



### **III. Review/Approve Agenda**

Members reviewed the meeting agenda. There were no changes.

**Motion to approve the agenda as presented.**

**Moved: John McFeely**

**Seconded: Miguel Puente**

**Motion: Passed**

### **IV. Floor Open to the Public**

Mr. Downs opened the floor to the public with the following statement:

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

There were no comments from the public. The floor was subsequently closed.

### **V. Review/Approve Minutes of January 16, 2018**

Members reviewed the minutes of the Partnership meeting of January 16, 2018. There were no corrections noted.

**Motion to approve the minutes of the January 16, 2018 meeting as presented.**

**Moved: Brady Bennett**

**Seconded: Samuel Quintero**

**Motion: Passed**

### **VI. Membership Report**

*Frederick Downs*

Mr. Downs noted the Membership Report in the meeting materials (copy on file). Two members, Amaris Hess and Travis Neff, have asked to be appointed to the Strategic Planning Committee:

**Motion to appoint Amaris Hess to the Strategic Planning Committee.**

**Moved: John McFeely**

**Seconded: Miguel Puente**

**Motion: Passed**

**Motion to appoint Travis Neff to the Strategic Planning Committee.**

**Moved: John McFeely**

**Seconded: David Goldberg**

**Motion: Passed**

**Opposed: Miguel Puente**

Mr. Downs noted that members who have not already completed a Contact Update sheet have one in their packets. Those members are asked to complete the form today and return to staff at the end of the meeting.

Mr. Downs noted that members who were not at the January meeting have a memo in their packet indicating their absences this fiscal year, with reminders about attendance requirements.

### **VII. Reports**

#### **▪ Grantee Reports**

##### **- Ryan White Part A/MAI Program**

*Carla Valle-Schwenk for Daniel T. Wall*

Carla Valle-Schwenk, Office of Management and Budget-Grants Coordination (OMB), directed Partnership attention to the *Ryan White Part A/MAI Expenditure Report for FY 2017* as of March 1, 2018 (copy on file).

Ms. Valle-Schwenk noted the total direct services expenditures for Part A and MAI, and noted that all expenditures are within the program limits.

As of February 28, 2018 all Ryan White Program (RWP) contract amendments have been executed.

The RWP Part A/MAI Request for Proposals (RFP) for subrecipients is expected by the end of the summer for contracts beginning March 1, 2019.

Miami-Dade County has received a second partial award from the Health Resources and Services Administration (HRSA).

RWP subrecipients site visit reports will be sent out within the next two weeks. Although there are some corrective actions noted in the reports, there were no major issues noted.

OMB is on target to meet the Federal RSR reporting deadline.

OMB, in collaboration with the Florida Department of Health in Miami-Dade County (FDOH) will begin the expansion of the Test and Treat Program to RWP Outpatient Ambulatory Medical Service subrecipients, with an April 1, 2018 start date. Test and Treat pilot sites have seen a 90% success rate in linking clients to care. It was noted that RWP Part A funds the Test and Treat office visit and labs and FDOH funds the prescriptions.

United Health Care, Positive Health Care, and Clear Health Alliance have agreed to use the RWP process for case managing Medicaid Project AIDS Care Waiver (PAC Waiver) clients transitioning to Medicaid Managed Medical Assistance (MMA) and/or Long Term Care (LTC) programs. During the transition phase, out of network referrals may be extended another month, to the end of April.

Member Dr. Javier Romero noted that by July 1, following Phase II of the AIDS Drug Assistance Program (ADAP) Formulary expansion, former PAC Waiver clients will no longer be covered for medications through ADAP.

- **Part B Report**

*David Goldberg*

David Goldberg, FDOH-MDC, referred members to the *FDOH Part B Expenditure Reports* for December 2017, January 2018 and February 2018 (copies on file), which detail clients served as well as contract, funding, expenditure and service updates. It was noted that the Housing line item approved budget amount was removed but Housing will remain on the report as a fundable service under Part B.

- **ADAP Miami**

*Javier Romero, M.D., MPH*

Dr. Romero reviewed the *ADAP-Miami Report* and *Q-Flow Report/ADAP Pharmacy* report, dated March 2018 (copy on file). Dr. Romero noted the pharmacy expenditures to date; ADAP indicators for CD4<200 which is broken down by overall clients, uninsured and insured clients; enrollment numbers; total clients; and program updates. The final rebate dollar amount was not known at the time of the meeting.

On the Q-Flow data chart, the total open, closed, and new cases were noted with agency-specific data blinded.

