



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee

Friday, February 25, 2022

9:30 a.m. – 11:30 a.m.

Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 230  
Miami, FL 33134 and Zoom

### AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Rules and Housekeeping	James Dougherty
III.	Roll Call and Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of January 28, 2022	All
VII.	Reports	
	• Membership Vacancies	Marlen Meizoso
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Partnership Report (reference only)	Marlen Meizoso
VIII.	Standing Business	
	• Glucose Monitors	All
	• HIV and Aging-Topics: Diabetes and Kidney Disease	All
	• Discussion-Gender Affirming Care	All
IX.	New Business	
X.	Announcements	All
XI.	Next Meeting: <b>March 25, 2022</b> at <b>BSR</b>	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

*Please turn off or mute cellular devices – Thank you*

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com)



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# Partnership Meeting Housekeeping

## Hybrid Meetings

*In-Person at BSR and via Zoom*

Updated December 29, 2021

# Disclaimer & Code of Conduct

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- This meeting – including audio, Zoom video and Chat Box input – is being recorded and will become part of the public record.



- Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.

# Resource Persons

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- Behavioral Science Research Corp. staff are the Resource Persons for this meeting.
  - ❖ *Will BSR staff please identify themselves?*
  - ❖ *Please see staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.*

# General Reminders – In Person Attendees

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- Masks are requested to be worn at meetings.
- Place cell phones on mute or vibrate.
  - ❖ *If you must take a call, please excuse yourself from the meeting.*
- Only voting members should be seated at the meeting table.
  - ❖ *You may move your chair if concerned about social distancing.*
- Please ensure you entered your car tag number on the sign-in sheet to have your parking validated.

# Tips for Best Sound Quality – In Person Attendees

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- Identify yourself by name before speaking.
- When speaking, project your voice towards the camera or move closer to the camera.

# General Reminders – Zoom Attendees

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- Members are required to be on camera.
- Please remain on mute until called on by the Chair.
- Place cell phones on mute and turn off external devices (TVs, radios)
- Use the Chat Box to:
  - Record your name for the Roll Call
  - Make or second a motion (members only)
  - Vote in opposition to a motion (members only)
  - Ask a question
  - Ask to be recognized by the Chair to speak



# Attendance

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- All members are expected to arrive on time and remain throughout the entire meeting.
  - ❖ *If you expect to arrive late or leave early, please notify staff in advance of the meeting as this may impact quorum.*
- In-Person Attendees must **SIGN IN** to be counted as present.
- Zoom Attendees must **CHAT YOUR NAME** to be counted as present.

# Meeting Participation

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- All speakers must be recognized by the Chair.
  - ❖ *Raise your hand or chat to be recognized or added to the queue.*
  - ❖ *The Chair will call on speakers in order of the queue.*
- Discussion should be limited to the current Agenda topic or motion.
- Speakers should not repeat points previously addressed.
- Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.
  
- Important!
  - *Please raise your hand or chat if you need clarification about any terminology or acronyms used throughout the meeting.*

# Resources

- Today's presentation and supporting documents are online at <http://aidsnet.org/meeting-documents/>.



- Follow the Partnership on Facebook and Instagram!

*Thank you for attending today's meeting!*



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## In-Person Attendees



In-Person Attendees must

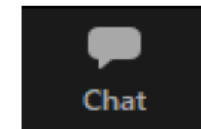
**SIGN IN**

to be counted as present.

## Zoom Attendees



Zoom Attendees must  
**CHAT YOUR NAME**  
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*Contact staff after the meeting  
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## **Floor Open to the Public**

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

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**Medical Care Subcommittee Meeting  
Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 230, Coral Gables, FL 33134 and Zoom  
January 28, 2022**

#	Members	Present	Absent	Guests	
1	Baez, Ivet		x	Manuel Casas, DMD*	
2	Bauman, Dallas	x*		Dr. Lawrence Friedman*	
3	Cortes, Wanda	x		Nicola Kemmerer*	
4	Dougherty, James	x		Brad Mester*	
5	Goubeaux, Robert	x		Carla Valle-Schwenk	
6	Palacios, Carlos	x*			
7	Pinero, Carmen		x		
8	Romero, Javier	x			
9	Thornton, Darren	x			
10	Torres, Johann	x		<b>Staff</b>	
11	Vasquez, Silvana	x*		Christina Bontempo*	Robert Ladner
<b>Quorum: 5</b>				Barbara Kubilus*	Marlen Meizoso
<b>*virtual attendance</b>					

Note that all documents referenced in these minutes were accessible to members and the public prior to (and during) the meeting, at [www.aidsnet.org/meeting-documents](http://www.aidsnet.org/meeting-documents).

**I. Call to Order**

Carlos Palacios, the Chair, called the meeting to order at 9:39 a.m. He introduced himself and welcomed everyone.

**II. Meeting Rules and Housekeeping**

Dr. Robert Goubeaux reviewed the meeting rules and housekeeping presentation (copy on file), which provided the ground rules and reminders for the meeting. He also identified Behavioral Science Research (BSR) staff as resource persons for the meeting. If anyone had any questions, they were invited to speak to BSR after the meeting.

**III. Roll Call and Introductions**

The Chair requested members and guests introduce themselves around the room. Staff introduced those members and guests participating via Zoom.

**IV. Floor Open to the Public**

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

*“BSR has a dedicated phone line and email 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**

The Subcommittee reviewed the agenda.

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

**Moved: James Dougherty**

**Second: Dr. Javier Romero**

**Motion: Passed**

## **VI. Special Discussion: Oral Health Care Issues**

Marlen Meizoso indicated that there were five oral health care items to review today, and these were detailed in the oral health care issues sheet (copy on file). The first issue is regarding setting a performance measure base line. Additional data were requested, and these data were provided as Attachment One. The question before the group was what threshold should be selected for the percent of medically case managed clients who should receive oral health care (under the control of the medical case managers), and the percent of clients who receiving oral health care who should receive an annual oral examination (under the control of the oral health care providers, using the specific D-codes stipulated by HRSA/HAB for oral examinations). An oral health provider and former member of the oral health care workgroup provided some input and inquired what the agency specific ranges existed for these percentages. This item was tabled until the following meeting with oral health care items, pending production of the subrecipient-specific percentages for these two client health outcome measures.

The second item related to dental implants. A request was made to consider the feasibility of the Ryan White Program paying for implants. Other EMAs in South Florida were consulted, and they do not pay for that service. Two programs who offer dental education do offer the service, but the service is not free. In certain situations, an implant would improve quality of life. Clients would need to have 2-4 teeth to anchor structures and attach a complete overdenture. Implants are very expensive, and funding is not unlimited. Sometimes crowns done elsewhere fail and replacing a crown would resolve issues. Staff will ask oral health providers for estimated utilization for special circumstances.

The third item related to the limitations on oral health care services. Currently the cap is \$6,500 per client in a fiscal year. This is higher than other EMAs but if any new codes were to be added utilization would be influenced. Further discussion on this and the implant item were tabled until the following meeting with oral health care items.

