



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee Friday, January 22, 2021

9:30 a.m. – 11:00 a.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

- | | | |
|-------|---|-----------------|
| I. | Call to Order | Carlos Palacios |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Roll Call | All |
| IV. | Review/Approve Agenda | All |
| V. | Floor Open to the Public | Carlos Palacios |
| VI. | Review/Approve Minutes of October 23, 2020 | All |
| VII. | Reports -Q & A | All |
| VIII. | Standing Business | |
| | • Letters of Medical Necessity Review | All |
| IX. | New Business | |
| | • Officer Elections | All |
| | • Work plan Review | All |
| | • Annual Disclosure forms | All |
| | • Discussion on medroxyprogesterone acetate | All |
| X. | Announcements (copies on file) | Marlen Meizoso |
| XI. | Next Meeting: February 26, 2021 at Main Library- Auditorium | Carlos Palacios |
| XII. | 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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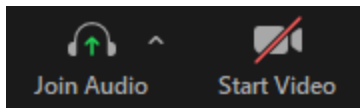


Meeting Housekeeping and Rules

Revised January 6, 2021

Disclaimers

- This meeting is being conducted in a hybrid format – In Person and via Zoom.
- Video, audio, and Chat Box input is being recorded and will become part of the public record.
- For virtual participants with video capability, you can choose to have it on or off. You are not required to be on video at anytime during the meeting.



← *Video is off. Click to turn on.*

- Meeting materials were distributed prior to the meeting via AIDSNET at <http://aidsnet.org/meeting-documents/>.
- Zoom help can be found at <https://support.zoom.us/hc/en-us>

Setting the Meeting Environment

All participants should place cell phones on mute/vibrate to reduce interruptions and feedback.

Zoom participants should turn off external devices such as televisions, radios, etc.

Zoom participants will be placed on mute and can unmute or be unmuted when acknowledged by the chair.

The Agenda

- The meeting will follow the Agenda which was distributed in advance.
- Some Agenda items have been modified for the hybrid meeting platform.
- The Agenda and supporting documents will be projected by staff and seen both in the meeting room or via Zoom Shared Screen mode.
- The Chair will lead the meeting per the Agenda and will recognize other participants named on the Agenda in order.

Roll Call

Members

- Each member will identify they are present:
 - If physically at the meeting, members will verbally state their name, or
 - If participating by Zoom, members will **Chat** “Here” to have participation recorded.

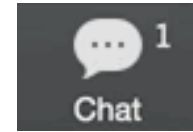
Others

- Staff will announce the names of other participants, including in-person and Zoom guests and staff.

Notes

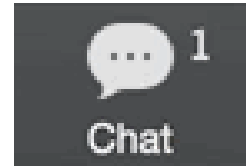
- Anyone who has not been recognized during Roll Call should advise staff in-person or via Zoom chat.
- Zoom participants: If your name appears only as a phone number or other name, your attendance may not be recorded **UNLESS YOU CHAT.**

Chat Box



- Zoom participants may send comments or questions via the Chat Box.
- Only the moderator (staff) will see the chat box input.
- All chat input should be relevant to the item being discussed.
- Instead of using the “Hand Up” function, you may chat “**Hand Up**” to be added to the queue.
- The moderator will maintain a queue and the Chair will call on participants in order.

Voting and Motions via Zoom



Make a Motion

- Chat “**Motion**” or raise hand to make motion.
- The Chair will recognize you and you can make the motion.



Raise Hand

Second a Motion

- Chat “**Second**” or indicate second of motion.
- The Chair will read the name of member who seconds the motion.

The Chair will call for Discussion

- Chat “**Hand Up**” or click **Raise Hand** to be recognized by the Chair.
- Discussion should be limited to the current motion/Agenda item only.
- The Chair may impose time limits for discussion.

After discussion, the Chair will call for a Vote

- Voting is for Committee Members only.
- If you are **VOTING AGAINST** a Motion, Chat “**Opposed**”
- The member(s) voting against the motion will be read into the record.
- All members without a Chat of “Opposed” will be counted as **VOTING IN FAVOR** of the motion.

Voting and Motions In-Person

Make a Motion

- Raise your hand.
- The Chair will recognize you and you can make the motion.

Second a Motion

- State “Second”.
- The Chair will restate the name of the member who seconds the motion.

The Chair will call for Discussion

- Raise your hand to be recognized by the Chair.
- Discussion should be limited to the current motion/Agenda item only.
- The Chair may impose time limits for discussion.

After discussion, the Chair will call for a Vote

- Voting is for Committee Members only.
- Raise your hand - either for or against the motion - when the vote is called.





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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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**Medical Care Subcommittee Meeting
Zoom Virtual Meeting
October 23, 2020**

#	Members	Present During Roll	Absent
1	Baez, Ivet		X
2	Bauman, Dallas	X	
3	Bowen-McDuffey, Toni		X
4	Cortes, Wanda		X
5	Dougherty, James		X
6	Goubeaux, Robert	X	
7	McFeely, John	X	
8	Palacios, Carlos	X	
9	Romero, Javier	X	
10	Torres, Johann	X	
11	Thornton, Darren	X	
12	Valle-Schwenk, Carla		X
13	Vasquez, Silvana	X	
Quorum: 6			

Guests	
Autumn Felmeier	
Brad Mester	
Ana Nieto	
Angela Ortiz	
Carmen Pineiro	
Sam Quintero	
Elliot Rodriguez	
Staff	
Robert Ladner	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/Introductions

Carlos Palacios, the acting Chair, called the meeting to order at 9:04 a.m. He welcomed everyone and indicated some agenda items have been modified for a virtual format.

II. Meeting Housekeeping

Marlen Meizoso reviewed the Zoom Meeting Housekeeping presentation (copy on file), which reviewed the options available on Zoom and steps to ensure a good meeting environment.

III. Meeting Rules

Mr. Palacios reviewed the Zoom Meeting Rules presentation (copy on file), which reviewed the meeting rules for the virtual format.

IV. Member Roll Calls

Mr. Palacios conducted the member roll call. Members indicated their presence by chatting "Here" or "Present" in the chat box, or by unmuting and verbally indicating they were present.

V. Guest Roll Calls

Mrs. Meizoso conducted the guest roll call. Guests indicated their presence by chatting "Present" or "Here" in the chat box or by unmuting and indicating they were present.

VI. Review/Approve Agenda

The Subcommittee reviewed the agenda and voted to accept it as presented.

Motion to accept the agenda.

Moved: Dallas Bauman

Second: John McFeely

Motion: Passed

VII. Floor Open to the Public

Mr. Palacios 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.

VIII. Review/Approve Minutes of September 25, 2020

Members reviewed the minutes of September 25, 2020. Dr. Romero indicated that there was an error on page 3: the waiver on labs expires on November 4, 2020. The minutes were accepted with the correction noted.

Motion to accept the minutes of September 25, 2020 with the correction noted on page 3 of 5.

Moved: John McFeely

Second: Dr. Javier Romero

Motion: Passed

IX. Membership

Mrs. Meizoso reviewed the vacancy report and indicated there are eleven vacancies on the Subcommittee. If anyone knows of qualified candidates or is interested in joining, they can contact staff. She indicated that she had spoken to a potential member of the affected community who may join the subcommittee. She has an application in process for a physician, but is waiting for some missing information before presenting the application. She also has received an application for the mental health seat from Carmen Pineiro. Ms. Pineiro was present, introduced herself and expressed her interest in joining. The Subcommittee moved to accept Ms. Pineiro as a member.

Motion to accept Carmen Pineiro as a member of the Medical Care Subcommittee.

Moved: Dr. Johann Torres

Second: Dallas Bauman

Motion: Passed

X. Reports

- Ryan White Program

Ana Nieto

The Part A/MAI program has served approximately 6,792 unduplicated clients this fiscal year (through August 2020).

Reviewed expenditure reports dated 10/13/20 (copy on file) for Part and MAI. Expenditures are still low since the County is still working on executing contracts. Next month, the expenditures should be higher as more contracts are executed and bills are processed.

With respect to the contracts, 16 of 18 direct service subrecipient contracts are fully executed and payments are in process (one is waiting on signatures and one pending acceptance of edits), and the MIS contract is executed. Delays have been caused by the development of four new subrecipients contracts due to RFP awards approved in March 2020, implementation of a new MIS data system and COVID-19.

Subrecipients had the option to select alternative billing and receive 50% of their award in a draw down. Nine of the fifteen recipients selected the alternative billing option for at least one service category.

Ninety-five percent of the formula award is expected to be spent by the end of the fiscal year, but current expenditures, overall, are down 31% in Part A and 62% in MAI.

Carryover funds are being prioritized for expenditures since these funds may not be carried forward into next year.

HRSA Site Visit Report – the County’s Corrective Action Plan was approved but a full download of the document is pending. A copy will be printed and provided to staff for distribution to the Partnership.

Test & Test/Rapid Access (TTRA)-Program has served 1,438 clients between 7/2/2018-10/09/2020, including:

- 516 new to care
- 330 new to RW care
- 590 return to care
- 2 referrals not specified
- 976 (68%) currently virally suppressed

The process is still being fine-tuned with the new data system, so the numbers are subject to change.

The County submitted the Part A/MAI grant application on October 5.

A Part A RFP document for Ending the HIV Epidemic is under development.

COVID-19-All County Recipient staff continue to work from home as directed. They have access to a Remote Desktop and can handle calls. Subrecipient sites are open with some having staff working remotely. Additional CARES Act funding was received and subrecipients can request additional funds which can be used for personal protective equipment and hand sanitizer. Amendments to contracts are in progress.

County staff continue to keep subrecipients and the Partnership (through its staff support) informed of federal, state, and local guidance on coronavirus by electronic mail with links to webinars and online information. In addition, updates are provided on state and federal business assistance programs and grant opportunities. BSR is copied on notifications for distribution.

