



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, April 22, 2022

9:30 a.m. – 11:30 a.m.

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

AGENDA

I.	Call to Order	Dr. Robert Goubeaux
II.	Meeting Rules and Housekeeping	James Dougherty
III.	Roll Call and Introductions	Dr. Robert Goubeaux
IV.	Floor Open to the Public	James Dougherty
V.	Review/Approve Agenda	All
VI.	Special Discussion: Gender Affirming Care (1/2 hour)	All
VII.	Review/Approve Minutes of March 25, 2022	All
VIII.	Reports <ul style="list-style-type: none">Ryan White ProgramADAP ProgramMembership VacanciesPartnership Report (reference only)	Carla Valle-Schwenk Dr. Javier Romero Marlen Meizoso Marlen Meizoso
IX.	Standing Business <ul style="list-style-type: none">Gender Affirming Care LetterHIV and Aging-osteoporosis, sarcopenia, and cancersAllowable Medical Conditions List Request-osteoarthritis and urology, prostate cancer	All All All
X.	New Business <ul style="list-style-type: none">New PrEP option: ApretudeMay and June meeting dates	Matthew Tochtenhagen Marlen Meizoso
XI.	Announcements	All
XII.	Next Meeting: May 27, 2022 at BSR	James Dougherty
XIII.	Adjournment	Dr. Robert Goubeaux

Please turn off or mute cellular devices – Thank you

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Partnership Meeting Housekeeping

Hybrid Meetings *In-Person at BSR and via Zoom*

Updated March 14, 2022

Disclaimer & Code of Conduct

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



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

Resource Persons

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

General Reminders – In Person Attendees

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

Tips for Best Sound Quality – In Person Attendees

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

General Reminders – Zoom Attendees

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

Attendance

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

Meeting Participation

- All speakers must be recognized by the Chair.
 - ❖ *Raise your hand or chat to be recognized or added to the queue.*
 - ❖ *The Chair will call on speakers in order of the queue.*
- Discussion should be limited to the current Agenda topic or motion.
- Speakers should not repeat points previously addressed.
- Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.

- Important!
 - *Please raise your hand or chat if you need clarification about any terminology or acronyms used throughout the meeting.*

Resources

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



- Follow the Partnership on Facebook and Instagram!

Thank you for attending today's meeting!



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In-Person Attendees



In-Person Attendees must

SIGN IN

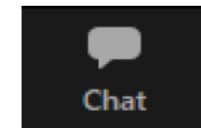
to be counted as present.



Zoom Attendees



Zoom Attendees must
CHAT YOUR NAME
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Floor Open to the Public

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

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



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**Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 230
Coral Gables, FL 33134 and Zoom
March 25, 2022**

#	Members	Present	Absent	Guests	
1	Baez, Ivet		x	Manuel Casas, DMD*	
2	Bauman, Dallas		x	Tabitha Hunter*	
3	Cortes, Wanda	x		Brad Mester*	
4	Dougherty, James		x	Annie Nieto	
5	Goubeaux, Robert	x		Ray Sawaged	
6	Friedman, Lawrence	x		Carla Valle-Schwenk	
7	Palacios, Carlos		x	Christhian A. Ysea	
8	Pinero, Carmen		x		
9	Romero, Javier	x			
10	Thornton, Darren	x*			
11	Torres, Johann	x		Staff	
12	Vasquez, Silvana	x*		Barbara Kubilus	
Quorum: 5				Marlen Meizoso	
*virtual attendance					

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

II. Meeting Rules and Housekeeping

Marlen Meizoso reviewed the meeting rules and housekeeping presentation (copy on file), which provided the ground rules and reminders for the meeting. She 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

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

IV. Floor Open to the Public

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

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda

The Subcommittee reviewed the agenda. Mrs. Meizoso requested the addition of HIV and Aging Topics after the Letter of Medical Necessity discussion. The Subcommittee approved the agenda with the change noted.

Motion to accept the agenda as noted.

Moved: Dr. Lawrence Friedman

Second: Wanda Cortes

Motion: Passed

VI. Special Discussion: Gender-Affirming Care

All

The Subcommittee had dedicated this time on the agenda for guests and/or Part A/MAI clients to discuss gender affirming care, but no guests were present. The Subcommittee would like to try one more time to get input from clients. While good feedback was shared at the last meeting, the discussion items need to be formalized and brought forward for action. Staff indicated that a letter can be drafted raising the points for Partnership comment and discussion. There was a question regarding whether Legal Services can cover the cost of name changes for clients as a reimbursable Ryan White Program cost; the County will forward the question to the HRSA project officer.

VII. Review/Approve Minutes of February 25, 2022

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

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

Moved: Dr. Johann Torres

Second: Dr. Lawrence Friedman

Motion: Passed

VIII. Reports

▪ Ryan White Program

Carla Valle-Schwenk

Carla Valle-Schwenk presented the Ryan White Program (RWP) report, compiled March 2022 (copy on file). In Part A, 67% of funds have been spent, and in MAI, 44.40% have been spent. As of January 2022, the RWP had served 8,271 unduplicated clients. The County is reconciling FY 2021, which ended in February 2022, and is working on executing contracts. There will be a significant amount of carryover dollars this year, but the program will not be penalized for under spending.

