



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 28, 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	Carlos Palacios
II.	Meeting Rules and Housekeeping	Dr. Robert Goubeaux
III.	Roll Call and Introductions	Carlos Palacios
IV.	Floor Open to the Public	Dr. Robert Goubeaux
V.	Review/Approve Agenda	All
VI.	Special Discussion: Oral Health Care Items (1 hour)	All
VII.	Review/Approve Minutes of November 19, 2021	All
VIII.	Reports	
	• Membership Vacancies	Marlen Meizoso
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Partnership Report (reference only)	Marlen Meizoso
IX.	Standing Business	
	• Officer Elections	All
	• Service Descriptions -Mental Health and Substance Abuse	All
	• HIV and Aging	All
X.	New Business	
	• Pregnancy and Allowable Conditions List	All
	• Discussion: Gender-Affirming Care	All
XI.	Announcements	All
	• Annual disclosure forms	
XII.	Next Meeting: February 25, 2021 at BSR	Dr. Robert Goubeaux
XIII.	Adjournment	Carlos Palacios

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



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Partnership Meeting Housekeeping

Hybrid Meetings

In-Person at BSR and via Zoom

Updated December 29, 2021

Disclaimer & Code of Conduct

- 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

- 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

- 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

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

General Reminders – Zoom Attendees

- 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

- 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

- 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

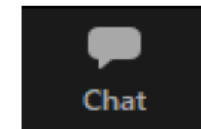
SIGN IN

to be counted as present.

Zoom Attendees



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Floor Open to the Public

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

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



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1. Performance Measures

- 1) *The Clinical Quality Management program produces a quarterly ‘CQM Performance Report Card’ on services. There are two measures that relate to oral health care: (A) the proportion of **all clients in care** who receive at least one Ryan White-billed oral health service in the preceding 12 months, and (B) the proportion of **all oral health care clients** who see a dentist for a periodic oral examination in the preceding 12 months.*

A. The “percentage of clients who are receiving oral health care” is referenced in the CQM Report Card as “D1,” and is calculated by dividing the unduplicated persons with one or more oral health care procedures billed to the RWP by the total number of RWP clients in RWP care.

In FY 2020, 1,711 unduplicated clients had at least one OHC code billed, 21% out of a total of 8,127 clients in care. As of Third Quarter FY 2021, 2,043 clients had at least one OHC service billed, 25% out of a total of 8,276 clients in care

No standards have been set for what percentage is desired.

B. The “percentage of clients who have an annual check-up by their dentist” is referenced in the CQM Report Card as “D2,” and is a HRSA OHC provider-based outcome measure intended to reflect the ability of the oral health care providers to engage RWP clients in regular oral hygiene. It is calculated by dividing (a) the number of unduplicated clients with one or more of the oral health examination codes (D0120, D0150, D0160, D0170 and D0180) billed to the RWP each year (numerator), by (b) the number of clients receiving any kind of oral health care (D1) (denominator).

In FY 2020, 986 clients at eight OHC providers had at least one of these D-codes billed by their dentist, out of a total of 1,711 clients who had any kind of OHC service billed at all. This yields 58% and a range from 29% to 90%. The Third Quarter FY 2021 D-code rate was 67%, with a range from 42% to 92%.

No standards have been set for what percentage is desired.

B.1 An ancillary issue concerns D0140 (limited oral evaluation), which HRSA specifically *excludes from “regular oral examination” codes* because it is a problem-focused evaluation code with only two billable instances allowable per client per year. Should this be “counted” as a periodic oral examination for measuring the degree to which an oral health care provider is providing regular ongoing dental services?

B.2 Should the three teledentistry codes (D9995-Teledentistry-synchronous, D9996-Teledentistry-asynchronous, D0140-Limited Oral Evaluation-Problem Focused) be included as a separate oral health care measure in the oral health care performance measures on the report card? See details on tele dentistry codes in attached document.

Oral health care data for YR 20 was request and provided in [Attachment 1](#). Of the top ten oral health care procedures by cost in rank order were restorative, diagnostic, preventive, periodontics, prosthetics, and surgery.

2. Implants

2) *A member of the affected community requested that the topic of dental implants be revisited.*

In November 2014, based on the recommendations of the Ad Hoc Oral Health Care Workgroup, the Partnership made a motion that **the local Ryan White Part A program not cover the placement of implants or services related to restoration of implants, with the exception of D6095 (Repair implant abutment, by report)** since this code is already on the formulary with restrictions. **Codes D6000-D6199 related to implant services will not be covered.** The recommendation was based the Ryan White Part A program's limited resources and the need to restrict implant codes; no private health insurance pays for implants.

Additional information was request as to funding by any other programs and other EMAS.

The Broward County and Palm Beach County EMAs do not cover implants. Palm Beach has a very strict interpretation of allowances and do not cover implants.

Other programs that may provide the services include the Part F program and the UF Dental Clinic but services are not free.

3. Limitation on Oral Health Care Services

With the COVID-19 pandemic, some clients have been lost to oral health follow-up and now present with more complicated treatment needs. The County has received a couple of request for overrides of the cap totaling almost \$10,000.00Currently the maximum annual dollar cap is \$6,500 for oral health care for an individual in the Ryan White Program.

Questions to address:

- Should the cap stay in place, as-is, with no possible increase?
- Should the cap be raised (an amount would need to be recommended), without the possibility to waive the cap?
- Should the current cap stay as-is, but should the Committee identify scenarios that would allow the County to approve a waiver to the cap?
- Should the cap be raised and identify scenarios that would allow the County to approve a waiver of the cap?
- Other options?

Information from other EMAS:

Broward County

Covers Preventive Services: check-ups, exams, cleanings, x-rays

Basic Services: Emergency (Palliative Treatment), fillings, periodontal cleanings, crowns

Specialty services: root canals, dentures, partials, extractions

Does not cover dental implants, bridges, periodontal surgery, and cosmetic procedures.

Palm Beach County

Limitation to 24 visits a year.

Does not reimburse direct cost but salary for service category

Medical Care Subcommittee: OHC Issues

January 28, 2022

Services are for: Elimination of infection, preservation of dentition and restoration of functioning
Elimination of presenting symptoms, including control of pain and suffering
Prevention of oral and/systemic disease where the oral cavity serves as an entry point

Utah

\$1,500 cap client per calendar year

Texas

\$3,000 cap client per calendar year

4. Oral Health Care Service Definition

Attached is the draft oral health care service definition for review ([Attachment 2](#)). Motion by Medical Care Subcommittee members will be needed.

5. Oral Health Standards of Care

Attached is the draft oral health standards of care for review ([Attachment 3](#)). Motion by Medical Care Subcommittee members will be needed if there are any changes.

Service Code	Service type	ServiceName	Total Cost Per Service	Highest Cost Rank	# of Undup Clients
D4341	Periodontics	periodontal scaling and root planing - four or more teeth per quadrant	\$ 84,912.00	1	156
D2391	Restorative	resin-based composite - one surface, posterior	\$ 72,558.00	2	226
D2392	Restorative	resin-based composite - two surfaces, posterior	\$ 61,380.00	3	192
D5899	Prosthodontics	unspecified removable prosthodontic procedure	\$ 60,696.00	4	47
D0330	Diagnostic	panoramic film	\$ 59,078.00	5	517
D1110	Preventive	prophylaxis - adult age 12+	\$ 57,104.00	6	533
D7210	Oral and Maxillofacial Surgery	surgical removal of erupted tooth req.elevation of flap and removal of bone	\$ 55,440.00	7	130
D2740	Restorative	crown - porcelain/ceramic	\$ 43,040.00	8	30
D1330	Preventive	oral hygiene instructions	\$ 42,434.00	9	752
D0140	Diagnostic	limited oral evaluation - problem focused - for emergs and/or extractions	\$ 42,280.00	10	475
D6740	Prosthodontics, fixed	retainer crown - porcelain/ceramic	\$ 39,096.00	11	16
D0274	Diagnostic	bitewings - four films	\$ 35,960.00	12	526
D7140	Oral and Maxillofacial Surgery	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 35,260.00	13	117
D5214	Prosthodontics, removable	mandibular partial denture - cast metal frame with resin base incl clasps, rests and teeth	\$ 33,480.00	14	19
D2751	Restorative	crown-procelain fused to predominantly base metal	\$ 33,320.00	15	28
D0150	Diagnostic	comprehensive oral evaluation - new or established patient	\$ 29,848.00	16	355
D0120	Diagnostic	periodic oral evaluation - established patient	\$ 29,516.00	17	559
D2393	Restorative	resin-based composite - three surfaces, posterior	\$ 28,350.00	18	86
D6245	Prosthodontics, fixed	pontic - porcelain/ceramic	\$ 26,975.00	19	16
D4910	Periodontics	periodontal maintenance	\$ 24,890.00	20	155
D9995	Adjunctive General Services	teledentistry - synchronous; real-time encounter	\$ 24,624.00	21	217

Ryan White FY 20
Oral Health Care Services
Ranked by Cost

Service Code	Service type	ServiceName	Total Cost Per Service	Highest Cost Rank	# of Undup Clients
D0210	Diagnostic	intraoral - complete series (including bitewings)	\$ 24,318.00	22	193
D2330	Restorative	resin-based composite - one surface, anterior	\$ 22,910.00	23	86
D1310	Preventive	nutritional counseling	\$ 20,650.00	24	319
D5213	Prosthodontics, removable	maxillary partial denture - cast metal frame with resin base incl clasps, rests and teeth	\$ 20,052.00	25	12
D0220	Diagnostic	intraoral - periapical first film	\$ 19,628.00	26	577
D5110	Prosthodontics, removable	complete denture - maxillary	\$ 19,452.00	27	12
D5226	Prosthodontics, removable	mandibular partial denture-flexible base (including any clasps, rest and teeth)	\$ 19,331.00	28	13
D9944	Adjunctive General Services	occ guard, hard, full arch	\$ 17,440.00	29	32
D4355	Periodontics	full mouth debridement to enable comprehensive evaluation and diagnosis	\$ 16,530.00	30	89
D3330	Endodontics	molar (excluding final restoration)	\$ 15,840.00	31	14
D2950	Restorative	core buildup including any pins	\$ 15,738.00	32	53
D9310	Adjunctive General Services	consultation - diagnostic service provided by dentist other than requesting dentist	\$ 15,481.00	33	104
D5225	Prosthodontics, removable	maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$ 14,990.00	34	10
D2331	Restorative	resin-based composite - two surfaces, anterior	\$ 14,820.00	35	59
D3320	Endodontics	bicuspid (excluding final restoration)	\$ 13,906.00	36	17
D2335	Restorative	resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$ 13,677.00	37	34
D2332	Restorative	resin-based composite - three surfaces, anterior	\$ 11,934.00	38	39
D5120	Prosthodontics, removable	complete denture - mandibular	\$ 11,389.00	39	7
D5212	Prosthodontics, removable	mandibular partial denture - resin base (including clasps, rests and teeth)	\$ 11,322.00	40	9
D0180	Diagnostic	perio eval, comprehensive	\$ 11,303.00	41	126
D0230	Diagnostic	intraoral - periapical each additional film	\$ 11,270.00	42	338
D2940	Restorative	protective restoration - sedative filling	\$ 11,172.00	43	78
D5211	Prosthodontics, removable	maxillary partial denture - resin base (including clasps, rests and teeth)	\$ 10,048.00	44	7

