HRSA Policy Clarification Notice 16-02 for details.

1= first most important, 2= second most important, and so on down to 28=least important

Rank	Services
	AIDS Drug Assistance Program (ADAP) Treatment [C]
	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	Child Care Services [S]
	Early Intervention Services [C]
	Emergency Financial Assistance [S]
	Food Bank/Home-Delivered Meals [S]
	Health Education/Risk Reduction [S]
	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
	Home and Community Based Health Care [C]
	Home Health Care [C]
	Hospice Services [C]
	Housing Services [S]
	Linguistic Services [S]
	Medical Case Management, including Treatment Adherence Services [C]
	Medical Nutrition Therapy [C]
	Medical Transportation (Vouchers) [S]
	Mental Health Services [C]
	Non-Medical Case Management [S]
	Oral Health Care [C]
	Other Professional Services (Legal Assistance and Permanency Planning) [S]
	Outpatient/Ambulatory Health Services [C]
	Outreach Services [S]
	Psychosocial Support [S]
	Referral for Health Care and Support Services [S]
	Rehabilitation Services [S]
	Respite Care [S]
	Substance Abuse Outpatient Care [C]
	Substance Abuse Services (Residential) [S]

C=core services S=support services

Sample Priority Sheets

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

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

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

Purpose of PCN

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

Background

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

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

HRSA HAB has developed program policies that incorporate both HHS regulations

Policy Clarification Notice (PCN) #16-02

Priority Setting Process

Members and guests present today will EACH receive two Survey Monkey links to rank all 28 allowable service categories listed on PCN #16-02, one for Part A and one for Minority AIDS Initiative (MAI) funding.

ALL surveys must be completed by close of business on **August 28, 2026**.

Staff will bring the aggregate results of priories to the September 10, 2026, meeting for final deliberations.

The Committee will vote on the final priorities for Part A and MAI, and these recommendations will be forwarded to the Partnership.

Resource Allocations and Managing Conflicts

Process be free of conflicts of interest.

If a member is the sole provider in a service category and funds are being allocated, the conflicted member must recuse him/herself from voting. The member will follow a formal disclosure process, complete form 8B, and will step outside of the room both during discussion of and voting on the conflicted item. He/she may return to the meeting once the discussion and voting are concluded

Conflicted member will disclose and complete Form 8B

Do not participate in discussion or vote.

Will exit the room, and return after the vote.

Resource Allocations Process

Members and guests at the September meeting will receive budget worksheets, for Part A and MAI funding (grant ceiling limit).

Based on the data presented throughout the process the Committee will allocate funding to service categories.

Recommendations on funding will be forwarded to the Partnership.

Resource Allocations Restrictions

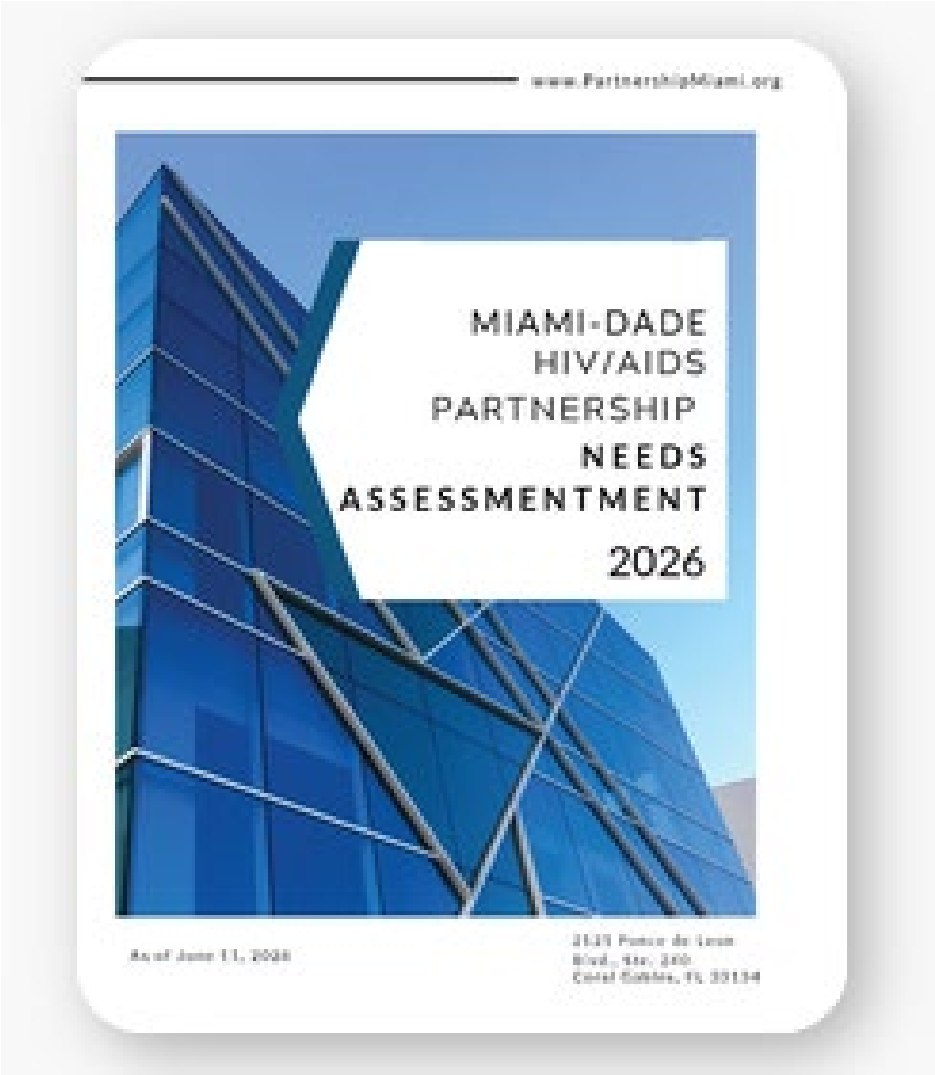
Core Services

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

Support Services

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

Review Materials!



https://partnershipmiami.org/partnership/#needsassessment1

Save the Date!

