



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee Friday, June 24, 2022

9:30 a.m. – 11:30 a.m.

Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 240  
Miami, FL 33134 and Zoom

### AGENDA

I.	Call to Order	James Dougherty
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	James Dougherty
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of April 22, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Membership Vacancies	Marlen Meizoso
	• Partnership Report (reference only)	Marlen Meizoso
VIII.	Standing Business	
	• Oral Health Care: Restrictions on Restoration Implants	All
	• Gender Affirming Care Letter	All
	• HIV and Aging-Four Topics	All
IX.	New Business	
X.	Announcements	All
XI.	Next Meeting: <b>July 22, 2022</b> at <b>BSR</b>	James Dougherty
XII.	Adjournment	James Dougherty

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

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



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# Meeting Housekeeping

## Miami-Dade HIV/AIDS Partnership, Committees, and Subcommittee

Updated June 21, 2022  
*BSR Version*

# Disclaimer & Code of Conduct

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- Audio of this meeting 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.

# Language Matters!

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In today's world, there are many words that can be stigmatizing.

Here are a few suggestions for better communication.



www.aidsnet.org

Remember **People First** Language . . .

*People* with HIV, *People* with substance use disorders, *People* who are homeless, etc.

Please don't say **RISKS** . . .

Instead, say **REASONS**.

Please don't say, **INFECTED with HIV** . . .

Instead, say **AQUIRED HIV, DIAGNOSED with HIV, or CONTRACTED HIV.**

Please **do not** use these terms . . .

**Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .**

# Resource Persons

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- Behavioral Science Research Corp. (BSR) 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

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- Per County mandate, masks are no longer required to be worn in County buildings but because meeting attendees may be immunocompromised, attendees are asked to wear a mask at all meetings. While masking cannot be enforced, we hope you will respect the health concerns of members and guests and choose to wear a mask for the duration of each meeting. Mask are available from staff.
- Place cell phones on mute or vibrate.
  - ❖ *If you must take a call, please excuse yourself from the meeting.*
- Only voting members and applicants should be seated at the meeting table.
  - ❖ *You may move your chair if concerned about social distancing.*

# Meeting Participation

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- **Important!** *Please raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.*
- All speakers must be recognized by the Chair.
  - ❖ *Raise your hand 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.



# Attendance

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

# Parking

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- *Please write your car tag (license plate) number on the **SIGN IN** sheet to have your parking validated.*

# 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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## **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**  
**Behavioral Science Research**  
**2121 Ponce de Leon Blvd., Ste. 230**  
**Coral Gables, FL 33134 and Zoom**  
**April 22, 2022**

#	Members	Present	Absent	Guests	
1	Baez, Ivett	x		Brad Mester*	
2	Bauman, Dallas		x	Angela Ortiz	
3	Cortes, Wanda	x		Myka Osorio*	
4	Dougherty, James	x		Matthew Tochtenhagen*	
5	Friedman, Lawrence	x		Tatiana Williams*	
6	Goubeaux, Robert	x		Carla Valle-Schwenk	
7	Palacios, Carlos		x	Christian A. Ysea	
8	Pinero, Carmen		x	Nic Zantop*	
9	Romero, Javier	x			
10	Thornton, Darren	x			
11	Torres, Johann	x		<b>Staff</b>	
12	Vasquez, Silvana		x	Robert Ladner	
<b>Quorum: 5</b>				<b>*virtual attendance</b>	
				Marlen Meizoso	

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

**I. Call to Order**

Dr. Roberto Goubeaux, the Chair, called the meeting to order at 9:47 a.m. He introduced himself and welcomed everyone.

**II. Meeting Rules and Housekeeping**

James Dougherty reviewed the meeting rules and housekeeping presentation (copy on file), which provided the ground rules and reminders for the meeting. He identified Behavioral Science Research (BSR) staff as resource persons for the meeting. If anyone had any questions, BSR would be available to answer them 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**

Mr. Dougherty 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 and accepted it as presented.

**Motion to accept the agenda as presented**

**Moved: Dr. Lawrence Friedman**

**Second: Wanda Cortes**

**Motion: Passed**

#### VI. Special Discussion: Gender-Affirming Care

*All*

The Subcommittee dedicated time on the agenda for guests and/or Part A/MAI clients to discuss gender affirming care. Nic Zantop, Transinclusive, provided the following input:

- All clinical staff from start (front office staff) to finish (physician) should provide gender affirming culturally competent care. Having negative experience discourages clients from continuing to seek care.
- There is a Transgender Medical Consortium being offered in May. *Information on this item was sent earlier via email to Subcommittee members.*
- SunServe and Transinclusive, as well as other transinclusive organizations, offer trainings to the community to raise cultural competency on transgender care.
- Transinclusive Group and other organization do keep a list of providers to refer that are transfriendly.
- There are legal barriers which cause barriers to housing, employment, or general safety.
- Name changes are time consuming processes, including getting a new ID, and this process is a barrier to accessing care.
- Transinclusive offers technical assistance for providers (e.g., for providers needing help supporting a client undergoing gender transition).
- Transinclusive is joining other community partners such as the Human Rights Campaign to combat legislation that is anti-trans and guidelines forwarded by the Department of Health.
- The current situation is frustrating since there are constant attacks on who we are, how we are defined.

