



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, July 22, 2022

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 June 24 and July 5, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Partnership Report (reference only)	Dr. Robert Goubeaux
VIII.	Standing Business	
	• Remaining HIV and aging topics	All
	• August meeting	Marlen Meizoso
IX.	New Business	
	• Addition to ADAP Formulary	All
X.	Announcements	All
XI.	Next Meeting: September 23, 2022* 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



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Meeting Housekeeping

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

Updated June 21, 2022
BSR Version

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.

Language Matters!

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

Here are a few suggestions for better communication.

www.aidsnet.org



Remember **People First** Language . . .

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

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

Instead, say **REASONS**.

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

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

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

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

Resource Persons

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

General Reminders

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

Meeting Participation

- **Important!** *Please raise your hand if you need clarification about any terminology or acronyms used throughout the meeting.*
- All speakers must be recognized by the Chair.
 - ❖ *Raise your hand to be recognized or added to the queue.*
 - ❖ *The Chair will call on speakers in order of the queue.*
- Discussion should be limited to the current Agenda topic or motion.
- Speakers should not repeat points previously addressed.
- Any attendee may be permitted to address the board as time allows and at the discretion of the Chair.

Attendance

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

Parking

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

Resources

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



- Follow the Partnership on Facebook and Instagram!

Thank you for attending today's meeting!



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Floor Open to the Public

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

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



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**Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 240
Coral Gables, FL 33134
June 24, 2022**

#	Members	Present	Absent	Guests	
1	Baez, Ivet	x		Juliet Miller	
2	Bauman, Dallas		x	Ana Nieto	
3	Cortes, Wanda	x		Carla Valle-Schwenk	
4	Dougherty, James	x		Christian A. Ysea	
5	Friedman, Lawrence	x			
6	Goubeaux, Robert		x		
7	Romero, Javier	x			
8	Thornton, Darren		x		
9	Torres, Johann		x		
10	Vasquez, Silvana		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

James Dougherty, the Vice Chair, called the meeting to order at 9:39 a.m. He introduced himself and welcomed everyone.

II. Meeting Rules and Housekeeping

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

Mr. Dougherty requested members and guests introduce themselves around the room.

IV. Floor Open to the Public

Mr. Dougherty read the following: *"Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated phone line and email for statements to be read into the record. No statements were received."*

There were no comments, so the floor was closed.

V. Review/Approve Agenda

The Subcommittee reviewed the agenda and accepted it as presented.

Motion to accept the agenda as presented

Moved: Dr. Lawrence Friedman

Second: Wanda Cortes

Motion: Passed

VI. Review/Approve Minutes of April 22, 2022

Members reviewed the minutes of April 22, 2022 and accepted them as presented.

Motion to accept the minutes of April 22, 2022, as presented.

Moved: Ivet Baez

Second: Dr. Lawrence Friedman

Motion: Passed

VII. Reports

▪ **Ryan White Program**

Carla Valle-Schwenk

Carla Valle-Schwenk indicated the March 1, 2021, to February 28, 2022, year has been closed. Expenditures are located in the meeting packets (copies on file) and about 83% was spent in Part A and 55% was spent in MAI. In FY 2021, 8,418 unduplicated clients were served. There was money unexpended and has been requested as carryover. The FY 2022 award notice was received and indicates a 3.07% increase from last year, from \$26,432,895 to \$27,245,345. Under TTRA from July 2018 to May 4, 2022, the program has served 2,769 (72 % viral suppression). Federal reports have been submitted. Stakeholders are working on Joint Integrated Planning Review activities with a December 2022 submission date. The County has been in communication with Magellan regarding having providers participate in their program. There has been a change in process and documents should be loaded online: the new start date for this cycle will likely be October 1. BSR has been in communication with TransSocial who has provided some guidance on needs for transgenders. The County is also adding language to the service descriptions regarding gender affirming care including legal name change under Other Professional Services. The Ending the Epidemic funding has been received and totals \$3.5 million (20% more than last year).

▪ **ADAP Program**

Dr. Javier Romero

Dr. Javier Romero reviewed the May 2022 report (copy on file). The report reflects expenditures of \$2,428,021.98 for uninsured clients and \$2,844,770.69 for insured clients. Graphs reflect the differences between 2021 to 2022. Magellan started as the new pharmacy benefits manager but will have a new implementation date of October 1 and the CVS specialty contract has been extended until September 30. Information on Cabenuva was reviewed and there are 107 clients using this medication as of June 1, 2022. A special enrollment period for clients with a max 150% FPL is available for ACA coverage under ADAP/RWP and can be applied for directly on the marketplace. Starting today, the Broward Regional Health Council will be contacting all insured clients to collect tax credits and IRS forms for the annual reconciliation process. They will first try to contact clients via email then by phone. Information on this will be shared with Part A to share with Case Managers.

▪ **Membership Vacancies**

Marlen Meizoso

Marlen Meizoso referenced the membership vacancy report (copy on file) and reviewed the vacancies on the Subcommittee. Carlos Palacios resigned at the end of April and Carmen Pinero has been removed for non-compliance. She indicated that an application for Juliet Miller had been received. Ms. Miller, a Medical Case

Manager at SFAN, introduced herself and indicated her interest in the Subcommittee. The Subcommittee moved to accept her as a member.

Motion to accept Juliet Miller as a member of the Medical Care Subcommittee.

Moved: Dr. Javier Romero

Seconded: Ivet Baez

Motion: Passed

VIII. Standing Business

▪ **Oral Health Care: Restrictions on Restoration Implants**

All

Mrs. Meizoso indicated the restoration implant codes had been approved by the Partnership and had queried former oral health care subcommittee members if any restrictions should be in place for these new codes. They indicated no restrictions would be needed. Carla Valle-Schwenk indicated that the restriction review should have been made with the as-yet-to-be-approved codes to get dental implants. Ms. Meizoso indicated there had been a misunderstanding and would follow-up with the dental providers with the revised query. The issue was time sensitive since additional carryover funding had been requested and needed to be spent. The Subcommittee indicated they could call an emergency meeting to address the oral health care issue prior to the next Care and Treatment meeting in July. The Subcommittee selected Tuesday, July 5, 2022, at 9:30 a.m.; meeting time would be one hour.

Motion to hold an emergency meeting on July 5, 2022, at 9:30 a.m.

Moved: Dr. Romero

Seconded: Juliet Miller

Motion: Passed

▪ **Gender Affirming Care Letter**

All

Mrs. Meizoso reviewed revised "Dear Colleague" letter on gender affirming care (copy on file) which included all the requested revisions from the last meeting including the links to resources. The Subcommittee made the following recommended changes:

- Start letter "On behalf of the..."
- Add "I offer this correspondence for consideration" with new sentence now reading "On behalf of the Medical Care Subcommittee, I offer this correspondence for consideration."
- Add "s" to drugs
- Change "we affirm" to "we agree" to be less redundant
- Strike "the" from "care for"
- Strike "client" and leave "positive outcomes"
- Reorder the bullets under training with front office first, continuous training second, and recipient third.
- Reword recipient bullet to "The Recipient shall identify an entity to provide guidance, training, and/or educational resources to support staff to raise awareness and increase competency around transgender care."
- Correct name of Department of Health
- Reword last bullet under non-match and changed names section to "The service delivery manual for the Ryan White program reflects name and gender identity changes as an allowable service under the other professional services category."
- Add closing sentence "We appreciate your consideration of these recommendations."
- Strike "Members of the Medical Care Subcommittee" but leave only signature for chair of Medical Care and write out his name/position underneath

The letter will be formatted to keep text on first page and attachments (links) on second page.

Motion to accept the "Dear Colleague" letter on gender affirming care with changes.

Moved: Dr. Lawrence Friedman

Seconded: Juliet Miller

Motion: Passed

▪ **HIV and Aging: Four Topics**

All

Mrs. Meizoso reviewed the HIV and aging topics for June, including dementia and other neurocognitive disorders, depression, diminished eyesight/hearing and cardiovascular disease. The three questions to ask were sent to members and replies were shared (copy on file). Because of time constraints only the first topic was fully addressed, and the remaining items will be addressed in the next meeting. Dementia is a large concern for older HIV patients particularly because of adherence issues. Under General Revenue, nurses are sent out to patients to ensure medications are being taken. Alzheimer is complicated since there may not be enough providers who know how to treat the condition. There are also few if any medications to treat the condition. The Part A program does not currently fund home health care. The ADAP program or General Revenue may need to revise their formularies to include medications to treat neurocognitive conditions. Depression is an issue since there are limited medications on the formulary and a shortage of mental health professionals. The mental health provider shortage may be due to low reimbursement rates.

IX. New Business

No new business.

X. Announcements

Mr. Dougherty indicated that any announcements should be forwarded to staff for posting online. All members are urged to RSVP for the July meeting. Mrs. Meizoso indicated two flyers (copies on file) that should be shared with others. The first flyer announces a monthly symposium (June-September) presented by FIU/BSR on research conducted on the Ryan White Program. The second flyer promotes the Community Coalition Roundtables.

