MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 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 October 28, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• OHC items (codes, service descriptions, standards)	All
	• Minimum Primary Care Standards Items	All
	• Allowable Medical Conditions inc. Breast Cancer and Neutropenia	All
	• Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services	All
IX.	New Business	
	• Formulary Request: Methadone	All
	• Planning for 2023	All
	• 2023 Elections	All
X.	Announcements	All
	• HIV Section Medication Formulary Workgroup	

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

www.aidsnet.org

Disclaimer & Code of Conduct

- Audio of this meeting is being recorded and will become part of the public record.

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

www.aidsnet.org

Language Matters!

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

Here are a few suggestions for better communication.

Remember **People First** Language . . .

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

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

Instead, say **REASONS.**

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

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

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

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

www.aidsnet.org

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.*

www.aidsnet.org

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.*

www.aidsnet.org

Meeting Participation

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

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

www.aidsnet.org

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.

www.aidsnet.org

Parking

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

www.aidsnet.org

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!

www.aidsnet.org

Behavioral Science Research

Miami-Dade HIV/AIDS Partnership

Miami-Dade County

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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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XI.	Next Meeting**: January 27, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

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Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Blvd., Ste. 240
Coral Gables, FL 33134
October 28, 2022

#	Members	Present	Absent	Guests	
1	Baez, Ivet	X		Ana Nieto	
2	Cortes, Wanda		X	Angela Ortiz	
3	Dougherty, James	X		Ray Sawaged	
4	Friedman, Lawrence	X		Carla Valle-Schwenk	
5	Goubeaux, Robert		X	Christhian A. Ysea	
6	Romero, Javier	X			
7	Miller, Juliet	X			
8	Thornton, Darren	X			
9	Torres, Johann	X			
10	Vasquez, Silvana		X	**Staff**	
Quorum: 4				Marlen Meizoso	Robert Ladner

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 9:41 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. Marlen Meizoso requested the addition of Membership as the first item under Standing Business. The Subcommittee accepted the amended agenda.

Motion to accept the agenda as amended.
Moved: Dr. Lawrence Friedman **Second: Dr. Darren Thornton** **Motion: Passed**

VI. Review/Approve Minutes of September 23, 2022

Members reviewed the minutes of September 23, 2022. There was a question regarding the Part A carryover total, which was clarified as being the correct total. The Subcommittee made a motion to accept the minutes as presented.

Motion to accept the minutes of September 23, 2022, as presented.
Moved: Dr. Johann Torres **Second: Dr. Darren Thornton** **Motion: Passed**

VII. Reports

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

Carla Valle-Schwenk referenced the August 2022 report (copies on file). The Ryan White Program had served 7,370 clients as of the August report. Expenditures are still a little low since there are some pending contracts to execute. The 2022 – 2026 Integrated Plan is being worked on. As of November 1, the Residential Substance Abusee bed reimbursement rate will be raised to $250 a day and the maximum days on site will be increased from 120 days to 180 days. Food bank will allow for an extra bag round the holidays. Sweeps #3 will be taking place next week at the meeting of the Care and Treatment Committee. Changes to the Oral Health Care formulary and paperwork are a little overdue but will be released shortly. Starting November 1, reciprocal eligibility between Parts A, B and ADAP will take place. Recertification will take place annually (366 days). Viral loads should be done annually. The allowable documentations list is being revised. There is a new Test and Treat/Rapid Access requirement to conduct a genotype test. At the FCPN meeting last month, the new DOH medical director, Dr. Andrea Sciberras, was introduced.

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

Dr. Javier Romero reviewed the September 2022 report (copy on file) including enrollments, expenditures, prescriptions, premium payments, and program updates. The 2023 ACA insurance plans were just released but these are being analyzed by DOH. The pharmacy benefits manager (Magellan) has expanded their pharmacy network and now includes some Ryan White pharmacies (copy on file). Along with the change previously mention, as of November 1 the requirement to have an ARV for eligibility to ADAP has been removed. Some clarification needs to be added to the formulary. Viral loads less than 6 months and CD4 less than 12 months are not needed for eligibility but will be needed for reporting.

- **Vacancy Report** *Marlen Meizoso*

Marlen Meizoso referenced the membership vacancy report (copy on file) and indicated that there were now 14 vacancies on the Subcommittee since Dallas Bauman resigned. There is a pharmacist applicant interested, but further discussion will be had on membership later in the agenda. Meanwhile, if anyone knows of individuals interested in membership , they may contact staff.

DRAFT

VIII. Standing Business

Membership

Mrs. Meizoso explained that at the last meeting the Subcommittee had voted to organize themselves based on the current membership categories modified to the reduced size of the group (copy on file). The physician (APRN, physician assistant) category would have five members. There is a pharmacist applicant interested in joining, but under the proposed reorganization, there is no seat. The Subcommittee was queried if they wanted to alter seat assignments. They suggested reducing physician category seats to four and keeping the general seat instead of deleting the seat. The general seat would allow for an additional member regardless of classification. This change would allow for the application currently on hold to move forward. The Subcommittee made a motion to amend the revised seat assignments as discussed.

Motion to amend the Medical Care Subcommittee seat assignments, as discussed.
Moved: Dr. Lawrence Friedman **Seconded: Juliet Miller** **Motion: Passed**

OHC items (codes, service description, standards)

Appropriateness of D5421 (Adjustment to Dentures) and D5225 (Maxillary partial denture-flexible based [including any clasps, rests, and teeth]) billing

There is currently no restriction in the Ryan White Oral Health Care formulary or in Provide® Enterprise Miami to prevent code D5421 (Adjustment to Dentures) and code D5225 (Maxillary partial denture-flexible based [including any clasps, rests, and teeth]) from being billed together. There have been instances in which the codes have been billed within a few days of each other. Based on the description on the formulary of D5225, a restriction maybe requested in the Comments section of the formulary to clarify when it is appropriate to provide and bill separately for the adjustment codes. Medicaid's DentaQuest and MCNA plan benefits allow billing of the adjustment code **after 6 months** of the initial service. The former Oral Health Care Subcommittee practitioner members were asked if there was an appropriate reason for a client to receive this adjustment and the agency to bill for the adjustment sooner. They indicated that dentures require adjustments and clients are made aware of this. In addition, the visit requires staff and materials to be used. The Subcommittee requested staff to reach out to AETC to clarify code usage.

Oral Health Care Service Description

This service description was shared with the former Oral Health Care Subcommittee practitioners who were okay with the redline updates for 2023 (copy on file). The Subcommittee reviewed the service description and made several additional suggestions:

Change "requirement" to "definition"
Add "limited" in front of "implants"
Change "e.g.," to "i.e.," strike "limited to"
Reword i.e. section to "remove, repair, and placement (restricted for edentulous clients only) of implants"
Add after County "under special circumstances (implants), restorative and"
Strike "the," "limited" and "case-by-case for the provision"
Change under section E to "366 days" instead of "6 months" and add "Medicare" after LTC

The recommended changes will be made and brought back for review at the next meeting.

DRAFT

Oral Health Care Standards

This service description was shared with the former Oral Health Care Subcommittee practitioners who were okay with the redline updates for 2023 (copy on file). The Subcommittee reviewed the document and made additional recommendations:

Update the footer
Remove "not > 6 months" and "internal"
Change "Consent to Release" clause to "Ryan White Consent in the Data Management system"
Add at least annually to standard 4.3
Check if full mouth radiographs should be conducted annual

The recommended changes will be made and brought back for review at the next meeting.

Minimum Primary Care Standards Items #1-15 and #16-24

Mrs. Meizoso reviewed the revisions for items #1-15 and #16-24 of the Minimum Primary Care Standards (copy on file). The entire document was formatted, and a crosswalk of changes was provided. All items are now alphabetized by section.

The following additional suggestions were made to the document:

- Correct reference to APRN (spelled out)
- Deleted "females-may need to be scheduled if done by telehealth, should be done in office"
- Delete "and stool guaiac …;" replace with as clinically indicated
- Delete "may not occur every time with telehealth…"
- Delete under w. "referral offered...;" replace with as appropriate
- Delete "for females need consent pursuant...."
- Add "behavioral" in front of risk reduction
- Replace "assessment' with "screening" under sexually transmitted infection and add "per guidance"
- Under III, #5, change to every 3 months and strike 6 and 12 months
- Add "genotype" to #23
- Add monkeypox to immunizations section

The items in grey will be updated for the next meeting along with the recommended changes.

Allowable Medical Conditions including Breast Cancer and Neutropenia

Mrs. Meizoso presented two versions of the revised allowable conditions list (copies on file). Both versions include the recommended revision from the last meeting adding breast cancer and neutropenia conditions. The Subcommittee preferred the draft with the text in italics boxed (shaded light blue) and a reduce footer with an original and last revision date only. The Subcommittee suggested the following two changes:

- Move the "important note" to the bottom of the specialty section
- Breakout the cancers under oncology in bullet form

The revised document will be presented at the next meeting to the Subcommittee.

IX. <u>New Business</u>

Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services

Eligibility and CD4 requirements will be updated in the document but additional discussion was deferred since time was running short in the meeting. These items will be brought back to the next meeting.

2023 Meeting Dates

Mrs. Meizoso shared the scheduled for 2023 meeting dates (copy on file) and a blank copy of the annual activities for discussion at the next meeting.

X. Announcements

Mrs. Meizoso requested of members to please forward any comments on the items distributed today in advance of the meeting and RSVP for the November meeting early.

XI. Next Meeting

The next Subcommittee meeting will be held Friday, November 18, 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 11:26 a.m.

DRAFT

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RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **September 2022**

FUNDING SOURCE(S) INCLUDED:

Ryan White Part A
Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	16	183	15	122
Health Insurance Premium and Cost Sharing Assistance	16	2,222	8	916
Medical Case Management	8,500	53,654	3,875	6,988
Mental Health Services	20	393	6	73
Oral Health Care	680	5,403	523	1,906
Outpatient Ambulatory Health Services	2,241	16,591	1,275	3,773
Substance Abuse Outpatient Care	8	36	4	13
Support Services				
Food Bank/Home Delivered Meals	0	6,901	0	692
Medical Transportation	548	2,986	250	553
Other Professional Services	127	589	22	62
Outreach Services	62	511	32	96
Substance Abuse Services (residential)	140	1,497	9	38
TOTALS:	12,358	90,966		

Total unduplicated clients (month): 4,491

Total unduplicated clients (YTD): 7,706

REPORT COMPILED ON: 11/16/2022

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

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FOR THE PERIOD OF: **September 2022**

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Ryan White Part A

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
AIDS Pharmaceutical Assistance (LPAP/CPAP)	16	183	15	122
Health Insurance Premium and Cost Sharing Assistance	16	2,222	8	916
Medical Case Management	7,536	47,785	3,581	6,775
Mental Health Services	20	376	6	66
Oral Health Care	680	5,403	523	1,906
Outpatient Ambulatory Health Services	2,111	15,587	1,183	3,724
Substance Abuse Outpatient Care	7	27	3	8
Support Services				
Food Bank/Home Delivered Meals	0	6,901	0	692
Medical Transportation	539	2,944	241	539
Other Professional Services	127	589	22	62
Outreach Services	60	492	30	77
Substance Abuse Services (residential)	140	1,497	9	38
TOTALS:	11,252	84,006		

Total unduplicated clients (month): 4,242

Total unduplicated clients (YTD): 7,613

REPORT COMPILED ON: 11/16/2022

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **September 2022**

FUNDING SOURCE(S) INCLUDED:

Ryan White MAI

SERVICE CATEGORIES	Service Units		Unduplicated Client Count	
	Monthly	Year-to-date	Monthly	Year-to-date
Core Medical Services				
Medical Case Management	964	5,869	440	822
Mental Health Services	0	17	0	7
Outpatient Ambulatory Health Services	130	1,004	99	403
Substance Abuse Outpatient Care	1	9	1	5
Support Services				
Medical Transportation	9	42	9	20
Outreach Services	2	19	2	19
TOTALS:	1,106	6,960		

Total unduplicated clients (month): 506

Total unduplicated clients (YTD): 1,086

REPORT COMPILED ON: 11/16/2022

Part A

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32

FORMULA AND SUPPLEMENTAL FUNDING

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

This report includes YTD paid reimbursements for FY 2022 Part A service months up to September 2022, as of 11/16/2022. This report reflects reimbursement requests that were due by 10/20/2022; and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process total $4,973,166.76.