- **General Revenue**

*Tamar Conyers*

Tamar Conyers, Care & Treatment Network/SFAN, read the *General Revenue January 2018 and February 2018* clients and dollars spent into the record (copy on file). Ms. Conyers noted that housing is provided through the Salvation Army, where General Revenue has contracted 10 beds for approximately \$103.00 per day per bed.

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

*Roberto Tazoe*

Roberto Tazoe, City of Miami, Department of Community & Economic Development, reported the HOPWA Long Term Rental Assistance Program is on client #235. Funding is expected to be reduced next year, with a total loss of \$700,000 by 2019 and a deficit of \$2M over the next five (5) years.

The Short Term Rental Mortgage and Utilities (STRMU) program was launched and is currently processing two clients.

Assistant County Attorney Terrence Smith announced the proposed resolution, “Resolution urging the United States Department of Housing and Urban Development to support efforts to expand stable housing opportunities for people living with human immunodeficiency virus (“HIV”) and acquired immune deficiency syndrome (“AIDS”) and to increase funding for the Housing Opportunities for Persons With AIDS program.” The resolution goes before the Miami-Dade County Board of County Commissioners (BCC) on March 20 and Partnership members are encouraged to speak in support of the funding.

▪ **Committee Reports**

Committee Reports and related attachments were distributed (copy on file) and members voted on the action items. April and May 2018 meeting calendars were distributed (copies on file).

- **Community Coalition Committee**

No action items reported.

- **Housing Committee**

No action items reported.

- **Strategic Planning Committee**

No action items reported.

- **Prevention Committee**

No action items reported.

- **Joint Integrated Plan Review Team**

No action items reported.

- Care and Treatment Committee

Four candidates for the Local Pharmacy Workgroup were recommended.

**Motion to recommend to the Partnership the appointment of Dan Wall, Javier Romero, Carlos Palacios and Wanda Cortes to the Local Pharmacy Workgroup.**

**Moved: Dennis Iadarola                      Seconded: Miguel Puente                      Motion: Passed**

Changes to the *Minimum Primary Medical Care Standards for Chart Review* relating to PAP Smear Guidelines, and the addition of women’s wellness visits were recommended.

**Motion to accept the changes to the Minimum Primary Medical Care Standards for Chart Reviews as presented in Attachment #1.**

**Moved: Dennis Iadarola                      Seconded: John McFeely                      Motion: Passed**

Following the ADAP Phase II implementation there were 85 medications remaining on the Ryan White Program Prescription Drug Formulary. After an extensive review of medication utilization by the Medical Care Subcommittee over the course of two meetings, the removal of 23 medications and the addition of a notation to one was recommended.

**Motion to accept the changes as discussed (below) to the Ryan White Program Prescription Drug Formulary, effective immediately.**

**Moved: Dennis Iadarola                      Seconded: Miguel Puente                      Motion: Passed**  
**Opposed: Amaris Hess**

Item #	Brand Name	Action/Reason
1	MS Contin, Oramorph SR	Remove: no identified need at this time
8	Glucovance	Remove because individual components are on ADAP formulary and medication is not standard of care since safer options available
18	Famvir	Remove: not the standard of care
27	Captopril, Capoten	Remove: better alternatives exist (once a day); free at Publix
57	Gentamicin (ophthalmic solution & ointment)	Remove: alternative on the formulary
58	Tobrex	Add solution and ointment to generic description
67	Theo-24	Remove: not current standard of care
69	Guafensin w/ Codeine, Liquid	Remove: does not meet criteria
70	Bacitracin	Remove: over the counter
73	Erythromycin Topical Solution	Remove: alternative available
76	Podofilox topical	Change pharmacologic classification to antiviral
78	Fluocinolone	Remove: alternatives on formulary

Further review of medication unitization resulted in additional recommendations to the Ryan White Program Prescription Drug Formulary. There is no RWP copay assistance for drugs not on the Formulary.

**Motion to accept the changes as discussed (below) to the Ryan White Program Prescription Drug Formulary, effective immediately.**