FINAL PSRA MEETING

September 10, 2026

10:00 a.m. to 12:00 p.m.

at Care Resource

Behavioral Science Research

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

MIAMI-DADE
HIV/AIDS PARTNERSHIP

Care and Treatment
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Care and Treatment: Bylaws Section

The Executive Committee is in the process of reviewing and updating the Bylaws and would like the Committee's input on its assigned responsibilities. Below are the Care and Treatment responsibilities from Section 3.2(C.) with one minor edit.

2. Care and Treatment Committee

The Care and Treatment Committee shall:

a. Meet monthly, ~~including multiple dates during the Annual Needs Assessment,~~ but may choose to cancel a scheduled meeting if there is no business to transact;

b. Develop and implement all care and treatment planning;

c. Conduct an annual comprehensive needs assessment;

d. Establish or revise Ryan White Part A service priorities and complete the priority setting and resource allocation processes for each fiscal year;

e. Make recommendations to the Partnership on service priorities and use of other funds to target the areas of greatest need; and

f. Make recommendations to appoint two (2) nominees to the Florida Comprehensive Planning Network's (FCPN) Patient Care Planning Group (PCPG). At least one (1) member selected for the planning group shall be a Partnership member.

MIAMI-DADE
HIV/AIDS PARTNERSHIP

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HRSA
Health Resources & Services Administration

5600 Fishers Lane
Rockville, MD 20857

July 16, 2026

Dear Ryan White HIV/AIDS Program Colleagues,

For people with HIV, addressing nutritional needs is an important component of improving health outcomes and supporting long-term well-being. Nutrition services help support immune function, manage chronic conditions, promote healthy aging, and keep individuals engaged in HIV care and treatment. Access to nutritious food and nutrition-focused interventions can help prevent and manage chronic disease, support treatment adherence, and improve overall health and well-being, making nutrition services an important component of comprehensive HIV care.

For more than 35 years, the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) has supported the nutritional needs of people with HIV. RWHAP recipients can provide nutrition services primarily through two service categories, Medical Nutrition Therapy and Food Bank/Home-Delivered Meals. Both service categories are essential to supporting the overall health and well-being of people with HIV. These nutrition services align with *Executive Order 14212, Establishing the President's Make America Healthy Again Commission*, which emphasizes prevention, wellness, nutrition, and addressing the root causes of poor health.

Medical Nutrition Therapy is a core medical service in which nutrition care is provided by a licensed nutrition professional and includes nutrition assessment and screening, dietary and nutritional evaluation, and nutrition education to help clients make dietary changes that support the management of their medical conditions. Through individualized counseling and evidence-based nutrition interventions, Medical Nutrition Therapy can help clients address complex health needs while supporting HIV treatment goals.

Food Bank/Home-Delivered Meals is a support service used to provide nutritious food, hot meals, or vouchers to purchase food. In addition, the Emergency Financial Assistance support service category may be used to provide limited funds to assist clients with urgent food-related needs, such as groceries or food vouchers. Many RWHAP recipients fund one or more of these three service categories to help improve health and address the unique needs of people with HIV. In 2024, approximately 33,000 RWHAP clients received Medical Nutrition Therapy, and over 90,000 received Food Bank/Home Delivered Meals. For more information about Medical Nutrition Therapy, Food Bank/Home-Delivered Meals, or the Emergency Financial Assistance service categories, please review Policy Clarification Notice 16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*.

As part of the federal government's broader focus on nutrition and health, HRSA is also supporting efforts to expand nutrition-related programming and innovation. We encourage

recipients to explore funding opportunities available through HRSA that support nutrition-focused approaches, including the Bureau of Primary Health Care's *Fiscal Year 2027 Expanding Nutrition Services*.

We also encourage recipients attending the upcoming 2026 National Ryan White Conference on HIV Care & Treatment to participate in the various sessions focused on nutrition, food-related interventions, and innovative approaches to support the nutritional needs of people with HIV. These sessions provide opportunities to learn from peers, share best practices, and identify strategies that can be adapted and implemented within RWHAP systems of care.

Thank you for your continued commitment to improving the health and well-being of people with HIV through comprehensive, whole person-centered care. Through our collective efforts, we can continue helping people with HIV access the care, treatment, and nutrition services they need to achieve optimal health outcomes.

Sincerely,

/s/

Thomas J. Engels
Administrator

Thank you!

YOUR FEEDBACK MAKES A DIFFERENCE!

Please complete the evaluation for **TODAY'S MEETING.**

Your feedback helps us improve and plan for the future.

Thank you!

TOGETHER, WE CAN *make it better!*

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, August 13, 2026

10:00 a.m. – 1:00 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 July 9, 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	
	• None	
IX.	New Business	
	• Ryan White Program FY 2025 Client Satisfaction Survey Findings	Dr. Robert Ladner
	• Unmet Need/Projections	Dr. Robert Ladner
	• Policy Clarification Notice (PCN) #16-02 and Local Services	All
	• Summary and Next Steps	Marlen Meizoso
	• Bylaws Review-Care and Treatment Section	All
X.	Announcements and Open Discussion	All
XI.	Next Meeting: **September 10, 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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	• Partnership Report (reference only)	Dr. Diego Shmuels
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	• Summaries to Date	Marlen Meizoso
	• Next Steps and Reminders	Marlen Meizoso
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