XI. Next Meeting

The next regular Subcommittee will be July 22, 2022, at BSR. But the one-hour Emergency Medical Care Subcommittee meeting will be held Tuesday, July 5, 2022, at 9:30 a.m. at BSR.

XII. Adjournment

Motion to adjourn.

Moved: Dr. Lawrence Friedman

Seconded: Dr. Javier Romero

Motion: Passed

Mr. Dougherty adjourned the meeting at 11:28 a.m.



**Emergency Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 240
Coral Gables, FL 33134
July 5, 2022**

#	Members	Present	Absent	Guests	
1	Baez, Ivet	X		Mester, Brad	
2	Bauman, Dallas		X	Valle-Schwenk, Carla	
3	Cortes, Wanda	X			
4	Dougherty, James	X			
5	Friedman, Lawrence	X			
6	Goubeaux, Robert		X		
7	Miller, Juliet	X			
8	Romero, Javier	X			
9	Thornton, Darren		X		
10	Torres, Johann	X			
11	Vasquez, Silvana		X	Staff	
Quorum: 5				Robert Ladner	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

James Dougherty, the Vice Chair, called the meeting to order at 9:33 a.m. He introduced himself and welcomed everyone to the Emergency Medical Care Subcommittee meeting.

II. Meeting Rules and Housekeeping

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

Mr. Dougherty requested members and guests introduce themselves around the room.

IV. Floor Open to the Public

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

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda

The Subcommittee reviewed the agenda and accepted it as presented.

Motion to accept the agenda as presented

Moved: Dr. Lawrence Friedman

Second: Wanda Cortes

Motion: Passed

VIII. Standing Business

▪ Letter of Medical Necessity for Dental Implants

All

Mrs. Meizoso reviewed the two documents related to implants (copies on file). The first document detailed the implant procedure codes seen earlier in the year. Implants would be reimbursed at a flat fee rate and the range would be \$46,269 (4 units) to \$92,538 (8 units) for both maxillary and mandibular implants. The second document was the letter of medical necessity, which included the restrictions that the five implant codes would be used for patients with no teeth, with advanced resorption of the bone that compromised denture support, and limited to 8 units. The restrictions were vetted by a dentist on the oral health care workgroup and staff at the UF and UM dental divisions. The Subcommittee first approved the use of the codes with restrictions.

Motion to add D6010 (Surgical placement of implant body, second-stage surgery, placement of healing cap), D6191 (Semi-precision abutment-placement), D6192 (semi-precision attachment-placement), D6110 (Implant/abutment supported removal denture for edentulous arch-maxillary), and D6111(Implant/abutment supported removal denture for edentulous arch-mandibular) to the Ryan White Oral Health Care Formulary as detailed in the Letter of Medical Necessity for Dental Implants for edentulous patients with insufficient bone support for conventional complete dentures; advanced resorption of the bone that supports dentures, so they have difficulty keeping them in place; the implants are not cosmetic; and limited to 8 units.

Moved: Juliet Miller

Second: Dr. Lawrence Friedman

Motion: Passed

The workgroup then reviewed the letter of medical necessity and approved the letter with the recommended language edits:

- Rewording of the introductory statement to “I certify my client fully meets the following criteria for the use of dental implants.”
- Addition of punctuation and a conjunction to criteria statements.
- Moving codes to a separate section that indicates “I understand”.
- Add “Approval under this form is limited to codes D6010, D6191, D6192, D6110, or D6111”.
- Add code restriction here indicating “These dental codes are restricted up to 8 units”.
- Add overage clause in italics without italics.
- Add “This approval is subject to Part A funding availability”.
- Add “This form should be included in the client’s dental file and uploaded into the scanned documents in Provide”.
- And add last statement “I must attach the treatment plan to this form.”

Motion to accept the Letter of Medical Necessity for Dental Implants as amended.

Moved: Dr. Johann Torres

Second: Wanda Cortes

Motion: Passed

An effective start date for use of the codes and letter of August 1, 2022, was suggested, pending Partnership approval.

Motion to have an effective start date of August 1, 2022, pending approval of Partnership for Letter of Medical Necessity for Dental Implants.

Moved: Dr. Lawrence Friedman

Second: Wanda Cortes

Motion: Passed

X. Announcements

Mr. Dougherty indicated that there were no announcements, but attendees should RSVP to the next meeting.

XI. Next Meeting

The next regular Subcommittee meeting will be July 22, 2022, at BSR.

XII. Adjournment

Motion to adjourn.

Moved: Dr. Lawrence Friedman

Seconded: Wanda Cortes

Motion: Passed

Mr. Dougherty adjourned the meeting at 10:08 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:

May 2022

FY 2022

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A

Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

Service Units

Unduplicated Client Count

Monthly

Year-to-date

Monthly

Year-to-date

21

79

20

60

43

612

24

301

6,587

21,613

3,174

5,633

63

200

29

54

696

2,339

506

1,182

1,685

6,059

1,067

2,513

3

6

3

5

1,339

4,077

470

564

372

1,047

194

339

91

238

20

40

84

206

14

40

66

541

4

15

TOTALS:

11,050

37,017

Total unduplicated clients (month):

4,040

Total unduplicated clients (YTD):

6,446

REPORT COMPILED ON: 07/14/2022

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

May 2022

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)
Health Insurance Premium and Cost Sharing Assistance
Medical Case Management
Mental Health Services
Oral Health Care
Outpatient Ambulatory Health Services
Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals
Medical Transportation
Other Professional Services
Outreach Services
Substance Abuse Services (residential)

Service Units		Unduplicated Client Count	
Monthly	Year-to-date	Monthly	Year-to-date
21	79	20	60
43	612	24	301
5,885	19,084	2,931	5,373
63	192	29	48
696	2,339	506	1,182
1,610	5,763	1,024	2,466
0	1	0	1
1,339	4,077	470	564
368	1,034	190	330
91	238	20	40
82	198	12	32
66	541	4	15
TOTALS:		10,264	34,158

Total unduplicated clients (month):

3,857

Total unduplicated clients (YTD):

6,311

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

FY 2022

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

May 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	702	2,529	375	633
Mental Health Services	0	8	0	6
Outpatient Ambulatory Health Services	75	296	63	158
Substance Abuse Outpatient Care	3	5	3	4
Support Services				
Medical Transportation	4	13	4	10
Outreach Services	2	8	2	8
TOTALS:	786	2,859		
Total unduplicated clients (month):	429			
Total unduplicated clients (YTD):	752			

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

FY 2021 Part A and
MAI Combined FINAL

PROJECTS: BU033101 and BU033102 (MAI)	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	15,689,960.00	FORMULA	
Grant Award Amount Supplemental	7,877,731.00	SUPPLEMENTAL	
Grant Award Amount FY'19 Supplemental	261,718.00	PY_SUPPLEMENTAL	Award - W/out CO \$26,432,895.00
Carryover Award FY'20 Formula	709,256.00	CARRYOVER	
Grant Award Amount MAI	2,603,486.00	MAI	
Carryover Award FY'20 MAI	97,997.00	MAI_CARRYOVER	
Total Award	\$ 27,240,148.00		

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

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

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

DIRECT SERVICES TOTAL: \$ 23,893,260.00

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

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

Quality Management \$ 703,600.00

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

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

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

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

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

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

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

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

Formula Expenditure % 74.02%

Recipient Administration 2,225,807.72

Quality Management 703,599.96 2,929,407.68

Grant Unexpended Balance 5,292,481.86
 Grant Eligible Funds for Carryover \$5,289,147.59

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

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

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

OMB-GC Administrative % of Total Award (Cannot include C/O):
 Cannot be over 10% 8.42% Within Limit

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

FY 2021 Part A FINAL

PROJECT: BU033101	AWARD AMOUNTS	ACTIVITIES	
Grant Award Amount Formula	15,689,960.00	FORMULA	
Grant Award Amount Supplemental	7,877,731.00	SUPPLEMENTAL	
Grant Award Amount FY'19 Supplemental	261,718.00	PY_SUPPLEMENTAL	Award - W/out CO
Carryover Award FY'20 Formula	709,256.00	CARRYOVER	\$23,829,409.00
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	7,268,815.93	
5492120000	AIDS Pharmaceutical Assistance	4,379.02	
5216100000	Oral Health Care	2,533,061.80	
5223550000	Health Insurance Services	298,950.41	
5114040000	Mental Health Therapy/Counseling	56,566.25	
5211100000	Medical Case Management	5,094,347.45	
5216120000	Substance Abuse - Outpatient	1,146.00	15,257,266.86
	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	98,584.06	
5224700000	Outreach Services	104,263.02	
5224130000	Substance Abuse - Residential	968,310.00	
5224300000	Emergency Financial Assistance	0.00	2,607,306.48
	TOTAL EXPENDITURES DIRECT SVCS & % :	\$ 17,864,573.34	82.89%

Formula Expenditure %	74.02%
Recipient Administration	1,994,014.38
Quality Management	603,600.00 2,597,614.38
Grant Unexpended Balance	4,076,477.28
Total Grant Expenditures & %	\$ 20,462,187.72 83.39%