The Subcommittee thanked Nic for the input. Persons wishing to contact Nic Zantop, Deputy Director at Transinclusive Group, may email him at [nic@transinclusivegroup.org](mailto:nic@transinclusivegroup.org) or call 954-903-1297, extension 101.

Staff indicated they will also be speaking to TransSOCIAL to gather more input on how to improve services.

#### VII. Review/Approve Minutes of March 25, 2022

Members reviewed the minutes of March 25, 2022 and accepted them as presented.

**Motion to accept the minutes of March 25, 2022, as presented.**

**Moved: Dr. Javier Romero**

**Second: Dr. Darren Thornton**

**Motion: Passed**

#### VIII. Reports

##### ▪ **Ryan White Program**

*Carla Valle-Schwenk*

Carla Valle-Schwenk presented the Ryan White Program (RWP) report, compiled April 2022 (copy on file). In Part A, 76% of funds have been spent, and in MAI, 47% have been spent, but the County is closing out FY 2021. As of February 2022, the RWP had served 8,421 unduplicated clients. Reporting requirements will be sent out and are due by the end of May. The County is still waiting on the final award notice but is working on contract renewals.

▪ **ADAP Program**

*Dr. Javier Romero*

Dr. Javier Romero reviewed the April 2022 report (copy on file). The report represents the end of the FY 21-22 year. Approximately \$28 million was spent on medications and \$29 million was spent on insurance premiums. Magellan started as the new pharmacy benefits manager, but CVS specialty has been extended until September 30 to allow for other pharmacies to join the network. Information on Cabenuva was reviewed and the breakdown is 50/50 insured and uninsured. A special enrollment period for clients with a max 150% FPL will be added, allowing for clients to enter month to month but this is still in process.

▪ **Membership Vacancies**

*Marlen Meizoso*

Marlen Meizoso referenced the membership vacancy report (copy on file) and reviewed the vacancies on the Subcommittee. She indicated that anyone is interested in becoming a member, or if anyone knows someone who may be a good fit, to please have them contact staff.

▪ **Partnership Report (reference only)**

*Marlen Meizoso*

Mrs. Meizoso referenced the Partnership report (copy on file) which was provided for reference only, and indicates a summary of Partnership actions as of the April meeting. If you have any question, please contact staff.

**VIII. Standing Business**

▪ **Gender Affirming Care Letter**

*All*

Mrs. Meizoso reviewed the draft letter of gender affirming care requested by the Subcommittee (copy on file) which included the input from the prior meetings. Dr. Romero offered a rewording on an item which was included in the draft. The Subcommittee made the following recommended changes:

- “Dear Colleague” as introduction
- Strike “medical” after “Some Ryan White Program”
- Change “Medical Issues” to “Care and Treatment issues”
- Move “Some Ryan...gender affirmation.” bullet under “Care and Treatment issues”
- Add awareness to cover cost of medications by payor source such as Part A, ADAP, or General Revenue after mention of hormone replacement.
- For sake of consistency, either use “transgender” or “trans” instead of both words.
- Add “around transgender care” after “increase competency”
- Move “Care and Treatment issues” up and “Training” down
- Strike “Perhaps” and change to “This should be offered/used in electronic medical records and client data management systems.”
- After “accessing care” add “and is an allowable service. The Part A program is currently working to develop related policies and procedures and program limitations.”
- Move items in “Other” under “Care and Treatment issues” along with two bullet points under “Substance Abuse”
- Add “s” to prescription, delete “drug”, and change “abused” to “illicit”
- Add attachments with location of transfriendly organizations and how a provider can become a transporative organization.

▪ **HIV and medical conditions related to Aging (osteoporosis, sarcopenia, and cancers)**

*All*

Mrs. Meizoso reviewed the topics for review: HIV and Aging (osteoporosis, sarcopenia, and cancers (copy on file). Articles were provided ahead of the meeting on all items, including a summary highlights sheet. The three

overarching questions to address regarding the topics are 1) What are the issues being faced by HIV and aging population in relationship to the three issues? 2) How to treat the three issues, and 3) What is missing in the Ryan White system related to the three issues? While osteoporosis screening is included in the minimum primary care standards, the question exists as to how often screenings are actually done. Carla indicated that based on the utilization of the DEXA billing code, between 2019 and 2021, between 24 and 34 clients per year received the service. There needs to be more provider education on when to do osteoporosis screenings. Staff will investigate US Preventive Task force guidance to see if there have been any updates on osteoporosis.