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

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	
4	AIDS Pharmaceutical Assistance	84,492.00	
6	Health Insurance Services	595,700.00	
1	Medical Case Management	6,215,461.00	
3	Mental Health Therapy/Counseling	142,694.00	
5	Oral Health Care	3,620,347.00	
2	Outpatient/Ambulatory Health Svcs	9,177,172.00	
9	Substance Abuse - Outpatient	44,128.00	19,879,994.00

	Support Services	Allocations	
11	Emergency Financial Assistance	9,853.00	
8	Food Bank	1,766,083.00	
10	Medical Transportation	194,149.00	
13	Other Professional Services	154,449.00	
12	Outreach Services	264,696.00	
7	Substance Abuse - Residential	1,969,744.00	4,358,974.00

DIRECT SERVICES TOTAL:		$ 24,238,968.00
Total Core Allocation	19,879,994.00	
Target at least 80% core service allocation	19,391,174.40	
Current Difference (Short) / Over	**$ 488,819.60**	
Recipient Admin. (GC, GTL, BSR Staff)	**$ 2,453,209.00**	
Quality Management	**$ 641,522.00**	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	$ -	
Unobligated Funds (Carry Over)	$ 1,274,872.00	4,369,603.00

			28,608,571.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	82.02%	Within Limit

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.62%	Within Limit

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

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures	
5606970000	AIDS Pharmaceutical Assistance	570.48		
5606920000	Health Insurance Services	138,503.05	0.00	138,503.05
5606870000	Medical Case Management	1,085,350.50	0.00	1,085,350.50
5606860000	Mental Health Therapy/Counseling	24,960.00	0.00	24,960.00
5606900000	Oral Health Care	884,040.00	0.00	884,040.00
5606610000	Outpatient/Ambulatory Health Svcs	2,142,095.08	0.00	2,142,095.08
5606910000	Substance Abuse - Outpatient	2,235.00		4,277,754.11

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank	766,011.00	0.00	766,011.00
5606460000	Medical Transportation	27,623.04		
5606890000	Other Professional Services	53,046.00		
5606950000	Outreach Services	10,011.79		
5606930000	Substance Abuse - Residential	314,370.00		1,171,061.83

TOTAL EXPENDITURES DIRECT SVCS & % :	$ 5,448,815.94	22.48%
Formula Expenditure %	**42.58%**	
5606710000 **Recipient Administration**	**1,074,531.49**	
5606880000 **Quality Management**	**350,000.00**	1,424,531.49
Grant Unexpended Balance	**21,735,223.57**	

Total Grant Expenditures & %	$ 6,873,347.43	24.03%

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	91.35%	Within Limit

Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	1.43%	Within Limit

OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	4.38%	Within Limit

Printed on: 11/16/2022

MAI

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32

MINORITY AIDS INITIATIVE (MAI) FUNDING

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

This report includes YTD paid reimbursements for FY 2022 MAI service months up to September 2022, as of 11/16/2022. This report reflects reimbursement requests that were due by 10/20/2022; and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process total $248,828.29.

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

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations		
	AIDS Pharmaceutical Assistance			
	Health Insurance Services			
1	Medical Case Management	903,920.00		
3	Mental Health Therapy/Counseling	18,960.00		
	Oral Health Care			
2	Outpatient/Ambulatory Health Svcs	1,356,661.00		
4	Substance Abuse - Outpatient	8,058.00	2,287,599.00	
	Support Services	**Allocations**		
7	Emergency Financial Assistance	0.00		
	Food Bank			
5	Medical Transportation	7,628.00		
	Other Professional Services			
6	Outreach Services	39,816.00		
	Substance Abuse - Residential		47,444.00	
	DIRECT SERVICES TOTAL:		**$ 2,335,043.00**	
	Total Core Allocation	2,287,599.00		
	Target at least 80% core service allocation	1,868,034.40		
	Current Difference (Short) / Over	**$ 419,564.60**		
	Recipient Admin. (OMB-GC)	**$ 271,325.00**		3,925,921.00
	Quality Management	**$ 106,883.00**		
	(+) Unobligated Funds / (-) Over Obligated:			
	Unobligated Funds (MAI)	$ -	378,208.00	2,713,251.00
	Unobligated Funds (Carry Over)	$ 1,212,670.00		

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures	
5606970000	AIDS Pharmaceutical Assistance			
5606920000	Health Insurance Services			
5606870000	Medical Case Management	221,534.70		
5606860000	Mental Health Therapy/Counseling	0.00		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	200,060.65		
5606910000	Substance Abuse - Outpatient	0.00		421,595.35
Account	**Support Services**	**Expenditures**	**Carryover Expenditures**	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank			
5606460000	Medical Transportation	2,197.15		
5606890000	Other Professional Services			
5606950000	Outreach Services	0.00		
5606930000	Substance Abuse - Residential			2,197.15
	TOTAL EXPENDITURES DIRECT SVCS & %:		**$ 423,792.50**	**18.15%**
5606710000	**Recipient Administration**	**83,292.80**		
5606880000	**Quality Management**	**58,333.31**	141,626.11	
	Grant Unexpended Balance	**3,360,502.39**		
	Total Grant Expenditures & % (Including C/O):		**$ 565,418.61**	**14.40%**

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**97.97%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**3.94%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**10.00%**	**Within Limit**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**99.48%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.15%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**3.07%**	**Within Limit**

Printed on: 11/16/2022

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 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 October 28, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• OHC items (codes, service descriptions, standards)	All
	• Minimum Primary Care Standards Items	All
	• Allowable Medical Conditions inc. Breast Cancer and Neutropenia	All
	• Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services	All
IX.	New Business	
	• Formulary Request: Methadone	All
	• Planning for 2023	All
	• 2023 Elections	All
X.	Announcements	All
	• HIV Section Medication Formulary Workgroup	

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

November 2, 2022

ADAP Miami-Dade / Summary Report* – October 2022

Fiscal Year	1st Enrollments	Re-Enrollments	OPEN	CHD Pharmacy	RXs	Patients	RX/Pt	Payments	Premiums	~ Premium
FY20/21 >	795	10,979	6,150	$32,843,354.32	52,678	17,944	2.9	$23,115,161.17	25,395	$ 910.22
FY21/22 >	903	11,308	6,074	$28,342,382.90	49,549	16,381	3.0	$29,915,353.77	27,419	$1,091.04
FY22/23 > YTD	**652**	**6,466**		**$16,880,731.12**	**29,048**	**9,587**	**3.0**	**$19,569,184.54**	**16,393**	**$1,193.75**
Apr-22	113	914	6,143	$2,334,995.84	4,164	1,377	3.0	$2,885,135.63	2,429	$1,187.79
May-22	114	808	6,205	$2,428,021.98	4,295	1,385	3.1	$2,844,770.69	2,374	$1,198.30
Jun-22	85	925	6,205	$2,561,946.62	4,142	1,439	2.9	$2,797,011.67	2,344	$1,193.26
Jul-22	71	875	6,263	$2,393,320.77	4,049	1,342	3.0	$2,807,326.41	2,350	$1,194.61
Aug-22	86	1,082	6,309	$2,519,544.21	4,442	1,440	3.1	$2,776,876.45	2,336	$1,188.73
Sep-22	80	917	6,352	$2,454,007.19	4,158	1,367	3.0	$2,731,186.36	2,287	$1,194.22
Oct-22	**103**	**945**	**6,260**	**$2,188,894.51**	**3,798**	**1,237**	**3.1**	**$2,726,877.33**	**2,273**	**$1,199.68**
Nov-22										
Dec-22										
Jan-23										
Feb-23										
Mar-23										

SOURCE: Provide - DATE: 11/02/22 - Subject to Review & Editing

** NOTE: West Perrine: 417 clients (11/02/22): DD 263; PP 154. Expenditures not included in this report.*

PROGRAM UPDATE

* Hurricane Ian: tracking affected clients moving into Miami-Dade for assistance.
* Cabenuva ® utilization @ ADAP Miami *(11/02/22)*: 155M-D/512FL (2.5%/30.2%). Direct Dispense 89 *(57%);* Premium Plus 66 *(43%)*
* ACA-MP Open Enrollment 2023: November 1st - January 15th. Approved plans pending @ CMS.
* **NEW** Extended Eligibility Period & Reciprocity *(10/17/22)*: Effective November 1st: 366-day eligibility; RW-A, RW-B, GR, reciprocity
* **NEW** ARV RXs no longer required for ADAP Enrollment *(11/01/22)*: RXs are required at CHD & PBM Pharmacies.
* **NEW** Additional pharmacy choices for ADAP Uninsured clients in Miami-Dade *(10/01/22):*

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

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

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

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	• OHC items (codes, service descriptions, standards)	All
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	• Allowable Medical Conditions inc. Breast Cancer and Neutropenia	All
	• Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services	All
IX.	New Business	
	• Formulary Request: Methadone	All
	• Planning for 2023	All
	• 2023 Elections	All
X.	Announcements	All
	• HIV Section Medication Formulary Workgroup	

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

November 15, 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

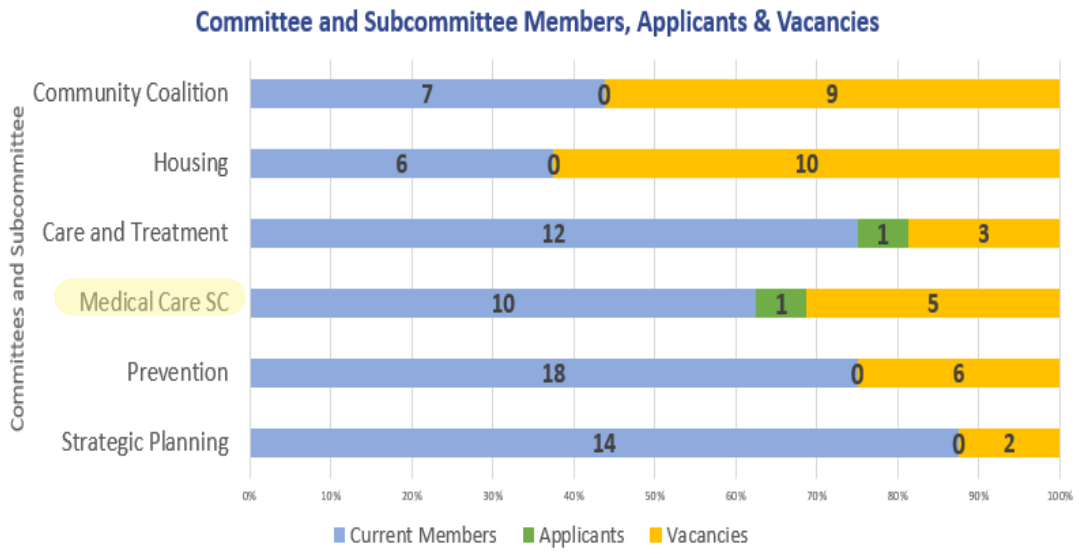
General Membership Opportunities

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?

when you say Yes! good things happen.

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

Are you a resident of Miami-Dade County?

Are you a registered voter in Miami-Dade County?
Note: Some seats for people with HIV are exempt from this requirement.

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

Committee Activities

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

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

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 2022

9:30 a.m. – 11:30 a.m.

