MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, February 24, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of January 27, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• Allowable Medical Conditions Edits	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• December 2022, ADAP Formulary Additions Review Items# 1-44	All
	• Data on Letters of Medical Necessity	All
	• Revisions to Four Letters of Medical Necessity	All
IX.	New Business	
	• Oral Health Code Request: D5284-Removal unilateral partial denture	

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

www.aidsnet.org

Updated January 18, 2023

Behavioral Science Research Version

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Disclaimer & Code of Conduct

- 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.

www.aidsnet.org

Resources

- 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.*

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

www.aidsnet.org

BEHAVIORAL SCIENCE RESEARCH

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE COUNTY

Language Matters!

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

Here are a few suggestions for better communication.

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 **ACQUIRED HIV, DIAGNOSED with HIV,** or **CONTRACTED HIV.**

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

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

www.aidsnet.org

Meeting Participation

- **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.

www.aidsnet.org

General Reminders

- All attendees must sign in to be counted as present.
  - *Members! Please check your contact information.*
- Masking is requested of all attendees.
- Only voting members and applicants should sit at the meeting table.
  - *You may move your chair if concerned about social distancing.*
- Place cell phones on mute or vibrate.
  - *If you must take a call, please excuse yourself from the meeting.*
- Parking can only be validated for Partnership, Committee or Subcommittee members of the affected community who are not affiliated with or employed by a Ryan White Program provider.
- Partnership, Committee, and Subcommittee members of the affected community should see staff for a voucher at the end of the meeting.

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Floor Open to the Public

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

"BSR has a dedicated line for statements to be read into the record. No statements were received."

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 240
Coral Gables, FL 33134
January 27, 2023

#	Members	Present	Absent	Guests	
1	Baez, Ivet	X		Ana Nieto	
2	Cortes, Wanda	X		Miguel Perez	
3	Dougherty, James	X		Maritza Suarez	
4	Friedman, Lawrence		X	Ray Sawaged	
5	Goubeaux, Robert	X		Carla Valle-Schwenk	
6	Llambes, Stephanie	X		Johann Torres	
7	Miller, Juliet	X		Cristhian A. Ysea	
8	Thornton, Darren		X		
9	Romero, Javier	X		**Staff**	
Quorum: 4				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.

I. Call to Order *Dr. Robert Goubeaux*

James Dougherty, the Vice-Chair, called the meeting to order at 9:36 a.m. He introduced himself and welcomed everyone.

II. Meeting Rules and Housekeeping *James Dougherty*

Mr. 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. Robert Goubeaux*

Dr. Robert Goubeaux arrived, introduced himself, and requested members and guests introduce themselves around the room.

IV. Floor Open to the Public *James Dougherty*

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.

DRAFT

V. Review/Approve Agenda *All*

The Subcommittee reviewed and accepted the agenda.

Motion to accept the agenda as amended.
Moved: James Dougherty **Second: Stephanie Llambes** **Motion: Passed**

VI. Review/Approve Minutes of November 18, 2022 *All*

Members reviewed the minutes of November 18, 2022. Ms. Llambes indicated her name was misspelled throughout the document. The Subcommittee made a motion to approve the minutes but correct the misspelling.

Motion to accept the minutes of November 18, 2022, with the correction noted.
Moved: Ivet Baez **Second: Wanda Cortes** **Motion: Passed**

VII. Reports

- **Ryan White Program** *Carla Valle-Schwenk*

Carla Valle-Schwenk referenced the September 2022 report as of November 16 (copies on file). Expenditures for Part A/MAI are being updated. TTRA has expanded with 38% being newly diagnosed, 29% new to local care, 30% returned to care, and 73% virally suppressed. All contracts have been executed but currently amendments are being worked on. Reports are current but in mid-March HRSA reports are due. Site visits are being conducted and should be completed by the end of February. A partial award has been received with the full award expected to be received in March/April.

- **ADAP Program** *Dr. Javier Romero*

Dr. Javier Romero was not present at this time, so Marlen Meizoso reviewed the January 2023 report as of December 6 (copy on file) including enrollments, expenditures, prescriptions, premium payments, and program updates. Dr. Romero later arrived at the meeting and provided additional information. Some clients are confused as where to go with the PBM change, clients have a right to choose what pharmacy they will use. Clients must have the PBM card and re-enroll in the program. Dr. Romero indicated he will be working with BSR to inform case management supervisors on program rules. The other problem also being faced is clients being dispensed multiple times. If a client picks up at DOH Flagler, they are checked for pickups at PBM locations. Some clients have complained about the changes indicating it takes too long to fill medications, medical appointments don't align with refill needs, they live and work and different locations, and some pharmacies don't have all the medications, so they need to go to multiple locations.

- **Vacancy Report** *Marlen Meizoso*

Marlen Meizoso referenced the membership vacancy report (copy on file) based on the revised membership. There are several vacancies on the Subcommittee. Silvana Vasquez has resigned from the Subcommittee, staff read her resignation note commending the Subcommittee in their work. Dr. Johann Torres has resigned but recommended Cristhian Ysea for membership. Mr. Ysea is an ARNP and indicated his interest in the Subcommittee's work. The Subcommittee voted Mr. Ysea as a member. The only remaining vacancies on the Subcommittee are for a mental health professional and five members of the affected community. If anyone knows of individuals interested in membership, they may contact staff.

Motion to recommend Cristhian Ysea as a member of the Medical Care Subcommittee.
Moved: Stephanie Llambes **Seconded: Ivet Baez** **Motion: Passed**

DRAFT

- **Report to Committees (reference only)** *All*

Dr. Goubeaux indicated the report to committees is posted online. The report details the items approved at the January 17, 2023, Partnership meeting including needs assessment items and letters. Any questions can be directed to staff.

VIII. Standing Business

OHC items (standards language) *All*

Oral Health Care Standards

Mrs. Meizoso indicated that at the last meeting the oral health care standards were approved (copy on file) but after the meeting AETC responded to a query regarding x-rays. The response was shared with the Subcommittee and former Oral Health Care Workgroup members who indicated the approved language was sufficient (copy on file). The Subcommittee concurred and the item will be forwarded to the Care and Treatment for review.

2023 Elections *All*

Mrs. Meizoso reshared the 2023 elections memo (copy on file). Both the chair and vice-chair are eligible and interested in a second term. The Subcommittee opted to make a motion to renominated both officers.

Motion to reelect Dr. Robert Goubeaux as chair and James Dougherty as vice-chair of the Medical Care Subcommittee.
Moved: Dr. Javier Romero **Seconded: Cristhian Ysea** **Motion: Passed**

Minimum Primary Care Standards *All*

Mrs. Meizoso reviewed the last version of the Minimum Primary Care Standards (copy on file) which included all requested edits and updates to the reference section. The Subcommittee indicated they were content with the new layout, updates, and reorganization of the document, and made a motion to approve it as presented.

Motion to approve the Minimum Primary Care Standards, as presented.
Moved: James Dougherty **Seconded: Stephanie Llambes** **Motion: Passed**

Allowable Medical Conditions List Edits: Breast Cancer and Neutropenia *All*

The latest revisions requested by the Subcommittee (copy on file) was reviewed. All "important notes" are under the specialty sections. Breast cancer and neutropenia are included in their revised sections.

IX. New Business

Allowable Medical Conditions List Inclusions: Mpox Lesions *All*

It was noted that Mpox was not included on the allowable conditions list but should be, but because of the multiple manifestations it makes it difficult to place under one specialty. Upon further discussion the Subcommittee noted that some conditions are noted in multiple places while others are not included. The Subcommittee request a review of the document identifying conditions with duplicates. A revised document will be presented at the next meeting to the Subcommittee.

DRAFT

Service Descriptions: Mental Health and Substance Abuse *All*

Drafts of the Mental Health and Substance Abuse service definitions were shared with the Subcommittee for input (copies on file). Because of time constraints and Dr. Ladner's absence to comment on items the mental health service definition, the item was deferred until the next meeting. The Subcommittee reviewed the Substance Abuse Service description and agreed that removing the extra DCF language would make it clearer. It was suggested to remove "non-certified referral" from the document. Where the DSM is mentioned the ICD-10-CM should also be included. Staff will bring the recommended changes to the next meeting.

ViiV Discontinuation of Select Medications and Impact *All*

Mrs. Meizoso shared an email indicating that ViiV will be discontinuing a series of medications at the beginning of next year (copy on file). The Subcommittee members discussed and indicated that some generics exist for the medications, and other treatment options are available.