The Oral Health Care service definition was reviewed (copy on file). Edits were suggested to update the language for 2022, no additional changes were request. The Subcommittee approved the service description as presented.

**Motion to accept the Oral Health Care service definition, as presented.**

**Moved: James Dougherty**

**Second: Wanda Cortes**

**Motion: Passed**

The Subcommittee also reviewed the Miami-Dade County Ryan White Program Oral Health Care Standards (copy on file). Some suggestions were made on the document to change some technical language particularly certified referral to internal referrals and SDIS to programs data system.

**Motion to accept the changes to the Oral Health Services standards as discussed.**

**Moved: Dr. Johann Torres**

**Second: James Dougherty**

**Motion: Passed**

## **VII. Review/Approve Minutes of November 19, 2021**

Members reviewed the minutes of November 19, 2021. Dr. Romero requested two changes to page 2 to clarify statements. Add “ACA marketplace requires” to statement “Clients must be documented...” and strike the statement “The lower FPL levels... clients (11.2%)”. The Subcommittee accepted the minutes with those changes.

**Motion to accept the minutes of November 19, 2021 with the changes noted.**

**Moved: Dr. Javier Romero**

**Second: Dr. Johann Torres**

**Motion: Passed**

### **VIII. Reports**

#### **▪ Membership Vacancies**

*All*

Mrs. Meizoso referenced the membership vacancy report (copy on file) and reviewed the vacancies on the Subcommittee. She indicated that Dr. Lawrence Friedman had completed an application for membership on the Medical Care Subcommittee. Dr. Friedman introduced himself and indicated his interest in rejoining. The Subcommittee voted to accept him as a member.

**Motion to accept Dr. Lawrence Friedman as a member of the Medical Care Subcommittee.**

**Moved: Dr. Javier Romero**

**Second: Dr. Johann Torres**

**Motion: Passed**

#### **▪ Ryan White Program**

*Carla Valle-Schwenk*

Ms. Valle-Schwenk presented the Ryan White Program (RWP) report, complied January 2022 (copy on file). As of November 2021, the RWP has served 7,918 unduplicated clients. Ryan White HIV/AIDS Program Services Report (RSR) is due shortly. The current contract year is almost over, and the new grant year begins March 1. A partial award has been received which is 42% of the YR 22 formula, and less for MAI. Level funding is expected. At the end of November, the program served 7,900 clients. The County is working with Department of Health to get reciprocal eligibility. Florida EMAs and the Department of Health are working on developing policies related to the HRSA policy clarification. There are 2,200 clients enrolled in ACA plans, 186 of whom are below 100% FPL.

#### **▪ ADAP Program**

*Dr. Javier Romero*

Dr. Javier Romero referenced the January 2022 report (copy on file). He reviewed the number of clients enrolled and expenditures for both ADAP Pharmacy and Premium Plus. Premium Plus payments are over \$2.3 million. Current expenditures for both pharmacies as of December total over \$21 million dollars each. Clients are being updated retroactively be open to January 1 in ADAP. The state has signed a contract with the new pharmacy benefits manager (PBM), Magellan. The new PBM has a series of 340B pharmacies. Contracts with other 340B pharmacies are being worked on. Clients would be locked to a location for six months. Additional details are still being worked on

#### **▪ Partnership Report**

*Marlen Meizoso*

Mrs. Meizoso referenced the Partnership report (copy on file), indicating the motions made at the December meeting.

### **VII. Standing Business**

#### **▪ Officer Elections**

Mrs. Meizoso reviewed the officer memo (copy on file). Carlos Palacios, although eligible for another year, indicated he would not be able to continue to participate as Chair. The Subcommittee thanked him for his service, and he thanked them for the opportunity. Dr. Robert Goubeaux indicated he could be the Chair and James Dougherty volunteered to be Vice Chair. The Subcommittee voted to accept the two candidates.

**Motion to elect Dr. Robert Goubeaux as Chair and James Dougherty as Vice Chair.**

**Moved: Dr. Johann Torres**

**Second: Dr. Darren Thornton**

**Motion: Passed**

▪ **Service Descriptions-Mental Health and Substance Abuse**

*All*

The service delivery descriptions for Mental Health Therapy and Substance Abuse (copies on file) were reviewed. The following suggestions were made to mental health services:

- Revised suggested language on following DCF to “Note: Following Florida Department of Children and Family (DCF) terminology, clients are now referred to as individuals served.”
- Change “diagnosis” to “diagnostic”
- Add “development” in front of “treatment plan”

**Motion to accept the mental health service description as amended.**

**Moved: Dr. Johann Torres**

**Second: James Dougherty**

**Motion: Passed**

**The service description to substance abuse was reviewed and the following changes were suggested:**

Same revision as in other description, revised suggested language on following DCF to “Note: Following Florida Department of Children and Family (DCF) terminology clients are now referred to as individuals served (pg. 114)

- Change “self-control” to “self-determination”
- Change “mutual aid” to “peer support”
- Change “introduce” to “incorporate”
- Add “A” to beginning sentence “Residential”
- Change “treatment” to “episode”
- Delete “graduating” and replace with “stepping down or completing”
- Add to “after care” the statement “And providers shall attempt a warm hand off to substance abuse outpatient where appropriate”
- Add “s” to “disorder”
- Change “neuro-psychiatric pharmaceuticals” to “psychopharmacological interventions, and substance abuse education”
- Add “also include” after “may”
- Capitalize “assisted”, change “therapy” to “treatment” and add “(MAT)”
- Add “after disorders” the phrase “e.g., ASAM ® level of care determination tool”
- Strike “his/hers/their” and change to “clients”

**Motion to accept the substance abuse service description with changes.**

**Moved: Dr. Johann Torres**

**Second: Wanda Cortes**

**Motion: Passed**

▪ **HIV and Aging**

*All*

The Subcommittee reviewed a variety of topics on HIV and aging derived partly from a HRSA article distributed at the November meeting (copy on file). Twelve topics with subtopics were proposed and the committee selected which topics to address for the February to May meetings as follows:

- February-diabetes and kidney disease
- March-dementia and other neurocognitive disorders; depression, and eyesight/hearing diminishes
- April-cardiovascular disease
- May-liver diseases and STIs

Three main items to focus on are what issues are faced; how to treat these, and what is missing in the system? An invitation to a physician who works with geriatric patients may be advisable. At the May meeting the remaining topics can be revisited for date assignment.

**IX. New Business**

▪ **Pregnancy and Allowable Conditions List**

*All*

The subcommittee reviewed and revised the Allowable Conditions list (copy on file) to include pregnancy since this is not listed. The current category genitourinary/gynecology would need to include obstetrics. The Subcommittee made a motion for the addition and resorting of the list on the allowable medical conditions list.