Behavioral Science Research
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MIAMI-DADE HIV/AIDS PARTNERSHIP

Partnership Report to Committees and Subcommittee
October 31, 2022 Meeting

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

The Partnership heard regular reports, an update on recent activities of the Florida Comprehensive Planning Network, and the timeline for completion of the *2022-2026 Integrated HIV Prevention and Care Plan.*

Members approved motions to adopt these priorities and budgets detailed on the following pages:

- Ryan White Program (RWP) Fiscal Year (FY) 2023 Part A Priorities;
- RWP FY 2023 Minority AIDS Initiative (MAI) Priorities;
- RWP FY 2023 Part A Flat Funding Budget;
- RWP FY 2023 MAI Flat Funding Budget;
- RWP FY 2023 Part A Ceiling Budget; and
- RWP FY 2023 MAI Ceiling Budget.

The RWP Fiscal Year 2023 is March 1, 2023 through February 29, 2024.

Member approved motions authorizing the Chair to sign two letters:

- Letter of Assurance from the Planning Council Chair for Fiscal Year 2023-2024 (retroactive authorization; letter sent September 30, 2022); and
- Letter of Partnership concurrence with FY 2022 Rebudgeting Action – Prior Approval Request

Meeting calendars are online:

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

Please RSVP!

- Call (305) 445-1076, or
- Email cbontempo@behavioralscience.com or marlen@behavioralscience.com.

FY 2023 Ryan White Program Part A Priorities

FY 2023	Services
1	AIDS Drug Assistance Program (ADAP) Treatment [C]
2	Medical Case Management, including Treatment Adherence Services [C]
3	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
4	Emergency Financial Assistance [S]
5	Outpatient/Ambulatory Health Services [C]
6	Oral Health Care [C]
7	Food Bank/Home-Delivered Meals [S]
8	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
9	Mental Health Services [C]
10	Substance Abuse Services (Residential) [S]
11	Housing Services [C]
12	Substance Abuse Outpatient Care [C]
13	Medical Transportation (Vouchers) [S]
14	Outreach Services [S]
15	Other Professional Services (Legal Assistance and Permanency Planning) [S]
16	Early Intervention Services [C]
17	Home Health Care [C]
18	Medical Nutrition Therapy [C]
19	Home and Community Based Health Care [C]
20	Psychosocial Support [S]
21	Hospice Services [C]
22	Non-Medical Case Management [S]
23	Child Care Services [S]
24	Rehabilitation Services [S]
25	Health Education/Risk Reduction [S]
26	Referral for Health Care and Support Services [S]
27	Linguistic Services [S]
28	Respite Care [S]

Notes:
C = Core Medical Services
S = Support Services

FY 2023 Ryan White Program Minority AIDS Initiative (MAI) Priorities

FY 2023	Services
1	Medical Case Management, including Treatment Adherence Services [C]
2	AIDS Drug Assistance Program (ADAP) Treatment [C]
3	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
4	Mental Health Services [C]
5	Outpatient/Ambulatory Health Services [C]
6	Emergency Financial Assistance [S]
7	Oral Health Care [C]
8	Substance Abuse Outpatient Care [C]
9	Medical Transportation (Vouchers) [S]
10	Outreach Services [S]
11	Substance Abuse Services (Residential) [S]
12	Food Bank/Home-Delivered Meals [S]
13	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
14	Housing Services [C]
15	Health Education/Risk Reduction [S]
16	Home and Community Based Health Care [C]
17	Medical Nutrition Therapy [C]
18	Non-Medical Case Management [S]
19	Psychosocial Support [S]
20	Home Health Care [C]
21	Early Intervention Services [C]
22	Referral for Health Care and Support Services [S]
23	Child Care Services [S]
24	Rehabilitation Services [S]
25	Hospice Services [C]
26	Other Professional Services (Legal Assistance and Permanency Planning) [S]
27	Linguistic Services [S]
28	Respite Care [S]

Notes:
C = Core Medical Services
S = Support Services

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2023 PART A FLAT FUNDING (FORMULA & SUPPLEMENTAL FUNDING) BUDGET			
FY 2023 RANKING	**SERVICE CATEGORIES (ALPHABETIC ORDER)**	**FY 2023 RECOMMENDED ALLOCATION [1]**	**FY 2023 %**
1	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded	N/A
2	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$ 5,869,052	27.32%
3	AIDS PHARMACEUTICAL ASSISTANCE [C]	$ 88,255	0.41%
4	EMERGENCY FINANCIAL ASSISTANCE [S]	$ 88,253	0.41%
5	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$ 8,540,960	39.76%
6	ORAL HEALTH CARE [C]	$ 3,088,975	14.38%
7	FOOD BANK*/HOME DELIVERED MEALS [S]	$ 529,539	2.47%
8	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	$ 354,000	1.65%
9	MENTAL HEALTH SERVICES [C]	$ 132,385	0.62%
10	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$ 2,169,744	10.10%
11	HOUSING [S]	Not Part A Funded	N/A
12	SUBSTANCE ABUSE OUTPATIENT CARE [C]	$ 44,128	0.21%
13	MEDICAL TRANSPORTATION [S]	$ 154,449	0.72%
14	OUTREACH SERVICES [S]	$ 264,696	1.23%
15	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	$ 154,449	0.72%
16	EARLY INTERVENTION SERVICES [C]	Not Part A Funded	N/A
17	HOME HEALTH CARE [C]	Not Part A Funded	N/A
18	MEDICAL NUTRITION THERAPY [C]	Not Part A Funded	N/A
19	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded	N/A
20	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Part A Funded	N/A
21	HOSPICE [C]	Not Part A Funded	N/A
22	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Part A Funded	N/A
23	CHILD CARE SERVICES [S]	Not Part A Funded	N/A
24	REHABILITATION SERVICES [S]	Not Part A Funded	N/A
25	HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded	N/A
26	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded	N/A
27	LINGUISTIC SERVICES [S]	Not Part A Funded	N/A
28	RESPITE CARE [S]	Not Part A Funded	N/A
SUBTOTAL		**$21,478,885**	**100.0%**

*** Funded component of the service category.**
[C]= Core Service; **[S]** = Support Service

ADMINISTRATION [2]	**$2,453,209**
CLINICAL QUALITY MANAGEMENT	**$600,000**
TOTAL	**$24,532,094**

	Exp. Ratios
Core Services	**84.35%**
Support Services	**15.65%**

NOTES:

[1] Total based on the RWP FY 2022 final award.

[2] Administration includes Partnership Staff Support and Data Support (Provide® Enterprise-Miami).

[3] Service categories shaded in grey have been added for "FY 2023 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is a new HRSA requirement under the Non-competing Continuation instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources.

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2023 MINORITY AIDS INITIATIVE (MAI) FLAT FUNDING BUDGET			
FY 2023 RANKING	**SERVICE CATEGORIES (ALPHABETIC ORDER)**	**FY 2023 RECOMMENDED ALLOCATION [1]**	**FY 2023 %**
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$903,920.00	38.60%
2	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A
3	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A
4	MENTAL HEALTH SERVICES [C]	$18,960.00	0.81%
5	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$1,351,457.00	57.71%
6	EMERGENCY FINANCIAL ASSISTANCE [S]	$12,087.00	0.52%
7	ORAL HEALTH CARE [C]	Not MAI Funded	N/A
8	SUBSTANCE ABUSE OUTPATIENT CARE [C]	$8,058.00	0.34%
9	MEDICAL TRANSPORTATION [S]	$7,628.00	0.33%
10	OUTREACH SERVICES [S]	$39,816.00	1.70%
11	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A
12	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A
13	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	Not MAI Funded	N/A
14	HOUSING [S]	Not MAI Funded	N/A
15	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A
16	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A
17	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A
18	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A
19	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A
20	HOME HEALTH CARE [C]	Not MAI Funded	N/A
21	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A
22	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A
23	CHILD CARE SERVICES [S]	Not MAI Funded	N/A
24	REHABILITATION SERVICES [S]	Not MAI Funded	N/A
25	HOSPICE [C]	Not MAI Funded	N/A
26	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A
28	RESPITE CARE [S]	Not MAI Funded	N/A
SUBTOTAL		**$2,341,926**	**100.0%**

[C]= Core Service; **[S]** = Support Service

ADMINISTRATION	**$271,325**
CLINICAL QUALITY MANAGEMENT	**$100,000**
TOTAL	**$2,713,251**

	Exp. Ratios
Core Services	**97.46%**
Support Services	**2.54%**

NOTES:

[1] Total based on the RWP FY 2022 final award.

[2] Service categories shaded in grey have been added for "FY 2023 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is a new HRSA requirement under the Non-competing Continuation instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their available resources.

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2023 PART A CEILING FUNDING (FORMULA & SUPPLEMENTAL) BUDGET			
FY 2023 RANKING	**SERVICE CATEGORIES (ALPHABETIC ORDER)**	**FY 2023 RECOMMENDED ALLOCATION [1]**	**FY 2023 %**
1	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not Part A Funded	N/A
2	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$ 6,269,052	27.76%
3	AIDS PHARMACEUTICAL ASSISTANCE [C]	$ 88,255	0.39%
4	EMERGENCY FINANCIAL ASSISTANCE [S]	$ 88,253	0.39%
5	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$ 8,540,960	37.82%
6	ORAL HEALTH CARE [C]	$ 3,588,975	15.89%
7	FOOD BANK*/HOME DELIVERED MEALS [S]	$ 529,539	2.34%
8	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	$ 354,000	1.57%
9	MENTAL HEALTH SERVICES [C]	$ 336,329	1.49%
10	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$ 2,169,744	9.61%
11	HOUSING [S]	Not Part A Funded	N/A
12	SUBSTANCE ABUSE OUTPATIENT CARE [C]	$ 44,128	0.20%
13	MEDICAL TRANSPORTATION [S]	$ 154,449	0.68%
14	OUTREACH SERVICES [S]	$ 264,696	1.17%
15	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	$ 154,449	0.68%
16	EARLY INTERVENTION SERVICES [C]	Not Part A Funded	N/A
17	HOME HEALTH CARE [C]	Not Part A Funded	N/A
18	MEDICAL NUTRITION THERAPY [C]	Not Part A Funded	N/A
19	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not Part A Funded	N/A
20	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not Part A Funded	N/A
21	HOSPICE [C]	Not Part A Funded	N/A
22	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not Part A Funded	N/A
23	CHILD CARE SERVICES [S]	Not Part A Funded	N/A
24	REHABILITATION SERVICES [S]	Not Part A Funded	N/A
25	HEALTH EDUCATION/RISK REDUCTION [S]	Not Part A Funded	N/A
26	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not Part A Funded	N/A
27	LINGUISTIC SERVICES [S]	Not Part A Funded	N/A
28	RESPITE CARE [S]	Not Part A Funded	N/A
SUBTOTAL		**$22,582,829**	**100.0%**

*** Funded component of the service category.**

[C]= Core Service; **[S]** = Support Service

ADMINISTRATION [2]	**$2,575,869**
CLINICAL QUALITY MANAGEMENT	**$600,000**
TOTAL	**$25,758,698**

	Exp. Ratios
Core Services	**85.12%**
Support Services	**14.88%**

NOTES:

[1] Award Ceiling Totals $28,607,611 [$25,758,698 (Part A) and $2,848,913 (MAI)] per HRSA's FY 2023 Non-competing Continuation Instructions.

[2] Administration includes Partnership Staff Support and Data Support (Provide® Enterprise-Miami).