Core medical % against Total Direct Service Expenditures (Not including C/O):	
Cannot be under 75%	88.94% 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%	8.37% 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

FY 2021 MAI FINAL

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:			
ACCOUNT	Core Medical Services	Expenditures	Carryover Expenditures	
5606610000	Outpatient/Ambulatory Health Svcs	366,105.33	94,662.73	460,768.06
5492120000	AIDS Pharmaceutical Assistance			
5216100000	Oral Health Care			
5223550000	Health Insurance Services			
5114040000	Mental Health Therapy/Counseling	3,672.50		
5211100000	Medical Case Management	650,165.00		
5216120000	Substance Abuse - Outpatient	210.00		
				1,114,815.56
ACCOUNT	Support Services	Expenditures	Carryover Expenditures	
5492250000	Food Bank			
5212100000	Other Professional Services			
5602400000	Medical Transportation	2,371.56		
5224700000	Outreach Services	36,498.00		
5224130000	Substance Abuse - Residential			38,869.56
5224300000	Emergency Financial Assistance	0.00		
	TOTAL EXPENDITURES DIRECT SVCS & %:	1,153,685.12	49.28%	
	Recipient Administration	231,793.34		
	Quality Management	99,999.96		331,793.30
	Grant Unexpended Balance	1,216,004.58		
2,701,483.00	Total Grant Expenditures & % (Including C/O):	\$ 1,485,478.42	54.99%	
	Core medical % against Total Direct Service Expenditures (Not including C/O):	96.33%	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):	8.90%	Within Limit	
	Cannot be over 10%			

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

February 2022

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)
Health Insurance Premium and Cost Sharing Assistance
Medical Case Management
Mental Health Services
Oral Health Care
Outpatient Ambulatory Health Services
Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals
Medical Transportation
Other Professional Services
Outreach Services
Substance Abuse Services (residential)

Service Units		Unduplicated Client Count	
<u>Monthly</u>	<u>Year-to-date</u>	<u>Monthly</u>	<u>Year-to-date</u>
11	296	11	183
254	4,826	154	1,255
7,511	97,373	3,589	7,842
46	852	28	121
748	8,035	542	2,237
1,730	28,073	1,084	4,422
0	30	0	17
1,439	13,160	426	712
58	2,416	35	645
70	1,082	22	44
25	557	14	116
230	4,611	11	66
TOTALS:			
12,122	161,311		

Total unduplicated clients (month):

4,366

Total unduplicated clients (YTD):

8,420

NOTE: Page 1 of this report
combines Part A and MAI. Page
2 is Part A only. Page 3 is MAI
only.

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

February 2022

Ryan White Part A

SERVICE CATEGORIES

Core Medical Services

AIDS Pharmaceutical Assistance (LPAP/CPAP)

Health Insurance Premium and Cost Sharing Assistance

Medical Case Management

Mental Health Services

Oral Health Care

Outpatient Ambulatory Health Services

Substance Abuse Outpatient Care

Support Services

Food Bank/Home Delivered Meals

Medical Transportation

Other Professional Services

Outreach Services

Substance Abuse Services (residential)

Service Units

Unduplicated Client Count

Monthly

Year-to-date

Monthly

Year-to-date

11

296

11

183

254

4,826

154

1,255

6,571

85,192

3,293

7,728

42

795

24

107

748

8,035

542

2,237

1,651

26,521

1,052

4,379

0

26

0

13

1,439

13,160

426

712

56

2,376

33

635

70

1,082

22

44

20

519

9

91

230

4,611

11

66

TOTALS:

11,092

147,439

Total unduplicated clients (month):

4,165

Total unduplicated clients (YTD):

8,363

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FUNDING SOURCE(S) INCLUDED:

FOR THE PERIOD OF:

February 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	940	12,181	399	994
Mental Health Services	4	57	4	14
Outpatient Ambulatory Health Services	79	1,552	52	429
Substance Abuse Outpatient Care	0	4	0	4
Support Services				
Medical Transportation	2	40	2	15
Outreach Services	5	38	5	25
TOTALS:	1,030	13,872		
Total unduplicated clients (month):	441			
Total unduplicated clients (YTD):	1,304			



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, July 22, 2022

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 June 24 and July 5, 2022 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| | • Partnership Report (reference only) | Dr. Robert Goubeaux |
| VIII. | Standing Business | |
| | • Remaining HIV and aging topics | All |
| | • August meeting | Marlen Meizoso |
| IX. | New Business | |
| | • Addition to ADAP Formulary | All |
| X. | Announcements | All |
| XI. | Next Meeting: September 23, 2022* 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

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.

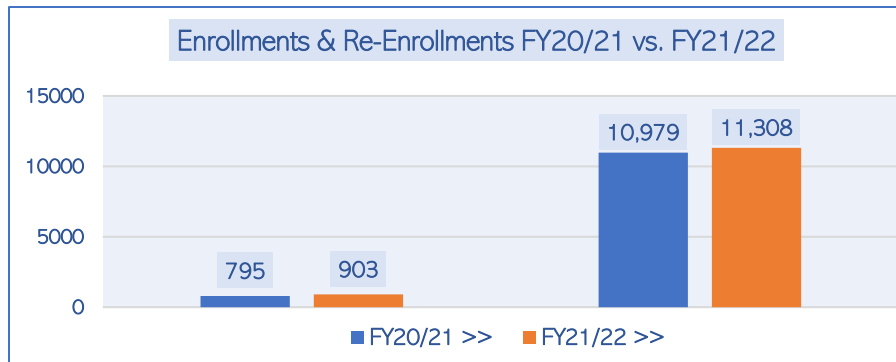
State Surgeon General

July 5, 2022

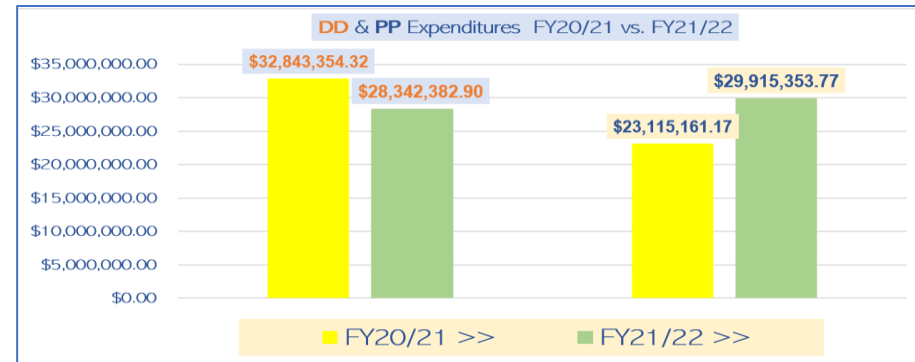
ADAP Miami-Dade / Summary Report – June 2022

FY 21/22	First Enrollments	6-mo. Re-Enrollments	OPEN ACTIVE	CHD Pharmacy Expenditures	RXs	Patients	RX/Pt	Premium Payments	Number of Premiums	Average Premium
FY20/21 >>	795	10,979	6,150	\$32,843,354.32	52,678	17,944	2.9	\$23,115,161.17	25,395	\$ 910.22
FY21/22 >>	903	11,308	6,074	\$28,342,382.90	49,549	16,381	3.0	\$29,915,353.77	27,419	\$1,091.04
Apr-22	113	914	6,143	\$2,334,995.84	4,164	1,377	3.0	\$2,885,135.63	2,429	\$1,187.79
May-22	114	808	6,205	\$2,428,021.98	4,295	1,385	3.1	\$2,844,770.69	2,374	\$1,198.30
Jun-22	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										
Aug-22										
Sep-22										
Oct-22										
Nov-22										
Dec-22										
Jan-23										
Feb-23										
Mar-23										
FY22/23 >>	312	2,647		\$7,324,964.44	12,601	4,201	3.0	\$8,526,917.99	7,147	\$1,193.07

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



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



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

PROGRAM UPDATE

* Magellan RX PBM: for uninsured clients. Implementation: 10/01/22. Participating pharmacies: PENDING: CVS Specialty (thru 9/30/22).

* Cabenuva utilization @ ADAP Miami (07/05/22): 127 (2.0%) clients. Direct Dispense 71 (56%); Premium Plus 56 (44%)

* ACA-MP Special Enrollment Period: APTC+=>100% FPL; <150 % FPL. Requirements apply.