Ryan White FY 20
 Oral Health Care Services
 Ranked by Cost

Service Code	Service type	ServiceName	Total Cost Per Service	Highest Cost Rank	# of Undup Clients
D2394	Restorative	resin-based composite - four or more surfaces, posterior	\$ 6,762.00	45	18
D6750	Prosthodontics, fixed	crown - porcelain fused to high noble metal	\$ 6,516.00	46	3
D6751	Prosthodontics, fixed	retainer crown - porcelain fused to predominantly base metal	\$ 5,970.00	47	3
D2954	Restorative	Prefab post and core for crown	\$ 5,850.00	48	14
D3310	Endodontics	anterior (excluding final restoration)	\$ 5,648.00	49	8
D1320	Preventive	tobacco counseling	\$ 5,168.00	50	73
D6240	Prosthodontics, fixed	pontic - porcelain fused to high noble metal	\$ 4,340.00	51	4
D4342	Periodontics	periodontal scaling and root planing - one to three teeth per quadrant	\$ 3,738.00	52	11
D9945	Adjunctive General Services	occ guard, soft, full arch	\$ 3,610.00	53	10
D0170	Diagnostic	re-evaluation, limited, problem focused	\$ 2,880.00	54	41
D2920	Restorative	recement crown	\$ 2,756.00	55	19
D4321	Periodontics	provisional splint-extracoronl	\$ 2,180.00	56	3
D6241	Prosthodontics, fixed	pontic - porcelain fused to predominantly base metal	\$ 1,990.00	57	2
D5820	Prosthodontics, removable	interim partial denture - Maxillary - Medicaid covers only to age 20 with pre-auth	\$ 1,941.00	58	3
D5650	Prosthodontics, removable	add tooth to existing partial denture (per tooth)	\$ 1,728.00	59	6
D5130	Prosthodontics, removable	immediate denture - maxillary	\$ 1,710.00	60	1
D2799	Restorative	provisional crown for 6 - 12 mo.during rest. tr. (included in crown procedures)	\$ 1,592.00	61	4
D0270	Diagnostic	bitewing - single film	\$ 1,458.00	62	51
D4249	Periodontics	clinical crown lengthening - hard tissue	\$ 1,428.00	63	2
D4346	Periodontics	scaling in the presense of gernalize moderate or severe gingival inflammation-full mouth, after oral evaluation	\$ 1,390.00	64	10
D5821	Prosthodontics, removable	interim partial denture - Mandibular - Medicaid covers only to age 20 with pre-auth	\$ 1,284.00	65	2
D1208	Preventive	topical fluoride -excluding varnish	\$ 1,190.00	66	29
D2952	Restorative	cast post and core for crown	\$ 1,158.00	67	3

Ryan White FY 20
 Oral Health Care Services
 Ranked by Cost

Service Code	Service type	ServiceName	Total Cost Per Service	Highest Cost Rank	# of Undup Clients
D5711	Prosthodontics, removable	rebase complete lower denture	\$ 1,140.00	68	2
D7250	Oral and Maxillofacial Surgery	surgical removal of residual tooth roots from 1 tooth (tissue cutting procedure)	\$ 1,140.00	69	4
D6251	Prosthodontics, fixed	pontic - resin with predominantly base metal	\$ 995.00	70	1
D3220	Endodontics	therapeutic pulpotomy (excluding final restoration)	\$ 960.00	71	5
D0272	Diagnostic	bitewings - two films	\$ 946.00	72	21
D5282	Prosthodontics, removable	removalbe unilateral partial denture-one piece cast metal (including clasps and teth), maxillary	\$ 899.00	73	1
D3346	Endodontics	retreat previous anterior	\$ 822.00	74	1
D7230	Oral and Maxillofacial Surgery	removal of impacted tooth - partially bony	\$ 760.00	75	1
D7440	Oral and Maxillofacial Surgery	excision of malignant tumor - lesion diameter up to 1.25 cm	\$ 656.00	76	1
D9996	Adjunctive General Services	teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	\$ 624.00	77	24
D9930	Adjunctive General Services	treatment of complications (postsurgical)	\$ 590.00	78	3
D5421	Prosthodontics, removable	adjust partial denture - maxillary (3 free adjustments included with any new denture)	\$ 581.00	79	6
D9243	Adjunctive General Services	intravenous moderate (conscious) sedation/analgesia	\$ 474.00	80	1
D5760	Prosthodontics, removable	reline maxillary partial denture (laboratory)	\$ 448.00	81	1
D3332	Endodontics	incomplete endodontic therapy; inoperable or fractured tooth	\$ 415.00	82	1
D5422	Prosthodontics, removable	adjust partial denture - mandibular (3 free adjustments included with any new denture)	\$ 410.00	83	5
D7320	Oral and Maxillofacial Surgery	alveoplasty NOT in conjunction with extractions -four or more teeth or spaces, per quadrant	\$ 402.00	84	1
D9120	Adjunctive General Services	fixed partial denture sectioning	\$ 398.00	85	1
D5741	Prosthodontics, removable	reline lower partial denture (chairside)	\$ 352.00	86	1
D9951	Adjunctive General Services	occlusal adjustment - limited	\$ 330.00	87	2
D5660	Prosthodontics, removable	add clasp to existing partial denture	\$ 258.00	88	1
D5410	Prosthodontics, removable	adjust complete denture - maxillary (3 free adjustments included with any new denture)	\$ 249.00	89	3
D9239	Adjunctive General Services	Intravenous Moderate (Conscious) Sedation/Analgesia – First 15 Minutes	\$ 228.00	90	1

Ryan White FY 20
 Oral Health Care Services
 Ranked by Cost

Service Code	Service type	ServiceName	Total Cost Per Service	Highest Cost Rank	# of Undup Clients
D9910	Adjunctive General Services	Application of Desensitizing Medicament	\$ 200.00	91	4
D2150	Restorative	amalgam - two surfaces, primary or permanent	\$ 170.00	92	1
D1206	Preventive	topical fluoride varnish	\$ 148.00	93	3
D5512	Prosthodontics, removable	repair broken complete denture base, maxillary	\$ 143.50	94	1
D2910	Restorative	recement inlay/onlay/veneer	\$ 105.00	95	1
D0240	Diagnostic	intraoral - occlusal radiographic image	\$ 78.00	96	1
D0250	Diagnostic	extraoral - first radiographic image	\$ 59.00	97	1
D9940	Adjunctive General Services	occlusal guard, by report	\$ -	98	1

ORAL HEALTH CARE

(Year 32 Service Priority: #5 for Part A only)

Oral Health Care is a core medical service. This service includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide dental care in the State of Florida, including general Dentists, dental specialists, and Dental Hygienists, as well as licensed Dental Assistants. In accordance with Rule 64B5-9.011 of the Florida Administrative Code, Dental Assistants who are formally trained or have an appropriate certification (e.g., radiography) meet HRSA's requirement of a licensed Dental Assistant.

This service may include diagnostic, preventive, and restorative services; endodontics, periodontics, and prosthodontics (removable and fixed); maxillofacial prosthetics; implant services (limited to removal of implant or repair of implant abutment); oral and maxillofacial surgery; and adjunctive general services as detailed and limited in the most current, local Ryan White Program Oral Health Care Formulary.

- A. Program Operation Requirements:** Provision of Oral Health Care services for any one client is limited to an annual cap of \$6,500 per the Ryan White Part A Fiscal Year (March 1, 2022 through February 28, 2023). Very limited exceptions to the annual cap may be approved by the County, with consultation from the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee as needed, on a case-by-case basis for the provision of preventive Oral Health Care services only.

Clients referred for Oral Health Care by a Ryan White Part A or MAI Medical Case Manager should use the Ryan White Program In Network Referral process in the Provide® Enterprise Miami data management system. If the client is referred by a non-Part A or non-MAI provider ["Out of Network"(OON) provider] or self-refers because they do not have a Part A/MAI Medical Case Manager, an OON referral form must be submitted accompanied by the required medical, financial, and permanent Miami-Dade County residency documentation as well as all required consent forms and Notice of Privacy Practices. Clients coming without a referral, but with necessary documentation to support Ryan White Part A Program eligibility and current (not more than 6 months old) Viral Load and CD4 lab test results, are also able to access Ryan White Part A Oral Health Care services, upon completion of a brief intake in the Provide® Enterprise Miami data management system by the Oral Health Care provider agency and the client's signed consent for service.

When a referral from a Dentist to a dietitian is needed, the Dentist must coordinate with the client's Primary Care Physician to obtain the required referral to nutrition services (i.e., a referral to Ryan White Program outpatient specialty care services). This is necessary to ensure communication between the care team (e.g., Physician

and Dentist). The client's Medical Case Manager should also be informed of the client's need for nutrition services.

All referrals to Ryan White Part A Oral Health Care services should include the client's primary care or HIV Physician's contact information (name, address, phone and fax numbers, and email if available) and note any known allergies the client may have. This information can be included in the comments section of the referral.

Providers must offer, post, and maintain a daily walk-in slot for clients with urgent/emergent dental issues. Clients who come into or contact the office with urgent/emergent dental issues (e.g., pain, broken tooth, situation requiring immediate treatment, or situation causing client high level of distress) will be triaged by appropriate dental staff; and those clients with substantial issues will be seen as soon as possible, but within 48 hours (i.e., two business days).

Teledentistry services may also be available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details.

- B. Additional Service Delivery Standards:** Providers of this service will adhere to the most current, local *Ryan White Program System-wide Standards and Ryan White Program Oral Health Care Standards*. (Please refer to Section III of this FY 2022 Service Delivery Manual for details.) Providers will be required to demonstrate that they adhere to generally accepted clinical guidelines for Oral Health Care treatment of HIV and AIDS-specific illnesses, upon request and through monitoring site visits or quality management record reviews.
- C. Rules for Reimbursement:** Providers will be reimbursed for all routine and emergency examination, diagnostic, prophylactic, restorative, surgical and ancillary Oral Health Care procedures, as approved by the Miami-Dade HIV/AIDS Partnership and included in the most current, local Ryan White Program Oral Health Care Formulary using the 2022 American Dental Association Current Dental Terminology (CDT 2022) codes for dental procedures. Reimbursement is in accordance with the rates indicated in the most current, local Ryan White Program Oral Health Care Formulary; flat fee, no multiplier. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details regarding the reimbursement of teledentistry services. An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.
- D. Children's Eligibility Criteria:** Providers must document that children with HIV who receive Ryan White Part A Program-funded Oral Health Care services are permanent residents of Miami-Dade County and have been properly screened for

- other private or public sector funding [i.e., private insurance, Medicaid, Medicaid's expanded dental insurance for its members with Managed Medical Assistance (MMA) or Long-Term Care (LTC) coverage who have LIBERTY Dental, DentaQuest, or MCNA Dental benefits (as may be amended), the Medically Needy Program, Children's Health Insurance Program (CHIP), Florida KidCare, etc.), as appropriate.] While children qualify for and can access private insurance, Medicaid (all programs), or other public sector funding for Oral Health Care services, they will not be eligible for Ryan White Part A Program-funded Oral Health Care services, except those dental procedures excluded by the other funding sources.
- E. Additional Client Eligibility Criteria:** Clients receiving Oral Health Care must be documented as having been properly screened for other public sector funding as appropriate every six (6) months. While clients qualify for and can access dental services through other public funding [including, but not limited to, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-Term Care (LTC)], or private health insurance, they will not be eligible for Ryan White Part A Program-funded Oral Health Care except for such program-allowable services that are not covered by the other sources or if their related benefits have been maxed out for the benefit period.
- F. Ryan White Program Oral Health Care Formulary:** Ryan White Part A Program funds may only be used to provide Oral Health Care services that are included in the most recent release of the most current, local Ryan White Program Oral Health Care Formulary. The Formulary is subject to periodic revision.
- G. Rules for Documentation:** Providers must maintain a dental chart or electronic record that is signed by the licensed provider (e.g., Dentist, etc.) and includes a treatment plan, dates of service, services provided, procedure codes billed, and any referrals made. Providers must also maintain professional certifications, licensure documents, and proof of training, where applicable, of the dental staff providing services to Ryan White Program clients. Providers must make these documents available to OMB staff or authorized persons upon request.
- H. Rules for Reporting:** Provider monthly reports (i.e., reimbursement requests) for Oral Health Care must include the number of clients served, billing code for the dental procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate dental provider after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the dental provider) and to make such reports available to OMB staff or authorized persons upon request.