[3] Service categories shaded in grey have been added for "FY 2023 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is a new HRSA requirement under the Non-competing Continuation instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their

MIAMI DADE COUNTY RYAN WHITE PROGRAM (RWP) FY 2023 MINORITY AIDS INITIATIVE (MAI) CEILING FUNDING BUDGET			
FY 2023 RANKING	**SERVICE CATEGORIES (ALPHABETIC ORDER)**	**FY 2023 RECOMMENDED ALLOCATION [1]**	**FY 2023 %**
1	MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$903,920.00	36.68%
2	AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS [C]	Not MAI Funded	N/A
3	AIDS PHARMACEUTICAL ASSISTANCE [C]	Not MAI Funded	N/A
4	MENTAL HEALTH SERVICES [C]	$18,960.00	0.77%
5	OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$1,473,553.00	59.80%
6	EMERGENCY FINANCIAL ASSISTANCE [S]	$12,087.00	0.49%
7	ORAL HEALTH CARE [C]	Not MAI Funded	N/A
8	SUBSTANCE ABUSE OUTPATIENT CARE [C]	$8,058.00	0.33%
9	MEDICAL TRANSPORTATION [S]	$7,628.00	0.31%
10	OUTREACH SERVICES [S]	$39,816.00	1.62%
11	SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	Not MAI Funded	N/A
12	FOOD BANK/HOME DELIVERED MEALS [S]	Not MAI Funded	N/A
13	HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	Not MAI Funded	N/A
14	HOUSING [S]	Not MAI Funded	N/A
15	HEALTH EDUCATION/RISK REDUCTION [S]	Not MAI Funded	N/A
16	HOME AND COMMUNITY-BASED HEALTH SERVICES [C]	Not MAI Funded	N/A
17	MEDICAL NUTRITION THERAPY [C]	Not MAI Funded	N/A
18	NON-MEDICAL CASE MANAGEMENT SERVICES [S]	Not MAI Funded	N/A
19	PSYCHOSOCIAL SUPPORT SERVICES [S]	Not MAI Funded	N/A
20	HOME HEALTH CARE [C]	Not MAI Funded	N/A
21	EARLY INTERVENTION SERVICES [C]	Not MAI Funded	N/A
22	REFERRAL FOR HEALTH CARE AND SUPPORTIVE SERVICES [S]	Not MAI Funded	N/A
23	CHILD CARE SERVICES [S]	Not MAI Funded	N/A
24	REHABILITATION SERVICES [S]	Not MAI Funded	N/A
25	HOSPICE [C]	Not MAI Funded	N/A
26	OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	Not MAI Funded	N/A
27	LINGUISTIC SERVICES [S]	Not MAI Funded	N/A
28	RESPITE CARE [S]	Not MAI Funded	N/A
SUBTOTAL		**$2,464,022**	**100.0%**

[C]= Core Service; **[S]** = Support Service

ADMINISTRATION	**$284,891**
CLINICAL QUALITY MANAGEMENT	**$100,000**
TOTAL [2]	**$2,848,913**

	Exp. Ratios
Core Services	**97.58%**
Support Services	**2.42%**

NOTES:

[1] Award Ceiling Totals $28,607,611 [$25,758,698 (Part A) and $2,848,913 (MAI)] per HRSA's FY 2023 Non-competing Continuation Instructions.

[2] Service categories shaded in grey have been added for "FY 2023 RANKING" (i.e., Priority ranking) purposes ONLY and are not currently funded under the local RWP-Part A and MAI. This process is a new HRSA requirement under the Non-competing Continuation instructions and will assist other funding sources (e.g., FDOH/Part B) in directing their

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 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 October 28, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• OHC items (codes, service descriptions, standards)	All
	• Minimum Primary Care Standards Items	All
	• Allowable Medical Conditions inc. Breast Cancer and Neutropenia	All
	• Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services	All
IX.	New Business	
	• Formulary Request: Methadone	All
	• Planning for 2023	All
	• 2023 Elections	All
X.	Announcements	All
	• HIV Section Medication Formulary Workgroup	

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

Oral Health Care Items for Discussion

1) **Appropriateness of D5421 (Adjustment to Dentures) and D5225 (Maxillary partial denture-flexible based [including any clasps, rests, and teeth]) billing:**

There is currently no restriction in the Ryan White Oral Health Care formulary or in Provide® Enterprise Miami to prevent code D5421 (Adjustment to Dentures) and code D5225 (Maxillary partial denture-flexible based [including any clasps, rests, and teeth]) from being billed together. There have been instances in which the codes have been billed within a few days of each other. Based on the description on the formulary of D5225, a restriction maybe requested in the Comments section of the formulary to clarify when it is appropriate to provide and bill separately for the adjustment codes. Medicaid's DentaQuest and MCNA plan benefits allow billing of the adjustment code **after 6 months** of the initial service. The former Oral Health Care Subcommittee practitioner members were asked if there was an appropriate reason for a client to receive and the agency to bill for the adjustment sooner. The following were the replies received.

- ✓ To be clear, the only denture codes in question are D5225 Maxillary Partial Denture-flexible base and D5421 Adjust Partial Denture Maxillary. All (majority) dentures require adjustment after delivery. This is something a patient is made aware of when the denture is delivered and is a part of the denture process.

- ✓ All dentures require adjustments after initial delivery. This is a visit that requires staff and materials to be utilized.

- Regarding the utilization of codes D5421 and D5225, no specific limitations are described by the ADA in the 2022 Current Dental Terminology (CDT) book, other than removable appliance codes include "routine post-delivery care", so it is open to interpretation. Through the years we have billed removable appliances and their adjustments without any time limits in between except for same day. Some private insurers also specify the 6-month limitation, however in fee for service

settings the process varies depending on individual practitioner's opinion. Establishing this limit in the RWHAP formulary is up to the committee. Independently of reimbursement there would be no changes to the way we deliver the service, adjustments are essential for removable appliances to be successful. Since we provide timely adjustment services (on a walk-in basis) the longer a patient waits after the delivery the less likely the service is to be defined as "routine post-delivery care". Unless we are obligated to follow Medicaid standards, we might be able to establish a reasonable medium e.g., 3 months.

A request was made to follow-up on the issue of the codes with an AETC dental contact. Below is the response of Mark Schweizer DDS, MPH:

I agree charging for an adjustment on any type of denture is not the usual practice. Related to patients with HIV they may need more adjustments due to oral conditions related to HIV especially dry mouth. In our Broward County Program , we do not usually charge for denture adjustments. However, six months is a reasonable time and after that they could charge just one time.
A well-made denture should need 2-3 adjustments at the most.

ORAL HEALTH CARE

(Year 3~~2~~3 Service Priority: #~~5~~6 for Part A

Oral Health Care is a core medical service. This service includes diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide dental care in the State of Florida, including general Dentists, dental specialists, and Dental Hygienists, as well as licensed Dental Assistants. In accordance with Rule 64B5-9.011 of the Florida Administrative Code, Dental Assistants who are formally trained or have an appropriate certification (e.g., radiography) meet HRSA's ~~requirement~~ definition of a licensed Dental Assistant.

This service may include diagnostic, preventive, and restorative services; endodontics, periodontics, and prosthodontics (removable and fixed); maxillofacial prosthetics; limited implant services (i~~e~~.e., ~~limited to~~ removal, repair, and placement [restricted for edentulous patients only] of implant~~s; and repair of implant or implant abutment~~), ~~as may be amended~~; oral and maxillofacial surgery; and adjunctive general services as detailed and limited in the most current, local Ryan White Program Oral Health Care Formulary.

A. Program Operation Requirements: Provision of Oral Health Care services for any one client is limited to an annual cap of $6,500 per ~~the~~ Ryan White Part A Fiscal Year (March 1, 202~~2~~3 through February 2~~8~~9, 202~~3~~4). ~~Limited E~~exceptions to the annual cap may be approved by the County under special circumstances (e.g. implant placement) and ~~,~~ the provision of preventive Oral Health Care services with consultation from the Miami- Dade HIV/AIDS Partnership's Medical Care Subcommittee as needed~~, on a case- by-case basis for the provision of preventive Oral Health Care services only~~.

Clients referred for Oral Health Care by a Ryan White Part A or MAI Medical Case Manager should use the Ryan White Program In Network Referral process in the Provide® Enterprise Miami data management system. If the client is referred by a non-Part A or non-MAI provider ["Out of Network"(OON) provider] or self-refers because they do not have a Part A/MAI Medical Case Manager, an OON referral form must be submitted accompanied by the required medical, financial, and permanent Miami-Dade County residency documentation as well as all required consent forms and Notice of Privacy Practices. Clients coming without a referral, but with necessary documentation to support Ryan White Part A Program eligibility and current (not more than 6 months old) Viral Load and CD4 lab test results, are also able to access Ryan White Part A Oral Health Care services, upon completion of a brief intake in the Provide® Enterprise Miami data management system by the Oral Health Care provider agency and the client's signed consent for service.

When a referral from a Dentist to a dietitian is needed, the Dentist must coordinate with the client's Primary Care Physician to obtain the required referral to nutrition services (i.e., a referral to Ryan White Program outpatient specialty care services). This is necessary to ensure communication between the care team (e.g., Physician

and Dentist). The client's Medical Case Manager should also be informed of the client's need for nutrition services.

All referrals to Ryan White Part A Oral Health Care services should include the client's primary care or HIV Physician's contact information (name, address, phone and fax numbers, and email if available) and note any known allergies the client may have. This information can be included in the comments section of the referral.

Providers must offer, post, and maintain a daily walk-in slot for clients with urgent/emergent dental issues. Clients who come into or contact the office with urgent/emergent dental issues (e.g., pain, broken tooth, situation requiring immediate treatment, or situation causing client high level of distress) will be triaged by appropriate dental staff; and those clients with substantial issues will be seen as soon as possible, but within 48 hours (i.e., two business days).

Teledentistry services may also be available. Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details.

B. Additional Service Delivery Standards: Providers of this service will adhere to the most current, local *Ryan White Program System-wide Standards and Ryan White Program Oral Health Care Standards*. (Please refer to Section III of this FY 202~~2~~3 Service Delivery Manual for details.) Providers will be required to demonstrate that they adhere to generally accepted clinical guidelines for Oral Health Care treatment of HIV and AIDS-specific illnesses, upon request and through monitoring site visits or quality management record reviews.

C. Rules for Reimbursement: Providers will be reimbursed for all routine and emergency examination, diagnostic, prophylactic, restorative, surgical and ancillary Oral Health Care procedures, as approved by the Miami-Dade HIV/AIDS Partnership and included in the most current, local Ryan White Program Oral Health Care Formulary using the 202~~2~~3 American Dental Association Current Dental Terminology (CDT 202~~2~~3) codes for dental procedures. Reimbursement is in accordance with the rates indicated in the most current, local Ryan White Program Oral Health Care Formulary; flat fee, no multiplier.

Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details regarding the reimbursement of teledentistry services.

An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.

D. Children's Eligibility Criteria: Providers must document that children with HIV who receive Ryan White Part A Program-funded Oral Health Care services are permanent residents of Miami-Dade County and have been properly screened for

other private or public sector funding [i.e., private insurance, Medicaid, Medicaid's expanded dental insurance for its members with Managed Medical Assistance (MMA) or Long-Term Care (LTC) coverage who have LIBERTY Dental, DentaQuest, or MCNA Dental benefits (as may be amended), the Medically Needy Program, Children's Health Insurance Program (CHIP), Florida KidCare, etc.)], as appropriate. While children qualify for and can access private insurance, Medicaid (all programs), or other public sector funding for Oral Health Care services, they will not be eligible for Ryan White Part A Program-funded Oral Health Care services, except those dental procedures excluded by the other funding sources.

E. **Additional Client Eligibility Criteria:** Clients receiving Oral Health Care must be documented as having been properly screened for other public sector funding as appropriate every ~~six (6) months~~366 days. ~~(NOTE: This 6-month recertification period may change; subject to no less than 30 calendar days' notice.)~~ While clients qualify for and can access dental services through other public funding [including, but not limited to, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-Term Care (LTC)], Medicare, or private health insurance, they will not be eligible for Ryan White Part A Program-funded Oral Health Care except for such program- allowable services that are not covered by the other sources or if their related benefits have been maxed out for the benefit period.