December 2022, ADAP Formulary Additions Review *All*

A memo indicating that in December, 2022, the ADAP program added 89 new medications to the formulary, was shared (copy on file). Per the Subcommittee policy and procedures, when new medications are added to the ADAP formulary (non-ARV) the Subcommittee reviews the medications for possible inclusion on the Ryan White formulary. Of the 89 medications, 15 medications are already on the Ryan White Prescription Drug formulary and 4 medications are over the counter. The three pharmacists on the Subcommittee, provided information on usage and cost. Staff thanked them for their assistance. The Subcommittee requested dividing review of the 75 items into three meetings : items 1-44 for the next meeting, items 46-62 for the following meeting, and items 63-75 for the final meeting. The OTC items should be shaded out and any items over $1 should be highlighted. The document will have a pharmacological and therapeutic re-sort to help in the evaluation process.

Revision to Four Letter of Medical Necessity *All*

Revisions to all four letters of medical necessity currently available were shared (copies on file). The updates include making all the letters uniform in appearance and streamlining text. The Subcommittee indicated that letters of medical necessity may not be needed. Oxycodone/Roxicodone dispensing has undergone legal changes restricting usage including the requirement for pharmacist and providers to access the E-FORCESE system. Staff indicated they would bring back some utilization data to indicate if the medications were being dispensed and if the letters were still needed. Staff will also follow-up with ViiV regarding the Trophile Assay test, since they will no longer be providing the medication next year they may not pay for the test.

X. Announcements *All*

Source of Income and Annual Disclosure forms

Mrs. Meizoso indicated that in the meeting packets the source of income forms and annual disclosures are included for members to complete. A brief presentation was reviewed on how to complete the source of income forms (copy on file). The source of income forms is due before July 1 and are a local and state requirement. Annual disclosure forms are required to be completed at the beginning of the year for members.

XI. Next Meeting *James Dougherty*

The next Subcommittee meeting will be held Friday, February 24, 2022, at 9:30 a.m. at BSR.

DRAFT

XII. Adjournment

Dr. Robert Goubeaux

Dr. Goubeaux requested a motion to adjourn, and the meeting concluded at 11:23 a.m.

Motion to adjourn.
Moved: Juliet Miller **Seconded: Wanda Cortes** **Motion: Passed**

DRAFT

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RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **December 2022**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	8	230	8	146
Health Insurance Premium and Cost Sharing Assistance	33	3,668	32	1,250
Medical Case Management	9,439	81,067	4,483	7,743
Mental Health Services	62	672	27	96
Oral Health Care	620	7,565	475	2,255
Outpatient Ambulatory Health Services	2,519	25,626	1,346	4,272
Substance Abuse Outpatient Care	5	64	4	21
Support Services				
Food Bank/Home Delivered Meals	2,447	17,705	686	1,029
Medical Transportation	455	4,494	209	679
Other Professional Services	0	703	0	72
Outreach Services	27	708	13	128
Substance Abuse Services (residential)	219	3,506	9	56
TOTALS:	15,834	146,008		

Total unduplicated clients (month): 5,221

Total unduplicated clients (YTD): 8,312

REPORT COMPILED ON: 02/16/2023

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF: **December 2022**

Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	8	230	8	146
Health Insurance Premium and Cost Sharing Assistance	33	3,668	32	1,250
Medical Case Management	8,561	72,328	4,147	7,541
Mental Health Services	61	652	26	88
Oral Health Care	620	7,565	475	2,255
Outpatient Ambulatory Health Services	2,352	23,812	1,241	4,190
Substance Abuse Outpatient Care	4	50	3	16
Support Services				
Food Bank/Home Delivered Meals	2,447	17,705	686	1,029
Medical Transportation	442	4,416	196	664
Other Professional Services	0	703	0	72
Outreach Services	25	683	11	104
Substance Abuse Services (residential)	219	3,506	9	56
TOTALS:	14,772	135,318		

Total unduplicated clients (month): 4,958

Total unduplicated clients (YTD): 8,225

REPORT COMPILED ON: 02/16/2023

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF: **December 2022**

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	**Year-to-date**	**Monthly**	**Year-to-date**
Core Medical Services				
Medical Case Management	878	8,739	465	911
Mental Health Services	1	20	1	8
Outpatient Ambulatory Health Services	167	1,814	131	586
Substance Abuse Outpatient Care	1	14	1	5
Support Services				
Medical Transportation	13	78	13	26
Outreach Services	2	25	2	24
TOTALS:	1,062	10,690		

Total unduplicated clients (month): 560

Total unduplicated clients (YTD): 1,268

REPORT COMPILED ON: 02/16/2023

PART A

RYAN WHITE PART A GRANT AWARD (Grant #: BURW3201)

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32 FORMULA AND SUPPLEMENTAL FUNDING

Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

This report includes YTD paid reimbursements for FY 2022 Part A service months up to December 2022, as of 2/15/2023. This report reflects reimbursement requests that were due by 1/20/2023, and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process total $2,108,228.22.

Project #: BURW3201	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	16,141,380.00	FORMULA	
Grant Award Amount Supplemental	4,121,835.00	SUPPLEMENTAL	FY 2022 Award
Grant Award Amount FY'20 Supplemental	4,268,879.00	PY_SUPPLEMENTAL	$24,532,094
Carryover Award FY'21 Formula	4,076,477.00	CARRYOVER	
Total Award	**$ 28,608,571.00**		

Note:
The recipient has reached its budgeted direct services Formula minimum expenditures. Until the end of the current period of performace, only budgeted Administrative and Quality Management expenditures and a carryover allowance will be applied to this funding source in order to surpass the 95% minimum expenditure threshold.

CONTRACT ALLOCATIONS/ FORMULA, SUPPLEMENTAL & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover Allocations	
4	AIDS Pharmaceutical Assistance	84,492.00		
6	Health Insurance Services	335,776.00	259,924.00	595,700
1	Medical Case Management	5,826,737.00	400,000.00	6,226,737
3	Mental Health Therapy/Counseling	51,237.00	91,457.00	142,694
5	Oral Health Care	2,864,445.00	1,000,000.00	3,864,445
2	Outpatient/Ambulatory Health Svcs	8,695,763.00	600,000.00	9,295,763
9	Substance Abuse - Outpatient	28,099.00	17,369.00	45,468
	CORE Services Totals:		20,255,299.00	

	Support Services	Allocations	Carryover Allocations	
11	Emergency Financial Assistance	9,853.00		
8	Food Bank	1,660,108.00	1,000,000.00	2,660,108
10	Medical Transportation	209,912.00		
13	Other Professional Services	154,449.00		
12	Outreach Services	178,086.00		
7	Substance Abuse - Residential	1,338,406.00	200,000.00	1,538,406
	SUPPORT Services Totals:		4,750,814.00	
	DIRECT SERVICES TOTAL:		**$ 25,006,113.00**	

Total Core Allocation	17,886,549.00	
Target at least 80% core service allocation	17,149,890.40	
Current Difference (Short) / Over	**$ 736,658.60**	
Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,453,209.00**	
Quality Management	**$ 641,522.00**	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	**$ -**	
Unobligated Funds (Carry Over)	**$ 507,727.00**	3,602,458.00 28,608,571.00

Core medical % against Total Direct Service Allocation (Not including C/O): Cannot be under 75%	**83.44%**	**Within Limit**
Quality Management % of Total Award (Not including C/O): Cannot be over 5%	**2.62%**	**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	
5606970000	AIDS Pharmaceutical Assistance	3,621.00		
5606920000	Health Insurance Services	224,682.12	0.00	224,682.12
5606870000	Medical Case Management	4,290,130.60	0.00	4,290,130.60
5606860000	Mental Health Therapy/Counseling	47,222.50	0.00	47,222.50
5606900000	Oral Health Care	2,494,688.50	0.00	2,494,688.50
5606610000	Outpatient/Ambulatory Health Svcs	5,391,588.46	0.00	5,391,588.46
5606910000	Substance Abuse - Outpatient	3,591.00	0.00	3,591.00
	CORE Services Totals:		12,455,524.18	

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	1,038,293.00	1,000,000.00	2,038,293.00
5606460000	Medical Transportation	86,902.45		
5606890000	Other Professional Services	63,243.00		
5606950000	Outreach Services	48,858.77		
5606930000	Substance Abuse - Residential	760,940.00	0.00	760,940.00
	SUPPORT Services Totals:		2,998,237.22	
	TOTAL EXPENDITURES DIRECT SVCS & % :		**$ 15,453,761.40**	**61.80%**

	Formula Expenditure %	**92.83%**	
5606710000	**Recipient Administration**	**1,439,492.14**	
5606880000	**Quality Management**	**500,000.00**	1,939,492.14

	FY 2022 Award	Carryover	
Grant Unexpended Balance	**8,138,840.46**	**3,076,477.00**	11,215,317.46
Total Grant Expenditures & %		**$ 17,393,253.54**	**60.80%**

Core medical % against Total Direct Service Expenditures (Not including C/O): Cannot be under 75%	**98.43%**	**Within Limit**
Quality Management % of Total Award (Not including C/O): Cannot be over 5%	**2.04%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O): Cannot be over 10%	**5.87%**	**Within Limit**

Printed on: 2/16/2023

MAI

This report includes YTD paid reimbursements for FY 2022 MAI service months up to December 2022, as of 2/15/2023. This report reflects reimbursement requests that were due by 1/20/2023; and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process total $105,895.81.