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



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, July 22, 2022

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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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



Membership Report

July 19, 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

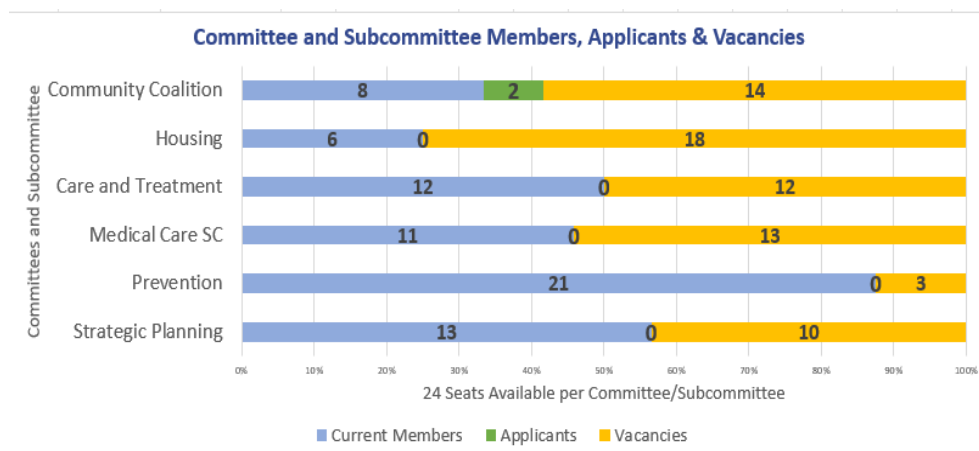
These Partnership positions are open to people with HIV, service providers, and community stakeholders who have reputations of integrity and community service, and possess the knowledge, skills and expertise relevant to these positions:

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

Partnership Committees

Committees are now accepting applications for new members.

People with HIV are encouraged to apply.



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

MEMBERSHIP

Are you a Member?

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

Do You Qualify for Membership?



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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?

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

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

Committee Activities

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

People with HIV are encouraged to join!

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

Visit aidsnet.org/membership 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.



Medical Care Subcommittee

Friday, July 22, 2022

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 June 24 and July 5, 2022 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| | • Partnership Report (reference only) | Dr. Robert Goubeaux |
| VIII. | Standing Business | |
| | • Remaining HIV and aging topics | All |
| | • August meeting | Marlen Meizoso |
| IX. | New Business | |
| | • Addition to ADAP Formulary | All |
| X. | Announcements | All |
| XI. | Next Meeting: September 23, 2022* 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



Partnership Report to Committees and Subcommittee July 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 adopt the updated Code of Conduct.
2. Motion to accept the “Dear Colleague” letter regarding gender-affirming care, with changes.
3. Motion to add codes to the Ryan White Oral Health Care Formulary: D6010 (Surgical placement of implant body, second-stage surgery, placement of healing cap); D6191 (Semi-precision abutment-placement); D6192 (Semi-precision attachment-placement); D6110 (Implant/abutment supported removal denture for edentulous arch-maxillary); and D6111 (Implant/abutment supported removal denture for edentulous arch-mandibular). As detailed in the Letter of Medical Necessity for Dental Implants, the implants are not cosmetic. They are for edentulous patients [patients lacking teeth] with insufficient bone support for conventional complete dentures and/or advanced resorption of the bone that supports dentures so they have difficulty keeping them in place. Limit is 8 units.
4. Motion to accept the Letter of Medical Necessity for Dental Implants with changes.
5. Motion to have an effective start date of August 1, 2022 [for the above referenced changes], pending approval by the Partnership of the Letter of Medical Necessity for Dental Implants.
6. Motion to accept the Other Professional Services: Legal Services and Permanency Planning services description with gender-affirming language as presented.
7. Motion to allocate \$766,083 of Part A Sweeps 2 funds to the Food Bank service category.
8. Motion to allocate Part A Sweeps 2 funds: \$5,815,461 to Medical Case Management; \$8,577,172 to Outpatient/Ambulatory Health Services; \$132,385 to Mental Health Services; \$84,492 to AIDS Pharmaceutical Assistance; \$3,088,975 to Oral Health Care; \$335,776 to Health Insurance Services; \$1,969,744 to Substance Abuse Residential; \$44,128 Substance Abuse Outpatient Care; \$194,149 to Medical Transportation; \$9,853 to Emergency Financial Assistance; \$264,696 to Outreach Services; and \$154,449 to Other Professional Services (Legal).
9. Motion to allocate MAI Sweeps 2 funds of \$6,883 to Clinical Quality Management.

10. Motion to appoint Alecia Tramel as designated Miami-Dade HIV/AIDS Partnership member liaison to the I am a Work of ART Campaign.

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 July, 2022 meetings, or contact us at (305) 445-1076, cbontempo@behavioralscience.com, or marlen@behavioralscience.com.





MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, July 22, 2022

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Behavioral Science Research
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HIV and Aging Topics JULY

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

Five (5) July topics:

➤ **Depression**

Risk for depression

Side effects of ART/other medications

Social isolation/lack of support system

➤ **Eyesight /hearing diminishes**

➤ **Cardiovascular disease**

Coronary artery disease

Hypertension

Myocardial fibrosis

Congestive heart failure

Ischemic stroke

➤ **Liver disease**

Hepatitis A, B, C

➤ **Sexually transmitted infection (STIs)**

HRSA's Ryan White HIV/AIDS Program

Optimizing HIV Care for People Aging with HIV: Incorporating New Elements of Care

Reference Guide for Aging with HIV

PURPOSE

The purpose of this reference guide is to identify commonly occurring health care and social needs of people aging with HIV and to highlight the screenings and assessments for these needs. This reference guide serves as a starting point for the health care team as it builds and expands its knowledge and practice of serving people aging with HIV.

INTRODUCTION

Because of the successes of HIV treatment over the past three decades, people diagnosed with HIV now have a nearly normal life expectancy. Of the estimated 991,447 people with diagnosed HIV infection in the United States as of 2016, 169,424 (17%) were age 60 years or older; this number represents an absolute increase of 5.5 percent since 2012.¹ The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program estimates that of the 533,640 clients served in 2018, 46 percent were age 50 years or older—an increase from 32 percent in 2010.² Given these data, it is incumbent upon the clinical and public health communities to ensure the health care system is equipped to address adequately the unique medical conditions and psychosocial needs of people aging with HIV.

People aging with HIV share many of the same health concerns as the general population age 50 years and older. However, people aging with HIV also may experience unique health needs as a result of chronic HIV-related infections that require medical treatment.^{3,4} The HIV providers caring for people aging with HIV may lack specialized training in health issues specific to aging patients, similar to general primary care providers in the United States who are grappling with an aging population, as well.⁵ In addition, people aging with HIV—many of whom identify as lesbian, gay, bisexual, transgender, or queer—have unique social needs compared with the general aging population. People aging with HIV would benefit from having access to a multidisciplinary health care team that is knowledgeable about community resources available to the aging population and the nuances of health care financing and coverage.

The geriatric multidisciplinary approach to health care, when applied to people aging with HIV, can be highly beneficial.⁶ This approach involves all members of the health care team having an understanding of the geriatric conditions and adequately screening, assessing, treating, and referring patients for geriatric clinical and psychosocial conditions. A multidisciplinary team can build the capacity to conduct screenings and assessments for geriatric conditions and make referrals to aging-related resources, even if there is limited or no access to the geriatrician.

What Is a Geriatric Multidisciplinary Approach to Health Care?

It is a health care approach involving physicians, nurses, medical case managers, occupational therapists, social workers, and others to manage the care of people aging with HIV. Together, the health care team establishes patient-centered goals by addressing the domains of medical problems, cognitive and functional abilities, psychiatric disorders, and social circumstances and maximizes the use of community resources and referrals.

HEALTH CARE CHALLENGES OF PEOPLE AGING WITH HIV

Geriatric syndromes are different from other medical syndromes in that there may be multiple etiologies for a common symptom complex.⁷ People aging with HIV often have additional geriatric challenges. Typical symptoms, syndromes, and risk factors of people aging with HIV may include the following:

- ▶ Hearing decline or loss
- ▶ Impaired oral health⁸
 - ▶ An elevated prevalence of caries and periodontal disease is likely to affect older adults. Periodontitis is a risk factor for several systemic diseases, and impaired oral health is associated with nutritional problems. Those with cognitive deficiencies are especially at risk.
- ▶ Premature aging of the immune system⁹
 - ▶ Chronic viral infections, such as HIV infection, often cause immune activation and inflammation and are linked to premature age-associated conditions, including cardiovascular disease, frailty, and bone loss, even in patients using antiretroviral therapy (ART).
 - ▶ People aging with HIV may have a reduced immunological response to ART, rendering this therapy less effective.
- ▶ Cognitive impairment, which may have multiple etiologies
 - ▶ Cognitive impairment due to HIV-associated neurocognitive disorder (HAND) is a known complication of HIV.¹⁰ It is prevalent among those chronically infected with HIV, affecting 20 to 50 percent of people with HIV.¹¹
 - ▶ Cardiovascular risk factors, the presence of hepatitis C virus, substance use—including alcohol and methamphetamine¹²—female gender, and the presence of depression all have been shown to negatively affect cognitive function and frailty in people aging with HIV.¹³
- ▶ Functional impairment, the inability to carry out tasks that are needed for day-to-day living, is another critical condition that greatly affects daily life and is a core geriatric assessment. Its onset may be gradual, and the unsuspecting HIV provider may screen only after significant impairment is apparent. The health care team needs to assess functional impairment to determine the degree of HAND the person with HIV is experiencing.
- ▶ Falls, which may result from multiple underlying causes (such as functional impairment, frailty, gait instability, cognitive impairment, and adverse reactions to medications), are especially important to monitor and address because of the increased risk of osteoporosis and fractures among people with HIV.
- ▶ Polypharmacy among older adults is common,¹⁴ is associated with a higher risk of falls,¹⁵ and is especially challenging in people aging with HIV because they must take ART, in addition to other medications for comorbidities, as well as over-the-counter medications, vitamins, and supplements. Polypharmacy may contribute to cognitive impairment.¹⁶

HIV-Associated Neurocognitive Disorder (HAND) Classification

ANI: asymptomatic neurocognitive impairment—very mild neurocognitive disorder
MND: mild neurocognitive disorder
HAD: HIV-associated dementia

COMMON GAPS IN MEDICAL MANAGEMENT FOR PEOPLE AGING WITH HIV

Health care for people aging with HIV is an evolving field with new models of care, and recommendations are beginning to emerge. However, some common gaps in medical management that have already been identified include the following:

- ▶ Lack of knowledge about access to affordable hearing aids, glasses, and dental care

- ▶ Failure to assess functional or cognitive status and depression
- ▶ Limited awareness of decreased vaccine responses due to aging
- ▶ Failure to address sexual health, which may be less likely to be discussed because of competing comorbidities or the perception that older people are not sexually active. Providers should continue to ask about sexual activity—including asking about intimate partner violence—and provide appropriate guidance and treatment.