County Ryan White staff coordinate with Florida Department of Health on urgent/emergent issues and participate in FCPN activities, ADAP workgroup meetings, monthly Part A and B coordination meetings and a data to care project.

▪ ADAP Expenditure Reports

Javier Romero

Dr. Javier Romero reviewed the September ADAP report, which presents streamlined ADAP information including enrollments, expenditures, indicators, and updates (copy on file). For the month of August, there were 78 new clients, 815 re-enrollments and 5,505 total clients (5,854 as of 10/23/2020). Total expenditures totaled \$2,355,084.88. Based on expenditures it is expected that over \$34 million will be spent by the end of the year. The emergency order suspending lab requirements has been extended to November 4, 2020; after that date, labs will be required according to the previous schedule. Mail-order drug delivery option is still an option for patients. The ADAP program added Rukobia to the formulary (copy on file).

▪ Partnership Report (reference only)

Marlen Meizoso

Mrs. Meizoso directed the Subcommittee to the Partnership report (copy on file), which detailed the actions by the Partnership.

XI. Standing Business

- Minimum Primary Medical Care Standards pgs. 4-10

All

Mrs. Meizoso walked the Subcommittee through all the updates made to the document (copy on file). Pages 1-3 had previously been reviewed. All the sections have been updated per guidance (DHHS, CDC, ACS, etc.). The version projected included three corrections to references. Mrs. Meizoso checked with Dr. Akins regarding the TB section and he indicated no changes are necessary. The subcommittee suggested deleted some additional language on the local preference under colon cancer screening to allow for patient and physician preference. The Subcommittee accepted the document as discussed with updates.

Motion to accept the revised Minimum Primary Medical Care Standards with the discussed edits.

Moved: Dallas Bauman

Second: Dr. Johann Torres

Motion: Passed

XII. New Business

- **Election of new chair or deferment to January 2020**

Mrs. Meizoso indicated that if the Governor does not extend his executive order, the next meeting will have to be in person. Officer elections are due to take place in January. She suggested deferring the election of new officers until January, since how meetings will be held should be clarified by then.

Motion to defer the election for a new chair to January.

Moved: John McFeely

Second: Dr. Javier Romero

Motion: Passed

- **Outpatient/Ambulatory Care Service Definitions**

Mrs. Meizoso reviewed the Outpatient/Ambulatory Care Service definitions original and draft with changes (copy on file). The draft changes are updates to language and dates only. She suggested taking the language in the separate file of other standards and adding these to the document so all the items can be found in one document. The Subcommittee agreed to the edits.

Motion to accept the Outpatient/Ambulatory Care Service definitions with the edits discussed.

Moved: Dallas Bauman

Second: John McFeely

Motion: Passed

- **AIDS Pharmaceutical Service Definitions**

Mrs. Meizoso reviewed the AIDS Pharmaceutical Service definition, original and a draft with changes (copy on file). The draft changes are updates to language and dates only. The Subcommittee agreed to the edits. Additional work needs to be done on the letters of medical necessity, but staff has no data available for this meeting. For the following meeting, additional work can be done on the letters and clarification on the status on the nutritional supplements can be addressed.

Motion to tentatively approve the AIDS Pharmaceutical Assistance Service definition.

Moved: John McFeely

Second: Dallas Bauman

Motion: Passed

- **Oral Health Care Service Definition**

Mrs. Meizoso reviewed the Oral Health Care service definition original and a draft with changes (copy on file). The draft changes are updates to language and dates only. The document was forwarded to the dentists on the former Oral Health Care Workgroup and they had no recommended changes.

Motion to accept the Oral Health Care Service definition

Moved: Dallas Bauman

Second: John McFeely

Motion: Passed

▪ **Probiotic classification on Prescription Drug formulary**

Ana Nieto indicated that anyone submitting a medication request must include all fields, specifically what drug category any new medication may fall into.

▪ **Meeting Schedule November 2020-February 2021**

Mrs. Meizoso explained that the Governor's Order allowing for virtual meetings will expire after October 31, 2020 requiring all Partnership groups to meet in person. Staff has been able to secure meeting space at the Miami-Dade County Youth Fair on the 2nd Floor of the North Entrance. The meeting space has its own entrance and restrooms. Many members indicated they would not be able to meet in person. Staff will be sending out a survey prior to sending out each meeting notice to verify if quorum will be present: if not, the meeting will be cancelled.

Motion to cancel the November 20, 2020 Medical Care Subcommittee meeting.

Moved: John McFeely

Second: Dr. Johann Torres

Motion: Passed

XIII. Announcements

Mrs. Meizoso announced that the State of Florida Dept. of Health is conducting a COVID-19 needs assessment (copy on file). Please complete and share with others.

XIV. Next Meeting

The next meeting is scheduled for January. Staff will forward the next meeting date.

XV. Adjournment

Motion to adjourn.

Moved: Dallas Bauman

Second: Dr. Johann Torres

Motion: Passed

Mr. Palacios adjourned the meeting at 10:50 a.m.



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Partnership Meeting Reference Documents

This page includes reference documents for meetings of the Miami-Dade HIV/AIDS Partnership and its committees. Many documents are marked **DRAFT** until approved by the committee and/or Partnership, and should not be distributed as final versions.

Where a listing is not "clickable", the document is under development and will be posted prior to the meeting.

Please contact designated Staff Support for additional information.

Monthly Reports

In order to streamline meetings, oral reports will not be given. Please submit questions or requests for earlier reports to hiv-aidsinfo@behavioralscience.com.

- [Partnership and Executive Committee Report to Committees](#)
- [Vacancy Report](#) (updated 11/25/20) Please promote [Membership Opportunities](#)
- Grantee/Recipient Reports
 - [Ryan White Program Part A / Minority AIDS Initiative \(MAI\) – January 19, 2021](#)
 - [Ryan White Program Part A / MAI - January 4, 2021](#)
 - [Ryan White Program Part A / MAI Program Notes - January 19, 2021](#)
 - [Ryan White Program Part B - November 2020](#)
 - [General Revenue - November 2020](#)



Announcements

Meeting announcements should be [forwarded to Staff](#) for distribution through this website and the weekly [Community Newsletter](#).

Miami-Dade HIV/AIDS Partnership

- Draft Agenda, January 19, 2021
- Draft Minutes, October 19, 2020
- [In-Person Meetings Protocol](#)
- **IMPORTANT NOTICE FOR MEMBERS!** If you need to

Housing Committee

- Draft Agenda, January 24, 2021
- Draft Minutes, October 15, 2020
- [In-Person Meetings Protocol](#)
- **IMPORTANT NOTICE FOR MEMBERS!** If you need to

Miami-Dade County
Ryan White Part A/MAI Program Update
for January 2021 Partnership & Committee meetings
As of 01/19/2021

Number of Unduplicated Clients Served

- Part A/MAI clients served:
 - Approximately 7,540 unduplicated clients were served from March 1, 2020 through November 30, 2020.

ACA Update

- FDOH is supporting 27 ACA Marketplace health plans in 2021; 6 of them are new, replacing a couple of plans that were discontinued.
- As of 12/14/2020, a total of 1,901 applications were submitted through American Exchange, using our local process. We are waiting for the final enrollment numbers to be reported by American Exchange.

Part A/MAI Expenditures Report

- Most current version is in the meeting handouts:
 - Part A pending invoices total: \$4,686,987.32
 - MAI pending invoices total: \$277,074.39
- Status of contracts for FY 2020:
 - All 18 subrecipient contracts are fully executed and payments have been or are in the process of being paid and the MIS contract is executed and paid up to date
 - The current expenditure reports show very low expenditures for Part A and MAI but this should pick up dramatically by next month as we catch up on reimbursements and pay the Alternative Payment Methodology requests.
 - REMINDER: delays were caused by development of new contracts (including 4 new subrecipients) resulting from the RFP awards approved by Board of County Commissioners in March 2020; implementation of new MIS data management system; and COVID-19.
- A review of the current Earmark Allocation and Expenditure Schedule shows the recipient's core medical expenditure percentage above the 75% limit.
- Taking into consideration the additional drawdowns that will be made as a result of the subrecipients selecting the APM, it is projected that the recipient will be able to reach the 95% Formula minimum expenditure requirement.
- Despite the low expenditure rate on the current award (FY 2020), the recipient plans to prioritize the use of the carryover funds recently awarded and request a carryover of all *eligible* funds for use during FY 2021. The report of Estimated Unobligated Balance (approximately (\$6.4 million) and Estimated Carryover Request (\$2.55 million) was submitted to HRSA on 12/29/2020. The higher-than-normal estimated unobligated balance is a result of underutilized services (mostly medical and dental) during the COVID-19 pandemic.

**Miami-Dade County
Ryan White Part A/MAI Program Update
for January 2021 Partnership & Committee meetings
As of 01/19/2021**

Test & Treat / Rapid Access (TTRA)

- TTRA clients served between July 2, 2018 and January 10, 2021: 1,615
 - 594 New to Care
 - 355 New to RW Care
 - 665 Returned to Care
 - 2 Referral category not specified

 - 1,237 (77%) of those enrolled were on antiretroviral (ARV) medications
 - 1,063 (66%) of those enrolled are virally suppressed
 - IMPORTANT NOTE: These numbers are subject to change.