F. **Ryan White Program Oral Health Care Formulary:** Ryan White Part A Program funds may only be used to provide Oral Health Care services that are included in the most recent release of the most current, local Ryan White Program Oral Health Care Formulary. The Formulary is subject to periodic revision.

G. **Rules for Documentation:** Providers must maintain a dental chart or electronic record that is signed by the licensed provider (e.g., Dentist, etc.) and includes a treatment plan, dates of service, services provided, procedure codes billed, and any referrals made. Providers must also maintain professional certifications, licensure documents, and proof of training, where applicable, of the dental staff providing services to Ryan White Program clients. Providers must make these documents available to OMB staff or authorized persons upon request.

H. **Rules for Reporting:** Provider monthly reports (i.e., reimbursement requests) for Oral Health Care must include the number of clients served, billing code for the dental procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate dental provider after calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the dental provider) and to make such reports available to OMB staff or authorized persons upon request.

Miami-Dade County Ryan White Program
Oral Health Care Standards

Standard 1: Oral health care providers shall ensure that all staff has sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population: initial orientation and training for new staff shall be provided and all staff shall participate in ongoing HIV/AIDS trainings.

	Standards of Care	Measure
Standard 1.1	All oral health care staff will possess appropriate licenses, credentials and expertise; experience working with HIV/AIDS clients is desirable.	• Copy of current license for each staff person, with provider number, as required by Florida law: copies of current required operational licenses as required by Florida law. • Documentation of work experience (letters of recommendation, work references, etc.)
Standard 1.2	Policies and procedures.	Written policies and procedures manuals.
Standard 1.3	Newly hired staff will receive orientation within one month of hire, including training on Ryan White Program eligibility and service requirements.	Documentation of completed orientation on file including documentation of training on Ryan White Program eligibility and service requirements.
Standard 1.4	Ongoing annual HIV/AIDS staff training.	Documentation of all completed annual trainings on file.

Standard 2: Clients receiving services meet Ryan White Program eligibility requirements and are informed of their rights per Ryan White Program standards.

	Standard	Measure
Standard 2.1	Ryan White Program client eligibility screening and demographics present.	• Proof of HIV status, financial eligibility, permanent residency in Miami-Dade County OR • Current ~~(not > 6 mos.)~~ Ryan White Program ~~Internal~~ Referral. • Demographics include at a minimum: address, phone number, emergency information, age, race/ethnicity and gender.

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Standard 2.2	Ryan White Program required documents present, signed, and dated.	• Signed and dated ~~*Consent to Release and Exchange Information*~~*Ryan White Consent form* *in the data management information system)* OR current ~~(not > 6 mos.)~~ Ryan White Program I~~nternal~~ Referral • Documentation that *Outreach Consent/Miami-Dade County Notice of Privacy Practices* and *Composite Consent* were provided.
Standard 2.3	General Consent for Treatment	Signed general consent for treatment present.

Standard 3: All clients shall have a completed initial medical history with updates as appropriate; medical conditions and allergies are noted; an oral health history is taken.

	Standard	**Measure**
Standard 3.1	Initial Comprehensive Medical History	• There is an initial comprehensive medical history including medications and conditions affecting diagnosis and management of oral health care. • The initial comprehensive medical history is signed and dated by the client and dentist.
Standard 3.2	Medical History is updated at least once a year.[a]	Medical history is updated every 6 months or at the next appointment after six months.
Standard 3.3.	Medical conditions and allergies are noted.	• Medical conditions and/or medications requiring an alert are flagged. • Allergies/ no known allergies (NKA) are noted.
Standard 3.4	An oral health history is taken and updated at least once a year.[a]	Oral health history is taken that includes problems with or reactions to anesthesia, specific or chief complaints (if any), problems with previous treatment (if any).

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Standard 4: Documentation across providers shall reflect, at a minimum, services provided including procedure codes, treatment plans, examinations, charting grids, informed consents, refusal of treatment, and periodontal maintenance.

	Standard	Measure
Standard 4.1	Treatment assessment and planning developed and/or updated at least once a year. [a]	Completed treatment plan is in the progress notes OR a treatment plan form is completed.* **If clients access oral health services for episodic care only, documentation in treatment notes will reflect clients were advised to return for examination and a treatment planning appointment. If client does not present for this appointment, documentation in client's chart of advice to return for planning may serve as treatment plan.*
Standard 4.2	Documentation reflects services provided.	Documentation, at a minimum, includes: • Date of service • Tooth number, if appropriate • Service description • Procedure code billed • Anesthetic used including strength and quantity • Materials used, if any • Prescriptions or medications dispensed, including name of drug, quantity, and dosage • Education provided • Signature and title

DRAFT

Standard 4.3	A comprehensive examination is provided*at least annually. *Not applicable for episodic care, follow up, or problem-focused examinations. **OR** A problem-focused oral examination is performed.	Comprehensive Examination includes: • Cavity charting • Complete periodontal exam or periodontal screening record • Documentation of restorations & prosthesis • Full mouth radiographs, as clinically required • Pre-existent conditions • Disease presence • Structural anomalies • Oral hygiene instruction • Prescriptions or medications dispensed including name of drug, quantity, and dosage • Education provided Problem-focused examination includes: • Chief complaint is documented • Problem-focused evaluation is performed • Prescriptions or medication dispensed include name of drug, quantity, and dosage • Radiographs as necessary • Specific oral treatment plan • Education provided • Return for further evaluation documented
Standard 4.4	Charting grids are completed as appropriate.	Charting of the examination findings/treatment is completed in the appropriate tooth grids.
Standard 4.5	Informed specific consents are present for each oral surgery procedure.	A signed, informed, specific consent is present for all oral surgery procedures that includes the risks, benefits, alternatives, and consequences of not having the procedure.

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Standard 4.6	Refusal of treatments/radiographs is documented.	• Client refusal for treatment/radiograph is documented (form or in progress note) with dentist (DDS) signature, client signature or initials and date; signature and date of witness are present. • Reason for DDS refusal to perform a requested treatment is documented; signature and date of witness are present.
Standard 4.7	Periodontal screening or examination is done at least once a year.[a]	Charting of the examination findings/treatment is documented in the client record.
Standard 4.8	Periodontal maintenance is regularly performed.* *Not applicable for clients who are "No shows" AND "No show" is documented; not applicable for episodic care.	Periodontal maintenance is performed according to the treatment plan or at the next appointment, if later than six months.
Standard 4.9	Oral health education offered at least once a year.[a]	Education documented in the client record.

Standard 5: Client care and referrals shall be coordinated with other care providers, as appropriate.

	Standard	Measure
Standard 5.1	Treatment provided for oral opportunistic infection (when indicated) is coordinated with client PCP.* *Not applicable if no oral opportunistic infection (OI) Dx/treatment documented.	Documentation reflects treatment provided for oral OI and coordination with PCP.
Standard 5.2	Referral and coordination of care.* *Not applicable if no condition documented and no referral made. Tobacco use and referral.* *NA for clients not using tobacco products. Nutritional problems and referral.* *Not applicable when no indication of nutritional problems.	• Documentation in client record of the condition and referral to a specific specialty or ancillary service provider. • Documentation of heavy tobacco use and referral to a tobacco counseling program. • Documentation of nutritional problems and referral to a nutritionist for nutritional counseling.

Standard 6: Clients shall receive education in preventive oral health practices; tobacco, and nutritional counseling as appropriate.

	Standard	Measure
Standard 6.1	Education will be provided in preventive oral health practices[1] including hygiene, nutritional education[2] as related to oral health care and education, as appropriate, concerning tobacco use[3]. [1]Not applicable for episodic care. [2]Not applicable for episodic care. [3]Not applicable if no indication of tobacco use; not applicable for episodic care.	• Documentation of education in preventive oral health practices including hygiene is provided every six months or at next appointment if later than six months. • Documentation of nutritional education as related to oral health. • Documentation of education, as appropriate, concerning tobacco use.

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[a] Reflects Health Resources and Services Administration (HRSA) HIV/AIDS Bureau Core Performance Measures for Oral Health Care

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 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 October 28, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• OHC items (codes, service descriptions, standards)	All
	• Minimum Primary Care Standards Items	All
	• Allowable Medical Conditions inc. Breast Cancer and Neutropenia	All
	• Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services	All
IX.	New Business	
	• Formulary Request: Methadone	All
	• Planning for 2023	All
	• 2023 Elections	All
X.	Announcements	All
	• HIV Section Medication Formulary Workgroup	

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

Primary Medical Care Standards Revisions

- Work on the revisions continue including verification of updated language and footnotes.

➢ Clarification needed on the preference for citing items, see the following examples:

with chronic kidney disease who are on TDF (tenofovir)—containing regimens. Consult the HIVMA/IDSA's (HIV Medicine Association of the Infectious Diseases Society of America) Clinical Practice Guidelines for the Management of Chronic Kidney Disease in Patients Infected with HIV for recommendations on managing patients with renal diseases. More

, TMP-SMX (trimethoprim-sulfamethoxazole)].

confirmed or suspected hereditary colorectal cancers syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer

HBV (hepatitis B),

- ✓ Drugs (pink): acronym (medication)
- ✓ Organizations (yellow): acronym (full name)
- ✓ Conditions (green): conditions (acronym) or acronym (condition)

➢ Under mammogram there are two options:

American Cancer Society

- **Women between 40 and 44** have the option to start screening with a mammogram every year.
- **Women 45 to 54** should get mammograms every year.
- **Women 55 and older** can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.
- **All women** should understand what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do.

Clinical breast exams are not recommended for breast cancer screening among average-risk women at any age.

IDSA

Breast cancer screening	Age 50–75 years: mammography performed at least every 2 years	Age 40–49 years: inform the patient of the potential risks and benefits of screening and offer screening every 2 years. See Section IV for further discussion.

Miami-Dade County Ryan White Program
Minimum Primary Medical Care Standards

Statement of Intent: *All local Ryan White Program—funded practitioners are required by contract to adhere, at a minimum, to the Public Health Service (PHS) Guidelines. These standards serve as the minimum standards by which practitioners will be measured.*

I. Requirements

Requirements for New Practitioners (Physicians, Advanced Practice Registered Nurse, and Physician Assistants):

- New practitioners should be linked to existing Ryan White Program providers, AIDS Education and Training Center (AETC) or through an American Academy of HIV Medicine (AAHIVM) specialist to support the new provider.
- New providers will receive a chart review within 6 months by supervising physician, medical director or agency team.
- When a new practitioner is working with a contracted practitioner, new practitioner is encouraged to comply within one year to complete at least 30 hours of HIV-related Continuing Medical Education (CME) Category 1 credits.

Requirements for All Practitioners (Physicians, Advanced Practice Registered Nurse, and Physician Assistants):

- Practitioners are strongly encouraged to complete at least 30 hours of HIV-related Continuing Medical Education (CME) Category 1 credits within a period of two years.