▪ ADAP Program

Dr. Javier Romero

Dr. Javier Romero reviewed the March 2022 report (copy on file). Magellan will be the new pharmacy benefits manager effective April 1, 2022. CVS specialty has been extended until September. New pharmacies should be on board by July 1, 2022. A question was asked regarding the inclusion of RWP participating pharmacies working with Magellan. There is a multistep process to participating with Magellan. An agreement needs to be signed with the state pharmacy to participate in the 340B pricing. Since the pharmacies are bound by HRSA ODA-340 rules, the window to sign up is April 1-15 to start in the next quarter (July 1). Magellan has reached out to the RWP pharmacies, but the process is cumbersome since a credentialing package needs to be completed and the model is one of replenishment of inventory which may be challenging for smaller pharmacies.

▪ **Membership Vacancies**

All

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

VIII. Standing Business

▪ **Oral Health Care Item**

All

Mrs. Meizoso provided some background on the two oral health issues being discussed. The first issue related to the % of OHC clients who should receive an oral evaluation. A copy of data for the Ryan White Program for the past four quarters (2020-2021) was shared: four agencies would have minimal problems achieving a goal of 75%, three agencies would have to work to make the goal, and two agencies would be challenged (copy on file). Opinions were shared by the oral health care provider at the meeting as to the feasibility of meeting the 75% goal, and the members agreed it was a good measure.

The next item related to implant codes. Data were provided estimating the cost of new implants and repair of existing implants (copies on file). For new implants, most implants would require either 4 units or 8 units, since 4 units are necessary for per arch. The implants would be necessary to have dentures attach. Based on the estimated price of new implant codes, the lowest cost for 50 clients would be \$64,200 and the highest cost would be over \$1.1 million dollars. The County will investigate the fiscal impact if the codes were added. Some clients do get implants from other programs and just need to have the implant restored. These codes would take advantage of structures in place and allow for improved quality of life and cost less than \$1,700. There was a little concern regarding capacity for doing the new procedures, but the client load would hopefully not be too much, and additional staff could be hired or trained. Currently, implants are only provided at Jackson, Lindsey Hopkins, and UF because they are oral health teaching facilities.

The Subcommittee made a motion to adopt the 75% standard for the percentage of clients receiving OHC during a 12-month period who are receiving an annual oral exam as part of these services, and to add four implant restoration codes to the OHC formulary presented.

Motion to adopt the outcome threshold of 75% for oral examinations.

Moved: Dr. Johann Torres

Seconded: Wanda Cortes

Motion: Passed

Motion to add codes D6058 (Abutment supported porcelain/ceramic crown), D6065 (Implant supported porcelain/ceramic crown), D6068 (Abutment supported retainer for porcelain/ceramic Fixed Partial Denture) and D6075 (Implant supported retained for ceramic Fixed Partial Denture) to the Ryan White Oral Health formulary.

Moved: Dr. Johann Torres

Seconded: Dr. Lawrence Friedman

Motion: Passed

▪ **Letter of Medical Necessity for Continuous Glucose Monitors**

All

Mrs. Meizoso reviewed two version of the draft letter of medical necessity for continuous glucose monitors (CGM) (copies on file). Both versions built upon the Medicaid guidance for CGM usage. The first version is in the current style of the letters in use. The second version is a more modernized version of the letter with more space to write information and includes space for inclusion of another name. The Subcommittee preferred the second version but made the following recommended changes:

- Change “other name” to “preferred name”
- Delete Patient CIS and Prescriber Fax#
- Add option of either CGM for type 1 diabetes
- Add “s” to Service in footer

Motion to accept the revised Letter of Medical Necessity for Continuous Glucose Monitor (CGM) Devices, as discussed.

Moved: Dr. Lawrence Friedman

Seconded: Wanda Cortes

Motion: Passed

IX. New Business

▪ **HIV and Aging-Topics**

All

Mrs. Meizoso proposed changing the schedule of topics as indicated on the HIV and Aging document (copy on file). Two items related to osteoarthritis and one item related to cancers had been raised for discussion, and can be discussed at the next meeting. Revising the topics also ensures discussions are addressed efficiently and in time for needs assessment and integrated planning. The Subcommittee agreed to the revised timetable and made a motion to table the remaining three business items per the new schedule.

Motion to table the remaining three business items as discussed.

Moved: Dr. Johann Torres

Seconded: Dr. Javier Romero

Motion: Passed

▪ **HIV and Aging-dementia and other neurocognitive disorders, depression, and eyesight/hearing disorders**

All

This item was tabled until the following meeting.

▪ **Allowable Medical Conditions List Request: Osteoarthritis**

All

This item was tabled until the following meeting.

▪ **Allowable Medical Conditions List Request: Urology, Prostate Cancer**

All

This item was tabled until the following meeting.

X. Announcements

Mrs. Meizoso indicated she will be sending out a query for participation in May and June in case the meeting dates need to be adjusted. All members are urged to RSVP.

XI. Next Meeting

The next Subcommittee is scheduled for April 22, 2022 at BSR.

XII. Adjournment

Motion to adjourn.

Moved: Dr. Javier Romero

Seconded: Dr. Lawrence Friedman

Motion: Passed

Dr. Goubeaux adjourned the meeting at 11:26 a.m.