Care of People Aging with HIV Toolkit

The Northeast/Caribbean AIDS Education and Training Center has developed a [Care of People Aging with HIV Toolkit](#). The toolkit provides links to screening and assessment instruments, along with programs and papers that offer clinically useful materials.

SCREENING TOOLS FOR GERIATRIC CONDITIONS AMONG PEOPLE AGING WITH HIV

Functional Assessment

A patient's functional status is his or her ability to carry out tasks needed for day-to-day living. These tasks are grouped mostly into activities of daily living—which includes dressing, transferring, eating, grooming, and bathing—and instrumental activities of daily living, such as taking medications accurately, managing funds, using a telephone, grocery shopping, and preparing meals. Different tools are available for assessing a patient's functional status. The majority of these tools are self-reported questionnaires and may be applicable in a primary care setting. Linkage to resources on home health, nursing homes, day programs, and wellness centers can be initiated from the outcome of these assessments.

Frailty, Gait, and Falls Assessment

Frailty, gait, and falls are interrelated. Frailty is a clinically recognizable state of increased vulnerability resulting from an aging-associated decline in reserve and function across multiple physiologic systems, such that the ability to cope with everyday or acute stressors is compromised.^{17,18} Gait is one component used to determine a person's frailty. Increased frailty and poor gait result in more falls. According to the frailty criteria developed in the Cardiovascular Health Study, the overall prevalence of frailty in community-dwelling adults age 65 years or older in the United States ranged from 7 to 12 percent and increased with age.¹⁷ Gustafson and colleagues found that women with HIV were more likely to have frailty compared with women without HIV.¹⁹ Various screening tools are available for frailty and gait. See the [Care of People Aging with HIV Toolkit](#) for links to some of these tools.

Cognition Assessment: General and HIV-Specific

The U.S. Prevention Task Force has concluded that overall evidence is insufficient to make a single recommendation on screening for mild cognitive impairment; however, Medicare began covering the cost of diagnosing cognitive impairment as part of the annual wellness visit benefit in 2011.²⁰ Although no robust treatment options exist for cognitive impairment and little evidence supports that early detection will improve the patient's outcome,²¹ early detection of cognitive impairment can allow both patients and family members to start planning while the patient is still capable of making informed decisions. The health care team should conduct cognitive assessment screening if individuals complain of memory impairment or other symptoms or if family members identify lapses in memory. Furthermore, the health care team should assess the medications provided to people with HIV to identify and remediate any drug interactions that may cause cognitive impairment.

Although ART is effective at repressing circulating HIV, the central nervous system (CNS) may serve as a reservoir for HIV. Several ART medications are unable to cross the blood-brain barrier to target CNS-specific HIV, allowing the virus to continue to replicate. This replication may lead to neurocognitive disorders in people with HIV as they age. Screening and testing tools specific to HAND detection include the Montreal Cognitive Assessment (MoCA),²² Frascati criteria,²³ and the HIV dementia scale.²⁴ In a recent study, prevalence estimates for HAND diagnoses were 33 percent for asymptomatic neurocognitive impairment (ANI), 12 percent for mild neurocognitive disorder (MND), and

2 percent for HIV-associated dementia (HAD).²⁵ Although the incidence of HAD has been decreasing in recent years, the overall prevalence of all HAND diagnoses has remained high or has increased over the same period, despite widespread use of ART.^{10,11}

MoCA is a 10-minute cognitive screening tool that is widely used in detecting mild cognitive impairment, especially early HAND. Detection of impairment may warrant further evaluation or referral to a geriatrician, neurologist, or neuropsychologist. It may be beneficial to interview the patient's family or persons who are close enough to identify changes in cognitive function.

Depression Assessment

The National Institute of Mental Health considers depression in older adults to be a significant public health problem.²⁶ Although widespread, depression in older adults often is undiagnosed and untreated, and the system of care for the treatment of depression lacks a unified approach. A thorough clinical evaluation is essential. Insomnia, which is very common in the older adults, is both a symptom of and a risk factor for depression. Left untreated, depression may contribute to physical, social, and cognitive impairment. Depression may delay recovery from medical treatments and may, in some cases, lead to suicide.

National HIV Curriculum

The [National HIV Curriculum](#), funded by the Health Resources and Services Administration AIDS Education and Training Center Program, provides ongoing, up-to-date information needed to meet the core competency knowledge for health care providers in the United States. A special topic section on "HIV in Older Adults" is available that covers many of the issues raised in this short report.

Free Continuing Medical Education contact hours and Continuing Medical Education credits are offered throughout the website. Pharmacology Continuing Education for advanced practice nurses is also available for many activities.

SOCIAL CHALLENGES OF PEOPLE AGING WITH HIV

- ▶ **Social isolation** may become more acute among people aging with HIV, particularly those who have experienced the loss of close friends to HIV throughout the past four decades or those who have limited family support.
- ▶ **Disclosure of medical information** is a relevant issue for people aging with HIV, who may wrestle with decisions about which components of their medical history they want to disclose to family or friends who may be supporting them.
- ▶ **Food and housing insecurity** are often areas of concern for people aging with HIV.
- ▶ **Financial management and management of health care benefits**, such as Medicare and Social Security, become more challenging as Americans age and can be especially complex for people aging with HIV because of the high cost of ART and treatment for comorbidities.
- ▶ **Traumatic life events** may affect the mental health of people aging with HIV, specifically those who have experienced trauma earlier in life, adding importance to intimate partner violence screening.

CONCLUSIONS

Providing optimal care for people aging with HIV requires a specific focus but can be incorporated into existing HIV care systems. A multidisciplinary approach that balances quality of life with medical necessity, as well as addressing the unique needs of people aging with HIV, is likely to result in improved health outcomes for this population.

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HRSA's Ryan White HIV/AIDS Program

Optimizing HIV Care for People Aging with HIV: Putting Together the Best Health Care Team

Reference Guide for Aging with HIV

PURPOSE

The purpose of this reference guide is to discuss how all members of the health care team can contribute to the care of people aging with HIV. Specifically, this reference guide identifies roles, responsibilities, staff training, and resources for the health care team to build their capacity. The reference guide may assist the health care team as they build and expand their knowledge and practice of serving people aging with HIV.

INTRODUCTION

- ▶ Because of the successes of HIV treatment over the past three decades, people diagnosed with HIV now have a nearly normal life expectancy. Of the estimated 991,447 people with diagnosed HIV infection in the United States as of 2016, 169,424 (17%) were age 60 years or older; this number represents an absolute increase of 5.5 percent since 2012.¹ The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program (RWHAP) estimates that of the 533,640 clients served in 2018, 46 percent were age 50 years or older—an increase from 32 percent in 2010.² Given these data, it is incumbent upon the clinical and public health communities to ensure the health care system is equipped to address adequately the unique health and health-related needs of people aging with HIV.
- ▶ People aging with HIV share many of the same health concerns as the general population age 50 years and older. However, people aging with HIV also may experience additional unique health needs as a result of HIV infection.^{3,4} The HIV providers caring for people aging with HIV may lack specialized training in health issues specific to aging patients, similar to general primary care providers in the United States who are grappling with an aging population, as well.⁵ Furthermore, they may be unaware of community-based services to address the needs of people aging with HIV. RWHAP-funded providers play a critical role in supporting optimal health for people with HIV as they age. This reference guide will focus on factors related to the health care team that can enhance the provision of health care to people aging with HIV. Health care for people aging with HIV is an evolving field with new models of care, and recommendations are beginning to emerge.

What Is a Geriatric Multidisciplinary Approach to Health Care?

It is a health care approach involving physicians, nurses, physiotherapists, occupational therapists, social workers, and others. Together, this team establishes patient-centered goals by addressing the domains of medical problems, cognitive and functional abilities, psychiatric disorders, and social circumstances and maximizes the use of community resources and referrals.