Administrative

- Part A Request for Proposals document for Ending the HIV Epidemic is under development and should be available this month.
- COVID-19:
 - All County Ryan White (Recipient) staff members continue working from home, as directed by the County Mayor and Department Director. All Recipient staff have access to Remote Desktop and have ongoing contact with their assigned subrecipients. Contracts Officers continue to handle client calls placed to the office; mostly from existing or potential clients requesting assistance with connecting to care.
 - Subrecipient sites are open; but some of their staff are still working remotely. Those working onsite are following CDC guidelines for preventing spread of COVID-19.
 - CARES Act (COVID-19) amendments are in progress for Personal Protective Equipment (PPE) (face masks/coverings) and hand sanitizer to distribute to clients and clients' immediate household members; as well as, to purchase appropriate PPE (face masks, face shields, gloves, gowns, etc.) to be used by front-line staff and clients during onsite provision of services.
- The County Ryan White staff continue to keep subrecipients and the Partnership (through its staff support) informed of federal, state, and local guidance on coronavirus by electronic mail with links to webinars and online information. In addition, we update them on state and federal business assistance programs and grant opportunities. BSR was copied on these notifications for distribution to the Partnership and the community.
- The County Ryan White staff continues to coordinate with FDOH staff and Part A/MAI subrecipients to address urgent/emergent client issues.

Other Planning Activities

- Part A/MAI Recipient staff continue to participate in:
 - Florida Comprehensive Planning Network (FCPN) Ending the HIV Epidemic (EHE) Workgroup meetings
 - Medication Access Committee meetings

**Miami-Dade County
Ryan White Part A/MAI Program Update
for January 2021 Partnership & Committee meetings
As of 01/19/2021**

- Florida Part A / Part B coordination meetings:
 - Part A, Part B and FDOH are in the planning stages for the anticipated rollout of the new long-acting injectable antiretroviral medication, Cabenuva®
 - No availability date yet, but it is anticipated within first quarter of 2021.
 - Cabenuva® combines an injectable integrase strand transfer inhibitor (INSTI) cabotegravir, with the non-nucleoside reverse transcriptase inhibitor (NNRTI) rilpivirine extended release.
 - More details to come.
- Data sharing and matching planning and activities with Florida Department of Health and Georgetown University meetings related to the statewide HRSA 19-039 Communities of Practice: Data to Care project

**RYAN WHITE PART A GRANT AWARD (BU0330)
 EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR30
 FORMULA AND SUPPLEMENTAL FUNDING
 Per Resolution #s: R-1125-19, R-246-20, R-247-20, AND R-817-19**

This report includes YTD paid reimbursements for FY 2020 Part A service months up to November 2020, as of 1/4/2021. This report reflects reimbursement requests that were due by 12/20/2020 and have been paid thus far. Pending Part A reimbursement requests that have been received and are in process total \$4,686,987.32.

+
 NOTE: 18 of 19 contracts (direct services, CQM, Staff Support and data system) are executed; the final one has been with the agency for signatures since end of October 2020.

GRANT #: BU0330	AWARD AMOUNTS	GRANT DETAILS
Grant Award Amount Formula	15,610,424.00	01FORM
Grant Award Amount FY'18 Formula	1,632.00	01FOR2
Grant Award Amount Supplemental	7,612,515.00	01SUPP
Grant Award Amount FY'18 Supplemental	697,021.00	01SUP2
Carryover Award FY'19 Formula	707,084.00	01CYOV
Total Award	\$ 24,628,676.00	23,921,592.00 W/out CO

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	8,656,207.00	
AIDS Pharmaceutical Assistance	66,007.00	
Oral Health Care	3,088,975.00	
Health Insurance Services	459,450.00	
Mental Health Therapy/Counseling	108,811.00	
Medical Case Management	5,428,778.00	
Substance Abuse - Outpatient	44,128.00	17,852,356.00
Support Services	Allocations	
Emergency Financial Assistance	0.00	
Food Bank	1,236,623.00	
Other Professional Services	154,449.00	
Medical Transportation	150,649.00	
Outreach Services	264,696.00	
Substance Abuse - Residential	1,977,744.00	3,784,161.00
DIRECT SERVICES TOTAL:	\$ 21,636,517.00	
Total Core Allocation	17,852,356.00	
Target at least 80% core service allocation	17,309,213.60	
Current Difference (Short) / Over	\$ 543,142.40	
Grantee Admin. (GC, ACMS, BSR Staff)	\$ 2,392,159.00	
Quality Management	\$ 600,000.00	
(+) Unobligated Funds / (-) Over Obligated:	2,992,159.00	24,628,676.00
Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ -	Check: \$0.00

Core medical % against Total Direct Service Allocation (Not including C/O):	
Cannot be under 75%	82.51% Within Limit

Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	2.51% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	10.00% Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures
60661	Outpatient/Ambulatory Health Svcs	2,339,838.73	
49212	AIDS Pharmaceutical Assistance	3,138.70	
21610	Oral Health Care	506,053.00	
22353	Health Insurance Services	157,075.68	
11404	Mental Health Therapy/Counseling	27,787.50	
21110	Medical Case Management	1,854,100.55	
21612	Substance Abuse - Outpatient	0.00	4,887,994.16
Support Services	Expenditures		Carryover Expenditures
22430	Emergency Financial Assistance	0.00	
49225	Food Bank	529,484.80	0.00 529,484.80
21210	Other Professional Services	124,510.50	
60240	Medical Transportation	4,741.90	
22470	Outreach Services	15,359.51	
22413	Substance Abuse - Residential	537,390.00	1,211,486.71
TOTAL EXPENDITURES DIRECT SVCS & %:		\$ 6,099,480.87	28.19%
Formula Expenditure %		52.44%	
Grantee Administration		1,636,789.19	
Quality Management		450,000.00	2,086,789.19
Grant Unexpended Balance		16,442,405.94	
Total Grant Expenditures & %		\$ 8,186,270.06	33.24%

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	80.14% Within Limit

Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	1.88% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	6.84% Within Limit

**RYAN WHITE PART A GRANT AWARD (BU0330)
 EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR30
 MINORITY AIDS INITIATIVE (MAI) FUNDING
 Per Resolution #s: R-1125-19, R-246-20, R-247-20, AND R-817-19**

This report includes YTD paid reimbursements for FY 2020 MAI service months up to November 2020, as of 1/4/2021. This report reflects reimbursement requests that were due by 12/20/2020 and have been paid thus far. Pending MAI reimbursement requests that have been received and are in process total \$277,074.39

GRANT #: BU0330	AWARD AMOUNTS	GRANT DETAILS
Grant Award Amount MAI	2,688,357.00	02MAIA
Grant Award Amount FY'18 MAI	23,133.00	02MAI2 2,711,490.00
Carryover Award FY'19 MAI	382,451.00	02MAIC W/out C/O
Total Award	\$ 3,093,941.00	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	1,491,992.00	
AIDS Pharmaceutical Assistance		
Oral Health Care		
Health Insurance Services		
Mental Health Therapy/Counseling	18,960.00	
Medical Case Management	1,156,338.00	
Substance Abuse - Outpatient	8,058.00	2,675,348.00
Support Services	Allocations	
Emergency Financial Assistance	0.00	
Food Bank		
Other Professional Services		
Medical Transportation	7,628.00	
Outreach Services	39,816.00	
Substance Abuse - Residential		47,444.00
DIRECT SERVICES TOTAL:	\$ 2,722,792.00	

Total Core Allocation	2,675,348.00	
Target at least 80% core service allocation	2,178,233.60	
Current Difference (Short) / Over	\$ 497,114.40	
Grantee Admin. (OGC)	\$ 271,149.00	
Quality Management	\$ 100,000.00	
(+) Unobligated Funds / (-) Over Obligated:	371,149.00	3,093,941.00
Unobligated Funds (MAI)	\$ -	
Unobligated Funds (Carry Over)	\$ -	Check: 0.00

Core medical % against Total Direct Service Allocation (Not including C/O):	
Cannot be under 75%	98.26% Within Limit

Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	3.69% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	10.00% Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures
60661	Outpatient/Ambulatory Health Svcs	9,176.14	0.00
49212	AIDS Pharmaceutical Assistance		
21610	Oral Health Care		
22355	Health Insurance Services		
11404	Mental Health Therapy/Counseling	0.00	
21110	Medical Case Management	31,277.20	0.00
21612	Substance Abuse - Outpatient	0.00	40,453.34
S/O	Support Services	Expenditures	Carryover Expenditures
22430	Emergency Financial Assistance	0.00	
49225	Food Bank		
21210	Other Professional Services		
60240	Medical Transportation	0.00	
22470	Outreach Services	0.00	
22413	Substance Abuse - Residential		0.00
TOTAL EXPENDITURES DIRECT SVCS & %		\$ 40,453.34	1.49%

Grantee Administration	96,076.67	
Quality Management	74,999.97	171,076.64
Grant Unexpended Balance	2,882,411.02	
Total Grant Expenditures & % (Including C/O):	\$ 211,529.98	6.84%

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	100.00% Within Limit

Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	2.77% Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	3.54% Within Limit

RYAN WHITE PART A GRANT AWARD (BU0330)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR30
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution #: R-1125-19, R-246-20, R-247-20, AND R-817-19

GRANT #: BU0330	AWARD AMOUNTS	GRANT DETAILS	
Grant Award Amount Formula	15,610,424.00	01FORM	
Grant Award Amount FY'18 Formula	1,632.00	01FOR2	
Grant Award Amount Supplemental	7,612,515.00	01SUPP	
Grant Award Amount FY'18 Supplemental	697,021.00	01SUP2	23,921,592.00
Carryover Award FY'19 Formula	707,084.00	01CYOV	W/out CO
Total Award	\$ 24,628,676.00		

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	8,656,207.00	
AIDS Pharmaceutical Assistance	66,007.00	
Oral Health Care	3,088,975.00	
Health Insurance Services	459,450.00	
Mental Health Therapy/Counseling	108,811.00	
Medical Case Management	5,428,778.00	
Substance Abuse - Outpatient	44,128.00	17,852,356.00

Support Services	Allocations	
Emergency Financial Assistance	0.00	
Food Bank	1,236,623.00	
Other Professional Services	154,449.00	
Medical Transportation	150,649.00	
Outreach Services	264,696.00	
Substance Abuse - Residential	1,977,744.00	3,784,161.00