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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:

February 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

	Service Units		Unduplicated Client Count	
	<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	11	191	11	183
Health Insurance Premium and Cost Sharing Assistance	154	1,383	154	1,255
Medical Case Management	3,695	12,290	3,590	7,843
Mental Health Services	28	144	28	121
Oral Health Care	544	2,674	544	2,237
Outpatient Ambulatory Health Services	1,105	5,799	1,085	4,422
Substance Abuse Outpatient Care	0	17	0	17
Support Services				
Food Bank/Home Delivered Meals	426	1,090	426	712
Medical Transportation	35	680	35	645
Other Professional Services	63	679	22	44
Outreach Services	14	122	14	117
Substance Abuse Services (residential)	11	75	11	66
TOTALS:	6,086	25,144		
Total unduplicated clients (month):	<u>4,367</u>			
Total unduplicated clients (YTD):	<u>8,421</u>			

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

This report includes YTD paid reimbursements for FY 2021 Part A service months up to February 2022, as of 4/8/2022. This report reflects reimbursement requests that were due by 4/5/2022, the deadline for final FY 2021 invoices to be submitted; and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process total \$1,495,350.66.

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

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

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

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

	CURRENT CONTRACT EXPENDITURES		
	DIRECT SERVICES:		
	Core Medical Services	Expenditures	Carryover Expenditures
5606610000	Outpatient/Ambulatory Health Svcs	6,593,361.29	
5492120000	AIDS Pharmaceutical Assistance	3,887.43	
5216100000	Oral Health Care	2,297,351.80	
5223550000	Health Insurance Services	298,950.41	
5114040000	Mental Health Therapy/Counseling	56,078.75	
5211100000	Medical Case Management	4,719,645.45	
5216120000	Substance Abuse - Outpatient	1,146.00	13,970,421.13
	Support Services	Expenditures	Carryover Expenditures
5492250000	Food Bank	629,522.40	709,256.00 1,338,778.40
5212100000	Other Professional Services	97,371.00	
5602400000	Medical Transportation	94,092.30	
5224700000	Outreach Services	46,583.19	
5224130000	Substance Abuse - Residential	837,690.00	
5224300000	Emergency Financial Assistance	0.00	2,414,514.89
TOTAL EXPENDITURES DIRECT SVCS & % :	\$ 16,384,936.02	76.02%	

Formula Expenditure %	63.45%
Recipient Administration	1,672,458.81
Quality Management	603,600.00 2,276,058.81
Grant Unexpended Balance	5,877,670.17
Total Grant Expenditures & %	\$ 18,660,994.83 76.05%

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	89.12% Within Limit
Quality Management % of Total Award (Not including C/O):	
Cannot be over 5%	2.53% Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):	
Cannot be over 10%	7.02% Within Limit

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

This report includes YTD paid reimbursements for FY 2021 MAI service months up to February 2022, as of 4/8/2022. This report reflects reimbursement requests that were due by 4/5/2022, the deadline for final FY 2021 invoices to be submitted; and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process total \$39,963.48.

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

Priority Ranking #	MAI CONTRACT ALLOCATIONS		
	DIRECT SERVICES:		
	Core Medical Services	Allocations	
2	Outpatient/Ambulatory Health Svcs	1,362,753.00	
	AIDS Pharmaceutical Assistance		
	Oral Health Care		
	Health Insurance Services		
3	Mental Health Therapy/Counseling	18,960.00	
1	Medical Case Management	903,920.00	
4	Substance Abuse - Outpatient	8,058.00	2,293,691.00
	Support Services	Allocations	
	Food Bank		
	Other Professional Services		
6	Medical Transportation	7,628.00	
5	Outreach Services	39,816.00	
	Substance Abuse - Residential		
7	Emergency Financial Assistance	0.00	47,444.00
	DIRECT SERVICES TOTAL:	\$ 2,341,135.00	
	Total Core Allocation	2,293,691.00	
	Target at least 80% core service allocation	1,872,908.00	
	Current Difference (Short) / Over	\$ 420,783.00	
	Recipient Admin. (OMB-GC)	\$ 260,348.00	
	Quality Management	\$ 100,000.00	
	(+) Unobligated Funds / (-) Over Obligated:		
	Unobligated Funds (MAI)	\$ -	360,348.00
	Unobligated Funds (Carry Over)	\$ -	
	Core medical % against Total Direct Service Allocation (Not including C/O):	97.97%	Within Limit
	Cannot be under 75%		
	Quality Management % of Total Award (Not including C/O):	3.84%	Within Limit
	Cannot be over 5%		
	OMB-GC Administrative % of Total Award (Cannot include C/O):	10.00%	Within Limit
	Cannot be over 10%		

