MIAMI-DADE HIV/AIDS PARTNERSHIP

NEEDS ASSESSMENTMENT

2026

As of September 10, 2026

2121 Ponce de Leon Blvd.,
Ste. 240
Coral Gables, FL 33134

MIAMI-DADE HIV/AIDS PARTNERSHIP

The annual Priority Setting and Resource Allocation needs assessment process is a series of Care and Treatment Committee meetings.

DISCLAIMER

Prepared by Behavioral Science Research Corporation for the Miami-Dade County Office of Management and Budget-Grants Coordination and the Miami Dade HIV/AIDS Partnership. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2026 award totaling $26,539,912as of May 12, 2026, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

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10. Agenda and Minutes

SCHEDULE OF MEETINGS

Needs Assessment Topics

Subject to Change

June 11, 2026 10 AM-1 PM

Planning Council Responsibilities
Priority Setting and Reallocation Process
Epi Profile
Care Continuum

July 9, 2026 10 AM-1 PM

Demographics
Co-Occurring Conditions
Other Funding and Dashboard Cards

August 13, 2026 10 AM-1 PM

Unmet Need
Projections
HRSA PCN#16-02 and Local Service Excerpts

September 10, 2026 10 AM-12 PM

Priority Setting
Special Directives
Resource Allocations

HOUSEKEEPING

SECTION 1

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.

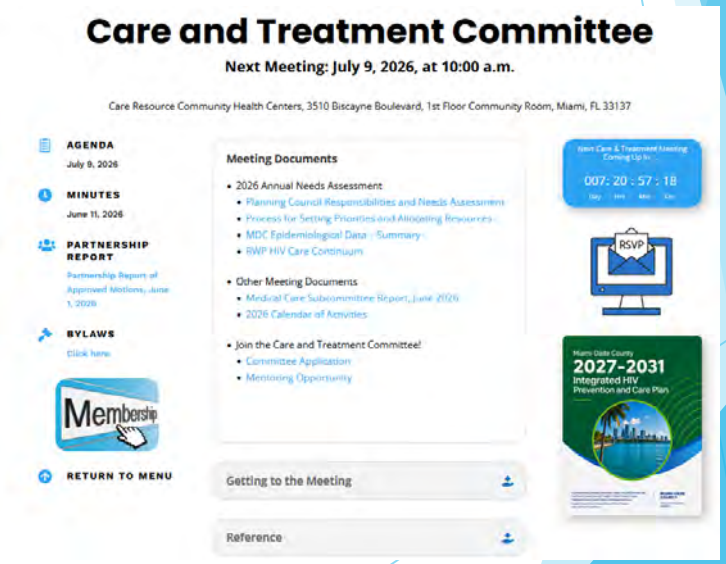
Please **do not** use these terms when referring to people:
Dirty. Clean. Full-blown AIDS. Victim.

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.



NEEDS ASSESSMENT PREPARATION

SECTION 2

Planning Council Responsibilities AND Needs Assessment

June 11, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Needs Assessment

Dates and Book Location

Needs Assessment Dates

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

June 11, 2026

July 9, 2026

August 13, 2026

September 10, 2026

Book Location

https://partnershipmiami.org/the-partnership-2/#needsassessment1

Needs Assessment

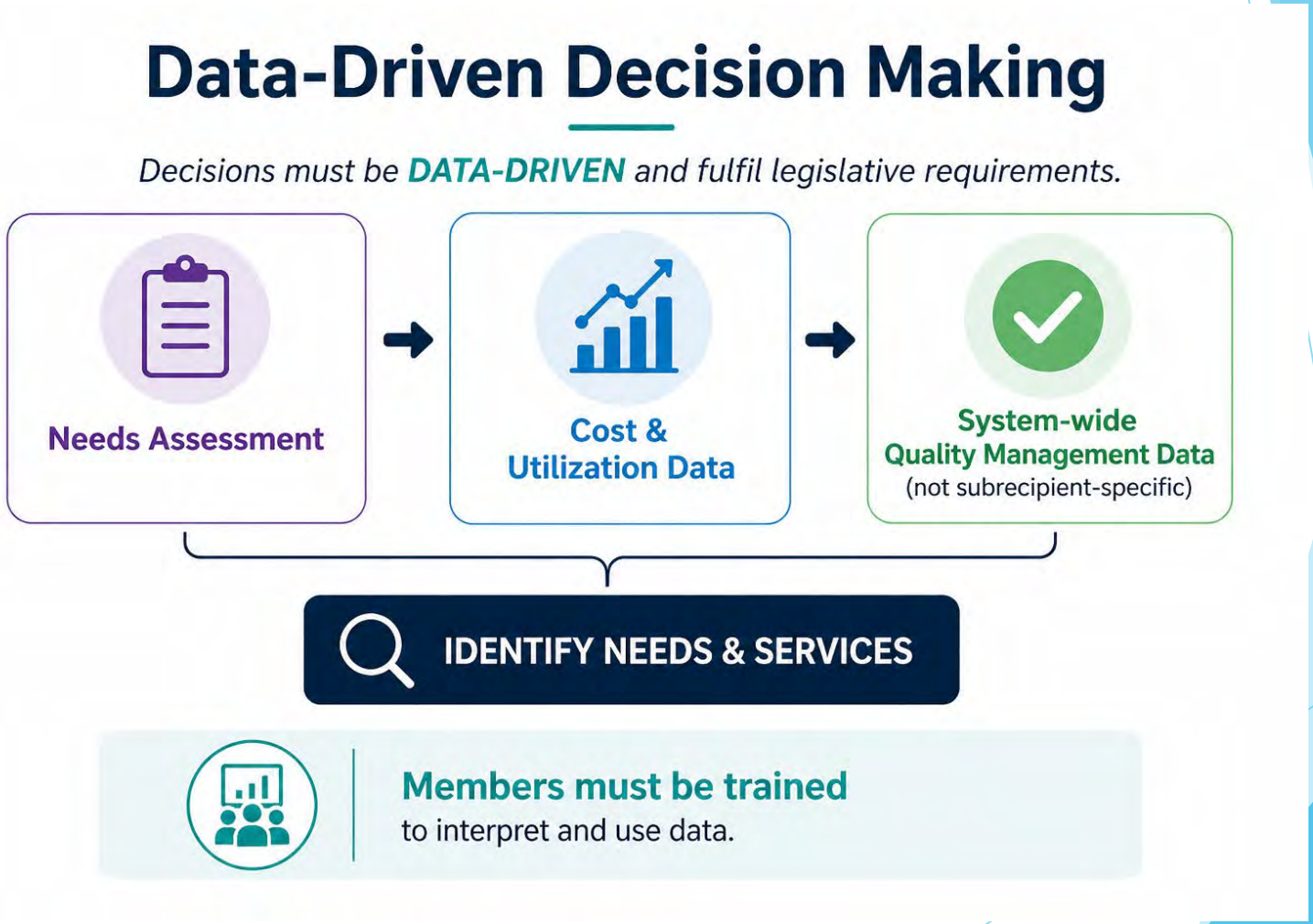
Responsibilities and Expectations

Responsibilities

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

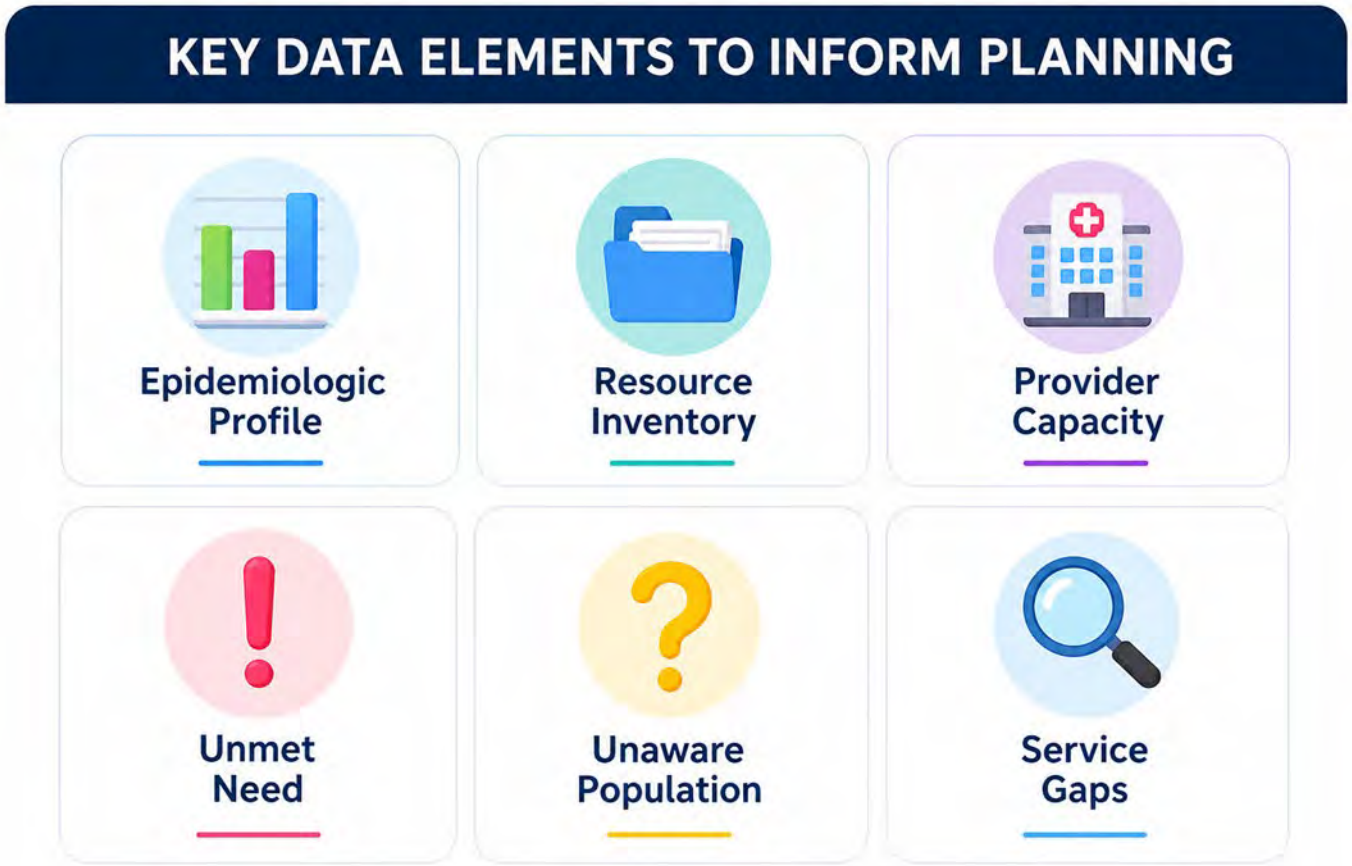
HRSA Expectations



Needs Assessment

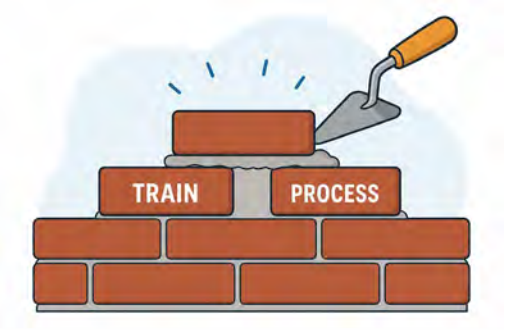
Components

Components of a Ryan White Needs Assessment



Data sources: DOH Surveillance Ryan White Data Surveys Other Funding

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



Data Reviewed

Directives Developed

Priorities Set

Allocations Made

Planning Council Responsibilities: **Developing Directives**

🎯 Guide the Recipient in addressing service needs, priorities, and gaps

⚙️ Define service approaches (use/non-use, access, location)

💲 May impact costs

🔢 Limited in number

📌 Required for implementation in procurement, contracting, and service planning

Planning Council Responsibilities: **Setting Priorities**

🎯 Rank service categories based on community need

⚖️ Use a fair, data-driven process (manage conflicts of interest)

📊 Consider key data:

- Utilization
- Epidemiology
- Unmet need

🔄 Remain relatively stable year to year

📌 All categories must be prioritized (HRSA requirement)

Core Medical and Support Services

Core vs Support Services (PCN 16-02)

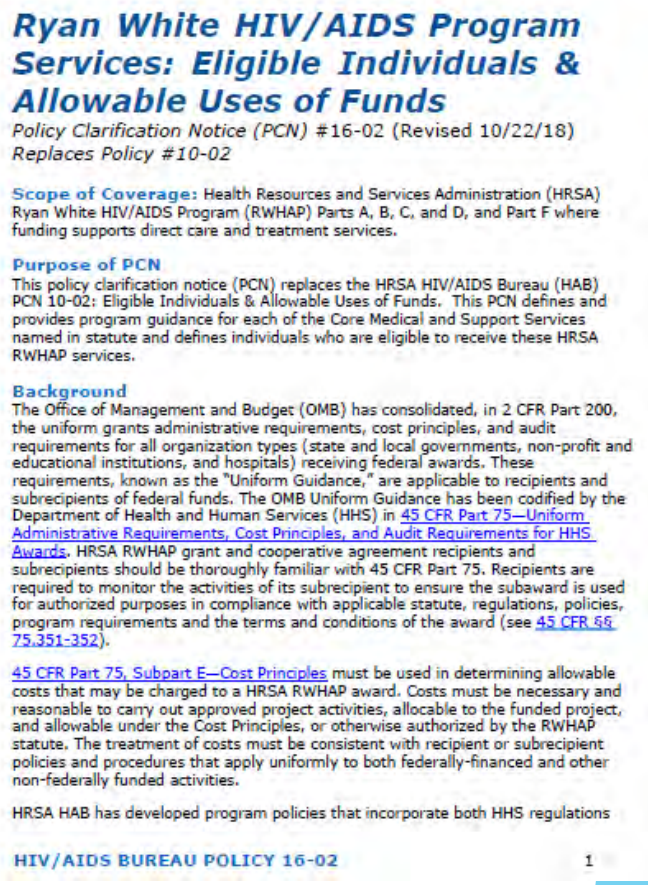
CORE SERVICES

- ADAP Treatments
- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Health Insurance Premium & Cost Sharing
- Home & Community-Based Services
- Home Health Care
- Hospice
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory
- Substance Abuse Outpatient

SUPPORT SERVICES

- Child Care
- Emergency Financial Assistance
- Food Bank/Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Non-Medical Case Mgmt
- Legal/Permanency Services
- Outreach
- Psychosocial Support
- Referral Services
- Respite Care
- Substance Abuse (Residential)

≥75% Core | ≤25% Support | Must link to positive medical outcomes



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

HIV/AIDS BUREAU POLICY 16-02 1

Planning Council Responsibilities: **Resource Allocations Restrictions**

Core Services

Minimum 75% of total funding

Required by HRSA (unless waiver granted)

Support Services

Funded with remaining allocation

Must support positive medical outcomes(HIV-related clinical outcomes)

Planning Council Responsibilities: **Resource Allocations**

💲 Allocate funding across service categories

⚖️ Not tied to priority ranking

📊 Consider key factors:

- Cost per client
- Other funding sources
- Expected new clients

📌 Higher costs may require greater funding, even for lower-ranked services

Planning Council Responsibilities: **Resource Allocations and Managing Conflicts**

⚠️ DISCLOSE

- Complete Form 8B

🚫 DO NOT PARTICIPATE

- No discussion or voting

🚪 EXIT ROOM

- Return after vote

Needs Assessment

Budgets

SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2023 EXPENDITURES	FY 2023 %	FY 2025 RECOMMENDED ALLOCATION [1]	FY 2025 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	$1,109.37	0.01%		0.00%
EMERGENCY FINANCIAL ASSISTANCE [S]	$0.00	0.00%		0.00%
FOOD BANK*/HOME DELIVERED MEALS [S]	$2,702,229.90	12.19%		0.00%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	$324,143.01	1.46%		0.00%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$5,864,806.80	26.46%		0.00%
MEDICAL TRANSPORTATION [S]	$191,280.78	0.86%		0.00%
MENTAL HEALTH SERVICES [C]	$56,046.25	0.25%		0.00%
ORAL HEALTH CARE [C]	$3,631,549.00	16.38%		0.00%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	$71,730.00	0.32%		0.00%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$7,848,136.83	35.40%		0.00%
OUTREACH SERVICES [S]	$117,183.05	0.53%		0.00%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	$1,410.00	0.01%		0.00%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$1,358,250.00	6.13%		0.00%

Sample Budget Sheet

Budget Development Options

One (1) Budget:
1. Ceiling (allowable threshold)

OR

Two (2) Budgets:
1. Flat, and
2. Ceiling (allowable threshold).

OR

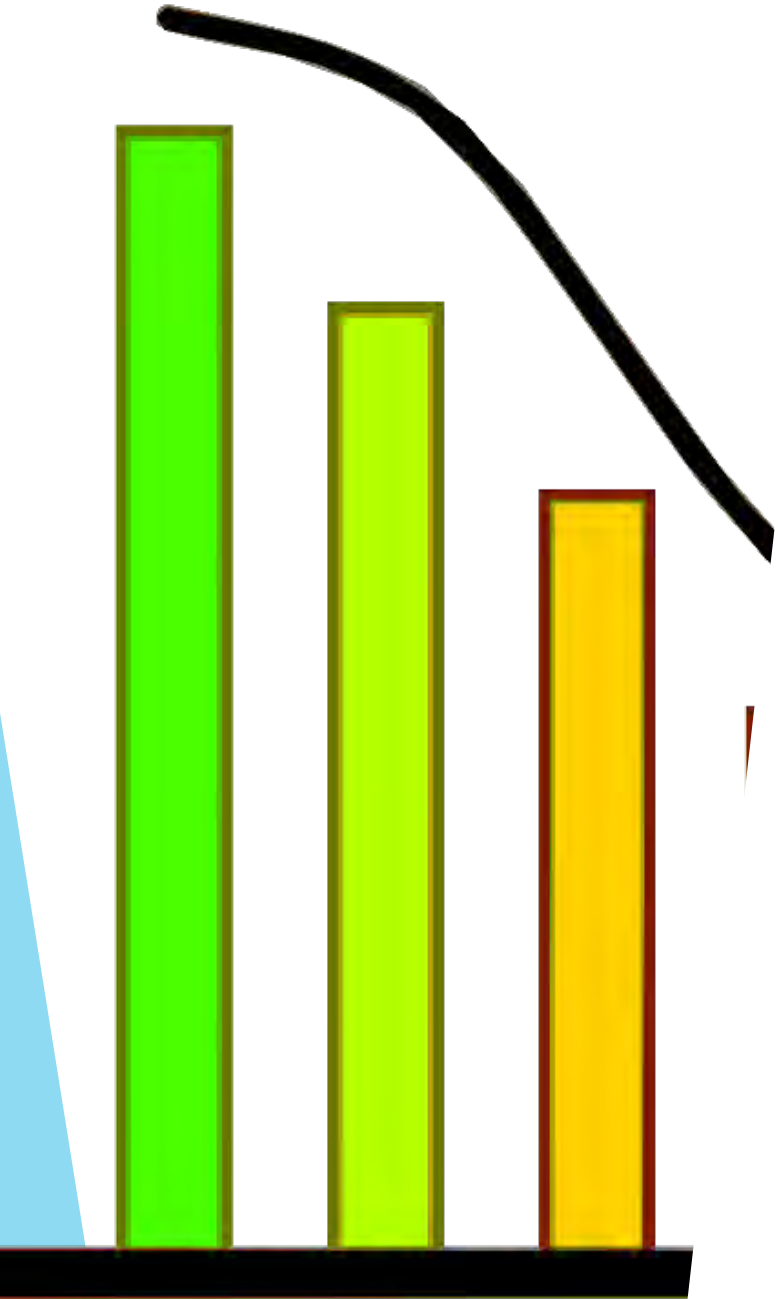
Three (3) Budgets:
1. Flat,
2. Decreased (determine % of decrease), and
3. Ceiling (allowable threshold).

Needs Assessment

Sample Data and Uses

Some Basic Points Regarding Data

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



Epi Data

Number of people living with a disease.

Epidemiologic Profile

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

“Epi” Terms

Prevalence

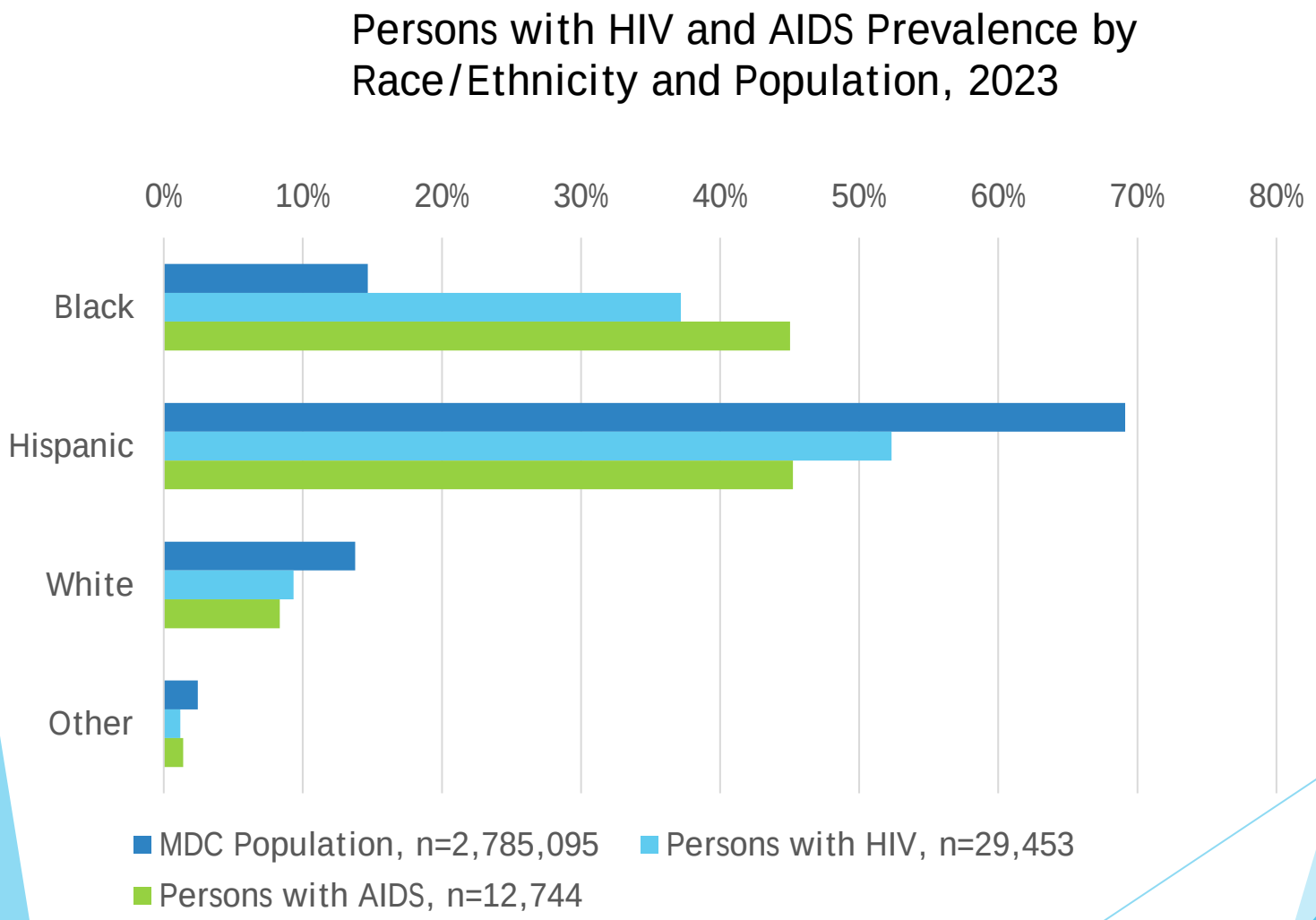
- Total Cases
- Snapshot in time

Incidence

- New Cases
- Over a period

2024 Epi=data for calendar year 2024, as of June 2025.

Sample EPI Data Using a Bar Graph

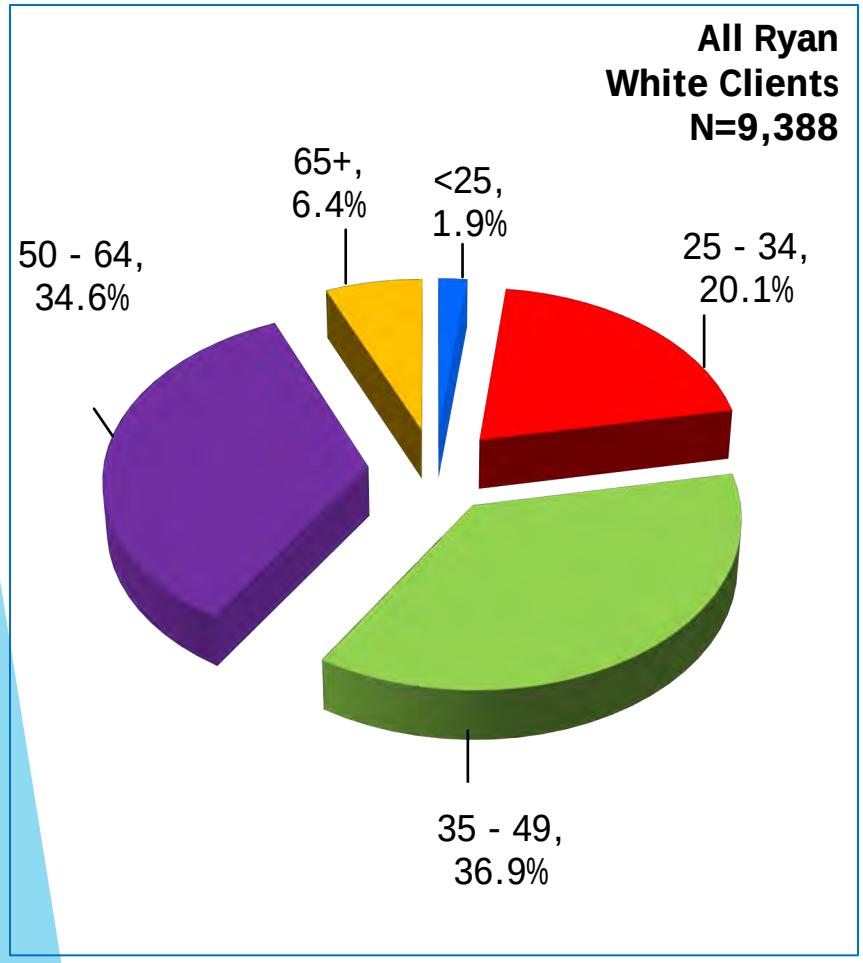


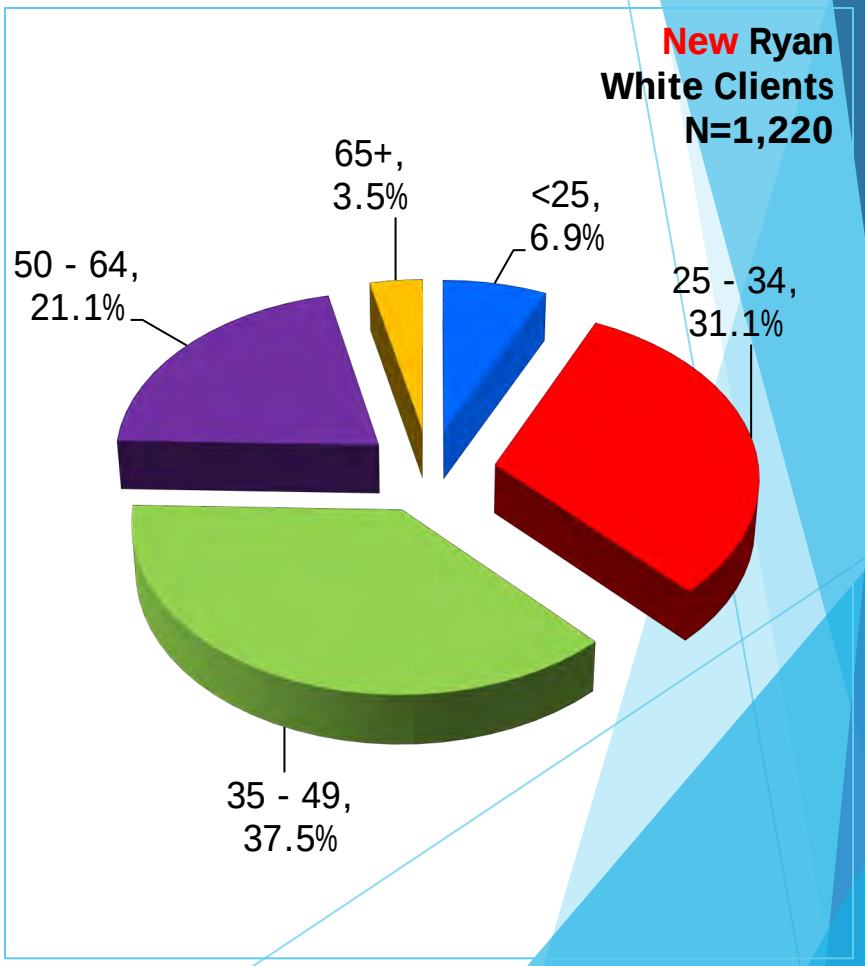
Demographics

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

Sample Demographics Using a Pie Chart

Age Distribution of New and Total Clients in Care
Ryan White Program, FY 2024





Dashboard Cards

Tool to visualize utilization and other funding data.

Sample Utilization Using a Chart

Total Number of Unduplicated Clients Served by Service Category (Alphabetic listing)

SERVICE CATEGORIES	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Ryan White Program TOTAL	9,031	8,127	8,411	8,590	9,060	9,316
AIDS Pharmaceutical Assistance (Local)	605	185	183	157	20	5
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank	715	735	712	1,130	1,339	911
Health Insurance Premium & Cost Sharing Assist	1,335	1,125	1,255	1,440	1,699	1,926
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	8,116	7,378	7,842	8,085	8,573	8,842
Medical Transportation Services	720	94	645	743	1,018	1,010
Mental Health Services	274	95	121	107	120	136
Oral Health Care	3,170	1,711	2,237	2,577	2,730	2,843
Other Professional Services - Legal Services	66	48	44	103	89	76
Outpatient/Ambulatory Health Services	5,317	4,281	4,422	4,540	4,547	4,577
Outreach Services	472	130	116	158	240	282
Substance Abuse Services Outpatient	55	0	17	22	10	9
Substance Abuse Services (Residential)	95	70	66	72	74	88

Sample Dashboard Card Using Tables

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2019	$22,984,844.87	0.250%
FY 2020	$17,660,128.37	0.300%
FY 2021	$19,018,258.46	0.020%
FY 2022	$22,372,383.35	0.020%
FY 2023	$23,801,341.37	0.005%
FY 2024	$23,557,202.81	0.007%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2019	$187,000.00	$57,843.29	30.93%
FY 2020	$66,007.00	$5,993.21	9.08%
FY 2021	$83,595.00	$4,379.02	5.24%
FY 2022	$84,492.00	$3,954.10	4.68%
FY 2023	$3,455.00	$1,109.57	32.11%
FY 2024	$7,679.00	$1,691.22	22.02%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2019	4	$87,000.00	$52,697.84	60.57%
FY 2020	3	$66,007.00	$5,993.21	9.08%
FY 2021	9	$83,595.00	$4,379.02	5.24%
FY 2022	4	$84,492.00	$3,954.10	4.68%
FY 2023	3	$3,455.00	$1,109.57	32.11%
FY 2024	8	$7,679.00	$1,691.22	22.02%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2019	7	$100,000.00	$5,145.45	5.15%
FY 2020	N/A	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A	N/A
FY 2023	N/A	N/A	N/A	N/A
FY 2024	N/A	N/A	N/A	N/A

Notes:

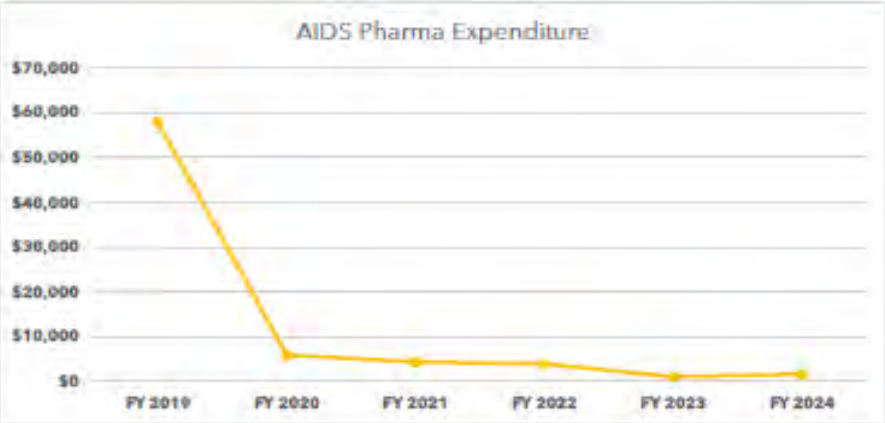
While expenditures rose slightly this last year, overall for FY 2024 the total client client services is the lowest ever. The downward trend continues since most clients access the ADAP program for this service.

Sample Dashboard Card Using Graph and Tables

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Service Program

Limitations: 400% FPL



Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2019	9,031	605	6.7%	$57,843	$96
FY 2020	8,127	185	2.3%	$5,993	$32
FY 2021	8,420	183	2.2%	$4,379	$24
FY 2022	8,590	156	1.8%	$3,954	$25
FY 2023	9,060	20	0.2%	$1,110	$56
FY 2024	9,316	5	0.05%	$1,691	$338

Sample Other Funding Streams Using a Chart

Other Funding Streams 2024

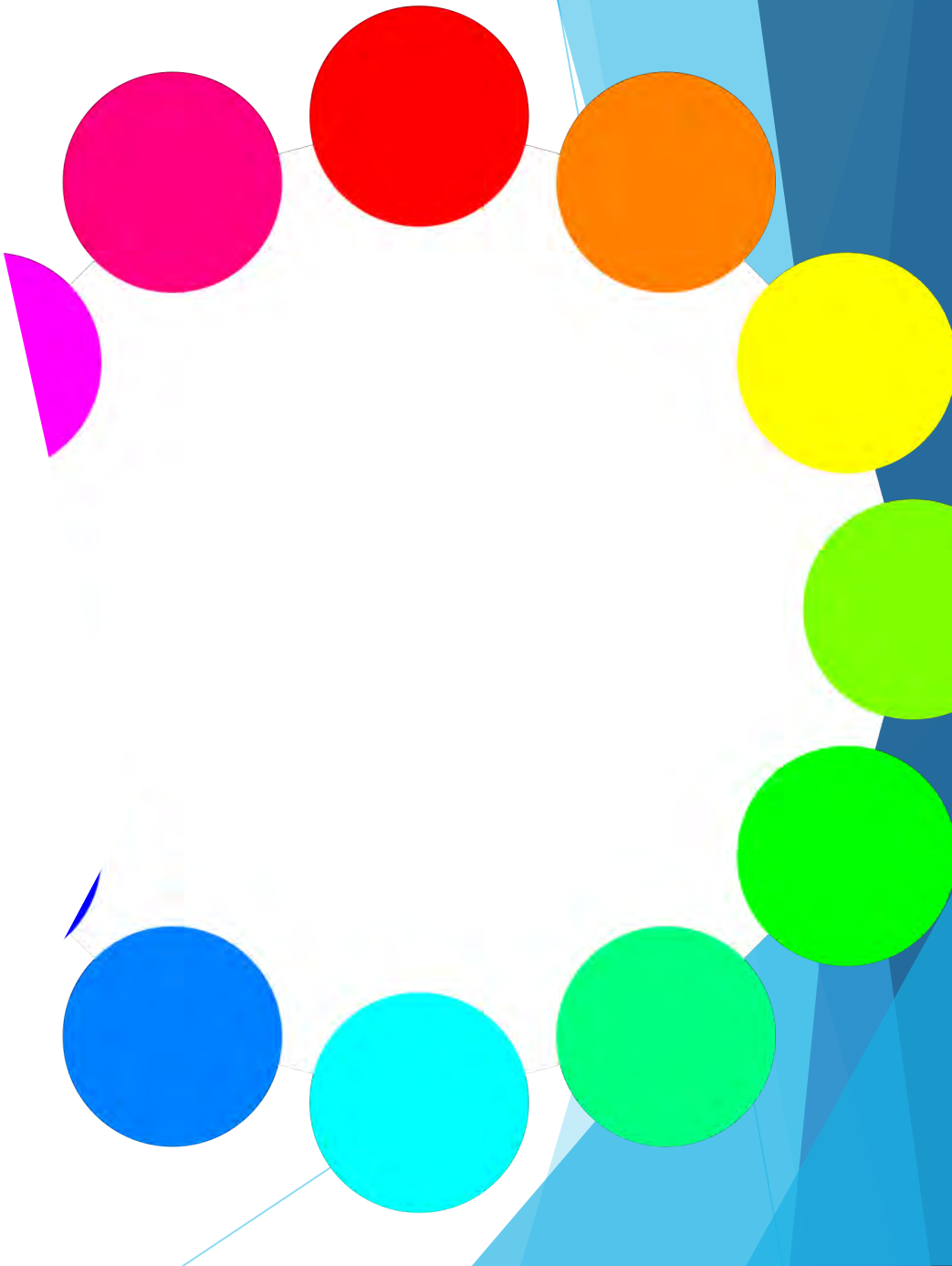
	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	$20,127,184	4,672	$4,308
2	General Revenue	$313,605	323	$971
3	Medicaid	$117,295,422	6,878	$17,054
4	Part C	$33,225	N/A	N/A

Other Funding Streams 2025

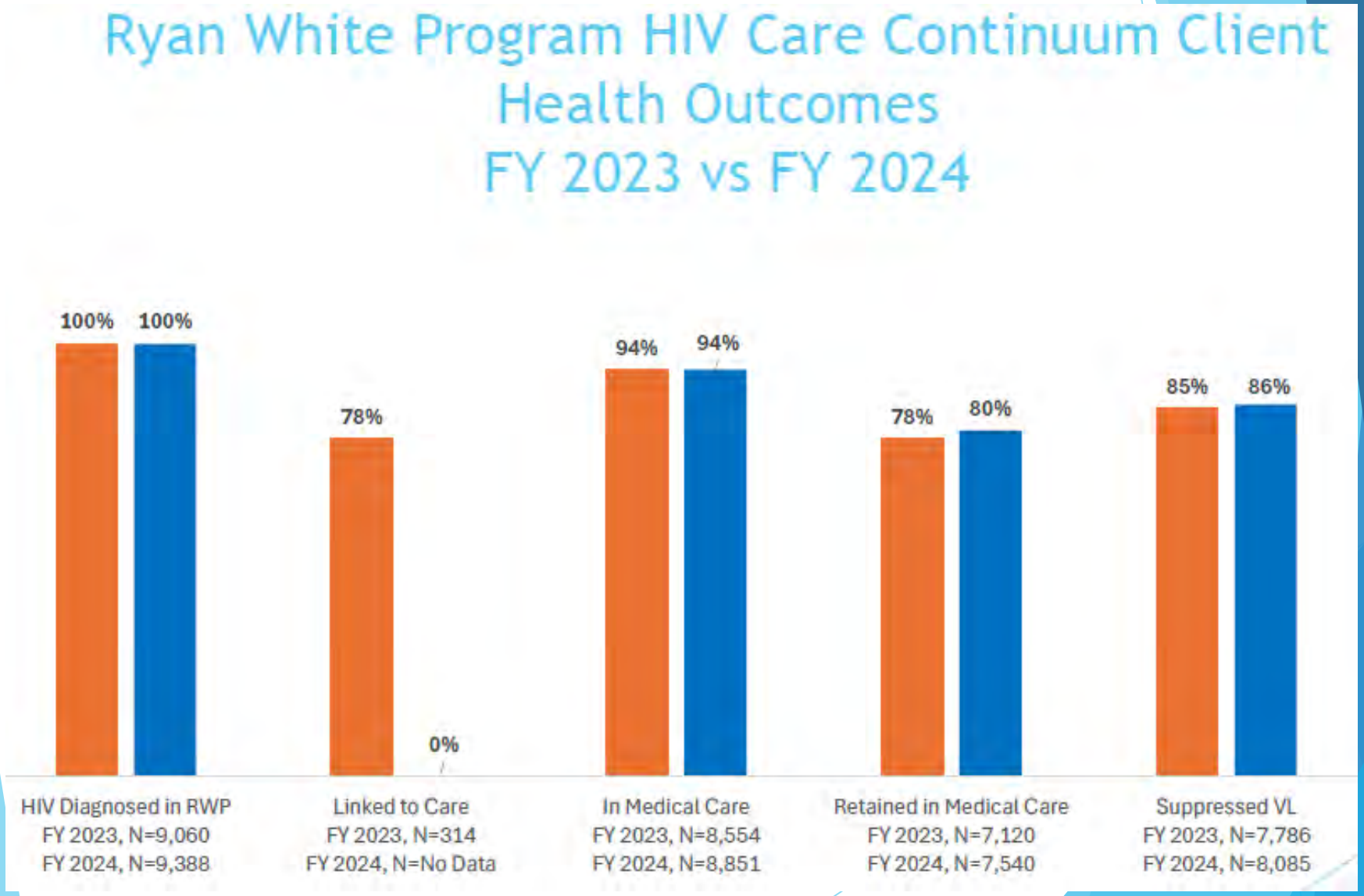
	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	$15,278,371	4,864	$3,141
2	General Revenue	$95,195	160	$595
3	Medicaid	$99,541,969	6,720	$14,813
4	Part C	$36,186	N/A	N/A

Care Continuum

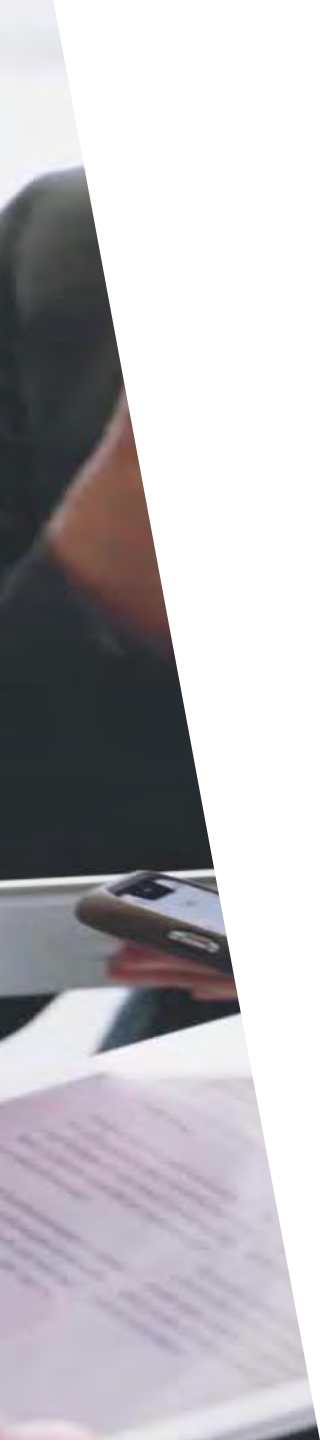
Model that outlines the steps/stages that people with HIV go through from diagnosis to viral suppression.



Sample HIV Care Continuum Using a Bar Graph



Use of Service Utilization and Continuous Quality Improvement Data



Priority Setting

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

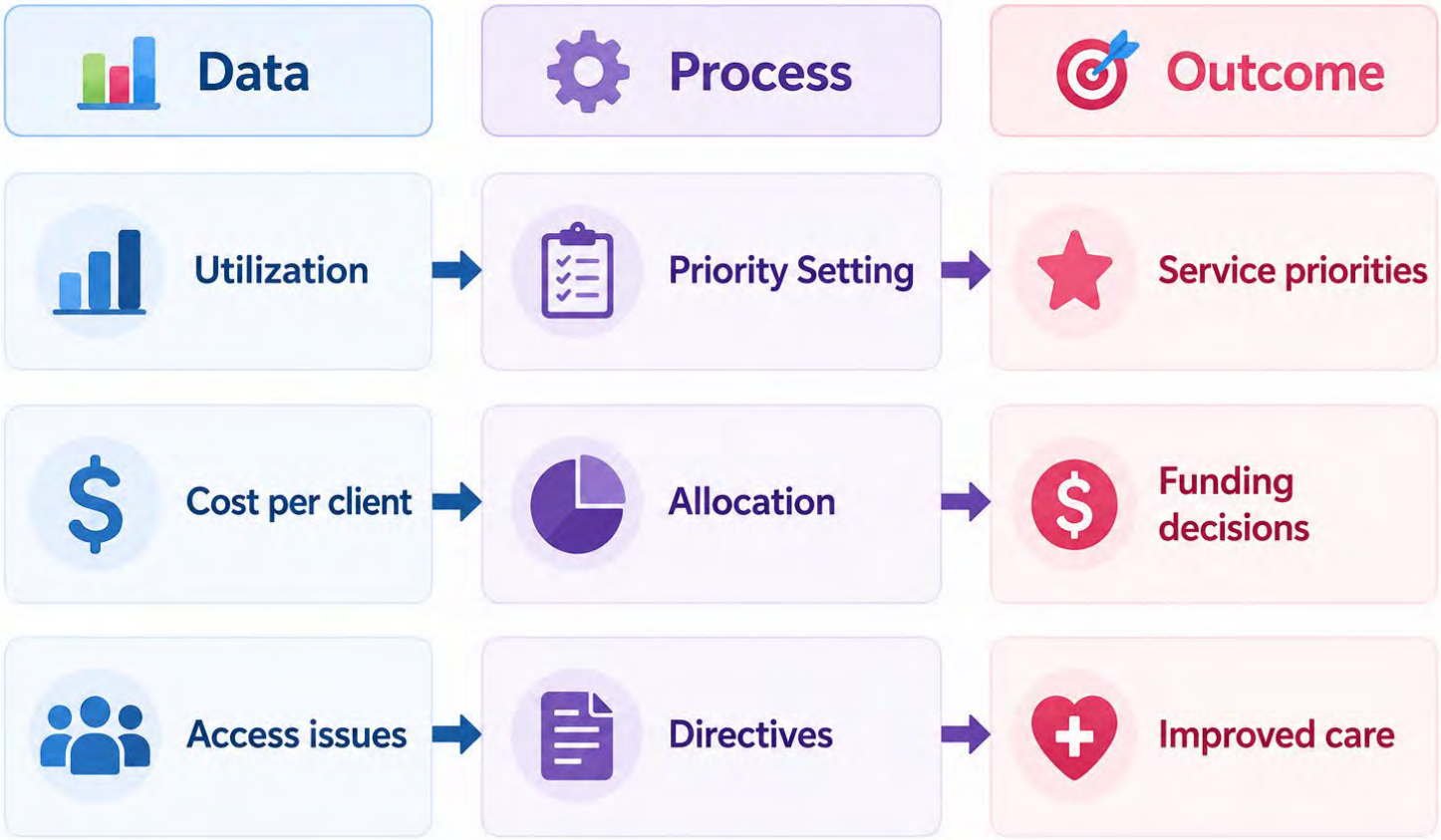
Resource Allocation

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

Developing Directives

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

How do we connect the data?



Key Takeaways

Data drives decisions

Fair, conflict-free processes matter

Goal: improve outcomes for people with HIV

MIAMI-DADE HIV/AIDS PARTNERSHIP

2026 NEEDS ASSESSMENT

PROCESS FOR SETTING PRIORITIES AND ALLOCATING RESOURCES

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

STEP 1. TRAINING ON RESPONSIBILITIES

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

STEP 2. PROCESS REVIEW

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

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

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

STEP 3. COMMUNITY INPUT

The Committee may receive input in three ways:

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

STEP 4. DATA REVIEW

Staff Support will provide an overview of HIV epidemiology, Ryan White Program client demographics and service utilization, cost of services, unmet need and other data for Miami-

Dade County in advance of the meetings, posting the information at https://partnershipmiami.org/the-partnership-2/#needsassessment1, and will provide summaries at the time of the meeting when these data are discussed. Information will include, as available:

- The HIV Epidemiology in Miami-Dade County, 2020-2024;
- The number of clients and demographic composition of clients receiving services under the Ryan White Program in FY 2025 (March 1, 2025 – February 28, 2026);
- FY 2025 and current cost and funding allocations for existing Ryan White Program services;
- Other funding streams that cover the same services as the Ryan White Program and the number of HIV-positive recipients;
- HIV Care Continuum data;
- Estimates of unmet need;
- Survey results; and
- Other issues relating to specific services.

Procedures for examining services will include:

- Review of information pertaining to definitions and cost and utilization of specific services at each meeting when services are discussed.

- Discussion and questions by committee members and others present to clarify and elicit additional information.

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

STEP 5. SERVICE CATEGORIES

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

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

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

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

STEP 6. PRIORITY RANKING

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

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

STEP 7. DIRECTIVES

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

STEP 8. ALLOCATION OF FUNDS

The Committee will use the service priorities, established principles, and needs assessment data to allocate funds for Fiscal Year 2027 (March 1, 2027-February 29, 2028), prospective resource allocation budget using the grant ceiling total.

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

STEP 9. DETERMINATION OF FINAL PRIORITIES AND ALLOCATIONS

The final priorities and allocations for Fiscal Year 2027 (March 1, 2027-February 29, 2028), as determined by the Care and Treatment Committee, will be presented to the full Partnership for approval.

EPI DATA

SECTION 3

Miami-Dade County Epidemiological Data Summary

Selections from 2020-2024

Presented June 11, 2026

Epidemiological data source: Florida Department of Health.
All data is subject to change.
Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

HIV and AIDS Incidence

Understanding Incidence and Prevalence

Key Terms for Interpreting HIV Data

Incidence and prevalence are two important measures used to understand the impact of HIV in our community. They answer different questions and are used for different purposes.

INCIDENCE

What it is:

The number of **new** HIV infections in a specific period of time.

What it tells us:

Incidence shows the risk of getting HIV and helps us understand how quickly new infections are occurring.

Example:

In 2024, 1,027 people were **newly diagnosed** with HIV in Miami-Dade County. This is the **incidence** for 2024.

Why it matters:

Incidence helps guide prevention efforts by showing where and for whom new infections are happening.

PREVALENCE

What it is:

The total number of people living with HIV (both new and existing cases) at a specific point in time.

What it tells us:

Prevalence shows the overall burden of HIV in the population and the need for ongoing care and support services.

Example:

At the end of 2024, 30,074 people were living with HIV in Miami-Dade County. This is the **prevalence** for 2024.

Why it matters:

Prevalence helps plan and allocate resources for treatment, care, and support services.

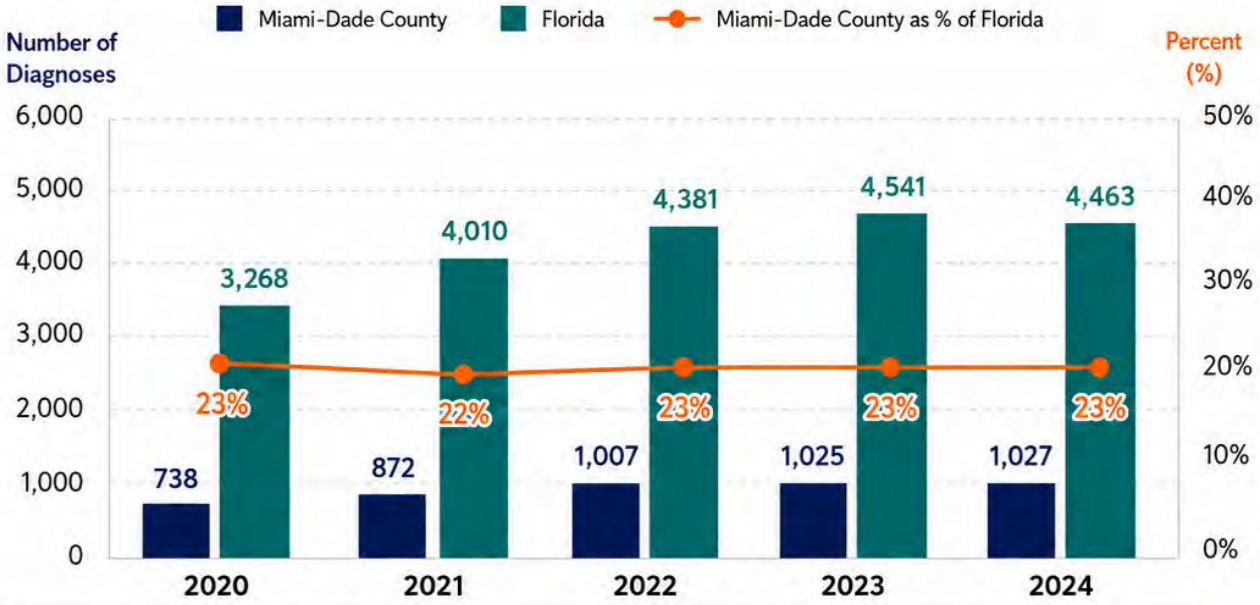
In summary: Incidence tells us how many **new** cases are occurring. | **Prevalence** tells us how many people are **living** with HIV.

HIV Diagnoses

2020–2024 (Miami-Dade County and Florida)

New HIV diagnoses in Miami-Dade County remained stable in 2024 and continue to represent 23% of all diagnoses in Florida.

Number of New HIV Diagnoses



	2020	2021	2022	2023	2024
Miami-Dade County	738	872	1,007	1,025	1,027
Florida	3,268	4,010	4,381	4,541	4,463
% of Florida from MDC	23%	22%	23%	23%	23%

Key Takeaways

New HIV diagnoses in Miami-Dade County increased 39% from 2020 to 2024 (738 to 1,027).