**Motion to add obstetrics to genitourinary/gynecology specialty and pregnancy as a condition to the allowable medical conditions list.**

**Moved: James Dougherty**

**Second: Dr. Johann Torres**

**Motion: Passed**

▪ **Discussion: Gender-Affirming Care**

*All*

The Subcommittee reviewed the HRSA letter regarding gender-affirming care (copy on file). Gender-affirming care will be discussed at next month's meeting. Anyone with specialty knowledge on this item within agencies is invited to attend the next meeting.

**IX. Announcements**

Mrs. Meizoso indicated annual disclosure forms will be sent out. In addition, the financial disclosure will start to go out in February. Please complete all forms and forward these as soon as possible. She also emphasized the importance of RSVPing to meetings to ensure quorum. If staff forwards a request for verification of participation, please reply.

**X. Next Meeting**

The next Subcommittee is scheduled for February 25, 2022.

**XI. Adjournment**

Dr. Goubeaux adjourned the meeting at 11:30 a.m.



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# Membership Report

## January 31, 2022

### The Miami-Dade HIV/AIDS Partnership

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

### Opportunities for People with HIV

*People with HIV who receive one or more Ryan White Program Part A services and who are not affiliated or employed by a Ryan White Program Part A funded service provider are invited to join the Partnership as a Representative of the Affected Community.*

**9 available seats | 1 application pending**

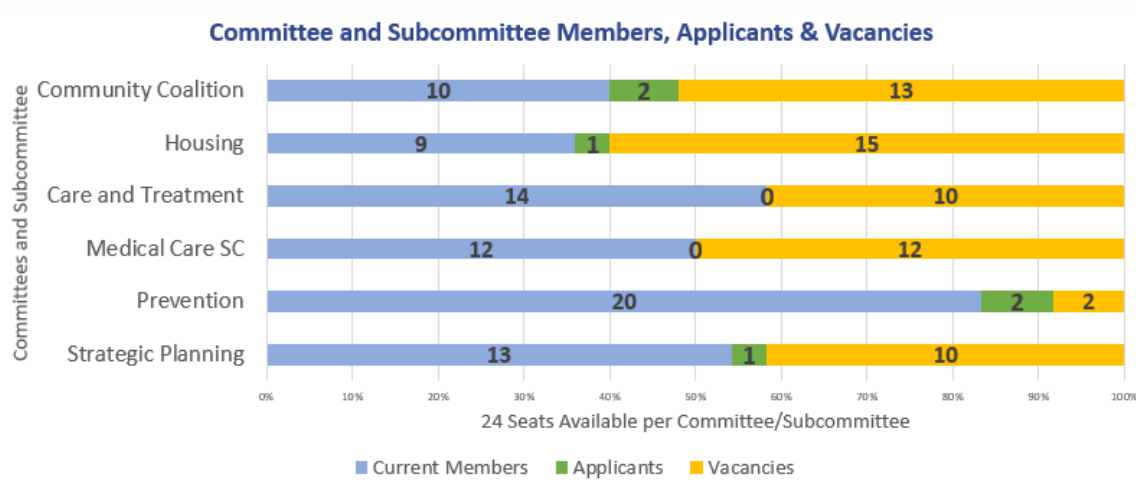
### General Membership Opportunities

*These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:*

- Representative Co-infected with Hepatitis B or C
- Hospital or Health Care Planning Agency Representative
- Other Federal HIV Program Grantee Representative (SAMHSA)
- Federally Recognized Indian Tribe Representative
- Mental Health Provider Representative
- Miami-Dade County Public Schools Representative
- Non-Elected Community Leader, not an HIV Provider - **1 application pending**

### Partnership Committees

*Committees are accepting applications for new members. People with HIV are encouraged to apply.*



Scan the QR code with your phone's camera for membership applications!



# MEMBERSHIP

## Are you a Member?

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

## Do You Qualify for Membership?



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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

*Note: Some seats for people with HIV are exempt from this requirement.*

Can you volunteer three to five hours per month for Partnership activities?

---

## Committee Activities

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

*People with HIV are encouraged to join!*

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

Visit [aidsnet.org/membership](http://aidsnet.org/membership) for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com) or 305-445-1076 for assistance.



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee

Friday, February 25, 2022

9:30 a.m. – 11:30 a.m.

Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 230  
Miami, FL 33134 and Zoom

### AGENDA

- |       |   |                     |
|-------|---|---------------------|
| I.    | Call to Order                                       | Dr. Robert Goubeaux |
| II.   | Meeting Rules and Housekeeping                      | James Dougherty     |
| III.  | Roll Call and Introductions                         | Dr. Robert Goubeaux |
| IV.   | Floor Open to the Public                            | James Dougherty     |
| V.    | Review/Approve Agenda                               | All                 |
| VI.   | Review/Approve Minutes of January 28, 2022          | All                 |
| VII.  | Reports   |                     |
|       | • Membership Vacancies                              | Marlen Meizoso      |
|       | • Ryan White Program                                | Carla Valle-Schwenk |
|       | • ADAP Program                                      | Dr. Javier Romero   |
|       | • Partnership Report (reference only)               | Marlen Meizoso      |
| VIII. | Standing Business                                   |                     |
|       | • Glucose Monitors                                  | All                 |
|       | • HIV and Aging-Topics: Diabetes and Kidney Disease | All                 |
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| IX.   | New Business  |                     |
| X.    | Announcements                                       | All                 |
| XI.   | Next Meeting: <b>March 25, 2022</b> at <b>BSR</b>   | James Dougherty     |
| XII.  | Adjournment   | Dr. Robert Goubeaux |

*Please turn off or mute cellular devices – Thank you*

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com)

**RYAN WHITE PART A PROGRAM  
MIAMI-DADE COUNTY EMA**

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF:

November 2021

**FUNDING SOURCE(S) INCLUDED:**

Ryan White Part A  
Ryan White MAI

**SERVICE CATEGORIES**

**Core Medical Services**

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

**Support Services**

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

	<b>Service Units</b>		<b>Unduplicated Client Count</b>	
	<b><u>Monthly</u></b>	<b><u>Year-to-date</u></b>	<b><u>Monthly</u></b>	<b><u>Year-to-date</u></b>
	19	169	19	163
	120	1,103	120	1,008
	3,850	11,762	3,709	7,233
	23	128	23	109
	491	2,276	491	1,895
	1,380	5,594	1,347	4,053
	4	16	4	15
	364	917	364	595
	135	653	135	544
	55	582	18	31
	17	113	17	98
	8	46	8	41
<b>TOTALS:</b>	<b>6,466</b>	<b>23,359</b>		

**Total unduplicated clients (month):**

4,557

**Total unduplicated clients (YTD):**

7,929

**RYAN WHITE PART A GRANT AWARD (BU033101)  
 FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE  
 FORMULA AND SUPPLEMENTAL FUNDING  
 Per Resolution # R-1192-20 AND R-246-20**

This report includes YTD paid reimbursements for FY 2021 Part A service months up to December 2021, as of 1/31/2022. This report reflects reimbursement requests that were due by 1/20/2022 and have been paid thus far. Pending Part A reimbursement requests that have been received and are in process total \$2,991,503.56.