	CURRENT CONTRACT EXPENDITURES		
	DIRECT SERVICES:		
	Core Medical Services	Expenditures	Carryover Expenditures
5606610000	Outpatient/Ambulatory Health Svcs	366,105.33	62,803.54
5492120000	AIDS Pharmaceutical Assistance		
5216100000	Oral Health Care		
5223550000	Health Insurance Services		
5114040000	Mental Health Therapy/Counseling	3,672.50	
5211100000	Medical Case Management	638,035.70	
5216120000	Substance Abuse - Outpatient	210.00	
			1,070,827.07
	Support Services	Expenditures	Carryover Expenditures
5492250000	Food Bank		
5212100000	Other Professional Services		
5602400000	Medical Transportation	2,238.80	
5224700000	Outreach Services	36,498.00	
5224130000	Substance Abuse - Residential		
5224300000	Emergency Financial Assistance	0.00	
			38,736.80
	TOTAL EXPENDITURES DIRECT SVCS & %:	1,109,563.87	47.39%
	Recipient Administration	156,084.56	
	Quality Management	99,999.96	256,084.52
	Grant Unexpended Balance	1,335,834.61	
2,701,483.00	Total Grant Expenditures & % (Including C/O):	\$ 1,365,648.39	50.55%
	Core medical % against Total Direct Service Expenditures (Not including C/O):	96.30%	Within Limit
	Cannot be under 75%		
	Quality Management % of Total Award (Not including C/O):	3.84%	Within Limit
	Cannot be over 5%		
	OMB-GC Administrative % of Total Award (Cannot include C/O):	6.00%	Within Limit
	Cannot be over 10%		



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, April 22, 2022

9:30 a.m. – 11:30 a.m.

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

AGENDA

- | | | |
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| I. | Call to Order | Dr. Robert Goubeaux |
| II. | Meeting Rules and Housekeeping | James Dougherty |
| III. | Roll Call and Introductions | Dr. Robert Goubeaux |
| IV. | Floor Open to the Public | James Dougherty |
| V. | Review/Approve Agenda | All |
| VI. | Special Discussion: Gender Affirming Care (1/2 hour) | All |
| VII. | Review/Approve Minutes of March 25, 2022 | All |
| VIII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Membership Vacancies | Marlen Meizoso |
| | • Partnership Report (reference only) | Marlen Meizoso |
| IX. | Standing Business | |
| | • Gender Affirming Care Letter | All |
| | • HIV and Aging-osteoporosis, sarcopenia, and cancers | All |
| | • Allowable Medical Conditions List Request-osteoarthritis and urology, prostate cancer | All |
| X. | New Business | |
| | • New PrEP option: Apretude | Matthew Tochtenhagen |
| | • May and June meeting dates | Marlen Meizoso |
| XI. | Announcements | All |
| XII. | Next Meeting: May 27, 2022 at BSR | James Dougherty |
| XIII. | Adjournment | Dr. Robert Goubeaux |

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

Mission:

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



Vision: To be the Healthiest State in the Nation

Ron DeSantis

Governor

Joseph A. Ladapo, M.D., Ph.D.

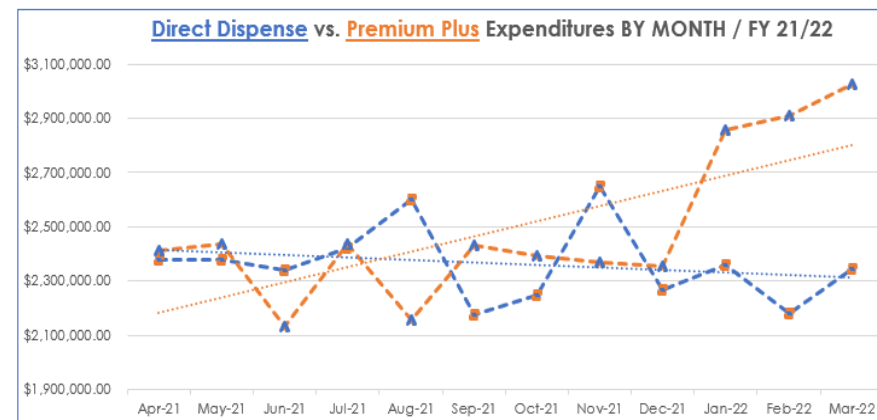
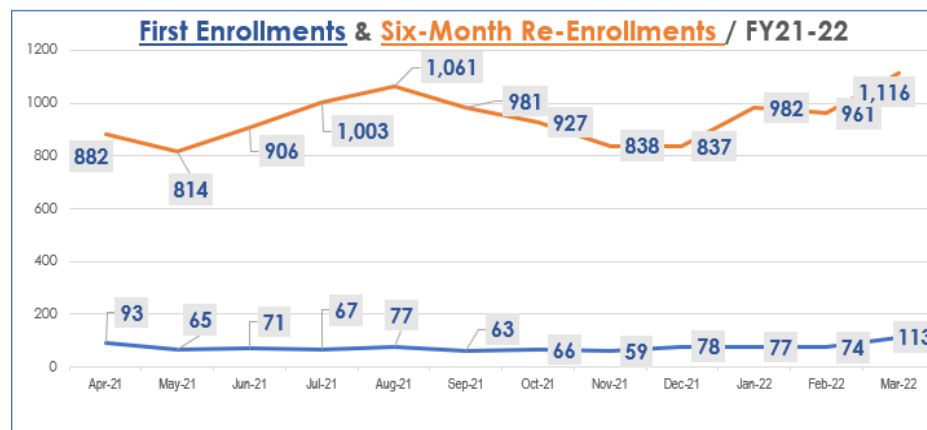
State Surgeon General