Florida diagnoses decreased 2% from 2023 to 2024 (4,541 to 4,463).

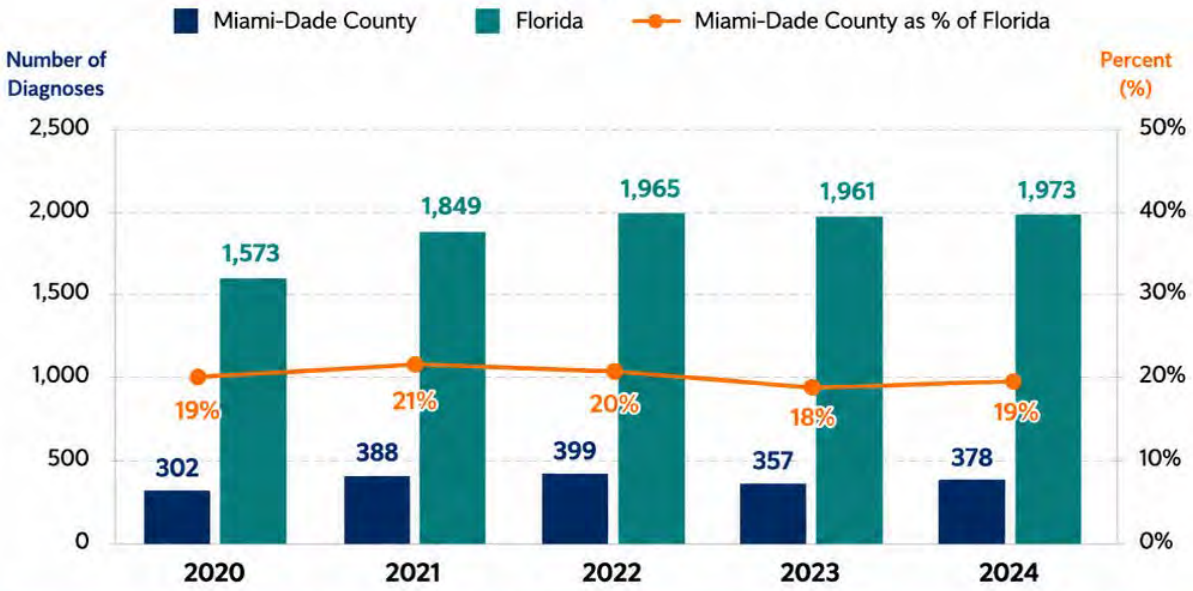
Miami-Dade County consistently accounts for 23% of all new HIV diagnoses in Florida.

AIDS Diagnoses

2020–2024 (Miami-Dade County and Florida)

AIDS diagnoses in Miami-Dade County remained relatively stable in 2024 and continue to represent 19% of all diagnoses in Florida.

Number of New AIDS Diagnoses



	2020	2021	2022	2023	2024
Miami-Dade County	302	388	399	357	378
Florida	1,573	1,849	1,965	1,961	1,973
% of Florida from MDC	19%	21%	20%	18%	19%

Key Takeaways

AIDS diagnoses in Miami-Dade County increased 25% from 2020 to 2024 (302 to 378).

Florida AIDS diagnoses increased 25% from 2020 to 2024 (1,573 to 1,973).

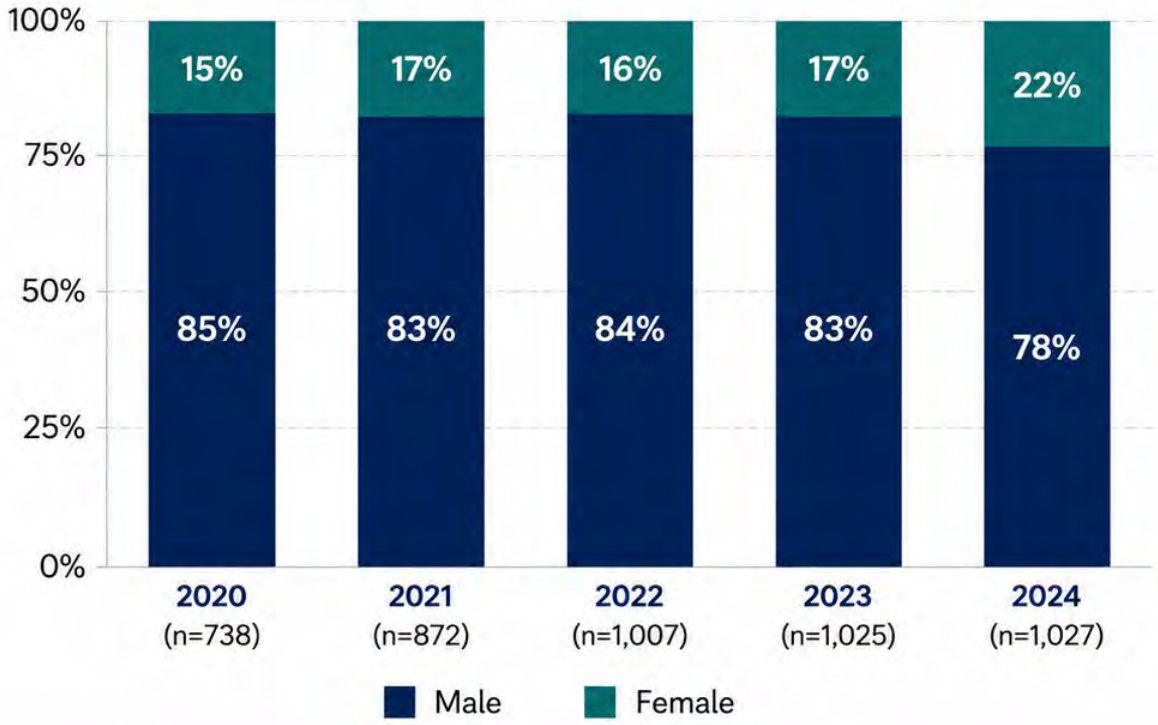
Miami-Dade County consistently accounts for 19% of all new AIDS diagnoses in Florida.

HIV Diagnoses by Sex

2020–2024

Men continue to represent the majority of new HIV diagnoses, though the share among women increased to 22% in 2024.

Percent of New HIV Diagnoses by Sex



Key Takeaways

The proportion of diagnoses among women increased from 15% in 2020 to 22% in 2024.

Men continue to represent 78% of new HIV diagnoses in 2024.

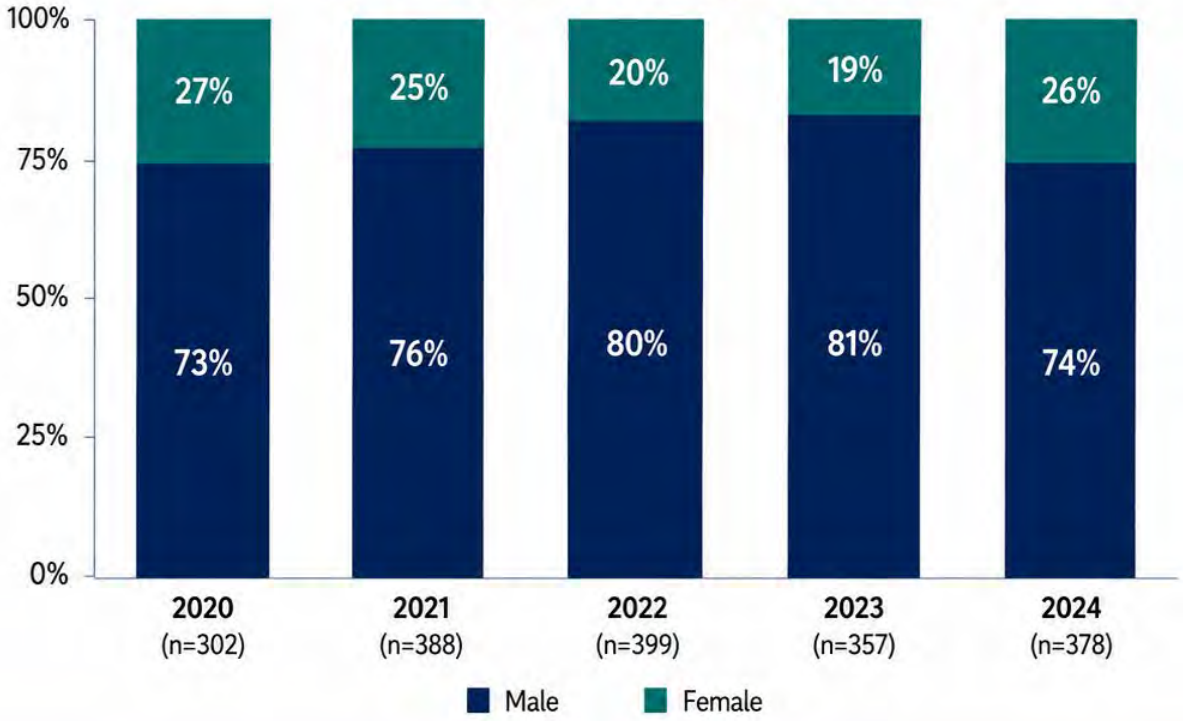
Ongoing focus on prevention, testing, and linkage for women remains important.

AIDS Diagnoses by Sex

2020–2024 (Miami-Dade County)

Men continue to represent the majority of new AIDS diagnoses, though the share among women increased to 26% in 2024.

Percent of New AIDS Diagnoses by Sex



Key Takeaways

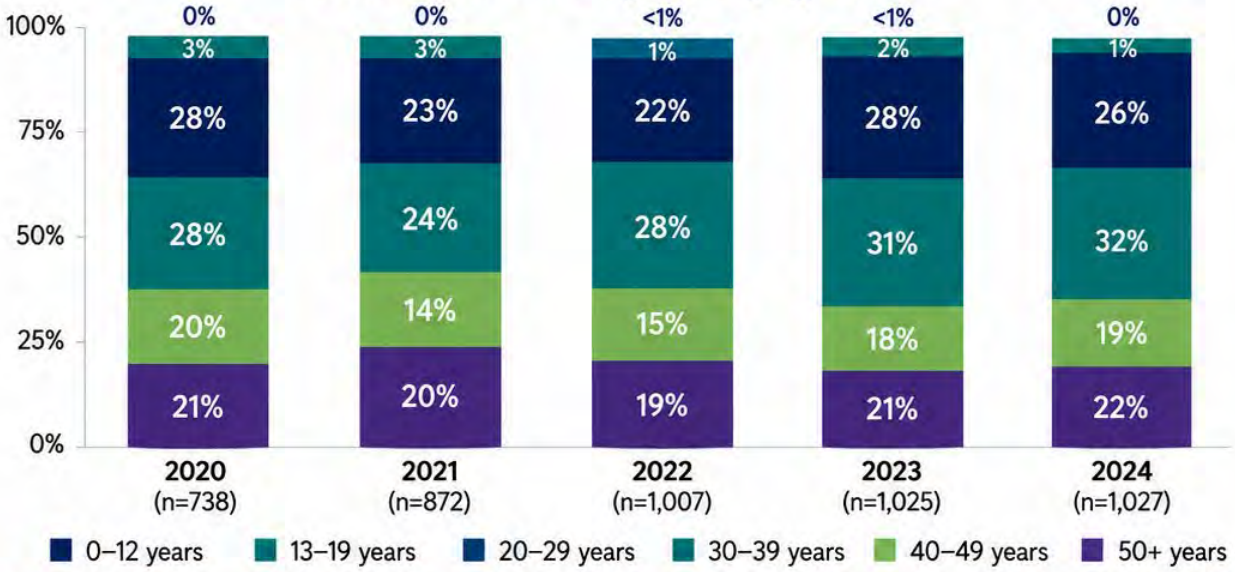
- Men accounted for 74% of new AIDS diagnoses in 2024.
- The proportion of diagnoses among women increased from 19% in 2023 to 26% in 2024.
- Continued efforts to reach men with testing, linkage, and retention services remain essential.

HIV Diagnosis by Age of Diagnosis

2020–2024 (Miami-Dade County)

Young adults ages 20–39 accounted for over half (58%) of all new HIV diagnoses in 2024.

Percent of New HIV Diagnoses by Age Group



Number of New HIV Diagnoses	2020 (n=738)	2021 (n=872)	2022 (n=1,007)	2023 (n=1,025)	2024 (n=1,027)
Ages 20–39 (%)	56%	47%	50%	59%	58%

Key Takeaways

In 2024, 58% of new HIV diagnoses were among young adults ages 20–39.

Diagnoses among persons ages 30–39 increased from 24% in 2021 to 32% in 2024.

The proportion of diagnoses among youth (13–19) remains low (1% in 2024).

HIV Incidence 2023 and 2024 Comparison

HIV Diagnosis by Race, Ethnicity, and Sex

2023 and 2024 (Miami-Dade County)

In 2024, Hispanics accounted for the largest share of new HIV diagnoses across sexes, while Black/African Americans represented a higher proportion among women.

Percent of New HIV Diagnoses

	2023 (n=1,025)		2024 (n=1,027)	
	Male n=847 (83%)	Female n=178 (17%)	Male n=800 (78%)	Female n=227 (22%)
Hispanic	53%	6%	51%	7%
Black/African American	24%	11%	21%	14%
White	5%	1%	5%	1%
AI/AN, A/PI, Multi-race*	1%	0%	1%	<1%
Total	83%	17%	78%	22%

*American Indian/Alaska Native, Asian/Pacific Islander, and Multi-race

Key Takeaways

Hispanics represented the 58% of new HIV diagnoses in 2024 (combined sexes).

Among women, the proportion of Black/African Americans increased from 11% in 2023 to 14% in 2024.

Men accounted for 78% of new HIV diagnoses in 2024, down slightly from 83% in 2023.

HIV Diagnosis by Transmission Categories

2023 and 2024 (Miami-Dade County)

Male-to-male sexual contact remains the most common mode of transmission, accounting for 59% of new HIV diagnoses in 2024.

Number and Percent of New HIV Diagnoses by Transmission Category

	2023 (n=1,025)		2024 (n=1,027)	
	Number	Percent	Number	Percent
Male-to-Male Sexual Contact (MMSC)	644	62.8%	606	59.0%
Injection Drug Use (IDU)	6	0.6%	2	0.2%
MMSC/IDU	3	0.3%	2	0.2%
Heterosexual	369	36.0%	417	40.6%
Perinatal	2	0.2%	0	0%
Other / No Identified Risk	1	0.1%	0	0%
Total	1,025	100%	1,027	100%

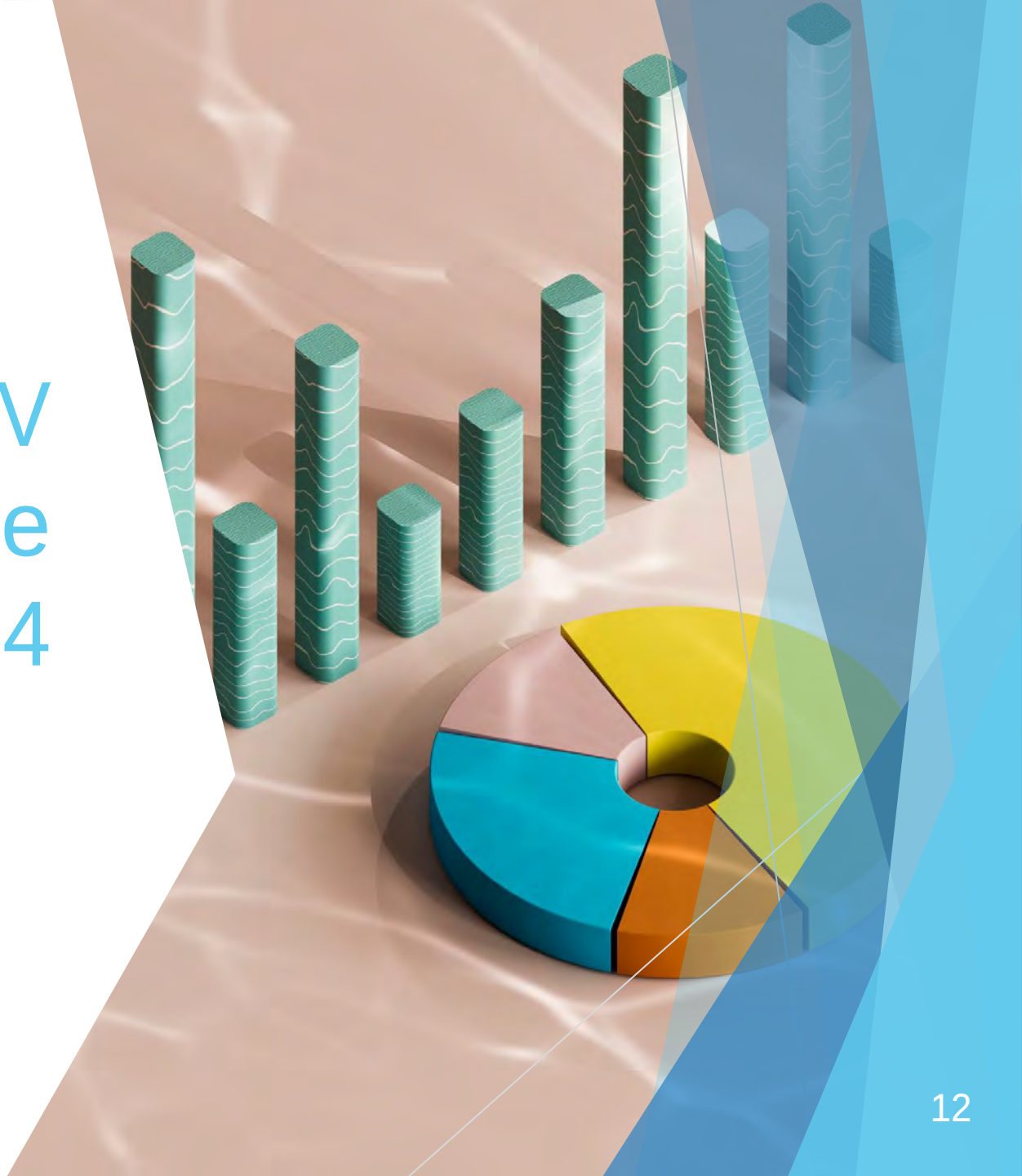
Key Takeaways

Male-to-male sexual contact accounted for 59% of new HIV diagnoses in 2024, down slightly from 62.8% in 2023.

Heterosexual contact accounted for 40.6% of diagnoses in 2024, an increase from 36.0% in 2023.

Diagnoses attributed to injection drug use (IDU) and MMSC/IDU remained low and decreased slightly from 2023 to 2024.

HIV Prevalence 2020-2024

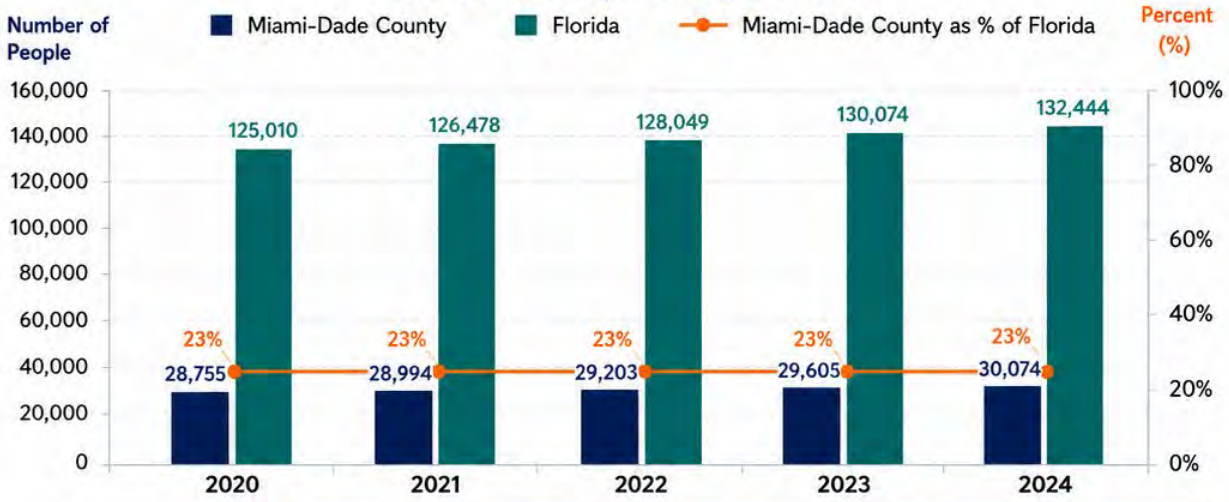


People Living with HIV: Miami-Dade County and Florida

2020–2024

The number of people living with HIV in Miami-Dade County and Florida continues to increase, with Miami-Dade accounting for 23% of all PLWH in Florida in 2024.

Number of People Living with HIV



	2020	2021	2022	2023	2024
Miami-Dade County	28,755	28,994	29,203	29,605	30,074
State of Florida	125,010	126,478	128,049	130,074	132,444
% of Florida from MDC	23%	23%	23%	23%	23%

Key Takeaways

In 2024, an estimated 30,074 people were living with HIV in Miami-Dade County, an increase of 5% since 2020.

The number of people living with HIV in Florida increased 6% from 125,010 in 2020 to 132,444 in 2024.

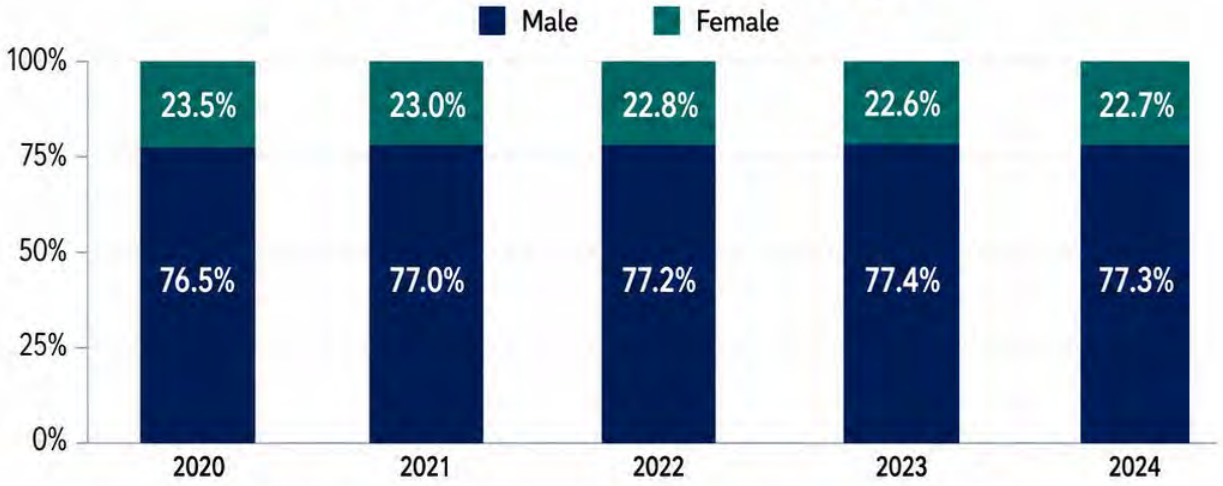
Miami-Dade County consistently accounted for about a quarter (23%) of all people living with HIV in Florida in 2024.

HIV Prevalence by Sex

2020–2024 (Miami-Dade County)

Men continue to represent the majority of people living with HIV in Miami-Dade County, accounting for 77.3% in 2024.

Percent of People Living with HIV by Sex



People Living with HIV	2020	2021	2022	2023	2024
Male, n (%)	21,990 (76.5%)	22,325 (77.0%)	22,573 (77.2%)	22,926 (77.4%)	23,231 (77.3%)
Female, n (%)	6,765 (23.5%)	6,669 (23.0%)	6,630 (22.8%)	6,679 (22.6%)	6,843 (22.7%)

Key Takeaways

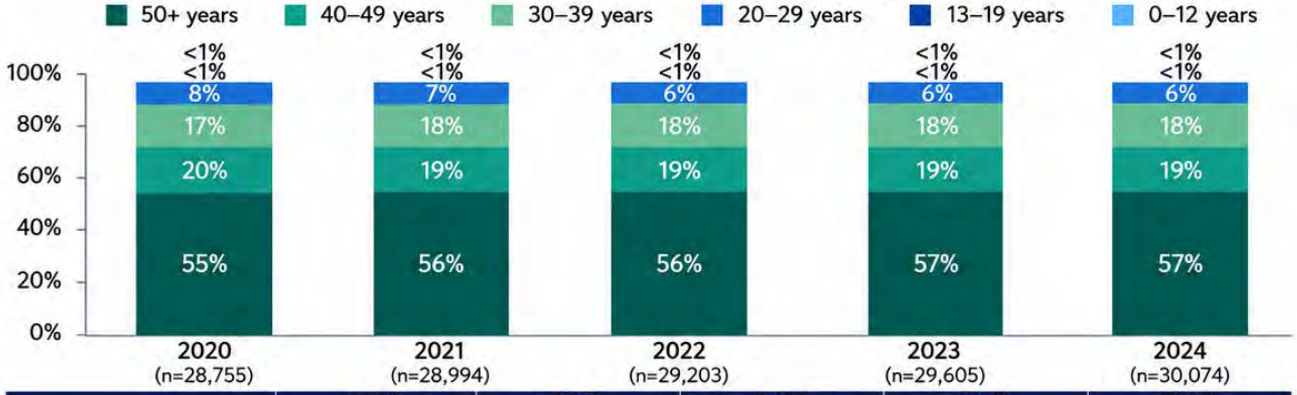
- Men accounted for 77.3% of all people living with HIV in Miami-Dade County in 2024, consistent with previous years.
- Women accounted for 22.7% of people living with HIV in 2024, similar to previous years.
- Ongoing efforts to engage both men and women in care and support services remain essential.

HIV Prevalence by Age

2020–2024 (Miami-Dade County)

More than half of people living with HIV in Miami-Dade County are age 50 or older each year from 2020 to 2024.

Percent of People Living with HIV by Age



	2020 (n=28,755)	2021 (n=28,994)	2022 (n=29,203)	2023 (n=29,605)	2024 (n=30,074)
50+ years	55%	56%	56%	57%	57%
40–49 years	20%	19%	19%	19%	19%
30–39 years	17%	18%	18%	18%	18%
20–29 years	8%	7%	6%	6%	6%
13–19 years	<1%	<1%	<1%	<1%	<1%
0–12 years	<1%	<1%	<1%	<1%	<1%

Key Takeaways

50+

In 2024, 57% of people living with HIV are age 50 or older, consistent with 2023.

The proportion of people living with HIV ages 13–19 and 0–12 remained <1% for all years.

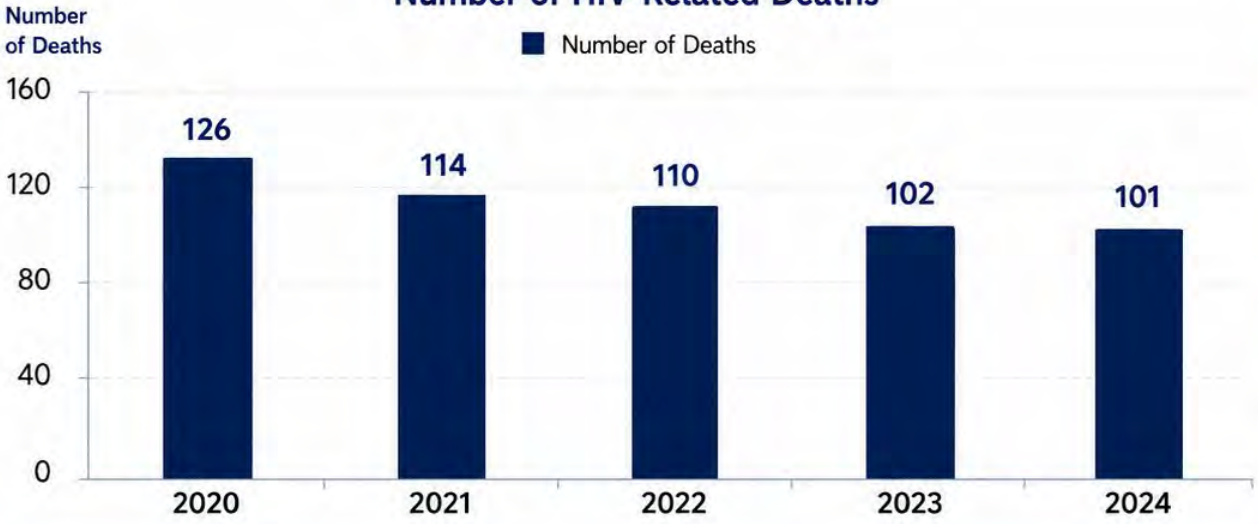
Younger age groups (0–39) continue to account for a smaller share of people living with HIV each year.

HIV-Related Deaths Among Persons with HIV

2020–2024 (Miami-Dade County)

The number of HIV-related deaths in Miami-Dade County has continued to decline, decreasing 20% from 2020 to 2024.

Number of HIV-Related Deaths



HIV-Related Deaths	2020	2021	2022	2023	2024
Number of Deaths	126	114	110	102	101
% Change from 2020	—	-10%	-13%	-19%	-20%

Key Takeaways

HIV-related deaths decreased 20% from 126 in 2020 to 101 in 2024.

The number of HIV-related deaths decreased each year during the five-year period.

Continued access to care, early diagnosis, and effective treatment remain critical to reducing HIV-related deaths in our community.

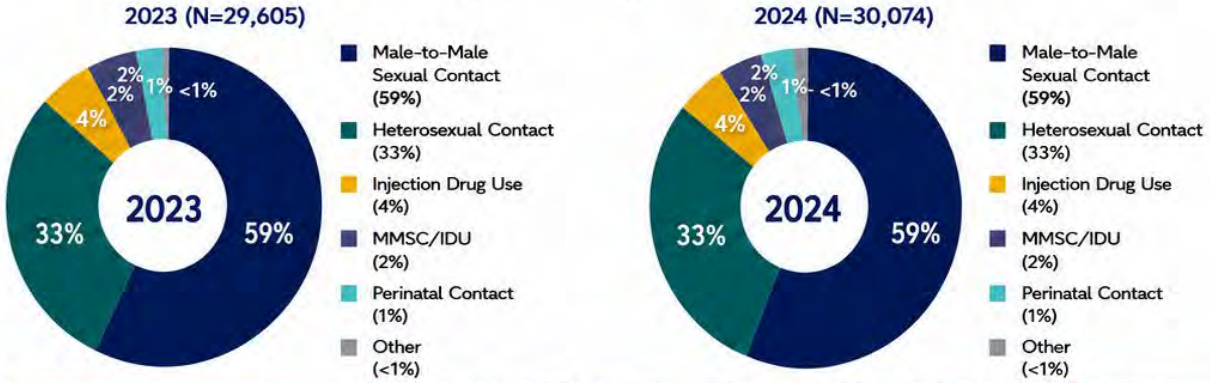
HIV Prevalence 2023 and 2024 Comparison

Persons with HIV by Transmission Category

2023 and 2024 (Miami-Dade County)

Among persons living with HIV in Miami-Dade County, male-to-male sexual contact continues to be the most common mode of transmission in both 2023 and 2024.

Persons Living with HIV by Transmission Category



Transmission Category	2023 (N=29,605)		2024 (N=30,074)		% Change 2023–2024
	Number	Percent	Number	Percent	
Male-to-Male Sexual Contact (MMSC)	17,581	59%	17,844	59%	+1.5%
Heterosexual Contact	9,857	33%	10,088	33%	+2.3%
Injection Drug Use (IDU)	1,215	4%	1,200	4%	-1.2%
MMSC/IDU	618	2%	608	2%	-1.6%
Perinatal Contact	303	1%	304	1%	+0.3%
Other	32	<1%	30	<1%	-6.3%
Total	**29,605**	**100%**	**30,074**	**100%**	**+1.6%**

Key Takeaways

Male-to-male sexual contact remains the leading mode of HIV transmission, accounting for 59% of persons living with HIV in both 2023 and 2024.

Heterosexual contact accounts for one in three (33%) persons living with HIV in both years.

Injection drug use, alone or in combination with male-to-male sexual contact, accounted for 6% of persons living with HIV in both 2023 and 2024.

HIV Prevalence by Race, Ethnicity and Sex

2023 and 2024 (Miami-Dade County)

Hispanic and Black/African American people continue to have the highest prevalence of HIV in Miami-Dade County in both 2023 and 2024.

Prevalence of HIV (Persons Living with HIV) by Race, Ethnicity and Sex

Race/Ethnicity	2023 (n=29,605)		2024 (n=30,074)	
	Male (n=22,900)	Female (n=6,705)	Male (n=23,258)	Female (n=6,816)
Hispanic	46%	6%	46%	6%
Black/African-American	22%	15%	22%	15%
White	8%	1%	8%	1%
AI/AN, A/PI, Multi-race*	1%	<1%	1%	<1%
Total	77%	23%	77%	23%

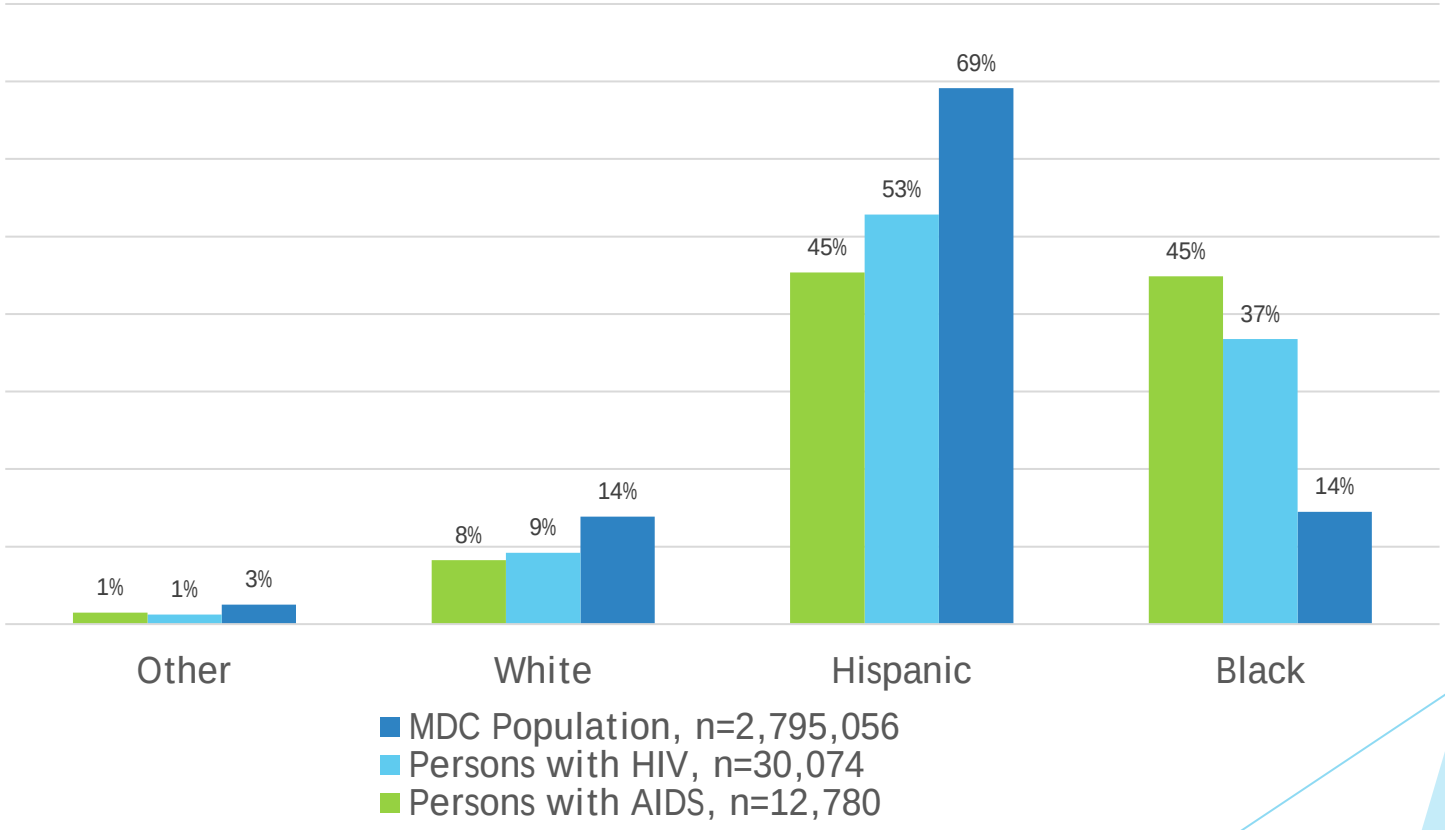
*American Indian/Alaska Native (AI/AN), Asian/Pacific Islander (A/PI), Multi-race

Key Takeaways

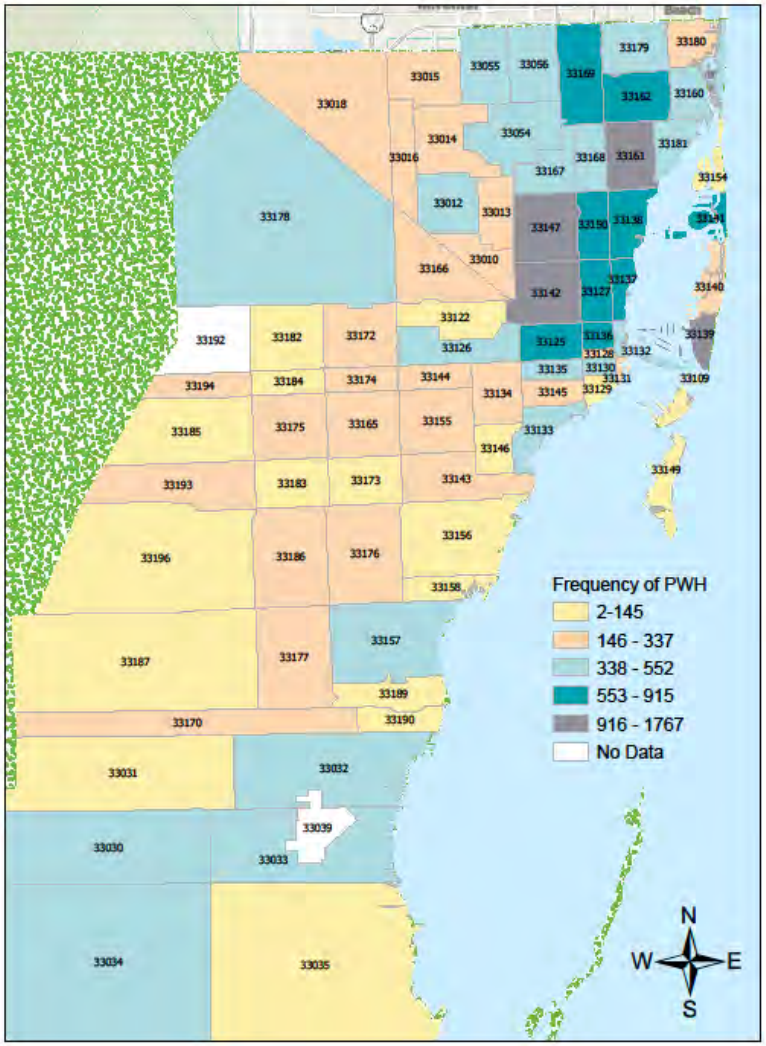
- Hispanic individuals represent 52% of males and 7% of females living with HIV in both 2023 and 2024.
- Black/African American individuals represent 22% of males and 15% of females living with HIV in both 2023 and 2024.
- White individuals represent 8% of males and 1% of females living with HIV in both 2023 and 2024.
- AI/AN, A/PI, and Multi-race populations represented a small proportion of persons living with HIV in both years.

2024 Snapshot: Population and Prevalence

Persons with HIV and AIDS Prevalence by Race/Ethnicity and Population, 2024



Frequency of Persons with HIV (PWH) by Zip Code, Miami-Dade County (2024)



Top Four Zip codes:
33139-Miami Beach
33142-Allapattah/Brownsville
33147-Liberty City
33161-North Miami

Key Takeaways

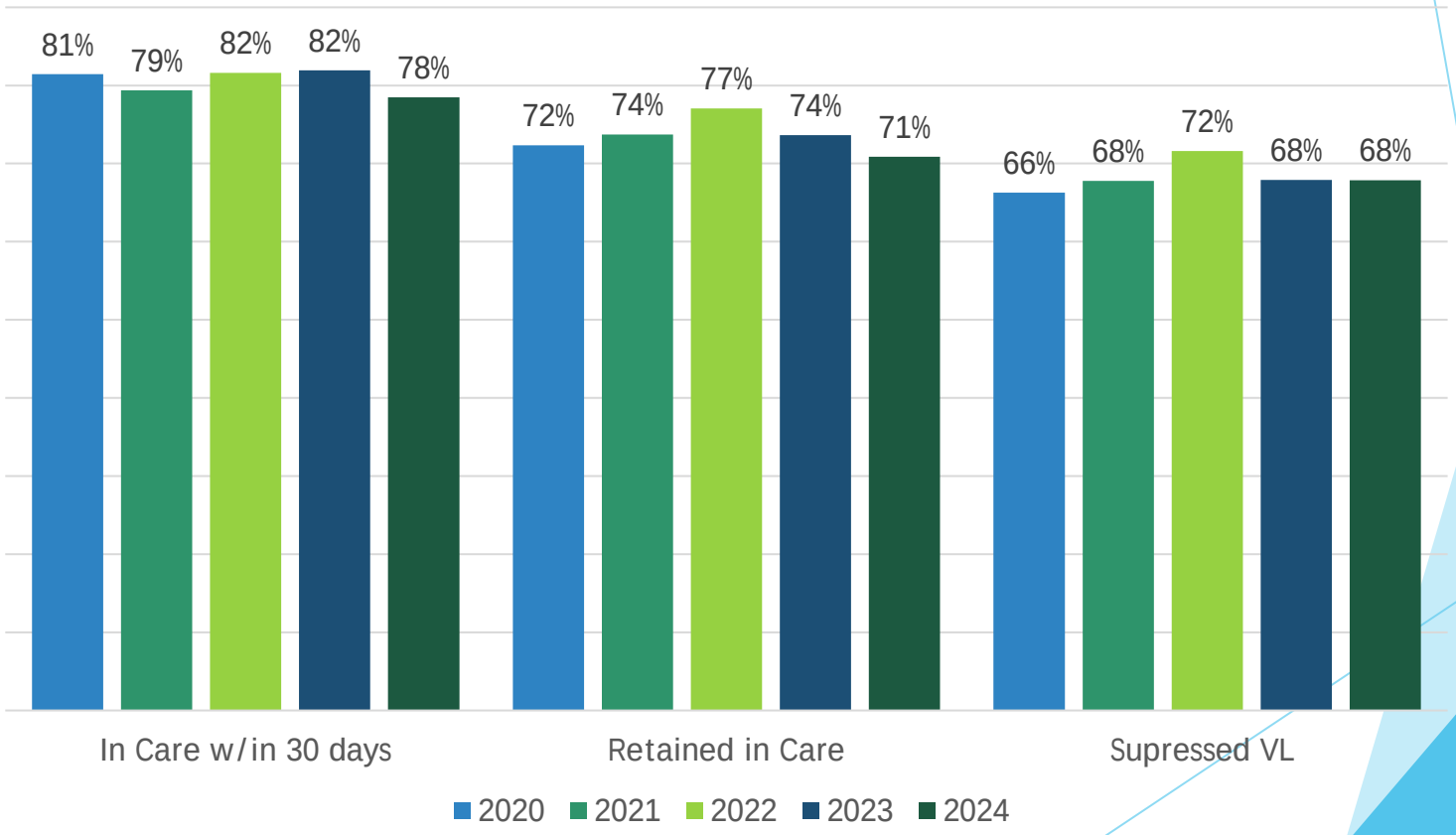
- HIV diagnoses in Miami-Dade County remained relatively **stable** from 2023 to 2024, while the overall number of people living with HIV continued to increase, reflecting improved survival and ongoing care needs.
- Miami-Dade County consistently accounted for approximately **23%** of all new HIV diagnoses and persons living with HIV in the State of Florida during 2020–2024.
- **Men** represented the majority of both new HIV diagnoses and persons living with HIV; however, the proportion among **women increased slightly** in several incidence and prevalence indicators.
- **Adults ages 20–39** accounted for the largest share of **new HIV diagnoses**, while the largest proportion of persons living with HIV were among **older** age groups, reflecting long-term survival and aging with HIV.
- Significant racial and ethnic disparities continue to exist, with **Black/African American** residents disproportionately represented among persons newly diagnosed with HIV and among persons living with HIV and AIDS compared to their share of the Miami-Dade County population.

Florida Department of Health Continuum of Care

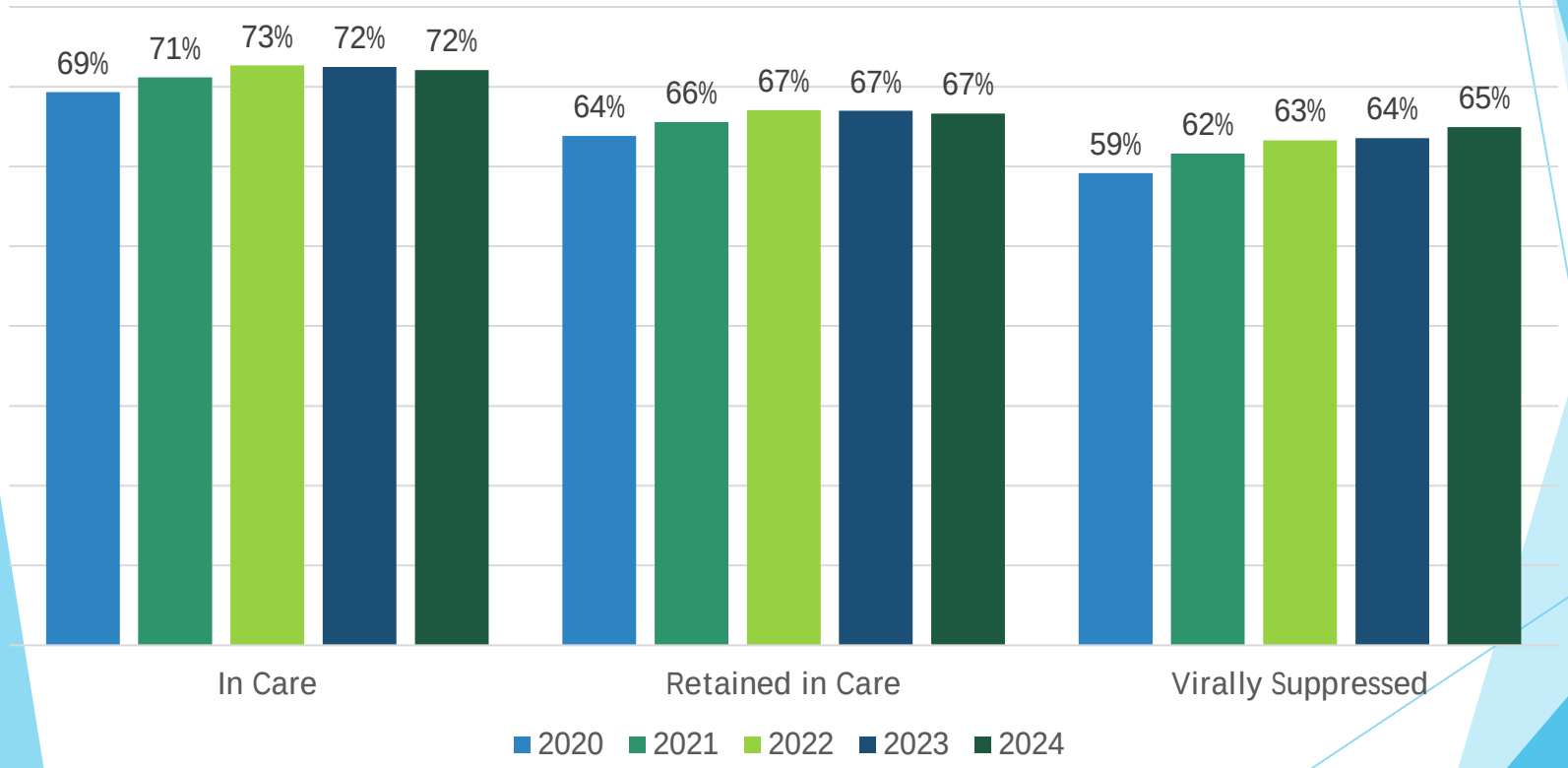
Continuum of Care Definitions

- **People with HIV**
  The number of people living with an HIV diagnosis in this area at the end of each respective calendar year, data as of 6/30/2025.
- **HIV Diagnoses**
  People whose HIV diagnosis occurred during the period specified, data as of 6/30/2025.
- **In Care**
  People with HIV with at least one documented Viral Load (VL) or CD4 lab, medical visit, or prescription from 1/1/2024 through 3/31/2025, data as of 6/30/2025.
- **Retained in Care**
  People with HIV with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2024 through 6/30/2025, data as of 6/30/2025.
- **Suppressed Viral Load**
  People with HIV with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2024 through 3/31/2025, data as of 6/30/2025.
- **In Care with Suppressed Viral Load**
  People with HIV with at least one documented VL or CD4 lab, medical visit, or prescription; for the period from 1/1/2024 through 3/31/2025; who also have a suppressed VL (<200 copies/mL) as of the most recent VL measurement. Data are as of 6/30/2025.
- **Retained in Care with Suppressed Viral Load**
  People with HIV with two or more documented VL or CD4 labs, medical visits, or prescriptions; at least three months apart, from 1/1/2024 through 6/30/2025; and who also have a suppressed VL (<200 copies/mL) as of the most recent VL measurement. Data are as of 6/30/2025.

HIV Diagnosis: Continuum of Care in Miami-Dade County 2020-2024



Persons with HIV: Continuum of Care in Miami-Dade County 2020-2024



Ryan White Program HIV Care Continuum Fiscal Year 2025

(3/1/25-2/28/26)

June 11, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Disclaimers

- Based on data from Groupware Technology's Provide Enterprise-Miami database.
- Unduplicated client counts are generated using Ryan White Program billed service utilization data. Thus, these client counts may differ from those of other reports that are generated using differing methodologies.

Health Resources and Services Administration (HRSA) HIV Care Continuum

Ryan White Program HIV Care Continuum Definitions

RWP CLIENT

Ryan White Program clients who received at least one Ryan White Part A or MAI-funded service in the fiscal year (**FY 2025: 3/1/2025–2/28/2026**).

LINKED TO CARE

Newly-diagnosed persons with HIV, who were linked to HIV medical care anywhere in Miami-Dade County. Data from the Florida Dept. of Health (FDOH) Early Identification of Individuals with HIV/AIDS (EIHHA) calendar year of reference.

IN MEDICAL CARE

Active Ryan White Program clients receiving one or more medical visits with any Ryan White Program provider with prescribing privileges, viral load test, or medical visit co-pay, during the 12-month reporting period.

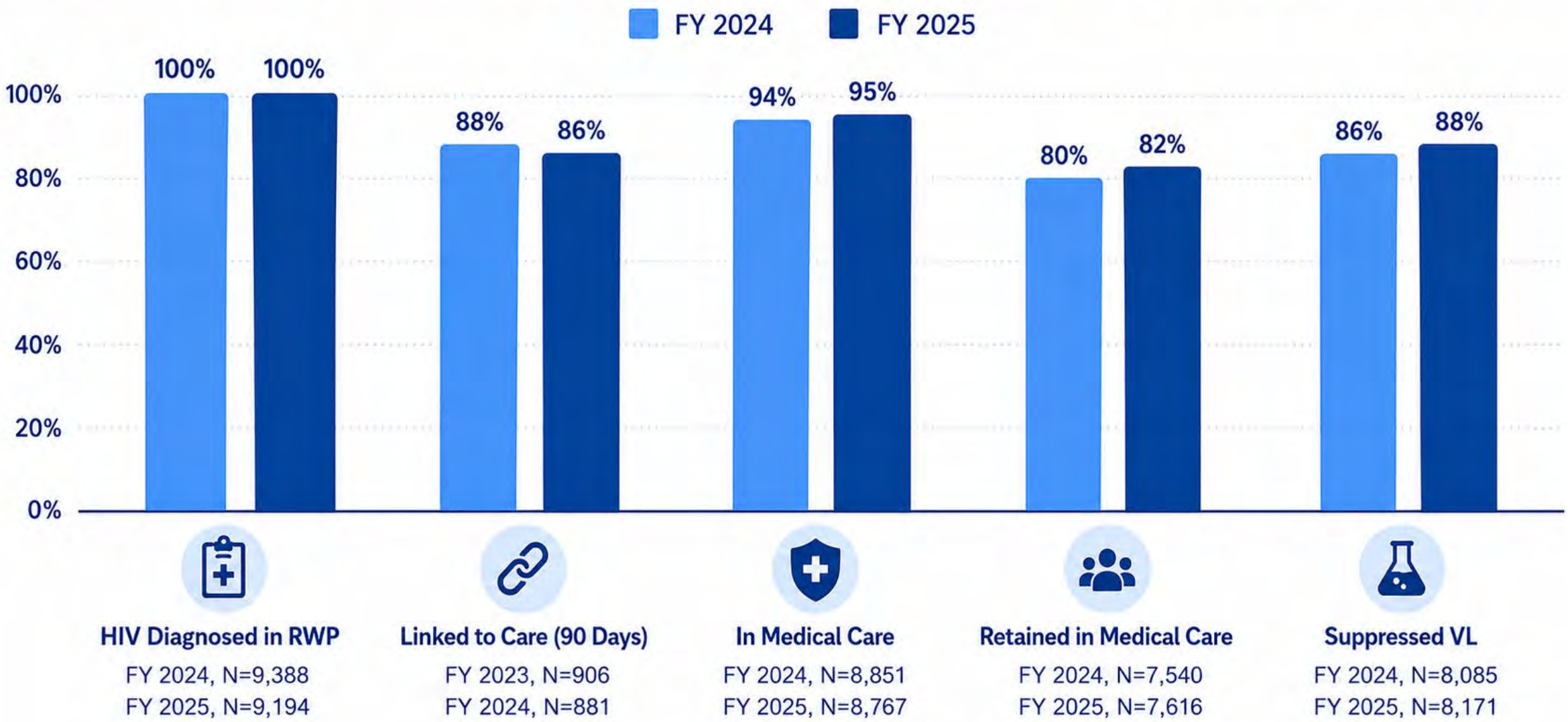
RETAINED IN MEDICAL CARE

Active Ryan White Program clients receiving two or more billed medical visits with a Ryan White Program provider, or viral load test, medical visit copay, at least 90 days apart, during the 12-month reporting period (FY 2025).