PROJECT: BU033101	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	15,689,960.00	FORMULA	Award - W/out CO \$23,829,409.00
Grant Award Amount Supplemental	7,877,731.00	SUPPLEMENTAL	
Grant Award Amount FY'19 Supplemental	261,718.00	PY_SUPPLEMENTAL	
Carryover Award FY'20 Formula	709,256.00	CARRYOVER	
<b>Total Award</b>	<b>\$ 24,538,665.00</b>		

Priority Ranking #	CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS		
<b>DIRECT SERVICES:</b>			
<b>Core Medical Services</b>		<b>Allocations</b>	
2	Outpatient/Ambulatory Health Svcs	8,647,718.00	
9	AIDS Pharmaceutical Assistance	83,595.00	
4	Oral Health Care	3,108,975.00	
6	Health Insurance Services	442,447.00	
3	Mental Health Therapy/Counseling	150,504.00	
1	Medical Case Management	5,921,877.00	
7	Substance Abuse - Outpatient	44,128.00	18,399,244.00
<b>Support Services</b>		<b>Allocations</b>	
5	Food Bank	1,385,995.00	
13	Other Professional Services	154,449.00	
10	Medical Transportation	150,688.00	
11	Outreach Services	172,280.00	
8	Substance Abuse - Residential	1,289,469.00	
12	Emergency Financial Assistance	0.00	3,152,881.00
<b>DIRECT SERVICES TOTAL:</b>		<b>\$ 21,552,125.00</b>	

Total Core Allocation	18,399,244.00	
Target at least 80% core service allocation	17,241,700.00	
<b>Current Difference (Short) / Over</b>	<b>\$ 1,157,544.00</b>	
<b>Recipient Admin. (OMB-GC, PC, GTL)</b>	<b>\$ 2,382,940.00</b>	
<b>Quality Management</b>	<b>\$ 603,600.00</b>	
<b>(+) Unobligated Funds / (-) Over Obligated:</b>		
Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ -	2,986,540.00

<b>Core medical % against Total Direct Service Allocation (Not including C/O):</b>		
Cannot be under 75%	85.37%	Within Limit
<b>Quality Management % of Total Award (Not including C/O):</b>		
Cannot be over 5%	2.46%	Within Limit
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>		
Cannot be over 10%	9.71%	Within Limit

CURRENT CONTRACT EXPENDITURES			
<b>DIRECT SERVICES:</b>			
<b>Core Medical Services</b>		<b>Expenditures</b>	<b>Carryover Expenditures</b>
5606610000	Outpatient/Ambulatory Health Svcs	4,288,729.12	
5492120000	AIDS Pharmaceutical Assistance	3,409.87	
5216100000	Oral Health Care	1,557,322.80	
5223550000	Health Insurance Services	190,757.65	
5114040000	Mental Health Therapy/Counseling	35,831.25	
5211100000	Medical Case Management	3,416,352.50	
5216120000	Substance Abuse - Outpatient	957.00	9,493,360.19
<b>Support Services</b>		<b>Expenditures</b>	<b>Carryover Expenditures</b>
5492250000	Food Bank	529,484.80	469,744.60
5212100000	Other Professional Services	67,653.00	999,229.40
5602400000	Medical Transportation	60,658.50	
5224700000	Outreach Services	12,799.60	
5224130000	Substance Abuse - Residential	328,860.00	
5224300000	Emergency Financial Assistance	0.00	1,469,200.50
<b>TOTAL EXPENDITURES DIRECT SVCS &amp; % :</b>		<b>\$ 10,962,560.69</b>	<b>50.87%</b>

<b>Formula Expenditure %</b>	<b>52.01%</b>	
<b>Recipient Administration</b>	<b>1,439,928.50</b>	
<b>Quality Management</b>	<b>500,000.00</b>	1,939,928.50
<b>Grant Unexpended Balance</b>	<b>11,636,175.81</b>	
<b>Total Grant Expenditures &amp; %</b>	<b>\$ 12,902,489.19</b>	<b>52.58%</b>

<b>Core medical % against Total Direct Service Expenditures (Not including C/O):</b>		
Cannot be under 75%	90.47%	Within Limit
<b>Quality Management % of Total Award (Not including C/O):</b>		
Cannot be over 5%	2.10%	Within Limit
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>		
Cannot be over 10%	6.04%	Within Limit

**RYAN WHITE PART A GRANT AWARD (BU033101)  
 FY 2021 (YR 31) EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE  
 MINORITY AIDS INITIATIVE (MAI) FUNDING  
 Per Resolution # R-1192-20 AND R-246-20**

This report includes YTD paid reimbursements for FY 2021 MAI service months up to December 2021, as of 1/31/2022. This report reflects reimbursement requests that were due by 1/20/2022 and have been paid thus far. Pending MAI reimbursement requests that have been received and are in process total \$142,121.71.

PROJECT: BU033102	AWARD AMOUNTS	ACTIVITIES
Grant Award Amount MAI	2,603,486.00	MAI
Carryover Award FY'20 MAI	97,997.00	MAI_CARRYOVER
<b>Total Award</b>	<b>\$ 2,701,483.00</b>	



**MAI CONTRACT ALLOCATIONS**

Priority Ranking #	DIRECT SERVICES:	Allocations	
	<b>Core Medical Services</b>		
2	Outpatient/Ambulatory Health Svcs	1,362,753.00	
	AIDS Pharmaceutical Assistance		
	Oral Health Care		
	Health Insurance Services		
3	Mental Health Therapy/Counseling	18,960.00	
1	Medical Case Management	903,920.00	
4	Substance Abuse - Outpatient	8,058.00	2,293,691.00
	<b>Support Services</b>		
	Food Bank		
	Other Professional Services		
6	Medical Transportation	7,628.00	
5	Outreach Services	39,816.00	
	Substance Abuse - Residential		
7	Emergency Financial Assistance	0.00	47,444.00
<b>DIRECT SERVICES TOTAL:</b>		<b>\$ 2,341,135.00</b>	

Total Core Allocation	2,293,691.00	
Target at least 80% core service allocation	1,872,908.00	
<b>Current Difference (Short) / Over</b>	<b>\$ 420,783.00</b>	
Recipient Admin. (OMB-GC)	\$ 260,348.00	
Quality Management	\$ 100,000.00	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (MAI)	\$ -	360,348.00
Unobligated Funds (Carry Over)	\$ -	

<b>Core medical % against Total Direct Service Allocation (Not including C/O):</b>	<b>97.97%</b>	<b>Within Limit</b>
Cannot be under 75%		
<b>Quality Management % of Total Award (Not including C/O):</b>	<b>3.84%</b>	<b>Within Limit</b>
Cannot be over 5%		
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	<b>10.00%</b>	<b>Within Limit</b>
Cannot be over 10%		