April 2, 2022

ADAP Miami-Dade / Summary Report – March 2022

FY 21/22	First Enrollments	6-mo. Re-Enrollments	OPEN ACTIVE	CHD Pharmacy Expenditures	RXs	Patients	RX/Pt	Premium Payments	Number of Premiums	Average Premium
FY20/21 >>	795	10,979	6,150	\$32,843,354.32	52,678	17,944	2.9	\$23,115,161.17	25,395	\$ 910.22
Apr-21	93	882	6,249	\$2,379,896.89	3,824	1,285	3.0	\$2,413,106.07	2,366	\$1,019.91
May-21	65	814	6,259	\$2,376,870.79	3,856	1,289	3.0	\$2,435,148.77	2,392	\$1,018.04
Jun-21	71	906	6,312	\$2,337,952.33	3,997	1,313	3.0	\$2,131,887.00	1,917	\$1,030.20
Jul-21	67	1,003	6,315	\$2,423,002.81	4,396	1,356	3.2	\$2,436,296.66	2,403	\$1,013.86
Aug-21	77	1,061	6,327	\$2,602,360.80	4,490	1,456	3.1	\$2,157,974.33	1,973	\$1,093.75
Sep-21	63	958	6,188	\$2,176,932.46	3,788	1,319	2.9	\$2,430,671.29	2,395	\$1,014.89
Oct-21	66	892	6,104	\$2,250,009.28	4,235	1,413	3.0	\$2,391,647.63	2,353	\$1,016.42
Nov-21	59	817	6,082	\$2,646,591.64	4,606	1,528	3.0	\$2,370,817.66	2,323	\$1,020.58
Dec-21	78	789	6,100	\$2,266,584.18	3,975	1,361	2.9	\$2,355,667.80	2,311	\$1,019.33
Jan-22	77	982	6,135	\$2,360,804.60	4,080	1,376	3.0	\$2,855,182.49	2,436	\$1,172.08
Feb-22	74	961	6,089	\$2,178,078.53	3,901	1,276	3.1	\$2,909,849.89	2,454	\$1,185.76
Mar-22	113	1,116	6,189	\$2,343,298.59	4,401	1,409	3.1	\$3,027,104.18	2,096	\$ 1,444.23
FY21/22>	903	11308	6,074	\$28,342,382.90	49,549	16,381	3.0	\$29,915,353.77	27,419	\$1,091.04

SOURCE: Provide - DATE: 04/01/22 - Subject to Review & Editing - * West Perrine Direct Dispense ~325 clients NOT INCLUDED. (Estimate - ~\$6 million/TBC).



PROGRAM UPDATE

- * Magellan RX PBM: for uninsured clients. Implementation: 4/1/22. Participating pharmacies: CVS Specialty Pharmacy (thru 9/30/22).
- * Cabenuva utilization @ ADAP Miami (03/02/22): 92 (38%) clients. Direct Dispense 46 (50%); Premium Plus 46 (50%)
- * ACA-MP Special Enrollment Period: <150 % FPL. Pending guidance.

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



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Membership Report

April 14, 2022

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for People with HIV

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

9 available seats |

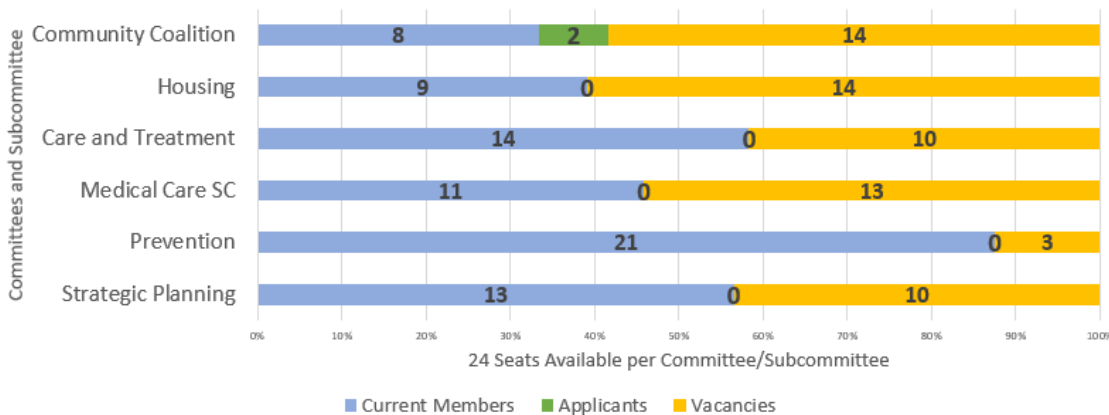
General Membership Opportunities

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

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

Partnership Committees

Committee and Subcommittee Members, Applicants & Vacancies



Committees are now accepting applications for new members.

People with HIV are encouraged to apply.



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

Are you a Member?

Thank you for your service to people with HIV!

Be sure to bring a Ryan White client to your next meeting!

Do You Qualify for Membership?

If you answer “Yes” to these questions, you could qualify for membership!

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

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

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

Committee Activities

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

People with HIV are encouraged to join!

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

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



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, April 22, 2022

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| | • New PrEP option: Apretude | Matthew Tochtenhagen |
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Partnership Report to Committees April 18, 2022 Meeting

Supporting documents related to motions in this report are available online at aidsnet.org/meeting-documents/, or from staff at Behavioral Science Research Corp. (BSR).