Sarcopenia is a fact of aging. Nutrition is important, exercise is important and weight bearing exercises are necessary. The subcommittee discussed how and what should be incorporated into routine medical care.

Guidance on cancers depend on what system is being discussed. Is there a guide on when to do skin cancer screenings? What screenings are supported by data? Staff will check the US Taskforce for guidance and report back for the next meeting.

▪ **Allowable Medical Conditions List Request-osteoarthritis and urology, prostate cancer** *All*

Mrs. Meizoso indicated there was a request to add osteoarthritis and prostate cancer under urology to the allowable medical conditions list (copy on file). Both conditions based on discussions and the literature should be added. The Subcommittee added prostate cancer under the genitourinary category, and osteoarthritis would be added under the revised bone and joint disease (e.g., orthopedics/rheumatology) category.

**Motion to add prostate cancer under genitourinary/gynecology/obstetrics specialty and osteoarthritis under bone and joint disease (e.g., orthopedics/rheumatology) as conditions to the allowable medical conditions list.**

**Moved: Dr. Lawrence Friedman**

**Seconded: Dr. Darren Thornton**

**Motion: Passed**

**IX. New Business**

▪ **New PrEP option: Apretude**

*Matthew Tochtenhagen*

Matthew Tochtenhagen provided an overview of Apretude, a new PrEP injectable option. The medication confirms adherence with six visits. The first year there are seven visits, since the injection schedule months are: 1, 2, 4, 6, 8, 10, and 12. There is a seven-day pre/post injection timeframe. The main complaint of the medication is injection site pain.

▪ **May and June meeting dates**

*All*

Mrs. Meizoso indicated that the survey results on attendance for May and June indicated that there will be no quorum at the May meeting so the meeting will need to be cancelled. While several members indicated they could not attend the June meeting, there should be quorum. James Dougherty would chair that meeting in Dr. Goubeaux absence. Staff will forward “homework” on the HIV and aging piece so allow for comments to be collected ahead of the meeting.

**X. Announcements**

Dr. Goubeaux indicated that any announcements should be forwarded to staff for posting online. All members are urged to RSVP for the June meeting.

**XI. Next Meeting**

The next Subcommittee will be June 24, 2022, at BSR.

**XII. Adjournment**

**Motion to adjourn.**

**Moved: Dr. Johann Torres**

**Seconded: Wanda Cortes**

**Motion: Passed**

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

DRAFT



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

PROJECTS: BU033101 and BU033102 (MAI)	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	\$26,432,895.00
Carryover Award FY'20 Formula	709,256.00	CARRYOVER	
Grant Award Amount MAI	2,603,486.00	MAI	
Carryover Award FY'20 MAI	97,997.00	MAI_CARRYOVER	
<b>Total Award</b>	<b>\$ 27,240,148.00</b>		

**CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS**

**DIRECT SERVICES:**

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	10,010,471.00	
AIDS Pharmaceutical Assistance	83,595.00	
Oral Health Care	3,108,975.00	
Health Insurance Services	442,447.00	
Mental Health Therapy/Counseling	169,464.00	
Medical Case Management	6,825,797.00	
Substance Abuse - Outpatient	52,186.00	20,692,935.00

Support Services	Allocations	
Food Bank	1,385,995.00	
Other Professional Services	154,449.00	
Medical Transportation	158,316.00	
Outreach Services	212,096.00	
Substance Abuse - Residential	1,289,469.00	
Emergency Financial Assistance	0.00	3,200,325.00

**DIRECT SERVICES TOTAL: \$ 23,893,260.00**

Total Core Allocation	20,692,935.00
Target at least 80% core service allocation	19,114,608.00
<b>Current Difference (Short) / Over</b>	<b>\$ 1,578,327.00</b>

Recipient Admin. (OMB-GC, PC, GTL) \$ 2,643,288.00

Quality Management \$ 703,600.00

**(+) Unobligated Funds / (-) Over Obligated:**

Unobligated Funds (Formula & Supp)	\$ -	
Unobligated Funds (Carry Over)	\$ -	3,346,888.00

<b>Core medical % against Total Direct Service Allocation (Not including C/O):</b>	
Cannot be under 75%	89.21% Within Limit

<b>Quality Management % of Total Award (Not including C/O):</b>	
Cannot be over 5%	2.66% Within Limit

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

**CURRENT CONTRACT EXPENDITURES**

**DIRECT SERVICES:**

ACCOUNT	Core Medical Services	Expenditures	Carryover Expenditures	
5606610000	Outpatient/Ambulatory Health Svcs	7,634,921.26	94,662.73	7,729,583.99
5492120000	AIDS Pharmaceutical Assistance	4,379.02		
5216100000	Oral Health Care	2,533,061.80		
5223550000	Health Insurance Services	298,950.41		
5114040000	Mental Health Therapy/Counseling	60,238.75		
5211100000	Medical Case Management	5,744,512.45		
5216120000	Substance Abuse - Outpatient	1,356.00		16,372,082.42