DIRECT SERVICES TOTAL: \$ **21,636,517.00**

Total Core Allocation	17,852,356.00	
Target at least 80% core service allocation	17,309,213.60	
Current Difference (Short) / Over	\$ 543,142.40	
Grantee Admin. (GC, ACMS, BSR Staff)	\$ 2,392,159.00	
Quality Management	\$ 600,000.00	
(+) Unobligated Funds / (-) Over Obligated:	2,992,159.00	24,628,676.00
Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ -	Check: \$0.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	82.51%	Within Limit

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.51%	Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	10.00%	Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures	
60661	Outpatient/Ambulatory Health Svcs	3,017,722.90		
49212	AIDS Pharmaceutical Assistance	3,232.23		
21610	Oral Health Care	660,702.50		
22353	Health Insurance Services	164,957.38		
11404	Mental Health Therapy/Counseling	27,787.50		
21110	Medical Case Management	1,999,961.40		
21612	Substance Abuse - Outpatient	0.00		5,874,363.91

S/O	Support Services	Expenditures	Carryover Expenditures	
22430	Emergency Financial Assistance	0.00		
49225	Food Bank	529,484.80	0.00	529,484.80
21210	Other Professional Services	124,510.50		
60240	Medical Transportation	4,741.90		
22470	Outreach Services	23,039.26		
22413	Substance Abuse - Residential	736,320.00		1,418,096.46

TOTAL EXPENDITURES DIRECT SVCS & %: \$ **7,292,460.37** **33.70%**

Formula Expenditure %	60.08%	
Grantee Administration	1,636,789.19	
Quality Management	450,000.00	2,086,789.19
Grant Unexpended Balance	15,249,426.44	
Total Grant Expenditures & %	\$ 9,379,249.56	38.08%

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	80.55%	Within Limit

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	1.88%	Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	6.84%	Within Limit

RYAN WHITE PART A GRANT AWARD (BU0330)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR30
MINORITY AIDS INITIATIVE (MAI) FUNDING
Per Resolution #s: R-1125-19, R-246-20, R-247-20, AND R-817-19

GRANT #: BU0330	AWARD AMOUNTS	GRANT DETAILS
Grant Award Amount MAI	2,688,357.00	02MAIA
Grant Award Amount FY'18 MAI	23,133.00	02MAI2 2,711,490.00
Carryover Award FY'19 MAI	382,451.00	02MAIC W/out C/O
Total Award	\$ 3,093,941.00	

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	1,491,992.00	
AIDS Pharmaceutical Assistance		
Oral Health Care		
Health Insurance Services		
Mental Health Therapy/Counseling	18,960.00	
Medical Case Management	1,156,338.00	
Substance Abuse - Outpatient	8,058.00	2,675,348.00
Support Services	Allocations	
Emergency Financial Assistance	0.00	
Food Bank		
Other Professional Services		
Medical Transportation	7,628.00	
Outreach Services	39,816.00	
Substance Abuse - Residential		47,444.00
DIRECT SERVICES TOTAL:	\$ 2,722,792.00	

Total Core Allocation	2,675,348.00	
Target at least 80% core service allocation	2,178,233.60	
Current Difference (Short) / Over	\$ 497,114.40	
Grantee Admin. (OGC)	\$ 271,149.00	
Quality Management	\$ 100,000.00	
(+) Unobligated Funds / (-) Over Obligated:		371,149.00 3,093,941.00
Unobligated Funds (MAI)	\$ -	
Unobligated Funds (Carry Over)	\$ -	Check: 0.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	98.26%	Within Limit

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	3.69%	Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	10.00%	Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures
60661	Outpatient/Ambulatory Health Svcs	20,449.08	0.00
49212	AIDS Pharmaceutical Assistance		
21610	Oral Health Care		
22355	Health Insurance Services		
11404	Mental Health Therapy/Counseling	0.00	
21110	Medical Case Management	35,463.20	0.00
21612	Substance Abuse - Outpatient	0.00	55,912.28
S/O	Support Services	Expenditures	Carryover Expenditures
22430	Emergency Financial Assistance	0.00	
49225	Food Bank		
21210	Other Professional Services		
60240	Medical Transportation	0.00	
22470	Outreach Services	0.00	
22413	Substance Abuse - Residential		0.00
TOTAL EXPENDITURES DIRECT SVCS & %		\$ 55,912.28	2.05%

Grantee Administration	96,076.67	
Quality Management	74,999.97	171,076.64
Grant Unexpended Balance	2,866,952.08	
Total Grant Expenditures & % (Including C/O):	\$ 226,988.92	7.34%

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	100.00%	Within Limit

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.77%	Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	3.54%	Within Limit

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



Scott

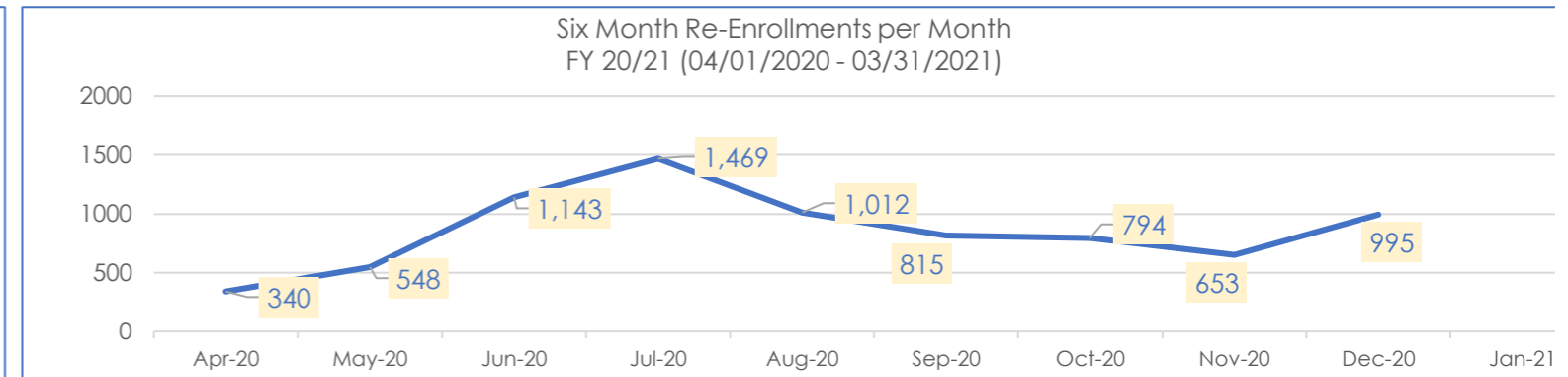
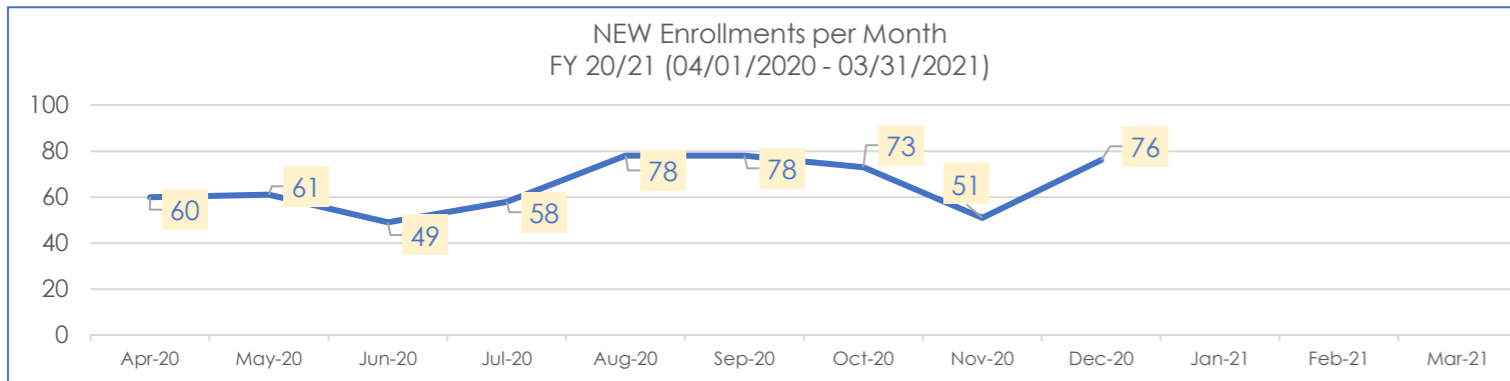
Vision: To be the Healthiest State in the Nation