Miami-Dade County Ryan White Program Oral Health Care Standards

Standard 1: Oral health care providers shall ensure that all staff has sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population: initial orientation and training for new staff shall be provided and all staff shall participate in ongoing HIV/AIDS trainings.

	Standards of Care	Measure
Standard 1.1	All oral health care staff will possess appropriate licenses, credentials and expertise; experience working with HIV/AIDS clients is desirable.	<ul style="list-style-type: none"> • Copy of current license for each staff person, with provider number, as required by Florida law: copies of current required operational licenses as required by Florida law. • Documentation of work experience (letters of recommendation, work references, etc.)
Standard 1.2	Policies and procedures.	Written policies and procedures manuals.
Standard 1.3	Newly hired staff will receive orientation within one month of hire, including training on Ryan White Program eligibility and service requirements.	Documentation of completed orientation on file including documentation of training on Ryan White Program eligibility and service requirements.
Standard 1.4	Ongoing annual HIV/AIDS staff training.	Documentation of all completed annual trainings on file.

Standard 2: Clients receiving services meet Ryan White Program eligibility requirements and are informed of their rights per Ryan White Program standards.

	Standard	Measure
Standard 2.1	Ryan White Program client eligibility screening and demographics present.	<ul style="list-style-type: none"> • Proof of HIV status, financial eligibility, permanent residency in Miami-Dade County OR • Current (not > 6 mos.) Ryan White Program Certified Referral. • Demographics include at a minimum: address, phone number, emergency information, age, race/ethnicity and gender.

Miami-Dade County Ryan White Program Oral Health Care Standards

Standard 2.2	Ryan White Program required documents present, signed, and dated.	<ul style="list-style-type: none"> Signed and dated <i>Consent to Release and Exchange Information in the System Delivery Information System (SDIS)</i> OR current (not > 6 mos.) Ryan White Program Certified Referral Documentation that <i>Outreach Consent/Miami-Dade County Notice of Privacy Practices</i> and <i>Composite Consent</i> were provided.
Standard 2.3	General Consent for Treatment	Signed general consent for treatment present.

Standard 3: All clients shall have a completed initial medical history with updates as appropriate; medical conditions and allergies are noted; an oral health history is taken.

	Standard	Measure
Standard 3.1	Initial Comprehensive Medical History	<ul style="list-style-type: none"> There is an initial comprehensive medical history including medications and conditions affecting diagnosis and management of oral health care. The initial comprehensive medical history is signed and dated by the client and dentist.
Standard 3.2	Medical History is updated at least once a year. ^a	Medical history is updated every 6 months or at the next appointment after six months.
Standard 3.3.	Medical conditions and allergies are noted.	<ul style="list-style-type: none"> Medical conditions and/or medications requiring an alert are flagged. Allergies/ no known allergies (NKA) are noted.
Standard 3.4	An oral health history is taken and updated at least once a year. ^a	Oral health history is taken that includes problems with or reactions to anesthesia, specific or chief complaints (if any), problems with previous treatment (if any).

Section III, Page 54 of 62

Miami-Dade County Ryan White Program Oral Health Care Standards

Standard 4: Documentation across providers shall reflect, at a minimum, services provided including procedure codes, treatment plans, examinations, charting grids, informed consents, refusal of treatment, and periodontal maintenance.

	Standard	Measure
Standard 4.1	Treatment assessment and planning developed and/or updated at least once a year. ^a	<p>Completed treatment plan is in the progress notes OR a treatment plan form is completed.*</p> <p><i>*If clients access oral health services for episodic care only, documentation in treatment notes will reflect clients were advised to return for examination and a treatment planning appointment. If client does not present for this appointment, documentation in client's chart of advice to return for planning may serve as treatment plan.</i></p>
Standard 4.2	Documentation reflects services provided.	<p>Documentation, at a minimum, includes:</p> <ul style="list-style-type: none"> • Date of service • Tooth number, if appropriate • Service description • Procedure code billed • Anesthetic used including strength and quantity • Materials used, if any • Prescriptions or medications dispensed, including name of drug, quantity, and dosage • Education provided • Signature and title

Section III, Page 55 of 62

Miami-Dade County Ryan White Program Oral Health Care Standards

<p>Standard 4.3</p>	<p>A comprehensive examination is provided*</p> <p style="text-align: center;">*Not applicable for episodic care, follow up, or problem-focused examinations.</p> <p style="text-align: center;">OR</p> <p>A problem-focused oral examination is performed.</p>	<p>Comprehensive Examination includes:</p> <ul style="list-style-type: none"> • Cavity charting • Complete periodontal exam or periodontal screening record • Documentation of restorations & prosthesis • Full mouth radiographs • Pre-existent conditions • Disease presence • Structural anomalies • Oral hygiene instruction • Prescriptions or medications dispensed including name of drug, quantity, and dosage • Education provided <p>Problem-focused examination includes:</p> <ul style="list-style-type: none"> • Chief complaint is documented • Problem-focused evaluation is performed • Prescriptions or medication dispensed include name of drug, quantity, and dosage • Radiographs as necessary • Specific oral treatment plan • Education provided • Return for further evaluation documented
<p>Standard 4.4</p>	<p>Charting grids are completed as appropriate.</p>	<p>Charting of the examination findings/treatment is completed in the appropriate tooth grids.</p>
<p>Standard 4.5</p>	<p>Informed specific consents are present for each oral surgery procedure.</p>	<p>A signed, informed, specific consent is present for all oral surgery procedures that includes the risks, benefits, alternatives, and consequences of not having the procedure.</p>

Miami-Dade County Ryan White Program Oral Health Care Standards

Standard 4.6	Refusal of treatments/radiographs is documented.	<ul style="list-style-type: none"> Client refusal for treatment/radiograph is documented (form or in progress note) with dentist (DDS) signature, client signature or initials and date; signature and date of witness are present. Reason for DDS refusal to perform a requested treatment is documented; signature and date of witness are present.
Standard 4.7	Periodontal screening or examination is done at least once a year. ^a	Charting of the examination findings/treatment is documented in the client record.
Standard 4.8	Periodontal maintenance is regularly performed.* *Not applicable for clients who are “No shows” AND “No show” is documented; not applicable for episodic care.	Periodontal maintenance is performed according to the treatment plan or at the next appointment, if later than six months.
Standard 4.9	Oral health education offered at least once a year. ^a	Education documented in the client record.

Standard 5: Client care and referrals shall be coordinated with other care providers, as appropriate.

	Standard	Measure
Standard 5.1	Treatment provided for oral opportunistic infection (when indicated) is coordinated with client PCP.* *Not applicable if no oral opportunistic infection (OI) Dx/treatment documented.	Documentation reflects treatment provided for oral OI and coordination with PCP.
Standard 5.2	Referral and coordination of care.* *Not applicable if no condition documented and no referral made. Tobacco use and referral.* *NA for clients not using tobacco products. Nutritional problems and referral.* *Not applicable when no indication of nutritional problems.	<ul style="list-style-type: none"> Documentation in client record of the condition and referral to a specific specialty or ancillary service provider. Documentation of heavy tobacco use and referral to a tobacco counseling program. Documentation of nutritional problems and referral to a nutritionist for nutritional counseling.

Miami-Dade County Ryan White Program

Oral Health Care Standards

Standard 6: Clients shall receive education in preventive oral health practices; tobacco, and nutritional counseling as appropriate.

	Standard	Measure
Standard 6.1	<p>Education will be provided in preventive oral health practices¹ including hygiene, nutritional education² as related to oral health care and education, as appropriate, concerning tobacco use³.</p> <p>¹Not applicable for episodic care.</p> <p>²Not applicable for episodic care.</p> <p>³Not applicable if no indication of tobacco use; not applicable for episodic care.</p>	<ul style="list-style-type: none"> • Documentation of education in preventive oral health practices including hygiene is provided every six months or at next appointment if later than six months. • Documentation of nutritional education as related to oral health. • Documentation of education, as appropriate, concerning tobacco use.

^a Reflects Health Resources and Services Administration (HRSA) HIV/AIDS Bureau Core Performance Measures for Oral Health Care



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 28, 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 | Carlos Palacios |
| II. | Meeting Rules and Housekeeping | Dr. Robert Goubeaux |
| III. | Roll Call and Introductions | Carlos Palacios |
| IV. | Floor Open to the Public | Dr. Robert Goubeaux |
| V. | Review/Approve Agenda | All |
| VI. | Special Discussion: Oral Health Care Items (1 hour) | All |
| VII. | Review/Approve Minutes of November 19, 2021 | All |
| VIII. | Reports | |
| | • Membership Vacancies | Marlen Meizoso |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Partnership Report (reference only) | Marlen Meizoso |
| IX. | Standing Business | |
| | • Officer Elections | All |
| | • Service Descriptions -Mental Health and Substance Abuse | All |
| | • HIV and Aging | All |
| X. | New Business | |
| | • Pregnancy and Allowable Conditions List | All |
| | • Discussion: Gender-Affirming Care | All |
| XI. | Announcements | All |
| | • Annual disclosure forms | |
| XII. | Next Meeting: February 25, 2021 at BSR | Dr. Robert Goubeaux |
| XIII. | Adjournment | Carlos Palacios |

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



**Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 230, Coral Gables, FL 33134 and Zoom
November 19, 2021**

#	Members	Present	Absent	Guests	
1	Baez, Ivet	x		Candy Churchill*	
2	Bauman, Dallas	x		Kimberly Clark*	
3	Cortes, Wanda	x		Jeannette Iriye*	
4	Dougherty, James	x		Brad Mester*	
5	Goubeaux, Robert	x		Angela Ortiz*	
6	Palacios, Carlos		x	Karen Poblete*	
7	Pinero, Carmen		x	Carla Valle-Schwenk	
8	Romero, Javier	x*			
9	Thornton, Darren	x*	x		
10	Torres, Johann	x			
11	Vasquez, Silvana		x	Staff	
Quorum: 5 *virtual attendance				Christina Bontempo	Marlen Meizoso

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.

I. Call to Order

Dr. Robert Goubeaux, the Vice Chair, called the meeting to order at 9:38 a.m. He introduced himself and welcomed everyone.

II. Meeting Rules and Housekeeping

Marlen Meizoso reviewed the meeting rules and housekeeping presentation (copy on file), which provided the ground rules and reminders for the meeting. She also identified Behavioral Science Research (BSR) staff as resource persons for the meeting. If anyone had any questions, they could speak to BSR after the meeting.

III. Roll Call and Introductions

Dr. Goubeaux 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: Dallas Bauman

Motion: Passed

VI. Review/Approve Minutes of October 22, 2021

Members reviewed the minutes of October 22, 2021 and accepted them with no changes.

Motion to accept the minutes of September 24, 2021.

Moved: James Dougherty

Second: Ivet Baez

Motion: Passed

VII. Reports

▪ **Membership Vacancies**

All

Mrs. Meizoso referenced the membership vacancy report (copy on file) and reviewed the vacancies on the Subcommittee. Ms. Valle-Schwenk resigned as a member but will still attend all meetings. Attendees were encouraged to direct any persons interested in joining the Subcommittee to contact staff or attend the new member orientation in December.

▪ **Ryan White Program**

Carla Valle-Schwenk

Ms. Valle-Schwenk presented the Ryan White program report, compiled November 2021 (copy on file). As of September 2021, the RWP had served 7,611 unduplicated clients. The expenditure sheets have been modified to include the priority number for each service category and the number of clients served. All contracts have been executed and payments are being completed. The County submitted the grant application on time. The County is in discussions with the Florida Department of Health (DOH) regarding several issues, including having reciprocal eligibility for DOH programs. HRSA issued a new policy notice that will change recertification timing.