ACCOUNT	Support Services	Expenditures	Carryover Expenditures	
5492250000	Food Bank	629,522.40	709,256.00	1,338,778.40
5212100000	Other Professional Services	97,371.00		
5602400000	Medical Transportation	100,955.62		
5224700000	Outreach Services	140,761.02		
5224130000	Substance Abuse - Residential	968,310.00		
5224300000	Emergency Financial Assistance	0.00		2,646,176.04

**TOTAL EXPENDITURES DIRECT SVCS & % : \$ 19,018,258.46 79.60%**

Formula Expenditure % 74.02%

Recipient Administration 2,225,807.72

Quality Management 703,599.96 2,929,407.68

Grant Unexpended Balance 5,292,481.86

Grant Eligible Funds for Carryover \$5,289,147.59

**Total Grant Expenditures & % \$ 21,947,666.14 80.57%**

<b>Core medical % against Total Direct Service Expenditures (Not including C/O):</b>	
Cannot be under 75%	89.37% Within Limit

<b>Quality Management % of Total Award (Not including C/O):</b>	
Cannot be over 5%	2.66% Within Limit

<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	
Cannot be over 10%	8.42% 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**

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

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

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

**Core medical % against Total Direct Service Allocation (Not including C/O):**  
 Cannot be under 75% **97.97%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% **3.84%** **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:				
ACCOUNT	Core Medical Services	Expenditures	Carryover Expenditures	
5606610000	Outpatient/Ambulatory Health Svcs	366,105.33	94,662.73	460,768.06
5492120000	AIDS Pharmaceutical Assistance			
5216100000	Oral Health Care			
5223550000	Health Insurance Services			
5114040000	Mental Health Therapy/Counseling	3,672.50		
5211100000	Medical Case Management	650,165.00		
5216120000	Substance Abuse - Outpatient	210.00		
				1,114,815.56
ACCOUNT	Support Services	Expenditures	Carryover Expenditures	
5492250000	Food Bank			
5212100000	Other Professional Services			
5602400000	Medical Transportation	2,371.56		
5224700000	Outreach Services	36,498.00		
5224130000	Substance Abuse - Residential			38,869.56
5224300000	Emergency Financial Assistance	0.00		
<b>TOTAL EXPENDITURES DIRECT SVCS &amp; %:</b>			<b>1,153,685.12</b>	<b>49.28%</b>

<b>Recipient Administration</b>	<b>231,793.34</b>	
<b>Quality Management</b>	<b>99,999.96</b>	331,793.30
<b>Grant Unexpended Balance</b>	<b>1,216,004.58</b>	
Grant Eligible Funds for Carryover	1,212,670.31	
<b>Total Grant Expenditures &amp; % (Including C/O):</b>		<b>\$ 1,485,478.42 54.99%</b>

**Core medical % against Total Direct Service Expenditures (Not including C/O):**  
 Cannot be under 75% **96.33%** **Within Limit**

**Quality Management % of Total Award (Not including C/O):**  
 Cannot be over 5% **3.84%** **Within Limit**

**OMB-GC Administrative % of Total Award (Cannot include C/O):**  
 Cannot be over 10% **8.90%** **Within Limit**



**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**

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	
<b>Total Award</b>	<b>\$ 24,538,665.00</b>		

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

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

<b>Core medical % against Total Direct Service Allocation (Not including C/O):</b>	
Cannot be under 75%	85.37% Within Limit

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

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

CURRENT CONTRACT EXPENDITURES				
DIRECT SERVICES:				
	ACCOUNT	Core Medical Services	Expenditures	Carryover Expenditures
	5606610000	Outpatient/Ambulatory Health Svcs	7,268,815.93	
	5492120000	AIDS Pharmaceutical Assistance	4,379.02	
	5216100000	Oral Health Care	2,533,061.80	
	5223550000	Health Insurance Services	298,950.41	
	5114040000	Mental Health Therapy/Counseling	56,566.25	
	5211100000	Medical Case Management	5,094,347.45	
	5216120000	Substance Abuse - Outpatient	1,146.00	15,257,266.86
<b>Support Services</b>				<b>Carryover Expenditures</b>
	5492250000	Food Bank	629,522.40	709,256.00 1,338,778.40
	5212100000	Other Professional Services	97,371.00	
	5602400000	Medical Transportation	98,584.06	
	5224700000	Outreach Services	104,263.02	
	5224130000	Substance Abuse - Residential	968,310.00	
	5224300000	Emergency Financial Assistance	0.00	2,607,306.48
<b>TOTAL EXPENDITURES DIRECT SVCS &amp; % :</b>			<b>\$ 17,864,573.34</b>	<b>82.89%</b>