**CURRENT CONTRACT EXPENDITURES**

ACCOUNT	DIRECT SERVICES:	Expenditures	Carryover Expenditures	
5606610000	Outpatient/Ambulatory Health Svcs	341,893.84	9,354.36	351,248.20
5492120000	AIDS Pharmaceutical Assistance			
5216100000	Oral Health Care			
5223550000	Health Insurance Services			
5114040000	Mental Health Therapy/Counseling	2,632.50		
5211100000	Medical Case Management	439,507.90		
5216120000	Substance Abuse - Outpatient	210.00		
				793,598.60
5492250000	Food Bank			
5212100000	Other Professional Services			
5602400000	Medical Transportation	1,748.28		
5224700000	Outreach Services	0.00		
5224130000	Substance Abuse - Residential			1,748.28
5224300000	Emergency Financial Assistance	0.00		

<b>TOTAL EXPENDITURES DIRECT SVCS &amp; %:</b>	<b>795,346.88</b>	<b>33.97%</b>
Recipient Administration	119,605.58	
Quality Management	83,333.30	202,938.88
Grant Unexpended Balance	1,703,197.24	
<b>Total Grant Expenditures &amp; % (Including C/O):</b>	<b>\$ 998,285.76</b>	<b>36.95%</b>

<b>Core medical % against Total Direct Service Expenditures (Not including C/O):</b>	<b>99.78%</b>	<b>Within Limit</b>
Cannot be under 75%		
<b>Quality Management % of Total Award (Not including C/O):</b>	<b>3.20%</b>	<b>Within Limit</b>
Cannot be over 5%		
<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	<b>4.59%</b>	<b>Within Limit</b>
Cannot be over 10%		





# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee

Friday, February 25, 2022

9:30 a.m. – 11:30 a.m.

Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 230  
Miami, FL 33134 and Zoom

### AGENDA

- |       |   |                     |
|-------|---|---------------------|
| I.    | Call to Order                                       | Dr. Robert Goubeaux |
| II.   | Meeting Rules and Housekeeping                      | James Dougherty     |
| III.  | Roll Call and Introductions                         | Dr. Robert Goubeaux |
| IV.   | Floor Open to the Public                            | James Dougherty     |
| V.    | Review/Approve Agenda                               | All                 |
| VI.   | Review/Approve Minutes of January 28, 2022          | All                 |
| VII.  | Reports   |                     |
|       | • Membership Vacancies                              | Marlen Meizoso      |
|       | • Ryan White Program                                | Carla Valle-Schwenk |
|       | • ADAP Program                                      | Dr. Javier Romero   |
|       | • Partnership Report (reference only)               | Marlen Meizoso      |
| VIII. | Standing Business                                   |                     |
|       | • Glucose Monitors                                  | All                 |
|       | • HIV and Aging-Topics: Diabetes and Kidney Disease | All                 |
|       | • Discussion-Gender Affirming Care                  | All                 |
| IX.   | New Business  |                     |
| X.    | Announcements                                       | All                 |
| XI.   | Next Meeting: <b>March 25, 2022</b> at <b>BSR</b>   | James Dougherty     |
| XII.  | Adjournment   | Dr. Robert Goubeaux |

*Please turn off or mute cellular devices – Thank you*

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com)

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State in the Nation

**Ron DeSantis**  
Governor

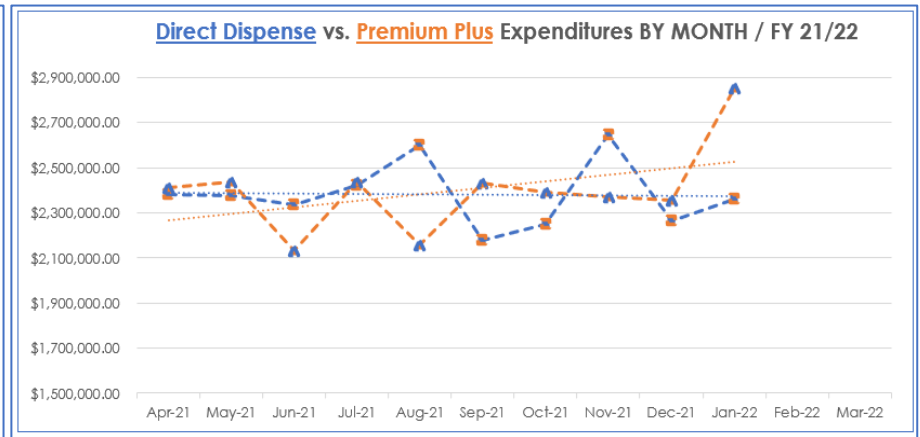
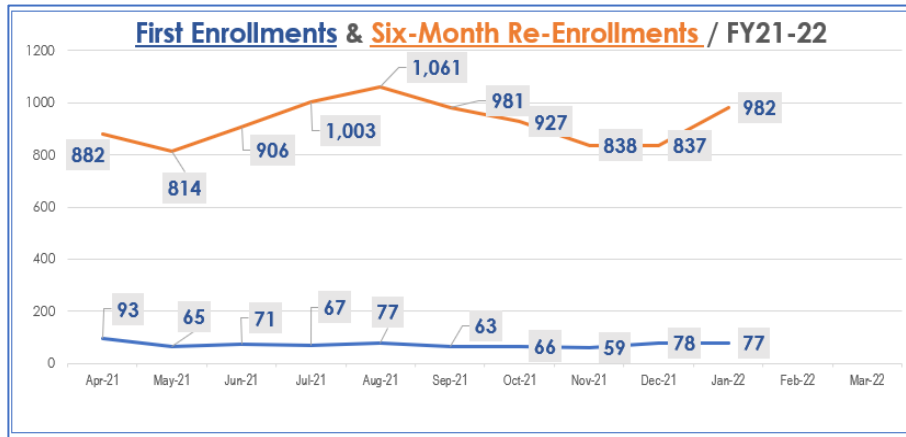
**Joseph A. Ladapo, M.D., Ph.D.**  
State Surgeon General