There has been an expansion in the number of eligible ACA plans for 2022 to 47 in Miami-Dade County. Clients are encouraged to enroll by the end of the month to ensure premiums are paid on time by the ADAP program. Covered clients could then receive Part A assistance for paying for wrap around services.

▪ **ADAP Program**

Dr. Javier Romero

Dr. Javier Romero referenced the October 2021 report (copy on file). He noted some of the data did not transfer correctly and a correction will be forwarded to staff for posting. He reviewed the number of clients enrolled and expenditures for both ADAP Pharmacy and Premium Plus. Premium Plus payments are over \$2.3 million. Open enrollment started November 1 for all 47 plans being offered. Early enrollment is encouraged to ensure an active policy in place by January 1. Clients must be open in ADAP to receive copay assistance. In 2022, eligibility for ACA insurance premium reimbursement will be expanded for clients between 75% - 99% FPL. Clients must be documented and have a valid Social Security number. The lower FPL levels will likely only add a small number of clients (11.2%). There have been some changes to the ADAP formulary, with 54 new medications added and 5 ARVS being removed. Atripla is being discontinued at the end of the year, but the pharmacy currently has some inventory. There are only 20 clients on Atripla.

A question was asked as to how a medication could be added to the formulary. Doxycycline is not on the formulary and would be very beneficial to clients being treated for an STI. Information is available on the DOH website. Staff will forward the link with the location on the website to access the drug request form.

VII. Standing Business

▪ Conclusion of Cabenuva Barriers Discussion

All

Mrs. Meizoso reviewed the replies submitted since July (copy on file). Some Subcommittee members indicated that the buy and bill option is still having problems and CVS specialty is still having issues. Information regarding the ViiV reimbursement manager and five barriers sheet were shared via chat (copy on file). Dr. Goubeaux indicated that they have not had any problems and will inquire what steps they are taking. Staff will compile the responses from today's meeting and any information shared by Dr. Goubeaux and forward the document to the County and Department of Health.

▪ ADAP formulary additions and Ryan White Program (RWP) review

All

The Subcommittee reviewed the Ryan White Program review of ADAP formulary additions (copy on file), which included the 340B pricing, if items were on the General Revenue formulary, and if there were any similar medications on the current Ryan White formulary. Based on the information, the Subcommittee agreed all the medications would be beneficial to clients who have insurance since co-pay assistance would cover the medications and for uninsured clients with a variety of co-occurring conditions would benefit. The exclusion would be the two Hepatitis C medications (#8 and #9) since these are very expensive.

Motion to recommend to the Ryan White Prescription Drugs Formulary the medications on the Florida AIDS Drug Assistance (ADAP) Formulary September 2021 list except for numbers 8 and 9, and to add a notation to naltrexone.

Moved: Dallas Bauman

Second: James Dougherty

Motion: Passed

▪ Primary Medical Care Standards

All

Mrs. Meizoso reviewed updates requested at the last meeting to the Primary Medical Care Standards (copy on file). Corrections were made to the number numbering and pagination. The only comments were:
On pg. 5, item 19, the anal dysplasia screening section was expanded.
On pg. 7, item 21, typographical errors need correction.

Motion to accept the Miami-Dade County Ryan White Program Minimum Primary Medical Care Standards, as presented.

Moved: James Dougherty

Second: Dallas Bauman

Motion: Passed

▪ Service Descriptions-Mental Health and Substance Abuse

All

The service delivery descriptions for Mental Health Therapy, Substance Abuse, and Outpatient Ambulatory Health (copies on file) were reviewed. It was suggested to add to top of the page a statement clients also be identified as (individuals served) which aligns with Department of Children and Families terminology. The updates to date, priority, and verbiage were reviewed. The Subcommittee requested to continue the review at the next meeting.

VIII. New Business

▪ 2022 Draft Workplan

All

The draft workplan for 2022 was reviewed (copy on file). Since the oral health care items had to be moved to January, the quarterly agenda item will be adjusted.

▪ **Continuous Glucose Monitoring Devices**

All

The County requested discussion of continuous glucose monitoring devices. There are two continuous glucose monitoring devices on the market, Dexcome and FreeStyle Libre 2. These devices offer a three-part system for blood glucose monitoring. The pharmacist at the meeting volunteered to review the benefits and challenges offered by the products, costs, options, limitation from other payor sources, required testing to qualify, and number of clients on insulin. This will be added to the February meeting agenda.

▪ **Potential Needs of Aging Population**

All

The Subcommittee briefly began to discuss the potential needs of the aging population. Staff shared a HRSA article listing some issues (copy on file). A roundtable on aging will also be forwarded after the meeting. For the next few meetings, staff can theme/group discussions on aging and place them on the agenda.

▪ **Elections 2022**

Marlen Meizoso

Elections will be held in January. Both Carlos Palacios and Dr. Goubeaux qualify for another term. Staff will forward a memo regarding the elections in January.

IX. Announcements

It was announced that Atripla brand is being discontinued by the end of the year. The generic medication will be available.

X. Next Meeting

The next Subcommittee is scheduled for January 28, 2022, which will feature oral health care items the first half of the meeting.

XI. Adjournment

Motion to adjourn.

Moved: Dr. Johann Torres

Second: Dallas Bauman

Motion: Passed

Dr. Goubeaux adjourned the meeting at 11:15 a.m.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

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9:30 a.m. – 11:30 a.m.

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Membership Report

December 13, 2021

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

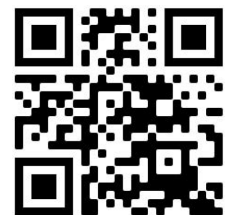
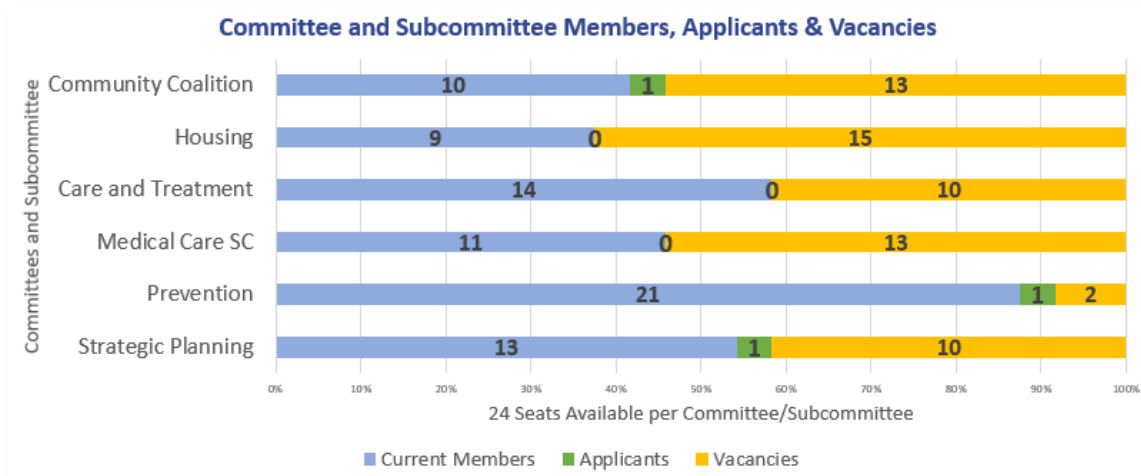
General Membership Opportunities

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

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 for the complete list of applications and details on Partnership and committee membership opportunities. Contact us at hiv-aidsinfo@behavioralscience.com or 305-445-1076 for assistance.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 28, 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

- | | | |
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| I. | Call to Order | Carlos Palacios |
| II. | Meeting Rules and Housekeeping | Dr. Robert Goubeaux |
| III. | Roll Call and Introductions | Carlos Palacios |
| IV. | Floor Open to the Public | Dr. Robert Goubeaux |
| V. | Review/Approve Agenda | All |
| VI. | Special Discussion: Oral Health Care Items (1 hour) | All |
| VII. | Review/Approve Minutes of November 19, 2021 | All |
| VIII. | Reports | |
| | • Membership Vacancies | Marlen Meizoso |
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| | • ADAP Program | Dr. Javier Romero |
| | • Partnership Report (reference only) | Marlen Meizoso |
| IX. | Standing Business | |
| | • Officer Elections | All |
| | • Service Descriptions -Mental Health and Substance Abuse | All |
| | • HIV and Aging | All |
| X. | New Business | |
| | • Pregnancy and Allowable Conditions List | All |
| | • Discussion: Gender-Affirming Care | All |
| XI. | Announcements | All |
| | • Annual disclosure forms | |
| XII. | Next Meeting: February 25, 2021 at BSR | Dr. Robert Goubeaux |
| XIII. | Adjournment | Carlos Palacios |

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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

**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)

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
	18	168	18	163
	38	984	38	948
	3,740	11,643	3,605	7,221
	16	89	16	79
	476	2,261	476	1,891
	1,232	5,423	1,216	4,028
	4	11	4	11
	364	917	364	595
	120	636	120	533
	53	520	17	29
	17	110	17	95
	8	46	8	41
TOTALS:	6,086	22,808		
Total unduplicated clients (month):	<u>4,401</u>			
Total unduplicated clients (YTD):	<u>7,918</u>			

**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 November 2021, as of 1/11/2022. This report reflects reimbursement requests that were due by 12/20/2021 and have been paid thus far. Pending Part A reimbursement requests that have been received and are in process total \$5,023,851.52.

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



Priority Ranking #	CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS		
DIRECT SERVICES:			
Core Medical Services		Allocations	
2	Outpatient/Ambulatory Health Svcs	8,415,053.00	
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	5,937,126.00	
7	Substance Abuse - Outpatient	44,128.00	18,181,828.00
Support Services		Allocations	
5	Food Bank	1,385,995.00	
13	Other Professional Services	154,449.00	
10	Medical Transportation	150,688.00	
11	Outreach Services	264,696.00	
8	Substance Abuse - Residential	1,414,469.00	
12	Emergency Financial Assistance	0.00	3,370,297.00

CURRENT CONTRACT EXPENDITURES			
DIRECT SERVICES:			
Core Medical Services		Expenditures	Carryover Expenditures
5606610000	Outpatient/Ambulatory Health Svcs	2,978,764.17	
5492120000	AIDS Pharmaceutical Assistance	2,499.49	
5216100000	Oral Health Care	1,301,424.80	
5223550000	Health Insurance Services	156,362.80	
5114040000	Mental Health Therapy/Counseling	33,881.25	
5211100000	Medical Case Management	2,677,141.75	
5216120000	Substance Abuse - Outpatient	432.00	7,150,506.26
Support Services		Expenditures	Carryover Expenditures
5492250000	Food Bank	529,484.80	302,134.60
5212100000	Other Professional Services	57,231.00	831,619.40
5602400000	Medical Transportation	42,863.92	
5224700000	Outreach Services	12,799.60	
5224130000	Substance Abuse - Residential	230,790.00	
5224300000	Emergency Financial Assistance	0.00	1,175,303.92

DIRECT SERVICES TOTAL: \$ 21,552,125.00

TOTAL EXPENDITURES DIRECT SVCS & % : \$ 8,325,810.18 38.63%

Total Core Allocation	18,181,828.00	
Target at least 80% core service allocation	17,241,700.00	
Current Difference (Short) / Over	\$ 940,128.00	
Recipient Admin. (OMB-GC, PC, GTL)	\$ 2,382,940.00	
Quality Management	\$ 603,600.00	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ -	2,986,540.00

Formula Expenditure %	47.98%	
Recipient Administration	1,111,882.79	
Quality Management	450,000.00	1,561,882.79
Grant Unexpended Balance	14,650,972.03	
Total Grant Expenditures & %	\$ 9,887,692.97	40.29%

Core medical % against Total Direct Service Allocation (Not including C/O):
 Cannot be under 75% **84.36%** **Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):
 Cannot be under 75% **89.12%** **Within Limit**

Quality Management % of Total Award (Not including C/O):
 Cannot be over 5% **2.46%** **Within Limit**

Quality Management % of Total Award (Not including C/O):
 Cannot be over 5% **1.89%** **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
 Cannot be over 10% **9.71%** **Within Limit**

OMB-GC Administrative % of Total Award (Cannot include C/O):
 Cannot be over 10% **4.67%** **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 November 2021, as of 1/11/2022. This report reflects reimbursement requests that were due by 12/20/2021 and have been paid thus far. Pending MAI reimbursement requests that have been received and are in process total \$458,412.61.