RYAN WHITE PART A GRANT AWARD (Grant#: BURW3201)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32
MINORITY AIDS INITIATIVE (MAI) FUNDING
Per Resolution #S: R-1162-21, R-246-20, R-247-20 & R-817-19

PROJECT #: BURW3201	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount MAI	1,089,480.00	MAI	FY 2022 Award
Grant Award Amount FY'20 MAI	1,623,771.00	PY_MAI	2,713,251.00
Carryover Award FY'21 MAI	1,212,670.00	MAI_CARRYOVER	
Total Award	**$ 3,925,921.00**		

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	
	AIDS Pharmaceutical Assistance		
	Health Insurance Services		
1	Medical Case Management	903,920.00	
3	Mental Health Therapy/Counseling	18,960.00	
	Oral Health Care		
2	Outpatient/Ambulatory Health Svcs	1,356,661.00	
4	Substance Abuse - Outpatient	8,058.00	2,287,599.00

Priority Order	Support Services	Allocations	
7	Emergency Financial Assistance	0.00	
	Food Bank		
5	Medical Transportation	7,628.00	
	Other Professional Services		
6	Outreach Services	39,816.00	
	Substance Abuse - Residential		47,444.00
	DIRECT SERVICES TOTAL:		**$ 2,335,043.00**

Total Core Allocation		2,287,599.00
Target at least 80% core service allocation		1,868,034.40
Current Difference (Short) / Over	**$**	**419,564.60**
Recipient Admin. (OMB-GC)	**$**	**271,325.00**
Quality Management	**$**	**106,883.00**
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (MAI)	**$**	**-**
Unobligated Funds (Carry Over)	**$**	**1,212,670.00**

378,208.00	2,713,251.00	
	3,925,921.00	

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures	
5606970000	AIDS Pharmaceutical Assistance			
5606920000	Health Insurance Services			
5606870000	Medical Case Management	512,421.00		
5606860000	Mental Health Therapy/Counseling	1,007.50		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	545,343.95		
5606910000	Substance Abuse - Outpatient	570.00		1,059,342.45

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank			
5606460000	Medical Transportation	4,561.38		
5606890000	Other Professional Services			
5606950000	Outreach Services	0.00		
5606930000	Substance Abuse - Residential			4,561.38
	TOTAL EXPENDITURES DIRECT SVCS & %:			**$ 1,063,903.83** **45.56%**

5606710000	**Recipient Administration**	**95,174.95**		
5606880000	**Quality Management**	**83,333.30**		178,508.25
	Grant Unexpended Balance	**FY 2022 Award** **1,470,838.92**	**Carryover** **1,212,670.00**	2,683,508.92
	Total Grant Expenditures & % (Including C/O):			**$ 1,242,412.08** **31.65%**

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%	**3.94%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**99.57%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.07%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**3.51%**	**Within Limit**

Printed on: 2/16/2023

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, February 24, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of January 27, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• Allowable Medical Conditions Edits	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• December 2022, ADAP Formulary Additions Review Items# 1-44	All
	• Data on Letters of Medical Necessity	All
	• Revisions to Four Letters of Medical Necessity	All
IX.	New Business	
	• Oral Health Code Request: D5284-Removal unilateral partial denture	

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

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

Florida HEALTH

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

Ron DeSantis
Governor

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

February 6, 2023

ADAP Miami-Dade / Summary Report* – January 2023

Fiscal Year	1st Enrollments	Re-Enrollments	OPEN	CHD Pharmacy	RXs	Patients	RX/Pt	Payments	Premiums	~ 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
FY22/23 > YTD	**818**	**8,381**		**$22,690,810.89**	**38,974**	**12,862**	**3.0**	**$28,547,945.47**	**23,418**	**$1,219.06**
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	85	925	6,205	$2,561,946.62	4,142	1,439	2.9	$2,797,011.67	2,344	$1,193.26
Jul-22	71	875	6,263	$2,393,320.77	4,049	1,342	3.0	$2,807,326.41	2,350	$1,194.61
Aug-22	86	1,082	6,309	$2,519,544.21	4,442	1,440	3.1	$2,776,876.45	2,336	$1,188.73
Sep-22	80	917	6,352	$2,454,007.19	4,158	1,367	3.0	$2,731,186.36	2,287	$1,194.22
Oct-22	103	945	6,260	$2,188,894.51	3,798	1,237	3.1	$2,726,877.33	2,273	$1,199.68
Nov-22	72	907	6,241	$1,926,172.25	3,227	1,075	3.0	$2,707,404.96	2,252	$1,202.22
Dec-22	94	1008	6,301	$2,011,314.10	3,370	1,129	3.0	$2,715,906.41	2,272	$1,195.38
Jan-23	79	923	6,345	$1,872,593.42	3,329	1,071	3.1	$3,555,449.56	2,501	$1,421.61
Feb-23										
Mar-23										

SOURCE: Provide - DATE: 02/06/23 - Subject to Review & Editing

* *NOTE: West Perrine: 446 clients (02/06/23): DD 259; PP 187. Expenditures not included in this report.*

PROGRAM UPDATE

* Cabenuva ® utilization @ ADAP Miami (02/06/23): 119 patients. Direct Dispense 56 *(47%);* Premium Plus 63 *(53%)*

* Additional pharmacy choices for ADAP Uninsured clients in Miami-Dade *(10/01/22): five additional providers @ 16 pharmacy services*

CURRENT Ongoing CHD Pharmacy **Services**		
1	CHD Pharmacy @ Flagler Street	One Site
2	CHD Pharmacy @ Flagler Street	Mail order
3	ADAP Program @ West Perrine	CVS Specialty Mail Order

ADDITIONAL Pharmacies - Magellan RX PBM Miami-Dade - 10/01/22		
1	AIDS Healthcare Foundation	Four (4) sites
2	Borinquen Healthcare Center	One (1) site
3	Miami Beach Community Health Center	Three (3) sites
4	WINN DIXIE Stores	Seven (7) sites
5	YOUR PHARMACY @ Care Resource	One (1) site
6	CVS SPECIALTY* / PROCARE PHARMACY DIRECT	Mail Order / Monroeville, PA

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

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

February 22, 2023

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.

11 AVAILABLE SEATS

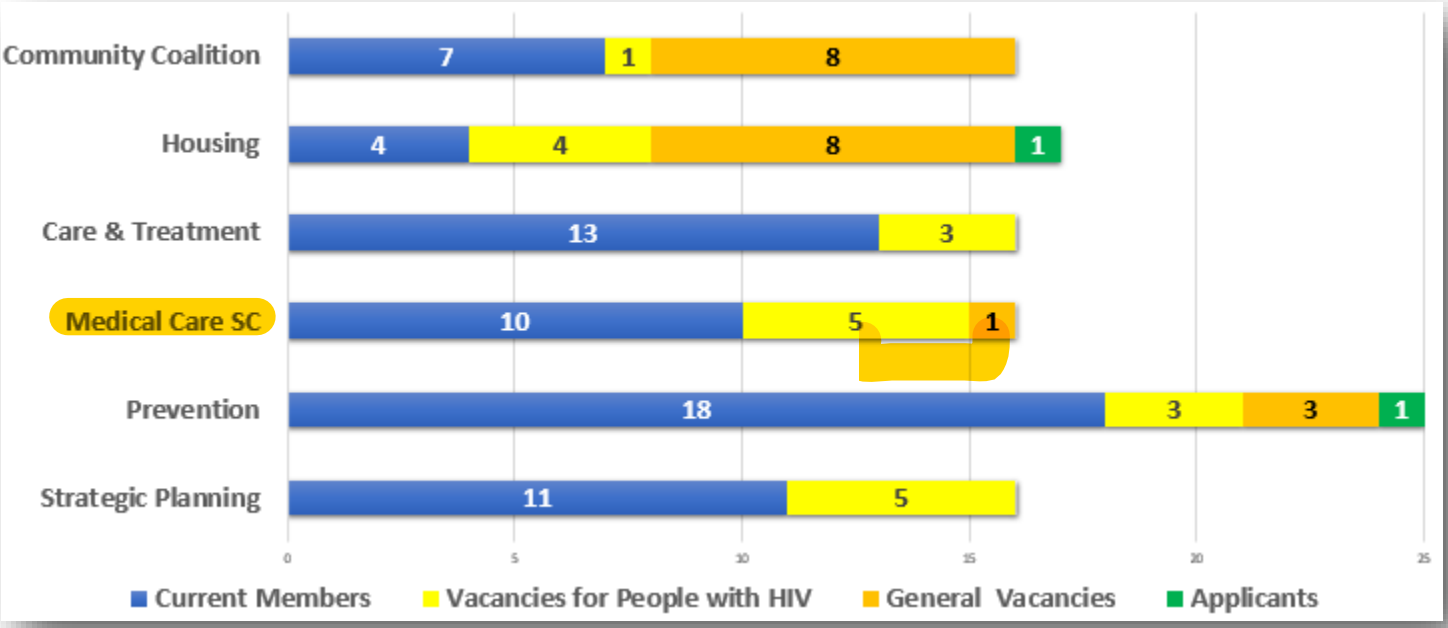
General Membership Opportunities

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

Partnership Committees

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



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
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MIAMI-DADE HIV/AIDS PARTNERSHIP