SUPPRESSED VIRAL LOAD

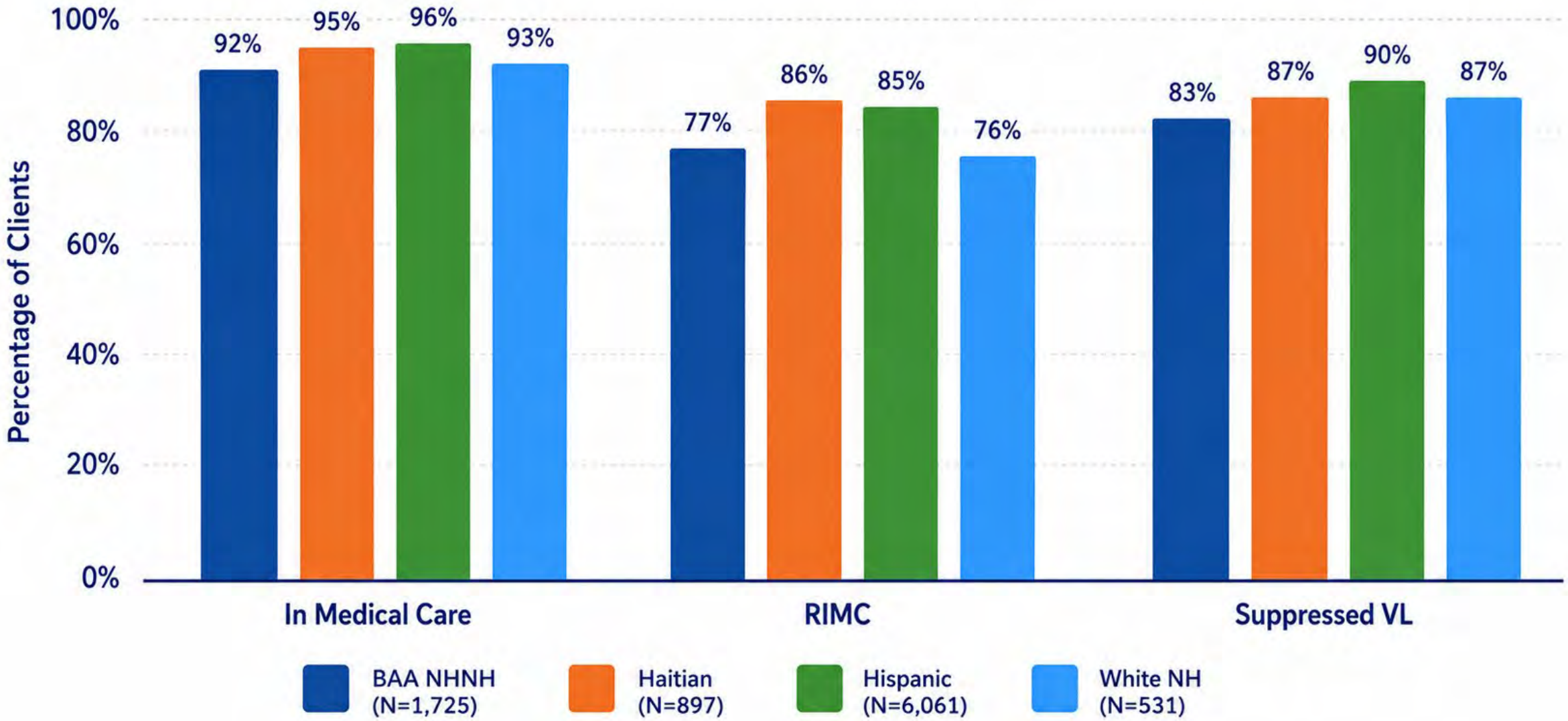
Active Ryan White Program clients with a documented suppressed viral load (<200 copies/mL) in the most recently reported lab test.

Ryan White Program HIV Care Continuum Client Health Outcomes FY 2024 vs FY 2025

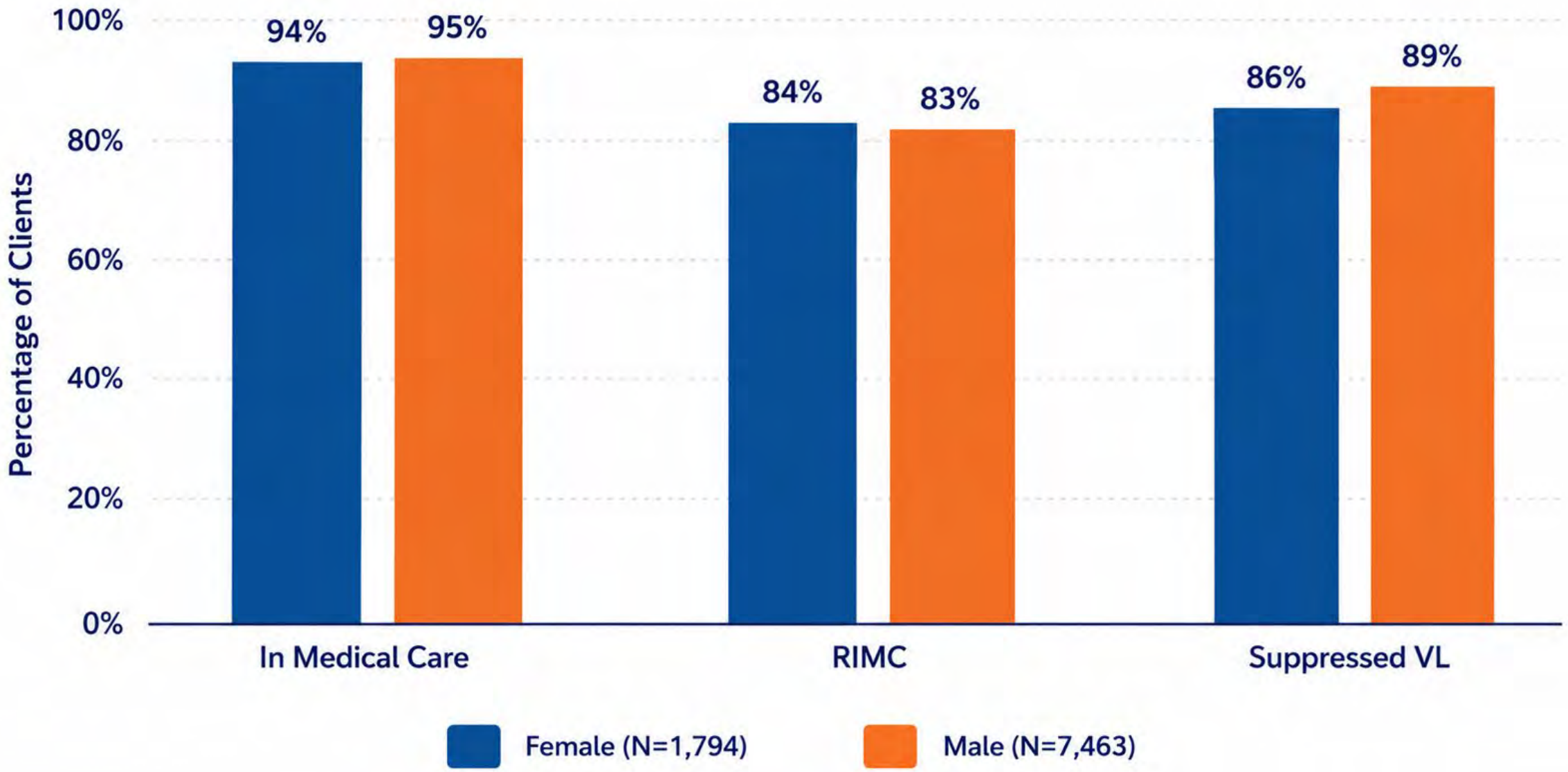


* Data are from 2024 Integrated Epidemiological Profiles, Miami-Dade County

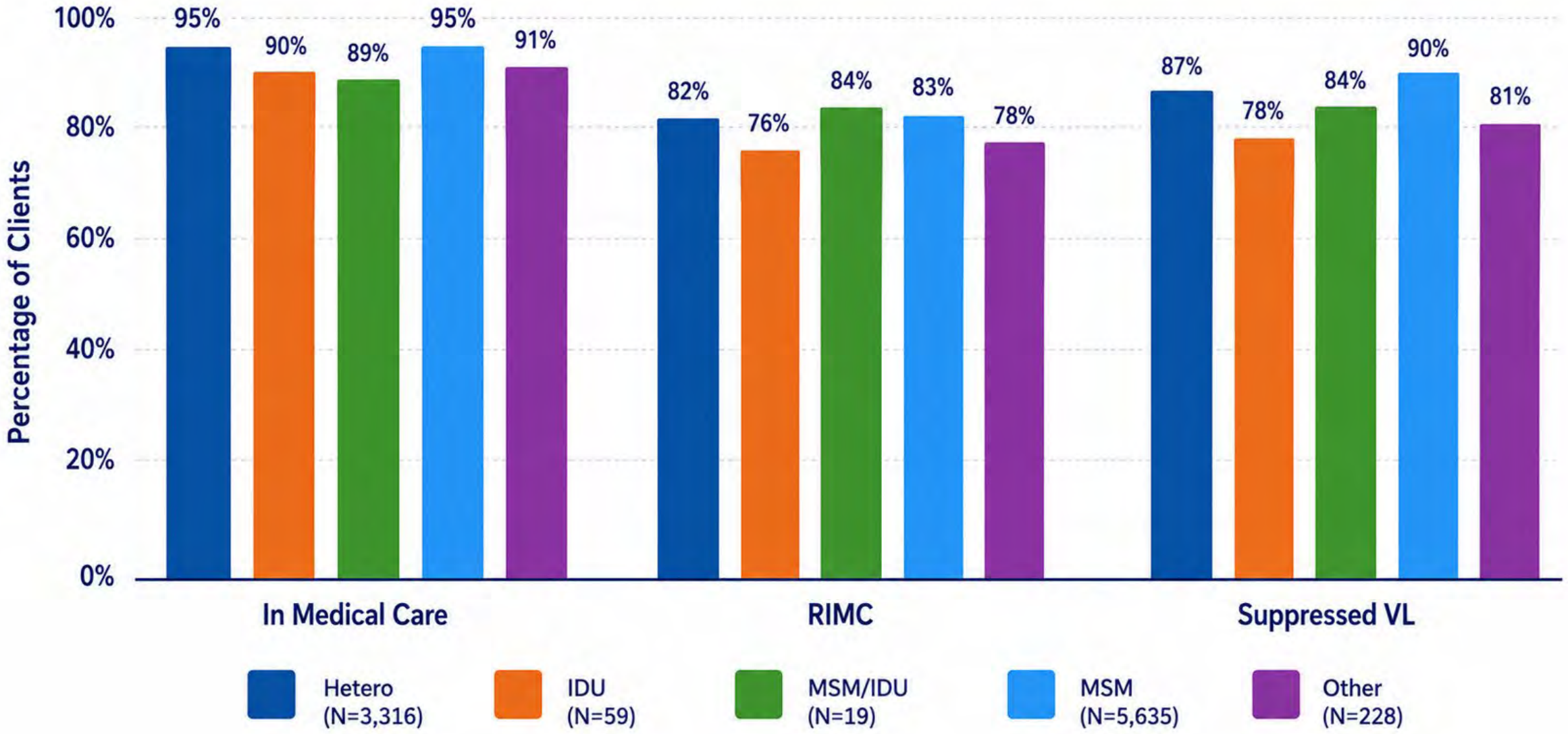
Ryan White Program HIV Care Continuum by Race/Ethnicity, FY 2025



Ryan White Program HIV Care Continuum by Sex, FY 2025



Ryan White Program HIV Care Continuum by Initial Exposure, FY 2025



SERVICE DEMOGRAPHICS

SECTION 4

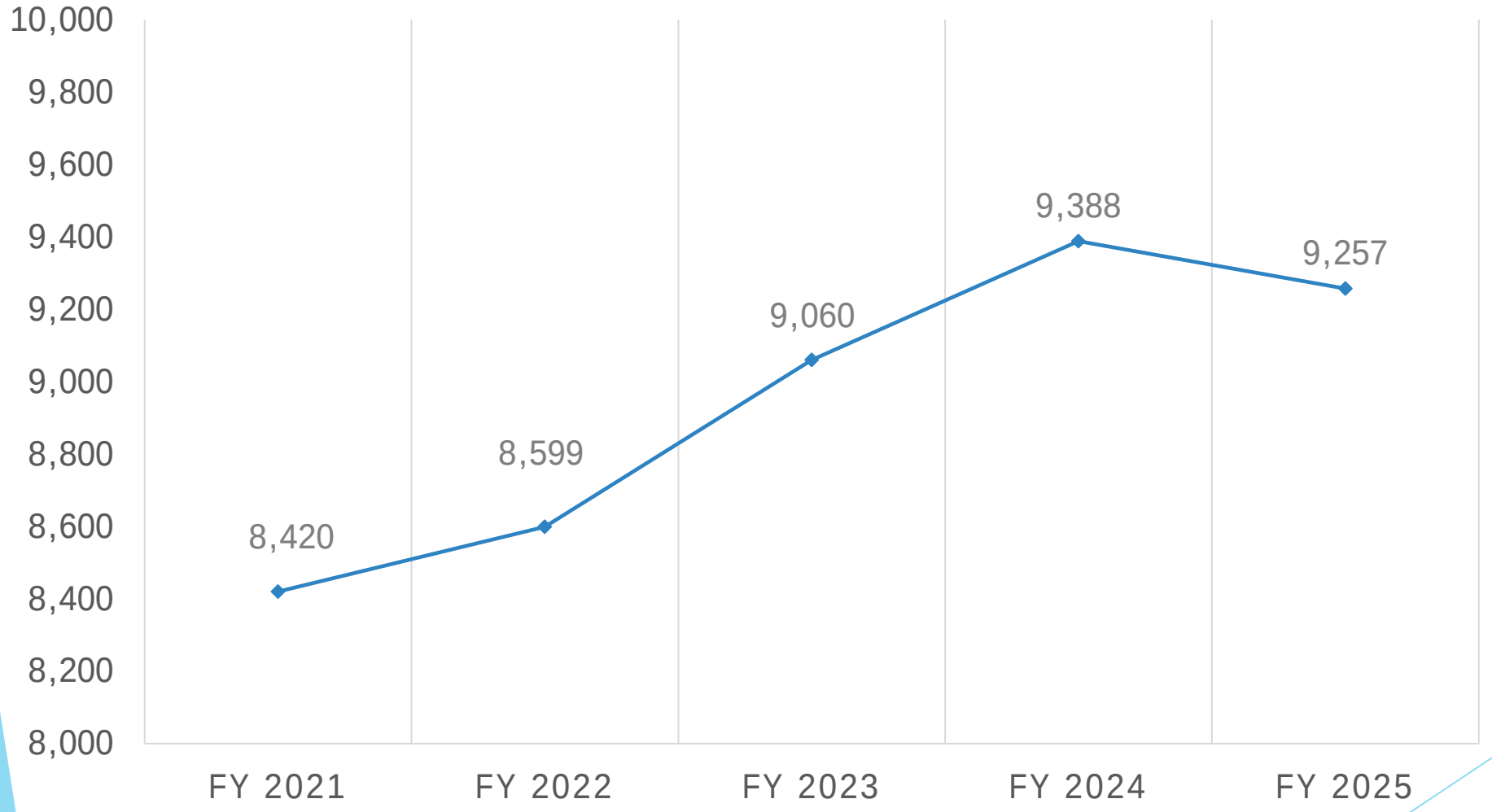
Ryan White Program Demographic Data Fiscal Year 2025

(3/1/25-2/28/26)

July 9, 2026

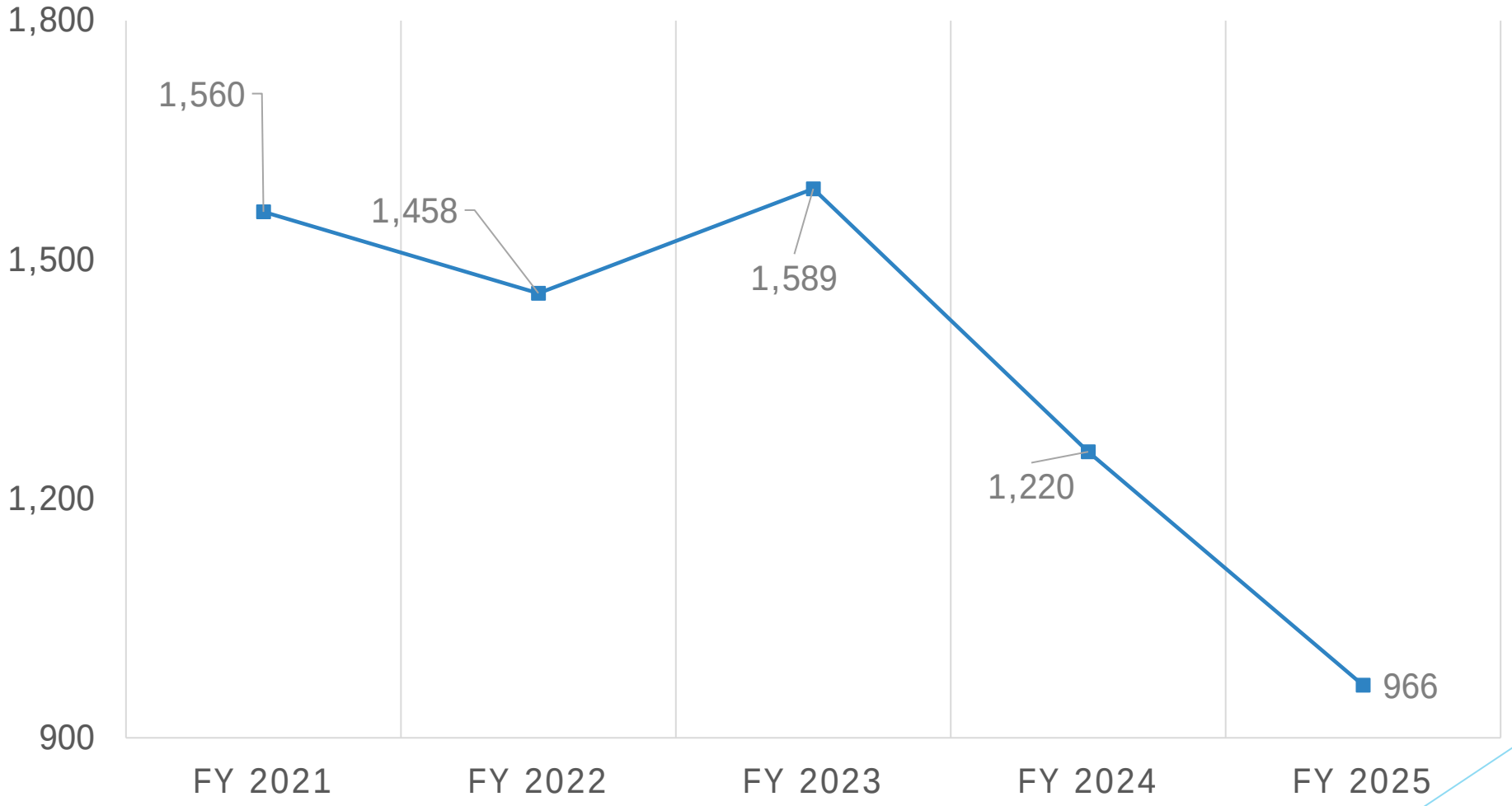
Presentation created by Behavioral Science Research Corp.

Total Number of Unduplicated Clients Between FY 2021 and FY 2025

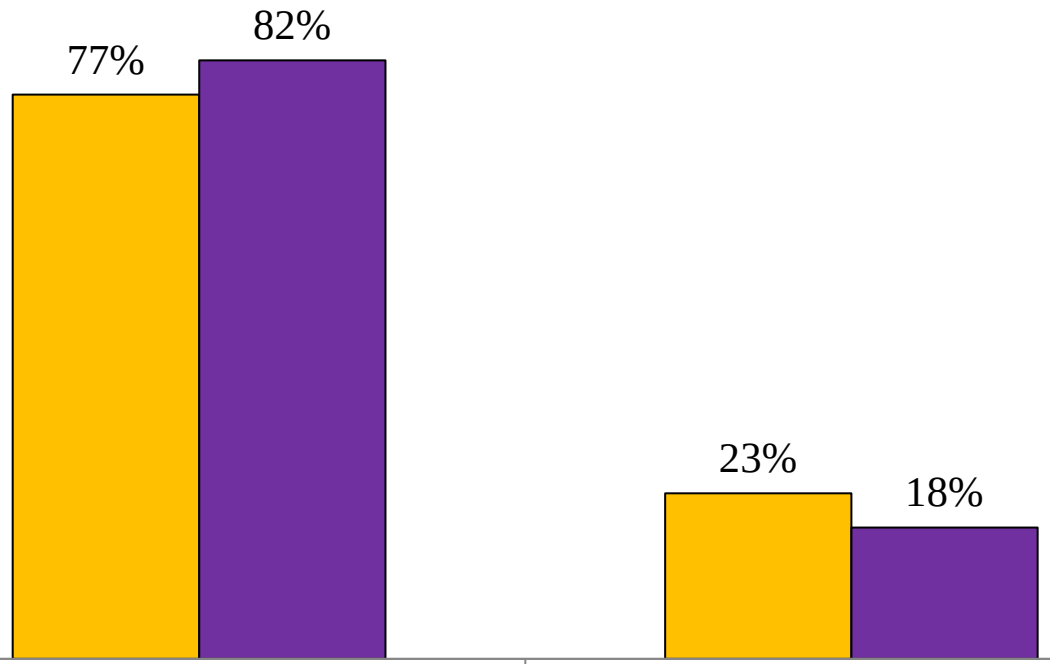


Note: Unduplicated client counts are generated using Ryan White Program billed service utilization data. Thus, these client counts may differ from those of other reports that are generated using differing methodologies.

Number of New Clients Served
Ryan White Program, FY 2021-2025

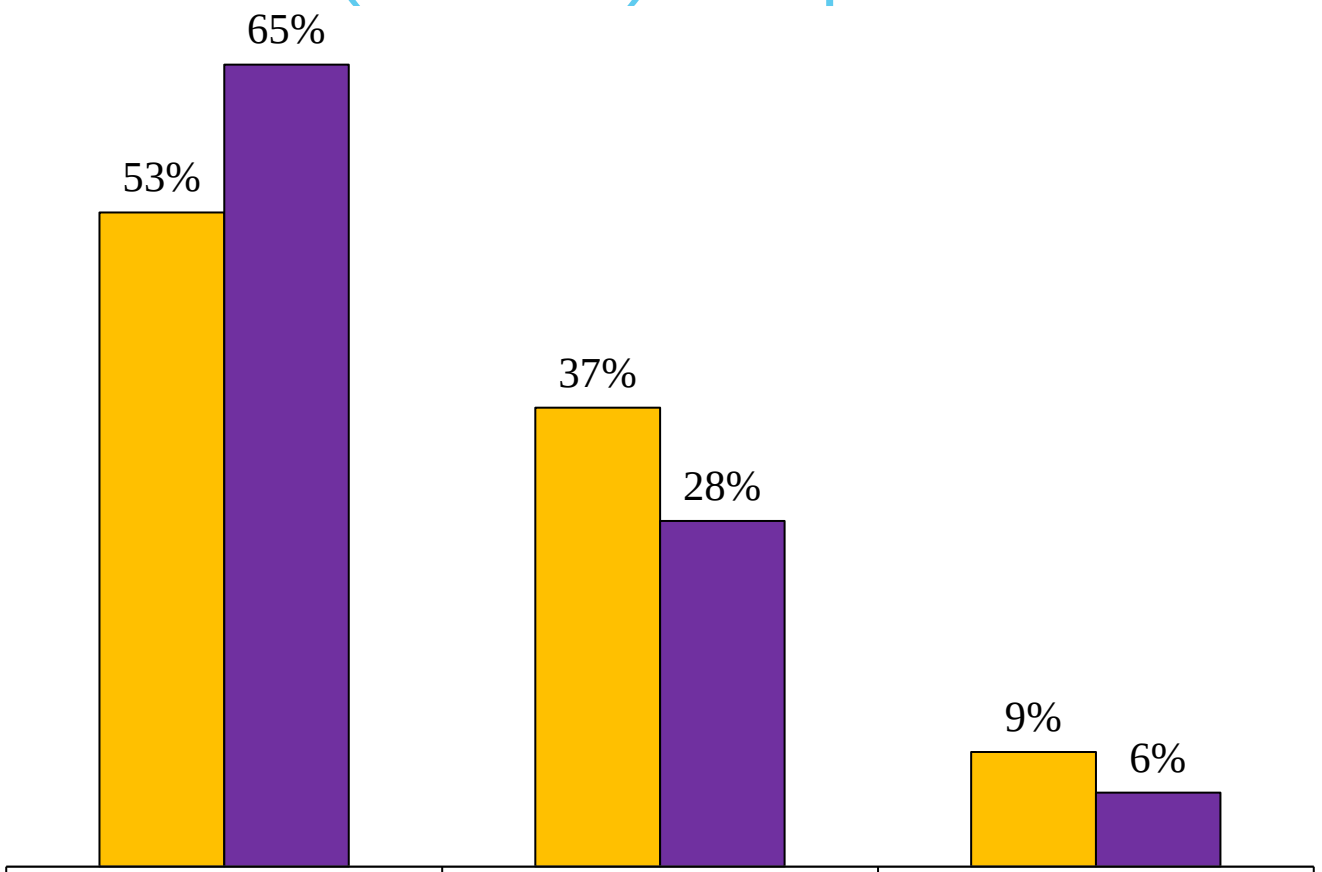


Miami-Dade Ryan White Program (FY 2025) and FDOH Prevalence (CY 2024)Comparison



	Male	Female
Miami-Dade FDOH Prevalence Data (N=30,074)	77%	23%
Miami-Dade RWHAP (N=9,257)	82%	18%

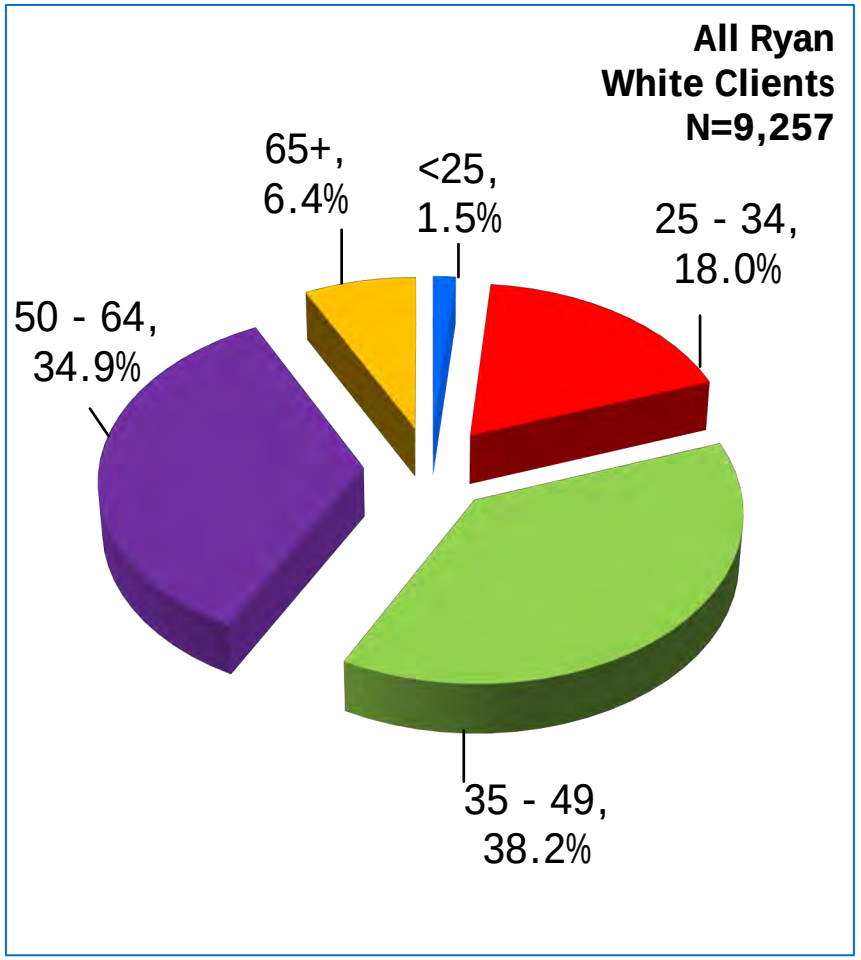
Miami-Dade Ryan White Program (FY 2025) and FDOH Prevalence (CY 2024) Comparison

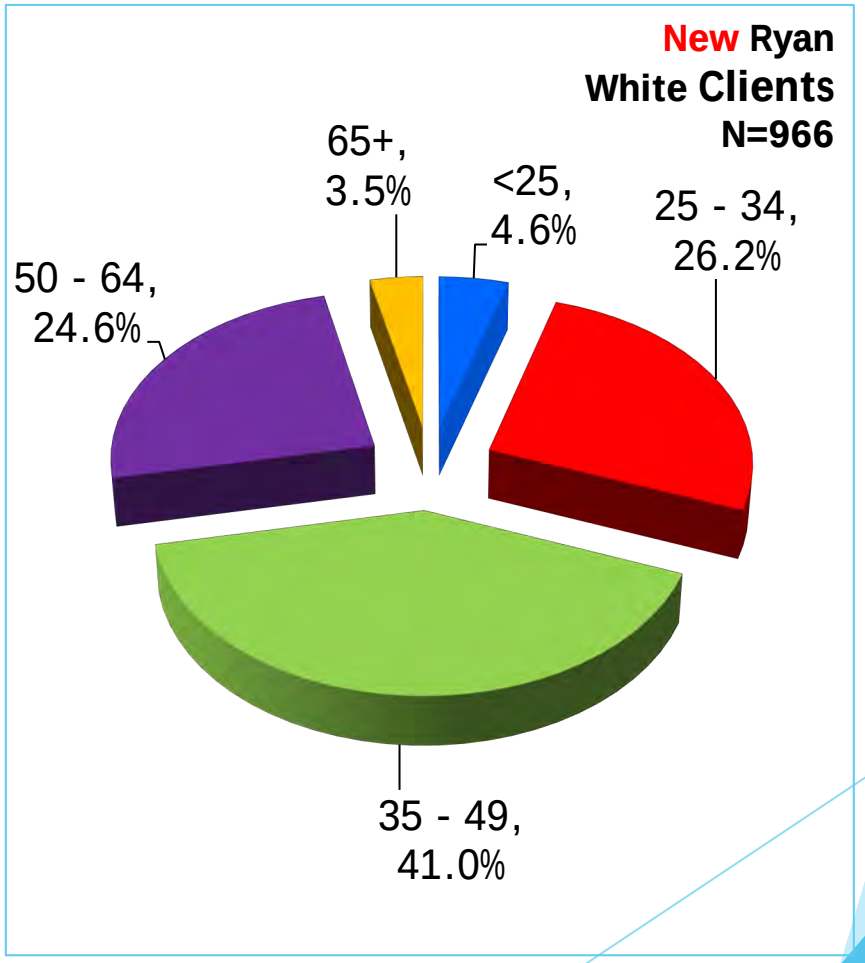


	Hispanic	Black Non-Hispanic	White Non-Hispanic
Miami-Dade FDOH Prevalence Data (N=30,074)	53%	37%	9%
Miami-Dade RWHAP (N=9,257)	65%	28%	6%

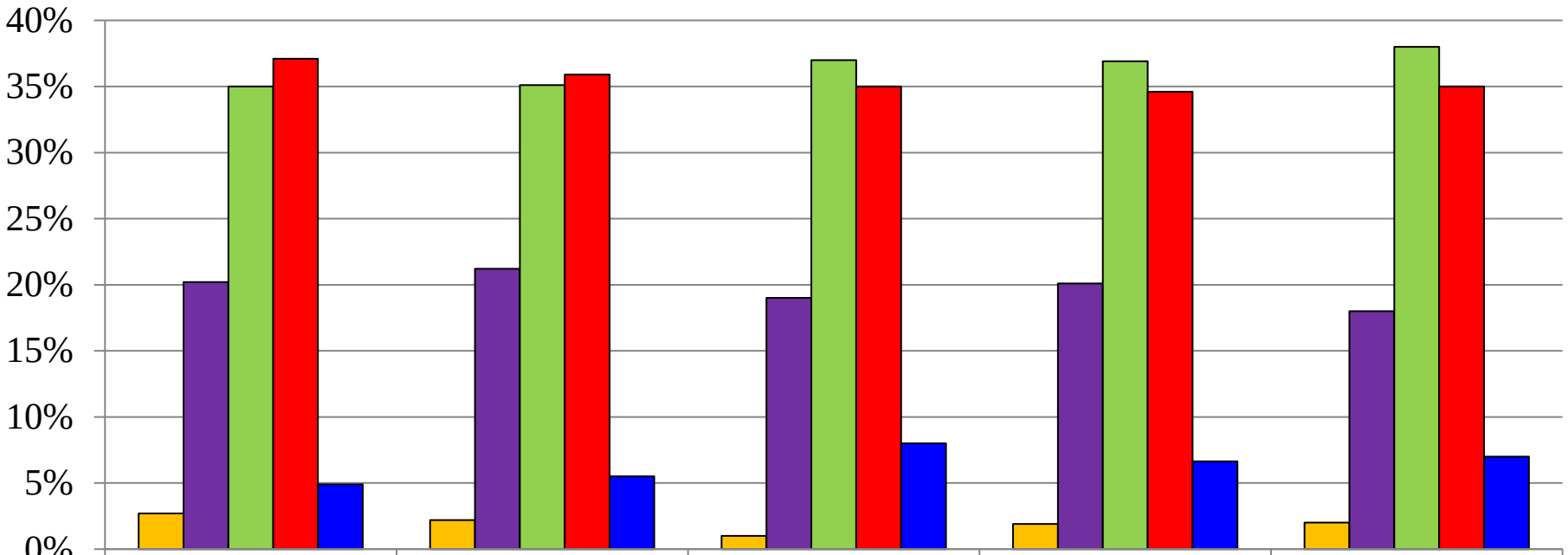
AGE

Age Distribution of New and Total Clients in Care
Ryan White Program, FY 2025





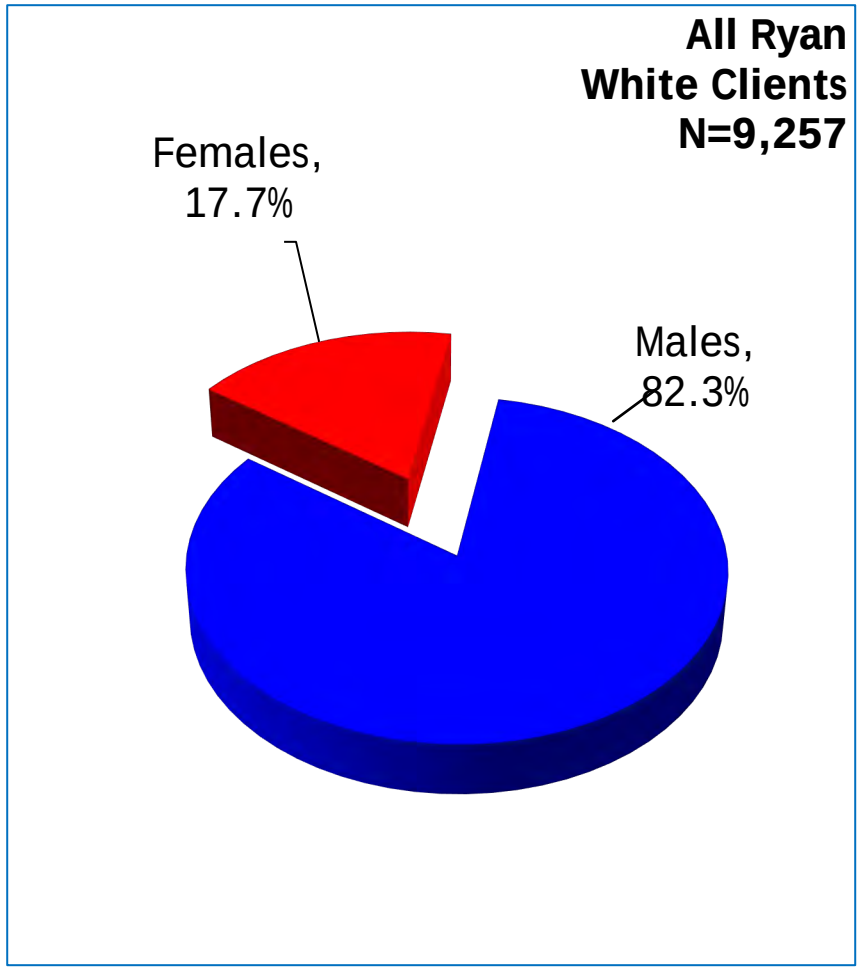
Clients by Age Group
Ryan White Program, FY 2021-2025

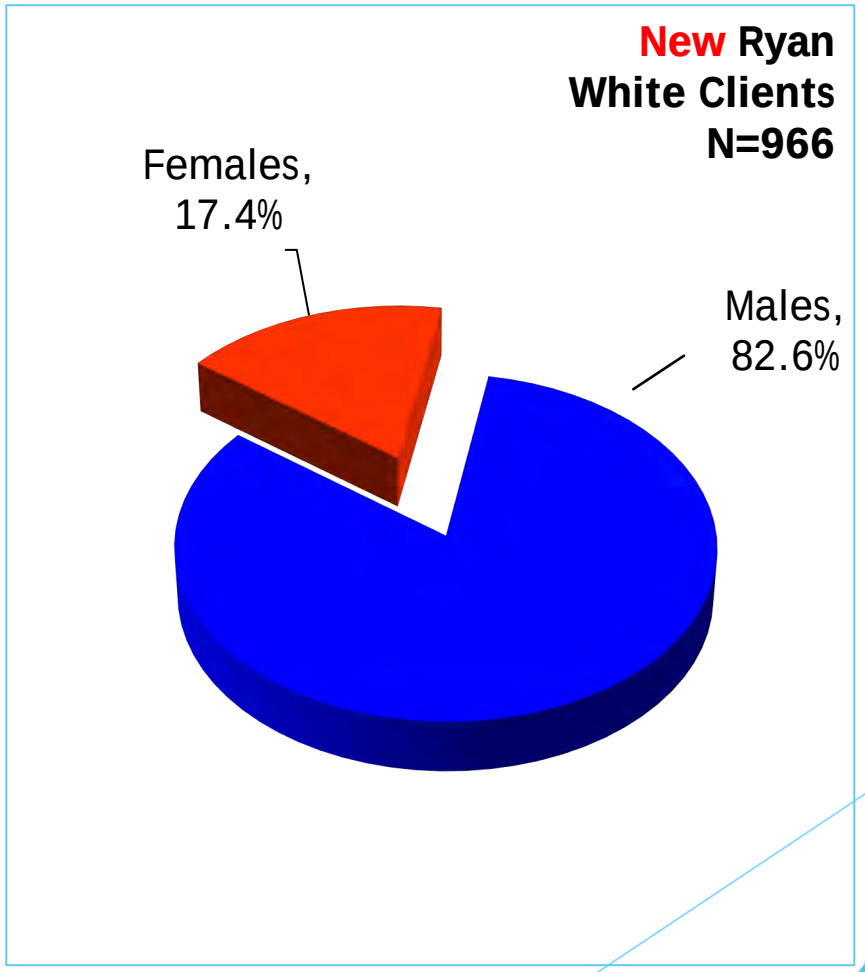


	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
<25	3%	2%	1%	2%	2%
25 - 34	20%	21%	19%	20%	18%
35 - 49	35%	35%	37%	37%	38%
50 - 64	37%	36%	35%	35%	35%
65+	5%	6%	8%	7%	7%

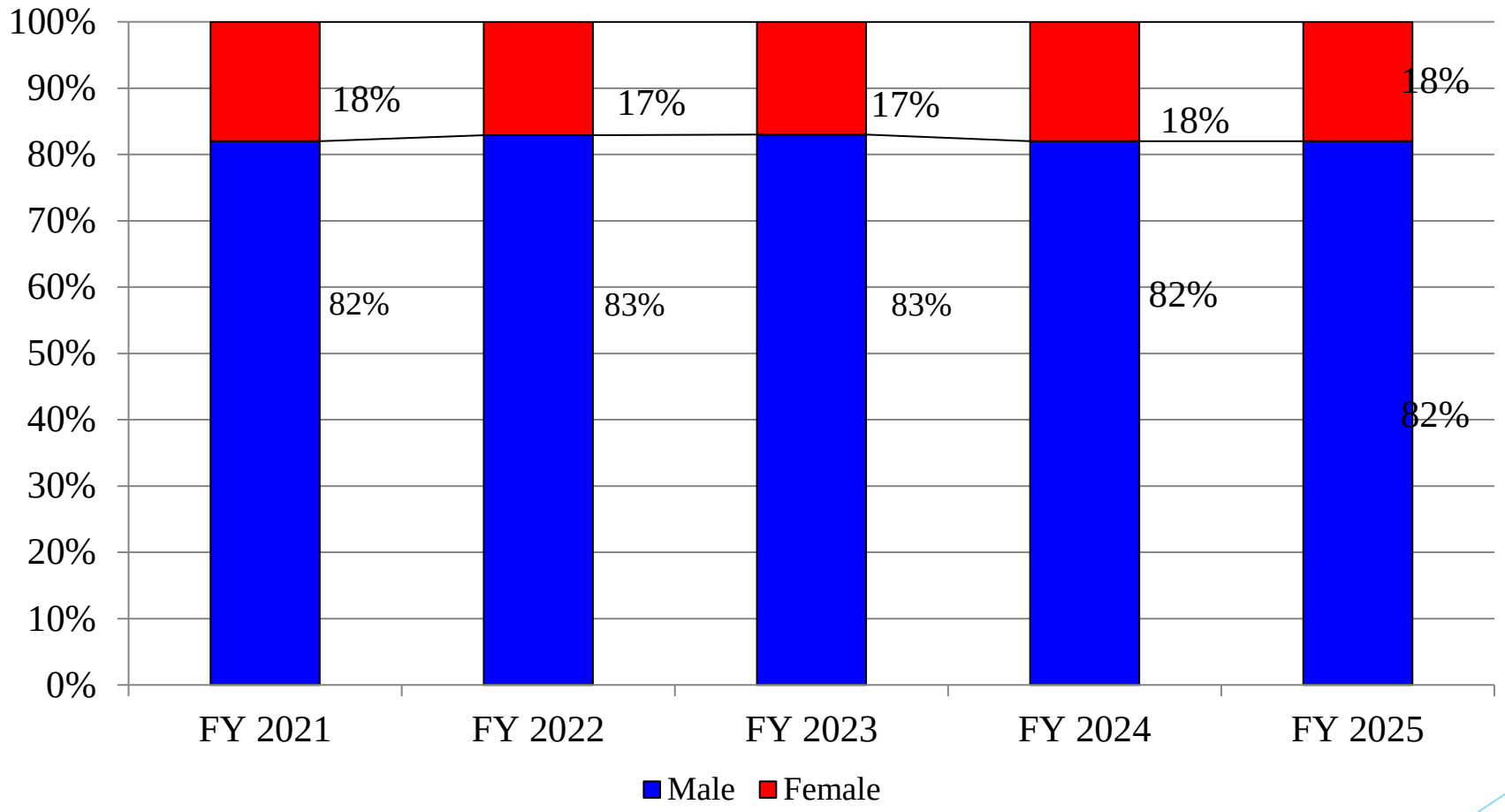
SEX

Sex Distribution of New and Total Clients in Care
Ryan White Program, FY 2025



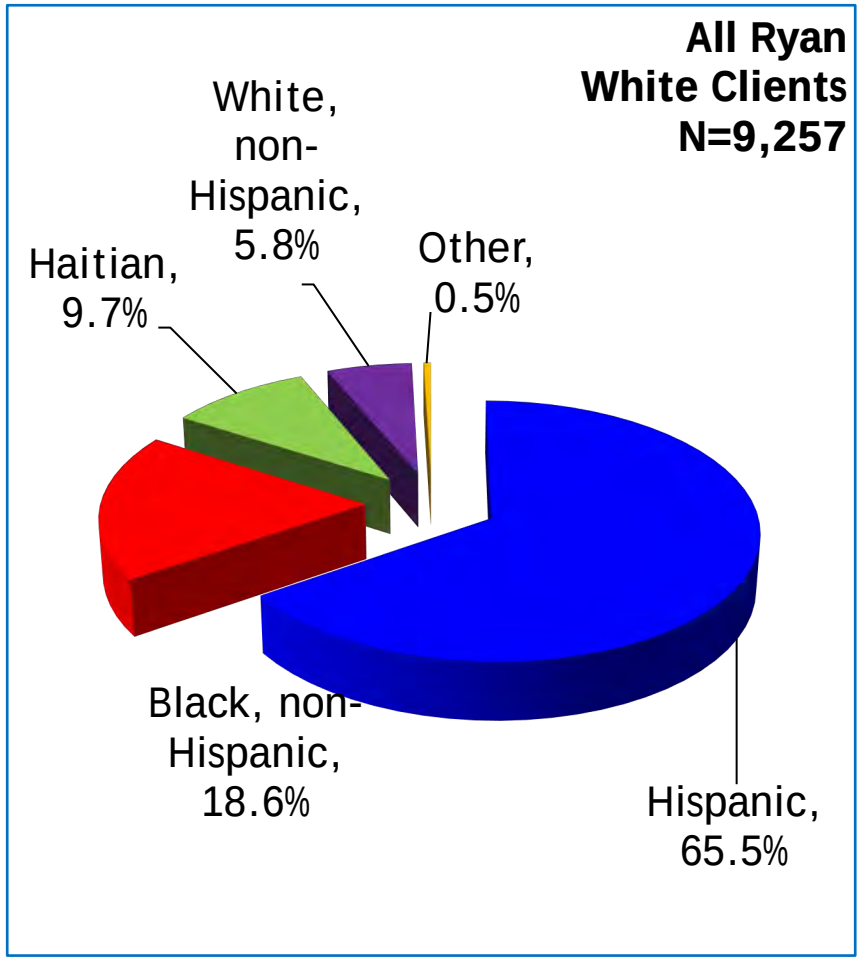


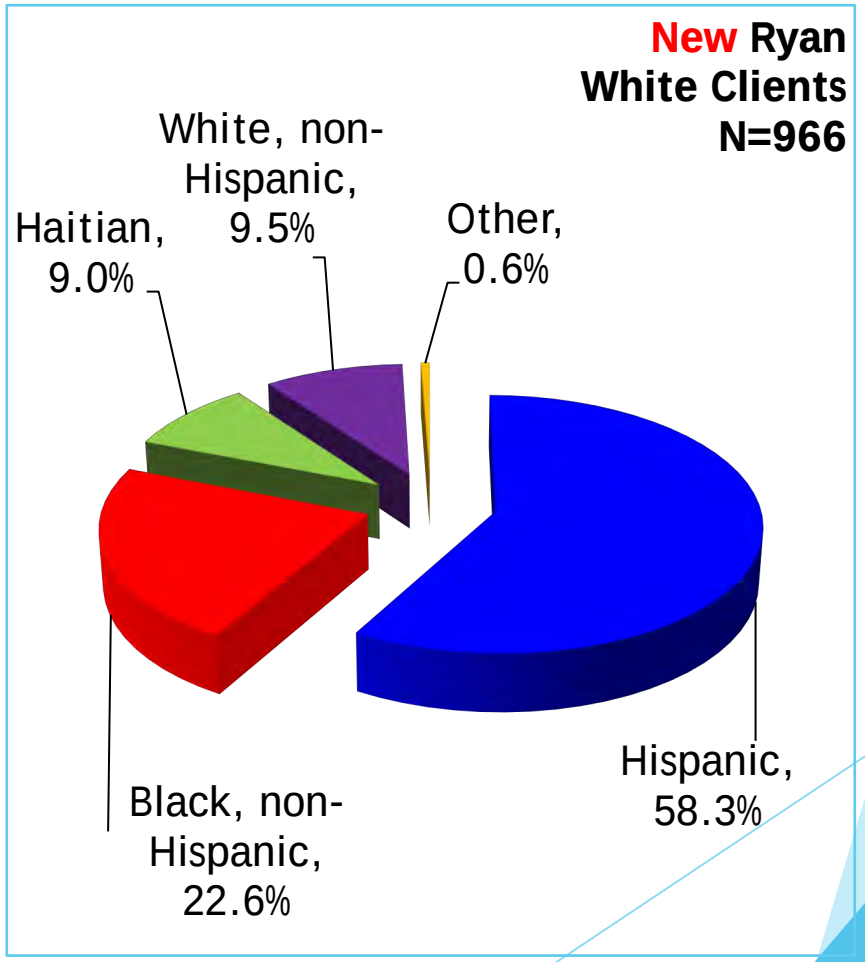
Sex of Clients in Care
Ryan White Program, FY 2021-2025



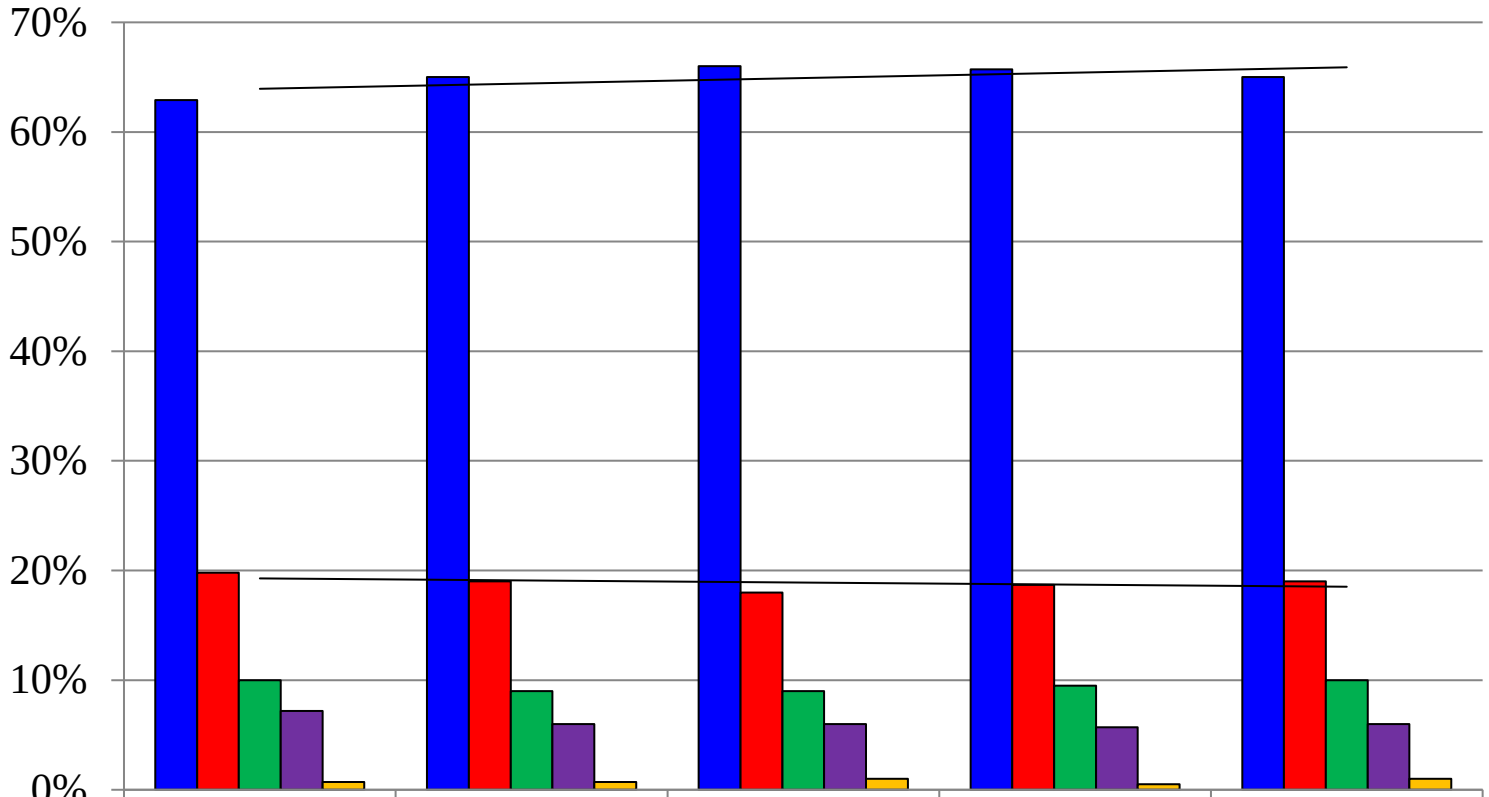
RACE/ETHNICITY

Race/Ethnicity Distribution of New and Total Clients in Care
Ryan White Program, FY 2025