February 2, 2022

ADAP Miami-Dade / Summary Report – JANUARY 2022

FY 21/22	First Enrollments	6-mo. Re-Enrollments	OPEN ACTIVE	CHD Pharmacy Expenditures	RXs	Patients	RX/Pt	Premium Payments	Number of Premiums	Average Premium
FY20/21 >>	795	10,979	6,150	\$32,843,354.32	52,678	17,944	2.9	\$23,115,161.17	25,395	\$ 910.22
Apr-21	93	882	6,249	\$2,379,896.89	3,824	1,285	3.0	\$2,413,106.07	2,366	\$1,019.91
May-21	65	814	6,259	\$2,376,870.79	3,856	1,289	3.0	\$2,435,148.77	2,392	\$1,018.04
Jun-21	71	906	6,312	\$2,337,952.33	3,997	1,313	3.0	\$2,131,887.00	1,917	\$1,030.20
Jul-21	67	1,003	6,315	\$2,423,002.81	4,396	1,356	3.2	\$2,436,296.66	2,403	\$1,013.86
Aug-21	77	1,061	6,327	\$2,602,360.80	4,490	1,456	3.1	\$2,157,974.33	1,973	\$1,093.75
Sep-21	63	958	6,188	\$2,176,932.46	3,788	1,319	2.9	\$2,430,671.29	2,395	\$1,014.89
Oct-21	66	892	6,104	\$2,250,009.28	4,235	1,413	3.0	\$2,391,647.63	2,353	\$1,016.42
Nov-21	59	817	6,082	\$2,646,591.64	4,606	1,528	3.0	\$2,370,817.66	2,323	\$1,020.58
Dec-21	78	789	6,100	\$2,266,584.18	3,975	1,361	2.9	\$2,355,667.80	2,311	\$1,019.33
Jan-22	77	982	6,135	\$2,360,804.60	4,080	1,376	3.0	\$2,855,182.49	2,436	\$1,172.08
Feb-22										
Mar-22										
YTD	716	9,231	5,990	\$23,821,005.78	41,247	13,696	3.0	\$23,978,399.70	22,869	\$1,048.51

SOURCE: Provide - DATE: 02/01/22 - Subject to Review & Editing - \* West Perrine Direct Dispense ~425 clients NOT INCLUDED. (Estimate - ~\$7 million/TBC).



**PROGRAM UPDATE**

01/15	2022 ACA-MP Open Enrollment	New ADAP Income limit 75-400 % FPL New 75-99%: ~620 pts. (222/36% No SSN; 398/64% SSN)
01/31	Magellan Rx: New PBM for uninsured services. Expanded network of pharmacies (TBC). Intended implementation date: April 1 <sup>st</sup> .	
02/02	Cabenuva utilization for ADAP Miami clients: 64 clients. Direct Dispense 37(58%); Premium Plus 27 (42%).	

For additional information: [www.ADAPMiami.com](http://www.ADAPMiami.com) or [ADAP.FLDOHMDC@flhealth.gov](mailto:ADAP.FLDOHMDC@flhealth.gov)



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For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com)



**Partnership Report to Committees  
February 15, 2022 Meeting**

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*Supporting documents related to motions in this report are available online at [aidsnet.org/meeting-documents/](https://aidsnet.org/meeting-documents/), or from staff at Behavioral Science Research Corp. (BSR). For more information, please contact [hiv-aidsinfo@behavioralscience.com](mailto:hiv-aidsinfo@behavioralscience.com).*

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The Partnership heard reports and approved the following motions:

**Community Coalition**

1. Motion to recommend to the Mayor of Miami-Dade County the appointment to the Miami-Dade HIV/AIDS Partnership of Alecia Tramel for the Non-Elected Community Leader/Not an HIV Provider seat.
- 

**Care and Treatment**

2. Motion to recommend addition of Florida ADAP Formulary medications (September 2021) to the Ryan White Prescription Drugs Formulary, with:
  - a. Adding a notation to naltrexone indicating it is only the oral formulation; and
  - b. Not adding #8, sofosbuvir/velpatasvir, and #9, sofosbuvir/velpatasvir/ voxilaprevir to the formulary.
3. Motion to:
  - a. Accept changes to the Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards;
  - b. Accept the changes to the Oral Health Care service description, as presented in;
  - c. Accept the Mental Health service description;
  - d. Accept the Substance Abuse service description; and
  - e. Accept the changes to the Oral Health service standards.
4. Motion to include pregnancy as an allowable medical condition, and add obstetrics to the *genitourinary/gynecology* specialty on the RWP Allowable Medical Conditions List.
5. Motion to accept the Medical Case Management, Including Treatment Adherence service description as presented, with minor revision:
  - a. Keep, “at least every 6 months”;
  - b. Remove language on closures;
  - c. Remove Provide System statement;
  - d. Remove green highlighted language, “in conjunction with the client’s re-certification,” on page 55; and
  - e. Include language “as may be amended via formal written notification from the Recipient.”

6. Motion to accept the changes to the Health Insurance and Medical Transportation service descriptions.

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Details on future meetings are online at <http://aidsnet.org/calendar/> (Partnership Website) and <https://www8.miamidade.gov/global/calendar/global.page> (County Website).

Please RSVP: Scan the QR Code to RSVP to upcoming meetings, or contact us at (305) 445-1076, or [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com), [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com).

**February 2022**





# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee

Friday, February 25, 2022

9:30 a.m. – 11:30 a.m.

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Miami, FL 33134 and Zoom

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## CONTINUOUS GLUCOSE MONITORS (CGM)

CGM devices covered by Medicare under the DME benefit are defined in CMS Ruling 1682R as therapeutic CGMs. Refer to the Non-Medical Necessity Coverage and Payment Rules in the LCD-related Policy Article for additional information.

Therapeutic CGMs and related supplies are covered by Medicare when all of the following coverage criteria (1-5) are met:

- The beneficiary has diabetes mellitus (Refer to the ICD-10 code list in the LCD-related Policy Article for applicable diagnoses); and,
- The beneficiary is insulin-treated with multiple (three or more) daily administrations of insulin or a continuous subcutaneous insulin infusion (CSII) pump; and,
- The beneficiary's insulin treatment regimen requires frequent adjustment by the beneficiary on the basis of BGM or CGM testing results; and,
- Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the beneficiary to evaluate their diabetes control and determined that criteria (1-3) above are met; and,
- Every six (6) months following the initial prescription of the CGM, the treating practitioner has an in-person visit with the beneficiary to assess adherence to their CGM regimen and diabetes treatment plan.

\*\*\*This updated criteria takes effect on July 18, 2021 and includes the following:

- Eliminates the four times per day testing requirement to qualify for a CGM device.
- Allows for individuals using multiple daily administrations (updated from injections) of any insulin, which helps to provide a coverage pathway for people using inhaled insulins.