Partnership Report to Committees and Subcommittee
February 21, 2023 Meeting

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

Miami-Dade HIV/AIDS Partnership members heard a Special Presentation: *Tele-Harm Reduction: In Pursuit of Destigmatizing HIV Care for Persons Who Inject Drugs*, by Dr. Hansel Tookes

Members deferred nominations of Officers to their March meeting.

Members heard regular reports and approved the following motions:

Executive Committee

1. Motion to approve Policy and Procedure Manual changes attached to this report.

Community Coalition

2. Motion to recommend to the Mayor of Miami-Dade County the appointment of James Dougherty for the Community-Based AIDS Service Organization Representative seat on the Miami-Dade HIV/AIDS Partnership.

3. Motion to recommend to the Mayor of Miami-Dade County the appointment of Barbara Kubilus for the Representative from Agencies Receiving Grants Under Ryan White Part D, or from Organizations with a History of Providing Services to Children, Youth, and Families seat on the Miami-Dade HIV/AIDS Partnership.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, February 24, 2023

9:30 a.m. – 11:30 a.m.

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MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST

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

Conditions listed may be accessible under multiple specialties though not specifically referenced.

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

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

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

BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY):
osteoarthritis

BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY) and CHIROPRACTIC/PHYSICAL MEDICINE:
avascular necrosis of hip, knee, etc. (Stage 1 or 2 only for CHIROPRACTIC/PHYSICAL MEDICINE)
fibromyalgia
myopathy/myalgia, HIV-related (chronic for CHIROPTRACTIC/PHYSICAL MEDICINE)
osteopenia/osteoporosis
rheumatic diseases

CARDIOLOGY:
atherosclerosis
coronary artery disease
hyperlipidemia
peripheral artery disease
phlebitis

CHIROPRACTIC/PHYSICAL MEDICINE:
arthralgia, HIV-related chronic
peripheral neuropathy

IMPORTANT NOTE: According to CDC, chronic pain is defined as pain having duration of at least three months. Chronic pain is considered a co-morbidity of HIV. This may also contribute to the depression with pain comorbidity

DRAFT

complex (DPC). Treatment of acute pain is not covered.

COLORECTAL:
abnormal anal Pap smears
fistulas
hernias

COLORECTAL and ONCOLOGY:
anal cancers

DENTAL (ORAL HEALTH CARE):
giant aphthous ulcers

DENTAL (ORAL HEALTH CARE); and EAR,NOSE and THROAT (ENT)/OTOLARYNGOLGY:
human papillomavirus associated oral lesions

DENTAL (ORAL HEALTH CARE); EAR,NOSE and THROAT (ENT)/OTOLARYNGOLGY; and ONCOLOGY:
dental cancers
oral cancers

DERMATOLOGY:
dermatitis (including tinea infections)
eczema/seborrheic dermatitis
eosinophilic folliculitis
impetigo
Methicillin-resistant Staphylococcus aureus (MRSA)
molluscum contagiosum
photodermatitis
pruritus (as a symptom of undiagnosed xerosis, psoriasis, scabies, lymphoma, etc.)
psoriasis
skin conditions and symptoms, including skin appendages and oral mucosa
warts

DERMATOLOGY and INFECTIOUS DISEASES:
herpes simplex virus

DERMATOLOGY and ONCOLOGY:
Kaposi's sarcoma
skin cancers (squamous cell carcinoma, etc.)

DERMATOLOGY and PODIATRY:
onychomycosis

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MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST

EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:
chronic sinusitis
~~dental cancers~~
~~oral cancers~~
oral human papillomavirus

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

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

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB):
abnormal Pap smear
cervical human papillomavirus
erectile dysfunction*
hematuria (related to neoplasms)
pregnancy
scrotal candidiasis
tinea cruris (jock itch)
vaginal candidiasis

GENITOURINARY (GU)/ GYNECOLOGY (GYN)/OBSTETRICS (OB) and ONCOLOGY:
gynecological cancers
prostate cancer

**IMPORTANT NOTE: the local Ryan White Part A/MAI Program will only pay for evaluation and diagnostics of erectile dysfunction; but the treatment of erectile dysfunction is not covered by the local Ryan White Part A/MAI Program.*

HEMATOLOGY:
anemia
neutropenia
thrombocytopenia

HEMATOLOGY and ONCOLOGY:
polycythemia vera

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MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST

INFECTIOUS DISEASE:
histoplasmosis
leishmaniasis
non-tuberculous mycobacterial infections
syphilis
varicella zoster infections
viral hepatitis (hepatitis B and C)

INFECTIOUS DISEASE and DERMATOLOGY:
~~herpes simplex infections (1 and especially type 2)~~
Mpox

INFECTIOUS DISEASE and OPTHAMOLOGY:
toxoplasmosis

INFECTIOUS DISEASE and PULMONOLOGY:
tuberculosis

MENTAL HEALTH SERVICES and PSYCHIATRY:
mental health disorder caused or exacerbated by HIV diagnosis or HIV treatment
mental health disorder/condition that significantly hinders a client's HIV treatment adherence

IMPORTANT NOTES
Under Mental Health Services, a mental health professional (PhD, EdD, PsyD, MA, MS, MSW, or M. Ed) will assess, diagnose, and treat mental illness under the mental health service category.
Under Psychiatry, a Psychiatrist will assess, diagnose, and treat mental illness in an outpatient/ambulatory health care setting.

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

NEUROLOGY:
delirium
HIV-associated neurocognitive disorder (HAND) [1, 2]
HIV- related encephalopathy
neuropathy
neurosyphilis

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[1] National Institute of Mental Health info: https://www.nimh.nih.gov/about/organization/dar/developmental-and-clinical-neuroscience-of-hiv-prevention-and-treatment-branch/clinical-neuroscience-of-hiv-infection-program

[NOTE: old NIMH web link not accessible. Additional link added below by OMB-GC/Ryan White Program]

[2] UCSF Weill Institute for Neurosciences:
https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF_HIV%20Dementia_Providers_11-6-17.pdf

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NUTRITION:
lipodystrophy
wasting
weight gain
weight loss

ONCOLOGY:
Cancers-may include but not limited to: ~~anal~~, breast, eye (e.g., squamous cell carcinoma of the eye, ~~Kaposi sarcoma,~~ etc.), ~~gynecological~~, ~~Kaposi's sarcoma~~, lymphoma, ~~oral~~, polycythemia vera, prostate, ~~skin~~

IMPORTANT NOTE: the local Ryan White Part A/MAI Program is restricted to evaluation, diagnostics, and treatment in an outpatient setting.

OPHTHALMOLOGY/OPTOMETRY:

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

- Client has a low CD4 count (at or less than 200 cells/mm^3) *currently*
- Client has a comorbidity (e.g., diabetes, hypertension, STI, etc.)
- Client has a prior diagnosis of cytomegalovirus retinitis (CMV)
- Client has Immune Reconstitution Syndrome

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

Manifestations due to opportunistic infections:

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

Visual disturbances to rule out complication of HIV due to:

- cataracts
- dry eyes (sicca)
- glaucoma
- intra-retinal hemorrhages
- reactive arthritis
- trichomegaly or eyelash hypertrichosis (exaggerated growth of the eye lashes found in the later stages of the disease)
- uveitis

History of STI and complications of STI:

- herpes simplex virus

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- herpes zoster-varicella visual changes
- syphilis

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

PODIATRY:
diabetic foot care
foot and ankle pain*
~~onychomycosis~~

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

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

PULMONARY:
mycobacterium
pneumocystis pneumonia
recurrent pneumonia
~~tuberculosis~~

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MIAMI-DADE
HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, February 24, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of January 27, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• Allowable Medical Conditions Edits	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• December 2022, ADAP Formulary Additions Review Items# 1-44	All
	• Data on Letters of Medical Necessity	All
	• Revisions to Four Letters of Medical Necessity	All
IX.	New Business	
	• Oral Health Code Request: D5284-Removal unilateral partial denture	

Please turn off or mute cellular devices – Thank you

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

MENTAL HEALTH SERVICES

(Year ~~32~~ 33 Service Priorities: #~~3~~ 9 for Part A and #~~3~~ 4 for MAI)

Mental Health Services are core medical services intended to improve patient outcomes. These Mental Health Services include the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to people with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the State of Florida to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers (see below for additional allowable professions under the local Ryan White Part A Program). ~~*Note: Following Florida Department of Children and Families (DCF) terminology, clients are now referred to as individuals served.*~~

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

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

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

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

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

Commented [RL1]: This is the first area of discussion. Should we look at mental health services as a means of resolving issues of anxiety, gender dysphoria, low ARV adherence, low levels of retention in care? The subrecipients who are working on increasing the level of mental health service utilization are seeing this as an adjuvant to case management.