ADAP-Miami SUMMARY Report - DECEMBER 2021

ADAP-MIAMI ENROLLMENTS

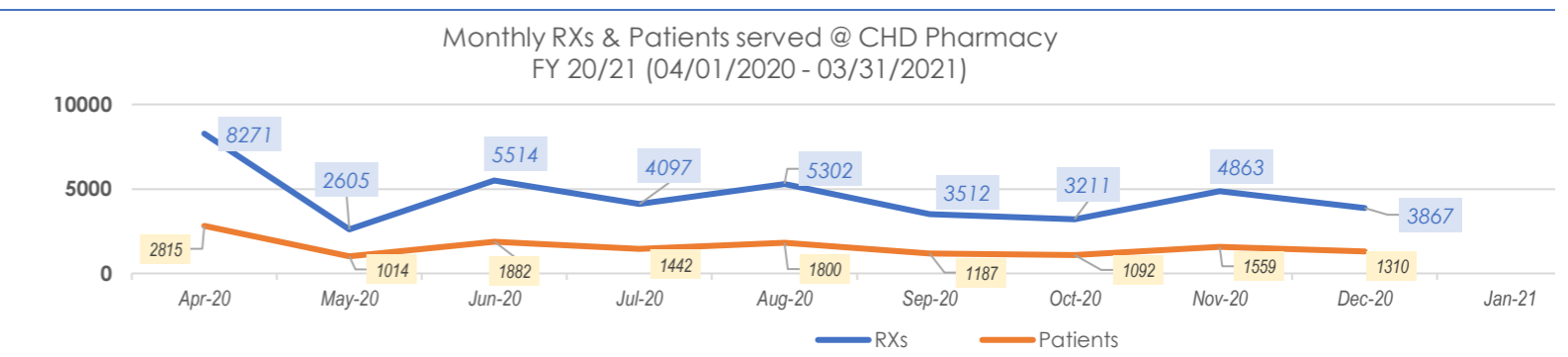
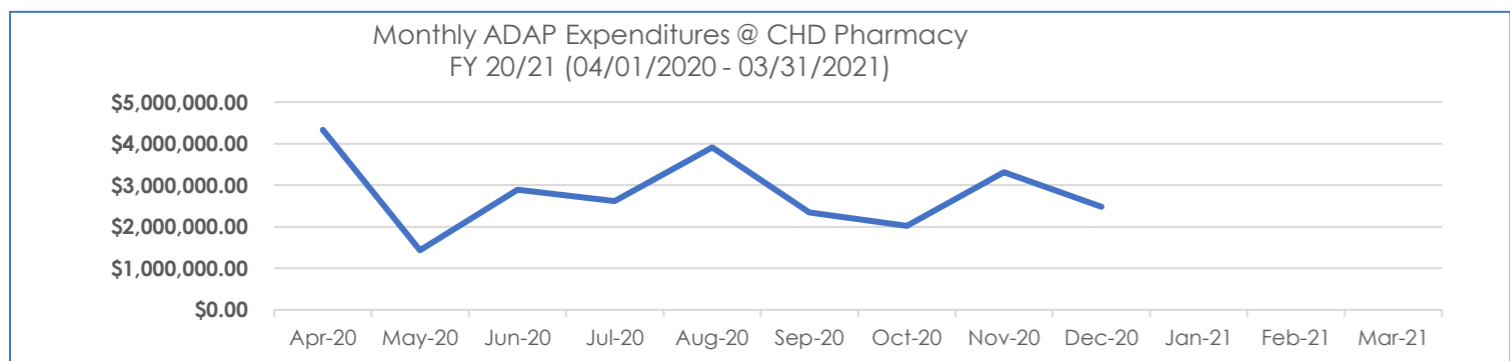
MONTH >	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
NEW Enrollments	60	61	49	58	78	78	73	51	76			
Re-Enrollments	340	548	1,143	1,469	1,012	815	794	653	995			
TOTAL OPEN	6,352	6,401	4,414	4,813	5,329	5,505	5,762	5,815	5,765			

* COVID19 Extension - No closures. ** Extension ended: 1,987 closures (6/1)



ADAP-MIAMI EXPENDITURES

MONTH >	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Expenditures	\$4,333,133.87	\$1,434,289.65	\$2,895,422.35	\$2,615,961.21	\$3,907,327.65	\$2,348,591.65	\$2,020,011.87	\$3,308,569.45	\$2,476,310.34			
RXs	8271	2605	5514	4097	5302	3512	3211	4863	3867			
Patients	2815	1014	1882	1442	1800	1187	1092	1559	1310			
RX/Pt	2.9	2.6	2.9	2.8	2.9	3.0	2.9	3.1	3.0			
\$/Pt	\$1,539.30	\$1,414.49	\$1,538.48	\$1,814.12	\$2,170.74	\$1,978.59	\$1,849.83	\$2,122.24	\$1,890.31			
\$/RX	\$523.89	\$550.59	\$525.10	\$638.51	\$736.95	\$668.73	\$629.09	\$680.36	\$640.37			



ADAP INDICATORS

Lab Result	Description	60-days
VL <200	Governor's Emergency Order Extension: Lab Requirement Suspension (12/29/20)	February 26, 2021
CD4 <200		February 26, 2021

ADAP PROGRAM UPDATE

DATE	Description
08/03/20	SAME DAY Program: retail pharmacies. Card + RX. Except ARVs, I
08/12/20	Face-2-Face Meetings (in-person): No longer required.
09/04/20	EO: 60-day Lab Requirement Suspension until 11/07/20
11/05/20	EO: 60-day Lab Requirement Suspension until 01/04/21
12/29/20	EO: 60-day Lab Requirement Suspension until 02/26/21

ADAP-Miami EMERGENCY RESPONSE

DATE	Service	Description	# *
03/25/20	Emergency Response	Drive-Thru & Walk-Up Services (~75+%/24%)	10,778
03/25/20	Medication Delivery	Delivery by UPS - Expansion	549
04/07/20	60-DAY Dispensing	OPEN / RXs & 2+ Refills / No TX gaps	5,891
07/13/20	90-DAY Dispensing	OPEN / RXs & 3+ Refills / No TX gaps	2,557
07/20/20	CHD Pharmacy	CHD Ph Mail Order - UPS / New Service	220

OFFICIAL ADAP-MIAMI CONTACT INFORMATION

Fax #	e-Mail Address	Mailing Address
786-420-3082	ADAP.FLDOHMDC@flhealth.gov	2515 W Flagler St. Mi

Additional information available at www.ADAPMiami.com or ADAP.FLDOHMDC@flhealth.gov

Ron DeSantis
Governor

Dr. A. Rivkees, MD
State Surgeon General

January-21

TOTAL YTD
584
7,769
5,544

Feb-21	Mar-21

TOTAL YTD
\$25,339,618.04
41,242
14,101
2.9
\$1,797.01
\$614.41

Feb-21	Mar-21

Step Cs

Address
Tampa, FL 33135.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee Friday, January 22, 2021

9:30 a.m. – 11:00 a.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

- | | | |
|-------|---|-----------------|
| I. | Call to Order | Carlos Palacios |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Roll Call | All |
| IV. | Review/Approve Agenda | All |
| V. | Floor Open to the Public | Carlos Palacios |
| VI. | Review/Approve Minutes of October 23, 2020 | All |
| VII. | Reports -Q & A | All |
| VIII. | Standing Business | |
| | • Letters of Medical Necessity Review | All |
| IX. | New Business | |
| | • Officer Elections | All |
| | • Work plan Review | All |
| | • Annual Disclosure forms | All |
| | • Discussion on medroxyprogesterone acetate | All |
| X. | Announcements (copies on file) | Marlen Meizoso |
| XI. | Next Meeting: February 26, 2021 at Main Library- Auditorium | Carlos Palacios |
| XII. | 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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

To: Medical Care Subcommittee

Date: January 22, 2021

Regarding: Letters of Medical Necessity

This packet contains all ten current letters of medical necessity. The letters have been numbered for discussion purposes. The Subcommittee is tasked with the following:

- 1) Determining are the letters still needed. Utilization information has been provided for the items. If not, making a motion to discontinue usage.
- 2) If letters will still be used, introductory phrasing varies greatly (see box below). Should one phrasing be selected, if so which one?

Phrasing options:	Letter of Medical Necessity (#)
Primary medical provider	3
Primary care physician treating	6,7,9
Primary medical caretaker	1
Prescribing healthcare provider	2
Prescribing practitioner treating	8
Licensed medical provider	10

- 3) Does any additional language need to be added?
- 4) Staff recommendations are highlight in yellow and red type. These suggestions are updates to language or corrections.

Last Five Year Utilization for
Current Letters of Medical Necessity

	FY 2016-2017					FY 2017-2018					FY 2018-2019				
	Und. Clients	Total Rx/Svc	Total Cost for Rx/Svc	% of Total Expenditure	Total FY Expenditure for LAPD/OAHS	Und. Clients	Total Rx/Svc	Total Cost for Rx/Svc	% of Total Expenditure	Total FY Expenditure for LAPD/OAHS	Und. Clients	Total Rx/Svc	Total Cost for Rx/Svc	% of Total Expenditure	Total FY Expenditure for LAPD/OAHS
Antiretroviral Assay Letter for Phenotype Test (87903, 87904)	25	54	\$23,157.43	0.376%	\$6,158,906.00	13	25	\$13,005.23	0.190%	\$6,847,772.00	17	33	\$14,825.32	0.163%	\$9,112,521.00
Aptivus (tipranavir TPV) (RX0314)															
Fuzeon (enfuvirtide ENF, T-20) (RX0301)															
Neupogen (filgrastim) (Rx0701)															
Procrit or Epogen (erythropoietin/epoetin alpha) (RX0700)	1	1	\$1,196.07	0.153%	\$782,605.00										
Roxicodone (oxycodone) (RX0103)	1	3	\$31.50	0.004%	\$782,605.00	1	2	\$775.28	0.176%	\$441,202.00	1	10	\$126.63	0.147%	\$86,210.00
Sporonox (itraconazole) oral solution (RX0523)															
Delatestryl (testosterone enanthate injection) (RX1204)															
High Sensitive Tropism Assay for Maraviroc (Selzentry) (553100, 829670) These are not included in the SDIS list, used 9940134 for Tropism Assay instead															

Last Five Year Utilization for
Current Letters of Medical Necessity

	FY 2019-2020					FY 2020-2021				
	Und. Clients	Total Rx/Svc	Total Cost for Rx/Svc	% of Total Expenditure	Total FY Expenditure for LAPD/OAHS	Und. Clients	Total Rx/Svc	Total Cost for Rx/Svc	% of Total Expenditure	Total FY Expenditure for LAPD/OAHS
Antiretroviral Assay Letter for Phenotype Test (87903, 87904)	23	45	\$15,993.22	0.170%	\$9,391,615.00	3	6	\$2,241.41	0.054%	\$4,187,479.41
Aptivus (tipranavir TPV) (RX0314)										
Fuzeon (enfuvirtide ENF, T-20) (RX0301)										
Neupogen (filgrastim) (Rx0701)	1	3	\$1,024.47	1.771%	\$57,843.00					
Procrit or Epogen (erythropoietin/epoetin alpha) (RX0700)										
Roxicodone (oxycodone) (RX0103)	10	14	\$158.37	0.274%	\$57,843.00	1	1	\$4.64	0.019%	\$24,680.45
Sporonox (itraconazole) oral solution (RX0523)										
Delatestryl (testosterone enanthate injection) (RX1204)										
High Sensitive Tropism Assay for Maraviroc (Selzentry) (553100, 829670) These are not included in the SDIS list, used 9940134 for Tropism Assay instead										