ROLES AND RESPONSIBILITIES

The staffing needed to provide optimal care to people aging with HIV will vary from one health care setting to another, depending on the expertise and time availability of each member of the health care team. With appropriate training, HIV providers (physicians, nurse practitioners, and physician assistants) can assess for geriatric conditions and integrate geriatric principles into HIV care. For example, the [Golden Compass](#) program at San Francisco General Hospital and the New York–Presbyterian Hospital/[Weill Cornell Medical Center](#) have incorporated what is referred to as the “geriatric approach” into HIV care. When available, geriatricians can be consulted for specific issues related to aging (such as functional status or cognitive impairment), or they can serve in a co-management capacity to manage the non-HIV comorbidities and address social issues.⁶ In areas where geriatricians are not readily available, telehealth or telemedicine may help fill the gaps in specialty services. Other members of the health care team also can be trained to perform screenings and assessments to ensure that comprehensive age-appropriate care is delivered.

- ▶ **Nurses and medical assistants** may conduct many of the geriatric assessments and determine medication adherence and health literacy. They then can share the information gathered with the HIV provider to make decisions or appropriate referrals.
- ▶ **Clinical pharmacists**—either onsite or easily accessible—may assist in assessing polypharmacy; advise on potential drug interactions, cumulative side effects of medications, inappropriate dosing, and unnecessary medications; and assess for medication adherence and literacy. Because patients may need to pick up their medications every 30 to 90 days, clinical pharmacists may have more regular contact with patients than the HIV provider, and they can develop their own relationship with patients.
- ▶ **Behavioral health providers** (social workers, counselors, psychologists, or psychiatrists) who work closely with the HIV provider are an important adjunct to HIV care. The behavioral health provider may consult with or be integrated as a member of the HIV health care team. Although HIV providers can initiate and maintain medication therapy for common psychiatric conditions (such as depression or anxiety), people aging with HIV and psychiatric comorbidities may benefit especially from having a behavioral health provider as part of their care to avoid adverse drug reactions, polypharmacy, and drug interactions.
- ▶ **Medical case managers** identify barriers to achieving optimal health outcomes faced by people aging with HIV, as well as resources available to help overcome those barriers. They inquire about and make plans to address social needs, isolation, housing, food, oral health care, transportation, and support systems. Medical case managers are vital because—knowing all the available Ryan White HIV/AIDS Program services in the geographic area that people aging with HIV can access—they can assist the client in navigating insurance systems challenges; discussing advance care planning, including long-term care; and connecting the client with services available in the community, such as nutrition programs, wellness coordinators, and support groups. Medical case managers serve as a crucial link to available community resources, such as low-cost eyeglasses and hearing aids; dentists; drop-in centers or day programs to promote socialization; and exercise facilities to promote aerobic exercise, which has been shown to improve cognitive function.⁷ Many medical case managers will need to become familiar with the various community resources for people aging with HIV, and they may find it useful to work with peer navigators (also known as outreach workers or community health workers) to bring community resources to the attention of people aging with HIV.

STAFF TRAINING

To ensure that people aging with HIV receive appropriate assessments, counseling, and referrals, all members of the HIV health care team should receive general training on the geriatric approach to care. In addition, each member of the health care team should receive training on how to administer the geriatric assessment tools, as well as on the appropriate next steps based on the results of those assessments and availability of existing community resources. Likewise, geriatricians who are part of the health care team (within or outside of the health

Examples of Assessments for People Aging with HIV

- | | | | |
|------------------------|-----------------|-----------------------------|-------------------------|
| ▶ Cognition | ▶ Housing | ▶ Polypharmacy | ▶ Substance use |
| ▶ Financial management | ▶ Mental health | ▶ Sexual health | ▶ Transportation access |
| ▶ Gait and mobility | ▶ Nutrition | ▶ Sleep pattern and quality | ▶ Vaccination history |
| ▶ Hearing | ▶ Oral health | ▶ Social engagement | ▶ Vision |

center) should be trained on the progress of HIV disease, HIV care basics, and key drug–drug interactions with antiretroviral therapy. Many types of trainings are available to help ensure that all staff have appropriate HIV and geriatric care knowledge. Training is available through webinars provided by the RWHAP Part F AIDS Education and Training Centers (AETCs), continuing medical education/continuing nursing education events, conferences, workshops, self-directed learning modules, and collaborative learning groups.

ORGANIZATIONAL CAPACITY

To provide optimal care to people aging with HIV by ensuring that the appropriate geriatric assessments and referrals are made, each HIV health care setting will need to solicit buy-in from the leadership and then assess the current level of geriatric focus that is part of the practice. The organizational capacity assessment should include the evaluation of staffing, health care team members' roles and responsibilities, structure of the health care team, scope of practice of each member of the health care team, and availability of internal and external resources. HIV health care settings will need a well-trained health care team, adequate physical resources, and collaborative partnerships to care effectively for people aging with HIV. The necessary organizational capacity assessments should include the following:

► Organizational development

- HIV health care settings should address the needs of the people aging with HIV by—
 - Developing goals, values, policies, and procedures
 - Developing specific actions to achieve goals. Actions may result in changes to the patient flow in the HIV health care setting or additional responsibilities placed upon various members of the health care team.
 - Measuring the outcome and effectiveness of capacity building using a quality improvement approach
 - Measurable outcomes, such as the number of people aging with HIV who are being screened and appropriately referred for frailty, should be set at the start of capacity building.
 - Evaluation of the program should be done at the organizational and individual levels.

► Workforce development

- Ensure that health care team members have the capacity or ability to carry out their duties—for instance, assuring health care team members can administer the assessments and screenings, are aware of and can discuss aging issues, make the appropriate referrals, and are aware of community resources for people aging with HIV.
 - For example, the health care team may receive training on recognizing and addressing isolation, stigma, and loneliness among people who are aging with HIV.

► Resources

- Ensure the availability of staffing, physical space, administrative support, planning tools, accessible electronic health records, financial support, and appropriate allocation of the resources to address the needs of people aging with HIV.
 - For example, ensure all signage—from the parking lot to the examination room—is in a large-size font.
- Enhance existing resources to improve care.
 - For example, build decision support tools and reminders for geriatric assessments into the electronic health records, and indicate the appropriate level and type of referral. These tools support integration of the geriatric approach into HIV care.

► Partnerships

- Ensure the existence of partnerships to expand onsite services or facilitate referrals.
 - For example, a collaborative practice arrangement with a visiting geriatrician, clinical pharmacist, or health psychologist could provide the appropriate level of services tailored for people aging with HIV.

RESOURCES

The Northeast/Caribbean AETC, funded by the Health Resources and Services Administration (HRSA), has developed a [Care of People Aging with HIV Toolkit](#). The toolkit provides links to screenings and assessments, along with programs and papers that offer clinically useful materials.

HRSA funds [two programs](#) to assist the workforce.

- The Geriatrics Workforce Enhancement Program provides grants that improve health care for older adults and maximize patient and family engagement. Grant recipients are health professional schools, health care facilities, and programs leading to certification as a certified nursing assistant. The focus is on transforming clinical training environments into integrated geriatrics and primary care systems with increased community engagement.
- The Geriatrics Academic Career Award Program supports the career development of individual junior faculty in geriatrics as academic geriatrics specialists at accredited schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health. The program provides clinical training in geriatrics, including the training of interprofessional teams of health care professionals.

The [National HIV Curriculum](#), funded by the HRSA AETC Program, provides ongoing, up-to-date information needed to meet the core competency knowledge for health care providers in the United States. A special topic section on “HIV in Older Adults” is available that covers many of the issues raised in this short report. Free Continuing Medical Education contact hours and Continuing Medical Education credits are offered throughout the website. Pharmacology Continuing Education for advanced practice nurses is also available for many activities.

CONCLUSIONS

Providing optimal care for people aging with HIV requires the participation of all members of the health care team. This team may benefit from an assessment of their roles and responsibilities and may address the training and capacity development needs in response to an aging patient population.