Commented [RL2]: Are we sure we want to do this? We refer to these persons as "clients" everywhere else.

Commented [RL3]: Do we call these persons "individuals served" throughout the document? Or should we eliminate the italicized statement above?

Commented [RL4]: Here we are in the thicket of nomenclature.

Commented [RL5]: Let's just call them "clients."

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

Mental Health Service Components:

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

Commented [RL6]: We need to clarify sessions and encounters

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

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

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counseling provides therapy in a social context, reduces the feeling of isolation many

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

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

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

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

B. **Additional Service Delivery Standards:** Level I and Level II providers must adhere to generally accepted clinical guidelines for psychological treatment of persons with HIV/AIDS-related illnesses. (Please refer to Section III of this FY 202~~2~~3 Service Delivery Manual for details, as may be amended.)

~~C.~~ **Rules for Reimbursement:** Reimbursement for individual and group Mental Health Services will be based on a half-hour ~~-~~counseling session "unit" not to exceed

$32.50 per unit for Level I individual counseling; $35.00 per unit for Level I group counseling; $32.50 per unit for Level II individual counseling; and $35.00 per unit for Level II group counseling. Reimbursement for individual counseling units are calculated for each client receiving the therapy (i.e., number of individual counseling units per client), whereas, reimbursement for group counseling units are calculated for the counselor that provided the group counseling (i.e., number of group counseling units per counselor).

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Tele-mental health services are reimbursed as follows:

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

D. **Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group Mental Health Services is a one-half-hour counseling session and the unduplicated number of clients served. Providers will report individual and group activity separately for Level I and Level II Mental Health Services.

E. **Additional Rules for Documentation:** Providers must also maintain certifications and licensure documents of the mental health professionals providing services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Client charts **must** include a detailed treatment plan for each eligible client that includes required components and the mental health professional's signature.

F. **Additional Treatment Guidelines and Standards:** Providers of Mental Health Services (Levels I and II) will adhere to generally accepted clinical guidelines for mental health therapy/counseling of people with HIV. The following are examples of such guidelines:

- American Psychiatric Association (APA). HIV Psychiatry - Training and Education, as well as HIV Psychiatry Resources and Publications [e.g., Fact Sheets: HIV and Clinical Depression; HIV and Anxiety; HIV and Cognitive Disorders; HIV and Delirium; HIV and Substance Use; HIV and People with Severe Mental Illness (SMI); Sleep Disorders and HIV; and Pain in HIV/AIDS; Publications (including links to other related books and journals, such as the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition - DSM-5); and additional web materials.

  Available at:

  https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychiatry and
  https://www.psychiatry.org/psychiatrists/search-directories-databases
  Accessed 6/20/2022.

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

  Available at:

  https://www.psychiatry.org/psychiatrists/practice/clinical-practice-guidelines and https://psychiatryonline.org/guidelines
  Accessed 6/20/2022.

- Best Practices Compilation Search provides interventions that improved client treatment outcomes (viral load suppression, ARV adherence and retention in care): https://targethiv.org/bestpractices/search?keywords=mental%20health Accessed 1/5/2023

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, February 24, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of January 27, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• Allowable Medical Conditions Edits	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• December 2022, ADAP Formulary Additions Review Items# 1-44	All
	• Data on Letters of Medical Necessity	All
	• Revisions to Four Letters of Medical Necessity	All
IX.	New Business	
	• Oral Health Code Request: D5284-Removal unilateral partial denture	

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

SUBSTANCE ABUSE OUTPATIENT CARE
AND
SUBSTANCE ABUSE SERVICES (RESIDENTIAL)

(Year 3~~2~~3 Service Priorities: #~~9~~ 12 for outpatient Part A and #~~4~~ 8 for MAI; and #~~7~~ 10 for Part A residential only)

~~*Note: Following Florida Department of Children and Families (DCF) terminology, clients are now referred to as individuals served.*~~

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

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

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

Service must be provided in settings that foster the client's sense of self-determination, dignity, responsibility for own actions, relief of anxiety, and peer support.

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

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

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

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

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

A residential substance abuse episode is not a pre-requisite to access Substance Abuse Outpatient Care. However, clients stepping down from or completing Substance Abuse Services (Residential) are encouraged to transition to Substance Abuse Outpatient Care. Furthermore, providers shall attempt a warm hand off to Substance Abuse Outpatient Care, where appropriate.,

I. Substance Abuse Outpatient Care

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

Services include screening, assessment, diagnosis and/or treatment of substance use disorder. Allowable substance use disorder treatments include: pre-treatment/ recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorders; outpatient drug-free treatment and counseling; medication assisted therapy; psychopharmaceutical interventions; substance abuse education; and relapse prevention. Services may also include mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; conflict resolution; anger management; and relapse prevention. All clients receiving this service must have a Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis of substance use disorder.

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

Providers of this service must specify the maximum number of clients expected to be enrolled in a group counseling session. The minimum amount of group participants is three (3) Ryan White Program clients per group and should be no higher than fifteen (15) total persons per group. The ratio of group counseling

participants to Counselors should be no lower than 3:1 and no higher than 15:1. One unit is equal to one half-hour counseling session.

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

- **Substance Abuse Outpatient Care (Level I) - Professional Substance Abuse Counseling.** Level I services include *general and intensive* substance abuse therapy and counseling (individual, family, and group) provided by trained mental health or certified addiction professionals. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Direct service providers for Level I must possess at least a *doctorate or postgraduate degree* (PhD or Master's degree) in the appropriate counseling-related field, and preferably be licensed as a *certified addiction professional* (CAP), Licensed Clinical Psychologist, LCSW, LMHC, or LMFT to provide such services.

- **Substance Abuse Outpatient Care (Level II) - Counseling and Support Services.** Level II services include supportive and crisis substance abuse counseling by trained and supervised Counselors (who may possess Bachelor's degrees or have related experience, and may not be licensed), peers, and facilitators. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Non-certified personnel providing this Level II service will be supervised by professionals with appropriate Level I substance abuse counseling credentials.

- **Tele-substance abuse outpatient care services** are also available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for more details.

B. **Additional Service Delivery Standards:** Providers of these services will also be required to adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. (Please refer to Section III of this FY ~~2022~~ 2023 Service Delivery Manual for details, as may be amended.)

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

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

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

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

D. **Additional Rules for Reporting:** The unit of service for reporting monthly activity of individual and group counseling is a *one half-hour counseling session* provided to the client and the number of unduplicated clients served. Providers must also report, on a monthly basis, the number of group counseling units provided by each Counselor.

E. **Linkage/Referrals:** Providers of Substance Abuse Outpatient Care must document the client's progress through the treatment program, maintain linkages with one or more residential facilities, appropriate community services, including 12-step programs, and be able to refer or place clients in a residential program, in collaboration with the client, Medical Case Manager, and Primary Care Physician when that is found to be appropriate. Providers are required to determine if the client is currently receiving Medical Case Management services; if not, the provider must seek enrollment of the client in a Medical Case Management program of the client's choice while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the Medical Case Management provider must be established in order to ensure coordination of services while the client remains in treatment.

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

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

II. Substance Abuse Services (Residential)

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

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

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of Mental Disorders (DSM-5) assessment tool (e.g., ASAM Criteria®, a Level of Care determination tool) for diagnosis of a substance use disorder or International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) tools. Services will then be provided by or under the supervision of a Physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State of Florida.