**RYAN WHITE PROGRAM
 LETTER OF MEDICAL NECESSITY FOR
 ANTIRETROVIRAL PHENOTYPE RESISTANCE ASSAYS FOR EXPERIENCED PATIENTS
COVERAGE IS LIMITED TO A MAXIMUM OF ONE PHENOTYPE IN ANY CONSECUTIVE 12-MONTH PERIOD.
 (NOT REQUIRED FOR VIRTUAL PHENOTYPE TESTS)**

Date: _____

As the **primary medical caretaker** for _____ it is my considered opinion that he/she requires HIV phenotypic resistance testing. The following criteria have been met:

1. The patient at any time in the past has failed two (2) or more antiretroviral (ARV) regimens;
2. Results of at least one, preferably more, prior genotype(s) must be available in the chart and Resistance to two or more drugs per class in at least two classes of ARVs is present on prior genotype(s);

AND ONE OF THE FOLLOWING (check-off the appropriate condition below):

___ Prior genotype(s) show(s) resistance to at least 2 PIs other than ritonavir and use of a PI is being considered;

OR

___ Lopinavir/ritonavir is being considered in a PI-experienced patient with four or more mutations associated with resistance to lopinavir/ritonavir on a prior genotype;

OR

___ Four or more mutations at codons associated with PI cross-resistance are present;

OR

___ M184V mutation is present in the presence of 3 or more NRTI-associated mutations (NAMs);

OR

___ K65R mutation is present, or other mutations associated with NRTI cross-resistance (69 insertion complex or 151 complex);

OR

___ Rescue ARV regimens guided by results of two or more prior genotypes have failed to suppress viral replication, whether mutations present or not, and the patient has been determined to be adherent on re-evaluation. (Requires a minimum of two prior genotypes.)

I understand HIV phenotypic resistance testing for experienced patients may only be ordered under the following conditions:

1. The above criteria have been met and are fully documented in the patient’s medical record;
2. Adherence has been discussed with the patient on an on-going basis as part of his/her medical treatment, and it has been determined that the patient is fully adherent with his/her current ART regimen;
3. The patient’s plasma HIV RNA (viral load) at the time of testing must be at least 1000 co/ml within the past month (attach copy to letter of medical necessity);
4. The patient must be on antiretroviral medications at the time of testing.

Sincerely, _____, M.D./**D.O./P.A./A.P.R.N.**

Print M.D./**D.O./P.A./A.P.R.N.** name

Florida Medical License # (ME#)

Patient’s 10 digit Medicaid # (if applicable)

Patient’s CIS # (assigned by the Ryan White Program **Provide** System)

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

RYAN WHITE PROGRAM
Letter of Medical Necessity to Accompany Prescription for Tipranavir (Aptivus®)

Date: _____

As the **prescribing healthcare provider** for _____, I consider it to be medically necessary to add Tipranavir (Aptivus®) to this patient’s antiretroviral regimen.

In addition, I hereby certify that the following criteria have been met:

1. The patient has failed treatment with Lopinavir/ritonavir (Kaletra®) and all three classes of antiretrovirals;

-AND-

2. I have fully discussed all issues and consequences related to non-adherence with the patient.

Sincerely,

_____, M.D./**D.O./P.A./A.P.R.N.**

Print M.D./**D.O./P.A./A.P.R.N.** name

Florida medical license # (ME#)

Patient’s 10 digit Medicaid # (if applicable)

Patient’s CIS # (assigned by the Ryan White Program **Provide** System)

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

**RYAN WHITE PROGRAM
Letter of Medical Necessity to Accompany Prescription for
Enfuvirtide (Fuzeon®)**

Date: _____

As the **primary medical provider** for _____, I consider it to be medically necessary to add Enfuvirtide (Fuzeon®) to this patient’s antiretroviral regimen.

This patient has been on Enfuvirtide (Fuzeon®) through another funding source but this funding source is no longer available. This condition necessitates Ryan White Program coverage for continuity of care.

In addition, the patient meets one (1) of the following (check-off the appropriate criteria below):

The patient is eligible for the AIDS Drug Assistance Program (ADAP) and there is a completed application pending approval. A new prescription is allowed for a maximum of **60 days** and no refill authorizations are accepted.

-OR-

The patient is not eligible for ADAP and must be covered under the Ryan White Program pending another payment source. A new prescription is allowed for a maximum of **90 days** and no refill authorizations are accepted.

_____, M.D./**D.O./P.A./A.P.R.N.**

Print M.D./**D.O./P.A./A.P.R.N.**'s name

Florida medical license # (ME#)

Patient’s 10 digit Medicaid # (if applicable)

Patient’s CIS # (assigned by the Ryan White Program **Provide** System)

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

**RYAN WHITE PROGRAM
Letter of Medical Necessity for Neupogen® (Filgrastim)**

Recipient's Full Name: _____ Date of Birth: _____ / _____ / _____

Patients CIS# (assigned by the Ryan White Program Provide System) _____

Prescriber Full Name: _____ Prescriber License #: (M.D., D.O.,P.A., A.P.R.N.) _____

Prescriber Telephone #: _____ Prescriber Fax #: _____

Drug Strength: _____

Please check below the diagnosis or indication for this product:

- Severe neutropenia in AIDS patients on antiretroviral therapy
- Severe Chronic Neutropenia: congenital cyclic idiopathic
- Cancer patients with HIV/AIDS receiving myelosuppressive chemotherapy

Select one of the following:

New Therapy **OR** Continuation of Therapy

Lab Test Date: _____ Absolute Neutrophil Count: _____ cells/mm3

What is the date range of therapy? Begin Date: _____ End Date: _____

Indicate dosage and frequency of dosing: _____

Prescriber's Signature: _____

Please attach a copy of the original prescription and lab results dated within the last two (2) months to this document.

Fax information to:

<u>Ryan White Program-funded Pharmacy</u>	<u>Phone Number</u>	<u>Fax Number</u>
AIDS Healthcare Foundation (NW 170 th St.)	(305) 758-1984	(305) 758-8714
AIDS Healthcare Foundation (Biscayne Blvd.)	(305) 764-3780	(305) 764-3784
AIDS Healthcare Foundation (Miami Beach)	(305) 538-5914	(305) 538-1730
AIDS Healthcare Foundation (S. Miami Ave.)	(305) 534-1294	(305) 534-8311
Citrus Health Network	(305) 825-0300, Ext. 2770	(305) 556-2580
Community Health of South Florida (Doris Ison)	(305) 253-5100	(305) 254-7795
Community Health of South Florida (MLKJCC)	(305) 248-4334	(305) 246-1016
Miami Beach Community Health Ctr (Alton Rd.)	(305) 538-8835, Option 41	(305) 695-2156
Miami Beach Community Health Ctr. (Bev. Press)	(305) 538-8835, Option 42	(305) 867-4312
Miami Beach Community Health Ctr. (North)	(305) 538-8835, Option 43	(305) 695-2168
Public Health Trust / Jackson Health System	(305) 585-5890	(305) 585-0088

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

RYAN WHITE PROGRAM
Letter of Medical Necessity for Procrit® or Epogen® (both Epoetin Alpha)

Recipient's Full Name: _____ Date of Birth: _____/_____/_____

Patient's CIS# (assigned by the Ryan White Program Provide System)

Prescriber Full Name: _____ Prescriber License #: (M.D., **D.O., P.A., A.P.R.N.**) _____

Prescriber Telephone #: _____ Prescriber Fax #: _____

Drug Strength: _____

Please check below the diagnosis or indication for this product:

- Anemia associated with HIV
- Anemia associated with renal failure if patient is not on dialysis
- Anemia associated with chemotherapy
- Other _____

Select one of the following:

New Therapy **OR** Continuation of Therapy

Does the patient have active gastrointestinal bleeding? YES **OR** NO

Lab Test Date: _____ Hematocrit: _____ % Hemoglobin: _____ g/dl

Indicate dosage and frequency of dosing: _____

Prescriber's Signature: _____

Please attach a copy of the original prescription and lab results dated within the last two (2) months to this document.

Fax information to:

<u>Ryan White Program-funded Pharmacy</u>	<u>Phone Number</u>	<u>Fax Number</u>
AIDS Healthcare Foundation (NW 170 th St.)	(305) 758-1984	(305) 758-8714
AIDS Healthcare Foundation (Biscayne Blvd.)	(305) 764-3780	(305) 764-3784
AIDS Healthcare Foundation (Miami Beach)	(305) 538-5914	(305) 538-1730
AIDS Healthcare Foundation (S. Miami Ave.)	(305) 534-1294	(305) 534-8311
Citrus Health Network	(305) 825-0300, Ext. 2770	(305) 556-2580
Community Health of South Florida (Doris Ison)	(305) 253-5100	(305) 254-7795
Community Health of South Florida (MLKJCC)	(305) 248-4334	(305) 246-1016
Miami Beach Community Health Ctr (Alton Rd.)	(305) 538-8835, Option 41	(305) 695-2156
Miami Beach Community Health Ctr. (Bev. Press)	(305) 538-8835, Option 42	(305) 867-4312
Miami Beach Community Health Ctr. (North)	(305) 538-8835, Option 43	(305) 695-2168
Public Health Trust / Jackson Health System	(305) 585-5890	(305) 585-0088

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

**RYAN WHITE PROGRAM
Letter of Medical Necessity
for Roxicodone (Oxycodone) and Percocet (Oxycodone/APAP)**

Date: _____

As the **primary care physician treating** _____ and in accordance with F.A.C. 64B8-9.013 ¹ it is my considered opinion that (check **one** of the following)

Roxicodone (Oxycodone)

Percocet (Oxycodone/APAP) 5/325 *generic only*

The patient's diagnosis for this medication is _____. This diagnosis is related to the patient's HIV/AIDS status, complication of HIV or HIV-related co-morbidity because: _____
_____. The above medication will be prescribed for _____ (length of time) at a strength of _____ with a frequency of _____ (e.g., bid).