For more information, please contact hiv-aidsinfo@behavioralscience.com.

The Partnership heard reports and approved the following motions:

1. Motion to elect Dennis Iadarola as Miami-Dade HIV/AIDS Partnership Chair, and Alberto Perez Bermudez as Miami-Dade HIV/AIDS Partnership Vice Chair.
 2. Motion to hold Partnership, Committee, and Subcommittee meeting in person only.
 3. Motion to begin holding in person meetings, effective May 1, 2022.
-

Meeting calendars are online:

- Partnership Website: <http://aidsnet.org/calendar/>, and
- County Website: <https://www8.miamidade.gov/global/calendar/global.page>

Please RSVP: Scan the QR Code to RSVP to May 2022 meetings, or contact us at (305) 445-1076, cbontempo@behavioralscience.com, or marlen@behavioralscience.com.





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April 22, 2022

We the members of the Medical Care Subcommittee, a subcommittee of the Miami-Dade HIV/AIDS Partnership, do affirm and support gender-affirming care for people with HIV in care in the Ryan White HIV/AIDS Program in Miami-Dade County. In discussions within the Subcommittee, the following items were raised and warrant further review. We hope that addressing some of these issues can improve access to care, retention in care, and positive client outcomes for transgender clients with HIV.

Training

- Some Ryan White Program medical providers may not be thoroughly familiar with hormone replacement for gender affirmation. We call on the Recipient and Staff to provide guidance, training, and/or educational resources to raise awareness and increase competency.
- Front desk staff and medical case managers need to be thoroughly trained in how to respond to trans clients.
- Continuous training is needed for all providers, from the top down to ensure lessons are reinforced and care is delivered in an appropriate manner.

Medical Issues

- Gender affirming care requires access to mental health clinicians well versed in transgender care. We will need to develop a resource guide that identifies trans-friendly providers, with experience.

Non-Matching and Changed Names

- Non-matching names (and non-matching documents) are a problem with insurance and with ADAP. In the ADAP system, a modified name may not match the prescription name since the legal name is placed on the prescription.
- Some electronic medical records offer a “preferred name” field. Perhaps this should be offered/used in Provide.
- The “preferred name” should be used on the medication label, where legally allowed.
- A formal legal name change minimizes client barriers to accessing care. Is this an allowable Legal Services activity?

Other

- It is important to have a peer or a designated trans champion at each subrecipient service site since this allows for a relatable experience for clients.

Substance Abuse

- Gender affirming hormone therapy must be provided in the context of accurate information about the interactions of these medications with other prescription drugs used by the client, or with abused substances.
- Providers should be aware that while in residential care, clients transitioning must receive care that takes into account mental health and substance use patterns and the requirements of sobriety.

Sincerely,

Members of the Medical Care Subcommittee

April 22, 2022

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Non-Matching and Changed Names

- Non-matching names (and non-matching documents) are a problem with insurance. Clients are registered in the ADAP Program using the legal name shown in their official document (Florida Driver's License or similar). Sometimes there are discrepancies as the CHD Pharmacy receives prescriptions that have a different name than the one in the ADAP system (preferred name instead of legal name; unreported legal name change; other reasons). ~~and with ADAP. In the ADAP system, a modified name may not match the prescription name since the legal name is placed on the prescription.~~
- Some electronic medical records offer a "preferred name" field. Perhaps this should be offered/used in Provide.
- The "preferred name" should be used on the medication label, where legally allowed.
- A formal legal name change minimizes client barriers to accessing care. Is this an allowable Legal Services activity?

Other

- It is important to have a peer or a designated trans champion at each subrecipient service site since this allows for a relatable experience for clients.

Substance Abuse

- Gender affirming hormone therapy must be provided in the context of accurate information about the interactions of these medications with other prescription drugs used by the client, or with abused substances.
- Providers should be aware that while in residential care, clients transitioning must receive care that takes into account mental health and substance use patterns and the requirements of sobriety.

Sincerely,

Members of the Medical Care Subcommittee



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, April 22, 2022

9:30 a.m. – 11:30 a.m.

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

AGENDA

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| IV. | Floor Open to the Public | James Dougherty |
| V. | Review/Approve Agenda | All |
| VI. | Special Discussion: Gender Affirming Care (1/2 hour) | All |
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| | • Membership Vacancies | Marlen Meizoso |
| | • Partnership Report (reference only) | Marlen Meizoso |
| IX. | Standing Business | |
| | • Gender Affirming Care Letter | All |
| | • HIV and Aging-osteoporosis, sarcopenia, and cancers | All |
| | • Allowable Medical Conditions List Request-osteoarthritis and urology, prostate cancer | All |
| X. | New Business | |
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| | • May and June meeting dates | Marlen Meizoso |
| XI. | Announcements | All |
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HIV and Aging
April Topics

Osteoporosis (*bone loss, fractures, substance misuse, and use of certain ARTs*)

Sarcopenia (*Exercise and nutrition*)

Cancers (*HIV population at greater risk, overall screenings should start at 50 years old*)

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

How to treat the problem?

What is missing in the Ryan White system?