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

Priority Ranking #	MAI CONTRACT ALLOCATIONS	
	Allocations	
DIRECT SERVICES:		
2	Core Medical Services	
	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
Support Services		
	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
DIRECT SERVICES TOTAL:		\$ 2,341,135.00

Total Core Allocation	2,293,691.00	
Target at least 80% core service allocation	1,872,908.00	
Current Difference (Short) / Over	\$ 420,783.00	
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)	\$ -	

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

CURRENT CONTRACT EXPENDITURES			
	Expenditures	Carryover Expenditures	
DIRECT SERVICES:			
ACCOUNT	Core Medical Services		
5606610000	Outpatient/Ambulatory Health Svcs	227,611.67	0.00
5492120000	AIDS Pharmaceutical Assistance		
5216100000	Oral Health Care		
5223550000	Health Insurance Services		
5114040000	Mental Health Therapy/Counseling	1,040.00	
5211100000	Medical Case Management	343,726.65	
5216120000	Substance Abuse - Outpatient	210.00	
			572,588.32
ACCOUNT	Support Services		
5492250000	Food Bank		
5212100000	Other Professional Services		
5602400000	Medical Transportation	675.00	
5224700000	Outreach Services	0.00	
5224130000	Substance Abuse - Residential		675.00
5224300000	Emergency Financial Assistance	0.00	
TOTAL EXPENDITURES DIRECT SVCS & %:		573,263.32	24.49%

Recipient Administration	91,364.45	
Quality Management	74,999.97	166,364.42
Grant Unexpended Balance	1,961,855.26	
2,701,483.00		
Total Grant Expenditures & % (Including C/O):	\$ 739,627.74	27.38%

Core medical % against Total Direct Service Expenditures (Not including C/O):	99.88%	Within Limit
Cannot be under 75%		
Quality Management % of Total Award (Not including C/O):	2.88%	Within Limit
Cannot be over 5%		
OMB-GC Administrative % of Total Award (Cannot include C/O):	3.51%	Within Limit
Cannot be over 10%		





MIAMI-DADE HIV/AIDS PARTNERSHIP

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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

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

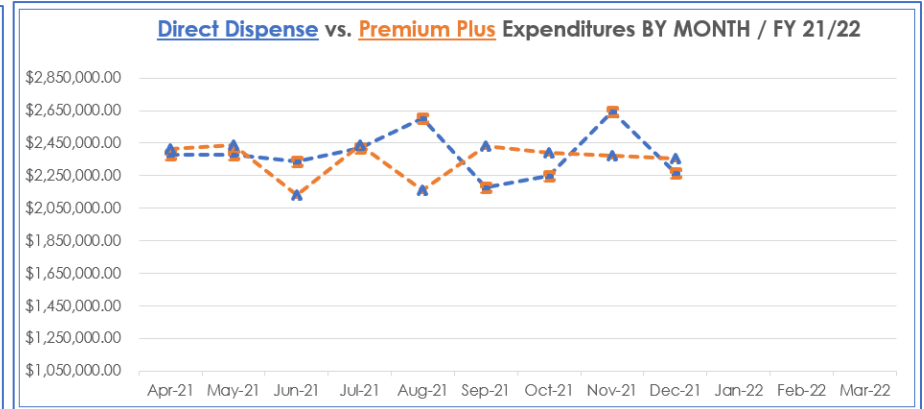
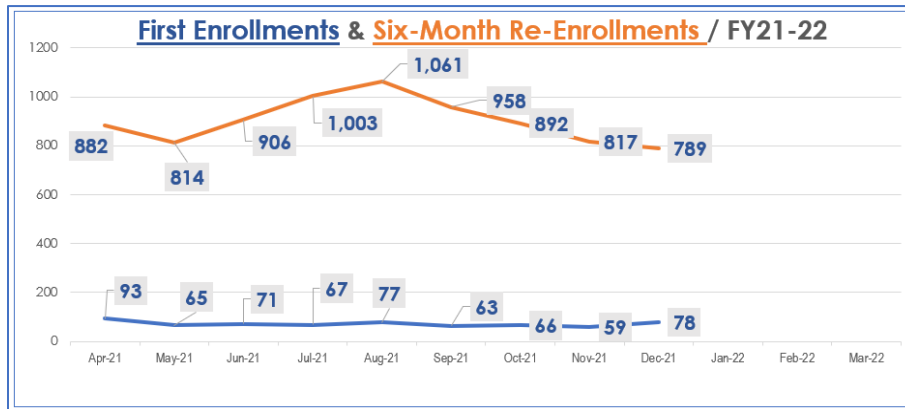
Joseph A. Ladapo, M.D., Ph.D.
State Surgeon General

January 6, 2022

ADAP Miami-Dade / Summary Report – DECEMBER 2021

FY 21/22	First Enrollments	6-mo. Re-Enrollments	TOTAL OPEN	CHD Pharmacy Expenditures	RXs	Patients	RX/Pt	Premium Payments	Number of Premiums	Average Premium
FY20/21 >>	795	10,979	5,766	\$32,843,354.32	52,678	17,944	2.9	\$23,115,161.17	25,395	\$ 910.22
Apr-21	93	882	5,921	\$2,379,896.89	3,824	1,285	3.0	\$2,413,106.07	2,366	\$1,019.91
May-21	65	814	5,935	\$2,376,870.79	3,856	1,289	3.0	\$2,435,148.77	2,392	\$1,018.04
Jun-21	71	906	5,915	\$2,337,952.33	3,997	1,313	3.0	\$2,131,887.00	1,917	\$1,030.20
Jul-21	67	1,003	5,879	\$2,423,002.81	4,396	1,356	3.2	\$2,436,296.66	2,403	\$1,013.86
Aug-21	77	1,061	5,686	\$2,602,360.80	4,490	1,456	3.1	\$2,157,974.33	1,973	\$1,093.75
Sep-21	63	958	5,755	\$2,176,932.46	3,788	1,319	2.9	\$2,430,671.29	2,395	\$1,014.89
Oct-21	66	892	5,777	\$2,250,009.28	4,235	1,413	3.0	\$2,391,647.63	2,353	\$1,016.42
Nov-21	59	817	5,828	\$2,646,591.64	4,606	1,528	3.0	\$2,370,817.66	2,323	\$1,020.58
Dec-21	78	789	5,766	\$2,266,584.18	3,975	1,361	2.9	\$2,355,667.80	2,311	\$1,019.33
Jan-22										
Feb-22										
Mar-22										
TOTAL	639	8,122	5,757	\$21,460,201.18	37,167	12,320	3.0	\$21,123,217.21	20,433	\$1,033.78

SOURCE: Provide - DATE: 1/05/22 - Subject to Review & Editing - * West Perrine Direct Dispense ~430 clients NOT INCLUDED. (Estimate - ~\$7 million/TBC).



PROGRAM UPDATE

11/01	2022 ACA-MP Open Enrollment	New ADAP Income limit 75-400 % FPL	New 75-99%: ~620 pts. (222/36% No SSN; 398/64% SSN)
11/05	Cabenuva utilization	ADAP Miami clients	12/01: 53 clients. 25 Direct Dispense (47%); 28 Premium Plus (53%).
12/01	2022 ACA-MP OPEN Enrollment	FLADAP approved plans: 87 Florida, 45 Miami-Dade. NO exceptions in 2022. NOV: 861 enrollments/TBC	

For additional information: www.ADAPMiami.com or ADAP.FLDOHMDC@flhealth.gov



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Partnership Report to Committees December 13, 2021 Meeting

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

The Partnership heard reports and approved the following motions:

Care and Treatment

1. Motion to recommend Dr. Diego Shmuels as the Care and Treatment Florida Comprehensive Planning Network alternate representative.
2. Motion to accept the Emergency Financial Assistance; Food Bank; Other Professional Assistance: Legal Assistance and Permanency Planning; and Outreach service descriptions as presented.
3. Motion to accept the changes to the AIDS Pharmaceutical and Outpatient Ambulatory Health Services descriptions, as presented.
4. Motion to remove fosamprenavir (Lexiva), indinavir (Crixivan), nelfinavir (Viracept), saquinavir (Invirase) and tipranavir (Aptivus) from the Ryan White Program Prescription Drug Formulary, effective 90 days from approval.

Other

5. Motion for the Partnership to delegate authority to the Grantee to effectuate any and all necessary RWP Part A/MAI reallocations from today's date through February 28, 2022.
-

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, marlen@behavioralscience.com.

January 2022



February 2022





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Memo

To: Medical Care Subcommittee Members

From: Marlen Meizoso

Date: December 22, 2021

Re: 2022 Elections

At the next Medical Care Subcommittee meeting, we will be holding elections for officers. Both Carlos Palacios (chair) and Dr. Robert Goubeaux (vice-chair) are eligible for a second term.

Anyone interested in also being placed on the ballot for either officer position must contact me by January 25, 2022.

For your reference, I am providing the qualifications for officers as they relate to this Committee, from the Miami-Dade HIV/AIDS Partnership Bylaws (Section 5.1):

- Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.
- Officers shall be full voting members.
- At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.
- Standing committees, committees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.
- No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair as Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

If you are an eligible candidate and interested in being placed on either ballot, please contact me at 305-445-1076 or by email at marlen@behavioralscience.com, no later than Tuesday, January 25, 2022.



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| IV. | Floor Open to the Public | Dr. Robert Goubeaux |
| V. | Review/Approve Agenda | All |
| VI. | Special Discussion: Oral Health Care Items (1 hour) | All |
| VII. | Review/Approve Minutes of November 19, 2021 | All |
| VIII. | Reports | |
| | • Membership Vacancies | Marlen Meizoso |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Partnership Report (reference only) | Marlen Meizoso |
| IX. | Standing Business | |
| | • Officer Elections | All |
| | • Service Descriptions -Mental Health and Substance Abuse | All |
| | • HIV and Aging | All |
| X. | New Business | |
| | • Pregnancy and Allowable Conditions List | All |
| | • Discussion: Gender-Affirming Care | All |
| XI. | Announcements | All |
| | • Annual disclosure forms | |
| XII. | Next Meeting: February 25, 2021 at BSR | Dr. Robert Goubeaux |
| XIII. | Adjournment | Carlos Palacios |

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

MENTAL HEALTH SERVICES

(Year 31 Service Priorities: #3 for Part A and #3 for MAI)

Mental Health Services are core medical services. These Mental Health Services include the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to people 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 of Florida to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers (see below for additional allowable professions under the local Ryan White Part A Program). Following Department of Children and Family (DCF) terminology clients (individuals served).

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Mental Health Services require a treatment plan, as noted above. Treatment plans require an assessment and diagnosis which shall be used to inform the treatment goals and objectives and clinical interventions. Mental health providers may use this service category to conduct the assessment and diagnosis steps for the treatment plan. If ongoing mental health services are being provided to a client, it is expected that the client has a mental health treatment plan in place.