REFERENCES

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2. Health Resources and Services Administration. *Ryan White HIV/AIDS Program Annual Client-Level Data Report: Ryan White HIV/AIDS Program Services Report 2018*. Published December 2019. Available at hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2018.pdf.
3. Blaylock, J. M., G. W. Wortmann. 2015. Care of the Aging HIV Patient. *Cleve Clin J Med* doi:10.3949/ccjm.82a.14094.
4. Wing, E. J. HIV and Aging. 2016. *Int J Infect Dis* doi:10.1016/j.ijid.2016.10.004.
5. Boulton, C., S. R. Counsell, R. M. Leipzig, et al. 2010. The Urgency of Preparing Primary Care Physicians to Care for Older People with Chronic Illnesses. *Health Aff (Millwood)* doi:10.1377/hlthaff.2010.0095.
6. Greene, M., A. C. Justice, H. W. Lampiris, et al. 2013. Management of Human Immunodeficiency Virus Infection in Advanced Age. *JAMA* doi:10.1001/jama.2013.2963.
7. O'Brien, K. K., A. M. Tynan, S. A. Nixon, et al. 2016. Effectiveness of Aerobic Exercise for Adults Living with HIV: Systematic Review and Meta-analysis Using the Cochrane Collaboration Protocol. *BMC Infect Dis* doi:10.1186/s12879-016-1478-2.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, July 22, 2022

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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| 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 June 24 and July 5, 2022 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
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| XI. | Next Meeting: September 23, 2022* 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

August 2022









Ryan White Part A/MAI Program and Miami-Dade HIV/AIDS Partnership Calendar

S	Monday	Tuesday	Wednesday	Thursday	Friday	S
	1 <div>To request material in accessible format, a sign language interpreter, CART (Communication Access Real-time Translation) services, and/or any other accommodation to participate in this or any other Miami-Dade HIV/AIDS Partnership meeting, please contact Marlen Meizoso or Christina Bontempo at (305) 445-1076 or send an e-mail to hiv-aidsinfo@behavioralscience.com at least five (5) calendar days in advance to initiate your request. TTY users may also call 711 (Florida Relay Services).</div>	2	3	4 Miami-Dade HIV/AIDS Partnership Care & Treatment Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street, Auditorium, Miami, FL 33130	5	6
7	8 Miami-Dade HIV/AIDS Partnership Joint Team Meeting: Strategic Planning Committee and Prevention Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130	9	10 Miami-Dade HIV/AIDS Partnership's New Member Orientation & Training 2:00 PM – 5:00 PM Via Zoom Meeting ID: 863 7776 7456 Passcode: 708747	11	12 <div>Print It 🖨️ Post It 📌 Pass It Around 🗑️</div>	13
14	15 Miami-Dade HIV/AIDS Partnership 10:00 AM – 1:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130 Ryan White Program Medical Case Manager Basic Training 10:00 AM – 5:00 PM Zoom Meeting	16	17	18 Miami-Dade HIV/AIDS Partnership Housing Committee 2:00 PM – 4:00 PM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	19 Clinical Quality Management Committee 9:30 AM – 11:30 AM Zoom Meeting	20  Southern HIV/AIDS Awareness Day
21	22	23	24 Miami-Dade HIV/AIDS Partnership Executive Committee 10:00 AM – 12:00 PM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	25	26 Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee 9:30 AM – 11:30 AM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134	27
2022 National Ryan White Conference on HIV Care & Treatment						
28	29  National Faith HIV/AIDS Awareness Day Miami-Dade HIV/AIDS Partnership Community Coalition Roundtable Dinner 5:30 PM – 7:30 PM Pridelines 6360 NE 4th Court Miami, FL 33138	30 Minority AIDS Initiative Clinical Quality Management Team 9:30 AM – 11:30 AM Zoom Meeting	31 Ryan White Program Medical Case Manager Supervisor Training 10:00 AM – 4:00 PM Zoom Meeting MDC RWP Monthly Research Symposium: Effective Women Centered Care Practices from Ryan White Program Client and Provider Perspectives 12:00 PM – 1:00 PM Via Zoom Meeting ID: 817 7037 3251 ~ Passcode: 615937	 <p>All events listed on this calendar are open to the public. Miami-Dade HIV/AIDS Partnership meetings are held in person. Clinical Quality Management (CQM) Committee and Minority AIDS Initiative/CQM meetings are held via Zoom.</p> <p>PLEASE RSVP</p> <p>Scan the QR Code with your phone's camera or contact us at cbontempo@behavioralscience.com, marlen@behavioralscience.com or (305) 445-1076.</p>		

Version 06/21/22 Information on this calendar is subject to change.

September 2022

Ryan White Part A/MAI Program and Miami-Dade HIV/AIDS Partnership Calendar

S	Monday	Tuesday	Wednesday	Thursday	Friday	S
	<p>To request material in accessible format, a sign language interpreter, CART (Communication Access Real-time Translation) services, and/or any other accommodation to participate in this or any other Miami-Dade HIV/AIDS Partnership meeting, please contact Marlen Meizoso or Christina Bontempo at (305) 445-1076 or send an e-mail to hiv-aidsinfo@behavioralscience.com at least five (5) calendar days in advance to initiate your request. TTY users may also call 711 (Florida Relay Services).</p>	<p>All events listed on this calendar are open to the public. Miami-Dade HIV/AIDS Partnership meetings are held in person. Clinical Quality Management (CQM) Committee and Minority AIDS Initiative/CQM meetings are held via Zoom.</p>  <p style="text-align: center;">PLEASE RSVP</p> <p>Scan the QR Code with your phone's camera or contact us at cbontempo@behavioralscience.com, marlen@behavioralscience.com or (305) 445-1076.</p>		<p>1</p> <p>Miami-Dade HIV/AIDS Partnership Care & Treatment Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p>2</p>	<p>3</p>
4	<p>5</p> <p style="text-align: center;">Labor Day (BSR Offices Closed)</p>	6	7	8	<p>9</p> <p>Miami-Dade HIV/AIDS Partnership Strategic Planning Committee 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	10
11	<p>12</p>	13	<p>14</p> <p>Get on Board! Virtual Training Series Station 8: Dashboard Cards - Your Quick Reference for Essential Needs Assessment Data 12:00 PM – 1:00 PM Via Zoom Meeting ID: 823 0242 7545 Passcode: 586417</p> 	<p>15</p> <p>Miami-Dade HIV/AIDS Partnership Housing Committee 2:00 PM – 4:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	<p>16</p> <p>Clinical Quality Management Committee 9:30 AM – 11:30 AM Zoom Meeting</p>	17
	<p> National HIV/AIDS and Aging Awareness Day (Sept 18)</p>					
18	<p> 19</p> <p>Miami-Dade HIV/AIDS Partnership 10:00 AM – 12:00 PM Miami-Dade County Main Library 101 West Flagler Street Auditorium, Miami, FL 33130</p>	20	<p>21</p> <p>MDC RWP Monthly Research Symposium: <i>Barriers to Adherence and Retention in HIV Care Among Women</i> 12:00 PM – 1:00 PM Via Zoom Meeting ID: 890 7532 6180 Passcode: 358766</p>	<p>22</p> <p>Miami-Dade HIV/AIDS Partnership Prevention Committee 10:00 AM – 12:00 PM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134</p>	<p>23</p> <p>Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee 9:30 AM – 11:30 AM Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134</p>	24
25	<p>26</p> <p>Miami-Dade HIV/AIDS Partnership Community Coalition Roundtable Luncheon 12:00 PM – 2:00 PM Behavioral Science Research Corporation, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134</p>	<p>27</p> <p> National Gay Men's HIV/AIDS Awareness Day</p> <p>Minority AIDS Initiative Clinical Quality Management Team 9:30 AM – 11:30 AM Zoom Meeting</p>	<p>28</p> <p>Miami-Dade HIV/AIDS Partnership Executive Committee **To Meet if Needed**</p>	29	<p>30</p> <div style="border: 1px solid blue; padding: 10px; text-align: center;"> <p>Print It  Post It </p> <p>Pass It Around </p> </div>	

Version 06/06/22 Information on this calendar is subject to change.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

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<DCHPRyanWhitePartAContacts@flhealth.gov>; Duncan, Michelle <Michelle.Duncan@flhealth.gov>; Gibson, Derrick <Derrick.Gibson@flhealth.gov>

Subject: Announcement: ADAP Formulary Additions

EMAIL RECEIVED FROM EXTERNAL SOURCE

Dear Colleagues,

Two new pneumococcal conjugate vaccines PCV15 (Vaxneuvance) and PCV20 (Prevnar 20) were recommended for addition to the AIDS Drug Assistance Program (ADAP) formulary by the HIV Section Medication Formulary Workgroup (HSMFW) and approved by the Pharmacy and Therapeutics committee (P&T). These vaccines have been added to the ADAP formulary at this time.

PCV15 and PCV20 are now recommended as pneumococcal vaccination options for all adults ages 65 and older, and for adults ages 19 through 64 with certain medical conditions or other risk factors for pneumococcal disease (such as HIV infection). The Advisory Committee on Immunization Practices (ACIP) no longer recommends PCV13 for adults. The option to provide pneumococcal vaccine with a single injection via PCV20 is very helpful for patients in rural communities and those that lack reliable access to care. Please note that PCV13 (Prevnar 13) and PPSV23 (Pneumovax 23) will remain on the ADAP formulary. If PCV 15 is given, it should be followed by a dose of PPSV23 at least one year later. See ACIP recommendations here: [Recommendations of the Advisory Committee on Immunization Practices](#).

Uninsured ADAP clients who are in the direct dispense program may use the SAME DAY card for access to these and other vaccines on the ADAP formulary. The pharmacy will receive a prompt before the claim can be fully processed. They will need to follow the prompt to process the claim to administer the vaccine to clients. Insured ADAP clients will be able to access vaccines through their insurance carrier. For questions, please call the ADAP office at 844-381-2327 Monday–Friday, 8:00 a.m.–5:00 p.m. ET.

Kind regards,

Jimmy R. LLaque, Program Director
Florida AIDS Drug Assistance Program (ADAP)
www.FloridaADAP.org

Florida Department of Health | Division of Disease Control and Health Protection | Bureau of Communicable Diseases | HIV/AIDS Section | Patient Care
4052 Bald Cypress Way, Bin A-09, Tallahassee, FL 32399 | Office: 850.245.4477 | Mobile: 850.545.6836 | Fax: 850.412.2680

Florida Health, nationally accredited by the Public Health Accreditation Board, works to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.