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Highlights: HIV and Osteoarthritis Articles

Contributing conditions: Obesity, Metabolic Syndrome, Age, Trauma, Gender, Ethnicity

-
- 1) Tomi AL, Sellam J, Lacombe K, et al. Increased prevalence and severity of radiographic hand osteoarthritis in patients with HIV-1 infection associated with metabolic syndrome: data from the cross-sectional METAFIB-OA study. *Ann Rheum Dis*. 2016;75(12):2101-2107. doi:10.1136/annrheumdis-2016-209262

“HOA [hand osteoarthritis] occurred more frequently in patients with HIV-1 infection, especially those with MetS [metabolic syndrome]. (pg. 7)

“The association between HIV and HOA complicated by MetS and ageing emphasises the involvement of systemic metabolic inflammatory mediators.” (pg. 8)

“In conclusion, HIV-1 infection represents a special setting in which the risk of radiographic HOA and its severity are increased, due to accelerated ageing and MetS. Beyond classical OA phenotypes, the ‘HIV-related OA’ subtype could be thus individualised.” (pg. 9)

- 2) Liu Y, Foreman SC, Joseph GB, et al. Is treated HIV infection associated with knee cartilage degeneration and structural changes? A longitudinal study using data from the osteoarthritis initiative. *BMC Musculoskelet Disord*. 2019;20(1):190. Published 2019 May 4. doi:10.1186/s12891-019-2573-5

“However, the direct or indirect consequences of immunodeficiency, chronic inflammatory status and cumulative toxic effects of ART, aging patients with HIV infection are reported to have increased risk for “non-AIDS” comorbidities such as cardiovascular disease, neurocognitive disease, liver and kidney disease, metabolic syndrome (MetS), cancers and rheumatic diseases [1-4].” (pg. 2)

“Our results suggest that treated HIV infection is associated with compositional changes of the cartilage matrix and increased knee joint inflammation, but findings appear not to have a significant impact on structural knee degeneration.” (pg. 9)

- 3) Naovarat BS, Lyons MA, Dau JD, et al. Factors Associated With Knee Osteoarthritis in an Outpatient HIV-1 Clinic Setting: Management and Follow-up. *J Clin Rheumatol*. 2022;28(1):e308-e311. doi:10.1097/RHU.0000000000001743 *

“The association of certain antiretroviral medication with knee OA in this cohort, especially NRTIs, which was of borderline significance..”(pg. e.310)

“This study is significant because it demonstrates that the risk factors for knee OA are similar for those with and without HIV-1 and notably showed independent influences of CD4 counts of 200 cells/ μ L or greater and an increase frequency of knee OA encountered over the last 26 years.” (e 310)

*Copyrighted

Highlights: Cancers

Dutta, Anupriya et al. “Racial differences in prostate cancer risk in young HIV-positive and HIV-negative men: a prospective cohort study.” *Cancer causes & control : CCC* vol. 28,7 (2017): 767-777. doi:10.1007/s10552-017-0896-9

“Prostate cancer presents some unique challenges in HIV-infect populations, including higher cancer-specific mortality rates in comparison to HIV-uninfected populations.” (pg. 2)

“Comparing prostate cancer risk factions in groups by HIV status, HIV-infected compared to uninfected subjects were younger at baseline...had a lower proportion with BMI >30 kg/m² and higher proportion of African Americans, heavy smokers, and exogenous androgen supplement use” (pg. 4)

“In this prospective site of HIV-infected and uninfected men who have sex with men ages 40-70, African American race was associated with a 2.7-fold increase in prostate cancer risk overall.” (pg. 6)

“Prostate cancer diagnosis and management are becoming increasingly important issues for aging populations with HIV infection (27).” (pg. 9)

“In view of the racial differences in young-onset prostate cancer risk detected in our study, we propose that HIV-infected African American men be informed of their prostate cancer risks and participate in making informed decisions about screening at age 45 for those with at least ten years life expectancy.” (pg. 10)

Michaud, Joanne M et al. “Hazard of Cervical, Oropharyngeal, and Anal Cancers in HIV-Infected and HIV-Uninfected Medicaid Beneficiaries.” *Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology* vol. 29,7 (2020): 1447-1457. doi:10.1158/1055-9965.EPI-20-0281

“Although most HPV infections clear spontaneously, persistent infection with oncogenic types can result in carcinoma of the cervix, other anogenital sites, and the head and neck (4,5).” (pg. 2)

“Using a population-based sample of Medicaid beneficiaries, this study corroborates previously published results showing HIV infection is associated with an increased risk of cervical, oropharyngeal, and anal cancers.” (pg. 5)

Spence AB, Levy ME, Monroe A, Castel A, Timpone J, Horberg M, Adams-Campbell L, Kumar P. Cancer Incidence and Cancer Screening Practices Among a Cohort of Persons Receiving HIV Care in Washington, DC. *J Community Health*. 2021 Feb;46(1):75-85. doi: 10.1007/s10900-020-00844-6. PMID: 32424501; PMCID: PMC8370184.