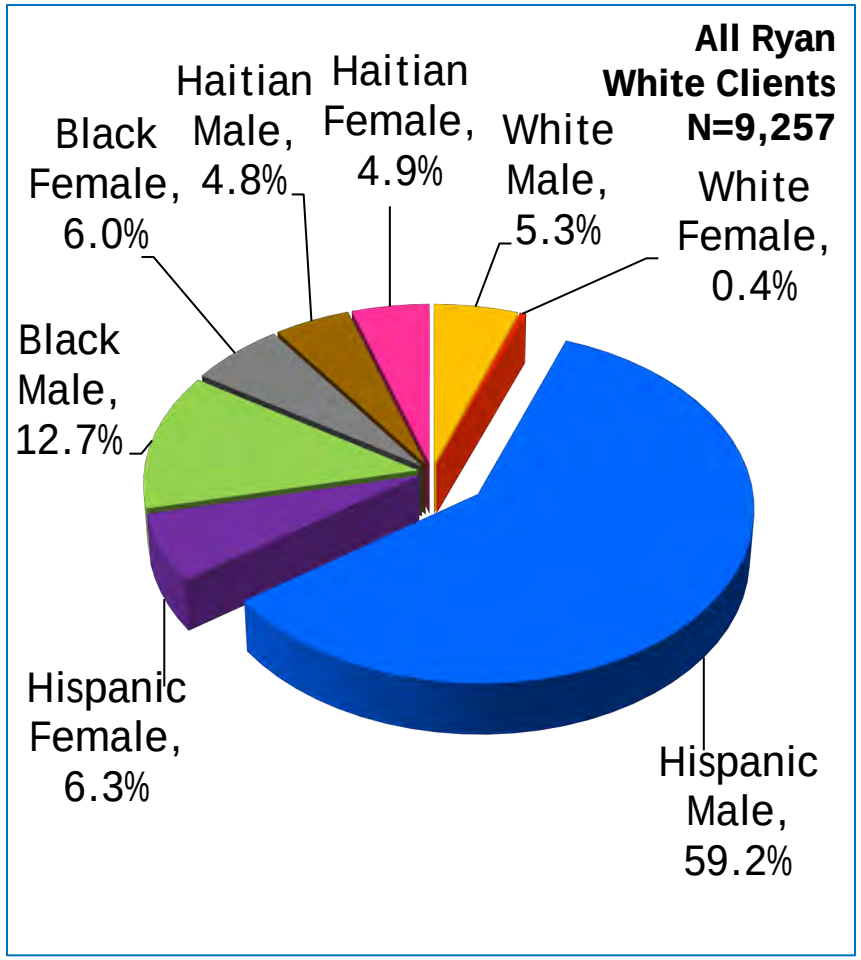
Race/Ethnicity of Clients in Care Ryan White Program, FY 2021-2025

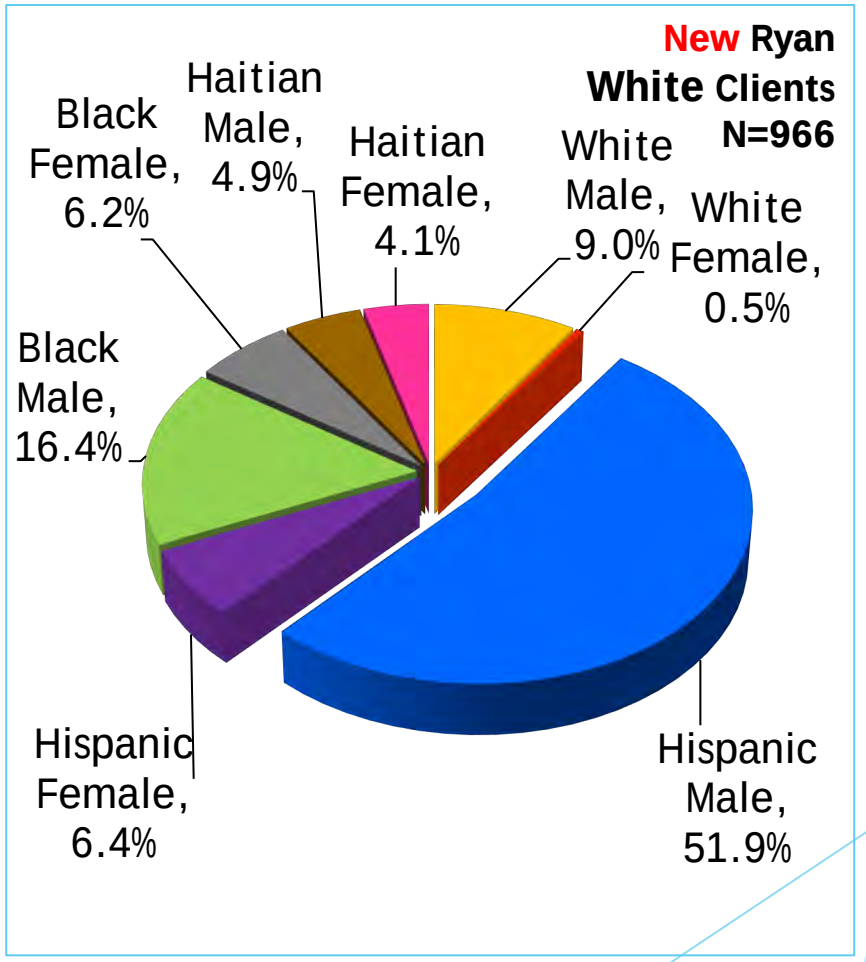


	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Hispanic	63%	65%	66%	66%	65%
Black, non-Hispanic	20%	19%	18%	19%	19%
Haitian	10%	9%	9%	10%	10%
White, non-Hispanic	7%	6%	6%	6%	6%
Other	1%	1%	1%	1%	1%

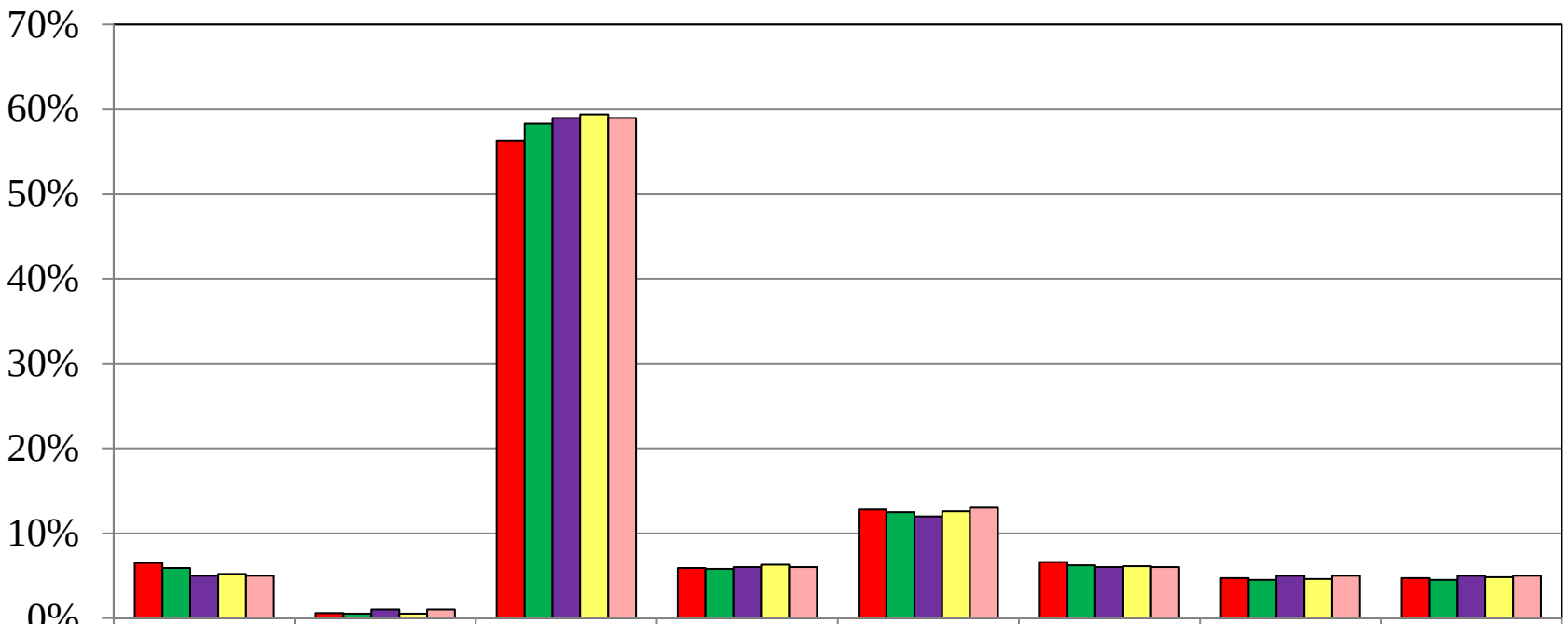
RACE/ETHNICITY AND SEX

Race/Ethnicity by Sex of New and Total Clients in Care Ryan White Program, FY 2025





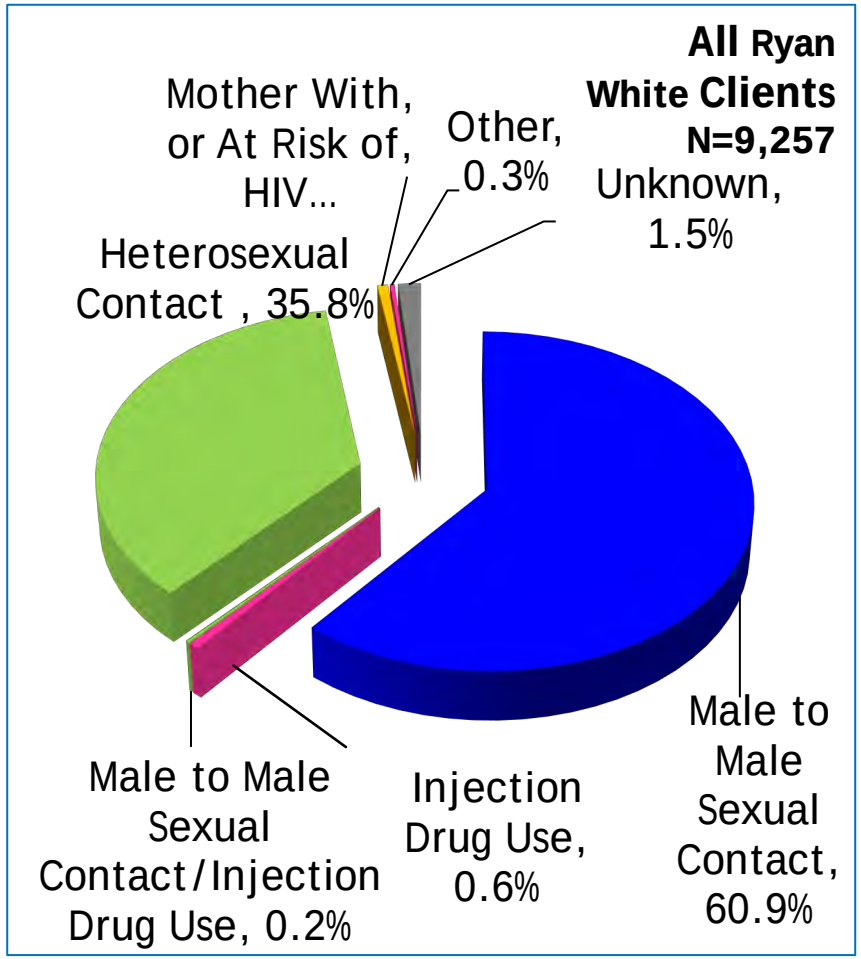
Race/Ethnicity of Clients in Care, by Sex
Ryan White Program, FY 2021-2025

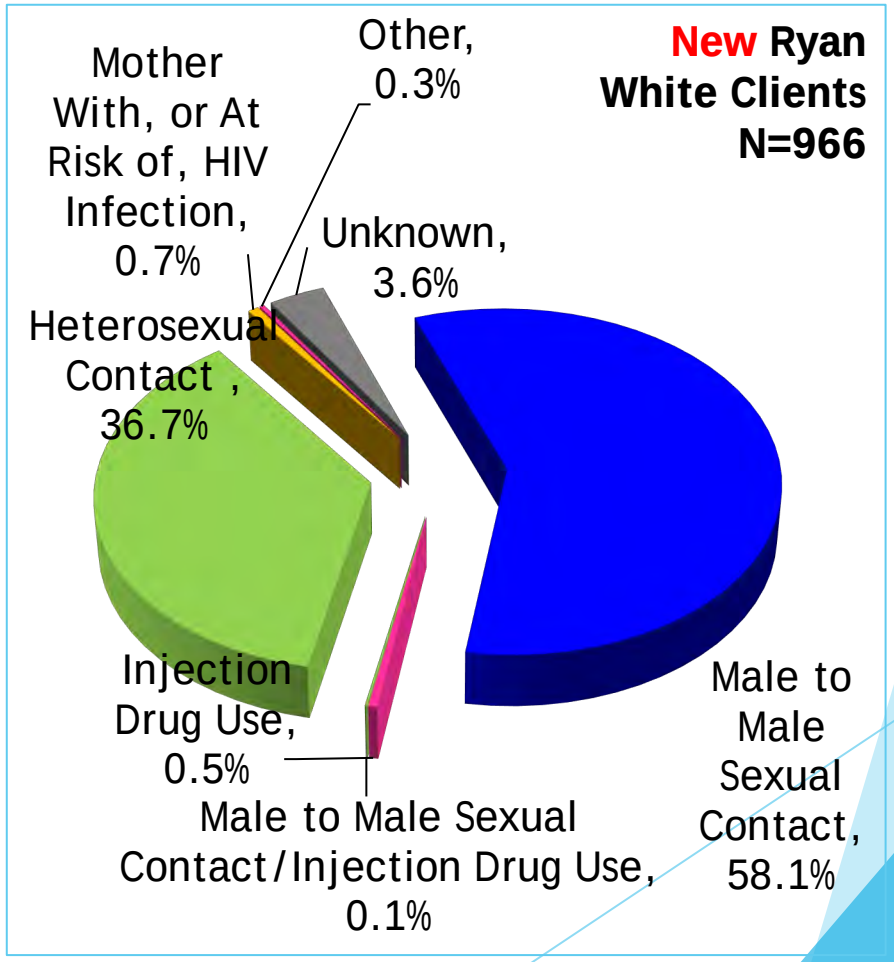


	White Male	White Female	Hispanic Male	Hispanic Female	Black Male	Black Female	Haitian Male	Haitian Female
FY 2021	7%	1%	56%	6%	13%	7%	5%	5%
FY 2022	6%	1%	58%	6%	13%	6%	5%	5%
FY 2023	5%	1%	59%	6%	12%	6%	5%	5%
FY 2024	5%	1%	59%	6%	13%	6%	5%	5%
FY 2025	5%	1%	59%	6%	13%	6%	5%	5%

PRIMARY MODE OF EXPOSURE

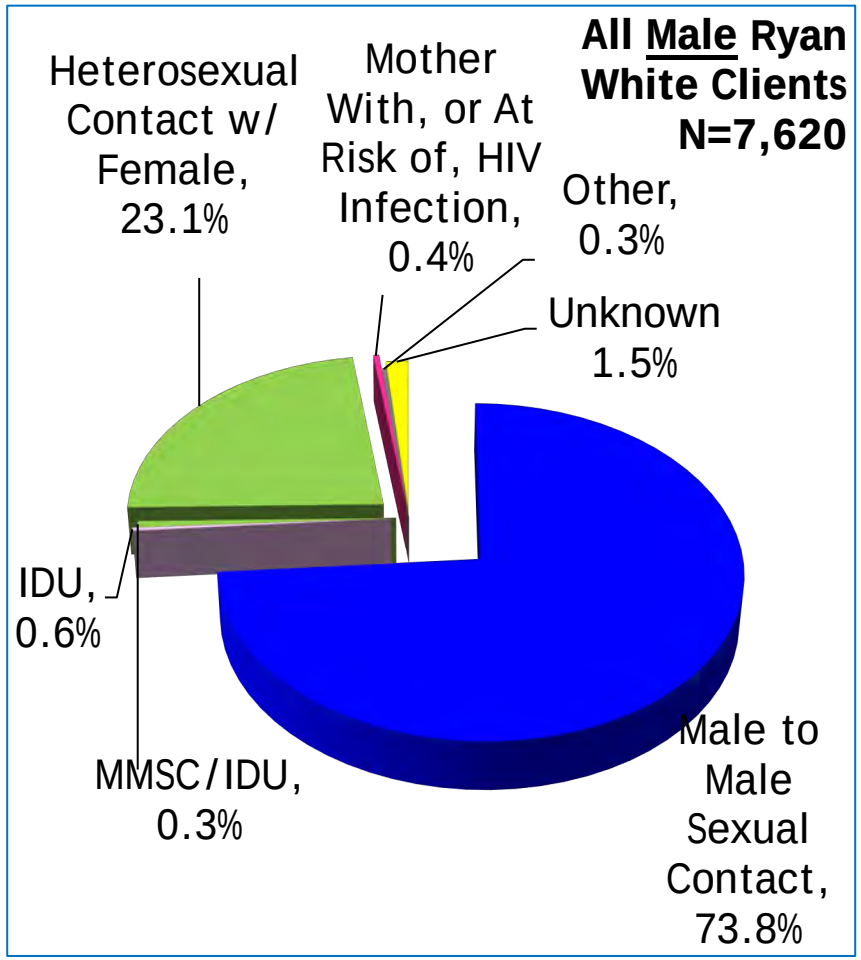
Primary Mode of Exposure
New and Total Clients in Care
Ryan White Program, FY 2025

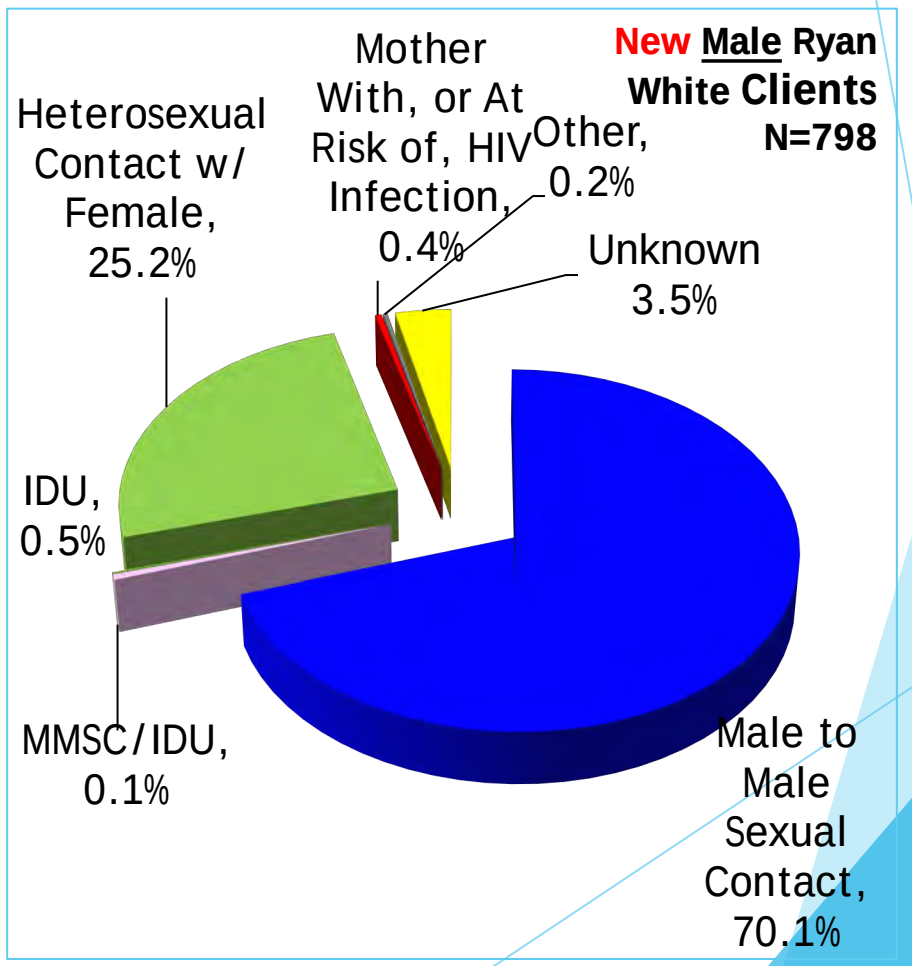




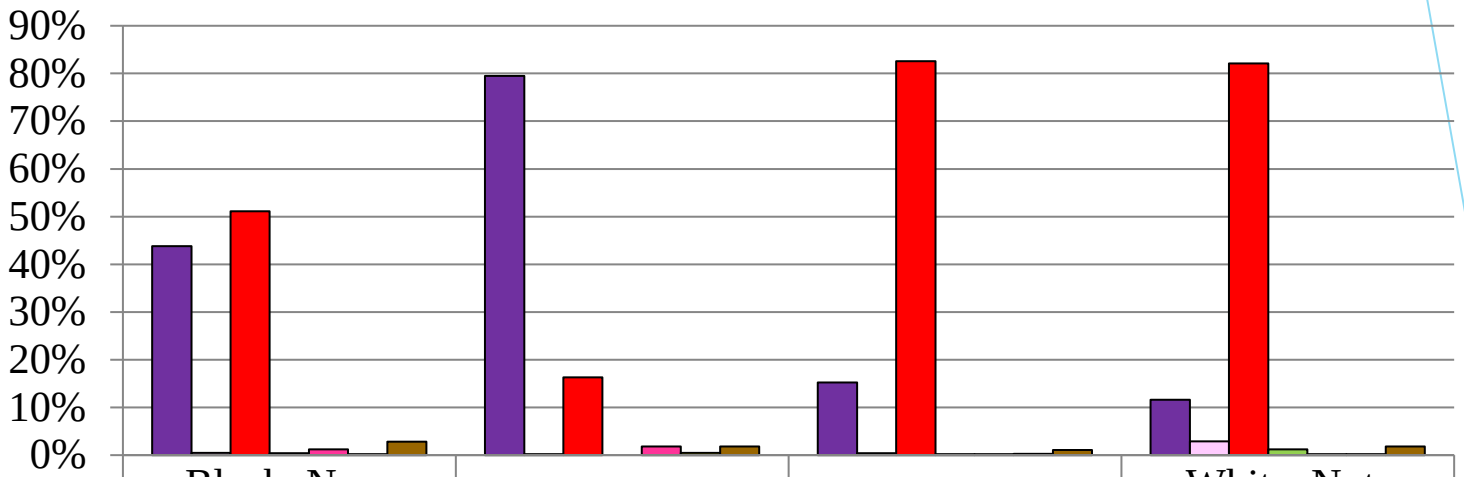
MALE PRIMARY EXPOSURE MODES

Primary Mode of Exposure
New and Total Males in Care
Ryan White Program, FY 2025



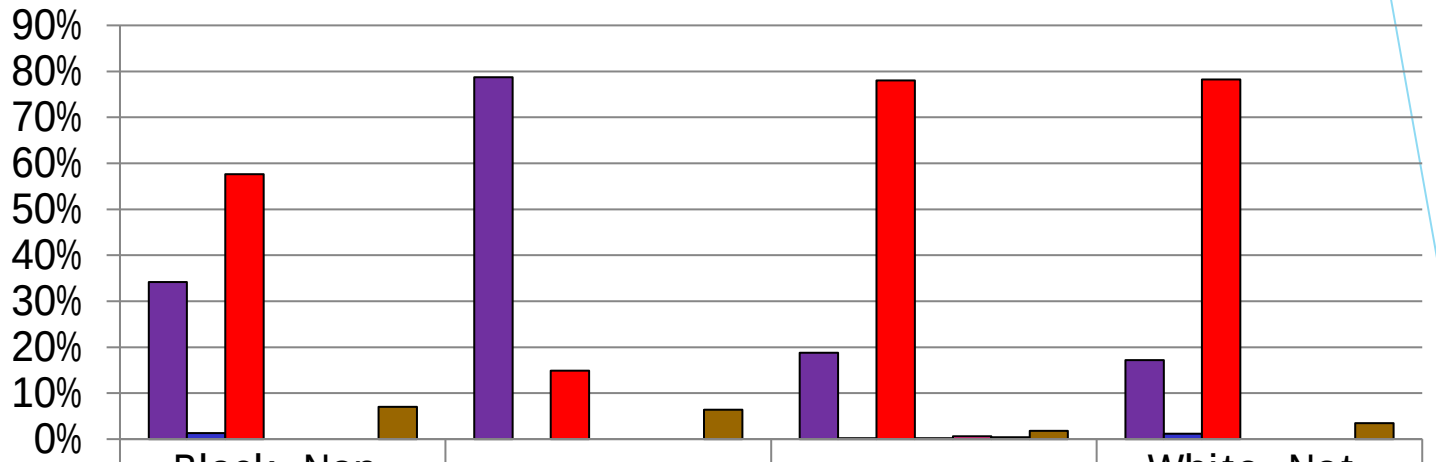


Primary Mode of Exposure by Race/Ethnicity
Males in Care
Ryan White Program, FY 2025



	Black, Non-Hispanic	Haitian	Hispanic	White, Not-Hispanic
Heterosexual	43.8%	79.5%	15.2%	11.6%
Injection Drug Use	0.5%	0.2%	0.4%	2.9%
Male to Male Sexual Contact	51.1%	16.3%	82.6%	82.1%
Male to Male Sexual Contact/IDU	0.4%	0.0%	0.2%	1.2%
Mother	1.2%	1.8%	0.2%	0.2%
Other	0.2%	0.5%	0.3%	0.2%
Unknown	2.8%	1.8%	1.1%	1.8%

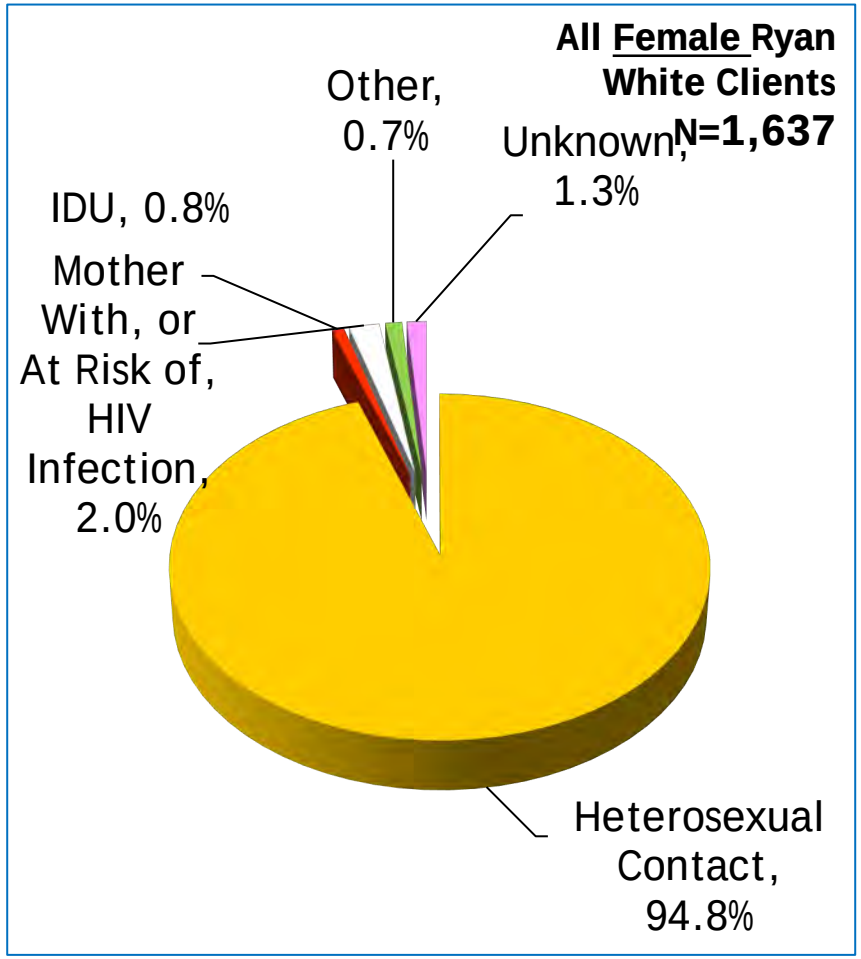
Primary Mode of Exposure by Race/Ethnicity
Males NEW in Care
Ryan White Program, FY 2025

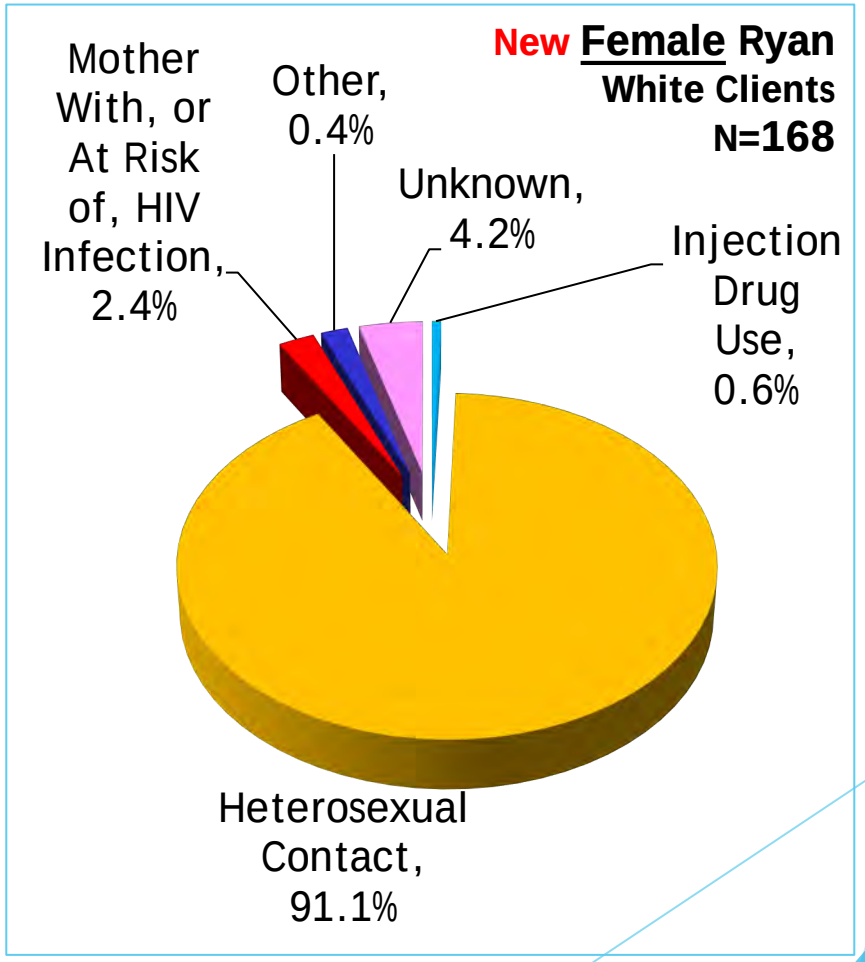


	Black, Non-Hispanic	Haitian	Hispanic	White, Not-Hispanic
Heterosexual	34.2%	78.7%	18.8%	17.2%
Injection Drug Use	1.3%	0.0%	0.2%	1.2%
Male to Male Sexual Contact	57.6%	14.9%	78.0%	78.2%
Male to Male Sexual Contact/IDU	0.0%	0.0%	0.2%	0.0%
Mother	0.0%	0.0%	0.6%	0.0%
Other	0.0%	0.0%	0.4%	0.0%
Unknown	7.0%	6.4%	1.8%	3.5%

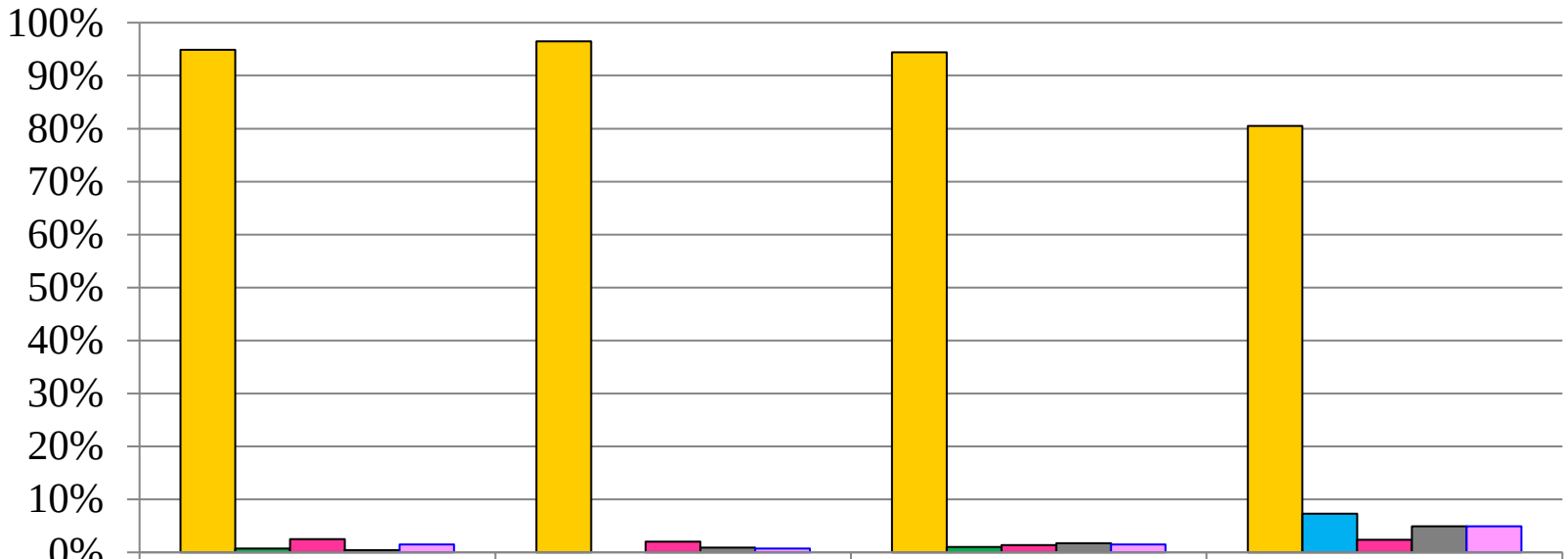
FEMALE PRIMARY EXPOSURE MODES

Primary Mode of Exposure
New and Total Females in Care
Ryan White Program, FY 2025



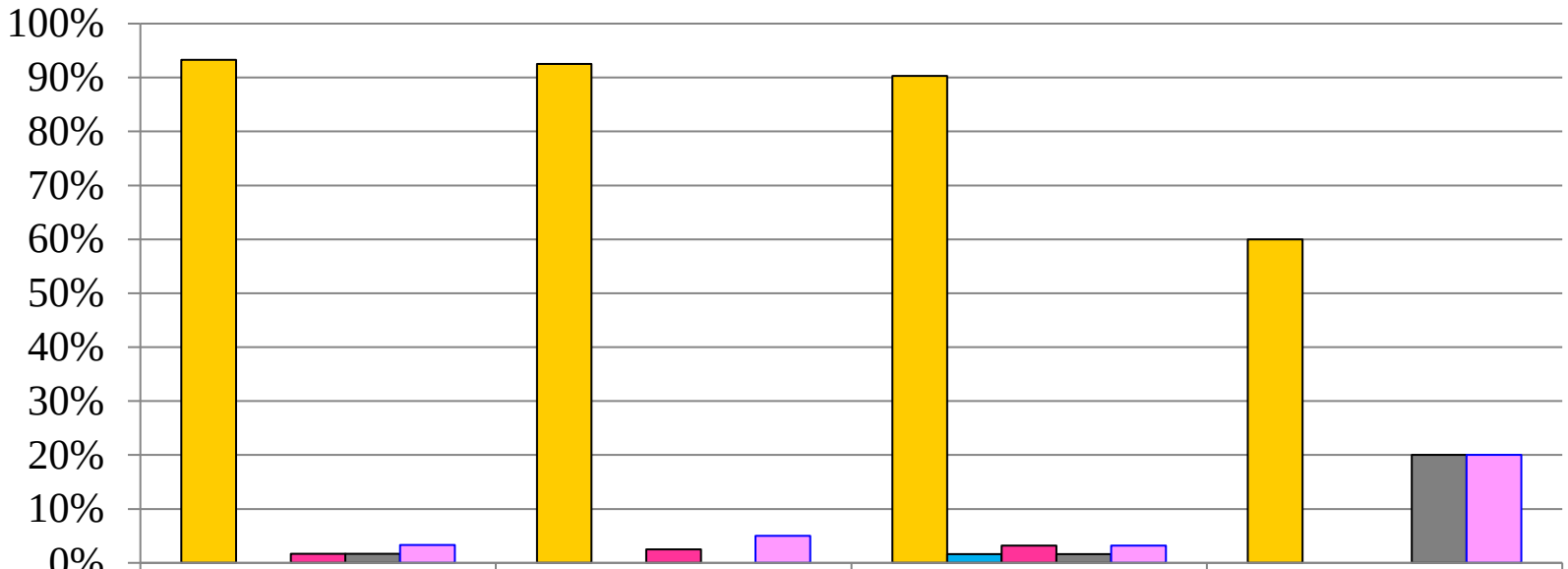


Primary Mode of Exposure by Race/Ethnicity
Females in Care
Ryan White Program, FY 2025



	Black, Non-Hispanic	Haitian	Hispanic	White, Non-Hispanic
Heterosexual	94.9%	96.5%	94.4%	80.5%
Injection Drug Use	0.7%	0.0%	1.0%	7.3%
Mother with or at risk	2.5%	2.0%	1.4%	2.4%
Other	0.4%	0.9%	1.7%	4.9%
Unknown	1.5%	0.7%	1.5%	4.9%

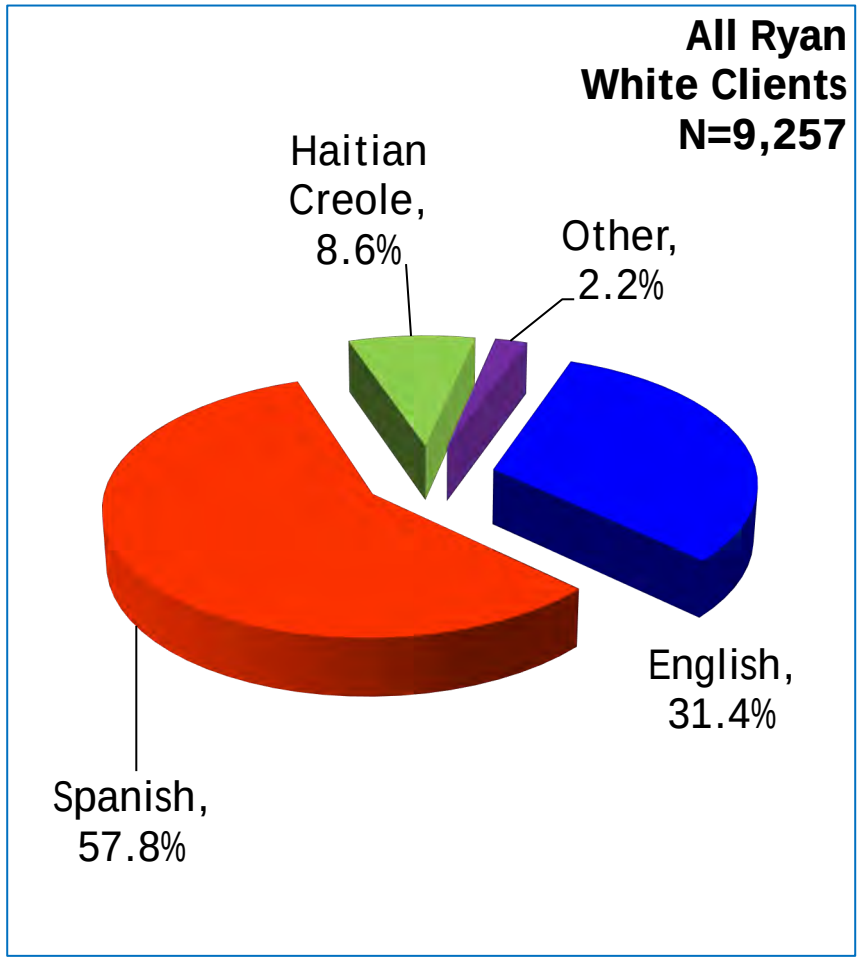
Primary Mode of Exposure by Race/Ethnicity
Females NEW in Care
Ryan White Program, FY 2025

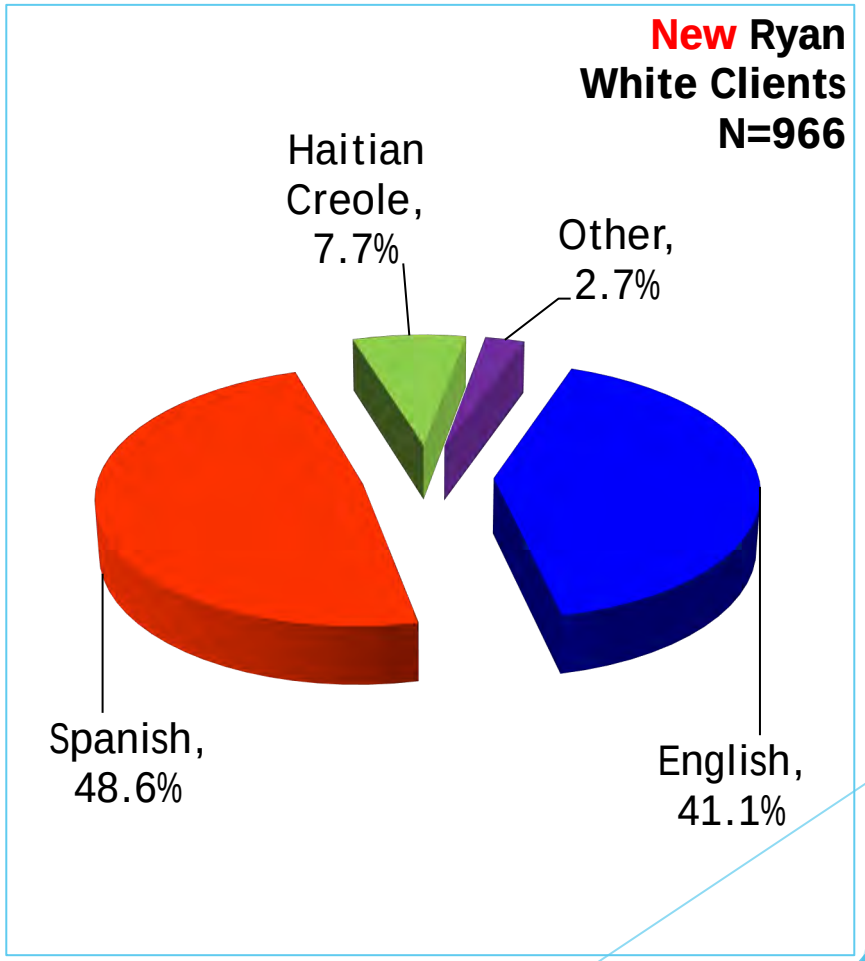


	Black, Non-Hispanic	Haitian	Hispanic	White, Non-Hispanic
Heterosexual	93.3%	92.5%	90.3%	60.0%
Injection Drug Use	0.0%	0.0%	1.6%	0.0%
Mother with or at risk	1.7%	2.5%	3.2%	0.0%
Other	1.7%	0.0%	1.6%	20.0%
Unknown	3.3%	5.0%	3.2%	20.0%

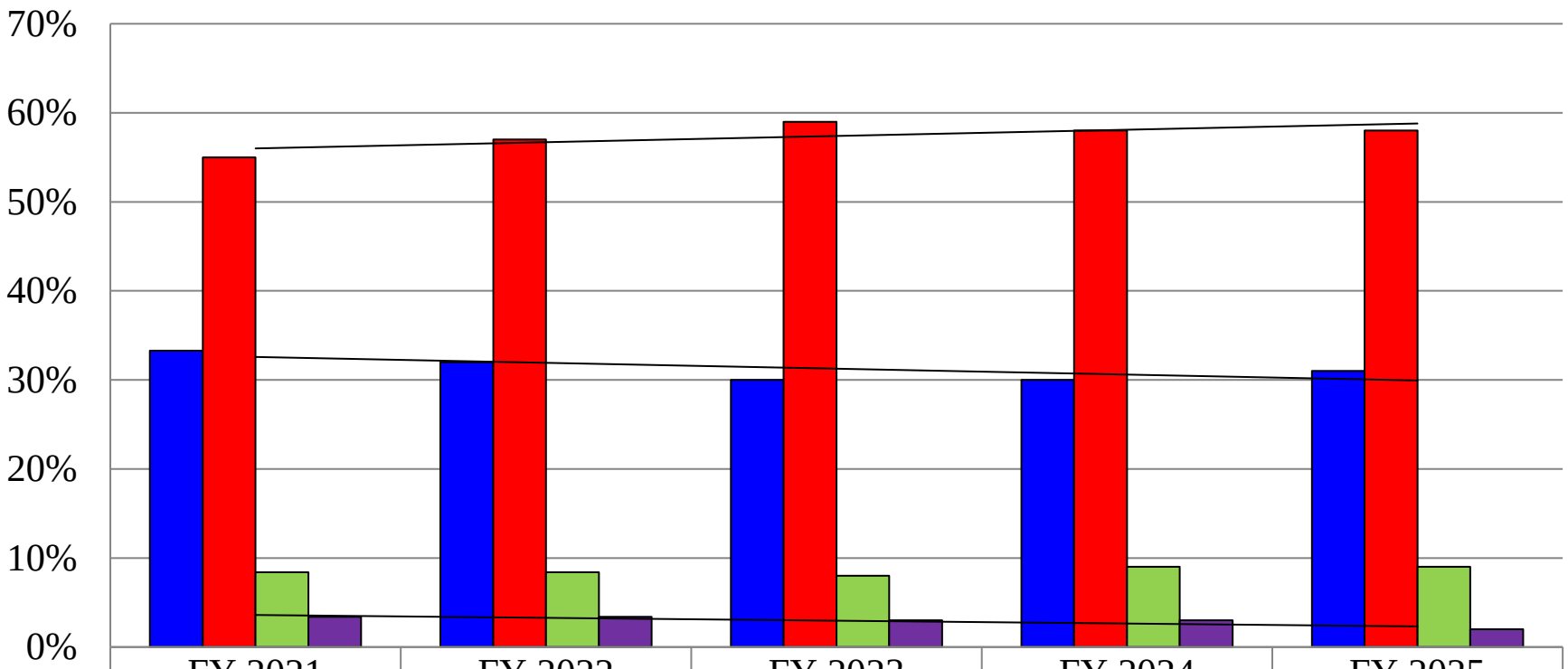
PRIMARY LANGUAGE

Primary Language of New and Total Clients in Care Ryan White Program, FY 2025



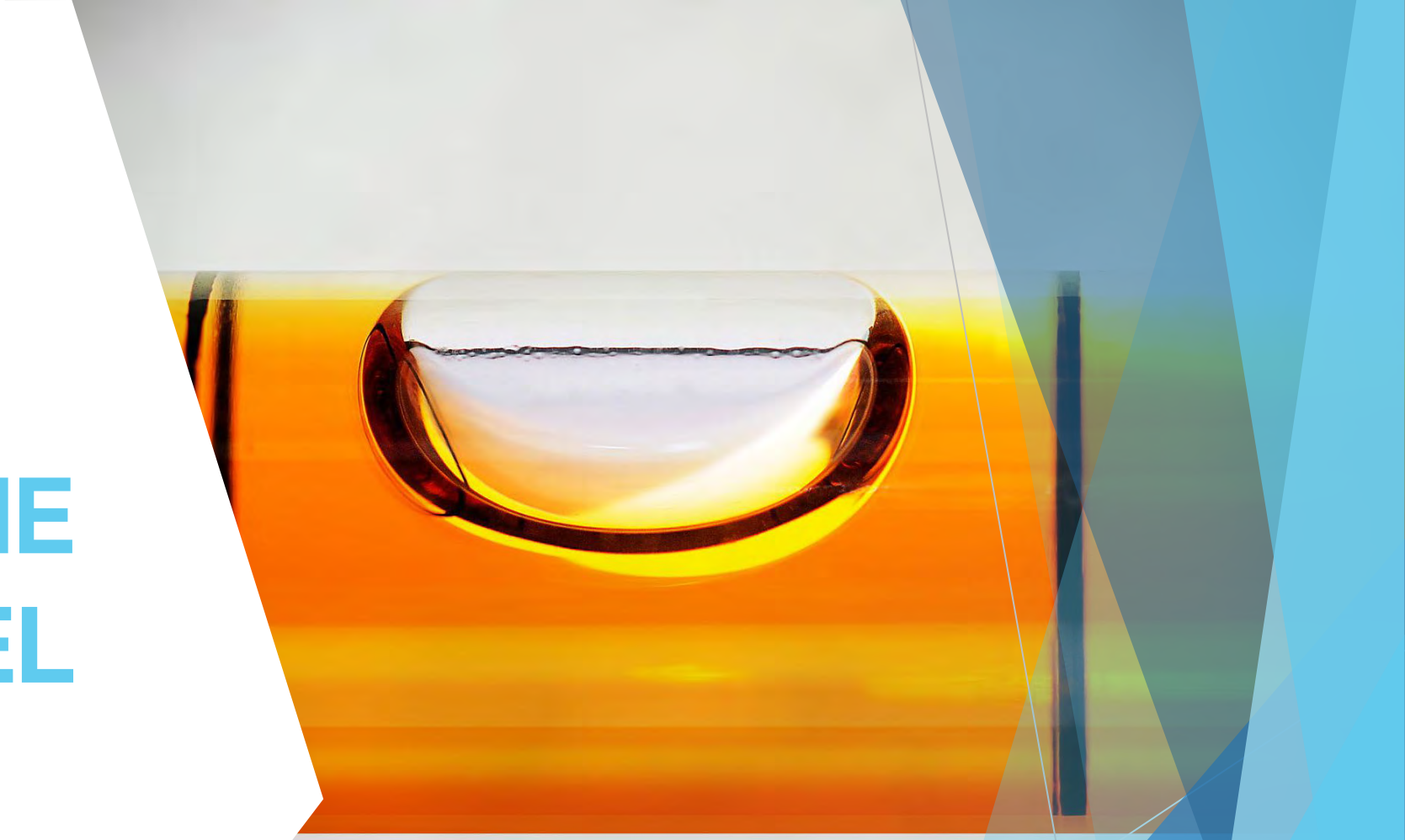


Primary Language of Clients in Care
Ryan White Program, FY 2021-2025

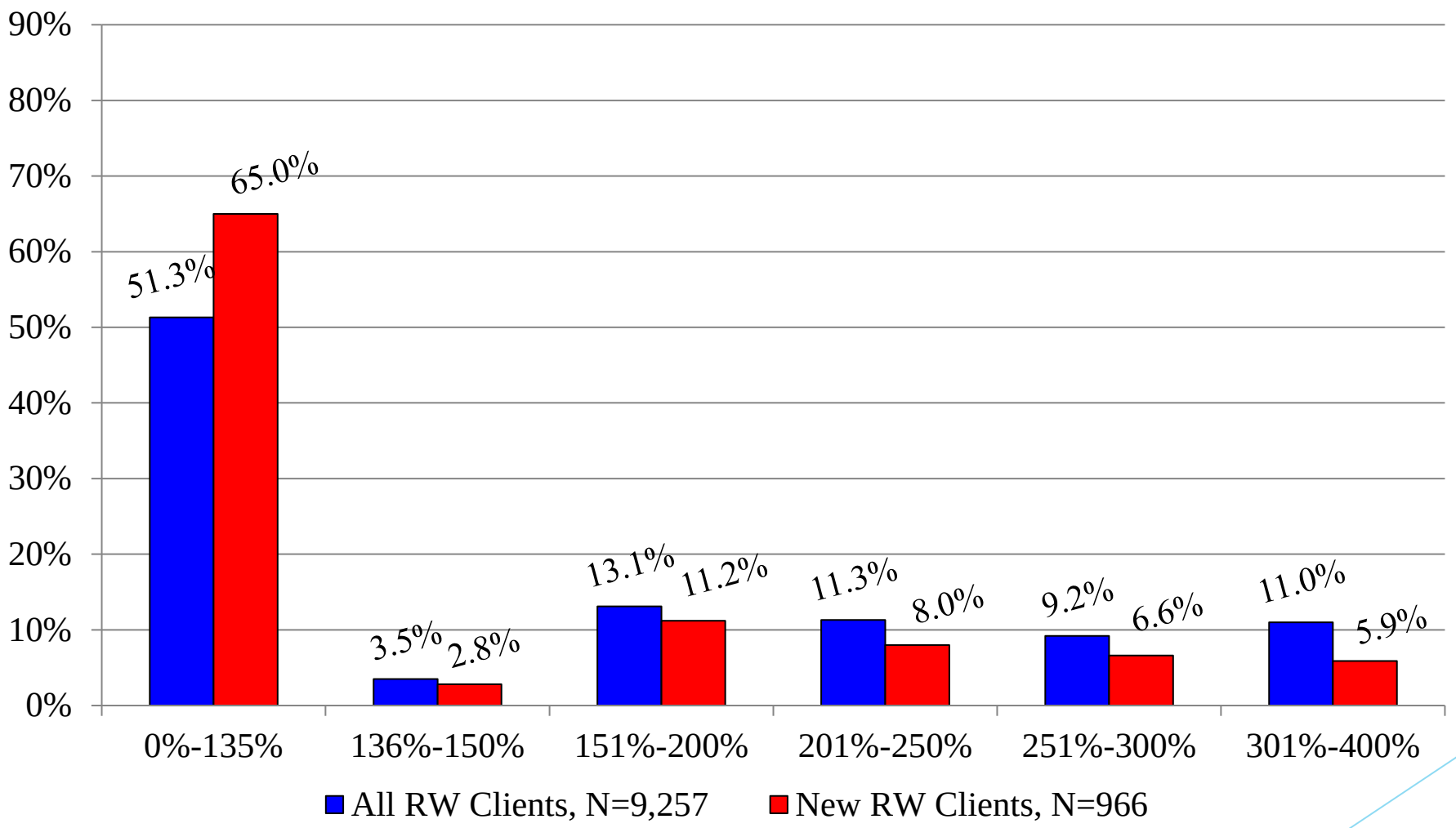


	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
English	33%	32%	30%	30%	31%
Spanish	55%	57%	59%	58%	58%
Haitian Creole	8%	8%	8%	9%	9%
Other	3%	3%	3%	3%	2%