Psychiatric treatment that is part of a medical visit or a medication management and evaluation process must be recorded and billed under Outpatient/Ambulatory Health Services.

Mental Health Services are allowable only for program-eligible ~~people with HIV~~ (clients). This service is not available to non-HIV family members. Ryan White Program funds may **not** be used for bereavement support for uninfected family members or friends.

Mental Health Services reimbursed under Part A or MAI of the Ryan White Program are limited to conditions impacting the treatment of the client's underlying HIV disease (i.e., assessing, diagnosing, and treating a mental health condition that hinders HIV treatment adherence) and treated within the context of the client's HIV or AIDS diagnosis. This service is intended to address HIV-related issues and strengthen coping skills to increase adherence and access to ongoing medical care and treatment. It is important for the Level I or Level II mental health professional to regularly gauge the client's progress and determine if the client is still in need of the service.

- **Mental Health Services (Level I):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess **a Doctorate degree in psychology or counseling or related field (PhD, EdD, PsyD), and must be licensed by the State of Florida** as a Licensed Clinical Psychologist, LCSW, LMHC, or LMFT to provide such services.

- **Mental Health Services (Level II):** This level includes *intensive* mental health therapy and counseling (individual, family, and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess **a Master's degree in psychology, psychotherapy or counseling or related field (MS, MA, MSW, or M.Ed.), and must be licensed by the State of Florida** as a LCSW, LMHC or LMFT to provide such services. **Direct service providers may also be:** 1) Florida registered interns as defined by Florida Statute (F.S.) 491.0045 (Clinical Social Work Intern, Mental Health Counselor Intern, or Marriage and Family Therapy Intern), or 2) a Psychology Intern, Postdoctoral Resident, or Fellow satisfying Rule 64B19-11.005 of the Florida Administrative Code (F.A.C.). Such interns will provide services under the supervision of a licensed State of Florida LCSW, LMHC, LMFT or Licensed Psychologist to provide such services.

Mental Health Service Components:

Level I counseling services include psychosocial assessment and evaluation, testing, diagnosis, treatment planning with written goals, crisis counseling, periodic re-assessments, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to HIV/AIDS clients such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Level II counseling services include crisis counseling, re-evaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate. Issues of relevance to HIV/AIDS clients such as risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation will be addressed. Mental health professionals are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate. Services at this level are provided for clients experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per Fiscal Year and five (5) units (maximum of 2 ½ hours) per session; 1 encounter = 1 day of service].

Group Counseling (Levels I and II) refers to a group of individuals [minimum of three (3) Ryan White Program clients, maximum of fifteen (15) total clients] with similar problems meeting under the expert guidance of a trained mental health professional. Members of the group will be selected by the mental health professional in order to maximize the interaction, learning, and benefits derived from a group dynamic. Group counseling provides therapy in a social context, reduces the feeling of isolation many

clients experience, provides an opportunity for clients to share methods of problem-solving, and allows the therapist an opportunity to observe how an individual interacts with others.

- A. Program Operation Requirements:** Staff must demonstrate knowledge of HIV disease, its psychosocial dynamics and implications, including cognitive impairment, and generally accepted treatment modalities and practices. Services may be delivered to non-HIV+ family members (as defined by the client) only if the program-eligible ~~person with HIV~~ (client) is also being served. Providers will comply with super-confidentiality laws as per State of Florida's guidelines. The ratio of group counseling participants to counselors may not be lower than 3:1 and may not be higher than 15:1, as described above. One visit is equal to one half-hour counseling session.

Clients who are newly diagnosed with HIV or have returned to care should be offered the opportunity to speak with a mental health provider as a routine component of the services available through the local Ryan White Part A Program. An initial mental health visit could be used to identify, assess, or verify mental health conditions that may affect a client's treatment adherence. Subsequent or on-going Mental Health Services under the Ryan White Part A Program require a mental health diagnosis documented in the client's chart. To facilitate this process for newly diagnosed or returned to care clients who are following the Test & Treat / Rapid Access (TTRA) protocol, the TTRAMH service code should be used to document the Mental Health Services provided. TTRAMH services are limited to one encounter (all mental health services provided on one day) within 30 days of starting the TTRA protocol, while program eligibility is being determined. For clients following the Newly Identified Client (NIC) protocol, Mental Health Services may be provided with these same limitations when using the NICMH service code.

Tele-mental health services are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

- B. Additional Service Delivery Standards:** Level I and Level II providers must adhere to generally accepted clinical guidelines for psychological treatment of persons with HIV/AIDS-related illnesses. (Please refer to Section III of this FY 202+2 Service Delivery Manual for details.)
- C. Rules for Reimbursement:** Reimbursement for individual and group Mental Health Services will be based on a half-hour counseling session not to exceed \$32.50 per unit for Level I individual counseling; \$35.00 per unit for Level I group counseling; \$32.50 per unit for Level II individual counseling; and \$35.00 per unit for Level II group counseling. Reimbursement for individual counseling units are calculated for each client receiving the therapy (i.e., number of individual counseling units per client), whereas, reimbursement for group counseling units are

calculated for the counselor that provided the group counseling (i.e., number of group counseling units per counselor). The TTRAMH and NICMH codes are reimbursable under Level I or Level II individual counseling at \$32.50 per unit (i.e., per half-hour session).

Tele-mental health services are reimbursed as follows:

New Code	Description	Flat rate Reimbursement
THMHT1	Tele-Mental Health provided by a Level I provider (individual client only)	\$32.50 per 30-minute session
THMHT2	Tele-Mental Health provided by a Level II provider (individual client only)	\$32.50 per 30-minute session

- D. Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group Mental Health Services is a one-half-hour counseling session and the unduplicated number of clients served. Providers will report individual and group activity separately for Level I and Level II Mental Health Services.
- E. Additional Rules for Documentation:** Providers must also maintain certifications and licensure documents of the mental health professionals providing services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Client charts **must** include a detailed treatment plan for each eligible client that includes required components and the mental health professional's signature.
- F. Additional Treatment Guidelines and Standards:** Providers of Mental Health Services (Levels I and II) will adhere to generally accepted clinical guidelines for mental health therapy/counseling of people with HIV. The following are examples of such guidelines:
- American Psychiatric Association (APA). HIV Psychiatry - Training and Education, as well as HIV Psychiatry Physician Resources and Publications [e.g., Fact Sheets: HIV and Clinical Depression; HIV and Anxiety; HIV and Cognitive Disorders; HIV and Delirium; HIV and Substance Use; HIV and People with Severe Mental Illness (SMI); Sleep Disorders and HIV; and Pain in HIV/AIDS; Publications (including links to other related books and journals, such as the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition - DSM-5); and additional web materials.

Available at:

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychiatry> and

<https://www.psychiatry.org/psychiatrists/search-directories-databases>

Accessed 8/5/2021.

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- American Psychiatric Association. Latest Published APA Clinical Practice Guidelines, 2020; including but not limited to The American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition, 2015.

Available at:

<https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines>
and <https://psychiatryonline.org/guidelines>

Accessed 8/5/2021.

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DRAFT

**SUBSTANCE ABUSE OUTPATIENT CARE
AND
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)**

*(Year 31 Service Priorities: #97 for outpatient Part A and #4 for MAI;
and #78 for Part A residential only)*

Following Department of Children and Family (DCF) terminology clients (individuals served).

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Two types of substance abuse counseling and treatment services are included in this section: Outpatient and Residential. **Substance Abuse Outpatient Care** is a core medical service. **Substance Abuse Services (Residential)** is a support service. Both of these substance abuse service components shall comply with the following requirements:

- A. Program Operation Requirements:** Providers are encouraged to provide services that are highly accessible to target populations.

Providers are also encouraged to demonstrate linkages with other service providers relevant to the needs of people with HIV in substance abuse treatment programs. Providers should especially demonstrate linkages with other services relevant to the needs of people in substance abuse treatment programs including housing and shelter programs.

Service must be provided in settings that foster the client's sense of self-control, dignity, responsibility for his/her/their own actions, relief of anxiety, and mutual aid.

Providers are encouraged to offer program services to families to support the family unit. However, substance abuse services may be provided to members of a client's family in an outpatient setting only (i.e., non-HIV family members may not stay in the residential facility), and only if the program-eligible ~~person with HIV (client)~~ is also being served. A family member's participation in the substance abuse counseling sessions is included in the per day cost charged to the Ryan White Program (See Section II.A. of this service definition on the following page for details). **IMPORTANT NOTE:** *For the purpose of this service, family members are defined as those individuals living in the same household as the client.*

Individual treatment plans must be documented in the client's chart and linked to the provision of primary medical care.

Providers must ensure that clients adhere to their treatment plan, including prescription drug regimens.

Providers of substance abuse services must offer flexible schedules that accommodate the client's nutritional needs in order to facilitate client compliance with medication regimens.

Providers are encouraged to practice and introduce motivational interviewing and harm reduction strategies to their clients, if deemed clinically appropriate.

Residential substance abuse treatment is not a pre-requisite to access Substance Abuse Outpatient Care. However, clients graduating from Substance Abuse Services (Residential) are encouraged to transition to Substance Abuse Outpatient Care.

I. Substance Abuse Outpatient Care

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. This service includes medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a Physician or under the supervision of a Physician, or by other qualified personnel as indicated below. This program provides regular, ongoing substance abuse monitoring and counseling on an individual and/or group basis in a state-licensed outpatient setting.

Services include screening, assessment, diagnosis and/or treatment of substance use disorder. Allowable substance use disorder treatments include: pre-treatment/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; and relapse prevention. Services may offer mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; conflict resolution; anger management; and relapse prevention. All clients receiving this service must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnosis of substance use disorder.

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, it is included in a documented plan. Acupuncture therapy must be provided by an acupuncturist who is licensed in the State of Florida to provide such service.

Providers of this service must specify the maximum number of clients expected to be enrolled in a group counseling session. The minimum amount of group participants is three (3) Ryan White Program clients per group and should be no higher than fifteen (15) total persons per group. The ratio of group counseling participants to Counselors should be no lower than 3:1 and no higher than 15:1. One unit is equal to one half-hour counseling session.

Substance Abuse Outpatient Care levels are specific to the education level of the provider of the service, as indicated below, and are not interchangeable:

- **Substance Abuse Outpatient Care (Level I) - Professional Substance Abuse Counseling.** Level I services include *general and intensive* substance abuse therapy and counseling (individual, family, and group) provided by trained mental health or certified addiction professionals. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Direct service providers for Level I must possess at least a *doctorate or postgraduate degree* (PhD or Master's degree) in the appropriate counseling-related field, and preferably be licensed as a *certified addiction professional* (CAP), Licensed Clinical Psychologist, LCSW, LMHC, or LMFT to provide such services.
- **Substance Abuse Outpatient Care (Level II) - Counseling and Support Services.** Level II services include supportive and crisis substance abuse counseling by trained and supervised Counselors (who may possess Bachelor's degrees or have related experience, and may not be licensed), peers, and facilitators. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Non-certified personnel providing this Level II service will be supervised by professionals with appropriate Level I substance abuse counseling credentials.
- **Tele-substance abuse outpatient care services** are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

B. Additional Service Delivery Standards: Providers of these services will also be required to adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. (Please refer to Section III of this FY 2021 Service Delivery Manual for details.)