- 
- **MEDICAID AND MEDICARE APPROVED.**
  - **Included in most insurance's drug formularies for 2022, Prior Authorization required for some and patient criteria required.**
  - **NON-340B drug.**
  - **Freestyle Libre 2 and Freestyle Libre 14 days: AWP 1 sensor: \$73.39, reader \$84**
  - **Dexcom G6: AWP sensors 3 count: \$418.75, transmitter: \$296.88, receiver: \$456.25**

# Continuous Glucose Monitoring Devices

## FreeStyle Libre 2 Sensors

Benefits	Challenges	Cost
<ul style="list-style-type: none"> <li>→ User ages 4 and up</li> <li>→ Shows full picture of glucose in the moment</li> <li>→ Glucose and signal loss alarm</li> <li>→ Urgent glucose alarm</li> <li>→ Each sensor lasts up to 14 days</li> </ul>		<ul style="list-style-type: none"> <li>→ Eligible patients can get a sensor and reader at no cost</li> <li>→ Most privately insured patients end up paying between \$0 to \$60 per month for FreeStyle Libre 2 sensors, and no more than \$65 for a FreeStyle Libre 2 reader</li> <li>&gt; Whether you have insurance or not, the FreeStyle Libre 2 system is priced 70% below the list price of other CGM system</li> </ul>

[Freestyle Libre 2 Prices, Coupons & Savings Tips - GoodRx](#)

## FreeStyle Libre 14 day (FDA in 2017)

Benefits	Challenges	Cost
<ul style="list-style-type: none"> <li>→ Users 18 and up</li> <li>→ Convenient for travel, work, etc</li> <li>→ More affordable than other glucose monitors</li> <li>→ Each sensor lasts up to 14 days</li> </ul>	<ul style="list-style-type: none"> <li>→ Doesn't alert you if your BG levels are off until you actively check them (No glucose or signal loss alarms)</li> <li>→ Potential for false / inaccurate readings</li> </ul>	<ul style="list-style-type: none"> <li>→ ~\$131 to \$145 in retail pharmacies with coupons in retail pharmacies</li> </ul>

[Freestyle Libre Prices, Coupons & Savings Tips - GoodRx](#)

## Dexcom G6

Benefits	Challenges	Cost
<ul style="list-style-type: none"> <li>→ Approved for 10-day use</li> <li>→ Prevents clinically significant interference from APAP</li> <li>→ Simple sensor insertion with an auto applicator</li> <li>→ Urgent low soon alerts (20min advance warning &lt; 55mg/dL)</li> <li>→ Alerts can be customized for two periods of time within 24h</li> <li>→ Thin, discreet</li> <li>→ Apps and website with data</li> </ul>	<ul style="list-style-type: none"> <li>→ Transmitter must be replaced every 3 months</li> <li>→ Occasional delay receiving product orders and technical support</li> <li>→ Re-use of sensor involves a complicated process</li> <li>→ Costly sensors and transmitters</li> </ul>	<ul style="list-style-type: none"> <li>→ ~\$350 - \$370 with coupons in retail pharmacies</li> </ul>

[Compare Dexcom G6 Prices - GoodRx](#)

### For all CGM:

- No fingerstick/calibration needed
- All can be accessed through smartphone and are water resistant
- Not approved for patients on dialysis or pregnant women
- May cause irritation at the sensor insertion site

Ryan White Program FY 29-31  
Insulin and DME Usage

FY and Service Code	# Of Undup Clients	# of Code Billings	Total Costs
<b>FY 29</b>	<b>105</b>	<b>347</b>	<b>\$ 4,999.39</b>
A4206-Syringe with needle, sterile 1cc or less	43	161	\$ 1,013.55
A4208-Syringe with needle, sterile 3cc	13	34	\$ 38.86
A4215-needle, sterile any size	11	29	\$ 94.43
A4253-Blood glucose test or reagent strips	23	73	\$ 3,339.15
A4259-lancets	13	44	\$ 446.20
RX0206-insulin glargine injection	1	3	\$ 33.30
RX0208-insulin aspart injection	1	3	\$ 33.90
<b>FY 30</b>	<b>12</b>	<b>19</b>	<b>\$ 177.35</b>
A4208-Syringe with needle, sterile 3cc	5	6	\$ 6.09
A4215-needle, sterile any size	4	6	\$ 4.56
A4253-Blood glucose test or reagent strips	1	2	\$ 118.20
A4259-lancets	2	5	\$ 48.50
<b>FY 31 (as of 2/17/22)</b>	<b>2</b>	<b>2</b>	<b>\$ 34.90</b>
A4253-Blood glucose test or reagent strips	1	1	\$ 34.00
A4259-lancets	1	1	\$ 0.90
<b>Grand Total</b>	<b>119</b>	<b>368</b>	<b>\$ 5,211.64</b>

Codes on formulary:

RX0203-Humulin® 70/30 and Novolin® 70/30- insulin NPH and insulin regular  
 Rx0204-Humulin N® and Novolin N® -isophane insulin  
 RX0205-Levemir®- insulin detemir injection  
 RX0206 -Lantus® -insulin glargine injection  
 RX0207-Humalog® -insulin lispro injection  
 RX0208 -NovoLog® -insulin aspart injection  
 RX0209-Humulin R® and Novolin R® -insulin regular  
 A4206- Syringe with needle, sterile 1cc or less  
 A4207- Syringe with needle, sterile 2cc  
 A4208- Syringe with needle, sterile 3cc  
 A4215- Needle, sterile any size  
 A4217- Sterile water / saline  
 A4253- Blood glucose test or reagent strips  
 A4259- Lancets



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee

Friday, February 25, 2022

9:30 a.m. – 11:30 a.m.

Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 230  
Miami, FL 33134 and Zoom

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HIV and Aging  
February Topics

**Diabetes** (*use of older ARVs; greater prevalence with aging*)

**Kidney disease** (*HIV nephropathy, additional comorbidities: use of tenofovir, diabetes, CVD, and hypertension*)

What are the issues being faced by HIV and aging population?

How to treat the problem?

What is missing in the Ryan White system?





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December 16, 2021

Dear Ryan White HIV/AIDS Program Colleagues,

Ensuring that transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV is a priority for the Health Resources Services Administration's (HRSA) HIV/AIDS Bureau (HAB). Of the more than half a million people served by the Ryan White HIV/AIDS Program (RWHAP) 2.1 percent, approximately 11,600, are transgender.<sup>1</sup> Providing gender-affirming care is an important strategy to effectively address the health and medical needs of transgender people with HIV. HRSA HAB strongly encourages RWHAP service providers to harness and mobilize the existing RWHAP infrastructure and services to support gender-affirming services within allowable RWHAP parameters.

Gender-affirming care and treatment services are described in the *HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV* (Guidelines).<sup>2</sup> According to the Guidelines, gender affirmation describes processes whereby a person receives social recognition, value, and support for their gender identity and expression. Gender affirmation is often described across several dimensions, including: social (e.g., social support and acceptance, use of pronouns, names, or clothing that align with their gender identity); medical (e.g., use of hormones or surgery); legal (e.g., legal name change or changing gender markers on identity documents); and psychological (e.g., the degree of self-acceptance and comfort with their gender identity).

RWHAP funds may be used to support gender affirming care across various HRSA RWHAP core medical and support service categories as outlined in *Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*.<sup>3</sup> Many RWHAP AIDS Drug Assistance Programs (ADAPs) provide access to gender-affirming [hormone therapy](#).<sup>4</sup> RWHAP ADAP funds, along with RWHAP funds allocated under the service category *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals*, can be used to purchase and maintain private health insurance, Medicaid, and Medicare coverage, which can support a broader range of health needs for transgender people with HIV.

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<sup>1</sup> Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. [www.hab.hrsa.gov/data/data-reports](http://www.hab.hrsa.gov/data/data-reports) Published December 2021.