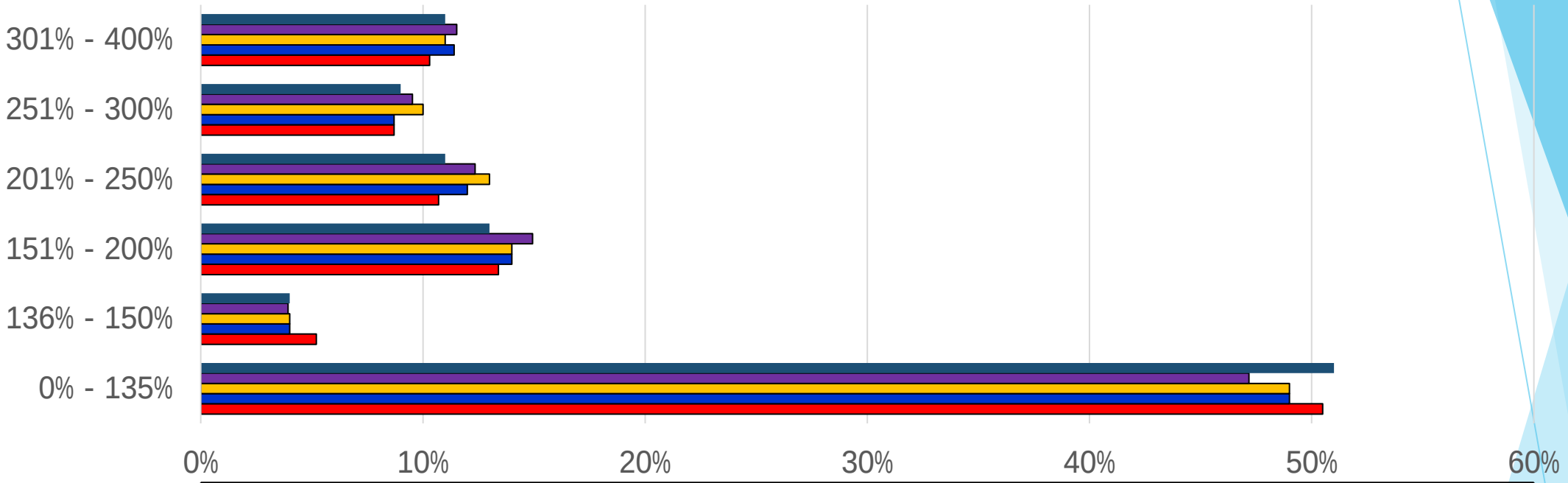
INCOME LEVEL



Income Level of New and Total Clients in Care Ryan White Program, FY 2025



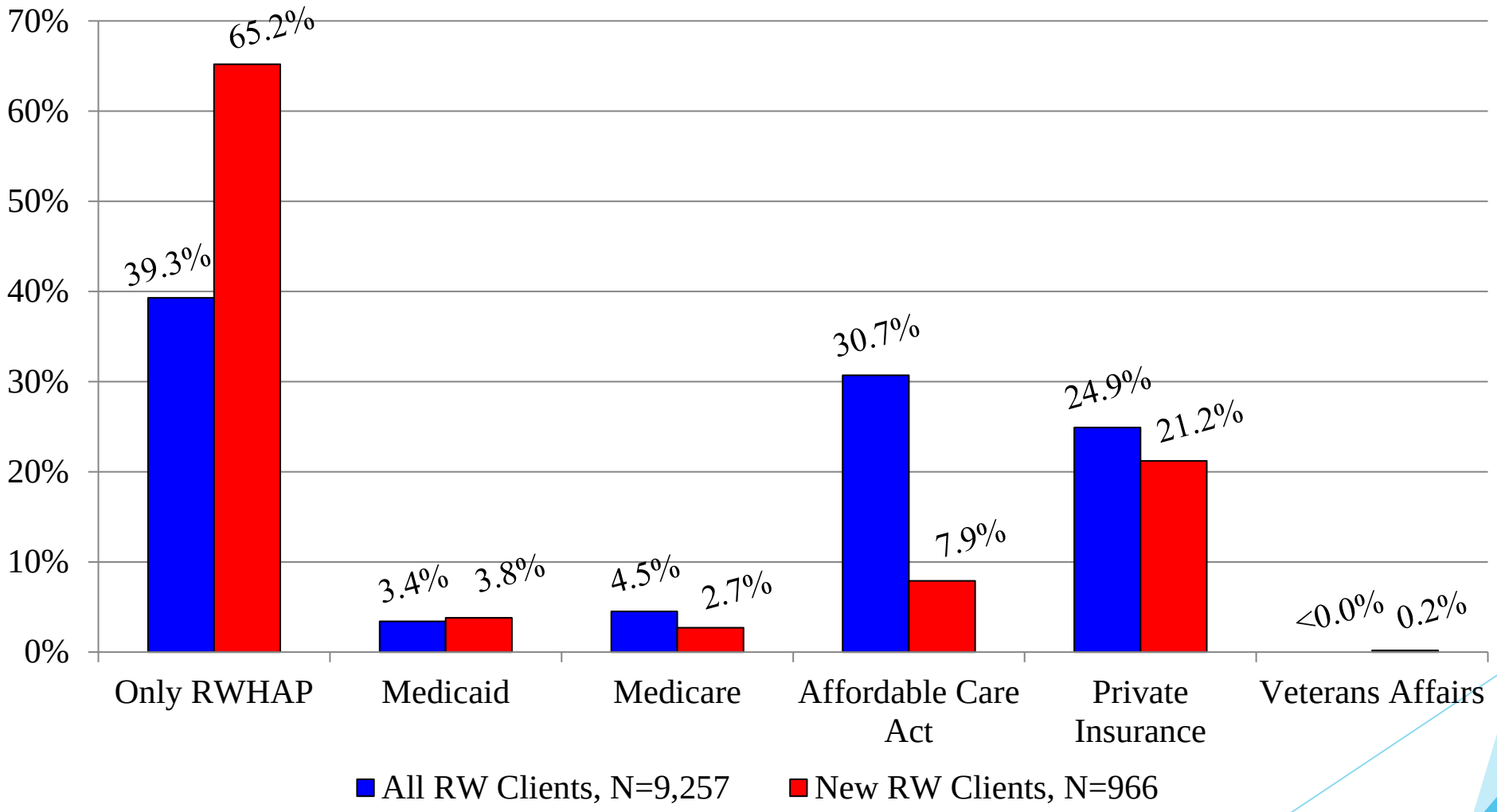
Income Level of Clients in Care
Ryan White Program, FY 2021-2025



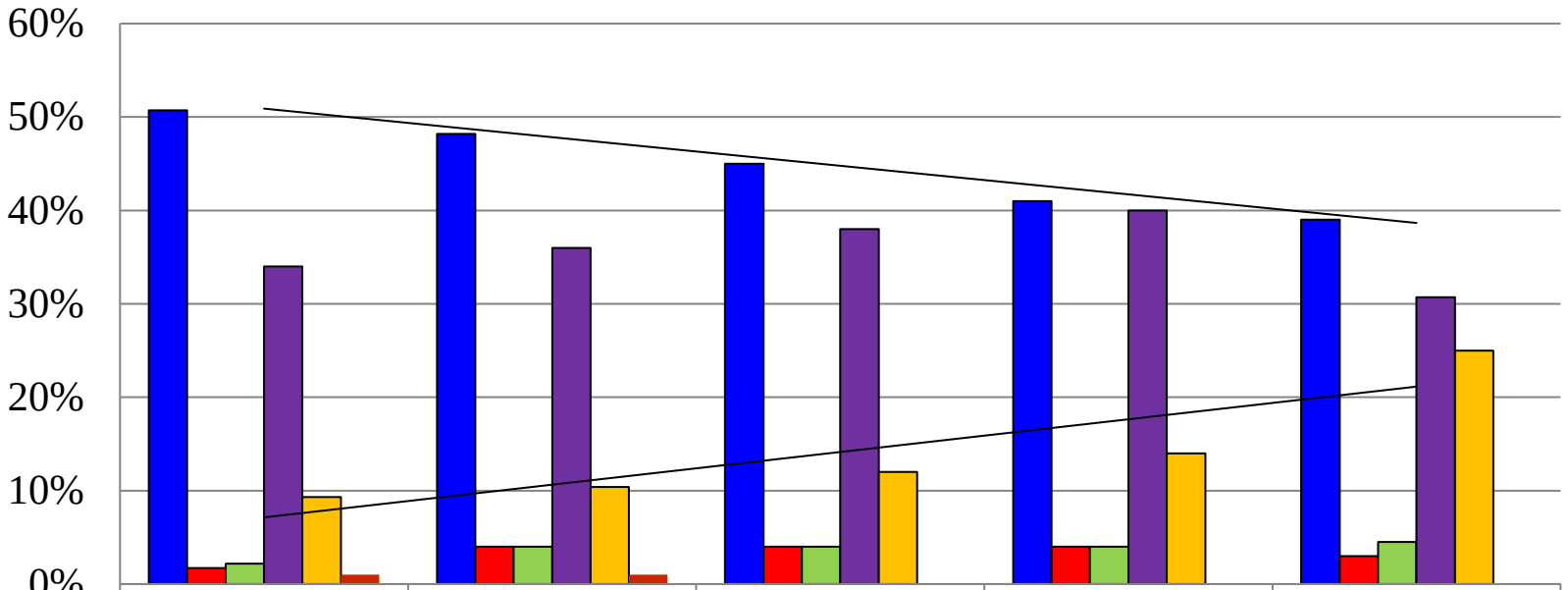
	0% - 135%	136% - 150%	151% - 200%	201% - 250%	251% - 300%	301% - 400%
FY 2025	51%	4%	13%	11%	9%	11%
FY 2024	47%	4%	15%	12%	10%	12%
FY 2023	49%	4%	14%	13%	10%	11%
FY 2022	49%	4%	14%	12%	9%	11%
FY 2021	51%	5%	13%	11%	9%	10%

INSURANCE COVERAGE

Insurance Coverage of New and Total Clients in Care
Ryan White Program, FY 2025



Insurance Coverage of Clients in Care
Ryan White Program, FY 2021-2025



	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Only RWHAP	51%	48%	45%	41%	39%
Medicaid	2%	4%	4%	4%	3%
Medicare	2%	4%	4%	4%	5%
ACA	34%	36%	38%	40%	31%
Private Ins	9%	10%	12%	14%	25%
VA	1%	1%	0%	0%	0%

Ryan White Program Co-Occurring Conditions Fiscal Year 2025

(3/1/25-2/28/26)

July 9, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Disclaimers

- Based on data from Groupware Technology's Provide Enterprise-Miami database.

- Note: Unduplicated client counts are generated using Ryan White Program billed service utilization data. Thus, these client counts and service costs may differ from those of other reports that are generated using differing methodologies.

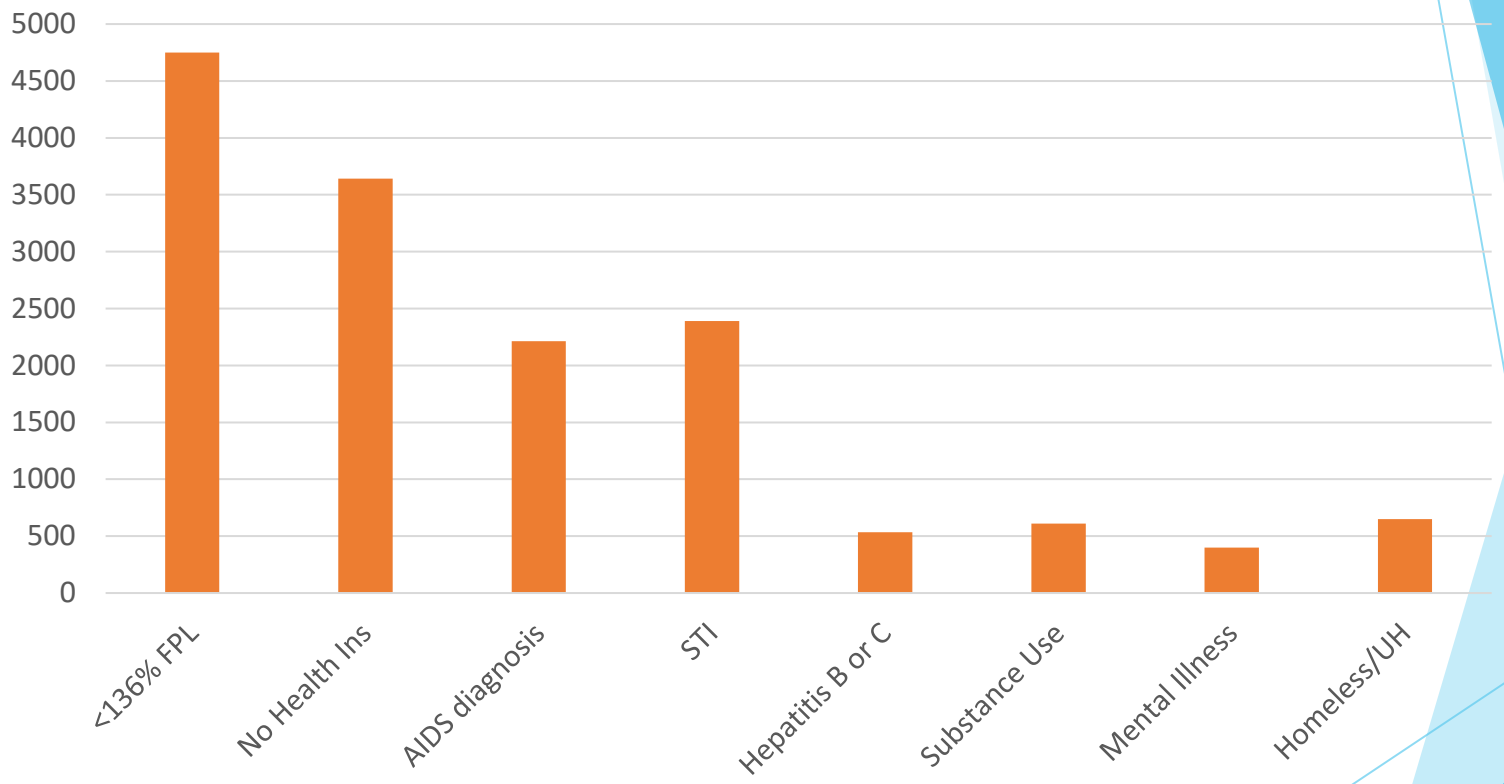
Definition of Terms

<136% FPL	Ryan White Program (RWP) clients with an income at or below 136% of the federal poverty level (FPL).
AIDS Dx	RWP clients with an AIDS diagnosis at any point in time.
No Health Insurance	RWP clients with no other forms of health insurance, including Medicare, Medicaid, VA benefits, private health insurance (including ACA), or employer-paid insurance
Mental Illness	RWP clients who received mental health counseling (through MHS or OAHS) and/or psychiatric services through OAHS in the designated fiscal year.
Substance Use Disorder	RWP clients with self-reported drug use in the past 12 months, currently report using injection drugs, have received RWP substance use disorder treatment in the designated fiscal year, or who attend AA/NA meetings.
Hepatitis B or C	RWP clients who have had a positive Hepatitis B or Hepatitis C lab test result within the last three (3) fiscal years.
STI	RWP clients who had a positive lab test result for either Syphilis, Gonorrhea, or Chlamydia during the designated fiscal year.
Homeless/ Unstably Housed	RWP clients who reported having non-permanent housing (homeless, transient, or transition) and/or answered the question “With whom are you living?” with either “I am homeless” or “I live in a group home/shelter” during the designated fiscal year.
WoCA	Women of Child-Bearing Age—RWP female clients between the ages of 15 and 44.
VL	Viral Load
COC	Co-Occurring Conditions
ACA	Affordable Care Act

Group Parameters

- The are seven (6) Special Need Groups that the Miami-Dade County RWP looks at:
  - Substance Users
  - Black/African-American (BAA) males
  - Black/African-American (BAA) females
  - Women of Childbearing Age (WoCA)
  - Haitian males and females
  - Latino males
- The are eight (8) co-occurring conditions (COC) of interest to the Miami Dade County RWP:
  - Poverty (<136% of FPL)
  - No other forms of health insurance/coverage
  - AIDS diagnosis
  - Positive test for an STI (chlamydia, gonorrhea, and/or syphilis)
  - Positive test for Hepatitis B or C within past three years
  - Substance use
  - Mental illness
  - Being homeless or unstably housed.

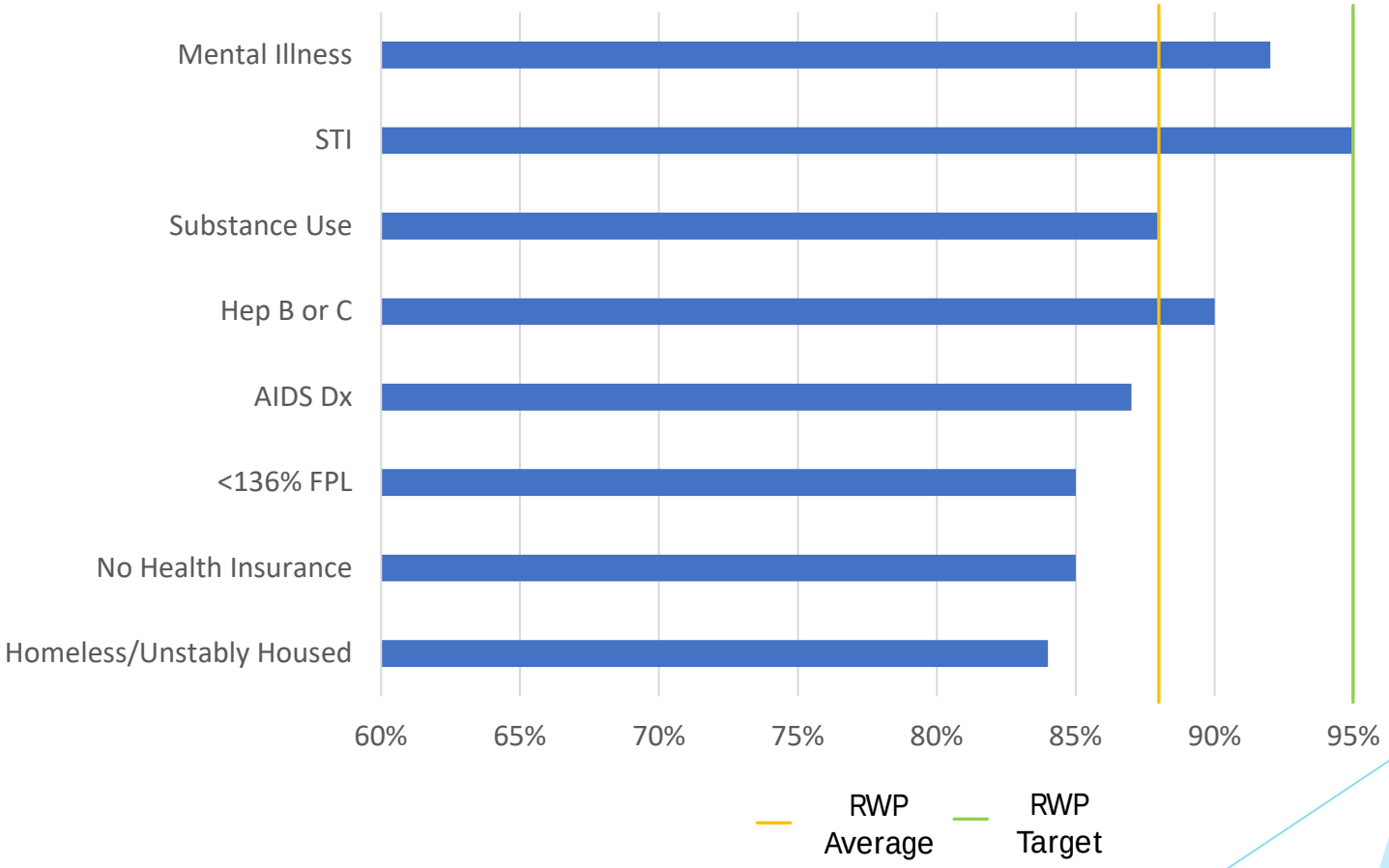
Total Clients by Co-Occurring Condition, FY 2025



Treatment Costs by Co-Occurring Conditions

Co-Occurring Condition	FY 2025 RWP Clients w/ Co-Occurring Condition		Total Tx Cost (from PE Billed Service Detail Data)	Avg. Tx Cost per Client
	# of RW clients with COC	% of RW clients		
All RWP Clients	9,257	100%	$25,406,724	$2,745
<136% FPL	4,750	51%	$14,909,750	$3,139
No Health Ins.	3,642	39%	$12,843,344	$3,526
STI	2,390	26%	$8,045,773	$3,366
AIDS diagnosis	2,212	24%	$6,140,904	$2,776
Homeless/UH	649	7%	$2,827,615	$4,357
Substance Use	611	7%	$2,686,486	$4,397
Hepatitis B or C	533	6%	$1,720,802	$3,229
Mental Illness	399	4%	$2,186,976	$5,481

VL Suppression % by Co-Occurring Condition, FY 2025



Incidence of Co-Occurring Conditions among Special Need Populations

SPECIAL NEEDS GROUPS	Total N	<136% FPL	No Health Ins.	Any AIDS Dx	STI	Hep B or C	Subs. Use	Mental Illness	Homeless/ Unstably Housed	VL Supp % of Special Needs Groups
Total RWP Clients	9,257 100%									88%
Latino Males	5,476 59%									90%
Black Males	1,173 13%									84%
Black Females	552 6%									82%
Haitians	897 10%									87%
WoCA, Age 15-44	508 5%									81%
Substance Users	611 7%									88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

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Haitians	897 10%	504 56%	404 45%	367 41%						87%
WoCA, Age 15-44	508 5%	311 61%	277 55%	94 19%						81%
Substance Users	611 7%	395 65%	309 51%	122 20%						88%
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Black Males	1,173 13%	745 64%	567 48%	309 26%	354 30%	93 8%	162 14%	64 5%		84%
Black Females	552 6%	350 63%	228 41%	210 38%	38 7%	19 3%	33 6%	42 8%		82%
Haitians	897 10%	504 56%	404 45%	367 41%	65 7%	51 6%	18 2%	72 8%		87%
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Substance Users	611 7%	395 65%	309 51%	122 20%	225 37%	55 9%	611 100%	66 11%		88%
VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

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VL Supp % of Clients	88%	85%	85%	87%	95%	90%	88%	92%	84%	

Summary of Findings

- 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.

OTHER FUNDING AND DASHBOARD CARDS

SECTION 5

Miami-Dade County
Medicaid HIV/AIDS Demographic Information
FY 2022-FY 2025

Total Medicaid HIV/AIDS Clients

	FY 2022-2023						FY 2023-2024						FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,912	17.7%	2,657	24.6%	4,569	42.3%	2,029	18.0%	2,749	24.4%	4,778	42.5%	1,739	17.7%	2,390	24.3%	4,129	42.0%
Hispanic	2,122	19.6%	1,110	10.3%	3,232	29.9%	2,002	17.8%	1,195	10.6%	3,197	28.4%	1,250	12.7%	630	6.4%	1,880	19.1%
Not Determined	1,227	11.4%	775	7.2%	2,002	18.5%	1,326	11.8%	832	7.4%	2,158	19.2%	1,310	13.3%	829	8.4%	2,139	21.8%
Other	223	2.1%	115	1.1%	338	3.1%	245	2.2%	135	1.2%	380	3.4%	370	3.8%	334	3.4%	704	7.2%
Other (*less than 15 count)		0.0%		0.0%	16	0.1%		0.0%		0.0%	14	0.1%		0.0%		0.0%	15	0.2%
White	457	4.2%	191	1.8%	648	6.0%	485	4.3%	236	2.1%	721	6.4%	612	6.2%	355	3.6%	967	9.8%
TOTAL	5,941	55.0%	4,848	44.9%	**10,805**	100.0%	6,087	54.1%	5,147	45.8%	**11,248**	100.0%	5,281	53.7%	4,538	46.1%	**9,834**	100.0%

Medicaid HIV/AIDS Clients 18-64 years older

	FY 2022-2023												FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,784	17.2%	2,508	24.2%	4,292	41.4%	1,902	17.6%	2,594	24.0%	4,496	41.7%	1,623	17.3%	2,238	23.8%	3,861	41.1%
Hispanic	2,088	20.2%	1,059	10.2%	3,147	30.4%	1,965	18.2%	1,146	10.6%	3,111	28.8%	1,232	13.1%	609	6.5%	1,841	19.6%
Not Determined	1,197	11.6%	753	7.3%	1,950	18.8%	1,301	12.1%	801	7.4%	2,102	19.5%	1,281	13.6%	798	8.5%	2,079	22.2%
Other	218	2.1%	104	1.0%	322	3.1%	238	2.2%	125	1.2%	363	3.4%	355	3.8%	303	3.2%	658	7.0%
Other * (counts less than 15)		0.0%		0.0%	16	0.2%		0.0%		0.0%	14	0.1%		0.0%		0.0%	15	0.2%
White	450	4.3%	184	1.8%	634	6.1%	479	4.4%	223	2.1%	702	6.5%	597	6.4%	334	3.6%	931	9.9%
TOTAL	5,737	55.4%	4,608	44.5%	**10,361**	100.0%	5,885	54.6%	4,889	45.3%	**10,788**	100.0%	5,088	54.2%	4,282	45.6%	**9,385**	100.0%

Medicaid HIV/AIDS Clients less than 18 year old

	FY 2022-2023						FY 2023-2024						FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	128	27.8%	149	32.4%	277	60.2%	127	28.3%	155	34.5%	282	62.8%	116	25.8%	152	33.9%	268	59.7%
Hispanic	34	7.4%	51	11.1%	85	18.5%	37	8.2%	49	10.9%	86	19.2%	18	4.0%	21	4.7%	39	8.7%
Not Determined	30	6.5%	22	4.8%	52	11.3%	25	5.6%	31	6.9%	56	12.5%	29	6.5%	31	6.9%	60	13.4%
Other		0.0%		0.0%		0.0%		0.0%		0.0%	0	0.0%	15	3.3%	31	6.9%	46	10.2%
Other (*less than 15 count)		0.0%		0.0%	30	6.5%		0.0%		0.0%	36	8.0%		0.0%		0.0%	0	0.0%
White		0.0%		0.0%		0.0%		0.0%		0.0%	0	0.0%	15	3.3%	21	4.7%	36	8.0%
TOTAL	192	41.7%	222	48.3%	**444**	96.5%	189	42.1%	235	52.3%	**460**	102.4%	193	43.0%	256	57.0%	**449**	100.0%

Miami-Dade County Medicaid HIV/AIDS
Expenditures FY 2024-2025

Bucket	Service	Recipients	Amount
01	HOSPITAL INPATIENT SERV	1,050	$ 10,059,010.50
02	HOSPITAL INSURANCE BENE	434	$ 1,126,659.78
03	HOSPITAL OUTPATIENT SER	3,094	$ 4,131,554.08
04	HOSPITAL OUTPATIENT XOV	1,187	$ 515,117.40
05	SKILLED NURSING XOVER	40	$ 562,895.71
06	SKILLED NURSING CARE	160	$ 6,399,378.80
07	INTERMEDIATE CARE	90	$ 3,716,070.65
12	PHYSICIAN SERVICES	4,808	$ 5,862,351.50
13	PHYSICIAN XOVER	1,535	$ 511,198.55
14	PRESCRIBED MEDICINE	5,425	$ 87,708,672.48
15	OTHER LAB AND X-RAY	3,163	$ 887,968.51
16	LAB AND X-RAY XOVER	734	$ 26,396.47
17	TRANSPORTATION	2,164	$ 2,240,574.92
18	TRANSPORTATION XOVER	368	$ 95,927.52
19	FAMILY PLANNING SERVICE	57	$ 11,089.47
20	HOME HEALTH SERVICES	1,300	$ 5,649,656.50
21	HOME HEALTH XOVER	246	$ 38,666.92
22	EPSDT SCREENING	189	$ 15,856.86
24	CHILD VISUAL SERVICES	28	$ 4,207.24
27	ADULT VISUAL SERVICES	452	$ 47,957.91
29	CASE MANAGEMENT-CMS	185	$ 894,408.40
31	NURSE PRACTITIONER SERV	345	$ 122,667.45
32	OTHER XOVER PRACTITIONE	670	$ 68,775.63
33	HOSPICE	50	$ 1,067,089.13
34	COMMUNITY MENTAL HLTH S	1,440	$ 3,927,211.68
35	HCB-AGING	487	$ 2,272,778.24
36	HCB-DEVELOPMENTAL SERVI	107	$ 4,316,632.32
37	HCB-AIDS	177	$ 631,373.70
39	PREPAID HEALTH PLAN	1,567	$ 578,790.65
43	PRIVATE DUTY NURSING SE	35	$ 1,304,181.19
44	PHYSICAL THERAPY SERVIC	192	$ 164,443.65
45	SPEECH THERAPY SERVICES	17	$ 69,971.02
46	OCCUPATIONAL THERAPY SE	17	$ 61,487.06
49	FEDERALLY QUALIFIED CEN	1,197	$ 243,196.72
53	CLINIC SERVICES	32	$ 5,303.32
56	CASE MANAGEMENT-ADULT M	305	$ 697,933.06
59	TSFC-COMMUNITY MENTAL H	91	$ 214,566.64
62	PHYSICIAN ASSISTANT SER	828	$ 84,055.96
64	SCHOOL BASED SERVICES	17	$ 1,381.49
65	DIALYSIS CENTER	47	$ 746,718.20
67	BRAIN & SPINAL CORD INJU	17	$ 680,738.00
71	ASSISTIVE CARE SERVICES	97	$ 1,270,415.91
72	HEALTHY START WAIVER	83	$ 24,674.00
81	ADULT DAY CARE	62	$ 726,994.70
95	APPLIED BEHAVIORAL ANALYSIS	35	$ 987,247.35
-	OTHER	154	$ 2,267,566.18
	Total	**9,834**	**$ 153,044,481.22**

2026 WICY+ Survey

Services	Funder	Total $	Total #	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)
Early Intervention Services (EIS)	Part C	**$ 466,081.00**	**6,646**						39	$ 80,288.00	1,161	$ 321,152.00	5,446
Emergency Financial Assistance	Part B	**$ 360,689.73**	**1,318**					$ 1,527.05	3	$ 92,207.52	241	$ 266,955.16	1,074
	General Revenue	**$ 76,446.28**	**27**					$ 6,921.04	3	$ 14,274.15	5	$ 55,251.09	19
Food Bank	Part D	**$ 9,567.48**	**361**	$ 1,011.92	12	$ 1,096.24	13	$ 6,190.52	80	$ 1,268.81	256	$ -	0
	General Revenue	**$ 39,037.50**	**211**					$ 410.00	5	$ 16,017.50	74	$ 22,610.00	132
Health Education	Part C	**$ 507,649.02**	**2,490**							$ 116,478.79	549	$ 378,023.23	1,941
	Part D	**$ 54,434.26**	**503**	$ 13,299.53	77	$ 2,245.38	13	$ 13,381.61	83	$ 25,507.75	330	$ -	0
	Other	**$ -**	**50**								8		42
Health Insurance Premium and Cost-Sharing Assistance for Low Income Individuals	ADAP	**$ 55,861,518.34**	**3,116**					$ 268,909.75	15	$ 7,905,946.59	441	$ 47,686,662.00	2,660
Home and Community-Based Health Services	General Revenue	**$ 12,027.50**	**11**					$ -	-	$ 196.34	2	$ 11,831.16	9
Home Delivered Meals	Other	**$ -**	**4**								2		2
Home Health Care	General Revenue	**$ 130,249.25**	**17**					$ -	-	$ 25,452.00	3	$ 104,797.25	14
Hospital Services	General Revenue	**$ 1,050,008.19**	**177**					$ 8,734.90	1	$ 465,509.10	45	$ 575,764.19	131
Housing	General Revenue	**$ 195,384.00**	**34**					$ -	-	$ 24,370.00	5	$ 171,014.00	29
	HOPWA	**$ 13,982,892.00**	**764**										
Linguistic Services	Part D	**$ 8,141.61**	**110**	$ 4,294.39	36	$ 477.15	4	$ 1,846.81	17	$ 1,523.26	53		
Medical Case Management, including Treatment Adherence	Part B	**$ 129,064.50**	**766**					$ 414.00	4	47,968.00	282	80,682.50	480
	Part C	**$ 203,290.20**	**432**					$ 272.15	1.00	$ 53,944.17	122	$ 114,349.88	309
	Part D	**$ 74,485.46**	**253**	$ 34,789.62	78	$ 5,798.27	13	$ 33,897.57	81	$ -	81		
	General Revenue	**$ 10,333.65**	**1,860**					$ 186.40	39	$ 3,095.82	527	$ 7,051.43	1,294
	Other	**$ -**	**84**						3		16		65
Medical Nutrition Therapy	Part C	**$ 19,498.00**	**-**										
	Part D	**$ 70,714.00**	**228**			$ 17,678.50	12	$ 53,035.50	45		171		
	General Revenue	**$ 5,491.96**	**31**					$ 146.66	1	$ 1,069.06	7	$ 4,276.24	23
	Other	**$ -**	**2**										2
Medical Transportation	Part D	**$ 15,260.06**	**156**	$ 1,485.84	9	$ 165.09	1	$ 5,809.20	38	$ 7,799.92	108		
	General Revenue	**$ 105,800.69**	**386**					$ 538.19	8	$ 31,328.58	132	$ 73,933.92	246
Mental Health Services	Part C	**$ 40,766.00**	**624**					$ 82.18	6	$ 8,473.68	148	$ 32,210.13	470
	Part D	**$ 156,902.30**	**233**	$ 42,223.66	42	$ 12,063.90	12	$ 56,022.93	60	$ 46,591.81	119	$ -	0
	General Revenue	**$ 74,993.77**	**211**					$ 417.54	1	$ 16,914.50	61	$ 57,661.73	149
	Other	**$ 893,026.74**	**198**					$ 13,530.71	3	$ 126,286.61	28	$ 753,209.42	167
Non-Medical Case Management Services	Part C	**$ 86,249.78**	**1,994**					$ 519.06	12	$ 30,927.08	715	$ 54,803.65	1267
	Part D	**$ 110,110.83**	**251**	$ 16,360.71	20	$ 3,272.14	4	$ 41,049.18	56	$ 49,428.79	171		
	General Revenue	**$ 24,402.07**	**2,304**					$ 314.54	45	$ 4,773.48	592	$ 19,314.05	1,667
	Other	**$ 404,000.00**	**50**							$ 80,800.00	8	$ 323,200.00	42
Nursing Home Services	General Revenue	**$ 545,889.63**	**7**					$ -	-	$ 198,216.33	2	$ 347,673.30	5

2026 WICY+ Survey

Services	Funder	Total $	Total #	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)
Oral Health Care	Part C	**$ 134,986.00**	**N/A**										
	General Revenue	**$ 12,855.00**	**14**					$ -	-	$ 2,173.00	4	$ 10,682.00	10
	Other	**$ 402,758.81**	**169**							$ 83,411.59	35	$ 319,347.22	134
Outpatient/Ambulatory Health Services	Part C	**$ 992,567.32**	**3,442**					$ 2,734.00	13.00	$ 218,332.98	1,027	514759.34	2402
	Part D	**$ 685,978.31**	**786**	$ 85,711.02	77	$ 14,470.69	13	$ 89,357.03	83	$ 496,439.56	613		
	General Revenue	**$ 788,275.05**	**1,782**					$ 9,970.63	31	$ 301,186.60	493	$ 477,117.82	1,258
	Other	**$ 1,618,919.70**	**2,143**					$ 5,804.68	10	$ 217,790.47	244	$ 1,395,324.55	1,889
Outreach Services	Part C	**$ 65,491.00**	**2,346**							$ 13,098.00	493	$ 52,393.00	1,853
	Part D	**$ 125,132.27**	**116**					$ 121,970.79	113	$ 3,161.48	3		
	Other	**$ 404,000.00**	**50**							$ 80,800.00	8	$ 323,200.00	42
Prescription Drugs (AIDS Pharmaceutical Assistance)	ADAP	**$ 14,362,870.58**	**5,295**					$ 263,115.85	97	$ 2,997,350.71	1,105	$ 11,102,404.02	4,093
	Part C	**$ 31,298.00**	**-**										
	General Revenue	**$ 243,115.51**	**158**					$ 1,851.59	1	$ 42,405.38	52	$ 198,858.54	105
	Other	**$ 5,200.00**	**2**									$ 5,200.00	2
Psychosocial Support Services	Part D	**$ 24,253.20**	**60**	$ 11,318.16	28	$ 1,212.66	3	$ 11,722.38	29				
	General Revenue	**$ 58,827.01**	**16**							$ 44,306.25	10	$ 14,520.76	6
Referral for Health Care and Supportive Services	Other	**$ 404,000.00**	**2,608**						4	$ 80,800.00	189	$ 323,200.00	1,136
	General Revenue	**$ 23,073.57**	**454**					$ 314.54	4	$ 4,350.51	122	$ 18,408.52	328
Risk Reduction	Part C	**$ 65,491.00**	**2,346**							$ 13,098.00	493	$ 52,393.00	1,853
	Part D	**$ 54,434.26**	**396**	$ 502.74	1	$ 6,032.90	12	$ 22,390.87	53	$ 25,507.75	330		
Specialty Patient Navigation	Part C	**$ 63,128.44**	**508**					$ 994.15	8	$ 62,134.29	500		
Substance Abuse Outpatient Care	General Revenue	**$ 47,066.24**	**7**							$ 26,342.97	4	$ 20,723.27	3
	Other	**$ -**	**8**										8
Substance Abuse Services (residential)	General Revenue	**$ 316,875.72**	**15**							$ 316,875.72	15		

Miami-Dade Medicaid HIV/AIDS Program

Details on a Funding Source for Dashboard

July 9, 2026

Presentation created by Behavioral Science Research Corp.

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Terms and Data

Terms Used in This Presentation

Medicaid - A joint federal and state program that provides health coverage to millions of low-income Americans, including children, pregnant women, the elderly, and people with disabilities. HIV/AIDS Medicaid is a subset of those clients who are living with HIV.

Ryan White Program - Part A/Minority AIDS Initiative (MAI) funding.

Fiscal year (FY) - Annual program range, e.g., Ryan White Program year is March 1 to end of February of the following year; Medicaid is July 1 to June 30 of the following year.

Calendar year (CY) - Annual program range that runs January to December of the reference year.

Living with HIV - Florida Department of Health total for prevalence, those living with HIV in the County for reference year, reported as of 6/30/25.

Miami-Dade County Medicaid HIV/AIDS Expenditures FY 2024-25

Located in Tab 5 of the 2026 Needs Assessment book.

Miami-Dade County Medicaid HIV/AIDS
Expenditures FY 2024-2025

Bucket	Service	Recipients	Amount
01	HOSPITAL INPATIENT SERV	1,050	$ 10,059,010.50
02	HOSPITAL INSURANCE BENE	434	$ 1,126,659.78
03	HOSPITAL OUTPATIENT SER	3,094	$ 4,131,554.08
04	HOSPITAL OUTPATIENT XOV	1,187	$ 515,117.40
05	SKILLED NURSING XOVER	40	$ 562,896.71
06	SKILLED NURSING CARE	160	$ 6,399,378.80
07	INTERMEDIATE CARE	90	$ 3,716,070.65
12	PHYSICIAN SERVICES	4,808	$ 5,862,351.50
13	PHYSICIAN XOVER	1,535	$ 511,198.55
14	PRESCRIBED MEDICINE	5,425	$ 87,708,672.48
15	OTHER LAB AND X-RAY	3,163	$ 887,968.51
16	LAB AND X-RAY XOVER	734	$ 26,396.47
17	TRANSPORTATION	2,164	$ 2,240,574.92
18	TRANSPORTATION XOVER	368	$ 95,927.52
19	FAMILY PLANNING SERVICE	57	$ 11,089.47
20	HOME HEALTH SERVICES	1,300	$ 5,649,656.50
21	HOME HEALTH XOVER	246	$ 38,666.92
22	EPSDT SCREENING	189	$ 15,856.86
24	CHILD VISUAL SERVICES	28	$ 4,207.24
27	ADULT VISUAL SERVICES	452	$ 47,957.91
29	CASE MANAGEMENT-CMS	185	$ 894,408.40
31	NURSE PRACTITIONER SERV	345	$ 122,667.45
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95	APPLIED BEHAVIORAL ANALYSIS	35	$ 987,247.35
-	OTHER	154	$ 2,267,566.18
	Total	9,834	$ 153,044,481.22

Miami-Dade County Medicaid HIV/AIDS Demographics FY 2022-23 to FY 2024-25

Located in Tab 5 of 2026 Needs Assessment book.

Miami-Dade County
Medicaid HIV/AIDS Demographic Information
FY 2022-FY 2025

Total Medicaid HIV/AIDS Clients

	FY 2022-2023						FY 2023-2024						FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,912	17.7%	2,657	24.6%	4,569	42.3%	2,029	18.0%	2,749	24.4%	4,778	42.5%	1,739	17.7%	2,390	24.3%	4,129	42.0%
Hispanic	2,122	19.6%	1,110	10.3%	3,232	29.9%	2,002	17.8%	1,195	10.6%	3,197	28.4%	1,250	12.7%	630	6.4%	1,880	19.1%
Not Determined	1,227	11.4%	775	7.2%	2,002	18.5%	1,326	11.8%	832	7.4%	2,158	19.2%	1,310	13.3%	829	8.4%	2,139	21.8%
Other	223	2.1%	115	1.1%	338	3.1%	245	2.2%	135	1.2%	380	3.4%	370	3.8%	334	3.4%	704	7.2%
Other (*less than 15 count)		0.0%		0.0%	16	0.1%		0.0%		0.0%	14	0.1%		0.0%		0.0%	15	0.2%
White	457	4.2%	191	1.8%	648	6.0%	485	4.3%	236	2.1%	721	6.4%	612	6.2%	355	3.6%	967	9.8%
TOTAL	5,941	55.0%	4,848	44.9%	**10,805**	100.0%	6,087	54.1%	5,147	45.8%	**11,248**	100.0%	5,281	53.7%	4,538	46.1%	**9,834**	100.0%

Medicaid HIV/AIDS Clients 18-64 years older

	FY 2022-2023												FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	1,784	17.2%	2,508	24.2%	4,292	41.4%	1,902	17.6%	2,594	24.0%	4,496	41.7%	1,623	17.3%	2,238	23.8%	3,861	41.1%
Hispanic	2,088	20.2%	1,059	10.2%	3,147	30.4%	1,965	18.2%	1,146	10.6%	3,111	28.8%	1,232	13.1%	609	6.5%	1,841	19.6%
Not Determined	1,197	11.6%	753	7.3%	1,950	18.8%	1,301	12.1%	801	7.4%	2,102	19.5%	1,281	13.6%	798	8.5%	2,079	22.2%
Other	218	2.1%	104	1.0%	322	3.1%	238	2.2%	125	1.2%	363	3.4%	355	3.8%	303	3.2%	658	7.0%
Other * (counts less than 15)		0.0%		0.0%	16	0.2%		0.0%		0.0%	14	0.1%		0.0%		0.0%	15	0.2%
White	450	4.3%	184	1.8%	634	6.1%	479	4.4%	223	2.1%	702	6.5%	597	6.4%	334	3.6%	931	9.9%
TOTAL	5,737	55.4%	4,608	44.5%	**10,361**	100.0%	5,885	54.6%	4,889	45.3%	**10,788**	100.0%	5,088	54.2%	4,282	45.6%	**9,385**	100.0%

Medicaid HIV/AIDS Clients less than 18 year old

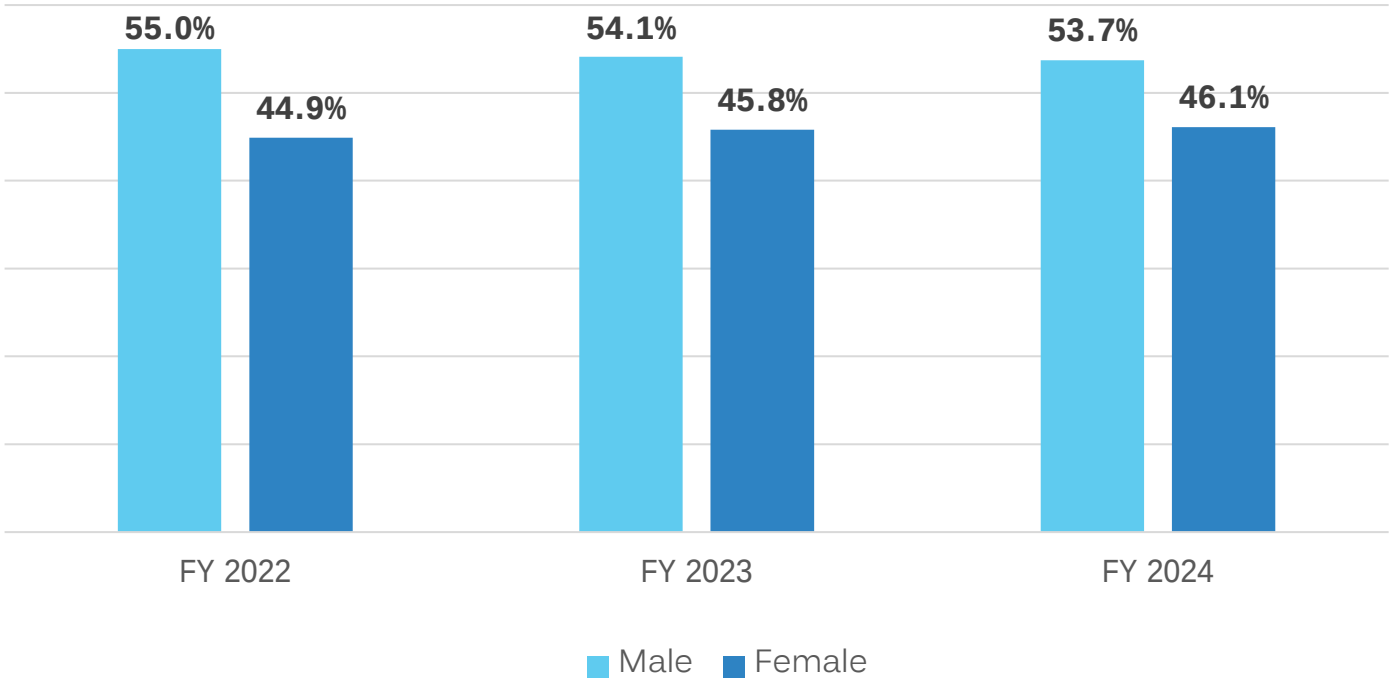
	FY 2022-2023						FY 2023-2024						FY 2024-2025					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Black/African American	128	27.8%	149	32.4%	277	60.2%	127	28.3%	155	34.5%	282	62.8%	116	25.8%	152	33.9%	268	59.7%
Hispanic	34	7.4%	51	11.1%	85	18.5%	37	8.2%	49	10.9%	86	19.2%	18	4.0%	21	4.7%	39	8.7%
Not Determined	30	6.5%	22	4.8%	52	11.3%	25	5.6%	31	6.9%	56	12.5%	29	6.5%	31	6.9%	60	13.4%
Other		0.0%		0.0%		0.0%		0.0%		0.0%	0	0.0%	15	3.3%	31	6.9%	46	10.2%
Other (*less than 15 count)		0.0%		0.0%	30	6.5%		0.0%		0.0%	36	8.0%		0.0%		0.0%	0	0.0%
White		0.0%		0.0%		0.0%		0.0%		0.0%	0	0.0%	15	3.3%	21	4.7%	36	8.0%
TOTAL	192	41.7%	222	48.3%	**444**	96.5%	189	42.1%	235	52.3%	**460**	102.4%	193	43.0%	256	57.0%	**449**	100.0%

Medicaid Overview

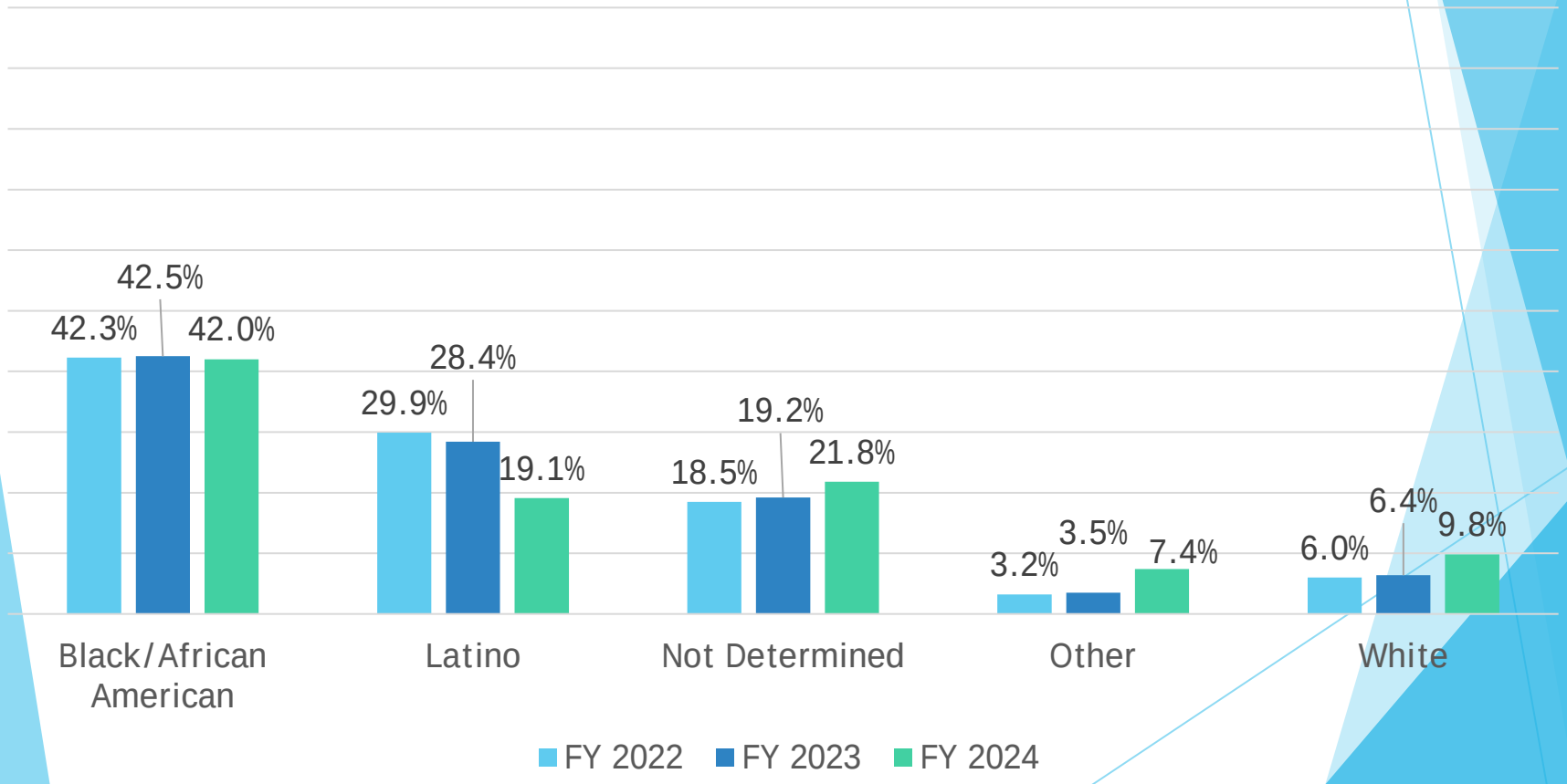
Miami-Dade County
Medicaid HIV/AIDS Expenses and Clients
FY 2022 through FY 2024

	FY 2022	FY 2023	FY 2024
Expenses	$429,525,001.62	$363,957,239.75	$153,044,481.22
Clients Served	10,805	11,248	9,834
Average annual cost per client	$39,752.43	$32,357.51	$15,562.79

Miami-Dade County
Total Medicaid Clients by Sex
FY 2022-FY 2024

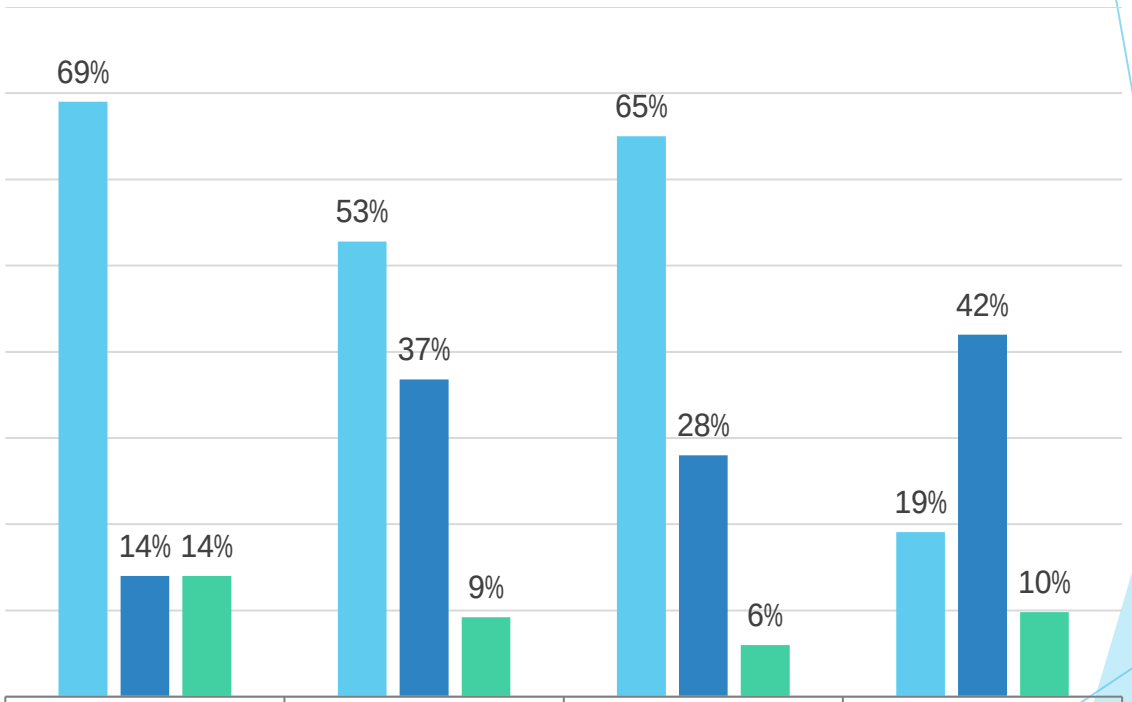


Miami-Dade County Total Medicaid Clients by Race/Ethnicity FY 2022- FY 2024



Comparison: Miami-Dade County Population (2024 Mid-year Estimate), Ryan White Program (FY 2025), FDOH Prevalence (CY 2024), and Medicaid(FY 2024)

Miami-Dade County



	Population, n=2,795,056	Persons with HIV, n=30,074	Ryan White Program, n=9,388	HIV/AIDS Medicaid, n=9,834
Latino	69%	53%	65%	19%
Black, Non-Latino	14%	37%	28%	42%
White, Non-Latino	14%	9%	6%	10%

Ryan White Needs Assessment Dashboard Cards Overview

Trends, Dollars, and Utilization for All Direct Service Categories

July 9, 2026

Presentation created by Behavioral Science Research Corp.