<b>Formula Expenditure %</b>	<b>74.02%</b>
<b>Recipient Administration</b>	<b>1,994,014.38</b>
<b>Quality Management</b>	<b>603,600.00 2,597,614.38</b>
<b>Grant Unexpended Balance</b>	<b>4,076,477.28</b>
<b>Grant Eligible Funds for Carryover</b>	<b>4,076,477.28</b>
<b>Total Grant Expenditures &amp; %</b>	<b>\$ 20,462,187.72 83.39%</b>

<b>Core medical % against Total Direct Service Expenditures (Not including C/O):</b>	
Cannot be under 75%	88.94% Within Limit

<b>Quality Management % of Total Award (Not including C/O):</b>	
Cannot be over 5%	2.53% Within Limit

<b>OMB-GC Administrative % of Total Award (Cannot include C/O):</b>	
Cannot be over 10%	8.37% Within Limit



# MIAMI-DADE HIV/AIDS PARTNERSHIP

## Medical Care Subcommittee Friday, June 24, 2022

9:30 a.m. – 11:30 a.m.

Behavioral Science Research  
2121 Ponce de Leon Blvd., Ste. 240  
Miami, FL 33134 and Zoom

### AGENDA

- |       |  |                          |
|-------|--|--------------------------|
| I.    | Call to Order  | James Dougherty          |
| II.   | Meeting Housekeeping and Rules                           | James Dougherty          |
| III.  | Introductions  | James Dougherty          |
| IV.   | Floor Open to the Public                                 | James Dougherty          |
| V.    | Review/Approve Agenda                                    | All                      |
| VI.   | Review/Approve Minutes of April 22, 2022                 | All                      |
| VII.  | <b>Reports</b>   |                          |
|       | • Ryan White Program                                     | Carla Valle-Schwenk      |
|       | • <b>ADAP Program</b>                                    | <b>Dr. Javier Romero</b> |
|       | • Membership Vacancies                                   | Marlen Meizoso           |
|       | • Partnership Report (reference only)                    | Marlen Meizoso           |
| VIII. | Standing Business  |                          |
|       | • Oral Health Care: Restrictions on Restoration Implants | All                      |
|       | • Gender Affirming Care Letter                           | All                      |
|       | • HIV and Aging-Four Topics                              | All                      |
| IX.   | New Business   |                          |
| X.    | Announcements  | All                      |
| XI.   | Next Meeting: <b>July 22, 2022</b> at <b>BSR</b>         | James Dougherty          |
| XII.  | Adjournment  | James Dougherty          |

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

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

**Mission:**

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



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

**Ron DeSantis**  
Governor

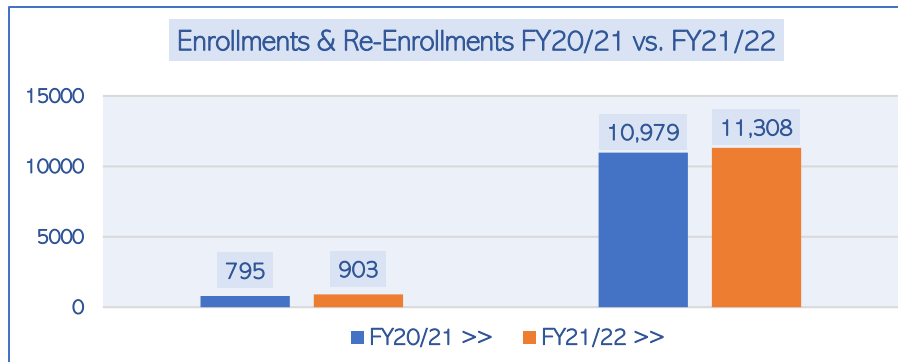
**Joseph A. Ladapo, M.D., Ph.D.**  
State Surgeon General

June 1, 2022

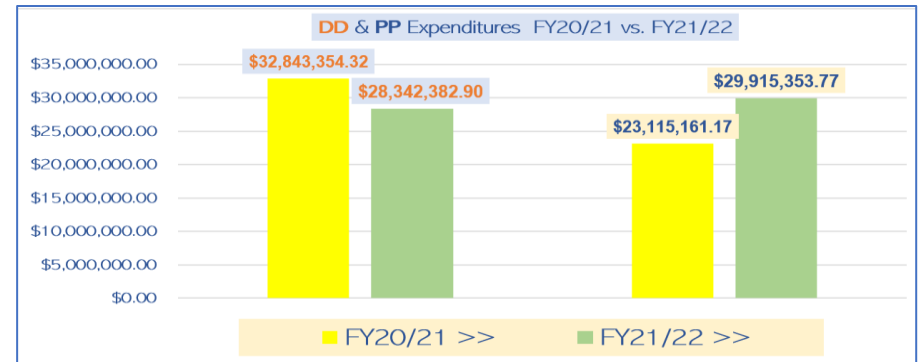
ADAP Miami-Dade / Summary Report – May 2022