“In this cohort of PLWH, we found a higher incidence of NADCs [non-AIDS defining cancers] with the highest incident cancers being breast and prostate.” (pg. 6)

“In this cohort we found that skin cancer had the 3rd highest incidence rate.” (pg. 7)

“PLWA may have unique preventive health care needs related to cancer screenings including more aggressive skin cancer screening and/or earlier initiation of breast cancer screening.” (pg. 9)

Shmakova, Anna et al. "HIV-1, HAART and cancer: A complex relationship." *International journal of cancer* vol. 146,10 (2020): 2666-2679. doi:10.1002/ijc.32730

"HIV-infected individuals still have a higher risk of developing cancers compared to health individuals." (pg. 2666)

"HAART contributed to a slight reduction in overall cancer rates in HIV-infected people.⁶⁻⁸" (pg. 2666)

"CD4 counts are significantly higher in HIV+ patients that develop prostate cancer compared to HIV+ patients without cancer, indicating that lower CD4 counts are possibly associated with less prostate cancer risk.³⁵" (pg. 2668)

"...the risk of cancer development was significantly higher in those exposed to didanosine-lamivudine combination than zidovudine monotherapy.¹¹⁵" (pg. 2669)

"The effect of HAART in NADCs is more complex and nuanced. Interestingly, the difference between HAART regimens in cancer prevention is observed only for virus-related cancers, where PI-based HAART is less favorable than other regimens." (pg. 2675)

Yarchoan, Robert, and Thomas S Uldrick. "HIV-Associated Cancers and Related Diseases." *The New England journal of medicine* vol. 378,11 (2018): 1029-1041. doi:10.1056/NEJMra1615896

"Various factors contribute to increased cancer incidence. Person with HIV infection have chronic antigenic stimulation, inflammation, and cytokine dysregulation (even with HIV control and preserved CD4+ counts), which contribute to the development of lymphoma and other cancers.¹¹" (pg. 2)

"The following five cancers make up approximately one half of these tumors among patients with HIV in the United States: lung cancer, anal cancer, hepatocellular cancer, Hodgkin's lymphoma, and oropharyngeal cancer.³" (pg. 7)

"Although the development of ART has done much to improve overall survival and reduce the incidence of AIDS-defining cancers, other cancers have come to the forefront and become common cause of complication and death among person with HIV infection." (pg. 9)

MIAMI-DADE COUNTY RYAN WHITE PROGRAM ALLOWABLE MEDICAL CONDITIONS LIST

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

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

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

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

CARDIOLOGY:

atherosclerosis
coronary artery disease
hyperlipidemia
phlebitis
peripheral artery disease

CHIROPRACTIC/PHYSICAL MEDICINE:

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

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

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

COLORECTAL:

abnormal anal Pap smears
anal cancers
fistulas
hernias

DENTAL (ORAL HEALTH CARE):

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

DERMATOLOGY:

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

EAR, NOSE AND THROAT (ENT)/OTOLARYNGOLOGY:

chronic sinusitis
oral human papillomavirus
oral cancers
dental cancers

ENDOCRINOLOGY:

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

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

GASTROINTESTINAL:

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

GENITOURINARY (GU)/ GYNECOLOGY (GYN):

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

HEMATOLOGY/ONCOLOGY:

anemia
Kaposi's sarcoma
lymphoma
polycythemia vera
thrombocytopenia

INFECTIOUS DISEASE:

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

MIAMI-DADE COUNTY RYAN WHITE PROGRAM ALLOWABLE MEDICAL CONDITIONS LIST

MENTAL HEALTH SERVICES:

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

IMPORTANT NOTES:

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

NEPHROLOGY:

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

NEUROLOGY:

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

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

MIAMI-DADE COUNTY RYAN WHITE PROGRAM ALLOWABLE MEDICAL CONDITIONS LIST

NUTRITION:

lipodystrophy
wasting
weight gain
weight loss

OPHTHALMOLOGY/OPTOMETRY:

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

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

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

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

Manifestations due to opportunistic infections:

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

Visual disturbances to rule out complication of HIV due to:

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

Approved by Partnership 12/09/2013 (ORIGINAL)

Page 5 of 6

1st Revision Approved by Partnership 02/10/2014

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

2nd Revision Approved by Partnership 10/13/2015

3rd Revision Approved by Partnership 11/14/2016

4th Revision Approved by Partnership 10/16/2017

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

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

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

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

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

History of STI and complications of STI:

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

ORTHOPEDICS/RHEUMATOLOGY:

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

PODIATRY:

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

diabetic foot care
onychomycosis

PSYCHIATRY:

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

IMPORTANT NOTE:

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

PULMONARY:

mycobacterium
pneumocystis pneumonia
recurrent pneumonia
tuberculosis



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| VIII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Membership Vacancies | Marlen Meizoso |
| | • Partnership Report (reference only) | Marlen Meizoso |
| IX. | Standing Business | |
| | • Gender Affirming Care Letter | All |
| | • HIV and Aging-osteoporosis, sarcopenia, and cancers | All |
| | • Allowable Medical Conditions List Request-osteoarthritis and urology, prostate cancer | All |
| X. | New Business | |
| | • New PrEP option: Apretude | Matthew Tochtenhagen |
| | • May and June meeting dates | Marlen Meizoso |
| XI. | Announcements | All |
| XII. | Next Meeting: May 27, 2022 at BSR | James Dougherty |
| XIII. | 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