Behavioral Science Research

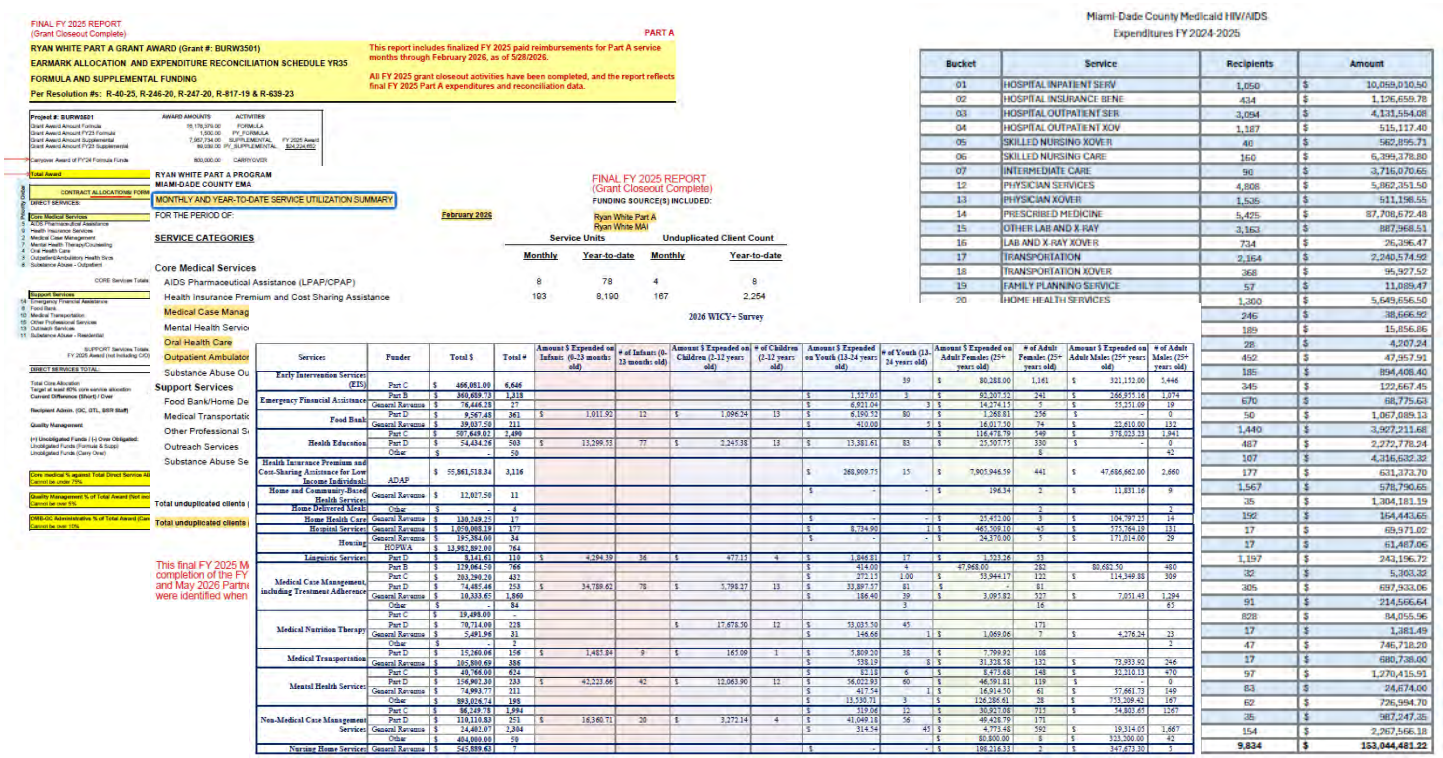
Miami-Dade HIV/AIDS Partnership

Miami-Dade County

The Why?

- Over the course of the Needs Assessment and priority setting meetings, we present a lot of data on service categories.
- By the time we get to the prioritization and allocation discussions, it can be very confusing.
- Dashboard Cards summarize critical data for each service category, from historical trends in utilization to expenditures and funding from other funding sources.
- Dashboard Card summaries are intended to guide your data-based decisions when setting priorities and estimating funding needs.

Combination of Several Data Sources



FINAL FY 2025 REPORT
(Grant Closeout Complete)

PART A

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3501)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution #s: R-40-25, R-246-20, R-247-20, R-817-19 & R-639-23

This report includes finalized FY 2025 paid reimbursements for Part A service months through February 2026, as of 5/28/2026.

All FY 2025 grant closeout activities have been completed, and the report reflects final FY 2025 Part A expenditures and reconciliation data.

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: February 2026

FINAL FY 2025 REPORT
(Grant Closeout Complete)

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)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,190	167	2,254
Medical Case Manag				
Mental Health Servic				
Oral Health Care				
Outpatient Ambulator				
Substance Abuse Ou				
Support Services				
Food Bank/Home De				
Medical Transportatic				
Other Professional S				
Outreach Services				
Substance Abuse Se				

2026 WICY- Survey

Miami-Dade County Medicaid HIV/AIDS
Expenditures FY 2024-2025

Bucket	Service	Recipients	Amount
01	HOSPITAL INPATIENT SERV	1,050	$ 10,059,010.50
02	HOSPITAL INSURANCE BENE	434	$ 1,126,659.78
03	HOSPITAL OUTPATIENT SER	3,094	$ 4,131,554.08
04	HOSPITAL OUTPATIENT XOV	1,187	$ 515,117.40
05	SKILLED NURSING XOVER	40	$ 562,895.71
06	SKILLED NURSING CARE	160	$ 6,399,378.80
07	INTERMEDIATE CARE	90	$ 3,716,070.65
12	PHYSICIAN SERVICES	4,808	$ 5,862,351.50
13	PHYSICIAN XOVER	1,535	$ 511,198.55
14	PRESCRIBED MEDICINE	5,475	$ 87,708,672.48
15	OTHER LAB AND X-RAY	3,163	$ 887,968.51
16	LAB AND X-RAY XOVER	734	$ 26,396.47
17	TRANSPORTATION	2,164	$ 2,240,574.92
18	TRANSPORTATION XOVER	368	$ 95,927.52
19	FAMILY PLANNING SERVICE	57	$ 11,089.47
20	HOME HEALTH SERVICES	1,300	$ 5,649,656.50
		246	$ 38,666.92
		189	$ 15,856.86
		28	$ 4,207.24
		452	$ 47,957.91
		185	$ 894,408.40
		345	$ 122,667.45
		670	$ 68,775.63
		50	$ 1,067,089.13
		1,440	$ 3,927,211.68
		487	$ 2,272,778.24
		107	$ 4,316,632.32
		177	$ 631,373.70
		1,567	$ 578,790.65
		35	$ 1,304,181.19
		192	$ 154,443.65
		17	$ 69,971.02
		17	$ 61,487.06
		1,157	$ 243,196.72
		32	$ 5,363.32
		305	$ 697,933.06
		91	$ 214,566.64
		828	$ 84,055.96
		17	$ 1,381.49
		47	$ 746,718.20
		17	$ 680,738.00
		97	$ 1,270,415.91
		83	$ 24,674.00
		62	$ 726,994.70
		35	$ 987,247.35
		154	$ 2,267,566.18
		9,834	**$ 153,044,481.22**

Services	Funder	Total $	Total #	Amount $ Expended on Infants (0-23 months old)	# of Infants (0-23 months old)	Amount $ Expended on Children (2-12 years old)	# of Children (2-12 years old)	Amount $ Expended on Youth (13-24 years old)	# of Youth (13-24 years old)	Amount $ Expended on Adult Females (25+ years old)	# of Adult Females (25+ years old)	Amount $ Expended on Adult Males (25+ years old)	# of Adult Males (25+ years old)
Early Intervention Services (EIS)	Part C	$ 466,081.09	6,646						39	$ 80,288.00	1,161	$ 321,192.00	5,446
	Part B	$ 360,659.73	1,318					$ 1,327.05	3	$ 93,207.52	241	$ 266,955.16	1,074
Emergency Financial Assistance	General Revenue	$ 76,446.28	27					$ 6,921.04	3	$ 14,274.15	5	$ 55,251.09	19
	Part D	$ 9,567.48	361	$ 1,011.92	12	$ 1,096.24	13	$ 6,190.72	80	$ 1,268.81	256	$ -	0
Food Bank	General Revenue	$ 39,937.50	211					$ 410.00	5	$ 16,017.50	74	$ 23,510.00	132
	Part C	$ 507,649.02	2,490							$ 116,475.79	549	$ 378,023.23	1,941
Health Education	Part D	$ 54,434.26	503	$ 13,299.55	77	$ 2,245.38	13	$ 13,381.61	83	$ 25,507.75	330	$ -	0
	Other	$ -	50								8		42
Health Insurance Premium and Cost-Sharing Assistance for Low Income Individuals	ADAP	$ 55,861,518.34	3,116					$ 268,909.75	15	$ 7,905,946.59	441	$ 47,686,662.00	2,660
Home and Community-Based Health Services	General Revenue	$ 12,807.50	11					$ -	-	$ 196.34	2	$ 11,831.16	9
Home Delivered Meals	Other	$ -	4								2		2
Home Health Care	General Revenue	$ 330,249.25	17					$ -	-	$ 25,472.00	3	$ 304,797.25	14
Hospital Services	General Revenue	$ 1,070,003.19	177					$ 8,734.90	1	$ 465,509.10	45	$ 575,764.19	131
Housing	General Revenue	$ 195,354.00	34					$ -	-	$ 24,378.00	5	$ 171,014.00	29
	HOPWA	$ 12,962,892.00	764										
Linguistic Services	Part D	$ 8,141.61	110	$ 4,294.39	36	$ 477.15	4	$ 1,846.81	17	$ 1,523.26	53		
	Part B	$ 129,964.59	766					$ 414.00	4	$ 47,968.00	282	$ 80,682.50	480
	Part C	$ 283,290.20	432					$ 272.15	1.00	$ 53,944.17	122	$ 114,349.88	309
Medical Case Management, including Treatment Adherence	Part D	$ 74,485.46	253	$ 34,789.62	79	$ 5,798.27	13	$ 33,897.57	81	$ -	81		
	General Revenue	$ 10,333.65	1,860					$ 186.40	39	$ 3,097.82	527	$ 7,051.43	1,294
	Other	$ -	84						3		16		65
	Part C	$ 19,498.00	-										
	Part D	$ 70,714.00	228			$ 17,678.50	12	$ 53,035.50	45		171		
Medical Nutrition Therapy	General Revenue	$ 5,491.96	31					$ 146.66	1	$ 1,069.06	7	$ 4,276.24	23
	Other	$ -	2										2
	Part D	$ 15,260.06	156	$ 1,465.84	9	$ 165.09	1	$ 5,809.20	38	$ 7,799.92	108		
Medical Transportation	General Revenue	$ 165,880.69	386					$ 538.19	8	$ 31,238.58	132	$ 73,893.92	246
	Part C	$ 49,766.00	624					$ 82.18	6	$ 8,473.68	148	$ 32,210.13	470
Mental Health Services	Part D	$ 156,902.30	233	$ 42,223.66	42	$ 12,063.90	12	$ 56,022.93	60	$ 46,591.81	119	$ -	0
	General Revenue	$ 74,993.77	211					$ 427.54	1	$ 16,914.50	61	$ 57,651.73	149
	Other	$ 893,826.74	195					$ 13,530.71	3	$ 126,286.61	28	$ 753,309.42	167
	Part C	$ 86,249.78	1,994					$ 319.06	12	$ 30,927.08	715	$ 54,803.65	1267
Non-Medical Case Management Services	Part D	$ 310,110.83	253	$ 16,360.71	20	$ 3,272.14	4	$ 41,049.16	56	$ 48,428.79	171		
	General Revenue	$ 24,401.07	2,384					$ 314.54	43	$ 4,773.48	592	$ 19,314.05	1,667
	Other	$ 404,000.00	59							$ 80,800.00	8	$ 323,200.00	42
Nursing Home Services	General Revenue	$ 545,899.63	7					$ -	-	$ 198,218.33	2	$ 347,673.30	5

This final FY 2025 M
completion of the FY
and May 2026 Partne
were identified when

Located in Tab 5 of the 2025 Needs Assessment Book.

Other Ryan White Program Parts: What do they do?

Miami-Dade **County providers** represent four of the five Ryan White Program parts (A-F):

Part A: Core **and** support services provided throughout the Eligible Metropolitan Area (EMA) of **Miami-Dade** County administered by the Miami-Dade County Office of Management and Budget ("the Recipient")

Part B: **Services** provided through the State of Florida and the AIDS Drug Assistance Program (ADAP)

Part C: **Local Miami-Dade** Community-Based Early Intervention Services

Part D: Miami-Dade County services to Women, Infants, Children and Youth (WICY)

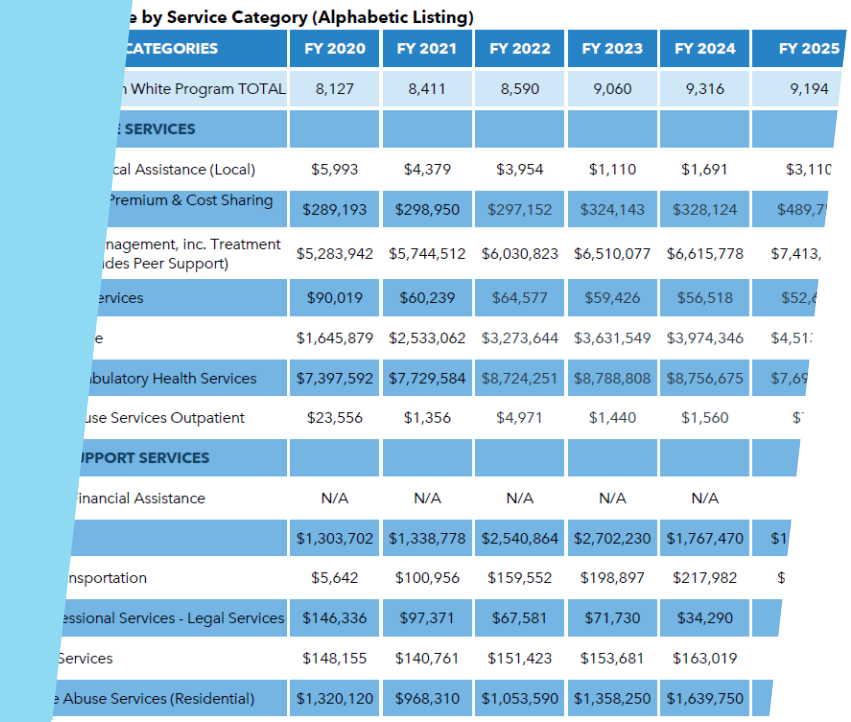
Ryan White Program Needs Assessment Dashboard Cards

	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

We will break down each item located on the cards and explain the data points.

We **will** start at the top of the form and move down.

The data in this presentation are for illustration only.



e by Service Category (Alphabetic Listing)

CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
SERVICES						
cal Assistance (Local)	$5,993	$4,379	$3,954	$1,110	$1,691	$3,110
Premium & Cost Sharing	$289,193	$298,950	$297,152	$324,143	$328,124	$489,7
nagement, inc. Treatment des Peer Support)	$5,283,942	$5,744,512	$6,030,823	$6,510,077	$6,615,778	$7,413,
ervices	$90,019	$60,239	$64,577	$59,426	$56,518	$52,(
e	$1,645,879	$2,533,062	$3,273,644	$3,631,549	$3,974,346	$4,51
bulatory Health Services	$7,397,592	$7,729,584	$8,724,251	$8,788,808	$8,756,675	$7,69
use Services Outpatient	$23,556	$1,356	$4,971	$1,440	$1,560	$
PPORT SERVICES						
inancial Assistance	N/A	N/A	N/A	N/A	N/A	
	$1,303,702	$1,338,778	$2,540,864	$2,702,230	$1,767,470	$1
nsportation	$5,642	$100,956	$159,552	$198,897	$217,982	$
essional Services - Legal Services	$146,336	$97,371	$67,581	$71,730	$34,290	
Services	$148,155	$140,761	$151,423	$153,681	$163,019	
e Abuse Services (Residential)	$1,320,120	$968,310	$1,053,590	$1,358,250	$1,639,750	

Unduplicated Clients Served by Service Category (Alphabetic listing)

ATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
White Program TOTAL	8,127	8,411	8,590	9,060	9,316
l Assistance (Local)	185	183	157	20	5
al Assistance	N/A	N/A	N/A	N/A	N/A
	735	712	1,130	1,339	911
remium & Cost Sharing	1,125	1,255	1,440	1,699	1,92
nagement, inc. Treatment des Peer Support)	7,378	7,842	8,085	8,573	8,8
rtation Services	94	645	743	1,018	1,(
ervices	95	121	107	120	1
e	1,711	2,237	2,577	2,730	2
nal Services - Legal Services	48	44	103	89	
bulatory Health Services	4,281	4,422	4,540	4,547	
ces	130	116	158	240	
se Services Outpatient	0	17	22	10	
se Services (Residential)	70	66	72	74	

Summary Slides

The first four pages are overall summaries of **expenditures** and **client utilization**, across several Ryan White Program fiscal years, for all direct service categories

Organization of Services-Alphabetic

- AIDS Pharmaceutical Assistance
- Emergency Financial Assistance
- Food Bank
- Health Insurance Premium & Cost Sharing Assist
- Medical Case Management, inc. Treatment Adherence (includes Peer Support)
- Medical Transportation Services
- Mental Health Services
- Oral health Care
- Other Professional Services-Legal Services and Permanency Planning
- Outpatient/Ambulatory Health Services
- Outreach Services
- Substance Abuse Outpatient
- Substance Abuse Services (Residential)

CORE SERVICE: MEDICAL CASE MANAGEMENT

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	29.92%
FY 2021	$19,018,258.46	30.21%
FY 2022	$22,372,383.35	26.96%
FY 2023	$23,801,341.37	27.35%
FY 2024	$23,557,202.81	28.08%
FY 2025	$23,594,690.18	31.42%

Dashboard Cards cover the **six years from FY 2020 (3/1/2020-2/28/2021)** to **FY 2025 (3/1/2025-2/28/2026).**

This top section indicates if a service is a **core** or **support** service.

The table details the final expenditures for all direct services for the Ryan White Program.

The **Category Expense as %** column indicates what percent of the total Ryan White Program direct service expenditures are accounted for by this service category.

Fiscal Year	Total Final Allocation	Final Expenditure	% Spent
FY 2020	$6,901,831.00	$5,283,941.69	76.56%
FY 2021	$6,825,797.00	$5,744,512.45	84.16%
FY 2022	$7,130,657.00	$6,030,822.85	84.58%
FY 2023	$7,047,586.00	$6,510,077.00	92.37%
FY 2024	$7,075,147.00	$6,615,778.20	93.51%
FY 2025	$7,654,519.00	$7,413,360.25	96.85%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	1	$5,745,493.00	$4,932,874.00	85.86%
FY 2021	1	$5,921,877.00	$5,094,347.45	86.03%
FY 2022	1	$6,226,737.00	$5,414,520.00	86.96%
FY 2023	2	$5,979,259.00	$5,864,806.80	98.09%
FY 2024	1	$6,063,727.00	$5,826,068.45	96.08%
FY 2025	2	$6,377,000.00	$6,313,337.80	99.00%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	1	$1,156,338.00	$351,067.69	30.36%
FY 2021	1	$903,920.00	$650,165.00	71.93%
FY 2022	1	$903,920.00	$616,302.85	68.18%
FY 2023	1	$1,068,327.00	$645,270.20	60.40%
FY 2024	1	$1,011,420.00	$789,709.75	78.08%
FY 2025	1	$1,277,519.00	$1,100,022.45	86.11%

This table provides historical information for the last six years.

- Table at the top: Combined Part A and MAI data, where applicable.
- Second table: Part A data alone.
- Third table: MAI data alone.

The service category data are sorted by the Fiscal Year, and show the priority Ranking, the Final Allocation designated for the service, the end-of-year Final Expenditure, and percent of the allocation spent at the end of the fiscal year (% Spent). If the service was not funded in that year, data are designated with "N/A."

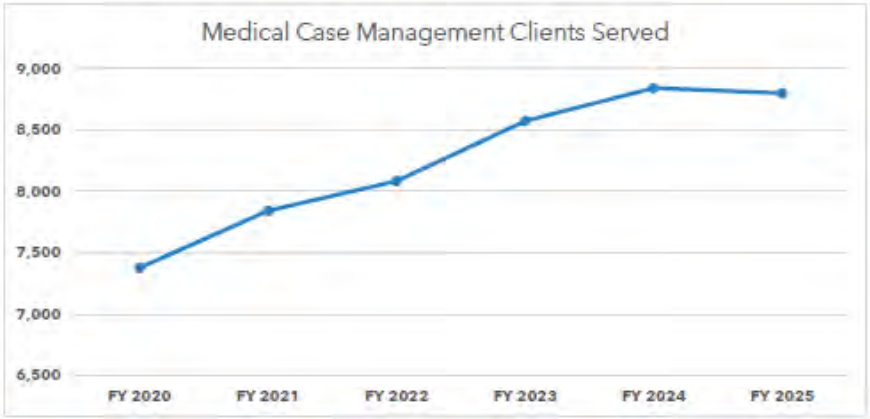
Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	1	$1,156,338.00	$351,067.69	30.36%
FY 2021	1	$903,920.00	$650,165.00	71.93%
FY 2022	1	$903,920.00	$616,302.85	68.18%
FY 2023	1	$1,068,327.00	$645,270.20	60.40%
FY 2024	1	$1,011,420.00	$789,709.75	78.08%
FY 2025	1	$1,277,519.00	$1,100,022.45	86.11%

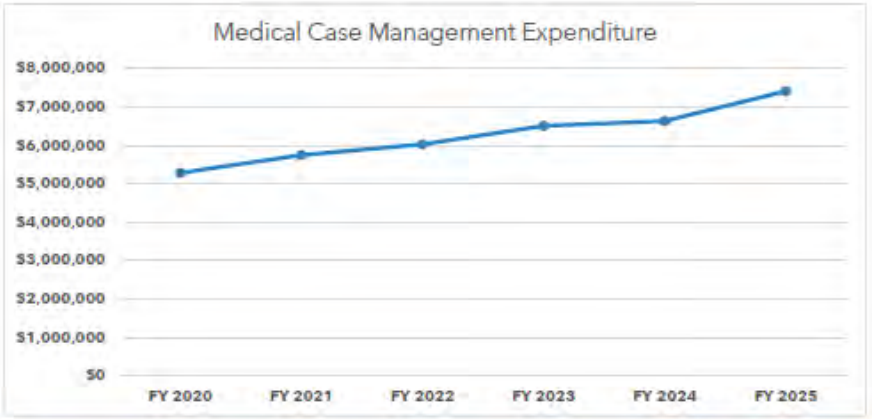
Notes:

While slightly fewer clients were served, overall 95.7% of Ryan White clients accessed this service and FY 25 had the highest expenditure rate.

A **Notes** section may be provided below the allocations and expenditures table to provide additional important context for the data in the table.

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	7,378	90.8%	$5,283,942	$716
FY 2021	8,420	7,842	93.1%	$5,744,512	$733
FY 2022	8,590	8,085	94.1%	$6,030,823	$746
FY 2023	9,060	8,573	94.6%	$6,510,077	$759
FY 2024	9,316	8,842	94.9%	$6,635,939	$751
FY 2025	9,194	8,799	95.7%	$7,413,360	$843

Service Program Information details any limitations on services (for instance, variations in eligibility based on the Federal Poverty Level).

Trend graphs of clients and expenses for each service category are included above the table.

The table that follows provides historical data for six years, including:

- Total number of **Ryan White Program (RWP) Clients** served in the year,
- The number of RWP **Clients Served** in the category and the percent of the total RWP clients that number represents (**Served as % RWP Clients**),
- **The expenditures** for this service category, and
- The average cost per client (**Avg Per Client).**

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$10,946	1,895	$6
2	Medicaid	$1,159,478	494	$2,347
3	Part B	$111,527	652	$171
4	Part C	$163,238	423	$386
5	Part D	$97,312	140	$695

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$10,334	1,860	$6
2	Medicaid	$1,592,341	490	$3,250
3	Part B	$129,065	766	$168
4	Part C	$203,290	1,432	$142
5	Part D	$74,485	253	$294

The final table on the Dashboard Cards reports information on other non-Part A RWP funding streams that mirror the service category, including data from 2025 and 2026.

Data in this table are limited to information provided by the other funding sources that responded to our inquiries, and only reflect services directed toward persons with HIV/AIDS.

If applicable, the table shows the non-Part A funding source (**Funder**), the amount spend by the funder on persons with HIV/AIDS (**Expended**), number of clients serviced (**Number of Clients**), and the average cost per client (**Cost per Client**).

How Dashboard Cards Will Help You Make Data-Based Decisions

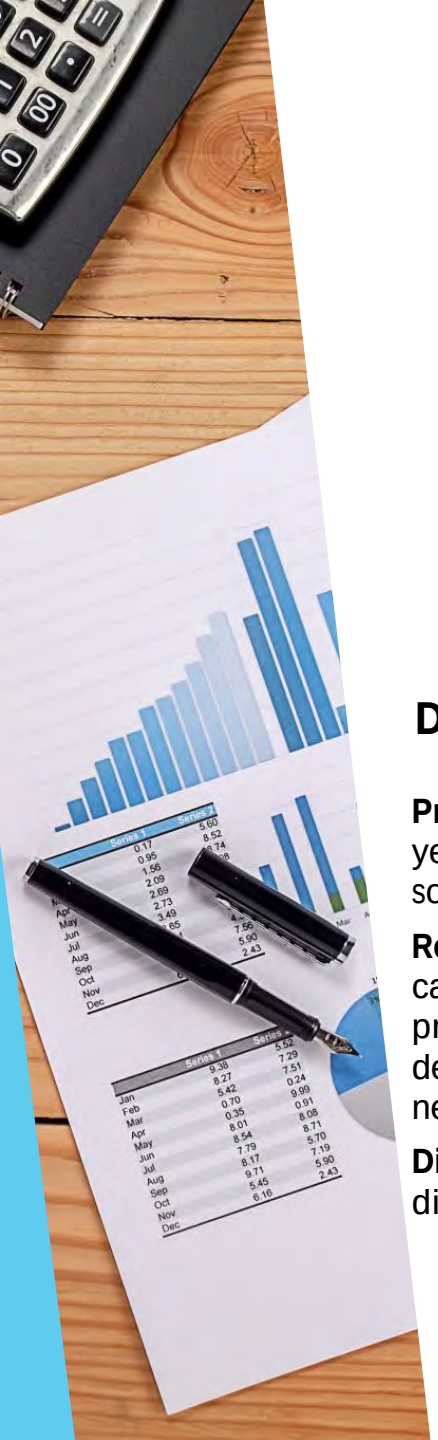
Dashboard Card data should be used to determine allocation of funds, assess if other funding streams are emerging to pay for the service, and to estimate needs.

With Dashboard Cards, you can easily see how trends in service utilization are developing for specific services, and you can confidently estimate service-specific expenditures.

Examples:

If 1**00** clients are expected to access the AIDS Pharmaceutical service category in FY 2027, at a yearly cost of **$40 per client,** the service category estimated allocation would need to be **$4,000**.

If the estimated yearly cost per client is $3,000 for FY 2025, and we serve an estimated **9,100 clients in 2025,** the program needed **$27.3 million.** Therefore, if we instead serve **9,900 clients in 2027**, the program would require **$29.7 million**.



When to Use Dashboard Cards

During Needs Assessment:

Priority Setting – Consider prior year's priorities and what other sources fund similar services.

Resource Allocation – Use calculations (like those on the previous slide) to make data-driven decisions on projected resource needs.

Directives – To inform specific directives for the Recipient.

Throughout the Year:

Refer to the data during reallocations(Sweeps) throughout the year.

2026

RYAN WHITE PROGRAM NEEDS ASSESSMENT DASHBOARD CARDS

	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

PREPARED BY: Behavioral Science Research

Total Number of Unduplicated Clients Served by Service Category (Alphabetic listing)

SERVICE CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Ryan White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
AIDS Pharmaceutical Assistance (Local)	185	183	157	20	5	8
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank	735	712	1,130	1,339	911	822
Health Insurance Premium & Cost Sharing Assist	1,125	1,255	1,440	1,699	1,926	2,254
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	7,378	7,842	8,085	8,573	8,842	8,799
Medical Transportation Services	94	645	743	1,018	1,010	1,137
Mental Health Services	95	121	107	120	136	124
Oral Health Care	1,711	2,237	2,577	2,730	2,843	2,833
Other Professional Services - Legal Services and Permanency Planning	48	44	103	89	76	51
Outpatient/Ambulatory Health Services	4,281	4,422	4,540	4,547	4,577	4,220
Outreach Services	130	116	158	240	282	236
Substance Abuse Services Outpatient	0	17	22	10	9	4
Substance Abuse Services (Residential)	70	66	72	74	88	87

Service Category Sorted by Total Number of Unduplicated Clients in FY 2025

SERVICE CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Ryan White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	7,378	7,842	8,085	8,573	8,842	8,799
Outpatient/Ambulatory Health Services	4,281	4,422	4,540	4,547	4,577	4,220
Oral Health Care	1,711	2,237	2,577	2,730	2,843	2,833
Health Insurance Premium & Cost Sharing Assist	1,125	1,255	1,440	1,699	1,926	2,254
Medical Transportation Services	94	645	743	1,018	1,010	1,137
Food Bank	735	712	1,130	1,339	911	822
Outreach Services	130	116	158	240	282	236
Mental Health Services	95	121	107	120	136	124
Substance Abuse Services (Residential)	70	66	72	74	88	87
Other Professional Services - Legal Services and Permanency Planning	48	44	103	89	76	51
AIDS Pharmaceutical Assistance (Local)	185	183	157	20	5	8
Substance Abuse Services Outpatient	0	17	22	10	9	4
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A

Total Expenditure by Service Category (Alphabetic Listing)

SERVICE CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Ryan White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
CORE SERVICES						
AIDS Pharmaceutical Assistance (Local)	$5,993	$4,379	$3,954	$1,110	$1,691	$3,110
Health Insurance Premium & Cost Sharing Assistance	$289,193	$298,950	$297,152	$324,143	$328,124	$489,755
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	$5,283,942	$5,744,512	$6,030,823	$6,510,077	$6,615,778	$7,413,360
Mental Health Services	$90,019	$60,239	$64,577	$59,426	$56,518	$52,618
Oral Health Care	$1,645,879	$2,533,062	$3,273,644	$3,631,549	$3,974,346	$4,513,801
Outpatient/Ambulatory Health Services	$7,397,592	$7,729,584	$8,724,251	$8,788,808	$8,756,675	$7,694,609
Substance Abuse Services Outpatient	$23,556	$1,356	$4,971	$1,440	$1,560	$780
SUPPORT SERVICES						
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A
Food Bank	$1,303,702	$1,338,778	$2,540,864	$2,702,230	$1,767,470	$1,488,717
Medical Transportation	$5,642	$100,956	$159,552	$198,897	$217,982	$236,510
Other Professional Services - Legal Services and Permanency Planning	$146,336	$97,371	$67,581	$71,730	$34,290	$17,559
Outreach Services	$148,155	$140,761	$151,423	$153,681	$163,019	$161,871
Substance Abuse Services (Residential)	$1,320,120	$968,310	$1,053,590	$1,358,250	$1,639,750	$1,522,000

Service Category Sorted by FY 2025 Expenditure

SERVICES CATEGORIES	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	2025
Ryan White Program TOTAL	8,127	8,411	8,590	9,060	9,316	9,194
CORE SERVICES						
Outpatient/Ambulatory Health Services	$7,397,592	$7,729,584	$8,724,251	$8,788,808	$8,756,675	$7,694,609
Medical Case Management, inc. Treatment Adherence (includes Peer Support)	$5,283,942	$5,744,512	$6,030,823	$6,510,077	$6,615,778	$7,413,360
Oral Health Care	$1,645,879	$2,533,062	$3,273,644	$3,631,549	$3,974,346	$4,513,801
Health Insurance Premium & Cost Sharing Assistance	$289,193	$298,950	$297,152	$324,143	$328,124	$489,755
Mental Health Services	$90,019	$60,239	$64,577	$59,426	$56,518	$52,618
AIDS Pharmaceutical Assistance (Local)	$5,993	$4,379	$3,954	$1,110	$1,691	$3,110
Substance Abuse Services Outpatient	$23,556	$1,356	$4,971	$1,440	$1,560	$780
SUPPORT SERVICES						
Food Bank	$1,303,702	$1,338,778	$2,540,864	$2,702,230	$1,767,470	$1,488,717
Substance Abuse Services (Residential)	$1,320,120	$968,310	$1,053,590	$1,358,250	$1,639,750	$1,522,000
Medical Transportation	$5,642	$100,956	$159,552	$198,897	$217,982	$236,510
Outreach Services	$148,155	$140,761	$151,423	$153,681	$163,019	$161,871
Other Professional Services - Legal Services and Permanency Planning	$146,336	$97,371	$67,581	$71,730	$34,290	$17,559
Emergency Financial Assistance	N/A	N/A	N/A	N/A	N/A	N/A

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.300%
FY 2021	$19,018,258.46	0.020%
FY 2022	$22,372,383.35	0.020%
FY 2023	$23,801,341.37	0.005%
FY 2024	$23,557,202.81	0.007%
FY 2025	$23,594,690.18	0.013%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$66,007.00	$5,993.21	9.08%
FY 2021	$83,595.00	$4,379.02	5.24%
FY 2022	$84,492.00	$3,954.10	4.68%
FY 2023	$3,455.00	$1,109.57	32.11%
FY 2024	$7,679.00	$1,691.22	22.02%
FY 2025	$5,744.00	$3,110.33	54.15%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	3	$66,007.00	$5,993.21	9.08%
FY 2021	9	$83,595.00	$4,379.02	5.24%
FY 2022	4	$84,492.00	$3,954.10	4.68%
FY 2023	3	$3,455.00	$1,109.57	32.11%
FY 2024	8	$7,679.00	$1,691.22	22.02%
FY 2025	5	$5,744.00	$3,110.33	54.15%

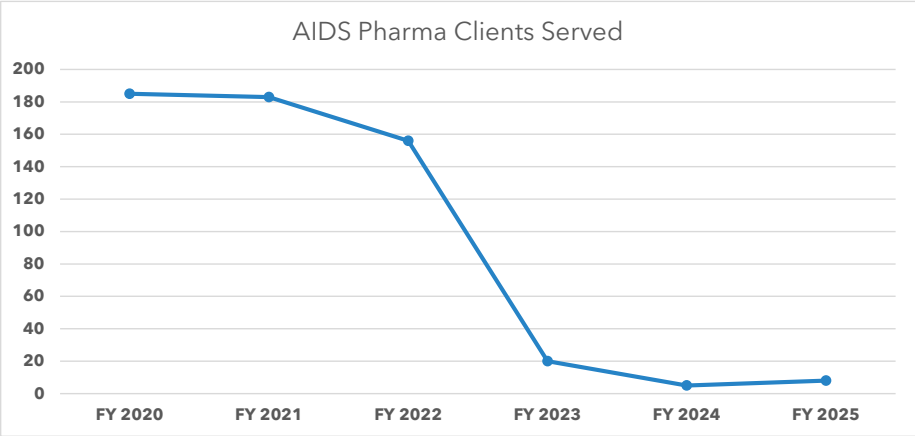
Notes:

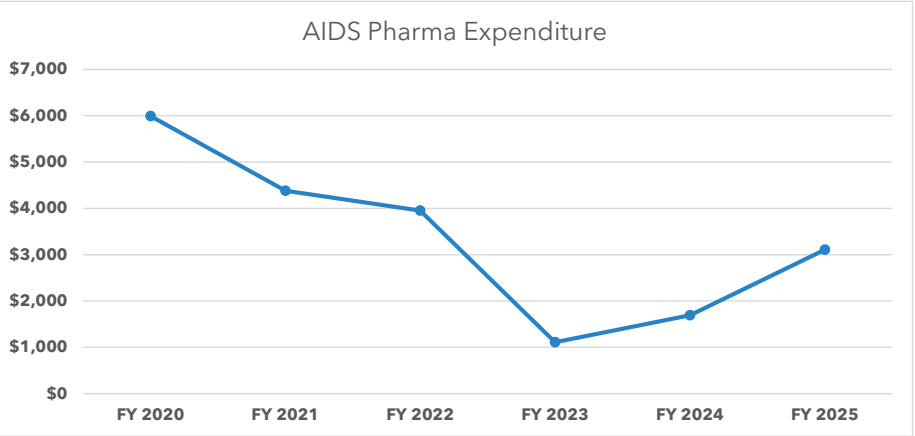
FY 2025 total clients continue to decline and the continued uncertainty with ADAP issues maybe of concern in 2027.

CORE SERVICE: AIDS PHARMACEUTICAL ASSISTANCE

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	185	2.3%	$5,993	$32
FY 2021	8,420	183	2.17%	$4,379	$24
FY 2022	8,590	156	1.8%	$3,954	$25
FY 2023	9,060	20	0.22%	$1,110	$56
FY 2024	9,316	5	0.05%	$1,691	$338
FY 2025	9,194	8	0.09%	$3,110	$389

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	$15,278,371	4,864	$3,141
2	General Revenue	$95,195	160	$595
3	Medicaid	$99,541,969	6,720	$14,813
4	Part C	$36,186	N/A	N/A

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP	$14,362,871	5,295	$2,713
2	General Revenue	$243,116	158	$1,539
3	Medicaid	$87,708,672	5,425	$16,167
4	Part C	$31,298	N/A	N/A
4	Other	$5,200	2	$2,600

SUPPORT SERVICE: EMERGENCY FINANCIAL ASSISTANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0%
FY 2021	$19,018,258.46	0%
FY 2022	$22,372,383.35	0%
FY 2023	$23,801,341.37	0%
FY 2024	$23,557,202.81	0%
FY 2025	$23,594,690.18	0%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	N/A	N/A	N/A
FY 2021	N/A	N/A	N/A
FY 2022	N/A	N/A	N/A
FY 2023	N/A	N/A	N/A
FY 2024	N/A	N/A	N/A
FY 2025	N/A	N/A	N/A

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	12	N/A	N/A	N/A
FY 2021	12	N/A	N/A	N/A
FY 2022	11	N/A	N/A	N/A
FY 2023	4	N/A	N/A	N/A
FY 2024	12	N/A	N/A	N/A
FY 2025	14	N/A	N/A	N/A

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	7	N/A	N/A	N/A
FY 2021	7	N/A	N/A	N/A
FY 2022	7	N/A	N/A	N/A
FY 2023	6	N/A	N/A	N/A
FY 2024	5	N/A	N/A	N/A
FY 2025	8	N/A	N/A	N/A

Notes:

No expenditures have been made in this category, since Test and Treat Rapid Access (TTRA) funds have not been exhausted by the Department of Health.

SUPPORT SERVICE: EMERGENCY FINANCIAL ASSISTANCE

Service Program

Limitations: 400% FPL; limited to prescriptions drugs if TTRA funds are depleted.

Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	NA	NA	NA	NA
FY 2021	8,420	NA	NA	NA	NA
FY 2022	8,590	NA	NA	NA	NA
FY 2023	9,060	NA	NA	NA	NA
FY 2024	9,316	NA	NA	NA	NA
FY 2025	9,194	NA	NA	NA	NA

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$175,086	178	$984
2	Part B	$496,232	879	$565
3	Part C	$132,293	78	$1,696

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$76,446	27	$2,831
2	Part B	$360,690	1318	$274

SUPPORT SERVICE: FOOD BANK

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	7.38%
FY 2021	$19,018,258.46	7.04%
FY 2022	$22,372,383.35	11.36%
FY 2023	$23,801,341.37	11.35%
FY 2024	$23,557,202.81	7.50%
FY 2025	$23,594,690.18	6.31%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2020	8	$1,303,799.00	$1,303,702.40	99.99%
FY 2021	5	$1,385,995.00	$1,338,778.40	96.59%
FY 2022	8	$2,660,108.00	$2,540,864.00	95.52%
FY 2023	7	$2,702,342.00	$2,702,229.90	100.00%
FY 2024	5	$1,767,742.00	$1,767,470.45	99.98%
FY 2025	6	$1,488,861.00	$1,488,717.20	99.99%

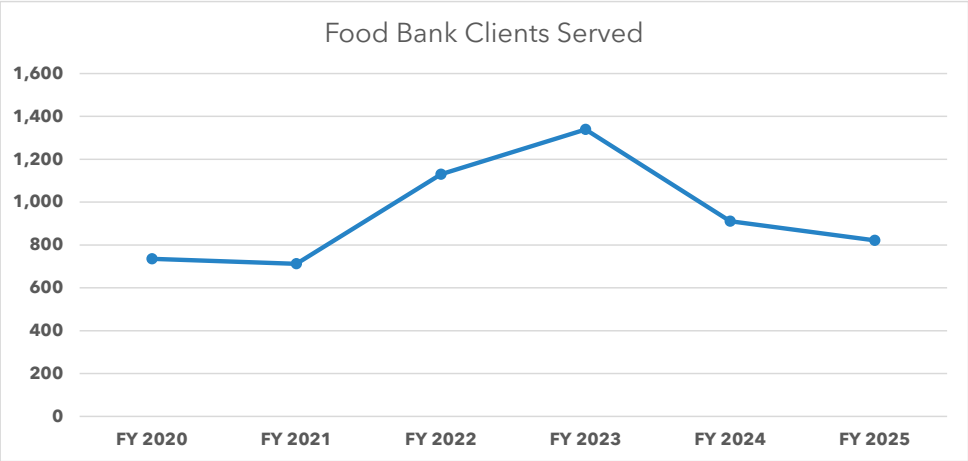
Notes:

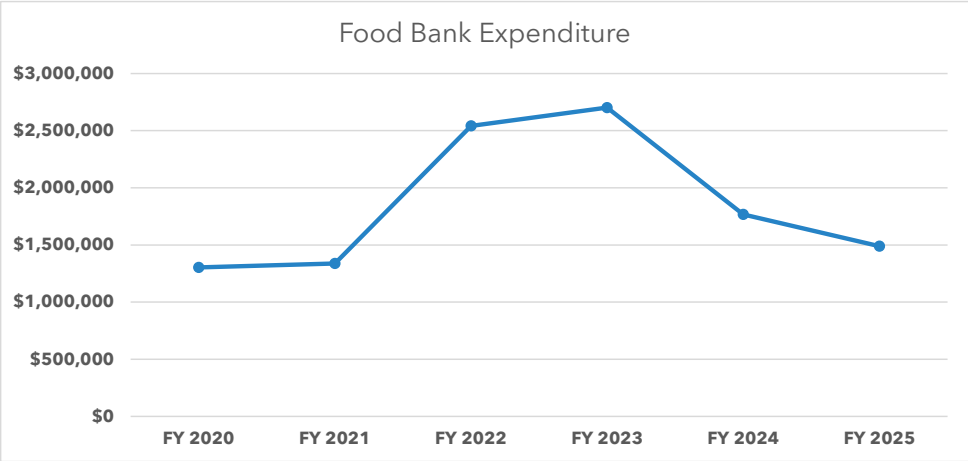
FY 2025 expenditures and clients served continue to decrease from FY 2024 with limitation of FPL; clients at 251-400% FPL are accessing Part B assistance.

SUPPORT SERVICE: FOOD BANK

Service Program

Limitations: 250% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	735	9.0%	$1,303,702	$1,774
FY 2021	8,420	712	8.5%	$1,338,778	$1,880
FY 2022	8,590	1,130	13.2%	$2,540,864	$2,249
FY 2023	9,060	1,339	14.8%	$2,702,230	$2,018
FY 2024	9,316	911	9.8%	$1,767,470	$1,940
FY 2025	9,194	822	8.9%	$1,488,717	$1,811

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost per Client
1	General Revenue	$38,085	318	$120
2	Other	$16,485	336	$49
3	Part D	$11,231	271	$41

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost per Client
1	General Revenue	$39,038	211	$185
2	Part D	$9,567	361	$27

CORE SERVICE: HEALTH INSURANCE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	1.64%
FY 2021	$19,018,258.46	1.57%
FY 2022	$22,372,383.35	1.33%
FY 2023	$23,801,341.37	1.36%
FY 2024	$23,557,202.81	1.39%
FY 2025	$23,594,690.18	2.08%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2020	5	$459,450.00	$289,193.00	62.94%
FY 2021	6	$442,447.00	$298,950.41	67.57%
FY 2022	6	$595,700.00	$297,151.61	49.88%
FY 2023	8	$358,700.00	$324,143.01	90.37%
FY 2024	6	$328,454.00	$328,123.61	99.90%
FY 2025	9	$490,526.00	$489,755.12	99.84%

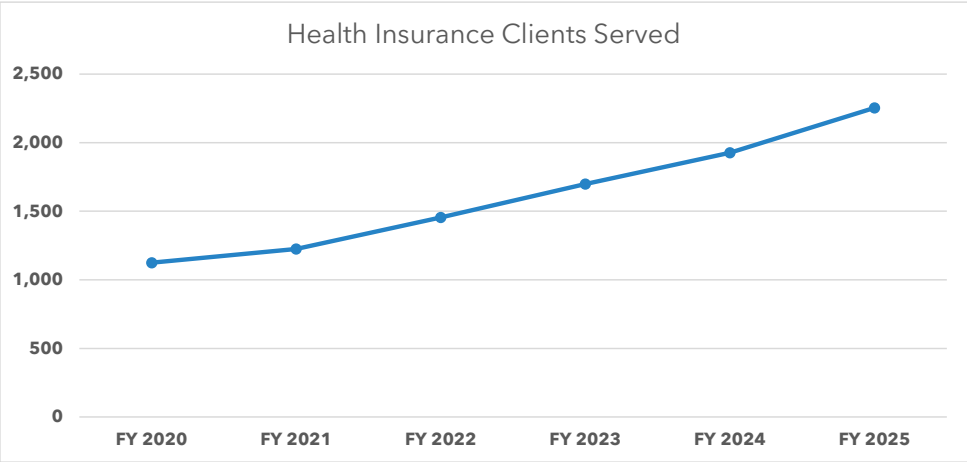
Notes:

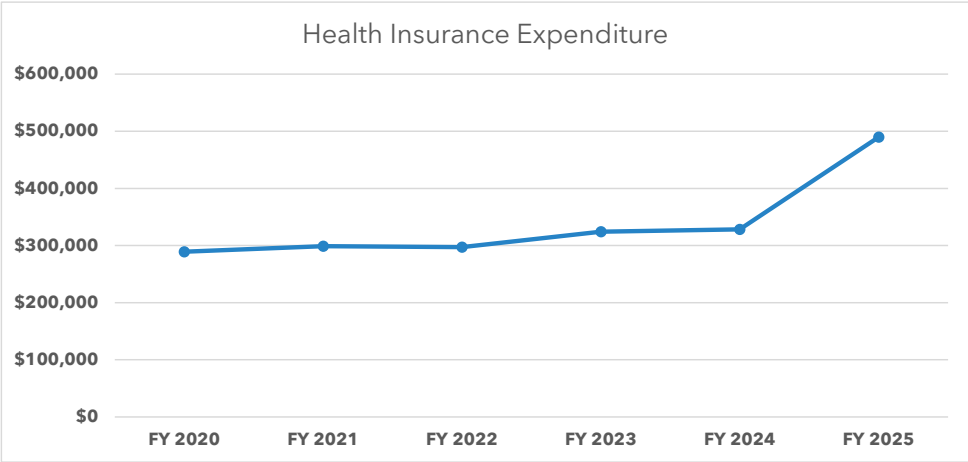
FY 2025 reflects the highest expenditures and clients in the last six years with the AIDS Drug Assistance Program (ADAP) program paying for ADAP eligible clients' premiums. But with the ADAP changes at the start of 2026, there will be a marked decrease in the number of clients served in this category.