FY 21/22	First Enrollments	6-mo. Re-Enrollments	OPEN ACTIVE	CHD Pharmacy Expenditures	RXs	Patients	RX/Pt	Premium Payments	Number of Premiums	Average Premium
FY20/21 >>	795	10,979	6,150	\$32,843,354.32	52,678	17,944	2.9	\$23,115,161.17	25,395	\$ 910.22
FY21/22 >>	903	11,308	6,074	\$28,342,382.90	49,549	16,381	3.0	\$29,915,353.77	27,419	\$1,091.04
Apr-22	113	914	6,143	\$2,334,995.84	4,164	1,377	3.0	\$2,885,135.63	2,429	\$1,187.79
May-22	114	808	6,205	\$2,428,021.98	4,295	1,385	3.1	\$2,844,770.69	2,374	\$1,198.30
Jun-22										
Jul-22										
Aug-22										
Sep-22										
Oct-22										
Nov-22										
Dec-22										
Jan-23										
Feb-23										
Mar-23										
FY22/23 >>	227	1,722		\$4,763,017.82	8,459	2,762	3.1	\$5,729,906.32	4,803	\$1,192.98

SOURCE: Provide - DATE: 06/01/22 - Subject to Review & Editing - \* West Perrine Direct Dispense ~325 clients NOT INCLUDED. (Estimate - ~\$5 million/TBC).



\* FY20/21: 11,774 v. FY21/22: 12,211 > Net Increase: 3.7% (New: +13.6%; Re-E: +3.0%)



\*FY20/21 \$55,958,515.49 v FY21/22 \$58,257,736.67. Net Increase: 4.1% (DD -13.7%; PP +29.4%)

PROGRAM UPDATE

- \* Magellan RX PBM: for uninsured clients. Implementation: 4/1/22. Participating pharmacies: CVS Specialty Pharmacy (thru 9/30/22).
- \* Cabenuva utilization @ ADAP Miami (06/01/22): 107 (1.7%) clients. Direct Dispense 55 (52%); Premium Plus 52 (48%)
- \* ACA-MP Special Enrollment Period: APTC+=>100% FPL; <150 % FPL. Requirements apply.

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



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| VI.   | Review/Approve Minutes of April 22, 2022                 | All                   |
| VII.  | <b>Reports</b>   |                       |
|       | • Ryan White Program                                     | Carla Valle-Schwenk   |
|       | • ADAP Program   | Dr. Javier Romero     |
|       | • <b>Membership Vacancies</b>                            | <b>Marlen Meizoso</b> |
|       | • Partnership Report (reference only)                    | Marlen Meizoso        |
| VIII. | Standing Business  |                       |
|       | • Oral Health Care: Restrictions on Restoration Implants | All                   |
|       | • Gender Affirming Care Letter                           | All                   |
|       | • HIV and Aging-Four Topics                              | All                   |
| IX.   | New Business   |                       |
| X.    | Announcements  | All                   |
| XI.   | Next Meeting: <b>July 22, 2022</b> at <b>BSR</b>         | James Dougherty       |
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# Membership Report

## June 3, 2022

### The Miami-Dade HIV/AIDS Partnership

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

### Opportunities for People with HIV

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

**9 available seats** |

### General Membership Opportunities

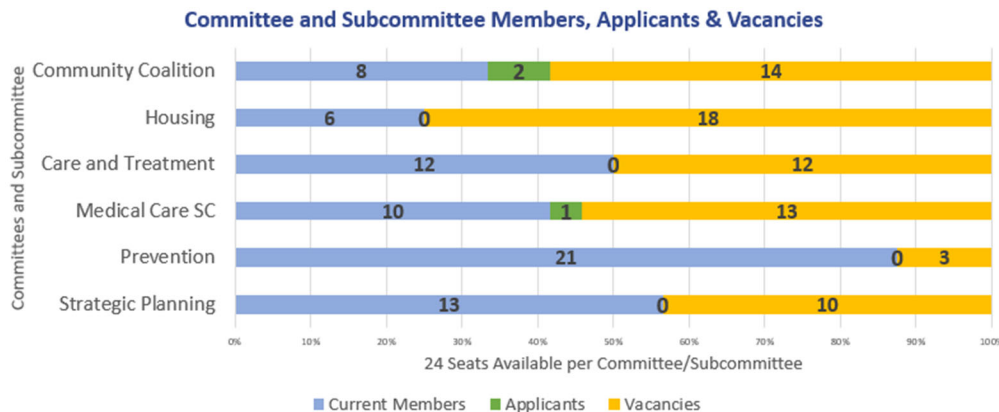
*These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:*