**Moved: Dennis Iadarola**

**Seconded: John McFeely**

**Motion: Passed**

Item #	Brand Name	Action/Reason
4	<u>Vicoprofen</u>	Remove: no utilization
5	Lortab 5/500 mg	Remove: low utilization; other alternatives on formulary
7	Codeine	Remove: no utilization
9	<u>Vitekta</u>	Remove: no longer manufactured
20	Monistat	Remove: no utilization
22	Lotrimin	Remove: OTC
25	<u>Probenecid, Benemid</u>	Remove: low utilization
26	<u>Matulane</u>	Remove: no utilization
30	Phenobarbital	Remove: no utilization
33	<u>Tofranil</u>	Remove: no utilization
38	<u>PreviDent 5000 Dry Mouth Toothpaste</u>	Remove: not allowable per HRSA guidance
39	<u>PreviDent Brush-on Gel</u>	Remove: not allowable per HRSA guidance
40	<u>Rowasa</u>	Remove: no utilization
45	<u>Danazol</u>	Remove: low utilization
49	Ultra Meal Advance	Remove: not allowable per HRSA guidance
50	IgG Pure	Remove: not allowable per HRSA guidance
51	Progain Powder	Remove: no longer manufactured, not allowable per HRSA
55	Diamox	Remove: low utilization
62	Hydrocortisone/Neomycin/Polymycin B Ophthalmic	Remove: no utilization and better alternative on formulary
68	Guafenesin with Dextromethorphan	Remove: OTC
71	Neosporin	Remove: OTC and no utilization
80	Hydrocortisone	Add notation that Rx strength only
84	<u>Aquaphor</u>	Remove: not allowable per HRSA guidance
85	<u>Sarna Lotion</u>	Remove: not allowable per HRSA guidance

Changes to the *Allowable Medical Conditions* list were recommended including additional language in the service description for Psychiatry and the addition of a section for Mental Health Services.

**Motion to accept the changes to the Allowable Medical Conditions List as presented in Attachment #2.**

**Moved: Dennis Iadarola**

**Seconded: Travis Neff**

**Motion: Passed**

**Opposed: Miguel Puente**

Following review of Juluca (dolutegravir 50mg/rilpivirine 25mg), which was recently added to the ADAP Formulary, the committee recommended adding the drug to the Ryan White Prescription Drug Formulary.

**Motion to add Juluca to the Ryan White Prescription Drug Formulary.**

**Moved: Dennis Iadarola**

**Seconded: Miguel Puente**

**Motion: Passed**

The remaining committee action items are related to the Annual Needs Assessment.

The committee recommended adding the service category Emergency Financial Assistance to both Part A and MAI, particularly to assure clients have access to medications past the initial 30 days following intake via Test & Treat.

**Motion to add Emergency Financial Assistance as a service category under Ryan White Part A and MAI, for FY 2019.**

**Moved: Dennis Iadarola**

**Seconded: Brady Bennett**

**Motion: Passed**

In addition to the new service category, Emergency Financial Assistance, the committee recommended maintaining the existing twelve Part A service categories and the five (5) MAI service categories.

**Motion to keep the twelve current Part A service categories for FY 2019:**

- 1. Medical Case Management, Including Treatment Adherence (C)**
- 2. Oral Health Services (C)**
- 3. Outpatient/Ambulatory Health Services (C)**
- 4. AIDS Pharmaceuticals Assistance (C)**
- 5. Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals (C)**
- 6. Mental Health Services (C)**
- 7. Food Bank (S)**
- 8. Substance Abuse Outpatient Care (C)**
- 9. Outreach Services (S)**
- 10. Medical Transportation (S)**
- 11. Substance Abuse Services (Residential) (S)**
- 12. Other Professional Services (Legal Assistance and Permanency Planning) (S)**

**Moved: Dennis Iadarola                      Seconded: Miguel Puente                      Motion: Passed**

**Motion to include Medical Case Management, Including Treatment Adherence, Mental Health Services, Outpatient Ambulatory Health Services, Outreach Services and Substance Abuse-Outpatient as the MAI service categories.**

**Moved: Dennis Iadarola                      Seconded: Sannita Vaughn                      Motion: Passed**

To improve service delivery for prescription services and to ensure a more cost-effective service delivery, the committee recommended restrictions for entities covered under 340B pricing.

**Motion to request that the Recipient (Miami-Dade County) restrict AIDS Pharmaceutical Assistance and Emergency Financial Assistance for prescription drugs to 340B-covered entities.**

**Moved: Dennis Iadarola                      Seconded: Miguel Puente                      Motion: Passed**

To ensure the peer counseling component of Medical Case Management is funded for activities related to treatment adherence, not clerical duties, the committee recommended strengthening the language of the job description.

**Motion to direct the Recipient (Miami-Dade County) to strengthen the job requirements for peer educators to emphasize adherence counseling and less a clerical role.**

**Moved: Dennis Iadarola                      Seconded: John McFeely                      Motion: Passed**

The Outreach Services category was recommended to be focused on clients lost to care. Identifying clients lost to care will be done in collaboration with FDOH data-sharing on clients who have moved out of Miami-Dade County.