C. Rules for Reimbursement: Reimbursement for individual and group Substance Abuse Outpatient Care will be based on half-hour counseling sessions (i.e., 1 unit) not to exceed \$30.00 per unit for Level I individual counseling; \$34.00 per unit for Level I group counseling; \$27.00 per unit for Level II individual counseling; and

\$30.00 per unit for Level II group counseling. Reimbursement for individual sessions is calculated for each client and/or family member(s) receiving the counseling, whereas, reimbursement for group sessions is calculated for the Counselor that provided the group counseling. Documentation activities are included in the Substance Abuse Outpatient Care unit of service and are not to be billed as a separate encounter. Substance Abuse Outpatient Care may be provided to members of a client’s family in an outpatient setting if the program-eligible person with HIV (client) is also being served. The client must be currently receiving such services; and preferably, but not necessarily, the family member may be served on the same day as the client.

Tele-substance abuse outpatient care services are reimbursed as follows:

New Code	Description	Flat rate Reimbursement
THSAC1	Tele-Substance Abuse Outpatient Care provided by a Level I provider (individual client only)	\$30.00 per 30-minute session
THSAC2	Tele-Substance Abuse Outpatient Care provided by a Level II provider (individual client only)	\$27.00 per 30-minute session

- D. Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group counseling is a *one half-hour counseling session* provided to the client and the number of unduplicated clients served. Providers must also report, on a monthly basis, the number of group counseling units provided by each Counselor.
- E. Linkage/Referrals:** Providers of Substance Abuse Outpatient Care must document the client’s progress through the treatment program, maintain linkages with one or more residential facilities, appropriate community services, including 12-step programs, and be able to refer or place clients in a residential program, in collaboration with the client, his/her/their Medical Case Manager, and Primary Care Physician when that is found to be appropriate. Providers are required to determine if the client is currently receiving Medical Case Management services; if not, the provider must seek enrollment of the client in a Medical Case Management program of the client’s choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the Medical Case Management provider must be established in order to ensure coordination of services while the client remains in treatment.

IMPORTANT NOTE: referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

F. **Additional Rules for Documentation:** Providers must submit an assurance to OMB that Substance Abuse Outpatient Care services are only provided in an outpatient setting. Providers must maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Providers must also submit to OMB a copy of the staffing structure showing supervision by a Physician or other qualified personnel. Providers must also maintain client charts that include treatment plans with all required elements, including but not limited to measurable goals and timelines for completion. Documentation in the client chart must also clearly indicate that services were provided as allowable under the local Ryan White Program service definition, and include the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

II. **Substance Abuse Services (Residential)**

This program offers substance abuse, including alcohol addiction and/or addiction to legal and illegal drugs, treatment and counseling, including HIV specific counseling, to program-eligible people with HIV (clients) on a short-term basis. Medication assisted therapy is also covered as part of the residential treatment services. **Substance Abuse Services (Residential)** provides room and board, in a secure, drug-free, state-licensed residential (non-hospital) substance abuse treatment facility, and, when necessary, detoxification. Detoxification services are allowable, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital). HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license. Proof of the separate license is required for detoxification services.

In accordance with HRSA Policy Clarification Notice #16-02, Substance Abuse Services (Residential), as part of a substance use disorder treatment program funded under the Ryan White HIV/AIDS Program, are permitted **only** when the client has received a written referral from a clinical provider. In Miami-Dade County's Ryan White Part A/MAI Program, this requirement shall be met if the client is accessing the service based on a Ryan White Program In Network Referral or Out of Network Referral as a result of a comprehensive health assessment conducted by a Medical Case Manager or other case manager or in response to a court-ordered directive to a residential treatment program. Upon arrival at the residential treatment center and PRIOR TO final enrollment in the treatment program, an assessment MUST be conducted by the residential clinical staff (e.g., Medical Director, Psychologist, Licensed Therapist, etc.) as appropriate using the Diagnostic and Statistical Manual

of Mental Disorders (DSM-5) assessment tool for diagnosis of a substance use disorder. Services will then be provided by or under the supervision of a Physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State of Florida.

If the client is participating in a residential treatment program, the client's family member may visit the facility and participate in the counseling sessions, but the family member may not physically live in the residential facility with the client during the treatment process. As a reminder, a family member's participation in the substance abuse counseling sessions is included in the per day cost charged to the Ryan White Program (See Section II.B. of this service definition on the following page for details).

Residential treatment programs shall comply with the following requirements:

- B. Rules for Reimbursement:** The unit of service for reimbursement of Substance Abuse Services (Residential) is a *client-day* of care up to a maximum amount of \$210.00 per day. The final, maximum rate is negotiated between the County's Office of Management and Budget-Grants Coordination division and each funded subrecipient. **Under normal circumstances clients may not be enrolled in any Ryan White Program-funded Substance Abuse Services (Residential) program for longer than 120 calendar days within a twelve-month period. Twelve months begins on the very first day of a client's residential treatment and restarts every 12 months based on that original start date for Ryan White Program-funded residential substance abuse treatment services. NO EXCEPTIONS, unless approved by the Miami-Dade County Office of Management and Budget for extreme circumstances (e.g., public health emergencies such as COVID-19 or extreme weather events such as hurricanes). The length of stay for existing clients will be closely monitored by the County's OMB/Ryan White Program.**

Residential substance abuse treatment providers are strongly encouraged to check the Provide® Enterprise Miami data management system order to determine how many days of residential treatment service have already been billed for the client, and how many days are remaining in the client's 120-day/12-month period. In addition, providers should call or email the client's previous Substance Abuse Services (Residential) provider, if applicable, to inquire if any services are pending to be entered or compiled in the Provide® Enterprise Miami data management system. This will affect the actual number of available days versus those that appear in the Provide® Enterprise Miami data management system.

- C. Additional Rules for Reporting:** Monthly activity reporting (i.e., reimbursement requests) for Substance Abuse Services (Residential) is per *client-day* of care and number of unduplicated clients served. Providers will indicate in the Provide® Enterprise Miami data management system the client's disposition after Substance

Abuse Services (Residential) has ended (e.g., treatment completed, client referred to outpatient substance abuse counseling, client withdrew from treatment, etc.). This process is facilitated by the review and managing of the “RSA Disenrollment Report” available in the Provide® Enterprise Miami data management system. Service providers are required to print this report on a monthly basis and disenroll clients who are no longer in active care. Once all residential treatment disenrollments for the month are completed, a final “RSA Disenrollment Report” must be printed and uploaded along with the monthly reimbursement request that is uploaded in the Provide® Enterprise Miami data management system.

- D. Linkage/Referrals:** Providers of Substance Abuse Services (Residential) must document the client’s progress through the treatment program, maintain linkages with one or more outpatient facilities and appropriate community services, including 12-step programs, and be able to refer or place clients in an outpatient program, in collaboration with the client, his/her/their Medical Case Manager, and the Primary Care Physician when that is found to be appropriate. Providers are required to determine if the client is currently receiving Medical Case Management services; if not, the provider must seek enrollment of the client in a Medical Case Management program of the client’s choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the Medical Case Management provider must be established in order to ensure coordination of services while the client remains in treatment. **A client’s Ryan White Program-funded Medical Case Manager will receive an automated “pop-up” notification through the Provide® Enterprise Miami data management system upon the client’s discontinuance or release from, completion of, and/or relapse in residential substance abuse treatment.**

IMPORTANT NOTE: referrals from residential substance abuse services to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility, or once the client has completed or left their residential treatment program.

- E. Special Client Eligibility Criteria:** A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service. Clients receiving Ryan White Program Part A or MAI-funded Substance Abuse Services (Residential) must be documented as having gross household incomes below 400% of the 202~~1~~² Federal Poverty Level (FPL).
- F. Additional Rules for Documentation:** Providers must also maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Providers must submit to OMB a copy of the staffing structure showing supervision by a Physician or other qualified personnel, and an

assurance that all services are provided in a short-term residential setting. Providers must also maintain client charts that include individual treatment plans with all required elements and document that services were provided as allowable under the Ryan White Program service definition, the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

III. Additional Standards and Guidelines

Guidelines: Outpatient and residential substance abuse treatment and counseling providers will adhere to generally accepted clinical guidelines for substance abuse treatment of people with HIV. The following are examples of such guidelines:

- American Society of Addiction Medicine. *The ASAM Principles of Addiction Medicine*, Sixth Edition; November 2, 2018.
Available at: <https://www.asam.org/Quality-Science/publications>
Accessed 8/5/2021
- American Society of Addiction Medicine (ASAM). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. Third Edition.
Available at: <https://www.asam.org/Quality-Science/publications>
Accessed 8/5/2021
- American Society of Addiction Medicine. Public policy statements on HIV/AIDS and Addiction, and other policy statements related to the substance abuse treatment of clients living with HIV/AIDS.
Available at: <https://www.asam.org/advocacy/find-a-policy-statement>
Accessed 8/5/2021
- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.
- Rules governing the provision of substance abuse treatment services consistent with the regulations promulgated by the State of Florida's Alcohol Prevention and Treatment (APT) and Drug Abuse Treatment and Prevention (DATAP) programs, as may be amended.
- Rules governing the provision of residential and outpatient substance abuse treatment services with regards to licensure and regulatory standards that

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 28, 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 | Carlos Palacios |
| II. | Meeting Rules and Housekeeping | Dr. Robert Goubeaux |
| III. | Roll Call and Introductions | Carlos Palacios |
| IV. | Floor Open to the Public | Dr. Robert Goubeaux |
| V. | Review/Approve Agenda | All |
| VI. | Special Discussion: Oral Health Care Items (1 hour) | All |
| VII. | Review/Approve Minutes of November 19, 2021 | All |
| VIII. | Reports | |
| | • Membership Vacancies | Marlen Meizoso |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Partnership Report (reference only) | Marlen Meizoso |
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| | • Officer Elections | All |
| | • Service Descriptions -Mental Health and Substance Abuse | All |
| | • HIV and Aging | All |
| X. | New Business | |
| | • Pregnancy and Allowable Conditions List | All |
| | • Discussion: Gender-Affirming Care | All |
| XI. | Announcements | All |
| | • Annual disclosure forms | |
| XII. | Next Meeting: February 25, 2021 at BSR | Dr. Robert Goubeaux |
| XIII. | Adjournment | Carlos Palacios |

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

HIV and Aging Topics

1 **Dementia and other neurocognitive disorders**

HIV-associated neurocognitive disorders (HAND)
Risk of dementia
Risk of Alzheimer's disease

2 **Depression**

Risk for depression
Side effects of ART/other medications
Social isolation/lack of support system

3 **Eyesight /hearing diminishes**

4 **Cardiovascular disease**

Coronary artery disease
Hypertension
Myocardial fibrosis
Congestive heart failure
Ischemic stroke

5 **Diabetes**

Use of older ARVs
Greater prevalence with aging

6 **Kidney disease**

HIV nephropathy
Additional comorbidities: tenofovir, diabetes, CVD, and hypertension