Practitioner must:

- Be a Physician (MD or DO), Advanced Practice Registered Nurse, or Physician Assistant with current and valid license to practice medicine within the State of Florida.
- Have a minimum experience treating 20 HIV+ clients over the past two years or currently working and under supervision of a practitioner meeting these qualifications.
- Treat and monitor patients in adherence with current DHHS Guidelines and other standards of care, to include, but not limited to:
  a. **American College of Cardiology/American Heart Association Guideline on the Treatment of Blood Cholesterol**
  https://www.ahajournals.org/doi/10.1161/CIR.0000000000000625
  b. **Adult Immunization Schedule**
  http://www.cdc.gov/vaccines/schedules/hcp/adult.htlm
  c. **American Association for the Study of Liver Diseases**
  https://www.aasld.org/practice—guidelines
  d. **American Cancer Society Guidelines for the Early Detection of Cancer**
  http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp
  e. **American Medical Association Telehealth Quick Guide**

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https://www.ama—assn.org/practice—management/digital/ama—telehealth—quick—guide

f. **Department of Health and Human Services (DHHS) Clinical Guidelines**
https://clinicalinfo.hiv.gov/en/guidelines

g. **European AIDS Clinical Society (EACS) guidelines on the prevention and management of metabolic diseases in HIV**
https://www.eacsociety.org/guidelines/eacs—guidelines/

h. **Hepatitis (HEP) Drug Interactions University of Liverpool**
https://www.hep—druginteractions.org/

i. **HIV Drug Interactions University of Liverpool**
https://hiv—druginteractions.org/

j. **HIV Prevention with Adults and Adolescents with HIV in the US**
http://stacks.cdc.gov/view/cdc/26062

k. **Health Resources and Service Administration (HRSA) HIV Care for People Aging with HIV**
https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging—guide—new—elements.pdf
https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/aging—guide—best—team.pdf

l. **Infectious Disease Society of America Primary Care Guidance for Persons with HIV**
https://www.idsociety.org/practice—guideline/primary—care—management—of—people—with—hiv/

m. **Miami—Dade County Ryan White Program (including Telehealth Policy and Test and Treat/Rapid Access [TTRA] program)**
https://www.miamidade.gov/global/service.page?Mduid_service=ser1482944607068715

n. **National HIV Curriculum**
https://www.hiv.uw.edu/alternate

o. **PrEP, nPEP and PEP guidelines below (Although not paid for by the Ryan White Program):**
https://www.cdc.gov/hiv/pdf/risk/prep/cdc—hiv—prep—guidelines—2021.pdf
https://www.cdc.gov/hiv/clinicians/prevention/prep—and—pep.html
https://www.cdc.gov/hiv/pdf/programresources/cdc—hiv—npep—guidelines.pdf

q. **United States (US) Preventive Taskforce**
https://uspreventiveservicestaskforce.org/uspstf/home

- Follow an action plan to address any areas for performance improvement that are identified during quality assurance reviews.

II. Assessments and Referrals

1. **Annual —** At each annual visit:
   a. Adherence to medications
   b. Age-appropriate cancer screening
   c. Behavioral risk reduction

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d. Gynecological exam per guidance for females
e. Interval changes in vital signs addressed, especially trend in weight/BMI over time
f. Mental health and substance abuse assessment
g. Physical examination, including review of systems
h. Preconception counseling for men and women
i. Rectal examination
j. Safer sex practices — discussions may include PrEP, PEP, nPEP, for sexual partners and should include condom usage
k. Sexually transmitted infection assessment
l. Update comprehensive initial history, as appropriate
m. Vital signs, including weight, BMI, height (no shoes)
n. Wellness exam for females

Assess and document health education on:

o. Advance Directives (completion or review)
p. Birth control
q. Domestic violence
r. Drugs/Alcohol/Tobacco (including smokeless) assessment/care
s. Exercise
t. Frailty screening, as appropriate
u. Mental Health assessment (particularly clinical depression, care, mood, libido, sleep patterns, concentration, and memory)
v. Neurology and/or neuropsychology referral for assessment of neurocognitive disorders, dementia, and focal neuropathies, as appropriate
w. Nutritional assessment/care (including appetite), as appropriate
x. Oral health care

2. **Additional Charting/Documentation at least annually:**
   a. Allergies list complete and up-to-date
   b. Immunization list complete and up-to-date
   c. Medications list complete with start and stop dates, dosages
   d. Problem list complete and up-to-date

Item to be covered by subrecipient staff: If client knows of others who need PrEP or Test and Treat / Rapid Access, information and referral are offered.

3. **Initial —** At initial visit:
   a. Access to stable housing, food, and transportation
   b. Adherence to medications
   c. Age-appropriate cancer screening
   d. Behavioral risk reduction
   e. Comprehensive initial history
   f. Dates of last: mammogram, bone density, colonoscopy, abnormal aortic aneurysm screening, dental visit, and dilated eye exam
   g. Education that they should never run out of ARV medications and need to call the FDOH—MDC clinic if they cannot obtain ART

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h. Gynecological exam per guidance for females
i. If enrolled as Test and Treat/Rapid Access (TTRA) client (patient), follow TTRA protocol for visit
j. Mental health and substance abuse assessment
k. Physical examination, including review of systems
l. Pregnancy Planning:
   1) Preconception counseling for men and women
   2) Contraceptive counseling for men and women including assessment and type of birth control method
m. Rectal examination
n. Safer sex practices — discussions may include PrEP, PEP, nPEP for sexual partners and should include condom usage
o. Sexually transmitted infection assessment as appropriate including at a minimum GC, Chlamydia at anatomical sites of potential exposure, RPR, and for females trichomoniasis NAAT of vaginal secretions.
p. Social supports and disclosure history
q. Targeted initial history and physical examination with expectation that a complete history and physical examination will be completed within 3 months.
r. Vital signs, including weight, BMI, height (no shoes)
s. Wellness exam for females

Item to be covered by subrecipient staff: Documented HIV education, including transmission, reduction of morbidity/mortality with ART; resistance; compliance with ARV and office visits and lab monitoring; life expectancy; divulging HIV status and state statute

4. **Interim Monitoring and Problem-Oriented visits** — At every visit:
   a. Adherence to medications and lab and office visits for monitoring
   b. In women of childbearing age, assessment of adequate contraception
   c. Interval changes in vital signs addressed, especially trend in weight over time
   d. Interval risk for acquiring STD and screening as indicated
   e. Physical examination related to specific problem, as appropriate
   f. Risk reduction
   g. Safer sex practices — discussions may include PrEP, PEP, nPEP for sexual partners and should include condom usage
   h. Vital signs, including weight/BMI—may not occur every time with telehealth

5. **Telehealth**
   Telehealth may be used in place or conjunction with an office visit. Necessary assessments will be conducted as needed and follow—ups will be scheduled as appropriate.

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III. Assessments at Incremental Visits

General Health including Labs

1. **ALT, AST, Total Bilirubin** [I] — Entry into care; ART initiation or modification; 4-8 weeks after ART initiation or modification; every 6 months; or if ART initiation is delayed, every 6-12 months; or if clinically indicated.

2. **Annual wellness visit** (females) [xv] — Should include screenings for anxiety, breast cancer, cervical cancer, interpersonal and domestic violence, sexually transmitted infections, urinary incontinence, and contraception. For those who are pregnant, lactation support and screenings for diabetes mellitus, as applicable.

3. **Basic metabolic panel** [I] — Entry into care; ART initiation or modification; 4-8 weeks after ART initiation or modification; every 6 months; if ART initiation is delayed, every 6-12 months; or if clinically indicated. Serum Na, K, HCO_3, Cl, BUN, creatinine, glucose, and creatine—base glomerular filtration rate. Serum phosphorus should be monitored in patients with chronic kidney disease who are on TDF (tenofovir)—containing regimens. Consult the HIVMA/IDSA's (HIV Medicine Association of the Infectious Diseases Society of America) Clinical Practice Guidelines for the Management of Chronic Kidney Disease in Patients Infected with HIV for recommendations on managing patients with renal diseases. More frequent monitoring may be indicated for patients with evidence of kidney diseases (e.g., proteinuria, decreased glomerular dysfunction) or increased risk of renal insufficiency (e.g., patients with diabetes, hypertension).

4. **Bone Densitometry** [ii] — Baseline bone DEXA should be performed in all greater than or equal to 50 years old postmenopausal women and men.

5. **CBC w/ differential** [I] — Entry into care; ART initiation or modification; every 3-12 months if monitoring CD4 count (if required by lab); or when clinically indicated. CBC with differential should be done when a CD4 count is performed. When CD4 count is no longer being monitored, the recommended frequency of CBC with differential is once a year. More frequent monitoring may be indicated for persons receiving medications that potentially cause cytopenia [e.g., TMP-SMX (trimethoprim-sulfamethoxazole)].

6. **Colon and Rectal Cancer Screening** [x] — Colorectal cancer screening recommended for individuals between 45-75 years of age. For ages 76-85 screening should be based on personal preference, life expectancy, overall health, and prior screening history. Those over 85 years old should no longer get colorectal cancer screening. Discussion should take place earlier (1) for those with a personal history of colorectal cancer or certain types of polyps, (2) for those with a family history of colorectal cancer, (3) for those with inflammatory bowel disease (ulcerative colitis or Crohn's disease), (4) for those with confirmed or suspected hereditary colorectal cancers syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC), or for those for with a personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer.

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7. **Gynecological Exam** [xiii] (females) — In women and adolescents with HIV, initiation of cervical cancer screening with cytology alone should begin within one year of onset of sexual activity, or if already sexually active, within the first year after HIV diagnosis but no later than 21 years of age. Cervical cancer screenings in women who are infected with HIV should continue throughout a woman's lifetime (i.e., not stopping at age 65 years). In women infected with HIV who are younger than 30 years, if the initial cytology screening result is normal, the next cytology screening should be in 12 months. If the results of three consecutive annual cervical cytology screenings are normal, follow-up cervical cytology screen should be every 3 years. Co-testing (cervical cytology and human papillomavirus [HPV] screening) is not recommended for HIV-infected women younger than 30 years. Women infected with HIV who are 30 years and older can be screened with cytology alone or co-testing. After women screened with cytology alone have had three consecutive annual test results that are normal, follow-up screening can be every 3 years. Women infected with HIV who have one negative co-test results (normal cytology and HPV negative) can have their next cervical cancer screening in 3 years. In women with HIV infection, co-testing results that are cytology negative, but HPV positive are managed as in the general population. Women with HIV who have cervical cytology results of low-grade squamous intraepithelial lesions or worse should be referred for colposcopy. For women with HIV infection who are 21 years or older and have atypical squamous cells of undetermined significance (ASC-US) test results, if reflex HPV testing results are positive, referral to colposcopy is recommended. If HPV testing is not available, repeat cervical cytology in 6-12 months is recommended, and for any result of ASC-US or worse on repeat cytology, referral to colposcopy is recommended. Repeat cytology in 6-12 months, but not HPV testing, is recommended for HIV-infected women younger than 21 years with ASC-US test results. Although not explicitly stated in the Panel guidelines, women with HIV infection who have ASC-US, HPV-negative results (whether from reflex HPV testing or co-testing) can return to regular screening.

8. **Hepatitis A Screening** [ii] — At initial screening, if non-immune, offer vaccination and after vaccination received do postvaccination serologic testing 1 or 2 months or at the next scheduled visit. After the second vaccine to assess for immunogenicity. A repeat vaccine series is recommended in those who remain seronegative.

9. **Hepatitis B Serology (HBsAb, HBsAg, HBcAb total)** [I] — At entry into care; at ART initiation or modification, in patients not immune to HBV (hepatitis B), consider retesting if switching to a regimen that does not contain TDF (tenofovir) or TAF (tenofovir alafenamide); as clinically indicated including before starting HCV DAA (hepatitis C direct-acting antiviral). If patient has HBV infection (as determined by a positive HBsAg or HBV DNA test result), TDF or TAF plus either FTC (emtricitabine) or 3TC (lamivudine) should be used as part other ARV regiment to treat both HBV and HIV infections. If HBsAg, HBsAb, and HBcAb test results are negative, hepatis B vaccine series should be administered. Most patients with isolated HBcAb have resolved HBV infection with loss of HBsAb. Consider performing an HBV viral load test for confirmation. If the HBV viral load test is positive, the patient may be acutely infected (and will usually display other signs of acute hepatitis) or chronically infected. If the test is negative, the patient should be vaccinated. Refer to the HIVMA/IDSA's Primary Care Guidance for Person with HIV and the Adult and Adolescent Opportunistic Infection Guideline for detailed recommendations.