**Motion to focus MAI Outreach Services on lost to care clients.**

**Moved: Dennis Iadarola                      Seconded: John McFeely                      Motion: Passed**

The committee ranked and scored each of the 13 service categories under Part A and the six (6) service categories under MAI. The Part A ranking resulted in Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals ranking above Oral Health Services; the committee recommended accepting the ranking after swapping the ranking order of those two services.



**Motion to swap priority numbers 2 and 5 and to accept the remaining Part A Priority Ranking:**

Part A Service Categories YR 29	
Priority Rank	Service Category
1	Medical Case Management, Including Treatment Adherence (C)
2	Oral Health Services (C)
3	Outpatient/Ambulatory Health Services (C)
4	AIDS Pharmaceuticals Assistance (C)
5	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals (C)
6	Mental Health Services (C)
7	Food Bank (S)
8	Substance Abuse Outpatient Care (C)
9	Outreach Services (S)
10	Medical Transportation (S)
11	Substance Abuse Services (Residential) (S)
12	Emergency Financial Assistance (S)
13	Other Professional Services (Legal Assistance and Permanency Planning) (S)
C = Core Service S = Support Service	

**Moved: Dennis Iadarola**

**Seconded: Miguel Puente**

**Motion: Passed**

A conflict of interest was noted regarding the previous motion since member Samuel Quintero represents the sole subrecipient of Part A Food Bank funding. Mr. Quintero was asked to leave the room so that the remaining members could reconsider the vote. Although Mr. Quintero was only conflicted for Part A-related votes, he remained outside the meeting room through the MAI ranking vote which took place between the two Part A votes, as indicated below.

**Motion to reconsider the above motion, “Motion to swap priority numbers 2 and 5 and to accept the remaining Part A Priority Ranking . . .”**

**Moved: Dennis Iadarola**

**Seconded: Lauren Locks**

**Motion: Passed**

**Recused: Samuel Quintero**

**Motion to swap priority numbers 2 and 5 and to accept the remaining Part A Priority Ranking:**

Part A Service Categories YR 29	
Priority Rank	Service Category
1	Medical Case Management, Including Treatment Adherence (C)
2	Oral Health Services (C)
3	Outpatient/Ambulatory Health Services (C)
4	AIDS Pharmaceuticals Assistance (C)
5	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals (C)
6	Mental Health Services (C)
7	Food Bank (S)
8	Substance Abuse Outpatient Care (C)
9	Outreach Services (S)
10	Medical Transportation (S)
11	Substance Abuse Services (Residential) (S)
12	Emergency Financial Assistance (S)
13	Other Professional Services (Legal Assistance and Permanency Planning) (S)
C = Core Service S = Support Service	

**Moved: Dennis Iadarola**

**Seconded: Miguel Puente**

**Motion: Passed**

**Recused: Samuel Quintero**

Discussion following the initial MAI ranking resulted in rearranging Substance Abuse Outpatient Care, Emergency Financial Assistance, and Outreach Services.



**Motion to accept the MAI priorities ranking with changes:**

MAI Service Categories YR 29	
Priority Rank	Service Category
1	Medical Case Management, including Treatment Adherence Services (C)
2	Outreach Services (S)
3	Outpatient/Ambulatory Medical Services (C)
4	Mental Health Services (C)
5	Substance Abuse Outpatient Care (C)
6	Emergency Financial Assistance (S)
C = Core Service S = Support Service	

**Moved: Dennis Iadarola**  
**Recused: Samuel Quintero**

**Seconded: Miguel Puente**

**Motion: Passed**

The Committee reviewed projections based on prior expenditures and future utilization including MAI services which will be used for targeted projects. Part A and MAI RFP allocations were based on percentages (%) to be used for the RFP since a budget is not yet available.

**Motion to accept the percentages indicated below for the YR 29 Part A RFP Budget:**

YR 29 RFP Budget Part A		
C or S	Service Category (Alphabetic)	YR 29 %
C	AIDS Pharmaceuticals Assistance	0.5%
S	Emergency Financial Assistance	0.7%
S	Food Bank	5.6%
C	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals	7.5%
C	Medical Case Management, Including Treatment Adherence	20%
S	Medical Transportation	0.9%
C	Mental Health Services	0.6%
C	Oral Health Services	16.4%
S	Other Professional Services (Legal Assistance and Permanency Planning)	0.7%
C	Outpatient/Ambulatory Health Services	33.9%
S	Outreach Services	0.7%
C	Substance Abuse Outpatient Care	0.5%
S	Substance Abuse Services (Residential)	12.0%
C = Core Service S = Support Service		100%

**Moved: Dennis Iadarola**  
**Recused: Samuel Quintero**

**Seconded: John McFeely**

**Motion: Passed**

Mr. Quintero returned to the meeting and members voted on the MAI RFP budget.