- I have documented that other pain medications have been used and have failed or were not tolerated.
- I have discussed the issue of dependency with the patient.

I attest the above conditions have been met and are fully documented in the patient's medical record.

Sincerely,

_____, M.D./**D.O./P.A./A.P.R.N.**

Print M.D./**D.O./P.A./A.P.R.N.** name

Florida Medical License # (ME#)

Patient's 10 Digit Medicaid # (if applicable)

Patient's CIS # (ID number assigned by the Ryan White Program **Provide** System)

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Partnership Approved 10/16/2017

¹ Florida Administrative Code 64B8-9.013 Standards for the Use of Controlled Substances for the Treatment of Pain. Specific Authority Florida Statute 458.309 and 458.331.

64B8-9.013 Standards for the Prescribing of Controlled Substances for the Treatment of Acute Pain.

The standards of practice in this rule do not supersede the level of care, skill and treatment recognized in general law related to healthcare licensure. All physicians and physician assistants who are authorized to prescribe controlled substances shall comply with the following:

(1) Definitions.

(a) Acute Pain. For the purpose of this rule, “acute pain” is defined as the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. The term does not include pain related to:

1. Cancer.

2. A terminal condition. For purposes of this subparagraph, the term “terminal condition” means a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered to be reversible without the administration of life-sustaining procedures, and will result in death within 1 year after diagnosis if the condition runs its normal course.

3. Palliative care to provide relief of symptoms related to an incurable, progressive illness or injury.

4. A traumatic injury with an Injury Severity Score of 9 or greater.

(b) Prescription Drug Monitoring Program (PDMP) or “the system.” For the purpose of this rule, the prescription drug monitoring system is defined as the Florida Department of Health’s electronic system to collect and store controlled substance dispensing information as set forth in section 893.055, F.S.

(c) Substance Abuse. For the purpose of this rule, “substance abuse” is defined as the use of any substances for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

(2) Standards. The nature and extent of the requirements set forth below will vary depending on the practice setting and circumstances presented to the clinician. The Board has adopted the following standards for the prescribing of controlled substances for acute pain:

(a) Evaluation of the Patient. A medical history and physical examination appropriate for the patient’s clinical condition must be conducted and documented in the medical record. The medical record also shall document the presence of one or more recognized medical indications for the use of a controlled substance.

(b) Treatment Plan. The written treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned including non-opioid medications and therapies if indicated. After treatment begins, the physician shall adjust medication therapy, if necessary, to the individual medical needs of each patient.

(c) Informed Consent and Agreement for Treatment. The physician shall discuss the risks and benefits of the use of controlled substances including the risk of abuse and addiction as well as physical dependence with the patient, persons designated by the patient, or with the patient’s surrogate or guardian if the patient is incompetent. The discussion shall also include expected pain intensity, duration, options, use of pain medications, non-medication therapies, and common side effects. Special attention must be given to those pain patients who are at risk of misuse or diversion of their medications.

(d) Periodic Review. Based on the circumstances presented, the physician shall review the course of treatment and any new information about the etiology of the pain. Continuation or modification of therapy shall depend on the physician’s evaluation of the patient’s progress. If treatment goals are not achieved, despite medication adjustments, the physician shall reevaluate the patient and determine the appropriateness of continued treatment. The physician shall monitor patient compliance of medication usage and related treatment plans.

(e) Consultation. The physician shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation, and may require consultation with or referral to an expert in the management of such patients.

(f) Medical Records. The physician is required to keep accurate and complete records to include, but not be limited to:

1. The medical history and a physical examination, including history of drug abuse or dependence, if indicated;
2. Diagnostic, therapeutic, and laboratory results;
3. Evaluations and consultations;
4. Treatment objectives;
5. Discussion of risks and benefits;

6. Treatments;
 7. Medications (including date, type, dosage, and quantity prescribed);
 8. Instructions and agreements;
 9. Drug testing results if indicated;
 10. Justification for deviation from the 3-day prescription supply limit for a Schedule II opioid controlled substance for acute pain;
 11. Outline of problems encountered when attempting to consult the Prescription Drug Monitoring Program (PDMP) or its successor, if the system was non-operational or the clinician, or his or her designee, is unable to access the PDMP due to a temporary technological or electrical failure; and
 12. Periodic reviews. Records must remain current, maintained in an accessible manner, readily available for review, and must be in full compliance with rule 64B8-9.003, F.A.C., section 456.057, F.S., and section 458.331(1)(m), F.S.
- (g) Compliance with Laws and Rules. Physicians and physician assistants shall at all times, remain in compliance with this rule and all state and federal laws and regulations addressing the prescribing and administration of controlled substances.

Rulemaking Authority 456.44(4), 458.309(1), 458.331(1)(v) FS. Law Implemented 456.44, 458.326, 458.331(1)(g), (t), (v) FS. History—New 12-21-99, Amended 11-10-02, 10-19-03, 10-17-10, 2-21-19.

**RYAN WHITE PROGRAM
Letter of Medical Necessity for Sporanox (Itraconazole)**

Date: _____

As the **primary care physician treating** _____, I consider it medically necessary to prescribe Sporanox (Itraconazole). The medication will be utilized to treat **ONLY** one of the following two conditions (please check one box):

<input type="checkbox"/>	Histoplasmosis
<input type="checkbox"/>	Aspergillosis

The diagnosis above is fully documented in the patient's medical record.

Sincerely,

_____, M.D./**D.O./P.A./A.P.R.N.**

Print M.D./**D.O./P.A./A.P.R.N.** name

Florida medical license # (ME#)

Patient's 10 digit Medicaid # (if applicable)

Patient's CIS # (assigned by the Ryan White Program **Provide** System)

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

RYAN WHITE PROGRAM
Letter of Medical Necessity (LOMN) for Testosterone Supplementation
 (A LOMN must accompany each prescription*)

** Exclusion: This form is not required for clients with gender dysphoria who are prescribed testosterone. Please ensure a related notation is included in the medical record and on the prescription.*

Date: _____

As the **prescribing practitioner treating** _____, I intend to place this patient on testosterone supplementation (duration may NOT exceed 12 months). I have educated the patient on the consequences of testosterone supplementation and have explained the risks associated with this therapy, including venous blood clots, increased risk of heart attacks and strokes, worsening of undiagnosed prostate cancer and benign prostatic hyperplasia. Hemoglobin levels must be monitored and documented in the patient chart.

I certify that the patient (mark all that apply):

___ has a documented low (<350 ng/dL) testosterone lab level at initiation of therapy or low level of free testosterone.

OR

___ has a documented history of testosterone therapy but has discontinued therapy for 60 calendar days to re-evaluate levels and still has a documented low (<350 ng/dL) testosterone lab level;

AND/OR

___ has primary hypogonadism, in which there is low testosterone accompanied by increased follicle-stimulated hormone and increased luteinizing hormone. Common causes include: Klinefelter’s syndrome, anorchism, undescended testicles, mumps orchitis, hemochromatosis, injury to testicles, cancer treatment, and normal aging;

AND/OR

___ has secondary hypogonadism, in which there is low testosterone accompanied by low to normal follicle-stimulated hormone and luteinizing hormone. Common causes include: Kallmann syndrome, pituitary disorders, inflammatory diseases, HIV/AIDS, medications, obesity, and stress-induced hypogonadism;

AND

___ is physically symptomatic (e.g. malaise, fatigue, lethargy, muscle loss, depression, decreased bone mass or bone mineral density, etc.).

The following restriction is placed on the medications: Maximum dose is **400 mg per month** unless clinically indicated per labs. **Labs (testosterone: total and free, CBC, PSA) must be submitted to the pharmacy with this letter, and if medication is continued, every 6 months thereafter.**

_____, M.D./**D.O./P.A./A.P.R.N.**

Print M.D./**D.O./P.A./A.P.R.N.** name

Florida medical license # (MEO #)

Patient’s 10-digit Medicaid # (if applicable)

Patient’s CIS # (assigned by the Ryan White **Provide** System)

Please note: All questions should be addressed to Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietician, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client files (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

LAB TEST

RYAN WHITE PROGRAM

Letter of Medical Necessity for the Highly Sensitive Tropism Assay required to prescribe Maraviroc (Selzentry®)

(Required only when the cost of the assay is not covered by any other funding source, including ViiV Healthcare.)

Date: _____

As the **primary care physician treating** _____, I intend to add Maraviroc (Selzentry) to this patient’s antiretroviral regimen which will contain the following two other agents: _____ and _____.

I certify the client (patient) is not eligible for ViiV Healthcare’s Tropism Access Program (TAP) or any other payment source;

I understand the Highly Sensitive Tropism Assay may only be ordered under the following conditions:

1. The above criterion has been met and is fully documented in the patient’s medical record;
 2. Adherence has been discussed with the patient on an on-going basis as part of his/her medical treatment, and it has been determined that the patient is satisfactorily adherent with his/her current ART regimen;
- and
3. Patient does not have a history of dual/mixed tropism.