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

Residential treatment programs shall comply with the following requirements:

B. **Rules for Reimbursement:** The unit of service for reimbursement of Substance Abuse Services (Residential) is a *client-day* of care up to a maximum amount of $25~~1~~0.00 per day. The final, maximum rate is negotiated between the County's Office of Management and Budget-Grants Coordination division and each funded subrecipient. **Under normal circumstances clients may not be enrolled in any Ryan White Program-funded Substance Abuse Services (Residential) program for longer than ~~120~~ 180 calendar days within a twelve-month period. Twelve months begins on the very first day of a client's residential treatment and restarts every 12 months based on that original start date for Ryan White Program-funded residential substance abuse treatment services. No exceptions, unless approved by the Miami-Dade County Office of Management and Budget for extreme circumstances (e.g., public health emergencies such as COVID-19 or extreme weather events such as hurricanes). ~~Effective September 1, 2022, the temporary policy allowing more than 120 bed days of residential substance abuse treatment services due to a COVID-19 related issue will come to an end.~~ Override requests may be considered on a case-by-case basis and would be approved or denied at the discretion of Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program (OMB-GC/RWP) management. Please contact the OMB-GC/RWP office for pre-approval ~~prior to~~prior to extending residential care past the 1~~2~~80-day cap. The length of stay for existing clients will be closely monitored by the County's OMB/Ryan White Program.**

Residential substance abuse treatment providers are strongly encouraged to check the Provide® Enterprise Miami data management system order to determine how many days of residential treatment service have already been billed for the client, and how many days are remaining in the client's ~~120~~180-day/12-month period. In addition, providers should call or email the client's previous Substance Abuse Services (Residential) provider, if applicable, to inquire if any services are pending

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to be entered or compiled in the Provide® Enterprise Miami data management system. This will affect the actual number of available days versus those that appear in the Provide® Enterprise Miami data management system.

C. **Additional Rules for Reporting:** Monthly activity reporting (i.e., reimbursement requests) for Substance Abuse Services (Residential) is per *client-day* of care and number of unduplicated clients served. Providers will indicate in the Provide® Enterprise Miami data management system the client's disposition after Substance Abuse Services (Residential) has ended (e.g., treatment completed, client referred to outpatient substance abuse counseling, client withdrew from treatment, etc.). This process is facilitated by the review and managing of the "RSA Disenrollment Report" available in the Provide® Enterprise Miami data management system. Service providers are required to print this report on a monthly basis and disenroll clients who are no longer in active care. Once all residential treatment disenrollments for the month are completed, a final "RSA Disenrollment Report" must be printed and uploaded along with the monthly reimbursement request that is uploaded in the Provide® Enterprise Miami data management system.

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

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

E. **Special Client Eligibility Criteria:** A Ryan White Program In Network Service Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service. Clients receiving Ryan White Program Part A or MAI-funded Substance Abuse Services (Residential) must be

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documented as having gross household incomes below 400% of the ~~2022~~ 2023 Federal Poverty Level (FPL).

F. Additional Rules for Documentation: Providers must also maintain professional certifications and licensure documents as required by the State of Florida for staff providing residential substance abuse treatment services to Ryan White Program clients and must make these documents available to OMB staff or authorized persons upon request. Providers must submit to OMB a copy of the staffing structure showing supervision by a Physician or other qualified personnel, and an assurance that all services are provided in a short-term residential setting. Providers must also maintain client charts that include individual treatment plans with all required elements and document that services were provided as allowable under the Ryan White Program service definition, the quantity, frequency and modality of treatment services, the date treatment begins and ends, regular monitoring and assessment of client progress, and a signature of the individual providing the service or the supervisor as applicable. If acupuncture services were provided, a copy of the written referral from the primary health care provider must be in the client chart.

III. Additional Standards and Guidelines

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

- American Society of Addiction Medicine. *The ASAM Principles of Addiction Medicine,* Sixth Edition; November 2, 2018.
  Available at: https://www.asam.org/publications-resources/textbooks
  Accessed 6/20/2022.

- American Society of Addiction Medicine (ASAM). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.* Third Edition.
  Available at: https://www.asam.org/publications-resources/textbooks
  Accessed 6/20/2022. (Note: the Fourth Edition is currently in development.)

- American Society of Addiction Medicine. Current and archived public policy statements related to the treatment of substance use disorder.
  Available at: https://www.asam.org/advocacy/public-policy-statements
  Accessed 6/20/2022.

- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.

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- Rules governing the provision of substance abuse treatment services consistent with the regulations promulgated by the State of Florida's Alcohol Prevention and Treatment (APT) and Drug Abuse Treatment and Prevention (DATAP) programs, as may be amended.

- Rules governing the provision of residential and outpatient substance abuse treatment services with regards to licensure and regulatory standards that are consistent with the administrative regulations promulgated in Chapter 65D-30, Substance Abuse Services Office, of the Florida Administrative Code under the State of Florida Department of Children and Families, as may be amended.

~~IV.~~

IV. Best Practices Compilation Search provides interventions that improved outcomes: https://targethiv.org/bestpractices/search?keywords=substance%20abuse&page=1

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MIAMI-DADE
HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, February 24, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
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VI.	Review/Approve Minutes of January 27, 2023	All
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	• Oral Health Code Request: D5284-Removal unilateral partial denture	

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	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue	Ryan White Options	Notes/Comments
1	**tramadol**	Ultram	Analgesic	Opioid	$0.04 per tablet	yes	acetaminophen, apap/codeine, oxycodone, apap/oxycodone, naproxen, aspirin, ibuprofen	Indication: mod-severe pain, chronic pain
2	**diclofenac**	Voltaren	Analgesic, Pain Relief	NSAID	$3.66 per 100 grams gel, $0.05-$0.06 per tablet	no	ibuprofen, naproxen, aspirin	Anti-inflammatory. Class: NSAIDS
3	**nepafenac**	Nevanac	Analgesic, Pain Relief	NSAID (Ophthalmic)	$15.90 per bottle	no	no	Indication: Pain/inflammation associated with cataract surgery . Class: NSAIDS
4	**cefixime**	Suprax	Anti-infective, antibiotic	Antibiotic-cephalosporin (3rd generation)	$8.5170 (400mg)	no	no	
5	**moxifloxacin**	Avelox (oral), Vigamox (opth)	Anti-infective, antibiotic	Antibiotic-Quinolone	$0.3670 400mg)	no (oral); yes (opth)	levofloxacin, ciprofloxacin, ofloxacin (opth)	
6	**voriconazole**	Vfend	Anti-infective, antifungal	Azole Antifungal	$0.2810 (50mg); $0.1343 (200mg)	yes	itraconazole	
7	**tinidazole**	Tindamax	Anti-infective, antiprotozoal, amebicide	Antiprotozoal, amebicide	$0.4120 (250mg); $1.1685 (500mg)	no	no	
8	**famciclovir**	Famvir	Anti-infective, antiviral	Antiviral	$0.1267 (125mg); $0.1310 (250mg); $0.2277 (500mg)	yes	acyclovir, valacyclovir	
9	**mupirocin**	Bactroban	Anti-infective-antibiotic	Topical antibiotic	$0.198 per unit gram (15gm cr)	yes	no	
10	**rifapentine**	Priftin	Anti-infective-antitubercular	Antitubercular	$7.3033 (150mg)	yes	rifampin, rifabutin	
11	**ethinyl estradiol/desogestrel**	Apri, Marvelon	Birth Control	Contraceptive	$0.04 per tablet (generic)	no	no	birth control / Indication: hormonal contraceptive, 28-day pack contains desogestrel/ethinyl estradiol 0.15 mg/30 mcg tab x21, then inert tab x7
12	**ethinyl estradiol/etonogestrel**	NuvaRing	Birth Control	Contraceptive	$0.01 per ring	yes	no	birth control / Indication / form / dosage: hormonal contraceptive, intravaginal, vaginal ring (0.015 mg-0.12 mg/24 hours)

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue	Ryan White Options	Notes/Comments
13	**ethinyl estradiol/levonorgestrel**	Aviane, Lessina	Birth Control	Contraceptive	$0.03 per tablet (generic)	no	no	birth control/ Indication: hormonal contraceptive available in various dosage forms, transdermal patch system available
14	**ethinyl estradiol/norethindrone**	Junel	Birth Control	Contraceptive	$0.21 per tab (Junel)	no	no	birth control/ Indication: hormonal contraceptive available in various dosage forms, transdermal patch system available
15	**ethinyl estradiol/norethindrone/ferrous fumarate**	Junel Fe	Birth Control	Contraceptive	$0.07 per tab (Junel Fe)	no	no	birth control
16	**ethinyl estradiol/norgestimate**	Sprintec	Birth Control	Contraceptive	$0.05 per tablet	yes	no	birth control
17	**ethinyl estradiol/norgestrel**	Cryselle	Birth Control	Contraceptive	$0.17 per tablet	no	no	birth control
18	**levonorgestrel**	My Way, Plan B, Mirena	Birth Control	Contraceptive	$1.98 per packet/tablet	no	no	birth control. IUD/ Systemic
19	**norethindrone**	Micronor, Nor-Q-D	Birth Control	Contraceptive	$0.05 per tablet	no	no	Birth control/menopause/ Endometriosis
20	**bempedoic acid**	Nexletol	Cardiovascular	ACL Inhibitor	$5.73 per tab 340B for Brand only	no	no	Indication: hypercholesterolemia *used in conjunction with statin
21	**prazosin**	Minipress	Cardiovascular	Alpha-1 Adrenergic Blocker	0.03 to 0.05 per tab 340B	yes	no	Indication: hypertension
22	**clonidine**	Catapres	Cardiovascular	Alpha-2 Adrenergic Agonist	0.01 to 0.02 per tab 340B $4-10 per patch 340B	yes	no	Indication: hypertension
23	**irbesartan**	Avapro	Cardiovascular	Angiotensin II Receptor Blocker	0.01 to 0.10 per tab 340B	no	eprosartan	Indication: hypertension, diabetic nephropathy
24	**olmesartan**	Benicar	Cardiovascular	Angiotensin II Receptor Blocker	$7-11 per tab for Brand only (GPO price)	yes	eprosartan	Indication: hypertension *only available as Brand Benicar - not 340B