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10. **Hepatitis C Screening (HCV antibody or, if indicated, HCV RNA)** [l] — At entry into care; every 12 months, for at-risk patients—injection drug users, person with a history of incarceration, men with HIV who have unprotected sex with men, and persons with percutaneous/parenteral exposure to blood in unregulated settings are at risk for HCV (hepatitis C) infection; or when clinically indicated. The HCV antibody test may not be adequate for screening in the setting of recent HCV infection (defined as acquisition within the past 6 months), or advanced immunodeficiency (CD4 count <100 cells/mm^3). HCV RNA screening is indicated in persons who have been successfully treated for HCV or who spontaneously cleared prior infection. HCV antibody-negative patients with elevated ALT may need HCV RNA testing.

11. **Lung Cancer Screening** [xi] — Annually with low-dose computer tomography (LDCT) for patients aged 55-80 who have a 20 pack-year smoking history and currently smoke or have quit within the last 15 years. Screening should be discontinued once a person has not smoked for 15 years, or has developed a health problem that substantially limits life expectancy or ability or willingness to have curative lung surgery.

12. **Mammogram (**females) [xiv] — Starting at age 40, screening recommended annually. After age 55 every 2 years or can continue yearly screening. Screenings should continue as long as a woman is in good health and is expected to live at least 10 more years.

13. **Pregnancy test** [i] (For people of childbearing potential) — At entry into care; ART initiation or modification or when clinically indicated.

14. **Prostate—specific antigen (PSA) Screening** [xvi] (males) — PSA testing is an individualized decision to be made by clinician and patient based on current guidelines.

15. **Random or Fasting Glucose** [l] — Entry into care; ART initiation or modification; treatment failure; or if clinically indicated. If random glucose is abnormal, fasting glucose should be obtained. HbA1C is no longer recommended for diagnosis of diabetes in person with HIV on ART, see American Diabetes Association Guidelines.

16. **Random or Fasting Lipid Profile** [l] — Entry into care;4-8 weeks after ART initiation or modification; consider 1-3 months after ARV initiation or modification ; every 12 months if normal at baseline but with cardiovascular risk. If normal at baseline, every 5 years or if clinically indicated. If random lipids are abnormal, fasting lipids should be obtained. Consult the American College of Cardiology/American Heart Association's 2018 Guideline on the Management of Blood Cholesterol for diagnosis and management of patients with dyslipidemia.

17. **TB Testing** [ii] — Entry into care or anytime there is concern of a recent exposure. Annual TB test is recommended if patient is deemed high risk (repeated or ongoing exposure to known active TB, after incarceration, after living in congregate setting, active drug user or other risk factor for TB). If tested when CD4 < 200, repeat after CD4 increases to above 200. Testing using either tuberculin skin test or interferon—γ release assay.

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18. **Urinalysis** [I] — Entry into care; or if clinically indicate e.g., in patients with chronic kidney disease (CKD) or diabetes mellitus (DM). HIVMA/IDSA's (HIV Medicine Association of the Infectious Diseases Society of America) Clinical Practice Guidelines for the Management of Chronic Kidney Disease in Patients Infected with HIV for recommendations on managing patients with renal disease. More frequent monitoring may be indicated for patients with evidence of kidney disease (e.g., proteinuria, decreased glomerular dysfunction) or increased risk of renal insufficiency (e.g., patients with diabetes, hypertension). Urine glucose and protein should be assessed before initiating tenofovir alafenamide (TAF)—or tenofovir (TDF)—containing regimens and monitored during treatment with these regimens.

HIV Specific

19. **ARV therapy is recommended and discussed** [i, iv] — Risks and benefits are discussed including reduced morbidity and mortality and prevention of HIV transmission to others and if treatment initiated, follow-up with adherence. If refused, document in record and refer to ARTAS and or Department of Health Treatment Adherence Specialist.

20. **CD4 cell count** [i] — Entry into care; at ART initiation or modification; every 3-6 months during the first 2 years of ART, or if viremia develops while patient is on ART, or if CD4 count is <300 cells/mm^3; every 12 months after 2 years on ART with consistently suppressed viral load, CD4 count 300-500 cells/mm^3, if CD4 count >500 cells/mm^3: CD4 monitoring is optional; if ART initiation is delayed monitor every 3-6 months; if treatment failure or if clinically indicated. *In accordance with the HRSA HAB performance measures, the local program defines consistently suppressed viral load as <200 copies/ml.*

21. **Genotypic Resistance Testing (PR/RT Genes)** [I] — Entry into care; at ART initiation or modification; if ART initiation is delayed; treatment failure or clinically indicated. Standard genotypic drug-resistance testing in ARV-naïve persons should focus on testing for mutations in the PR and RT genes. If transmitted INSTI resistance is a concern, or if a person has a history of INSTI use in PrEP or treatment, or a person presents with viremia while on an INSTI, providers also should test for resistant mutation in the IN gene. In ARV-naïve patient who are not immediately begin ART, repeat testing before initiating of ART is option if drug-resistance testing was performed at entry into care. In patients with virologic suppression who are switching therapy because of toxicity or for convenience, viral amplification will not be possible; see the Drug-Resistance Testing section for a discussion of the potential limitations and benefits of proviral DNA assays in this situation. Results from prior drug-resistance testing should be considered because they can be helpful in constructing a new regimen.

22. **Genotypic Resistance Testing (Integrase Genes)**[i] — Entry into care, if transmitted INSTI resistance is suspected or if there is a history of CAB-LA use for PrEP ; at ART initiation or modification, if transmitted INSTI resistance is suspected or if there is a history of INSTI use; treatment failure if there is a history of INSTI use; or clinically indicated, if there is a history of INSTI use. Standard genotypic drug-resistance testing in ARV-naïve persons should focus on testing for mutations in the PR and RT genes. If transmitted INSTI resistance is a concern, or if a person has a history of INSTI use in PrEP or treatment, or a person presents with viremia

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while on an INSTI, providers also should test for resistant mutation in the IN gene. In ARV-naïve patient who are not immediately begin ART, repeat testing before initiation of ART is option if drug-resistance testing was performed at entry into care. In patients with virologic suppression who are switching therapy because of toxicity or for convenience, viral amplification will not be possible; see the Drug-Resistance Testing section for a discussion of the potential limitations and benefits of proviral DNA assays in this situation. Results from prior drug-resistance testing should be considered because they can be helpful in constructing a new regimen.

23. **HIV viral load** [I] — Entry into Care; at ART initiation or modification; 4-8 weeks after ART initiation or modification if HIV RNA is still detectable, repeat testing every 4-8 weeks until viral load is suppressed to <200 copies/mL. Thereafter, repeat testing every 3-6 months. For patients on ART, viral load typically is measured every 36 months. More frequent monitoring may be considered in individuals having difficulties with ART adherence or at risk for nonadherence. However, for adherent patients with consistently suppressed viral load and stable immunologic status for more than 1 years, monitoring can be extended to 6month intervals; if ART initiation is delayed, repeat testing is optional; or if treatment failure or if clinically indicated.

24. **HLA-B*5701** [I] — At ART initiation or modification ff considering start of abacavir (ABC) and document in record carrying data forward to most current volume. *(Currently not paid for by the Ryan White Program due to payer of last resort restrictions; must access ViiV sponsored testing directly through labs. For LabCorp, HLA-AWARE HLA-B*5701 ViiV code #006940 and for Quest Diagnostic ViiV HLA-B*B5701 test code #19774).*

25. **Treatment of opportunistic infections and prophylaxis for opportunistic infections** [ii] — Specifically, but not limited to, Mycobacterium avium complex (MAC), Pneumocystis jirovecii pneumonia (PCP), and Toxoplasmosis (Toxo) prophylaxis per DHHS Guidelines.

26. **Tropism testing** [I] — At ART initiation or modification if considering use of CCR5 antagonist; or for treatment failure if considering a CCR5 antagonist, or if the patients with virologic failure on a CCR5 antagonist; or if clinically indicated. If performed, record carried forward to most current volume.

Immunizations

Document in medical record carrying data forward to most current volume

27. **Hepatitis A vaccination** [xi, xvii] — Offer vaccination if not immune per guidance. Assess for response 30—60 days after vaccination by performing Hep A IgG antibody or Hep A Total antibody.

28. **Hepatitis B vaccination** [xvii] — Offer vaccination if not immune per guidance. Assess for response 30-60 days after vaccination by performing Hepatitis B surface antibody quantitative (anti-HBs).

29. **Human Papillomavirus (HPV) Vaccine** [xvii] — HPV vaccination as indicate by current guidelines.

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30. **Influenza vaccination** [xvii] — Offer IIV or RIV4 annually.

31. **Meningococcal vaccination** [xvii] — Use 2-dose series MenACWY-D (Menactra, Menveo or MenQuadfi)) at least 8 weeks apart and revaccinate every 5 years if risk remains. See vaccination guidelines**.**

32. **Monkeypox vaccination** — Vaccinate per CDC guidance. See https://www.cdc.gov/poxvirus/monkeypox/health—departments/vaccine—considerations.html

33. **Pneumococcal vaccination** [xvii] — Should receive a dose of PCV15, followed by a dose of PPSV23 or 1 dose PCV20. See vaccination guidelines**.**

34. **SARS-CoV-2 vaccination** [xvii] — Vaccinate per CDC guidance.

35. **Tetanus, diphtheria, pertussis (Td/Tdap)** [xvii] — One dose Tdap, then Td or Tdap every 10 years.

36. **Varicella** [xvii] **—** Vaccination may be considered (2 doses 3 months apart); VAR contraindicated for HIV infection with CD4 percentage <15% or CDC 4 count <200 cells/mm^3.

37. **Zoster vaccination** [xvii] — Recommended for persons aged 19 or older per guidelines, use RZV. See vaccination guidelines**.**

STI Screenings

38. **Anal Dysplasia Screening** [iii] — For all patients with HIV ≥35 years old, see information at https://www.hivguidelines.org/hiv—care/anal—cancer/.

39. **Bacterial STIs (Syphilis**, **N. gonorrhoeae** (GC), **C. trachomatis** (Chlamydia) and **parasitic STIs (Trichomoniasis)** [iv] — At the initial HIV care visit, providers should test all sexually active persons with HIV infection for curable STDs (e.g., syphilis, gonorrhea, and chlamydia) and perform testing at least annually during the course of HIV care. See information at https://www.cdc.gov/std/treatment—guidelines/screening—recommendations.htm

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 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 October 28, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• OHC items (codes, service descriptions, standards)	All
	• Minimum Primary Care Standards Items	All
	• Allowable Medical Conditions inc. Breast Cancer and Neutropenia	All
	• Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services	All
IX.	New Business	
	• Formulary Request: Methadone	All
	• Planning for 2023	All
	• 2023 Elections	All
X.	Announcements	All
	• HIV Section Medication Formulary Workgroup	

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

MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST

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

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

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

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

BONE AND JOINT DISEASES (E.G., ORTHOPEDICS/RHEUMATOLOGY):
avascular necrosis of hip, knee, etc.
fibromyalgia
HIV-related myopathy/myalgia
HIV-related rheumatic diseases
osteoarthritis
osteopenia/osteoporosis

CARDIOLOGY:
atherosclerosis
coronary artery disease
hyperlipidemia
peripheral artery disease
phlebitis

CHIROPRACTIC/PHYSICAL MEDICINE:
avascular necrosis (Stage 1 or 2 only)
chronic arthralgia, HIV related
chronic myopathy/myalgia, HIV related
fibromyalgia

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osteopenia/osteoporosis
peripheral neuropathy
rheumatic diseases

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

COLORECTAL:
abnormal anal Pap smears
anal cancers
fistulas
hernias

DENTAL (ORAL HEALTH CARE):
dental cancers
giant aphthous ulcers
human papillomavirus associated oral lesions
oral cancers

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

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

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MIAMI-DADE COUNTY RYAN WHITE PROGRAM
ALLOWABLE MEDICAL CONDITIONS LIST

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

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

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

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

HEMATOLOGY:
anemia
~~Kaposi's sarcoma~~
~~lymphoma~~
neutropenia
polycythemia vera
thrombocytopenia

INFECTIOUS DISEASE:
herpes simplex infections (1 and especially type 2),
histoplasmosis
leishmaniasis
non-tuberculous mycobacterial infections
syphilis
tuberculosis
varicella zoster infections

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viral hepatitis (hepatitis B and C)

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

IMPORTANT NOTES:

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

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

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

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

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

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

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NUTRITION:
lipodystrophy
wasting
weight gain
weight loss

ONCOLOGY:

Cancers-may include but not limited to:

- anal
- breast
- gynecological
- Kaposi's sarcoma
- lymphoma, oral
- polycythemia vera,
- prostate
- skin

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

OPHTHALMOLOGY/OPTOMETRY:

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

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

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

Manifestations due to opportunistic infections:

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

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Visual disturbances to rule out complication of HIV due to:

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

History of STI and complications of STI:

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

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

PODIATRY:
diabetic foot care
foot and ankle pain*
onychomycosis

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

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

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

PULMONARY:
mycobacterium
pneumocystis pneumonia
recurrent pneumonia
tuberculosis

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MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 2022

9:30 a.m. – 11:30 a.m.