- 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 now accepting applications for new members.*

***People with HIV are encouraged to apply.***



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

# MEMBERSHIP

## Are you a Member?

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

## Do You Qualify for Membership?



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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

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

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

---

## Committee Activities

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

*People with HIV are encouraged to join!*

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

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



# MIAMI-DADE HIV/AIDS PARTNERSHIP

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|       | • Partnership Report (reference only)                    | Marlen Meizoso      |
| VIII. | Standing Business  |                     |
|       | • Oral Health Care: Restrictions on Restoration Implants | All                 |
|       | • Gender Affirming Care Letter                           | All                 |
|       | • HIV and Aging-Four Topics                              | All                 |
| IX.   | New Business   |                     |
| X.    | Announcements  | All                 |
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June 24, 2022

Dear Colleagues:

The Medical Care Subcommittee, a subcommittee of the Miami-Dade HIV/AIDS Partnership, is charged with reviewing medical care, oral health care, and provision of prescription drug for over 8,000 clients served by the Miami-Dade County Ryan White HIV/AIDS Program (RWHAP) every year. In our capacity overseeing these vital medical services, we affirm and support gender-affirming care for the transgender people who come to us for HIV care, and we wish to raise several issues that must be addressed if we are to provide effective services to our transgender clients. We hope that by addressing these issues, we can improve access to care, retention in care, and positive client outcomes for transgender clients with HIV.

### **Care and Treatment Issues**

- Some Ryan White Program subrecipient may not be thoroughly familiar with hormone replacement for gender affirmation, or the availability of payor sources such as Part A, ADAP, or General Revenue.
- Gender affirming care requires access to mental health clinicians well versed in transgender care. We need to develop a resource guide that identifies trans-friendly providers, with experience..
- Gender affirming hormone therapy must be provided in the context of accurate information about the interactions of these medications with other prescriptions used by the client, or with illicit substances.
- Providers of residential care for substance use disorder should be aware of the special needs of clients in the process of gender transition, so that clients who are transitioning while receiving help for substance use disorders receive care that takes into account mental health needs, substance use patterns, and the requirements of sobriety.
- It is important to have a peer or a designated transgender champion at each subrecipient service site since this allows for a relatable experience for clients.

### **Training**

- We call on the Recipient and Staff to provide guidance, training, and/or educational resources to raise awareness and increase competence around transgender care.
- Front desk staff and medical case managers need to be thoroughly trained in how to respond to transgender clients.
- Continuous training is needed for all providers from the top down, to ensure lessons are reinforced and care is delivered in an appropriate manner.

### **Non-Matching and Changed Names**

- Non-matching names (and non-matching documents) are a problem with insurance. Clients are registered in the ADAP Program using the legal name shown in their official document (Florida Driver's License or similar). Sometimes there are discrepancies as the Miami-Dade County Health Department Pharmacy receives prescriptions that have a different name than the one in the ADAP system (preferred name instead of legal name; unreported legal name change; other reasons).
- Some electronic medical records offer a "preferred name" field. This should be offered/used in electronic medical records and client data management systems." The "preferred name" should be used on the medication label, where legally allowed.
- Formal legal name changes minimize client barriers to accessing care and is an allowable service in the Ryan White Program. The Part A program is currently working to develop related policies and procedures and program limitations.

Sincerely,

Members of the Medical Care Subcommittee

Signature, Medical Care Subcommittee Chair

Attachment: Transgender-affirming organizations which may serve as resources, and which maintain directories of transgender-affirming providers

**Pridelines**

<https://pridelines.org/>

**TransSOCIAL, Inc.**

<https://www.transsocial.org/>

TransSOCIAL Resource Guide

<https://static1.squarespace.com/static/5b5dfce450a54f067497b8e1/t/61fc23df0040e11037a67ca9/1643914219731/TransSOCIAL.SoFloTransResourceGuide.Jan2022.Small.pdf>

**TransInclusive Group**

<https://www.transinclusivegroup.org/>

This is not an exhaustive list of trans-affirming organizations. If you are interested in being included in their directories, please contact the organizations directly.



# MIAMI-DADE HIV/AIDS PARTNERSHIP

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9:30 a.m. – 11:30 a.m.

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Miami, FL 33134 and Zoom

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## HIV and Aging Topics

### JUNE

- 1) What are the issues being faced by aging populations with HIV as it relates to the topic?
- 2) How should the problem be treated?
- 3) What is missing in the Ryan White system as it relates to addressing the topic?