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue	Ryan White Options	Notes/Comments
25	**valsartan**	Diovan	Cardiovascular	Angiotensin II Receptor Blocker	*generic currently unavailable* 0.01 per tab 340B for Brand only	no	eprosartan	Indication: hypertension, heart failure, myocardial infarction
26	**irbesartan/hydrochlorothiazide**	Avalide	Cardiovascular	Angiotensin II Receptor Blocker/Thiazide Diuretic	0.05 to 0.11 per tab 340B	no	eprosartan, HCTZ	Indication: hypertension
27	**losartan/hydrochlorothiazide**	Hyzaar	Cardiovascular	Angiotensin II Receptor Blocker/Thiazide Diuretic	0.04 to 0.06 per tab 340B	yes	eprosartan, HCTZ	Indication: hypertension
28	**olmesartan/ hydrochlorothiazide**	Benicar HCT	Cardiovascular	Angiotensin II Receptor Blocker/Thiazide Diuretic	$8-11 per tab for Brand only (GPO price)	available as individual components	eprosartan, HCTZ	Indication: hypertension *only available as Brand Benicar HCT - not 340B
29	**valsartan/ hydrochlorothiazide**	Diovan HCT	Cardiovascular	Angiotensin II Receptor Blocker/Thiazide Diuretic	0.04 to 0.11 per tab 340B	yes	eprosartan, HCTZ	Indication: hypertension
30	**enalapril/hydrochlorothiazide**	Vaseretic	Cardiovascular	Angiotension Converting Enzyme Inhibitor/ Thiazide Diuretic	0.04 per tab 340B	yes	available as individual components	Indication: hypertension
31	**benazepril/ hydrochlorothiazide**	Lotensin HCT	Cardiovascular	Angiotension Converting Enzyme Inhibitor/Thiazide Diuretic	0.16 per tab 340B	available as individual components	available as individual components	Indication: hypertension *not for initial therapy
32	**metoprolol tartrate/ hydrochlorothiazide**	Lopressor HCT	Cardiovascular	Beta-Blocker/Thiazide Diuretic	0.42 to 1.20 per tab 340B	available as individual components	available as individual components	Cardioselective (Beta-2) Indication: hypertension *not for initial therapy
33	**atenolol/ chlorthalidone**	Tenoretic	Cardiovascular	Beta-Blocker/Thiazide Diuretic	0.02 to 0.16 per tab 340B	available as individual components	atenolol, metoprolol, HCTZ	Indication: hypertension *not for initial therapy
34	**amlodipine/benazepril**	Lotrel	Cardiovascular	Calcium Channel Blocker/ Angiotension Converting Enzyme Inhibitor	0.01 to 0.06 per tab 340B	yes	verapamil, diltiazem, nifedipine, benazepril	Indication: hypertension

	Generic Name	Brand Names	Therapeutic Classification	Pharmacologic Classification	Estimated 340B Cost (per unit or monthly cost)	On General Revenue	Ryan White Options	Notes/Comments
35	**amlodipine/atorvastatin**	Caduet	Cardiovascular	Calcium Channel Blocker/HMG-CoA Reductase Inhibitor	0.07 to 0.90 per tab 340B	yes	verapamil, diltiazem, nifedipine, atorvastatin	Indication: BOTH hypertension AND hyperlipidemia
36	**ezetimibe/rosuvastatin**	Ridutrin	Cardiovascular	Cholesterol Absorption Inhibitor/HMG-CoA Reductase Inhibitor	*currently unavailable through our wholesaler	available as individual components	available as individual components	Indication: hyperlipidemia, nonfamilial hypercholesterolemia
37	**ivabradine**	Corlanor	Cardiovascular	Hyperpolarization-activated cyclic nucleotide-gated channel blocker	$5.15 per tab 340B for Brand only	no	no	Indication: heart failure
38	**sacubitril/valsartan**	Entresto	Cardiovascular	Neprilysin Inhibitor/ Angiotensin II Receptor Blocker	$4.70 per tab 340B for Brand only	yes	no	Indication: heart failure
39	**evolocumab**	Repatha	Cardiovascular	PCSK9 Inhibitor	$108 per 140mg/mL syringe 340B for Brand only	no	no	Class: antihyperlipidemic Indication: hypercholesterolemia, secondary prophylaxis of cardiovascular disorders
40	**alirocumab**	Praluent	Cardiovascular	PCSK9 Inhibitor	$66.78 per syringe 340B for Brand only	no	no	Class: antihyperlipidemic Indication: hypercholesterolemia, prophylaxis of cardiovascular disorders
41	**spironolactone/ hydrochlorothiazide**	Aldactazide	Cardiovascular	Potassium Sparing Diuretic/ Thiazide Diuretic	0.14 to 0.22 per tab 340B	yes	furosemide, HCTZ	Indication: hypertension, edema, heart failure, liver cirrhosis
42	**isosorbide dinitrate**	Isordil Titradose, Sorbitrate, Wesorbide	Cardiovascular	Vasodilating Agent	0.17 per tab 340B	yes	nitroglycerin	Indication: prophylactic for angina
43	**isosorbide mononitrate**	Imdur,Monoket	Cardiovascular	Vasodilating Agent	0.03 to 0.09 per tab 340B	yes	nitroglycerin	Indication: angina
44	**midodrine**	ProAmatine, Orvaten	Cardiovascular	Vasopressor	0.04 to 0.12 per tab 340B	no	no	Indication: orthostatic hypotension

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, February 24, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

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	• Allowable Medical Conditions Edits	All
	• Service Descriptions: Mental Health and Substance Abuse	All
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	• Oral Health Code Request: D5284-Removal unilateral partial denture	

Please turn off or mute cellular devices – Thank you

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Ryan White Program Utilization
Calendar Year 2021 and 2022
For Letters of Medical Necessity Analysis

RX Codes Funded by RWP Dispensed CY 2021			
	Clients Served	Number of Prescriptions	Cost (Including Dispensing Fee)
RX0102-Percocet 5/325 mg	2	2	$27.04
RX0103*-Roxicodone	2	2	$4.23
RX0700-Epogen, Procrit	0	0	$0
RX0701-Neupogen	0	0	$0
	4	4	$31.27

RX Codes Funded by RWP Dispensed CY 2022			
	Clients Served	Number of Prescriptions	Cost (Including Dispensing Fee)
RX0102*- Percocet 5/325 mg	6	8	$120.06
RX0103-Roxicodone	0	0	$0
RX0700-Epogen, Procrit	0	0	$0
RX0701-Neupogen	0	0	$0
	6	8	$120.06

RX Codes with an asterisk indicate that some of the entries were listed as not being eligible.

For CY 2021, both entries for RX0103 were listed as not being eligible even though the funding source is listed as RW Part A. Both entries mention the reason for ineligibility being that the medication is missing the letter of medical necessity. Those two prescriptions have a status of “Dispensed” but the dispensing fee is NULL.

For CY 2022, only RX0102 was dispensed under RW Part A. Three of those prescriptions were listed as not being eligible. All three entries list “Unknown Prescriber” as the reason for ineligibility. Two of those three prescriptions show a dispensing fee of $0. All medications for CY 2022 also show a status of “Dispensed”.

MIAMI-DADE HIV/AIDS PARTNERSHIP

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

Date:_____

As the medical practitioner for_____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 Enterprise Miami data 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.

Rev. 4/12/2021

[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.