CORE SERVICE: HEALTH INSURANCE

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	1,125	13.8%	$289,193	$257
FY 2021	8,420	1,225	14.5%	$298,950	$244
FY 2022	8,590	1,454	16.9%	$297,152	$204
FY 2023	9,060	1,699	18.8%	$324,143	$191
FY 2024	9,316	1,926	20.7%	$328,124	$170
FY 2025	9,194	2,254	24.5%	$489,755	$217

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	ADAP	$57,729,746	3,705	$15,582
2	Medicaid	$167,336,187	12,639	$13,240

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	ADAP	$55,861,518	3,116	$17,927
2	Medicaid	$578,791	1,567	$369

CORE SERVICE: MEDICAL CASE MANAGEMENT

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	29.92%
FY 2021	$19,018,258.46	30.21%
FY 2022	$22,372,383.35	26.96%
FY 2023	$23,801,341.37	27.35%
FY 2024	$23,557,202.81	28.08%
FY 2025	$23,594,690.18	31.42%

Fiscal Year	Total Final Allocation	Final Expenditure	% Spent
FY 2020	$6,901,831.00	$5,283,941.69	76.56%
FY 2021	$6,825,797.00	$5,744,512.45	84.16%
FY 2022	$7,130,657.00	$6,030,822.85	84.58%
FY 2023	$7,047,586.00	$6,510,077.00	92.37%
FY 2024	$7,075,147.00	$6,615,778.20	93.51%
FY 2025	$7,654,519.00	$7,413,360.25	96.85%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	1	$5,745,493.00	$4,932,874.00	85.86%
FY 2021	1	$5,921,877.00	$5,094,347.45	86.03%
FY 2022	1	$6,226,737.00	$5,414,520.00	86.96%
FY 2023	2	$5,979,259.00	$5,864,806.80	98.09%
FY 2024	1	$6,063,727.00	$5,826,068.45	96.08%
FY 2025	2	$6,377,000.00	$6,313,337.80	99.00%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	1	$1,156,338.00	$351,067.69	30.36%
FY 2021	1	$903,920.00	$650,165.00	71.93%
FY 2022	1	$903,920.00	$616,302.85	68.18%
FY 2023	1	$1,068,327.00	$645,270.20	60.40%
FY 2024	1	$1,011,420.00	$789,709.75	78.08%
FY 2025	1	$1,277,519.00	$1,100,022.45	86.11%

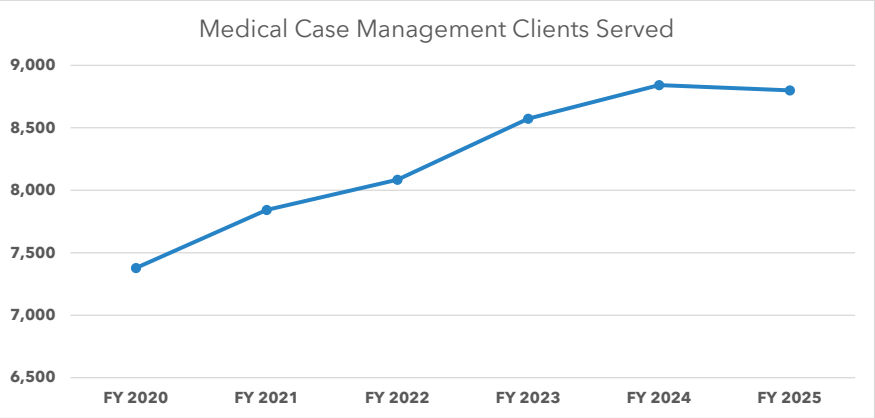
Notes:

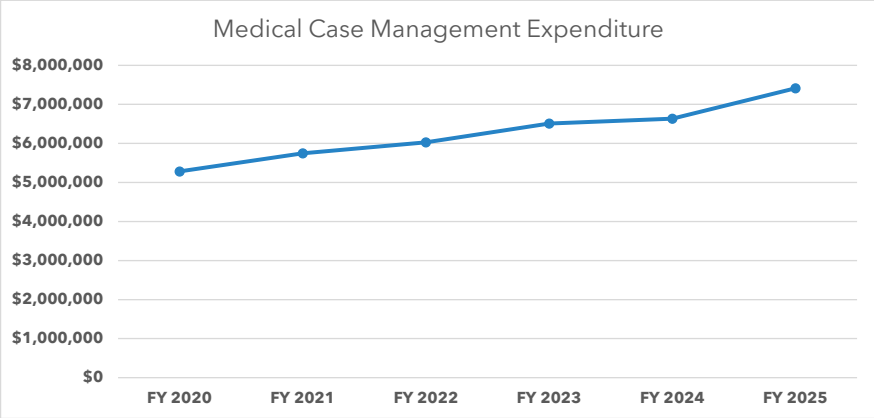
While slightly fewer clients were served, overall 95.7% of Ryan White clients accessed this service and FY 2025 had the highest expenditures in six years.

CORE SERVICE: MEDICAL CASE MANAGEMENT

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	7,378	90.8%	$5,283,942	$716
FY 2021	8,420	7,842	93.1%	$5,744,512	$733
FY 2022	8,590	8,085	94.1%	$6,030,823	$746
FY 2023	9,060	8,573	94.6%	$6,510,077	$759
FY 2024	9,316	8,842	94.9%	$6,635,939	$751
FY 2025	9,194	8,799	95.7%	$7,413,360	$843

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$10,946	1,895	$6
2	Medicaid	$1,159,478	494	$2,347
3	Part B	$111,527	652	$171
4	Part C	$163,238	423	$386
5	Part D	$97,312	140	$695

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$10,334	1,860	$6
2	Medicaid	$1,592,341	490	$3,250
3	Part B	$129,065	766	$168
4	Part C	$203,290	1,432	$142
5	Part D	$74,485	253	$294

SUPPORT SERVICE: MEDICAL TRANSPORTATION

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.03%
FY 2021	$19,018,258.46	0.53%
FY 2022	$22,372,383.35	0.71%
FY 2023	$23,801,341.37	0.84%
FY 2024	$23,557,202.81	0.93%
FY 2025	$23,594,690.18	1.00%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$158,277.00	$5,641.90	3.56%
FY 2021	$158,316.00	$100,955.62	63.77%
FY 2022	$217,540.00	$159,552.49	73.34%
FY 2023	$203,947.00	$198,897.18	97.52%
FY 2024	$269,582.00	$217,981.99	80.86%
FY 2025	$237,516.00	$236,510.24	99.58%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	10	$150,649.00	$5,641.90	3.75%
FY 2021	10	$150,688.00	$98,584.06	65.42%
FY 2022	10	$209,912.00	$153,904.90	73.32%
FY 2023	13	$196,319.00	$191,280.78	97.43%
FY 2024	13	$253,654.00	$205,493.46	81.01%
FY 2025	10	$222,888.00	$222,229.06	99.70%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	4	$7,628.00	$0.00	0.00%
FY 2021	4	$7,628.00	$2,371.56	31.09%
FY 2022	4	$7,628.00	$5,647.59	74.04%
FY 2023	9	$7,628.00	$7,616.40	99.85%
FY 2024	13	$15,928.00	$12,488.53	78.41%
FY 2025	7	$14,628.00	$14,281.18	97.63%

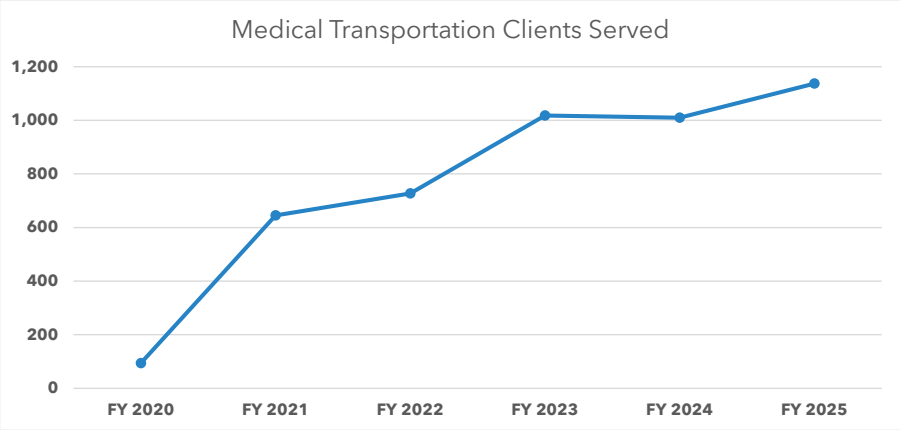
Notes:

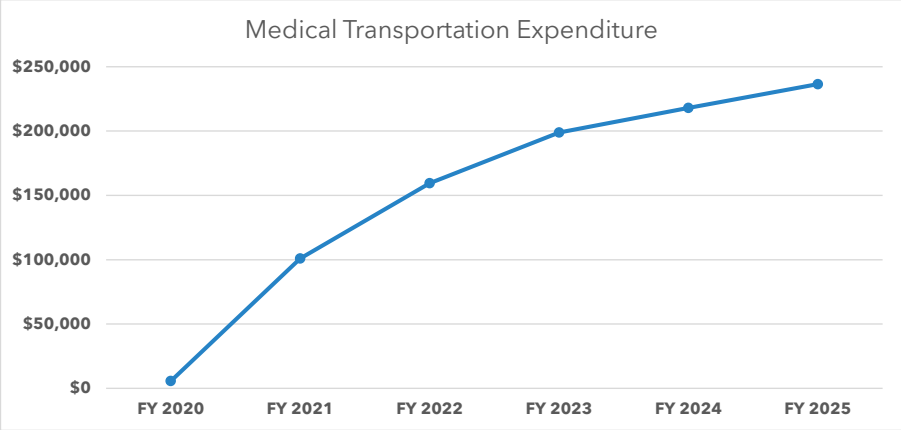
Medical transportation clients and expenditures for FY 2025 are highest in the last six years.

SUPPORT SERVICE: MEDICAL TRANSPORTATION

Service Program

Limitations: 400% FPL; public transit passes or ride-share options





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	94	1.2%	$5,642	$60
FY 2021	8,420	645	7.7%	$100,956	$157
FY 2022	8,590	727	8.5%	$159,552	$219
FY 2023	9,060	1,018	11.2%	$198,897	$195
FY 2024	9,316	1,010	10.8%	$217,982	$216
FY 2025	9,194	1,137	12.4%	$236,510	$208

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$78,502	318	$247
2	Medicaid	$2,370,394	3,426	$692
3	Part C	$137,526	315	$437
4	Part D	$17,666	190	$93

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$105,801	386	$274
2	Medicaid	$2,336,502	2,532	$923
3	Part D	$15,260	156	$98

CORE SERVICE: MENTAL HEATLH

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.51%
FY 2021	$19,018,258.46	0.32%
FY 2022	$22,372,383.35	0.29%
FY 2023	$23,801,341.37	0.25%
FY 2024	$23,557,202.81	0.24%
FY 2025	$23,594,690.18	0.22%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$142,217.00	$90,019.31	63.30%
FY 2021	$169,464.00	$60,238.75	35.55%
FY 2022	$161,654.00	$64,577.50	39.95%
FY 2023	$80,730.00	$59,426.25	73.61%
FY 2024	$88,461.00	$56,517.50	63.89%
FY 2025	$73,263.00	$52,617.50	71.82%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	4	$123,257.00	$82,435.31	66.88%
FY 2021	3	$150,504.00	$56,566.25	37.58%
FY 2022	3	$142,694.00	$63,570.00	44.55%
FY 2023	9	$61,770.00	$56,046.25	90.73%
FY 2024	3	$69,501.00	$53,527.50	77.02%
FY 2025	7	$54,303.00	$52,617.50	96.90%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	3	$18,960.00	$7,584.00	40.00%
FY 2021	3	$18,960.00	$3,672.50	19.37%
FY 2022	3	$18,960.00	$1,007.50	5.31%
FY 2023	4	$18,960.00	$3,380.00	17.83%
FY 2024	3	$18,960.00	$2,990.00	15.77%
FY 2025	6	$18,960.00	$0.00	0.00%

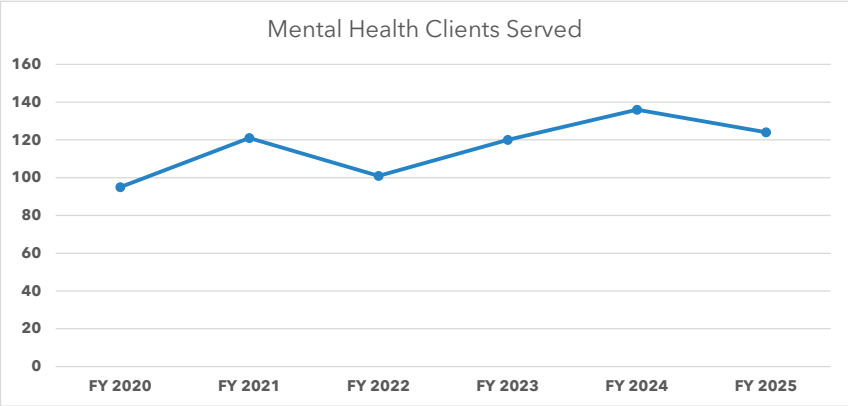
Notes:

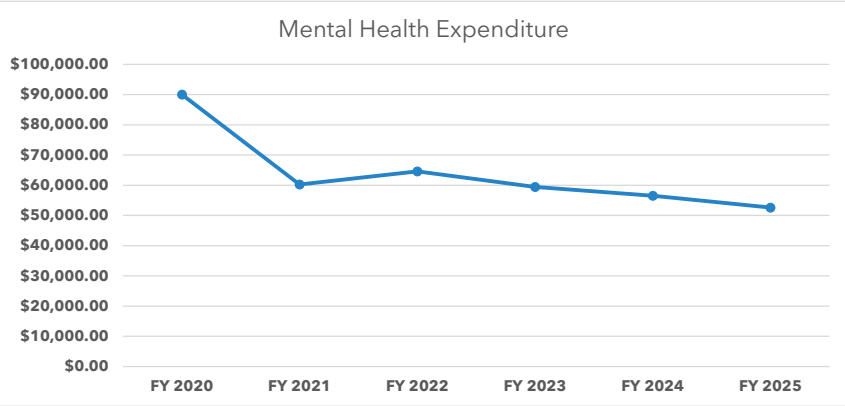
Client utilization has decreased to FY 2023 levels, and expenditures are the lowest in the last six years.

CORE SERVICE: MENTAL HEATLH

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	95	1.2%	$90,019.31	$948
FY 2021	8,420	121	1.4%	$60,238.75	$498
FY 2022	8,590	101	1.2%	$64,577.50	$639
FY 2023	9,060	120	1.3%	$59,426.00	$495
FY 2024	9,316	136	1.5%	$56,517.50	$416
FY 2025	9,194	124	1.3%	$52,618.00	$424

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$73,351	177	$414
2	Medicaid	$3,967,662	1,568	$2,530
3	Other	$1,114,204	243	$4,585
4	Part B	$25,000	226	$111
5	Part C	$35,235	643	$55
6	Part D	$157,060	202	$778

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$74,994	211	$355
2	Medicaid	$4,141,778	1,531	$2,705
3	Other	$893,027	198	$4,510
4	Part C	$197,668	857	$231

CORE SERVICE: ORAL HEALTH CARE

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	9.32%
FY 2021	$19,018,258.46	13.32%
FY 2022	$22,372,383.35	14.63%
FY 2023	$23,801,341.37	0.00%
FY 2024	$23,557,202.81	16.87%
FY 2025	$23,594,690.18	19.13%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2020	6	$2,888,975.00	$1,645,878.57	56.97%
FY 2021	4	$3,108,975.00	$2,533,061.80	81.48%
FY 2022	5	$3,864,445.00	$3,273,644.50	84.71%
FY 2023	6	$3,701,975.00	$3,631,549.00	98.10%
FY 2024	4	$4,082,857.00	$3,974,346.00	97.34%
FY 2025	4	$4,631,775.00	$4,513,801.00	97.45%

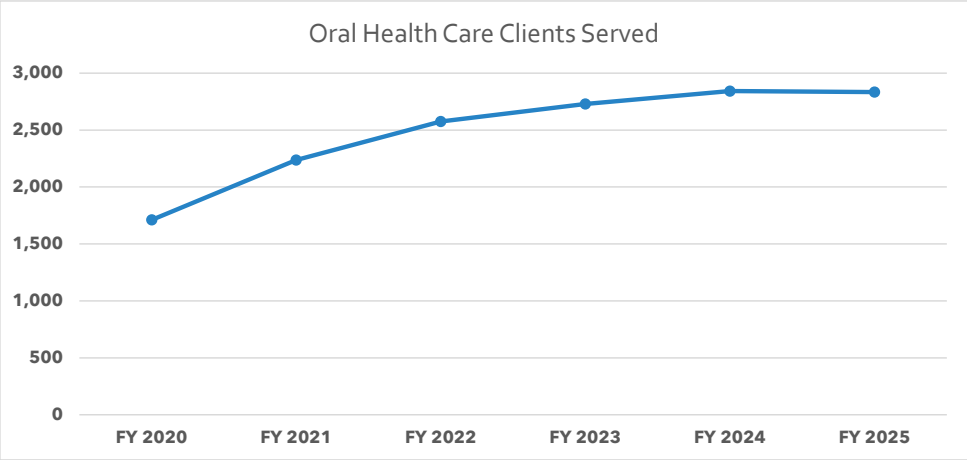
Notes:

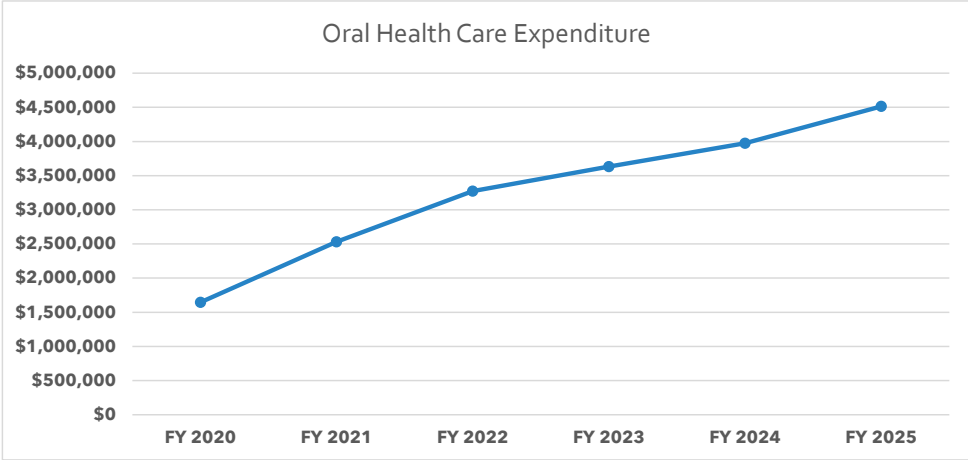
Client utilization is similar to FY 2024 levels but expenditures have increased substantially.

CORE SERVICE: ORAL HEALTH CARE

Service Program

Limitations: 400% FPL; annual $6,500 cap reinstated





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	1,711	21.1%	$1,645,879	$962
FY 2021	8,420	2,237	26.6%	$2,533,062	$1,132
FY 2022	8,590	2,575	30.0%	$3,273,645	$1,271
FY 2023	9,060	2,730	30.1%	$3,631,549	$1,330
FY 2024	9,316	2,843	30.5%	$3,974,346	$1,398
FY 2025	9,194	2,833	30.8%	$4,513,801	$1,593

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$7,061	39	$181
2	Other	$364,257	167	$2,181
3	Part C	$228,544	458	$499

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$12,855	14	$918
2	Other	$402,759	169	$2,383
3	Part C	$134,986	N/A	N/A

SUPPORT SERVICE: OTHER PROFESSIONAL SERVICES-LEGAL SERVICES AND PERMANENCY PLANNING

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.83%
FY 2021	$19,018,258.46	0.51%
FY 2022	$22,372,383.35	0.30%
FY 2023	$23,801,341.37	0.30%
FY 2024	$23,557,202.81	0.15%
FY 2025	$23,594,690.18	0.07%

Fiscal Year	Ranking	Final Allocation	Final Expenditure	% Spent
FY 2020	13	$154,449.00	$146,335.50	94.75%
FY 2021	13	$154,449.00	$97,371.00	63.04%
FY 2022	13	$154,449.00	$67,581.00	43.76%
FY 2023	15	$97,449.00	$71,730.00	73.61%
FY 2024	15	$40,274.00	$34,290.00	85.14%
FY 2025	15	$18,700.00	$17,559.00	93.90%

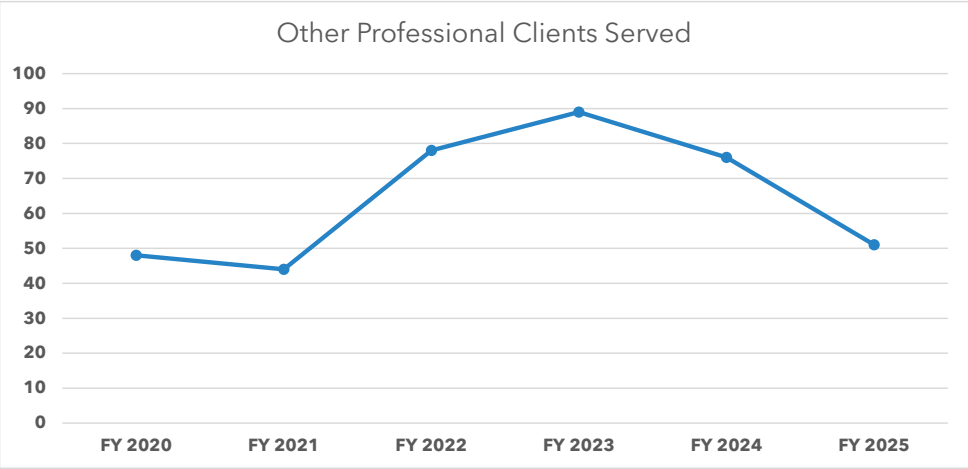
Notes:

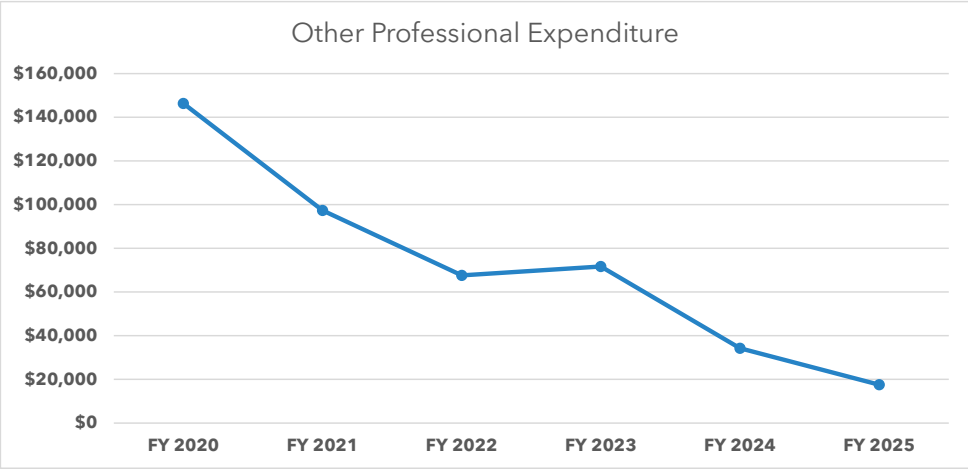
Client utilization and expenditures in FY 2025 continue to drop, with expenditures at the lowest level in six years.

SUPPORT SERVICE: OTHER PROFESSIONAL SERVICES-LEGAL SERVICES AND PERMANENCY PLANNING

Service Program

Limitations: 400 % FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	48	0.6%	$146,336	$3,049
FY 2021	8,420	44	0.5%	$97,371	$2,213
FY 2022	8,590	78	0.9%	$67,581	$866
FY 2023	9,060	89	1.0%	$71,730	$806
FY 2024	9,316	76	0.8%	$34,290	$451
FY 2025	9,194	51	0.6%	$17,559	$344

CORE SERVICE: OUTPATIENT/AMBULATORY HEALTH SERVICES

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	41.89%
FY 2021	$19,018,258.46	40.64%
FY 2022	$22,372,383.35	39.00%
FY 2023	$23,801,341.37	36.93%
FY 2024	$23,557,202.81	37.17%
FY 2025	$23,594,690.18	32.61%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$10,153,862.00	$7,397,591.74	72.85%
FY 2021	$10,010,471.00	$7,729,583.99	77.21%
FY 2022	$10,652,424.00	$8,724,251.44	81.90%
FY 2023	$9,462,556.00	$8,788,808.41	92.88%
FY 2024	$9,757,911.00	$8,756,674.98	89.74%
FY 2025	$8,727,482.00	$7,694,608.52	88.17%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final	% Spent
FY 2020	2	$8,661,870.00	$6,911,704.73	79.79%
FY 2021	2	$8,647,718.00	$7,268,815.93	84.05%
FY 2022	2	$9,295,763.00	$8,063,884.64	86.75%
FY 2023	5	$7,940,909.00	$7,848,156.83	98.83%
FY 2024	2	$8,020,778.00	$7,820,124.65	97.50%
FY 2025	3	$7,007,729.00	$6,971,950.08	99.49%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	2	$1,491,992.00	$485,887.01	32.57%
FY 2021	2	$1,362,753.00	$460,768.06	33.81%
FY 2022	2	$1,356,661.00	$660,366.80	48.68%
FY 2023	5	$1,521,647.00	$940,651.58	61.82%
FY 2024	2	$1,737,133.00	$936,550.33	53.91%
FY 2025	3	$1,719,753.00	$722,658.44	42.02%

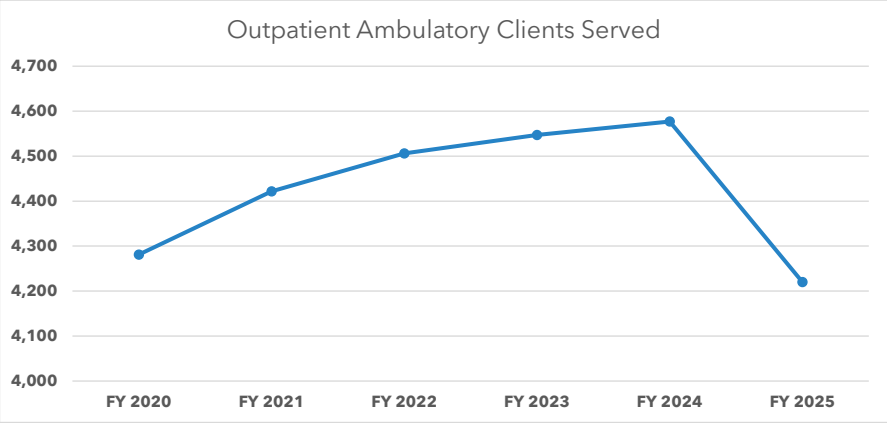
Notes:

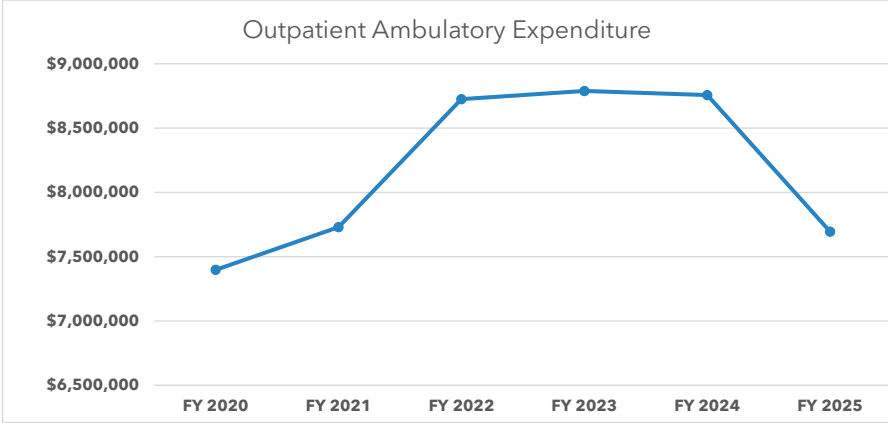
There has been a marked decrease in clients served and expenditures in FY 2025.

CORE SERVICE: OUTPATIENT/AMBULATORY HEALTH SERVICES

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	4,281	52.7%	$7,397,592	$1,728
FY 2021	8,420	4,422	52.5%	$7,729,584	$1,748
FY 2022	8,590	4,506	52.5%	$8,724,251	$1,936
FY 2023	9,060	4,547	50.2%	$8,788,808	$1,933
FY 2024	9,316	4,577	49.1%	$8,756,675	$1,913
FY 2025	9,194	4,220	45.9%	$7,694,609	$1,823

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost per client
1	General Revenue	$914,929	3,678	$249
2	Medicaid	$14,773,258	19,500	$758
3	Other	$1,280,170	2,077	$616
4	Part C	$1,215,944	3,597	$338
5	Part D	$743,233	1,267	$587

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost per client
1	General Revenue	$788,275	1,782	$442
2	Medicaid	$12,458,586	17,563	$709
3	Other	$1,618,920	2,143	$755
4	Part C	$992,567	3,442	$288
5	Part D	$685,978	786	$873

SUPPORT SERVICE: OUTREACH SERVICES

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.84%
FY 2021	$19,018,258.46	0.74%
FY 2022	$22,372,383.35	0.68%
FY 2023	$23,801,341.37	0.65%
FY 2024	$23,557,202.81	0.69%
FY 2025	$23,594,690.18	0.69%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$304,512.00	$148,154.86	48.65%
FY 2021	$212,096.00	$140,761.02	66.37%
FY 2022	$217,902.00	$151,422.86	69.49%
FY 2023	$189,097.00	$153,681.05	81.27%
FY 2024	$188,848.00	$163,018.86	86.32%
FY 2025	$180,477.00	$161,871.02	89.69%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	11	$264,696.00	$118,293.86	44.69%
FY 2021	11	$172,280.00	$104,263.02	60.52%
FY 2022	12	$178,086.00	$114,924.86	64.53%
FY 2023	14	$149,281.00	$117,183.05	78.50%
FY 2024	14	$149,032.00	$123,202.86	82.67%
FY 2025	13	$140,661.00	$122,055.02	86.77%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	5	$39,816.00	$29,861.00	75.00%
FY 2021	5	$39,816.00	$36,498.00	91.67%
FY 2022	6	$39,816.00	$36,498.00	91.67%
FY 2023	10	$39,816.00	$36,498.00	91.67%
FY 2024	7	$39,816.00	$39,816.00	100.00%
FY 2025	4	$39,816.00	$39,816.00	100.00%

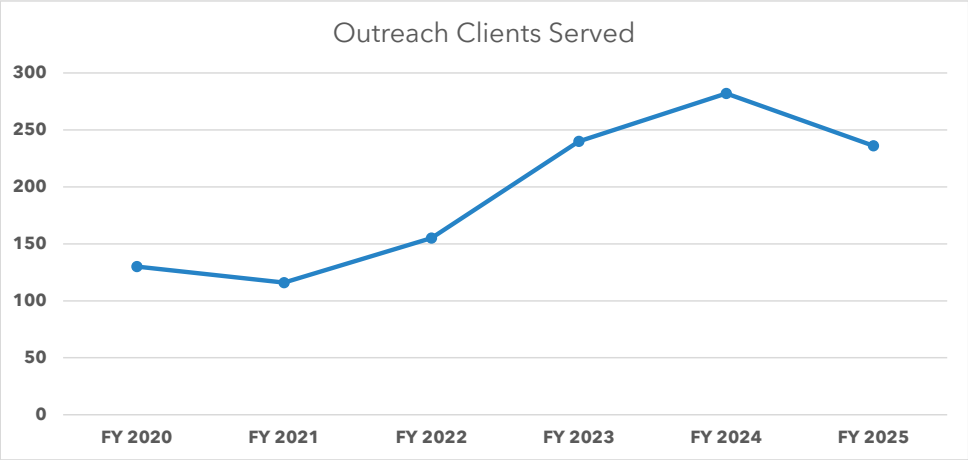
Notes:

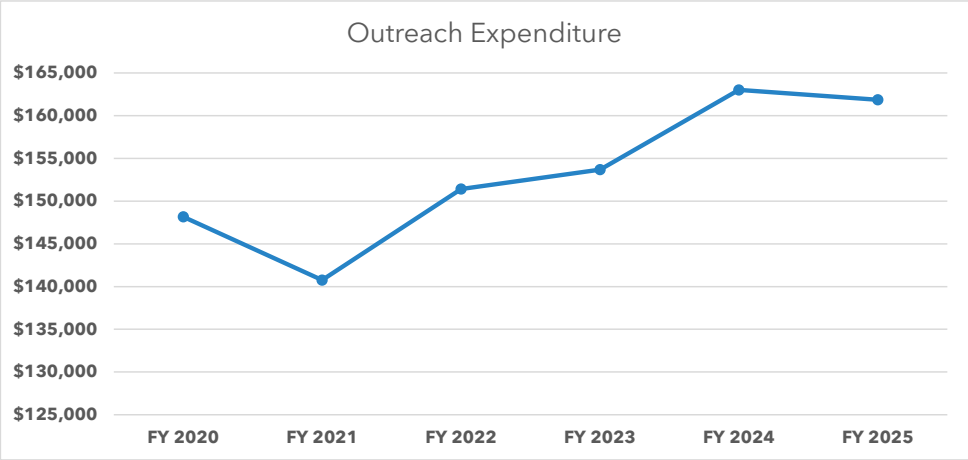
The number of clients served has dropped to FY 2023 levels.

SUPPORT SERVICE: OUTREACH SERVICES

Service Program

Limitations: NA





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	130	1.6%	$148,155	$1,140
FY 2021	8,420	116	1.4%	$140,761	$1,213
FY 2022	8,590	155	1.8%	$151,423	$977
FY 2023	9,060	240	2.6%	$153,681	$640
FY 2024	9,316	282	3.0%	$163,019	$578
FY 2025	9,194	236	2.6%	$161,871	$686

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost per client
1	Part C	$80,462	4,248	$19
2	Part D	$58,883	5	$11,777

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost per client
1	Other	$404,000	50	$8,080
2	Part C	$65,491	2,346	$28
3	Part D	$125,132	116	$1,079

CORE SERVICE: SUBSTANCE ABUSE OUTPATIENT

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	0.130%
FY 2021	$19,018,258.46	0.010%
FY 2022	$22,372,383.35	0.000%
FY 2023	$23,801,341.37	0.000%
FY 2024	$23,557,202.81	0.007%
FY 2025	$23,594,690.18	0.003%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$52,186.00	$23,556.19	45.14%
FY 2021	$52,186.00	$1,356.00	2.60%
FY 2022	$53,526.00	$4,971.00	9.29%
FY 2023	$14,686.00	$1,440.00	9.81%
FY 2024	$17,499.00	$1,560.00	8.91%
FY 2025	$11,058.00	$780.00	7.05%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	7	$44,128.00	$19,527.19	44.25%
FY 2021	7	$44,128.00	$1,146.00	2.60%
FY 2022	9	$45,468.00	$4,401.00	9.68%
FY 2023	12	$6,628.00	$1,410.00	21.27%
FY 2024	9	$9,441.00	$1,440.00	15.25%
FY 2025	8	$3,000.00	$780.00	26.00%

Fiscal Year	MAI Ranking	MAI Final Allocation	MAI Final Expenditure	% Spent
FY 2020	4	$8,058.00	$4,029.00	50.00%
FY 2021	4	$8,058.00	$210.00	2.61%
FY 2022	4	$8,058.00	$570.00	7.07%
FY 2023	8	$8,058.00	$30.00	0.37%
FY 2024	6	$8,058.00	$120.00	1.49%
FY 2025	5	$8,058.00	$0.00	0.00%

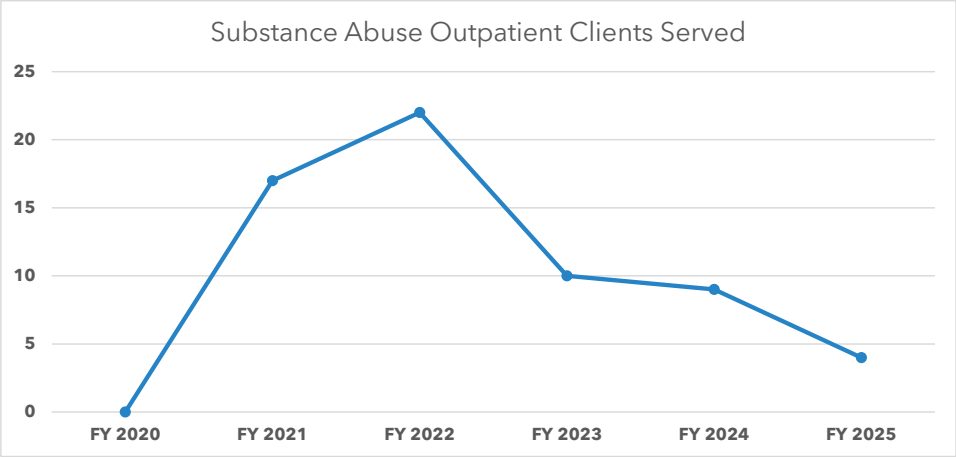
Notes:

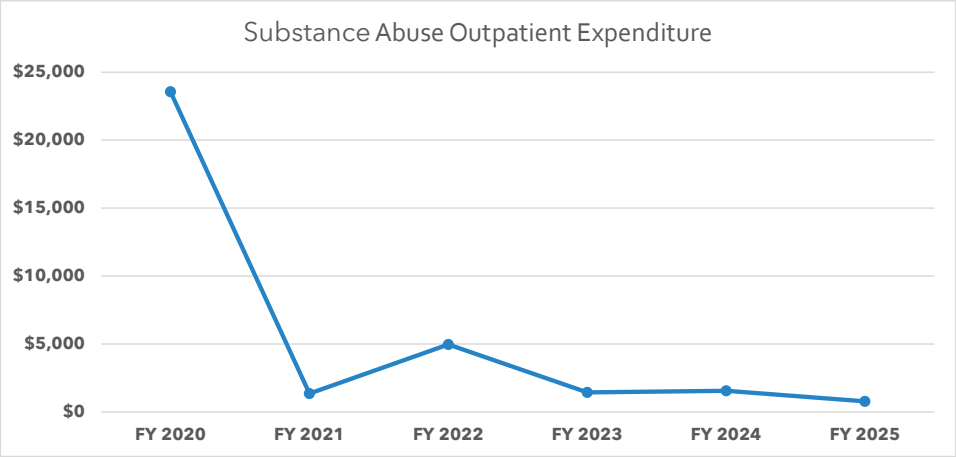
Expenditures have been steadily declining with lowest client and expenditure levels in FY 2025.

CORE SERVICE: SUBSTANCE ABUSE OUTPATIENT

Service Program

Limitations: 400% FPL





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	N/A	0.00%	$23,556	N/A
FY 2021	8,420	17	0.20%	$1,356	$80
FY 2022	8,590	22	0.26%	$4,971	$226
FY 2023	9,060	10	0.11%	$1,440	$144
FY 2024	9,316	9	0.10%	$1,560	$173
FY 2025	9,194	4	0.04%	$780	$195

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$11,880	3	$3,960
2	Other	N/A	7	N/A
3	Part C	$873	2	$437

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$47,066	7	$6,724
2	Other	N/A	8	N/A

SUPPORT SERVICE: SUBSTANCE ABUSE RESIDENTIAL

Ranking, Allocation, and Direct Services Expenditure History

Fiscal Year	Final Expenditure	Category Expense as %
FY 2020	$17,660,128.37	7.48%
FY 2021	$19,018,258.46	5.09%
FY 2022	$22,372,383.35	4.71%
FY 2023	$23,801,341.37	0.00%
FY 2024	$23,557,202.81	6.96%
FY 2025	$23,594,690.18	6.45%

Fiscal Year	Final Allocation	Final Expenditure	% Spent
FY 2020	$1,773,744.00	$1,320,120.00	74.43%
FY 2021	$1,289,469.00	$968,310.00	75.09%
FY 2022	$1,538,406.00	$1,053,590.00	68.49%
FY 2023	$1,568,552.00	$1,358,250.00	86.59%
FY 2024	$1,731,750.00	$1,639,750.00	94.69%
FY 2025	$1,611,000.00	$1,522,000.00	94.48%

Fiscal Year	Part A Ranking	Part A Final Allocation	Part A Final Expenditure	% Spent
FY 2020	9	$1,773,744.00	$1,320,120.00	74.43%
FY 2021	8	$1,289,469.00	$968,310.00	75.09%
FY 2022	7	$1,538,406.00	$1,053,590.00	68.49%
FY 2023	10	$1,568,552.00	$1,358,250.00	86.59%
FY 2024	7	$1,731,750.00	$1,639,750.00	94.69%
FY 2025	11	$1,611,000.00	$1,522,000.00	94.48%

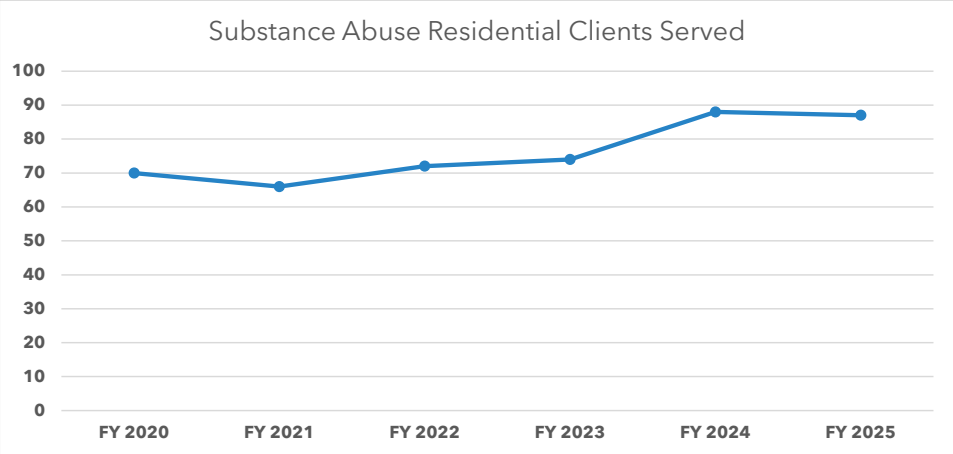
Notes:

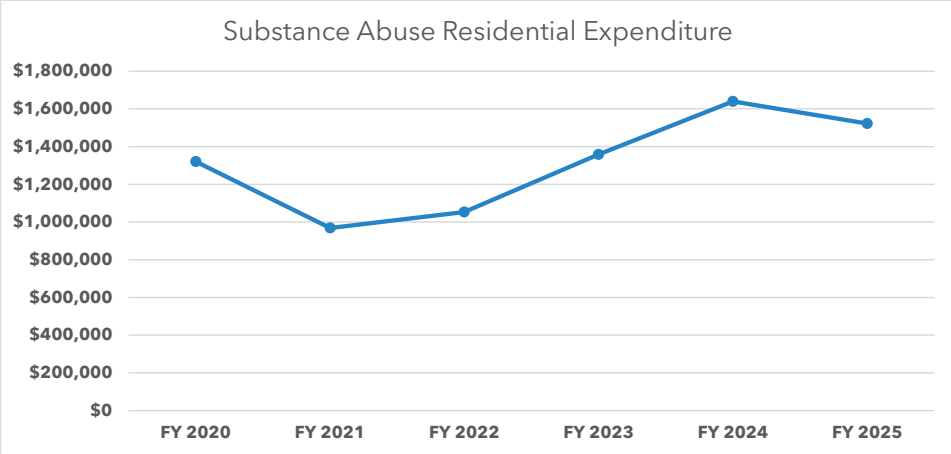
FY 2025 client utilization and expenditures are similar to FY 2024 levels.

SUPPORT SERVICE: SUBSTANCE ABUSE RESIDENTIAL

Service Program

Limitations: 400% FPL: 180 day within 12-month period max.





Fiscal Year	RW Clients	Clients Served	Served as % RW Clients	Expenditure	Avg Per Client
FY 2020	8,127	70	0.86%	$1,320,120	$18,859
FY 2021	8,420	66	0.78%	$968,310	$14,671
FY 2022	8,590	72	0.84%	$1,053,590	$14,633
FY 2023	9,060	74	0.82%	$1,358,250	$18,355
FY 2024	9,316	88	0.94%	$1,639,750	$18,634
FY 2025	9,194	87	0.95%	$1,522,000	$17,494

Other Funding Streams 2025

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$233,293	13	$17,946

Other Funding Streams 2026

	Funder	Expended	Number of Clients	Cost Per Client
1	General Revenue	$316,876	15	$21,125

UNMET NEED

SECTION 6

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	11,058	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	859	16.6%	37.1%	20.7%	21.0%	27.2%	26.8%
c	Black WCBA (age 18-44)	1,143	70	8	332	252	8.8%	29.0%	31.1%	3.8%	3.7%	7.9%
d	Black Women	4,503	142	18	1,363	677	12.7%	30.3%	21.8%	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	13,089	528	90	3,559	1,140	17.0%	26.5%	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%	18.8%	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%	33.8%	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 Women	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	8,900	2,224	17.0%	29.7%	13.8%	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%

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

	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
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Emergency Financial Assistance (S)	0.00%	0	3.00%	188	All clients use max payment = $3,200/year.
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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.
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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
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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

SERVICE CATEGORIES

SECTION 7

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

and program specific requirements set forth in the RWHAP statute. Recipients, planning bodies, and others are advised that independent auditors, auditors from the HHS' Office of the Inspector General, and auditors from the U.S. Government Accountability Office may assess and publicly report the extent to which an HRSA RWHAP award is being administered in a manner consistent with statute, regulation and program policies, such as these, and compliant with legislative and programmatic policies. Recipients can expect fiscal and programmatic oversight through HRSA monitoring and review of budgets, work plans, and subrecipient agreements. HRSA HAB is able to provide technical assistance to recipients and planning bodies, where assistance with compliance is needed.

Recipients are reminded that it is their responsibility to be fully cognizant of limitations on uses of funds as outlined in statute, 45 CFR Part 75, the HHS Grants Policy Statement, and applicable HRSA HAB PCNs. In the case of services being supported in violation of statute, regulation or programmatic policy, the use of RWHAP funds for such costs must be ceased immediately and recipients may be required to return already-spent funds to the Federal Government. Recipients who unknowingly continue such support are also liable for such expenditures.

Further Guidance on Eligible Individuals and Allowable Uses of Ryan White HIV/AIDS Program Funds

The RWHAP statute, codified at title XXVI of the Public Health Service Act, stipulates that "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made under...an insurance policy, or under any Federal or State health benefits program" and other specified payment sources.[1] At the individual client-level, this means recipients must assure that funded subrecipients make reasonable efforts to secure non-RWHAP funds whenever possible for services to eligible clients. In support of this intent, it is an appropriate use of HRSA RWHAP funds to provide case management (medical or non-medical) or other services that, as a central function, ensure that eligibility for other funding sources is vigorously and consistently pursued (e.g., Medicaid, Children's Health Insurance Program (CHIP), Medicare, or State-funded HIV programs, and/or private sector funding, including private insurance).

In every instance, HRSA HAB expects that services supported with HRSA RWHAP funds will (1) fall within the legislatively-defined range of services, (2) as appropriate, within Part A, have been identified as a local priority by the HIV Health Services Planning Council/Body, and (3) in the case of allocation decisions made by a Part B State/Territory or by a local or regional consortium, meet documented needs and contribute to the establishment of a continuum of care.

HRSA RWHAP funds are intended to support only the HIV-related needs of

[1] *See* sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1), and 2671(i) of the Public Health Service Act.

eligible individuals. Recipients and subrecipients must be able to make an explicit connection between any service supported with HRSA RWHAP funds and the intended client's HIV care and treatment, or care-giving relationship to a person living with HIV (PLWH).

Eligible Individuals:

The principal intent of the RWHAP statute is to provide services to PLWH, including those whose illness has progressed to the point of clinically defined AIDS. When setting and implementing priorities for the allocation of funds, recipients, Part A Planning Councils, community planning bodies, and Part B funded consortia may optionally define eligibility for certain services more precisely, but they may NOT broaden the definition of who is eligible for services. HRSA HAB expects all HRSA RWHAP recipients to establish and monitor procedures to ensure that all funded providers verify and document client eligibility.

Affected individuals (people not identified with HIV) may be eligible for HRSA RWHAP services in limited situations, but these services for affected individuals must always benefit PLWH. Funds awarded under the HRSA RWHAP may be used for services to individuals affected by HIV only in the circumstances described below:

a. The primary purpose of the service is to enable the affected individual to participate in the care of a PLWH. Examples include caregiver training for in-home medical or support service; psychosocial support services, such as caregiver support groups; and/or respite care services that assist affected individuals with the stresses of providing daily care for a PLWH.

b. The service directly enables a PLWH to receive needed medical or support services by removing an identified barrier to care. Examples include payment of a HRSA RWHAP client's portion of a family health insurance policy premium to ensure continuity of insurance coverage that client, or childcare for the client's children while they receive HIV-related medical care or support services.

c. The service promotes family stability for coping with the unique challenges posed by HIV. Examples include psychosocial support services, including mental health services funded by RWHAP Part D only, that focus on equipping affected family members, and caregivers to manage the stress and loss associated with HIV.

d. Services to affected individuals that meet these criteria may not continue subsequent to the death of the family member who was living with HIV.

Unallowable Costs:
HRSA RWHAP funds may not be used to make cash payments to intended clients of HRSA RWHAP-funded services. This prohibition includes cash incentives and

cash intended as payment for HRSA RWHAP core medical and support services. Where direct provision of the service is not possible or effective, store gift cards,[2] vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used.

HRSA RWHAP recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.[3]

Other unallowable costs include:

- Clothing
- Employment and Employment-Readiness Services, except in limited, specified instances (e.g., Non-Medical Case Management Services or Rehabilitation Services)
- Funeral and Burial Expenses
- Property Taxes
- Pre-Exposure Prophylaxis (PrEP)
- non-occupational Post-Exposure Prophylaxis (nPEP)
- Materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual
- International travel
- The purchase or improvement of land
- The purchase, construction, or permanent improvement of any building or other facility

Allowable Costs:
The following service categories are allowable uses of HRSA RWHAP funds. The HRSA RWHAP recipient, along with respective planning bodies, will make the final decision regarding the specific services to be funded under their grant or cooperative agreement. As with all other allowable costs, HRSA RWHAP recipients are responsible for applicable accounting and reporting on the use of HRSA RWHAP funds.

Service Category Descriptions and Program Guidance

The following provides both a description of covered service categories and program guidance for HRSA RWHAP Part recipient implementation. These service category descriptions apply to the entire HRSA RWHAP. However, for some services, the

[2] Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the HRSA RWHAP are allowable as incentives for eligible program participants.
[3] General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are unallowable.

HRSA RWHAP Parts (i.e., A, B, C, and D) must determine what is feasible and justifiable with limited resources. There is no expectation that a HRSA RWHAP Part recipient would provide all services, but recipients and planning bodies are expected to coordinate service delivery across Parts to ensure that the entire jurisdiction/service area has access to services based on needs assessment.

The following core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. HRSA RWHAP recipients are encouraged to consider all methods or means by which they can provide services, including use of technology (e.g., telehealth). To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support,
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV[4] and other related or pertinent clinical guidelines, and
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Recipients are required to work toward the development and adoption of service standards for all HRSA RWHAP-funded services to ensure consistent quality care is provided to all HRSA RWHAP-eligible clients. Service standards establish the minimal level of service or care that a HRSA RWHAP funded agency or provider may offer within a state, territory or jurisdiction. Service standards related to HRSA RWHAP Core Medical Services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards. Service standards related to HRSA RWHAP Support Services may be developed using evidence-based or evidence-informed best practices, the most recent HRSA RWHAP Parts A and B National Monitoring Standards, and guidelines developed by the state and local government.

HRSA RWHAP recipients should also be familiar with implementation guidance HRSA HAB provides in program manuals, monitoring standards, and other recipient resources.

HRSA RWHAP clients must meet income and other eligibility criteria as established by HRSA RWHAP Part A, B, C, or D recipients.

RWHAP Core Medical Services

AIDS Drug Assistance Program Treatments

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

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

Food Bank/Home Delivered Meals

Health Education/Risk Reduction

Housing

Legal Services

Linguistic Services

Medical Transportation

Non-Medical Case Management Services

Other Professional Services

Outreach Services

Permanency Planning

Psychosocial Support Services

Referral for Health Care and Support Services

Rehabilitation Services

Respite Care

Substance Abuse Services (residential)

Effective Date
This PCN is effective for HRSA RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016. This includes competing continuations, new awards, and non- competing continuations.

Summary of Changes
August 18, 2016 –Updated *Housing Service* category by removing the prohibition on HRSA RWHAP Part C recipients to use HRSA RWHAP funds for this service.

December 12, 2016 – 1) Updated *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals* service category by including standalone dental insurance as an allowable cost; 2) Updated *Substance Abuse Services (residential)* service category by removing the prohibition on HRSA RWHAP Parts C and D recipients to use HRSA RWHAP funds for this service; 3) Updated *Medical Transportation* service category by providing clarification on provider transportation; 4) Updated *AIDS Drug Assistance Program Treatments* service category by adding additional program guidance; and 5) Reorganized the service categories alphabetically and provided hyperlinks in the Appendix.

October, 22, 2018 – updated to provide additional clarifications in the following service categories:

Core Medical Services: *AIDS Drug Assistance Program Treatments; AIDS Pharmaceutical Assistance; Health Insurance Premium and Cost Sharing Assistance for Low-income People Living with HIV; and Outpatient/Ambulatory Health Services*
Support Services: *Emergency Financial Assistance; Housing; Non-Medical Case Management; Outreach; and Rehabilitation Services*.

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.

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.

See PCN 07-03: The Use of Ryan White HIV/AIDS Program, Part B AIDS Drug Assistance Program (ADAP) Funds for Access, Adherence, and Monitoring Services

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

See also AIDS Pharmaceutical Assistance and Emergency Financial Assistance

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

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

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>.

HRSA RWHAP Parts C or D recipients using CPAP to provide AIDS Pharmaceutical Assistance must establish the following:

- A financial eligibility criteria and determination process for this specific service category
- A drug formulary consisting of HIV-related medications not otherwise available to the clients
- Implementation in accordance with the requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

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.

For CPAPs: HRSA RWHAP Part C or D funds may be used to support a CPAP to routinely refill medications. HRSA RWHAP Part C or D recipients should use the Outpatient/Ambulatory Health Services or Emergency Financial Assistance service

categories for non-routine, short-term medication assistance.

See also AIDS Drug Assistance Program Treatments, Emergency Financial Assistance, and Outpatient/Ambulatory Health Services

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

- HRSA RWHAP Part C EIS services must include the following four components:
    - Counseling individuals with respect to HIV
    - High risk targeted HIV testing (confirmation and diagnosis of the extent of immune deficiency)
        - Recipients must coordinate these testing services under HRSA RWHAP Part C EIS with other HIV prevention and testing programs to avoid duplication of efforts
        - The HIV testing services supported by HRSA RWHAP Part C EIS funds cannot supplant testing efforts covered by other sources
    - Referral and linkage to care of PLWH to Outpatient/Ambulatory Health

Services, Medical Case Management, Substance Abuse Care, and other services as part of a comprehensive care system including a system for tracking and monitoring referrals
- Other clinical and diagnostic services 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. 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. If a HRSA RWHAP Part C or Part D recipient has the resources to provide this service, an equitable enrollment policy must be in place and it must be cost-effective.

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.