<sup>2</sup> Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at: <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>, pp. J61-J70.

<sup>3</sup> Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds Clarification Notice. Available at: [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf).

<sup>4</sup> National ADAP Formulary Database: Other medication categories. Available at: <https://www.nastad.org/adapformulary>.

In addition, RWHAP recipients and subrecipients may provide behavioral and mental health services to clients experiencing gender dysphoria and social and emotional stress related to transgender discrimination, stigma, and rejection. RWHAP funds may be used to provide housing, case management, and substance use disorder treatment services, which are fundamental in reducing health disparities and improving HIV-related outcomes among transgender people. RWHAP AIDS Education and Training Centers provide training and education to clinicians and healthcare staff on cultural humility, cultural sensitivity, and inclusive care for diverse populations. HRSA HAB funds activities that support patient-centered, trauma-informed, and inclusive environments of care for RWHAP recipients through training, technical assistance, and other initiatives<sup>5</sup> to reduce barriers to antiretroviral therapy adherence and maximize the likelihood of achieving viral suppression.

As an outpatient ambulatory healthcare program, surgeries and inpatient care are not allowable uses of RWHAP or Ending the HIV Epidemic in the U.S. (EHE) initiative funds. This general prohibition applies to surgeries conducted in inpatient and outpatient settings, even when performed “same-day” as an ambulatory procedure under general anesthesia.

Among transgender clients receiving RWHAP HIV medical care in 2020, 84.5 percent were virally suppressed, which is lower than the national RWHAP average (89.4 percent).<sup>6</sup> While viral suppression rates among transgender clients in our programs are higher than the national non-RWHAP average, we recognize that more efforts are needed to help achieve our goal of ending the HIV epidemic and those set forth in the National HIV/AIDS Strategy (2022-2025).<sup>7</sup> This is true especially of Black and Hispanic/Latino/a transgender women who are disproportionately impacted by HIV and other intersecting social and health challenges.

HRSA HAB will continue to monitor HIV clinical outcomes and ensure evidence informed, evidence based, and emerging interventions are shared to support recipients with providing gender-affirming services for transgender people with HIV. We appreciate your efforts to provide affirming, whole person care to transgender people with HIV.

Sincerely,

/Laura W. Cheever/  
Laura Cheever, MD, ScM (she/her)  
Associate Administrator

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<sup>5</sup> SPNS Transgender Women of Color Initiative Intervention Manuals. Available at: <https://targethiv.org/library/spns-transgender-women-color-initiative-manual>

<sup>6</sup> Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. [www.hab.hrsa.gov/data/data-reports](http://www.hab.hrsa.gov/data/data-reports) Published December 2021.

<sup>7</sup> *National HIV/AIDS Strategy (2022-2025)*. Available at: <https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/NHAS-2022-2025.pdf>



# HRSA Promotes Access to Gender Affirming Care and Treatment in the Ryan White HIV/AIDS Program

By: Laura Cheever, MD, ScM, Associate Administrator for the HIV/AIDS Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services | **Published:** January 28, 2022

## Topics

HRSA   People with HIV   Ryan White   Transgender

Last month, the Health Resources and Services Administration (HRSA) released a [letter](#) encouraging Ryan White HIV/AIDS Program (RWHAP) service providers to leverage their existing infrastructure to provide access to gender affirming care and treatment services for transgender and gender diverse people with HIV. This guidance supports HRSA's efforts to address health disparities and reduce barriers to lifesaving HIV care, medication, and support services for people of transgender experience with HIV so they can lead long, healthy lives.



The letter issued by HRSA's HIV/AIDS Bureau reaffirms the importance of providing culturally affirming health care and social services to the transgender community as a key component of improving their lives. This includes housing, behavioral and mental health services, and medical care and medication, all of which are fundamental to reducing health disparities and improving HIV-related outcomes among transgender people.

## RWHAP Initiatives to Support Transgender People with HIV

The RWHAP program serves more than 50 percent of all people with diagnosed HIV in the United States. Of the more than 561,000 people served by the RWHAP in 2020, 2.1 percent, approximately 11,600 were transgender. A number of HRSA funded initiatives support patient-centered, trauma-informed, and inclusive environments of care for transgender RWHAP clients to help reduce mistrust and other barriers to antiretroviral therapy adherence. Some examples of our work include:



- [Using Evidence-Informed Interventions to Improve Health Outcomes for People Living with HIV \(E2i\)](#) Initiative: A project funded by the RWHAP Part F Special Projects of National Significance (SPNS) to identify and provide support for the implementation of evidence-informed interventions to reduce HIV-related disparities and improve health outcomes. One of E2i's focus areas is improving HIV outcomes for transgender women.
- [HIV Care Continuum Interventions for Transgender Women: A Topical Review](#): A recently published manuscript from the E2i project that outlines findings from a literature review on interventions designed to improve at least one HIV care continuum outcome or address one barrier to achieving HIV care continuum outcomes among transgender women with diagnosed HIV in the United States.
- A previously funded RWHAP Part F SPNS initiative, the [Transgender Women of Color Initiative](#), focused specifically on transgender women of color with HIV. Each of the initiative's nine demonstration sites developed innovative models for linking and retaining transgender women of color in HIV care. The intervention manuals from these demonstration sites are available on the [TargetHIV website](#).
- [The RWHAP Services Report \(RSR\)](#): This report fills an important gap in national HIV data about transgender people with HIV. The RSR uses a two-step method for determining gender identity, which first identifies sex assigned at birth, followed by current gender identity (male, female, transgender female, transgender male, and other gender identity). To explore RWHAP client characteristics and outcomes, please see our [RWHAP Compass Dashboard](#) and the [2020 RWHAP Annual Client-Level Data Report](#).

Among transgender clients receiving RWHAP HIV medical care in 2020, 84.5 percent were virally suppressed, which is higher than the national average among all people with diagnosed HIV in the U.S., but it is lower than the national RWHAP average (89.4 percent). We recognize that we need to do more to support this community. To help achieve the goals of the National HIV/AIDS Strategy, including achieving health equity and ending the HIV epidemic, we will continue to support and share evidence-based, evidence-informed, and emerging interventions that focus on improving the health and lives of transgender and gender diverse people with HIV.

[Access the Gender Affirming Care in the RWHAP letter.](#)

## Topics

[HRSA](#) [People with HIV](#) [Ryan White](#) [Transgender](#)

**WAS THIS PAGE HELPFUL?**





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| X.    | Announcements                                       | All                        |
| XI.   | Next Meeting: <b>March 25, 2022</b> at <b>BSR</b>   | James Dougherty            |
| XII.  | <b>Adjournment</b>                                  | <b>Dr. Robert Goubeaux</b> |

*Please turn off or mute cellular devices – Thank you*

For more information, regarding the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee please contact Marlen Meizoso at 305-445-1076 or [marlen@behavioralscience.com](mailto:marlen@behavioralscience.com)