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

Client's Full Name	**Prescriber Full Name**
Preferred Name	**Prescriber License# (M.D., D.O., P.A., A.P.R.N)**
Date of Birth	**Prescriber Telephone #**

As the medical practitioner for and in accordance with F.A.C. 64B8-9.013[1] it is my considered opinion to prescribe (check **one** of the following):

□ Roxicodone (Oxycodone)

□ Percocet (Oxycodone/APA) 5/325 *generic only*

Diagnosis for this medication is _____ which is related to the patient's HIV/AIDS status, complications of HIV, or HIV-related co-morbidity because:_____.

Length of time to use and strength:_____

Frequency of dosing: _____

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

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

Prescriber Signature and Date

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

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Approved 5/16/2022

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

Client/Patient's Full Name:_____ Date of Birth: _____/_____/_____

Patient's CIS# (assigned by the Ryan White Program Provide Enterprise Miami data system): _____

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

Prescriber License #: _____

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.

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® (Filgrastin)

Client's Full Name

Prescriber Full Name

Preferred Name

Prescriber License# (M.D., D.O., P.A., A.P.R.N)

Date of Birth

Prescriber Telephone #

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

Medication is: ☐ New Therapy **OR** ☐ Continuation of Therapy

Drug Strength: _____

Indicate dosage and frequency of dosing: _____

Date range of therapy: Start Date: _____ End Date: _____

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

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

Prescriber Signature and Date

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 Services 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.

Approved 5/16/2022

Draft

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

Client'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 ofdosing: _____

Prescriber's Signature: _____

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

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)

Client's Full Name	**Prescriber Full Name**
Preferred Name	**Prescriber License# (M.D., D.O., P.A., A.P.R.N)**
Date of Birth	**Prescriber Telephone #**

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:_____

Medication is: □ New Therapy OR □ Continuation of Therapy

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

Drug Strength: _____

Indicate dosage and frequency of dosing: _____

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

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

Prescriber Signature and Date

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 Services 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.

Approved 5/16/2022

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)

Date: _____

As the medical practitioner for_____, 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 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 Enterprise Miami data 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.

Rev. 4/12/2021

RYAN WHITE PROGRAM
Letter of Medical Necessity for Highly Sensitive Tropism Assay
LAB TEST* required to prescribe Maraviroc (Selzentry®)
**Required only when the cost of the assay is not covered by any other funding source.*

Client's Full Name	**Prescriber Full Name**

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

Date of Birth	**Prescriber Telephone #**

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 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.

Prescriber Signature and Date

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 Services 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.

Approved 5/16/2022

Draft

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, February 24, 2023

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Housekeeping and Rules	James Dougherty
III.	Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of January 27, 2023	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• Allowable Medical Conditions Edits	All
	• Service Descriptions: Mental Health and Substance Abuse	All
	• December 2022, ADAP Formulary Additions Review Items# 1-44	All
	• Data on Letters of Medical Necessity	All
	• Revisions to Four Letters of Medical Necessity	All
IX.	New Business	
	• Oral Health Code Request: D5284-Removal unilateral partial denture	

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

	and D3221-Pulpal debridement	All
X.	Announcements	All
XI.	Next Meeting**: March 24, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

Please turn off or mute cellular devices – Thank you

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

RYAN WHITE PROGRAM ORAL HEALTH CARE FORMULARY REVIEW REQUEST FORM

Date of Request: 1/18/2023

Request for (check one):

_x_ Addition ___ Deletion

FOR OMB-GC USE ONLY

_____ Date Request Received
_____ Date of Care & Treatment Cmte. Review/Action *(Approved? ___Yes ___No)*
_____ Date of Miami-Dade HIV/AIDS Partnership Review/Action *(Approved? ___Yes___No)*

(1) Current Dental Terminology (CDT) code and description of dental procedure:
D3221 -Pulpal debridment, primary and permanent teeth.

(2) Please list other procedures currently found in the local Ryan White Program Oral Health Care Formulary which are considered similar to the proposed addition/deletion.
D3310-30 - Endodontic therapy

(3) Should there be any restrictions on the use/availability of this procedure? ☐ Yes ☑ No ☐ N/A
If yes, please explain. This code is used on emergency situations. Patients with severe pain that need a Root Canal Treatment but, due to complexity, treatment can not be completed in office and need to be referred to a specialist. Buy removing the inflamed pulp, pain is reduced until the definitive treatment is performed.

(4) Please indicate your reason for this request:
- ☐ New dental procedure available
- ☐ Dental procedure no longer used
- ☐ Change in dental code – The replacement code is _____
- ☑ Other (specify): In order to provide temporary relieve to patients in pain

(5) Please justify the reason for the addition or deletion of this code. Provide appropriate references where applicable. (Attach back-up documentation to support your request, as needed.)
When dental pulp presents irreversible inflammation, the only treatment course is RCT. By removing and irreversibly inflammed pulp we would be taking the first step in RCT and in most cases temporarily eliminate the origin of the pain

(6) I understand that this request will be considered at the next meeting of the Miami-Dade HIV/AIDS Partnership's ad-hoc Oral Health Care Workgroup, which meets as needed.

Print Name:
Phone/Pager:
Dental Clinic Site:

Please forward this request to (do not include client identifying information):

Carla Valle-Schwenk
Program Administrator
Miami-Dade County Office of Management and Budget-Grants Coordination
Ryan White Program
111 N.W. 1st Street, 22nd Floor
Miami, Florida 33128
Telephone (305) 375-4742 / Fax (305) 375-4454
Electronic mail: carla.valleschwenk@miamidade.gov

RYAN WHITE PROGRAM ORAL HEALTH CARE FORMULARY REVIEW REQUEST FORM

Date of Request: 1/18/2023

Request for (check one):

_x_ Addition ___ Deletion

FOR OMB-GC USE ONLY

2/1/2023 Date Request Received
_____ Date of Care & Treatment Cmte. Review/Action *(Approved? ___Yes ___No)*
_____ Date of Miami-Dade HIV/AIDS Partnership Review/Action *(Approved? ___Yes___No)*

(1) Current Dental Terminology (CDT) code and description of dental procedure:
D5284 -Removable unilateral partial denture-One piece flexible base (including retentive/clasping materials, rests, and teeth) - Per quadrant.

(2) Please list other procedures currently found in the local Ryan White Program Oral Health Care Formulary which are considered similar to the proposed addition/deletion.
D5282-Removable unilateral partial denture - one piece cast metal, maxillary
D5283 - Removable unilateral partial denture - one piece cast metal, mandibular

(3) Should there be any restrictions on the use/availability of this procedure? ☐ Yes ☑ No ☐ N/A
If yes, please explain. _____

(4) Please indicate your reason for this request:
- ☐ New dental procedure available
- ☐ Dental procedure no longer used
- ☑ Change in dental code – The replacement code is Code added in 2019
- ☐ Other (specify): _____

(5) Please justify the reason for the addition or deletion of this code. Provide appropriate references where applicable. (Attach back-up documentation to support your request, as needed.)
Code recently added to CDT, much prefered by patients vs metal choice. More comfortable and significantly more esthetic.

(6) I understand that this request will be considered at the next meeting of the Miami-Dade HIV/AIDS Partnership's ad-hoc Oral Health Care Workgroup, which meets as needed.

Print Name: [redacted]
Phone/Pager: [redacted]
Dental Clinic Site: [redacted]

Please forward this request to (do not include client identifying information):

Carla Valle-Schwenk
Program Administrator
Miami-Dade County Office of Management and Budget-Grants Coordination
Ryan White Program
111 N.W. 1st Street, 22nd Floor
Miami, Florida 33128
Telephone (305) 375-4742 / Fax (305) 375-4454
Electronic mail: carla.valleschwenk@miamidade.gov

Oral Health Care Items for Discussion

A request to add dental codes D3221 and D5284 to the Ryan White Oral Health Care formulary has been received, please see accompanying request for details. Former Oral Health Care Workgroup members were queried for their opinions on the addition of the proposed codes. Please see replies below:

D3221 I am in favor of this, it would be a great addition as this is a service we provide frequently.

D3221-I am not sure of the request but if it's for a [Root Canal Therapy] this code is inclusive in all the root canal codes if the Root Canal Therapy is completed. I can see this D3221 being used if the patient did not return to complete treatment of the root canal.

D5284 we do not make unilateral partial dentures in our practice. Addition of this code does not affect us.

D5284-Is used for a patient where only a few teeth may be missing on one side and full cover is more than the patient can tolerate or more than necessary, etc.

Both codes are used for certain circumstances, and I believe they should be added to the formulary.

	and D3221-Pulpal debridement	All
X.	Announcements	All
XI.	Next Meeting**: March 24, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

Please turn off or mute cellular devices – Thank you

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	and D3221-Pulpal debridement	All
X.	Announcements	All
XI.	Next Meeting**: March 24, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

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	and D3221-Pulpal debridement	All
X.	Announcements	All
XI.	Next Meeting**: March 24, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

Please turn off or mute cellular devices – Thank you

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