See PCN 14-01: Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Premium Tax Credits under the Affordable Care Act

See PCN 18-01: Clarifications Regarding the use of Ryan White HIV/AIDS Program Funds for Health Care Coverage Premium and Cost Sharing Assistance

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.

See also Food-Bank/Home Delivered Meals

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.

See also Psychosocial Support 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.

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

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

See also Early Intervention Services

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.

See also Substance Abuse Services (residential)

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.

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.

See also Early Intervention Services

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,[6] although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.

Housing, as described here, replaces PCN 11-01.

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:

[6] See sections 2604(i), 2612(f), 2651(b), and 2671(a) of the Public Health Service Act.

- 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.

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.

Outreach Services, as described here, replaces PCN 12-01.

See also Early Intervention Services

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.

For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

See also Respite Care Services

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).

See also Early Intervention Services

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 a 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.

See also Psychosocial Support Services

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.

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.

FINAL EXPENDITURES/ UTILIZATION AND NEXT YEAR BUDGET WORKSHEETS

SECTION 8

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

FINAL FY 2025 REPORT
(Grant Closeout Complete)

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF: **February 2026**

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)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,190	167	2,254
Medical Case Management	6,792	120,153	3,009	8,799
Mental Health Services	15	590	6	124
Oral Health Care	418	11,031	319	2,833
Outpatient Ambulatory Health Services	1,520	30,218	922	4,220
Substance Abuse Outpatient Care	0	13	0	4
Support Services				
Food Bank/Home Delivered Meals	601	11,834	244	822
Medical Transportation	448	7,171	218	1,137
Other Professional Services	0	195	0	51
Outreach Services	26	463	18	236
Substance Abuse Services (residential)	236	6,096	15	87
TOTALS:	10,257	196,032		

Total unduplicated clients (month): 3,886

Total unduplicated clients (YTD): 9,194

This final FY 2025 Monthly and Year-to-Date Service Utilization Summary for services through February 2026 is being provided following completion of the FY 2025 grant closeout review process. Reports for the same service period were previously shared during the April 2026 and May 2026 Partnership meetings. The current report, generated on May 28, 2026, reflects finalized utilization data and no changes were identified when compared to the data previously shared on May 11, 2026.

REPORT COMPILED ON: 05/28/2026

See page 4 for Service Unit Definitions

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 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)	8	78	4	8
Health Insurance Premium and Cost Sharing Assistance	193	8,190	167	2,254
Medical Case Management	4,245	101,023	1,922	8,503
Mental Health Services	15	590	6	124
Oral Health Care	418	11,031	319	2,833
Outpatient Ambulatory Health Services	1,228	27,608	736	4,065
Substance Abuse Outpatient Care	0	13	0	4
Support Services				
Food Bank/Home Delivered Meals	601	11,834	244	822
Medical Transportation	446	6,915	216	1,103
Other Professional Services	0	195	0	51
Outreach Services	17	414	12	207
Substance Abuse Services (residential)	236	6,096	15	87
TOTALS:	7,407	173,987		

Total unduplicated clients (month): 2,913

Total unduplicated clients (YTD): 9,089

REPORT COMPILED ON: 05/28/2026

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **February 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	2,547	19,130	1,269	2,171
Outpatient Ambulatory Health Services	292	2,610	226	731
Support Services				
Medical Transportation	2	256	2	65
Outreach Services	9	49	6	30
TOTALS:	2,850	22,045		

Total unduplicated clients (month): 1,400

Total unduplicated clients (YTD): 2,454

REPORT COMPILED ON: 05/28/2026

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.

FINAL FY 2025 REPORT
(Grant Closeout Complete)

PART A

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

FORMULA AND SUPPLEMENTAL FUNDING

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

This report includes finalized FY 2025 paid reimbursements for Part A service months through February 2026, as of 5/28/2026.

All FY 2025 grant closeout activities have been completed, and the report reflects final FY 2025 Part A expenditures and reconciliation data.

Project #: BURW3501	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,176,379.00	FORMULA	
Grant Award Amount FY23 Formula	1,500.00	PY_FORMULA	
Grant Award Amount Supplemental	7,957,734.00	SUPPLEMENTAL	FY 2025 Award
Grant Award Amount FY23 Supplemental	89,039.00	PY_SUPPLEMENTAL	$24,224,652
Carryover Award of FY'24 Formula Funds	800,000.00	CARRYOVER	
Total Award	**$ 25,024,652.00**		

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations
5	AIDS Pharmaceutical Assistance	5,744.00	
9	Health Insurance Services	490,526.00	
2	Medical Case Management	6,377,000.00	
7	Mental Health Therapy/Counseling	54,303.00	
4	Oral Health Care	4,631,775.00	
3	Outpatient/Ambulatory Health Svcs	7,007,729.00	
8	Substance Abuse - Outpatient	3,000.00	
	CORE Services Totals:	18,570,077.00	

	Support Services	Allocations	Carryover Allocations
14	Emergency Financial Assistance	0.00	
6	Food Bank	848,861.00	640,000.00
10	Medical Transportation	62,888.00	160,000.00
15	Other Professional Services	18,700.00	
13	Outreach Services	140,661.00	
11	Substance Abuse - Residential	1,611,000.00	
	SUPPORT Services Totals:	2,682,110.00	800,000.00
	FY 2025 Award (not including C/O)	21,252,187.00	

DIRECT SERVICES TOTAL:	**$**	**22,052,187.00**
Total Core Allocation		18,570,077.00
Target at least 80% core service allocation		17,001,749.60
Current Difference (Short) / Over	**$**	**1,568,327.40**
Recipient Admin. (GC, GTL, BSR Staff)	**$**	**2,368,904.00**
Quality Management	**$**	**603,561.00**
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	**$**	**-**
Unobligated Funds (Carry Over)	**$**	**-**

Core medical % against Total Direct Service Allocation (Not including C/O):	
Cannot be under 75%	**87.38%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**2.49%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**9.78%** **Within Limit**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures
5606970000	AIDS Pharmaceutical Assistance	3,110.33	
5606920000	Health Insurance Services	489,755.12	
5606870000	Medical Case Management	6,313,337.80	
5606860000	Mental Health Therapy/Counseling	52,617.50	
5606900000	Oral Health Care	4,513,801.00	
5606610000	Outpatient/Ambulatory Health Svcs	6,971,950.08	
5606910000	Substance Abuse - Outpatient	780.00	
	CORE Services Totals:	18,345,351.83	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	848,717.20	640,000.00	1,488,717.20
5606460000	Medical Transportation	62,229.06	160,000.00	222,229.06
5606890000	Other Professional Services	17,559.00		
5606950000	Outreach Services	122,055.02		
5606930000	Substance Abuse - Residential	1,522,000.00		
	SUPPORT Services Totals:	2,572,560.28	800,000.00	
	FY 2025 Award (not including C/O)	20,917,912.11		

TOTAL EXPENDITURES DIRECT SVCS & % :			**$ 21,717,912.11**	**98.48%**
Formula Expenditure %		**97.61%**		
5606710000	**Recipient Administration**	**2,317,213.43**	**97.82%**	
5606880000	**Quality Management**	**602,153.97**		2,919,367.40
Grant Unexpended Balance		**FY 2025 Award** **387,372.49**	**Carryover** **(0.00)**	387,372.49
Total Grant Expenditures & %			**$ 24,637,279.51**	**98.45%**

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	**87.70%** **Within Limit**
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	**2.49%** **Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	**9.57%** **Within Limit**

Printed On: 5/28/2026

FINAL FY 2025 REPORT
(Grant Closeout Complete)

MAI

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR35

MINORITY AIDS INITIATIVE (MAI) FUNDING

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

This report includes finalized FY 2025 paid reimbursements for MAI service months through February 2026, as of 5/28/2026.

All FY 2025 grant closeout activities have been completed, and the report reflects final FY 2025 MAI expenditures and reconciliation data.

PROJECT #: BURW3501	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,563,697.00	MAI
Carryover Award of FY'24 MAI Funds	1,539,152.00	MAI_CARRYOVER
Total Award	**$ 4,102,849.00**	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover (C/O) Allocations		Account	Core Medical Services	Expenditures	Carryover (C/O) Expenditures	
	AIDS Pharmaceutical Assistance				5606970000	AIDS Pharmaceutical Assistance			
	Health Insurance Services				5606920000	Health Insurance Services			
1	Medical Case Management	969,689.00	307,830.00	1,277,519.00	5606870000	Medical Case Management	792,192.45	307,830.00	1,100,022.45
6	Mental Health Therapy/Counseling	18,960.00			5606860000	Mental Health Therapy/Counseling	0.00		
	Oral Health Care				5606900000	Oral Health Care			
3	Outpatient/Ambulatory Health Svcs	873,094.63	846,658.37	1,719,753.00	5606610000	Outpatient/Ambulatory Health Svcs	5,204.46	717,453.98	722,658.44
5	Substance Abuse - Outpatient	8,058.00			5606910000	Substance Abuse - Outpatient	0.00		
	CORE Services Totals:	1,869,801.63	1,154,488.37	3,024,290		CORE Services Totals:	797,396.91	1,025,283.98	
	Support Services	**Allocations**	**Carryover Allocations**		**Account**	**Support Services**	**Expenditures**	**Carryover Expenditures**	
8	Emergency Financial Assistance	0.00			5606940000	Emergency Financial Assistance	0.00		
	Food Bank				5606980000	Food Bank			
7	Medical Transportation	14,628.00			5606460000	Medical Transportation	14,281.18		
	Other Professional Services				5606890000	Other Professional Services			
4	Outreach Services	39,816.00			5606950000	Outreach Services	39,816.00		
	Substance Abuse - Residential				5606930000	Substance Abuse - Residential			
	SUPPORT Services Totals:	54,444.00	0.00			SUPPORT Services Totals:	54,097.18	0.00	
	FY 2025 Award (not inlcuding C/O)	1,924,245.63				FY 2025 Award (not inlcuding C/O)	851,494.09		
	Carryover Award		1,154,488.37						
	DIRECT SERVICES TOTAL:		**$ 3,078,734.00**			**TOTAL EXPENDITURES DIRECT SVCS & %:**		**$ 1,876,778.07**	**60.96%**
	Total Core Allocation	1,869,801.63							
	Target at least 80% core service allocation	1,539,396.50							
	Current Difference (Short) / Over	**$ 330,405.13**							
	Recipient Admin. (OMB-GC)	**$ 256,369.00**			5606710000	**Recipient Administration**	**229,726.70**	**89.61%**	
	Quality Management	**$ 100,000.00**	356,369.00	$ 3,435,103.00	5606880000	**Quality Management**	**100,000.00**		329,726.70
						Grant Unexpended Balance	**FY 2025 Award**	**Carryover**	
	(+) Unobligated Funds / (-) Over Obligated:						**1,382,476.21**	**513,868.02**	1,896,344.23
	Unobligated Funds (MAI)	**$ 283,082.37**							
	Unobligated Funds (Carry Over)	**$ 384,663.63**	667,746.00	4,102,849.00		**Total Grant Expenditures & % (Including C/O):**		**$ 2,206,504.77**	**53.78%**

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**97.17%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.90%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**93.65%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.90%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**8.96%**	**Within Limit**

Printed On: 5/28/2026

Fiscal Year 2027-2028
Ranking Sheet Sample

Ryan White Program Part A Priorities

1) As part of the annual Needs Assessment process and keeping in mind all the presentations made during the Needs Assessment, use this survey to rank all 28 service categories from highest priority (1) to lowest 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

Fiscal 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

Fiscal Year 2027-2028
Ranking Worksheet

Ryan White Program Part A Priorities--MEMBERS

1) As part of the annual Needs Assessment process and keeping in mind all the presentations made during the Needs Assessment, use this survey to rank all 28 service categories from highest priority (1) to lowest 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

Revised Ranking	Rank	Services
	1	AIDS Drug Assistance Program (ADAP) Treatment [C]
	2	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	3 or 4	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
	3 or 4	Medical Transportation (Vouchers) [S]
	5	Medical Case Management, including Treatment Adherence Services [C]
	6	Early Intervention Services [C]
	7	Oral Health Care [C]
	8	Emergency Financial Assistance [S]
	9	Food Bank/Home-Delivered Meals [S]
	10	Outpatient/Ambulatory Health Services [C]
	11 or 12	Housing Services [S]
	11 or 12	Medical Nutrition Therapy [C]
	13	Home and Community Based Health Care [C]
	14	Health Education/Risk Reduction [S]
	15	Non-Medical Case Management [S]
	16	Mental Health Services [C]
	17	Home Health Care [C]
	18	Hospice Services [C]
	19	Substance Abuse Outpatient Care [C]
	20	Child Care Services [S]
	21	Outreach Services [S]
	22	Psychosocial Support [S]
	23	Substance Abuse Services (Residential) [S]
	24	Referral for Health Care and Support Services [S]
	25	Rehabilitation Services [S]
	26 or 27	Linguistic Services [S]
	26 or 27	Other Professional Services (Legal Assistance and Permanency Planning) [S]
	28	Respite Care [S]

C=core services S=support services

Fiscal Year 2027-2028
Ranking Worksheet

Ryan White Program Minority AIDS Initiative (MAI) Priorities--MEMBERS

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

Revised Ranking	Rank	Services
	1	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
	2	AIDS Drug Assistance Program (ADAP) Treatment [C]
	3 or 4	Early Intervention Services [C]
	3 or 4	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
	5 or 6	Medical Case Management, including Treatment Adherence Services [C]
	5 or 6	Medical Transportation (Vouchers) [S]
	7	Food Bank/Home-Delivered Meals [S]
	8	Outpatient/Ambulatory Health Services [C]
	9	Emergency Financial Assistance [S]
	10	Oral Health Care [C]
	11	Home and Community Based Health Care [C]
	12	Housing Services [S]
	13	Health Education/Risk Reduction [S]
	14 or 15	Home Health Care [C]
	14 or 15	Mental Health Services [C]
	16	Hospice Services [C]
	17	Child Care Services [S]
	18	Medical Nutrition Therapy [C]
	19	Substance Abuse Outpatient Care [C]
	20	Non-Medical Case Management [S]
	21	Psychosocial Support [S]
	22	Outreach Services [S]
	23	Substance Abuse Services (Residential) [S]
	24	Linguistic Services [S]
	25	Referral for Health Care and Support Services [S]
	26	Other Professional Services (Legal Assistance and Permanency Planning) [S]
	27	Rehabilitation Services [S]
	28	Respite Care [S]

C=core services S=support services

MIAMI DADE COUNTY
RYAN WHITE PROGRAM (RWP)
FY 2027 PART A FUNDING
CEILING BUDGET WORKSHEET

FY 2027 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 EXPENDITURES	FY 2025 %	FY 2027 RECOMMENDED ALLOCATION [1 & 4]	FY 2027 %	FY 2027 C&T RECOMMENDED ALLOCATION
	AIDS PHARMACEUTICAL ASSISTANCE [C]	$3,110.33	0.01%	$28,825	0.13%	
	EMERGENCY FINANCIAL ASSISTANCE [S]	$0.00	0.00%	$665,180	3.00%	
	FOOD BANK*/HOME DELIVERED MEALS [S]	$1,488,717.20	6.85%	$1,164,066	5.25%	
	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	$489,755.12	2.26%	$665,180	3.00%	
	HOUSING [S]	Not Funded in FY 2025	N/A	$665,180	3.00%	
	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$6,313,337.80	29.07%	$5,543,171	25.00%	
	MEDICAL TRANSPORTATION [S]	$222,229.06	1.02%	$221,727	1.00%	
	MENTAL HEALTH SERVICES [C]	$52,617.50	0.24%	$1,108,634	5.00%	
	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Funded in FY 2025	N/A	$221,727	1.00%	
	ORAL HEALTH CARE [C]	$4,513,801.00	20.78%	$3,603,061	16.25%	
	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	$17,559.00	0.08%	$55,432	0.25%	
	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$6,971,950.08	32.10%	$6,678,412	30.12%	
	OUTREACH SERVICES [S]	$122,055.02	0.56%	$110,863	0.50%	
	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Funded in FY 2025	N/A	$221,727	1.00%	
	SUBSTANCE ABUSE OUTPATIENT CARE [C]	$780.00	0.00%	$221,727	1.00%	
	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$1,522,000.00	7.01%	$997,771	4.50%	
	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	CHILD CARE SERVICES [S]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	EARLY INTERVENTION SERVICES [C]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	HOME HEALTH CARE [C]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	HOSPICE [C]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	LINGUISTIC SERVICES [S]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	MEDICAL NUTRITION THERAPY [C]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	REHABILITATION SERVICES [S]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
	RESPITE CARE [S]	Not Part A Funded [3]	N/A	Not Part A Funded	N/A	Not Part A Funded
SUBTOTAL		**$21,717,912.11**	**100.00%**	**$22,172,683**	**100.0%**	**$22,172,683**

*** Funded component of the service category.**

[C]= Core Medical Service; **[S]** = Support Service

	A	B	
	$454,770.89	$22,172,683.00	**Sum of Column B**
	Difference (B-A)	$0.00	**Over/Short**

ADMINISTRATION [2]	**$2,317,213.43**	**$2,530,298**	
CLINICAL QUALITY MANAGEMENT	**$602,153.97**	**$600,000**	
TOTAL	**$24,637,279.51**	**$25,302,981**	

	Exp. Ratios	Exp. Ratios	Exp. Ratios
Core Medical Services (includes carryover exp.)	**84.47%**	**80.50%**	**0.00%**
Support Services	**15.53%**	**19.50%**	**0.00%**
	100.00%	100.00%	

NOTES:

[1] Award Ceiling Totals $27,866,908 [$25,302,981 (Part A) and $2,563,927 (MAI)] per HRSA's FY 2027 Non-Compete Continuation Progress Report (NCC).

[2] Administration includes Partnership Staff Support and Data Support (Provide® Enterprise Miami).

[3] Service categories shaded in GREY have been included for "FY 2027 RANKING" (i.e., Priority ranking) purposes ONLY and will not be funded under the local RWP Part A and MAI. This process is required by HRSA's NCC instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.

[4] "FY 2027 RECOMMENDED ALLOCATIONS" and "FY 2027 %" were previously approved by the Planning Council and serve as the basis for the RFP competitive action currently in progress.

MIAMI DADE COUNTY
RYAN WHITE PROGRAM (RWP)
FY 2027 MINORITY AIDS INITIATIVE (MAI) FUNDING
CEILING BUDGET WORKSHEET

FY 2027 RANKING	SERVICE CATEGORIES (ALPHABETIC ORDER)	FY 2025 EXPENDITURES	FY 2025 %	FY 2027 RECOMMENDED ALLOCATION [1 & 3]	FY 2027 %	FY 2027 C&T RECOMMENDED ALLOCATION
	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not Funded in FY 2025	N/A	$2,649	0.12%	
	EMERGENCY FINANCIAL ASSISTANCE [S]	$0.00	0.00%	Not MAI Funded	N/A	Not MAI Funded
	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$1,100,022.45	58.61%	$921,646	41.75%	
	MEDICAL TRANSPORTATION [S]	$14,281.18	0.76%	$24,945	1.13%	
	MENTAL HEALTH SERVICES [C]	$0.00	0.00%	$132,452	6.00%	
	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$722,658.44	38.51%	$1,125,843	51.00%	
	OUTREACH SERVICES [S]	$39,816.00	2.12%	Not MAI Funded	N/A	Not MAI Funded
	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded [2]	N/A	Not MAI Funded	N/A	Not MAI Funded
	CHILD CARE SERVICES [S]	Not MAI Funded [2]	N/A	Not MAI Funded	N/A	Not MAI Funded
	SUBSTANCE ABUSE OUTPATIENT CARE [C]	$0.00	0.00%	Not MAI Funded	N/A	Not MAI Funded
	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded [2]	N/A	Not MAI Funded	N/A	Not MAI Funded
SUBTOTAL		**$1,876,778.07**	100.00%	**$2,207,535**	100.00%	**$2,207,535**

[C]= Core Medical Service; **[S]** = Support Service

	A		**B**	
		$330,756.93	$2,207,535.00	**Sum of Column B**
		Difference (B-A)	$0.00	**Over/Short**
ADMINISTRATION	**$229,726.70**		**$256,392**	
CLINICAL QUALITY MANAGEMENT	**$100,000.00**		**$100,000**	
TOTAL [2]	**$2,206,504.77**		**$2,563,927**	

	Exp. Ratios	**Exp. Ratios**	**Exp. Ratios**
Core Medical Services (inlcudes carryover exp.) [3]	**97.12%**	**98.87%**	**0.00%**
Support Services	**2.88%**	**1.13%**	**0.00%**
	100.00%	100.00%	0.00%

NOTES:

[1] Award Ceiling Totals $27,866,908 [$25,302,981 (Part A) and $2,563,927 (MAI)] per HRSA's FY 2027 Non-Compete Continuation Progress Report (NCC).

[2] Service categories shaded in GREY have been included for "FY 2027 RANKING" (i.e., Priority ranking) purposes ONLY and will not be funded under the local RWP Part A and MAI. This process is required by HRSA's NCC instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources to areas of need.

[3] "FY 2027 RECOMMENDED ALLOCATIONS" and "FY 2027 %" were previously approved by the Planning Council and serve as the basis for the RFP competitive action currently in progress.

ADDITIONAL MATERIALS

SECTION 9

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

Ryan White Program FY 2025 Client Satisfaction Survey Summary of Findings

September 10, 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 client to each MCM subrecipient, 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: (1) clients recruited by the MCMs first had to give permission for BSR to contact them, and (2) when BSR contacted the clients, 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%

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%

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%

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%

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


Thank
You

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%).

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

Thank You

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

Next Steps and Reminders

August 13, 2026

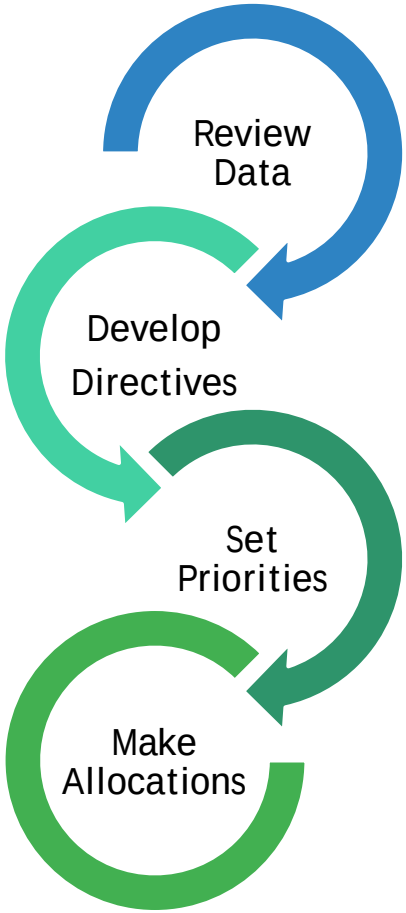
Presentation created by Behavioral Science Research Corp.

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]

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

Thank You

Behavioral Science Research

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

AGENDA AND MINUTES

SECTION 10

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, June 11, 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	TBD
II.	Introductions	All
III.	Meeting Housekeeping	TBD
IV.	Floor Open to the Public	TBD
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of May 14, 2026	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	TBD
VIII.	Standing Business	
	• FCPN Update	All
	• Proposed Service Descriptions Protocol	All
IX.	New Business	
	• Planning Council Responsibilities and Needs Assessment	Marlen Meizoso
	• Needs Assessment PSRA Process Review and Approval	All
	• Miami-Dade County Epidemiological Data Selections 2020-2024	Marlen Meizoso
	• Miami-Dade County Ryan White Program Care Continuum FY 2025-26	Frank Gattorno
X.	Announcements and Open Discussion	All
	• New Member Orientation July 1, 2026	Marlen Meizoso
XI.	Next Meeting: **July 9, 2026** at **Care Resource**	TBD
XII.	Adjournment	TBD

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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Care and Treatment Committee Meeting
Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd., 1st Floor, Community Room
Miami, FL 33137

May 14, 2026, Minutes

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

Guests	
Gonzalez, Yvette	
Singh, Hardeep	
Valle-Schwenk, Carla	
Staff	
Ladner, Robert	
Meizoso, Marlen	

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

I. Call to Order *Dr. Steven Santiago*

Dr. Steven Santiago, Chair, welcomed everyone and reviewed the tasks of the day. He called the meeting to order at 10:12 a.m.

II. Introductions *All*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Dr. Steven Santiago*

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

IV. Floor Open to the Public *Dr. Steven Santiago*

Dr. Santiago read the following:

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda *All*

The Committee reviewed the agenda and approved it as presented.

Motion to accept the agenda as discussed.
Moved: James Riley Seconded: Dr. Daniel Shmuels Motion: Passed

VI. Review/Approve Minutes of March 12, 2026

The Committee reviewed the minutes of March 12, 2026, and motioned to accept them as presented.

Motion to accept the March 12, 2026, minutes as presented.
Moved: James Riley Seconded: Dr. Daniel Shmuels Motion: Passed

VII. Reports

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

Carla Valle-Schwenk indicated the Ryan White Program Part A/MAI Request for Proposal for services starting FY 2027 should be released soon, possibly by June. The submission process will be online. The final closeout for the year is being done, and final expenditures and utilization should be available for next month. The Recipient is also working on HRSA end-of-year reports.

Advocacy regarding the changes to ADAP is still underway. The new Fiscal Year for the state begins July 1. Clients can apply to the Gilead Patient Assistance Program for Biktarvy and the clinical reason to stay on the medication needs to be included on the application. ADAP is also looking to remove additional drugs from the formulary, including single regime tablets; and to offer only generic medications.

There were no Part B, ADAP, or General Revenue reports available for the meeting.

- **Vacancies** *Marlen Meizoso*

Mrs. Meizoso reviewed the vacancy report from May 2026, highlighting the membership opportunities on the Partnership, committees, and subcommittee. She indicated that today's meeting was Vanessa Mills final meeting since she reached her term limit. Three applications have been

received for the Committee but only one applicant was in attendance. The other applicants will attend the June meeting. Yvette Gonzalez applied to the committee and has also applied for the Partnership. Ms. Gonzalez indicated her background and interest in the Committee and members voted on her membership.

Motion to recommend Yvette Gonzalez as a member of the Care and Treatment Committee.
Moved: Louvens Fils Aime Seconded: James Riley Motion: Passed

Staff also invited committee members to share membership opportunities among clients and invite them to a meeting or direct them to staff.

- **Medical Care Subcommittee Report** *Dr. Steven Santiago*

Dr. Santiago read the report from the Medical Care Subcommittee (MCSC).

The Medical Care Subcommittee:

- Elected Christhian Ysea as Chair and Dr. Lawrence Friedman as Vice Chair.

- Discussed activity planning to address work load, moved their meeting up a week to ensure quorum, and will return to addressing the systemic review of the allowable conditions at the next meeting.

- Continued efforts to address contingency planning in response to pending ADAP changes by reviewing utilization under Outpatient Ambulatory Health Services. Additional review will take place at the next meeting focusing on vaccines.

- Began discussion of the Ryan White Part A Prescription Drug Formulary and updates that were needed, including the removal of discontinued items, addition of new ARV Sulenca per formulary protocol, and edits to some medications. While the ADAP program has removed Biktarvy, it still appears on the Ryan White Formulary and must be removed since it would be cost prohibitive to provide the medication. Samples and the Patient Assistance Program should be used to access the medications. Additional review of the Formulary will take place at the next meeting.

Motion to remove Biktarvy from the Ryan White Part A Prescription Drug Formulary, retroactive to March 1, 2026.
Moved: Louvens Fils Aime Seconded: Dr. Daniel Shmuels Motion: Passed

MCSC members reviewed several items deferred from earlier in the year, including service descriptions they had initially started editing. Red-lined documents were presented, and staff advised some of the formatting changes may cause the drafts to look distorted. All formatting will be corrected in the final draft. The Subcommittee reviewed and accepted the edits to the mental health, substance abuse, and oral health service descriptions. The Committee combined the motions for mental health and substance abuse.

Motion to accept the FY 2026 Ryan White Program Mental Health Services Description and Substance Abuse Outpatient Care and Substance Abuse Services (Residential) Service Description as presented.
Moved: Maria Henriquez Seconded: Dr. Daniel Shmuels Motion: Passed

Motion to accept the FY 2026 Ryan White Oral Health Care Service Description as edited.
Moved: Trillion Ingram Seconded: James Riley Motion: Passed

Members reviewed service descriptions previously approved that needed correcting since they contained references to services and changes that will be available after the new RFP. The Subcommittee reviewed and accepted revisions to the Prescription Drugs and Outpatient Ambulatory Health Services Descriptions. The references highlighted in green will be updated upon receipt of the information.

Motion to accept the FY 2026 Ryan White Program AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program-LPAP) Service Description as presented.
Moved: Dr. Daniel Shmuels Seconded: Louvens Fils Aime Motion: Passed

Motion to accept the FY 2026 Ryan White Program Outpatient Ambulatory Health Services Description as discussed.
Moved: James Riley Seconded: Dr. Daniel Shmuels Motion: Passed

The Subcommittee reviewed edits and suggested additional changes to the Oral Health Care Service Standards. Edits have been incorporated into the draft.

Motion to accept the FY 2026 Ryan White Program Oral Health Care Standards as discussed.
Moved: Dr. Daniel Shmuels Seconded: Yvette Gonzalez Motion: Passed

The Subcommittee reviewed edits to the Letter of Medical Necessity for Continuous Glucose Monitors including review of possible costs for specific devices. Instead of selecting a specific device, just the brand names will be listed and additional language on use of cost-effective options was included on the edits. Edits have been incorporated into the draft.

Motion to accept the FY 2026 Ryan White Program Letter of Medical Necessity for Continuous Glucose Monitors as discussed.
Moved: Dr. Daniel Shmuels Seconded: Louvens Fils-Aime Motion: Passed

As part of their annual work, the Subcommittee also reviewed FY 2026 Ryan White Program Nutritional Assessment for Extension of Occurrences of Food Bank Services, and edited language for clarity.

Motion to accept the FY 2026 Ryan White Program Nutritional Assessment for Extension of Occurrences of Food Bank Services as discussed.
Moved: Trillion Ingram Seconded: Dr. Daniel Shmuels Motion: Passed

The next MCSC meeting is scheduled for May 15, 2026, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

VIII. Standing Business

- **FCPN Nomination Care and Treatment Update** *All*

The Care and Treatment Committee is tasked with recommending two members to the Florida Comprehensive Planning Network (FCPN) Care and Treatment Division. FCPN works as the state's planning group for HIV services and meets periodically in person and holds workgroups online. The Committee approved Dr. Diego Shmuels as the FCPN Care and Treatment alternate when nominations were first requested in December. No other members volunteered for the Representative seat. Another request was made for nominations. Members were asked to think about participating and the item will be added to next month's agenda. Meanwhile, staff will forward the FCPN Bylaws to members to review responsibilities.

- **Special Projects Discussion** *All*

As part of the annual staff support budget process approved in 2024, committees and the subcommittee are being polled for any request for support of special projects above and beyond HRSA-mandated annual activities (needs assessment, comprehensive planning, PSRA, and efficiency of the administrative mechanism). Results of the special projects request will be shared with the Executive Committee. With the current challenges with the ADAP program, the Committee decided not to pursue a special project and instead to continue monitoring the impact of changes to ADAP.

- **Service Descriptions – Remaining Item**s *All*

Because of the work being done on contingency planning and other delays, some service descriptions need revision for FY 2026. Staff included drafts with some proposed edits for review, and members were advised that formatting in track changes appears distorted but will be corrected once the final version is approved. Service descriptions for emergency financial assistance, food bank, medical transportation, medical case management, outreach, and health insurance assistance were reviewed. No additional edits were suggested for medical transportation and food bank.

The following edits were recommended on the service descriptions:

- Emergency Financial Assistance: Biktarvy should be struck, and the notes section needs to be verified if it is still needed.
- Medical Case Management: Under staff training, the date should be July 1, 2026.
- Outreach: Change gender to sex on page 9; and under staff training, the date should be July 1, 2026.
- Health Insurance: It was suggested to use the YR 2025 service description language, update the dates, highlight the section that no longer applies for ADAP, and add a disclaimer about the

highlighted section indicating, “the following information below is inactive and included for reference only at this time”.

Motion to accept the FY 2026 Ryan White Program Emergency Financial Assistance Service Description as discussed.
Move: Trillion Ingram **Seconded: James Riley** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Food Bank Service Description as presented.
Move: Trillion Ingram **Seconded: James Riley** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Medical Transportation Service Description as presented.
Move: Yvette Gonzalez **Seconded: James Riley** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Medical Case Management, including Treatment Adherence Service Description as discussed.
Move: Louvens Fils Aime **Seconded: James Riley** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Outreach Service Description as presented.
Move: Yvette Gonzalez **Seconded: Dr. Daniel Shmuels** **Motion: Passed**

Motion to accept the FY 2026 Ryan White Program Health Insurance Service Description as discussed.
Move: James Rilery **Seconded: Trillion Ingram** **Motion: Passed**

IX. New Business

- **Proposed Service Description Protocol** *All*

Staff proposed an annual service description protocol to expedite the review process. The protocol details the purpose, frequency, responsibilities, and steps in the process. The Committee discussed the protocol and agreed it would be helpful. Instead of recommending descriptions, “with changes” or “with no changes,” it was suggested to make them, “with substantial changes” and “with no substantial changes”. Substantial changes do not include dates, footer updates, information in the header, or references to billing structures. A tracking sheet should also be included. A revised draft will be brought to the next meeting.

- **FY 2025-26 Carryover Request** *All*

The Committee reviewed the FY 2026-2027 Carryover request for Ryan White Part A and Minority AIDS Initiative (MAI) funding. At the time of the Committee's decisions, only estimated total funds were available so allocations were indicated as percentages.

Under MAI, the estimated carryover totals were allocated to the top two usage categories, Medical Case Management and Outpatient/Ambulatory Health Services, both of which may need additional funding.

Motion to allocate 50% of the FY 2026-27 Ryan White MAI carryover requests to Medical Case Management and 50% to Outpatient/Ambulatory Health Services.
Moved: James Riley **Seconded: Yvette Gonzalez** **Motion: Passed**

Under Ryan White Part A, the total estimated carryover percent was placed into Food Bank whose allocation for FY 26 was about 35% of the total expended last year. Dr. Santiago had a conflict under Part A. He stated his conflict and left the room during the discussion and vote. Dr. Santiago was asked to complete Form 8B, which is included as an addendum to these minutes. Maria Henriquez volunteered to chair the meeting in Dr. Santiago's absence. Upon completion of the vote, Dr. Santiago returned to the meeting and resumed chairing.

Motion to allocate 100% of the FY 2026-27 Ryan White Part A Carryover request to Food Bank Services.
Moved: James Riley **Seconded: Yvette Gonzalez** **Motion: Passed**
Abstained: Dr. Steven Santiago

- **Planning Council Responsibilities and Needs Assessment** *All*

Since time was running short, the Committee made a motion to defer this item to next month. The Committee was asked about budget development since this needs to be incorporated into planning. The Committee suggested only having one budget (non-compete ceiling total). This will help provide more time on the agenda to address other business items.

Motion to defer the Planning Council Responsibilities and Needs Assessment Presentation to next month.
Moved: James Riley **Seconded: Dr. Daniel Shmuels** **Motion: Passed**

X. Announcements and Open Discussion *All*

Attendees were reminded that next Get on Board training course is on June 3, 2026, and registration for the event is accessible via the posted QR code.

XI. Next Meeting *Dr. Steven Santiago*

The next meeting is scheduled for Thursday, June 11, 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 11:36 a.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: Miami / COUNTY: Miami-Dade	NAME OF POLITICAL SUBDIVISION:
DATE ON WHICH VOTE OCCURRED: May 14, 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 May 14, 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 carryover allocation recommended for the FY 2026 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.

5/14/2026

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.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, July 9, 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. Steven Santiago
II.	Introductions	All
III.	Meeting Housekeeping	Dr. Steven Santiago
IV.	Floor Open to the Public	Dr. Diego Shmuels
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of June 11, 2026	All
VII.	Reports	
	• Recipients (Part A and ADAP)	All
	• Vacancies	Marlen Meizoso
	• Partnership Report (reference only)	Dr. Steven Santiago
VIII.	Standing Business	
	• FY 2026-27 Rapid Reallocation/Sweeps	All
IX.	New Business	
	• Miami-Dade County Ryan White Program Demographics FY 2025	Frank Gattorno
	• Miami-Dade County Ryan White Program FY 2025 Co-Occurring Conditions	Dr. Robert Ladner
	• Other Funding and Dashboard Cards	Marlen Meizoso
X.	Announcements and Open Discussion	All
	• July 22, 2026 New Member Orientation	
XI.	Next Meeting: **August 13, 2026** at **Care Resource**	Dr. Diego Shmuels
XII.	Adjournment	Dr. Steven Santiago

Please turn off or mute cellular devices – Thank you

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

Care and Treatment Committee Meeting
Care Resource Community Health Center, Midtown Miami
3510 Biscayne Blvd., 1st Floor, Community Room
Miami, FL 33137

June 11, 2026, Minutes

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

Guests
Dale, Jackie
Gonzalez de Obando, Tivisay
Santiago, Grechen
Singh, Hardeep
Staff
Gattorno, Frank
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. Daniel Shmuels*

In the absence of both officers, Dr. Daniel Shmuels volunteered to chair the meeting. He welcomed everyone, reviewed the tasks of the day, and called the meeting to order at 10:20 a.m.

II. Introductions *All*

Members, guests, and staff introduced themselves.

III. Meeting Housekeeping *Dr. Daniel Shmuels*

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

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

Dr. 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. Two additions were requested. For all items marked TBD, Daniel Shmuels should be indicated as the lead. There was also a request for the addition of the Partnership Report after the Medical Care Subcommittee Report. The Committee approved the agenda with the updates and additions.

Motion to accept the agenda with the discussed changes.
Moved: James Riley Seconded: Yvette Gonzalez Motion: Passed

VI. Review/Approve Minutes of May 14, 2026

The Committee reviewed the minutes of May 14, 2026, and accepted them as presented.

Motion to accept the May 14, 2026, minutes as presented.
Moved: Louvens Fils Aime Seconded: Maria Henriquez Motion: Passed

VII. Reports

- **Part A** *Tivisay Gonzalez de Obando*

  Tivisay Gonzalez de Obando reviewed the final FY 2025 Ryan White Program Part A/MAI utilization and expenditure reports. The Ryan White Program served 9,316 clients which is slightly fewer clients than last year, though there was an increase in the number of MAI clients served. The carryover request and end of year reports were submitted to HRSA.

  Contracts for the current year for EHE, Part A, and MAI are being finalized and will start to go out within the next two weeks.

  The public outreach campaign continues.

  Recipient staff is preparing for the Ryan White Conference scheduled for August 3-7, 2026.

A member asked if an analysis of carryover has been carried out to show where underspending is taking place. Ms. Gonzalez de Obando indicated the information is available and can be shared with the Committee for the next meeting.

- **Other Reports**

There were no Part B, ADAP, or General Revenue reports available for the meeting.

- **Vacancies** *Marlen Meizoso*

Mrs. Meizoso reviewed the vacancies on the Partnership and the Committee. The two applicants referenced last month were able to attend the meeting and introduced themselves. Jacqueline "Jackie" Dale, and Grechen Santiago provided information on their interest and background. Members decided to vote on their membership as a slate.

Motion to recommend Jackie Dale and Grechen Santiago as members of the Care and Treatment Committee.
Moved: James Riley **Seconded: Yvette Gonzalez** **Motion: Passed**

Staff reviewed next steps for the new members and also invited committee members to share membership opportunities widely.

- **Medical Care Subcommittee Report** *Dr. Daniel Shmuels*

Dr. Shmuels read the report from the Medical Care Subcommittee (MCSC). The Medical Care Subcommittee:

- Heard updates on the Ryan White Program.
- Continued its review of documents crafted as a response to the HRSA "Dear Colleague" letter reviewing the Allowable Conditions list.
- Reviewed data on vaccine utilization under Outpatient/Ambulatory Health Services and discussed payor of last resort restrictions for ADAP clients.
- Discussed special projects and decided to continue current work on allowable conditions.
- Were informed that dental code D6095-repair of implant abutment, was discontinued, and has not been used recently.
- Cancelled their June meeting, since several members were not going to be able to attend.

The next MCSC meeting is scheduled for July 24, 2026, at Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

- **Partnership Report** *Marlen Meizoso*

Mrs. Meizoso reviewed the Partnership Report which was posted online and indicated the motions made at the June meeting.

VIII. Standing Business

- **FCPN Nomination Care and Treatment Update** *All*

The Care and Treatment Committee discussed the need to recommend an additional member to the Florida Comprehensive Planning Network (FCPN) Care and Treatment Division. FCPN works as the state's planning group for HIV services and meets periodically in person and holds workgroups online. Staff forwarded the Bylaws to members which detailed the rules that govern the FCPN. Members were queried for interest in serving as the member and Yvette Gonzalez volunteered. With no additional interest, Ms. Gonzalez was recommended.

Motion to recommend Yvette Gonzalez as the Care and Treatment member to FCPN.
Moved: James Riley Seconded: Louvens Fils Aime Motion: Passed

- **Proposed Service Description Protocol** *All*

Based on the discussions and review of the proposed Annual Service Description Protocol last month, edits were made and incorporated into the current draft. The protocol is intended to improve the service definition review and approval process. The Committee reviewed the edits which included a sample tracking sheet and language updates. No additional changes were recommended. The Committee made a motion to approve the document as presented.

Motion to accept the Proposed: Annual Service Description Review Protocol as presented.
Moved: Maria Henriquez Seconded: James Riley Motion: Passed

IX. New Business

- **Planning Council Responsibilities and Needs Assessment** *All*

Mrs. Meizoso reviewed the Planning Council Responsibilities and Needs Assessment presentation which serves as the foundation for the work that the Committee will engage in starting with today's meeting and ending in September. The Committee reviewed their responsibilities, timelines, expectations, and sample data that will be used throughout the process for priority setting, resource allocations, and in establishing directives, emphasizing that decisions must be data driven.

- **Needs Assessment PSRA Process Review and Approval** *All*

The Committee reviewed the document and took turns reading it out loud. The 2026 Needs Assessment Process for Setting Priorities and Allocating Resources document detailed the step-by-step process members will follow as part of the Annual Needs Assessment which culminates in priority setting and resource allocations (PSRA) of the grant ceiling budgets for the next fiscal year. The Committee made a motion to adopt the document as presented.

Motion to accept the 2026 Needs Assessment Process for Setting Priorities and Allocating Resources document.
Moved: James Riley **Seconded: Louvens Fils Aime** **Motion: Passed**

- **Miami-Dade County Epidemiological Data Selections 2020-2024** *Marlen Meizoso*

Mrs. Meizoso reviewed the Miami-Dade County Epidemiological Data Selections from 2020-2024 presentation based on Florida Department of Health data. The presentation highlighted HIV and AIDS incidence by sex, age, ethnic groups, and transmission categories, and HIV prevalence by sex, age, ethnic groups, and transmission categories; compared data to state totals; and highlighted HIV-related deaths, and the HIV Care Continuum.

- **Miami-Dade County Ryan White Program Care Continuum FY 2025-26** *Frank Gattorno*

Mr. Gattorno reviewed the 2025 Ryan White HIV Care Continuum. HIV Care Continuum client health outcomes continued to improve from FY 2024 to FY 2025. Retained in care rates rose from 80% to 82%, and viral suppression rates rose from 86% to 88%. Among race/ethnicity groups, Black/non-Hispanic have the lowest suppressed viral load rates (83%) while Hispanics have the highest (90%). By sex, men have slightly higher viral suppression rates (89%), compared to women (86%). Among exposure categories, rates for injection drug use (IDU) have the lowest viral suppression rates (78%).

X. Announcements and Open Discussion *All*

Attendees were reminded:

- The next New Member Orientation training will be on July 1, 2026, and registration for the event is accessible via the posted QR code or link.

- It is import to RSVP to the meeting for quorum and to prepare sufficient meeting materials during the Needs Assessment meetings. Rapid reallocation will be on the agenda for the July meeting.

- 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. Daniel Shmuels*

The next meeting is scheduled for Thursday, July 9, 2026, at Care Resource, from 10:00 a.m. to 1:00 p.m.

XII. Adjournment *Dr. Daniel Shmuels*

With business concluded, Dr. Shmuels thanked everyone for participating, and adjourned the meeting at 12:09 p.m.

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/

Care and Treatment Committee Meeting
Care Resource Community Health Center, Midtown Miami
3510 Biscayne Boulevard, 1st Floor, Community Room
Miami, FL 33137

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.
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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

[redacted]

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, September 10, 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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V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of August 13, 2026	All
VII.	Reports	
	• Recipients (Part A and ADAP)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Dr. Diego Shmuels
VIII.	Standing Business	
	• None	
IX.	New Business	
	• Minority AIDS Initiative Sweeps/Reallocation 1.1	All
	• Ryan White Program FY 2025 Client Satisfaction Survey Findings	Dr. Robert Ladner
	• Directives	All
	• Priority Setting	All
	• Resource Allocation	All
	• FY 2027 Service Description Review	All
X.	Announcements and Open Discussion	All
	• Get on Board-October 7, 2026	
XI.	Next Meeting: **October 8, 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

Care and Treatment Committee Meeting
Care Resource Community Health Center, Midtown Miami
3510 Biscayne Boulevard, 1st Floor, Community Room
Miami, FL 33137

August 13, 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
Machado, Angela
Villamizar, Kira
Staff
Ladner, Robert
Meizoso, Marlen

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

I. Call to Order *Dr. Daniel Shmuels*

Dr. Daniel Shmuels volunteered to chair the meeting in the absence of the Chair and Vice Chair. Dr. Shmuels 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. Daniel Shmuels*

Dr. Daniel Shmuels reviewed the housekeeping presentation which detailed 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. Daniel Shmuels*

Dr. Daniel 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. Staff requested to defer the Client Satisfaction Survey presentation until the next meeting. The Committee approved the agenda with the update.

Motion to accept the agenda with the deferral of the Client Satisfaction Survey presentation.
Moved: James Riley Seconded: Trillion Ingram Motion: Passed

VI. Review/Approve Minutes of July 9, 2026

The Committee reviewed the minutes of July 9, 2026, and noted a spelling correction on page two from, “Whtie” to “White”.

The Chair, Dr. Diego Shmuels arrived and resumed control of the meeting and requested a motion on the minutes.

Motion to accept the July 9, 2026, minutes with the discussed correction.
Moved: Louvens Fils Aime Seconded: Dr. Daniel Shmuels Motion: Passed

VII. Reports

- **Part A** *Tivisay Gonzalez de Obando*

  Tivisay Gonzalez de Obando reviewed the FY 2026 utilization Ryan White Program Part A/ Minority AIDS Initiative (MAI) report. . As of August 2026, the report indicated 7,781 clients had been served in the Fiscal Year to date. Contracts are still being finalized, so expenditures are pending.

  Award letters are being disseminated for Part A/MAI Sweeps #1. Next month, additional Sweeps for MAI funding will take place to account for the $500,000 reduction in the carryover request for MAI.

  The Statewide Needs Assessment is still active through the end of the month.

Within the next one to two weeks, the Request for Proposal (RFP) for Part A/MAI/Ending the HIV Epidemic (EHE) will be released for direct services. The RFP for quality management and staff support is expected to follow within one to two weeks of the direct services RFP.

Last week the Ryan White Conference was held and was well attended, with over 3,000 in-person attendees and over 4,000 online participants. Tracks at the conference included HIV and aging and planning council membership information sessions. AIDS Education and Training Centers (AETC) sessions were available to case managers and clinicians who could earn continuing education credits. Presentations will be posted online on the conference app in September, as they become available.

- **Part B** *Kira Villamizar*

Kira Villamizar reviewed the June 2026 Ryan White Part B expenditure report. She advised that a new Test and Treat formulary has been released, including the expectation that medication samples (e.g., Biktarvy®) or vouchers (e.g., Semtuza®) will be used to extend the availability of medications. All providers must comply with the new samples requirements indicated in their contracts.

Emergency Financial Assistance (EFA) can cover rental and utility assistance, transportation, and food. There is concern that clients are signing lease agreements without the income to maintain the lease. EFA funds are one-time use. To access the assistance, a care plan must be developed that address long-term planning.

Assistance under the EHE Housing Assistance Program includes up to two years of aid. Under EHE, long-term planning must also be done, and job skills training may be provided.

Training needs for Part B and Part A medical case managers have changed to address gaps in skills related to housing assistance and the requirement to develop "next step" planning for clients receiving temporary assistance. Carla Valle-Schwenk suggested a training of supervisors be conducted to cover housing related topics including how to budget, what next steps are necessary, and how to provide proper documentation. It was suggested to host the training once then post online for additional access. Additionally, samples of a good care plan should be shared. Some members suggested requiring mandatory onboarding training and updates every six months.

- **ADAP** *Marlen Meizoso*

Marlen Meizoso referred to the June AIDS Drug Assistance Program (ADAP) report, which was posted online. Ms. Villamizar advised members that there is no grace period in the ADAP program and clients need to pick up medication to stay compliant. The ADAP program has is limited to a 21,000-person cap through June 2027.

- **General Revenue** *Angela Machado*

  Angela Machado reviewed the June 2026 General Revenue report detailing the top three services, number of unduplicated clients, and total expended. General Revenue is preparing final close out of the year.

- **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 attend a training.

  Members suggested hosting tables at events such as Pride, 12-step programs, and other events in the community.

- **Medical Care Subcommittee Report** *Dr. Diego Shmuels*

  Dr. Shmuels reviewed the Medical Care Subcommittee (MCSC)report. 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 Code D9110-Palliative Treatment of Dental Pain-per visit to the Ryan White Program Oral Health Care Formulary.
  Moved: James Riley **Seconded: Dr. Daniel Shmuels** **Motion: Passed**

  - Reviewed the latest version of the Ryan White Prescription Drug Formulary and requested additional editing. Biktarvy® had been recommended for removal, in anticipation of removal by ADAP, however ADAP reinstated the medication as of July 1, 2026. The Partnership tabled the removal motion.

  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.

- **Partnership Report (reference only)** *Marlen Meizoso*

Mrs. Meizoso reviewed July Partnership Report and stated that anyone who is interested can attend a meeting or attend a training.

VIII. Standing Business

There were no standing business items.

IX. New Business

- **RWP FY 2025 Client Satisfaction Survey Findings** *Dr. Robert Ladner*

This item was deferred.

- **Unmet Need/Projections** *Dr. Robert Ladner*

Dr. Ladner reviewed the unmet need and population worksheet which detailed several population needs using surveillance data, and provided similar data on these populations in the Ryan White Program. In addition, information on the estimated unaware HIV-positive, access to other funding, and Women, Infants, Children, and Youth, was presented.

Dr. Ladner reviewed the estimated Part A/MAI projections for 2027, totaling $21.7 million. Estimates are difficult since actually funding is unknown and other funding issues such as those with ADAP will affect the Ryan White Program. Reductions are expected going forward while more people are expected to be in the program. The distribution of service category percentages reflects decisions made by the Care and Treatment Committee in 2025 and is the basis for the Recipient's issuing of the direct services RFP in September.

The key take-aways from the presentation were:

- Outpatient Ambulatory Health Services (OAHS) utilization is a lagging indicator of the repercussions of the ADAP decision to discontinue premium support for Affordable Care Act policies. Movement to Ryan White Part A OAHS providers by persons insured under the ACA is expected to take at least two calendar quarters to reflect final impacts on OAHS service utilization.
- The impact of new service categories (e.g., non-medical case management, psychosocial counseling) is unknown, the amount of the RWP budget that can be dedicated to Support Services is still limited to 25%.
- Food Bank services are limited to clients with income below 250% of the Federal Poverty Level (FPL).
- Health Insurance Services may be limited to $3,000 per client annually.
- Medical Case Management will require peers to be certified, or to be paid under Non-Medical Case Management.

- Psychosocial Services can also include uncertified peers.

- **Policy Clarification Notice (PCN) 16-02 and Local Services** *Dr. Robert Ladner*

Attendees reviewed edits for local restrictions on services described in HRSA Policy Clarification Notification #16-02. The document included the additional services selected in FY 2024 for inclusion in the RFP for FY 2027, as well as services that are not funded but which still must be prioritized. The Committee approved the document, as presented.

Motion to approve the Miami-Dade Ryan White Program Service Standards Excerpts for FY 2027, as presented.
Moved: Dr. Daniel Shmuels Seconded: Louvens Fils Aime Motion: Passed

- **Summaries to Date** *Marlen Meizoso*

Mrs. Meizoso reviewed the summaries to date for all presentations through July including their location in the Needs Assessment book and on the website. Members were reminded to review all meeting materials when starting the priority setting in September and during the resource allocation process.

- **Next Steps and Reminders** *Marlen Meizoso*

Meeting dates, steps in the process, and final topics were discussed. Members were reminded that the process needs to be data driven.

- **Bylaws Review-Care and Treatment Section** *All*

The Committee reviewed their Bylaw section and recommended changes.

X. Announcements and Open Discussion *All*

Attendees were reminded:

- The next Get on Board training for September 2, 2026, and registration for the event is accessible 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 that there will be sufficient attendance to achieve quorum.
- To complete the online evaluation of this meeting, use the projected QR code. Staff will also distribute the link 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, September 10, 2026, at Care Resource, from 10:00 a.m. to 1:00 p.m.

XII. Adjournment

With business concluded, Dr. David Shmuels thanked everyone for participating, and adjourned the meeting at 12:44 p.m.