Four (4) June topics:

➤ **Dementia and other neurocognitive disorders**

HIV-associated neurocognitive disorders (HAND)

Risk of dementia

Risk of Alzheimer's disease

➤ **Depression**

Risk for depression

Side effects of ART/other medications

Social isolation/lack of support system

➤ **Eyesight /hearing diminishes**

➤ **Cardiovascular disease**

Coronary artery disease

Hypertension

Myocardial fibrosis

Congestive heart failure

Ischemic stroke

## *Comments Received*

### **1. Dementia and other neurocognitive disorders**

- People living with HIV can experience a broad range of HAND including cognitive, motor and mood disorders. PLWH, especially in the aging population, can experience many difficulties with concentration, attention, memory loss, irritability, motor impairment, slowing of reflexes, and depression.
- HAND can be categorized into 3 stages of functional impairment:
  - Asymptomatic Neurocognitive impairment (ANI)
    - lower performance on neurocognitive testing but maintain everyday functionality
  - Mild Neurocognitive Disorder (MND)
    - lower performance on neurocognitive testing with impairment on everyday functionality
  - HIV- associated Dementia (HAD)
    - Most severe form of HAND with marked poor performance on neurocognitive testing with inability to perform or maintain everyday functionality.
- HIV crosses the blood brain barrier and HAND can be the result of residual injury at the time of infection prior to initiating ART. Early initiation of HAART is imperative to reduce risk. HAND can also be the result of continued immune activation in PLWH who are suppressed on ART medications.
- Risk factors for developing HAND include low nadir CD4 count, lack of viral suppression, age, comorbidities. and co-infections.
- Neuropsychological testing and assessment of verbal/language, attention/working memory, abstraction/executive, recall/memory, information processing speed, sensory/perceptual, and motor skills are the mainstays of diagnosing HAND.
- There is a severe lack of neuropsychologists amongst the Ryan White Program.
- Neuropsychological testing can be time consuming and difficult to complete.
- Many Ryan White Clients who have HAND may not have the ability to drive or make it to neuropsychological testing on their own and will need assistance.
- Treatments are lacking but early diagnosis is beneficial.
- Many medications that we currently use in our patient population for other issues should be carefully evaluated as they can make symptoms of HAND worse.
  - Benzodiazepines, Muscle relaxants, CNS stimulants, Urinary antispasmodics, sedating antihistamines TCA's
- Heart healthy diet, physical activity and social engagement can benefit those with HAND.

- Building cognitive reserve through mentally stimulating activities is crucial in the aging population of PLWH. (critical thinking activities such as crossword puzzles, Sudoku, puzzles, games)
  - Older individuals living with HIV may find themselves in socially isolating situations with unique difficulties living alone with little to no support systems in place. This can be exacerbated by the stigma of HIV itself.
  - Needs for Ryan White clients with HAND include Better access to diagnostic neuropsychological testing, transportation assistance to attend appointments with specialists, support groups that can assist in the care of socially isolated elderly PLWH.
  - Higher rates of HAND and health disparities make it important to examine the neurocognitive effects of HIV and aging particularly within racial/ethnic minority populations.
- 

- a. **Dementia and other neurocognitive disorders** (HIV-associated neurocognitive disorders [HAND], risk of dementia, risk of Alzheimer’s disease) **I have no experience with dementia among HIV-infected patients in the “modern” era.**
  1. What are the issues being faced by aging populations with HIV as it relates to the topic? **People with perinatal HIV infection have suffered varying levels of encephalopathy, maturational problems, and cognitive deficits.**
  2. How should the problem be treated? **In Pediatric/Adolescent/Young Adult settings, funding streams often allow for additional support and attention to social/psychological/educational challenges.**
  3. What is missing in the Ryan White system as it relates to addressing the topic? **I have no experience with older adult patients.**
  
- b. **Depression** (risk of depression, depression as side effects of ART/other medications, social isolation/lack of support system)
  4. What are the issues being faced by aging populations with HIV as it relates to the topic? **Teenagers and young adults have different presentations and needs that are more easily addressed in current health care practices.**
  5. How should the problem be treated? **In Pediatric/Adolescent/Young Adult settings, funding streams often already allow for additional support.**
  6. What is missing in the Ryan White system as it relates to addressing the topic? **Additional availability of practitioners supported by RW would be helpful (but there’s national shortage of mental health professionals presently).**
  
- c. **Eyesight/hearing diminishes**
  7. What are the issues being faced by aging populations with HIV as it relates to the topic? **I have no experience with older adult patients.**
  8. How should the problem be treated?

9. What is missing in the Ryan White system as it relates to addressing the topic? **Unless associated to HIV, typical primary care vision and hearing services are not included in RW coverage.**
- d. **Cardiovascular disease** (coronary artery disease, hypertension, myocardial fibrosis, congestive heart failure, ischemic stroke) **I have little experience with any of these topics in youth patients, especially in “modern” era.**
10. What are the issues being faced by aging populations with HIV as it relates to the topic?
11. How should the problem be treated?
12. What is missing in the Ryan White system as it relates to addressing the topic?





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