**Motion to accept the percentages indicated (below) for YR 29 MAI RFP Budget:**

YR 29 RFP Budget MAI		
C or S	Service Category (Alphabetic)	YR 29 %
S	Emergency Financial Assistance	4%
C	Medical Case Management, including Treatment Adherence Services	38%
C	Mental Health Services	3%
C	Outpatient /Ambulatory Medical Services	46%
S	Outreach Services	5%
C	Substance Abuse Outpatient Care	3%
C = Core Service S = Support Service		99%

**Moved: Dennis Iadarola                      Seconded: John McFeely                      Motion: Passed**

The initial allocations did not total 100%.

**Motion to add 1% to the MAI Medical Case Management, including Treatment Adherence Services allocation percent to make the total 100%:**

YR 29 RFP Budget MAI (revised)		
C or S	Service Category (Alphabetic)	YR 29 %
S	Emergency Financial Assistance	4%
C	Medical Case Management, including Treatment Adherence Services	39%
C	Mental Health Services	3%
C	Outpatient Ambulatory Medical	46%
S	Outreach Services	5%
C	Substance Abuse Outpatient Care	3%
C = Core Service S = Support Service		100%

**Moved: Dennis Iadarola                      Seconded: Miguel Puente                      Motion: Passed**

Following the reports, Mr. Downs called for a vote to accept the Membership, Grantee and Committee reports.

**Motion to accept the Membership, Grantee and Committee reports as presented.**

**Moved: David Goldberg                      Seconded: Samuel Quintero                      Motion: Passed**

**VIII. Standing Business**

▪ **Election of Officers**

Per the Partnership Bylaws, Partnership officer elections are to be held in March of each year. Members Frederick Downs, Travis Neff and Miguel Puente asked to be placed on the ballot for Partnership Chair.

**Motion to accept the Partnership Chair Ballot indicating Frederick Downs, Travis Neff and Miguel Puente as the candidates.**

**Moved: Samuel Quintero                      Seconded: Brady Bennett                      Motion: Passed**

Staff tallied the ballots and announced Mr. Downs was elected Chair.

Members Travis Neff and Miguel Puente asked to be placed on the ballot for Partnership Vice Chair.

**Motion to accept the Partnership Vice Chair Ballot indicating Travis Neff and Miguel Puente as the candidates.**

**Moved: Miguel Puente**

**Seconded: Samuel Quintero**

**Motion: Passed**

Staff tallied the ballots and announced Mr. Neff was elected Vice Chair.

▪ **Passing the Gavel**

Mr. Downs and Mr. Neff were welcomed as the new officers of the Partnership.

**IX. New Business**

▪ **Presentation Request**

Member David Forrest noted that he, in collaboration with FDOH, would like to make a presentation to the Partnership at their next meeting: "Some Trends among NHBS-HET Cycle Participants in Miami-Dade County, 2007-2015." Members were agreeable and the presentation will be added to the April 16 agenda.

**X. Announcements**

ACA Smith advised the Partnership that the BCC was considering a resolution, "Resolution urging the Miami-Dade County Public Schools to modify the current comprehensive sex education curriculum, as age appropriate, to include HIV and sexually transmitted diseases as a part of such curriculum," in response to the Getting to Zero Task Force Report.

Members were encouraged to attend the BCC meetings in support of the sex education and HOPWA resolutions.

Carla Valle-Schwenk reminded members who had not completed the *Source of Income Statement* (Financial Disclosure) to please do so today. Ms. Valle-Schwenk reminded members the Financial Disclosure is a requirement of all Miami-Dade County (MDC) board members who have been active at least one (1) day in the calendar year, and that failure to complete the annual form may result in financial penalties and/or removal from the Partnership.

Meeting guest Luigi Ferrer announced Pridelines events for National LGBT Health Awareness Week. A flyer listing the events was included in the meeting materials (copy on file).

David Forrest announced there are three (3) full time job openings of the National HIV Behavioral Surveillance system including research positions; and positions in the syringe exchange program and clinical trials departments. He will forward details to staff for distribution.

**XI. Next Meeting**

The next meeting is Monday, April 16, 2018 at the United Way Ansin Building.

**XII. Adjournment**

**Motion to adjourn.**

**Moved: Frederick Downs**

**Seconded: Travis Neff**

**Motion: Passed**

The meeting was adjourned at 10:56 AM.