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Miami-Dade County Ryan White Program Monthly Research Symposium

Provided by Florida International University and Behavioral Science Research

*Join us each month via Zoom to explore findings from FIU/BSR research studies
drawn from Ryan White Program client interviews and client data analyses.*

Each 1 hour session will include 30 minutes of Q/A.

Lessons Learned About Access to HIV Care at the Height of the COVID-19 Pandemic

Wednesday, June 22, 12:00 p.m. – 1:00 p.m.

Zoom Meeting ID: 876 9818 0742 ~ Passcode: 322602



Challenges Experienced by Ryan White Program Clients During COVID

Wednesday, July 20, 12:00 p.m. – 1:00 p.m.

Zoom Meeting ID: 894 8279 2216 ~ Passcode: 243323



Effective Women Centered Care Practices from Ryan White Program Client and Provider Perspectives

Wednesday, August 31, 12:00 p.m. – 1:00 p.m.

Zoom Meeting ID: 817 7037 3251 ~ Passcode: 615937



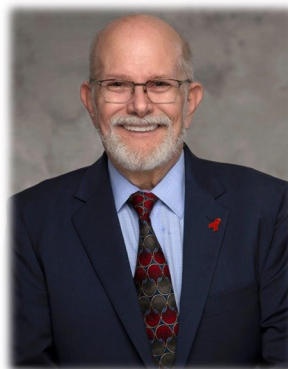
Barriers to Adherence and Retention in HIV Care Among Women

Wednesday, September 21, 12:00 p.m. – 1:00 p.m.

Zoom Meeting ID: 890 7532 6180 ~ Passcode: 358766

Presenters

Dr. Mary Jo Trepka
FIU Professor and Chair,
Dept. of Epidemiology,
Robert Stempel College of
Public Health & Social Work



Dr. Robert Ladner
President, Behavioral
Science Research Corp.



THE COMMUNITY COALITION ROUNDTABLE

We are the HIV Community who speaks for the HIV Community!

July-September 2022 Dinner Presentation Series

Please join us for Roundtables hosted by local service providers and featuring special presentations and dinners generously provided by Gilead Sciences, Inc.



GILEAD

Creating Possible



**JESSIE TRICE
COMMUNITY
HEALTH SYSTEM**

Since 1967

Special Presentation: Healthysexual

Monday, July 25, 2022, 5: 30 PM – 7: 30 PM

**Hosted at Jessie Trice Community Health System
5361 NW 22nd Avenue, 2nd Floor, Miami 33142**



pridelines

Special Presentation: Cultural Humility - Session 1

Monday, August 29, 2022, 5: 30 PM – 7: 30 PM

Hosted at Pridelines

6360 NE 4th Court, Miami 33138



**BORINQUEN
MEDICAL CENTERS**

Special Presentation: Cultural Humility - Session 2

Monday, September 26, 2022, 5: 30 PM – 7: 30 PM

Hosted at Borinquen Medical Centers

3601 Federal Highway, Miami 33137

Your **RSVP** ensures we can provide enough food & resource materials.

To RSVP, please scan the QR code, [click here](#),
call (305) 445-1076, or email hiv-aidsinfo@behavioralscience.com.

Visit www.aidsnet.org for more information.



Because many Partnership members and guests are immunocompromised, attendees are asked to wear a mask to these events.
We hope you will respect the health concerns of members and guests and choose to wear a mask.



**MIAMI-DADE
HIV/AIDS PARTNERSHIP**

The Miami-Dade HIV/AIDS Partnership is the Official County Advisory Board for HIV in Miami-Dade County. The Community Coalition selects Partnership members and ensures Partnership decisions represent the needs of people with HIV in Miami-Dade County.

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NATIONAL **RYAN WHITE** CONFERENCE ON HIV CARE & TREATMENT

AUGUST 23-26, 2022

» REGISTER





CODE OF CONDUCT

This Code of Conduct shall apply to all members of the Partnership and to the Partnership's standing committees, sub-committees, and workgroups, which are collectively referred to herein as the "Partnership."

Meetings are conducted according to Robert's Rules of Order. The length of time Partnership members are allowed to speak may be limited. Use of cell phones is also restricted.

Each Partnership member shall cooperate with the presiding officer in preserving order and decorum as set forth in the Partnership Bylaws. No member shall delay or interrupt the proceedings, or disturb any member while the member is speaking, except that the presiding officer may interrupt for the purpose of calling a member or members to order.

Members should be aware that they 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. Accordingly, members are prohibited from lobbying the Partnership or any member of the Partnership regarding any matter that is of a personal nature.

Members, when voting on allocation of funding, must vote in accordance with the Miami-Dade County Commission on Ethics and Public Trust's Advisory Opinion 05-50, which states in pertinent part: ". . .the Partnership member may vote on funding recommendations affecting a service category in which they are a provider as long as the member is not the sole provider in the particular category and the recommendation does not provide amounts or percentages among the providers in a particular service category." In the event a member has a conflict, the member must declare the conflict and shall abstain from the vote and step outside of meeting room prior to the vote. The member will complete Form 8B while outside the room and return the form to staff support personnel. The member shall return to the room after the remaining members have voted. Form 8B will be included with minutes of the meeting.

All members must comply with Florida's Government in the Sunshine Law and Public Records Act as further described in the Partnership Bylaws.

Presiding Officers' Duties:

1. The presiding officers are responsible for the orderly conduct of business at each meeting and shall preserve order and decorum.
2. The presiding officers shall ensure Partnership business is conducted efficiently by enforcing the rules of debate; the presiding officer shall not monopolize discussion.

Governance Rules:

1. Remarks are addressed through the presiding officer, not to individual members or members of the public without the presiding officer's consent.
2. Members of the Partnership may speak in turn as recognized by the presiding officer.
3. Members of the public may be permitted to address the Partnership as appropriate and as recognized by the presiding officer.



4. When more than one individual requests the floor, the presiding officer shall establish a queue.
5. Time limits for speaking may be established by the presiding officer.
6. The presiding officer may restrict an individual from speaking when the individual's comments are repetitive or not germane to the issue. Restrictions shall not be applied so as to limit the public's right to participate.
7. Partnership members may overturn a decision of the presiding officer by a majority vote.

General Conduct:

1. Partnership members shall adhere to the Rules of decorum set forth in the Partnership's Bylaws.
2. Electronic communication devices shall be set on mute or vibrate.
3. At no time shall the presiding officer, a Partnership member engage in any personally offensive or abusive remarks.
4. Members shall inform themselves on issues, listen attentively to discussion, and review relevant materials distributed prior to meetings.
5. There shall be no interruptions and no private conversations while business is conducted.
6. The presiding officer shall call any member to order who violates any section of this Code of Conduct. If a member is called to order while speaking, that person shall cease speaking until the question of order is determined.

Staff support personnel and County employees are present to assist the process, the presiding officer and Partnership members. Support personnel and County employees are entitled to be treated with courtesy and respect. Accordingly, the presiding may issue warnings to Partnership members and may also take other appropriate action to ensure compliance with this Code of Conduct and the Partnership's Bylaws.

Members shall agree:

1. To refrain from engaging in improper or illegal voting on Partnership matters.
2. To refrain from engaging in improper or illegal representation as an agent of the Partnership on fiscal, legal and/or other Partnership matters.
3. To refrain from engaging in fighting, threatening behavior and other gross violations of proper conduct at Partnership or committee meetings.
4. To refrain from receipt of gifts, favors or promises of future benefits.
5. To refrain from engaging in any breach of the public trust.
6. To comply with the attendance requirements and other Partnership requirements, as provided for in Sections 2-11.39 and 2-1102 of the Code of Miami-Dade County and further set forth herein.
7. To refrain from engaging in any negligent or criminal activities in the performance of any duty assigned to them by law.
8. To comply with the Partnership's Bylaws.

Any violation of this code of conduct may result in the Partnership taking appropriate action against the Partnership member, including but not limited to making a recommendation to the County Mayor for the removal of Partnership member.



CODE OF CONDUCT AFFIRMATION

I affirm that I have read, understand, and shall abide by the Miami-Dade HIV/AIDS Partnership Code of Conduct.

Signature

Date

Please return this page to Staff and retain the Code of Conduct for your records.



MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Friday, July 22, 2022

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 June 24 and July 5, 2022 | All |
| VII. | Reports | |
| | • Ryan White Program | Carla Valle-Schwenk |
| | • ADAP Program | Dr. Javier Romero |
| | • Vacancy Report | Marlen Meizoso |
| | • Partnership Report (reference only) | Dr. Robert Goubeaux |
| VIII. | Standing Business | |
| | • Remaining HIV and aging topics | All |
| | • August meeting | Marlen Meizoso |
| IX. | New Business | |
| | • Addition to ADAP Formulary | All |
| X. | Announcements | All |
| XI. | Next Meeting: September 23, 2022* 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



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