Sincerely,

_____, M.D./**D.O./P.A./A.P.R.N.**

Print M.D./**D.O./P.A./A.P.R.N.** name _____

Florida medical license # (ME#) _____

Patient’s 10 digit Medicaid # (if applicable) _____

Patient’s CIS # (assigned by the Ryan White Program **Provide** System) _____

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

RYAN WHITE PROGRAM NUTRITIONAL SUPPLEMENTS REFERRAL

Physician Letter of Medical Necessity for Supplementation in ADULTS

(This form serves as a referral; the medical provider should maintain a copy of this form in the patient file.)

Date: _____

As the **licensed medical provider** for _____, who has a diagnosis of HIV/AIDS, it is my considered opinion that he/she requires and meets the criteria indicated below for nutritional supplements.

Patient must meet **at least two (2)** of the criteria listed below. (Dispensing limited to 4 bottles of any combination per month)

Please check all that apply:

<input type="checkbox"/> Current body weight < 10% IBW/UBW
<input type="checkbox"/> BodyMass Index (BMI) <20
<input type="checkbox"/> Recent illness/hospitalization that will interfere with patient's ability to consume or tolerate adequate non-supplemental nutrition
<input type="checkbox"/> Dysphagia and/or odonyphagia where commercial supplements are the only source of nutrition tolerated
<input type="checkbox"/> Inadequate living conditions or inability to buy/prepare meals
<input type="checkbox"/> Inability to understand and or follow nutritional recommendations
Weight loss of: <input type="checkbox"/> 5% of the initial/baseline weight over the past month -OR- <input type="checkbox"/> 7.5% over the past 3 months-OR- <input type="checkbox"/> More than 10% within the last 6 months
<input type="checkbox"/> Failure to gain/maintain weight in the past when following a dietary regimen to promote weight gain
<input type="checkbox"/> Body Cell Mass (BCM) < 40% (MALES) or BCM < 35% (FEMALE) of IBW
<input type="checkbox"/> Diarrhea/malabsorption with > 3 large, liquid stools/day
<input type="checkbox"/> Serum albumin < 3.5g/dl/Serum prealbumin (if available) <16mg/dl

I understand this patient's nutrition status must be evaluated by a Dietitian/Nutritionist no less than every 90 days.
Re-evaluation is due at _____, (Number of refills authorized cannot exceed this period of time.)
mm/dd/yy

I believe that nutritional supplements are medically indicated in this case and I have referred this patient for a professional Nutritional Assessment at _____
Location

Sincerely,

_____, M. D. / D.O. **/P.A./A.P.R.N**
SIGNATURE

PRINT **M.D./D.O./P.A./A.P.R.N.** NAME

Florida Medical License #

Please note: All questions should be directed to the Office of Management and Budget-Grants Coordination/Ryan White Program, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.). Pursuant to the most current Professional Service Agreement for Ryan White Program-funded services, the service provider must make available to Miami-Dade County access to all client charts (including electronic files), service utilization data, and medical records pertaining to this Agreement during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

RYAN WHITE PROGRAM NUTRITIONAL SUPPLEMENTS

(To be completed by the dietitian; the original of page 1 and a copy of page 2 must be maintained in the dietitian's patient file. A copy of page 1 and the original of page 2 should be forwarded to the pharmacy.)

Patient Name: _____ Date: _____

Please document patient:

Height: _____		Total Calories needed: _____ g/kg/per day
ABW: _____	<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs	Total Protein needed: _____ g/kg/per day
IBW: _____	<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs	Total Carbohydrates needed: _____ g/kg/per day
UBW: _____	<input type="checkbox"/> Lbs <input type="checkbox"/> Kgs	Days Supply: _____

PRESCRIPTION

NOTE: 1 Serving = 2 Scoops

Ultra Meal Advance Protein Powder - ___No. of **SERVINGS per DAY** (Only French Vanilla flavor available)
Number of Refills Authorized _____
(Number of refills authorized cannot exceed period of time for re-evaluation every 90 days by nutritionist/dietitian)

IgG Pure - ___No. of **SERVINGS per DAY** (Only natural flavor available)
Number of Refills Authorized _____
(Number of refills authorized cannot exceed period of time for re-evaluation every 90 days by nutritionist/dietitian)

NUTRITIONAL PLAN FOR SUPPLEMENTS

I. INITIAL Consultation: Date: _____ Weight: _____

Patient assessed/instructed by Registered Dietitian/Nutritionist: **(Please check the appropriate box)**

Nutritional supplements **recommended** Nutritional supplements **NOT recommended**

II. FOLLOW-UP Visit: Date: _____ Weight: _____

Patient re-assessed for progress: **(Please check the appropriate box)**

Nutritional supplements **continued** Nutritional supplements **discontinued**

III. ADDITIONAL FOLLOW-UP Visit: Date: _____ Weight: _____

Patient re-assessed for progress: **(Please check the appropriate box)**

Nutritional supplements **continued** Nutritional supplements **discontinued**

SIGNATURE
(Registered Dietitian/Nutritionist)

PRINT NAME
(Registered Dietitian/Nutritionist)

Dietitian/Nutritionist Florida License #

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee Friday, January 22, 2021

9:30 a.m. – 11:00 a.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

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| I. | Call to Order | Carlos Palacios |
| II. | Meeting Housekeeping and Rules | Marlen Meizoso |
| III. | Roll Call | All |
| IV. | Review/Approve Agenda | All |
| V. | Floor Open to the Public | Carlos Palacios |
| VI. | Review/Approve Minutes of October 23, 2020 | All |
| VII. | Reports -Q & A | All |
| VIII. | Standing Business | |
| | • Letters of Medical Necessity Review | All |
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| | • Work plan Review | All |
| | • Annual Disclosure forms | All |
| | • Discussion on medroxyprogesterone acetate | All |
| X. | Announcements (copies on file) | Marlen Meizoso |
| XI. | Next Meeting: February 26, 2021 at Main Library- Auditorium | Carlos Palacios |
| XII. | Adjournment | Carlos Palacios |

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Memo

To: Medical Care Subcommittee Members

From: Marlen Meizoso

Date: January 8, 2020

Re: 2021 Elections

At the next Medical Care Subcommittee meeting, we will be holding elections for a Chair and Vice-Chair.

Any eligible candidates interested in being on the ballot as an officer must contact me by January 20, 2021.

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

- Each standing committees, subcommittees, or workgroups 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.
- 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.

Based on the Bylaws requirements for officers, all current members are eligible for either position except for Carla Valle-Schwenk and Dr. Javier Romero.

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 January 20, 2021.



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**Medical Care Subcommittee
Calendar of Activities 2021**

Month	Activities							Notes
	Officer Elections	Conflict of Interest Forms/Financial Disclosure Forms	Outpatient/Ambulatory Medical Care Standards	Allowable Medical Conditions, as needed	Ryan White Prescription Drug Formulary, as needed	Oral Health Care Items	Committee Items (items added as needed)	
January	x	x					x	elections, disclosures, letters of medical necessity
February		x					x	
March		x					x	
April							x	
May							x	
June	N	N	N	N	N	N	N	
July							x	
August							x	
September							x	
October							x	
November							x	
December	N	N	N	N	N	N	N	
Comments: N=no meeting								



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**MEDICAL CARE SUBCOMMITTEE
ANNUAL DISCLOSURE FORM
Attachment 1**

Please list all drug-company related activities for you and your immediate relatives in the categories below. Include information covering the past 24 months. If necessary, attach additional pages. If you have had no activity in an area, please write "none".

Name: _____

Drug Company Funded Research

Drug Company Consultancies

Drug Company Advisory Panels

Drug Company Funded Honoraria

Drug Company Employment



Drug Company Stock Ownership

[Include direct and indirect (e.g., through a spouse or a trust) stock or other equity interest (e.g., stock options).
Exclude diversified mutual funds that are not pharmaceutical industry sector funds]

Expert Testimony

Drug Company Gifts

[value greater than \$10)

Other

Signature: _____ Date: _____



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Discussion Topic: medroxyprogesterone acetate

Back in 2015 the Partnership restricted access to J1050 (Depo-Provera-medroxyprogesterone acetate injectable) under Outpatient/Ambulatory Health Services as a prevention therapy that also was available through a Patient Assistance Program. Sometime after MCSC made the restriction to J1050 in 2015, the HRSA Policy Clarification Notice 16-02 (PCN 16-02 RWHAP Services Eligible Individuals and Allowables Uses of Funds (hrsa.gov) allows for preventive care under Outpatient/Ambulatory Health Services. Dr. Beal gave his opinion that Depo-Provera should be considered preventive care. This affects the current restriction for J1050 (Depo-Provera) under Outpatient/Ambulatory Health Services (OAHS).

1) With this understanding, does the Subcommittee wish to recommend that the Ryan White Part A program remove the related restriction for J1050 under OAHS?

The formulation(s) allowable for medroxyprogesterone acetate on the Part A Formulary need clarification, with the understanding that the Ryan White Part A Program is the payer of last resort. Notably, if the medication can be picked up from ADAP pharmacy, the Part A program could pay to administer the injection through Part A/MAI OAHS, if the ADAP Pharmacy still is unable to provide this service.

Medical Care Subcommittee recommended the Partnership add Provera (medroxyprogesterone acetate) (RX1212) to the Part A Formulary in June 2020.

2) What formulations of medroxyprogesterone are covered under the Part A Formulary? What Brands should be referenced in the Part A formulary?



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Community Newsletter


The Partnership's **Community Newsletter**, *News and Information for the HIV/AIDS Community of Miami-Dade County*, is a bi-weekly email notice to **more than 1,800** community members. All items listed in the *Newsletter* appear on AIDSNET.org.




[Click here](#) to learn how to contribute to *Community Newsletter*. Click below for recent editions. Please note, links to dated items may have been removed.



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the grant number H89HA00005, CFDA #93.914 – HIV Emergency Relief Project Grants, as part of a Fiscal Year 2020 award totaling \$26,633,082 as of April 8, 2020, with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. government.


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