7 **Liver disease**

Hepatitis A, B, C

8 **Sexually transmitted infection (STIs)**

9 **Osteoporosis**

Bone loss
Fractures
Substance misuse
Use of certain ARTs

10 **Sarcopenia**

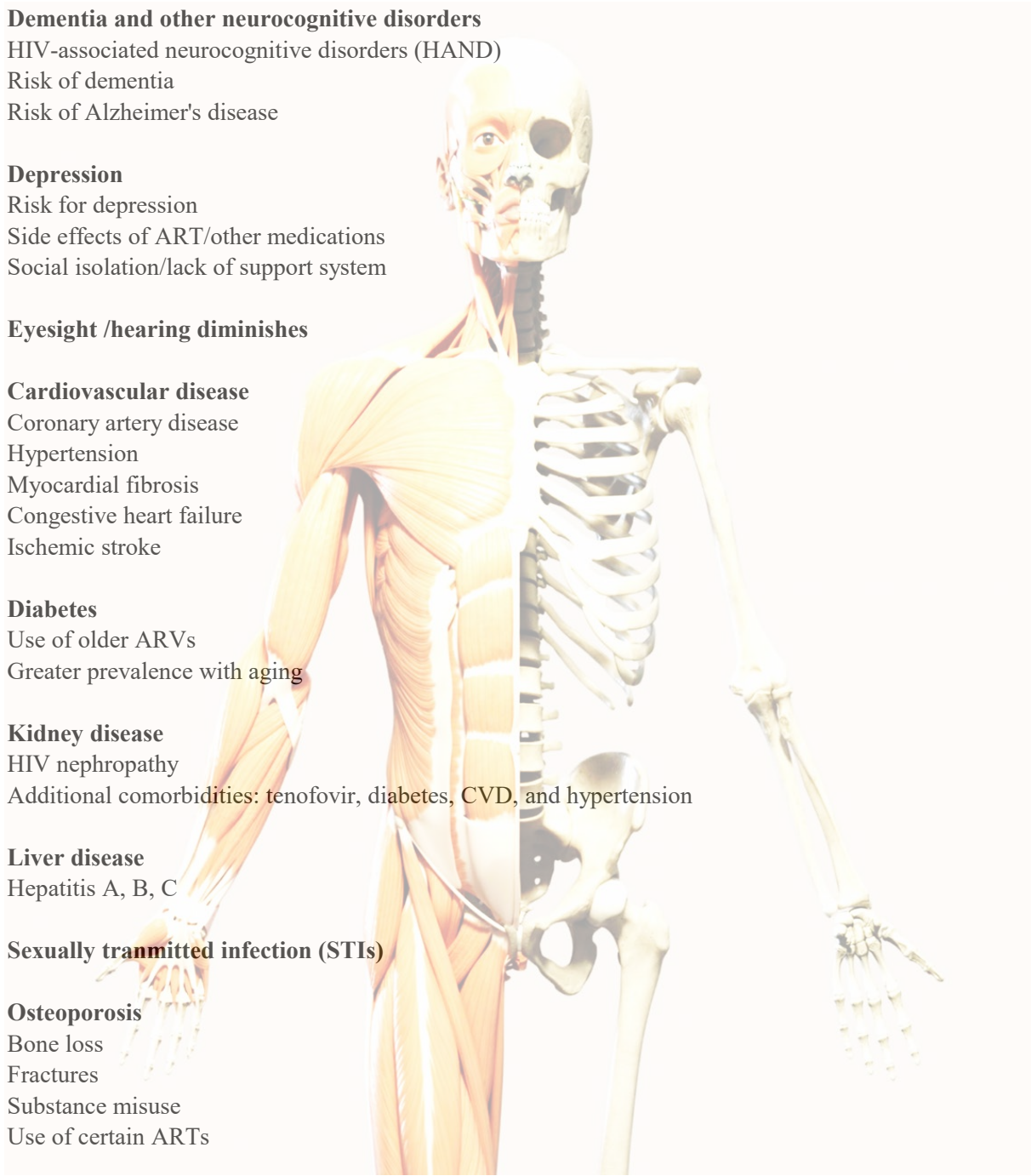
Exercise
Nutrition

11 **Polypharmacy**

Multiple medications for age-related conditions

12 **Cancers**

HIV population at greater risk, overall screenings start at 50 years old





MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, January 28, 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

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| I. | Call to Order | Carlos Palacios |
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| III. | Roll Call and Introductions | Carlos Palacios |
| IV. | Floor Open to the Public | Dr. Robert Goubeaux |
| V. | Review/Approve Agenda | All |
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MIAMI-DADE COUNTY RYAN WHITE PROGRAM ALLOWABLE MEDICAL CONDITIONS LIST

These conditions are related to or exacerbated by HIV, comorbidities related to HIV, and complications of HIV treatment.

This list is intended to address the federal Health Resources and Services Administration's requirement that services provided through outpatient medical care be related to an individual's HIV status. This list was created to assist medical providers with specialty care referrals and to emphasize the importance of documenting the link between an individual's HIV status and the specialty care service to which a client is referred. This list is a sample guideline to be used in Miami-Dade County's Ryan White Part A/Minority AIDS Initiative Program of the most common conditions exacerbated or caused by HIV or its treatment.

Routine medical diagnostic testing (e.g., Pap smear, mammogram, bone density test, colonoscopy, colorectal cancer screening, and ophthalmologic screening) is allowable as long as such testing follows established medical guidelines, such as U.S. Public Health Service (PHS), American Medical Association, Health Resources and Services Administration (HRSA), or other local guidelines, as a standard of care. Please see the most current, local Ryan White Program Service Delivery Guidelines for more information.

When provided in an outpatient setting, labs, diagnostics and treatments related to HIV, as indicated above, including complications of HIV treatment related to the following conditions may be covered:

CARDIOLOGY:

atherosclerosis
coronary artery disease
hyperlipidemia
phlebitis
peripheral artery disease

CHIROPRACTIC/PHYSICAL MEDICINE:

Fibromyalgia
Peripheral neuropathy
Rheumatic diseases
Osteopenia/osteoporosis
Avascular necrosis (Stage 1 or 2 only)
Chronic myopathy/myalgia, HIV related
Chronic arthralgia, HIV related

IMPORTANT NOTE: According to CDC, chronic pain is defined as pain having duration of at least three months. Chronic pain is considered a co-morbidity of HIV. This may also contribute to the depression with pain comorbidity complex (DPC). Treatment of acute pain is not covered.

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

COLORECTAL:

abnormal anal Pap smears
anal cancers
fistulas
hernias

DENTAL (ORAL HEALTH CARE):

human papillomavirus associated oral lesions
giant aphthous ulcers
oral cancers
dental cancers

DERMATOLOGY:

skin conditions and symptoms, including skin appendages and oral mucosa
dermatitis (including tinea infections)
eczema/seborrheic dermatitis
eosinophilic folliculitis
herpes simplex virus
impetigo
Kaposi's sarcoma
Methicillin-resistant Staphylococcus aureus (MRSA)
molluscum contagiosum
onychomycosis
photodermatitis
pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)
psoriasis
skin cancers (squamous cell carcinoma, etc.)
warts

EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:

chronic sinusitis
oral human papillomavirus
oral cancers
dental cancers

ENDOCRINOLOGY:

diabetes
hypogonadism
hormone replacement therapy (for individuals of trans experience)

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

GASTROINTESTINAL:

colitis (syphilitic colitis--very rare)
diarrhea
esophageal candidiasis
nausea/vomiting

GENITOURINARY (GU)/ GYNECOLOGY (GYN):

abnormal Pap smear
cervical human papillomavirus
erectile dysfunction (*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics of erectile dysfunction; but, the treatment of erectile dysfunction is not covered by the local Ryan White Part A/MAI Program.*)
hematuria (related to neoplasms)
tinea cruris (jock itch) or scrotal candidiasis
vaginal candidiasis
gynecological cancers

HEMATOLOGY/ONCOLOGY:

anemia
Kaposi's sarcoma
lymphoma
polycythemia vera
thrombocytopenia

INFECTIOUS DISEASE:

herpes simplex infections (1 and especially type 2), varicella zoster infections, non tuberculous mycobacterial infections
histoplasmosis
leishmaniasis
syphilis
tuberculosis
viral hepatitis (hepatitis B and C)

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

MENTAL HEALTH SERVICES:

mental health disorder caused or exacerbated by HIV diagnosis or HIV treatment
mental health disorder/condition that significantly hinders a client's HIV treatment adherence

IMPORTANT NOTES:

- *As covered by this local Ryan White Part A Program:*
 - *Services in this general category (other than Psychiatry, see page 6) are not provided under Outpatient/Ambulatory Health Services.*
 - *Mental Health Services include the provision of outpatient psychological and psychiatry screening, assessment, diagnosis, treatment, and counseling services offered to clients who are living with HIV or AIDS. These services may be used by appropriate mental health providers to assess and diagnose a mental health illness. **However, a diagnosed mental health illness is required to receive ongoing treatment and counseling under this service category.***
 - *Services are to be provided by a mental health professional holding a PhD, EdD, PsyD, MA, MS, MSW, or M.Ed. degree, AND be licensed in the State of Florida as a LCSW, LMHC, LMFT, or Licensed Clinical Psychologist. Appropriately supervised interns may also provide such services, as defined in the local Ryan White Program Service Delivery Guidelines, under Mental Health Services.*

NEPHROLOGY:

human immunodeficiency virus-associated nephropathy
renal failure (may be related to coronary artery disease induced by HIV or diabetes mellitus induced by HIV, etc.)

NEUROLOGY:

delirium
HIV associated neurocognitive disorder (HAND) ¹
HIV related encephalopathy
neurosyphilis
Neuropathy

¹ National Institute of Mental Health info <http://www.nimh.nih.gov/health/topics/hiv-aids/hiv-associated-neurocognitive-disorders.shtml>

**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

NUTRITION:

lipodystrophy
wasting
weight gain
weight loss

OPHTHALMOLOGY/OPTOMETRY:

IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics for HIV-related eye problems/complications; but, not the filling of prescriptions for corrective lenses.

Clients must also meet at least one of these criteria to access ophthalmology/optometry services:

- Client has a low CD4 count (at or less than 200 cells/mm³) *currently*
- Client has a comorbidity (e.g. diabetes, hypertension, STI, etc.)
- Client has a prior diagnosis of cytomegalovirus retinitis (CMV)
- Client has Immune Reconstitution Syndrome

Referrals to an optometrist or ophthalmologist must indicate a condition attempting to rule out complications of HIV. Any one of these conditions listed below would apply as examples.

Manifestations due to opportunistic infections:

- acute retinal necrosis
- bacterial retinitis
- candida endophthalmitis
- cytomegalovirus retinitis
- cryptococcus chorioretinitis
- pneumocystis choroiditis
- toxoplasma retinochoroiditis

Visual disturbances to rule out complication of HIV due to:

- cancers of the eye (e.g. squamous cell carcinoma of the eye, Kaposi Sarcoma, etc.)
- cataracts
- dry eyes (sicca)
- glaucoma
- intra-retinal hemorrhages
- reactive arthritis
- trichomegaly or eyelash hypertrichosis (exaggerated growth of the eye lashes found in the later stages of the disease)
- uveitis

Approved by Partnership 12/09/2013 (ORIGINAL)

1st Revision Approved by Partnership 02/10/2014

Minor Revision by OMB-GC/RW 6/9/2015

2nd Revision Approved by Partnership 10/13/2015

3rd Revision Approved by Partnership 11/14/2016

4th Revision Approved by Partnership 10/16/2017

5th Revision Approved by Partnership 3/19/2018 (with minor formatting revisions by OMB)

6th Revision Approved by Partnership 3/18/2019 (with minor formatting revisions by OMB)

7th Revision Approved by Partnership 10/21/2019 (with minor formatting revisions by OMB)

8th Revision Approved by Partnership 12/16/2019 (with minor formatting revisions by OMB)

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**MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST**

History of STI and complications of STI:

- herpes simplex virus
- herpes zoster-varicella visual changes
- syphilis

ORTHOPEDICS/RHEUMATOLOGY:

avascular necrosis of hip, knee, etc.
osteopenia/osteoporosis
HIV-related myopathy/myalgia
HIV-related rheumatic diseases
Fibromyalgia

PODIATRY:

Foot and ankle pain (*IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for diagnostic evaluation of foot and ankle pain. Conditions such as hammer toes, bunions, heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present.*)

diabetic foot care
onychomycosis

PSYCHIATRY:

mental health disorder caused or exacerbated by HIV diagnosis or HIV treatment
mental health disorder/condition that significantly hinders a client's HIV treatment adherence

IMPORTANT NOTE:

- *Under this component, a Psychiatrist will assess, diagnose, and treat mental illness in an outpatient/ambulatory health care setting.*

PULMONARY:

mycobacterium
pneumocystis pneumonia
recurrent pneumonia
tuberculosis



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