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

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AIDS PHARMACEUTICAL ASSISTANCE
(LOCAL PHARMACEUTICAL ASSISTANCE PROGRAM – LPAP)

(Year 3~~2~~3 Service Priority: #~~4~~3 for Part A)

A. AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP) is a core medical service. The purpose of the **LPAP** component (i.e., prescription drug services) of the AIDS Pharmaceutical Assistance service category, in accordance with federal Ryan White Program guidelines, is "to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for the prevention and treatment of opportunistic infections." LPAPs must be compliant with the Ryan White HIV/AIDS Program's requirement of payer of last resort.

This service includes the provision of medications and related supplies prescribed or ordered by a Physician or other licensed medical practitioner to prolong life, improve health, or prevent deterioration of health for people with HIV who are ineligible for Medicaid, Medicare Part D, ADAP, or other public sector funding, or have private insurance with limited or no prescription drug coverage. Supplies are limited to consumable medical supplies necessary for the administration of prescribed medications.

IMPORTANT NOTES: Services are restricted to outpatient services only. Inpatient, emergency room, and urgent care center prescription drug services are not covered. Vaccines provided during a medical office visit are no longer found in the local Ryan White Part A Program Prescription Drug Formulary but may be available under Outpatient/Ambulatory Health Services. Prescription drug copayment assistance is not provided for clients with prescription drug discount cards. LPAP services may not be provided on an emergency basis (defined as a single occurrence of short duration). See the General Revenue Short-term Medication Assistance protocol in Section XII of this FY 202~~2~~3 Ryan White Program Service Delivery Manual for information on how to access to medications on a short-term, emergency basis.

1. **Medications Provided:** This service pays for injectable and non-injectable prescription drugs, pediatric formulations, appetite stimulants, and/or related consumable medical supplies for the administration of medications. Medications are provided in accordance with the most recent release of the local Ryan White Part A Program Prescription Drug Formulary, with the Ryan White Part A/MAI Program as the payer of last resort. The local Ryan White Part A Program Prescription Drug Formulary is subject to change due to guidance from HRSA, the federal granting agency, and/or the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

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2. Client Education and Adherence:

- Providers are expected to educate clients on the importance of adhering to their medication regimen with the objectives of reducing the risk of developing and spreading a resistant virus, and to ensure a healthy life for the client.

- Providers are expected to offer basic education to clients on various treatment options, including information about state-of-the-art combination drug therapies.

- Clients must be encouraged to take medications as prescribed, as well as to follow the recommendations made by Physicians, Nutritionists, and Pharmacists regarding medication management.

3. Coordination of Care:

- Providers must maintain appropriate contact with other caregivers (i.e., the client's Medical Case Manager, Physician, Nutritionist, Counselor, etc.) and with the client in order to monitor that the client adheres to their medication regimen; and ensures that the client receives coordinated, interdisciplinary support for adherence, and assistance in overcoming barriers to meeting treatment objectives.

- Providers will be expected to immediately inform Medical Case Managers when clients are not adhering to their medication regimen (i.e., the client misses prescription refills, misses physician visits, or is having other difficulties with treatment adherence).

- Providers are expected to ensure immediate follow-up with clients who miss their prescription refills, physician visits, and/or who experience difficulties with treatment adherence.

B. Program Operation Requirements:

- Providers are encouraged to provide county-wide delivery. However, Ryan White Program funds may not be used to pay for the delivery of medications or consumable medical supplies unless one of the following conditions is met by the client, is documented by the client's Physician, and said documentation is maintained in the client's chart:

  1) The client is permanently disabled (condition is documented once);

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2) The client has been examined by a Physician and found to be suffering from an illness that significantly limits the client's capacity to travel [condition is valid for the period indicated by the Physician or for sixty (60) calendar days from the date of certification].

IMPORTANT NOTE: Medical Case Managers requesting home delivery must have documentation on file that meets one of the conditions listed above.

- Providers must specify provisions for home delivery of medications and related supplies and equipment for eligible Ryan White Program clients who require this service.

- Providers of this service are expected to be Covered Entities authorized to dispense PHS 340B-priced medications either directly, through an allowable subcontract arrangement, or via another federally acceptable affiliation.

  - Clients needing this service may only go to, or be referred to, the pharmacy in which their HIV/Primary Care Physician or prescribing practitioner is located or affiliated with (e.g., by subcontract, etc.). This is due to PHS 340B Pharmacy drug pricing limitations, and HRSA's requirements that the Ryan White Part A/MAI Program use PHS 340B drug pricing wherever possible.

  - If the provider is a PHS 340B covered entity and the client is enrolled in the Florida ADAP Program, that client is eligible for PHS 340B pricing for prescriptions not covered by the ADAP formulary regardless of whether or not the client is the agency's own client.

- Pharmacy providers are directed to use the most cost-effective product, either brand name or generic name, whichever is less expensive at the time of dispensing. An annual, signed assurance is required from the service provider regarding this directive.

- The LPAP-funded service provider must be linked to an existing Medical Case Management system through agreements with multiple Medical Case Management providers. Providers are contractually required to enter into formal referral agreements that detail responsibilities of both parties and penalties for not complying with the referral agreement.

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A Ryan White Program In Network Service Referral for LPAP Services is not required. However, to access LPAP services, the client must be open at the LPAP-funded agency and must have their Client Service Category Profile in the Provide® Enterprise Miami data management system open to Outpatient/Ambulatory Health Services at the same agency. This is due to 340B covered entity drug pricing requirements.

Ryan White Program-funded LPAP services have a maximum of five (5) refills plus the original fill, regardless of recertification dates. However, if during the recertification process it is determined that the client is no longer eligible for Ryan White Program services or the client has missed their recertification deadline, the Medical Case Manager must immediately notify the pharmacy to cancel the remaining refills.

C. Rules for Reimbursement: Dependent on the type of pharmacy provider, please adhere to the following reimbursement structures.

- Where applicable, providers will be reimbursed for program-allowable prescription drugs based on the PHS 340B price of the prescription provided to the Ryan White client, plus a flat rate dispensing fee. Total costs should include the cost of home delivery, as allowable, and other direct costs associated with the provision of this service. Providers must stipulate the flat rate dispensing fee that will be added to the PHS price. (For example, if the PHS price of a prescription is $185.00, and the provider's proposed flat rate dispensing fee is $11.00, then the total reimbursement amount is equal to $196.00.) An estimate of the number of clients (unduplicated caseload) expected to receive these services must be included on the corresponding budget narrative.

- Reimbursement for consumable medical supplies is limited and must be related to administering medications (e.g., for insulin injection in diabetics, etc.). Approved consumable medical supplies are found in Attachment B of the most current, local Ryan White Program Prescription Drug Formulary.

- No multiplier will be applied to Medicare or Medicaid rates for consumable medical supplies.

D. Additional Rules for Reporting and Documentation: Providers must document client eligibility for this service and report monthly activity (i.e., through reimbursement requests) in terms of the individual drugs dispensed (utilizing a locally-defined drug coding system to be provided by the County), the number of prescriptions filled for each drug, the number of pills or units dispensed, the amount of Ryan White Program funds spent dispensing each drug, and the unduplicated number of clients that received each drug limited to those medications listed in the

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most recent release of the local Ryan White Part A Program Prescription Drug Formulary.

Provider monthly reports (i.e., reimbursement requests) for consumable medical supplies must include the number of clients served, medical supply distributions with HCPCS codes as appropriate per client, and dollar amounts per client.

E. **Ryan White Part A Program Prescription Drug Formulary:** Ryan White Program funds may only be used to purchase or provide vitamins, appetite stimulants, and/or other prescription medications to program clients as follows:

- Prescribed medications that are included in the most recent release of the Ryan White Part A Program Prescription Drug Formulary. This formulary is subject to periodic revision; and

- Medications, appetite stimulants, or vitamins that have been prescribed by the client's Physician. **IMPORTANT NOTE**: Prescriptions for vitamins may be written for a 90-day (calendar days) supply.

F. **Letters of Medical Necessity:** The following medications and medication-related test require a completed Ryan White Letter of Medical Necessity (LOMN) or Prior Authorization Form (See Section V of this FY 202~~2~~3 Service Delivery Manual for copies of the Letters of Medical Necessity, as may be amended):

Medications:
- **Neupogen** (Filgrastim)
- **Procrit or Epogen** (Epoetin Alpha)
- **Roxicodone** (Oxycodone) **and Percocet** (Oxycodone/APAP)

Test:
- **Highly Sensitive Tropism Assay** [required to prescribe Selzentry (Maraviroc)] – (The Ryan White Program LOMN for the Highly Sensitive Tropism Assay is only required when no other funding source can pay for the test.)

IMPORTANT NOTES:

- **Medical Case Managers must work with clients to explore in a diligent and timely manner all health insurance options and evaluate the client's best option to ensure that health insurance premiums, deductibles and prescription drug copayments are reasonable and covered by the appropriate payer source. For Medicare Part D recipients, any client whose gross household income falls below 150% of the 2022 Federal Poverty Level (FPL) must be enrolled in the Low Income Subsidy (LIS) Program. In addition, for Medicare Part D**

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recipients, any client whose gross household income falls between 135% and 150% of the FPL must be enrolled in ADAP for assistance with prescription drug expenses. For Medicare Part D recipients, any client whose gross household income falls above 150% of the FPL or does not qualify for the LIS and who falls into the "donut hole," must be referred to the ADAP Program.

- **AS OMB RECEIVES ADDITIONAL INFORMATION FROM FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE REVISED.**

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OUTPATIENT/AMBULATORY HEALTH SERVICES

(Year 3~~2~~3 Service Priorities: #~~2~~5 for Part A and MAI)

A. **Outpatient/Ambulatory Health Services** are core medical services. These services include primary medical care and outpatient specialty care required for the treatment of people with HIV or AIDS. These services focus on timely/early medical intervention and continuous health care and disease treatment and management over time. Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service (PHS) guidelines. Such care must include access to antiretroviral (ARV) and other prescription drug therapies, including prophylaxis and treatment of opportunistic infections (OI) and combination ARV therapies.

IMPORTANT NOTE: Services are restricted to outpatient services only.

For the outpatient medical services to be considered Ryan White Program allowable, such services must be provided in relation to a client's HIV+ diagnosis, co-morbidity, or complication related to HIV treatment. This program allowable relationship must be clearly documented in the client's medical chart, in the Primary Care Physician's referral to specialty care services, and in any corresponding Ryan White Program In Network Referral or general Out of Network Referral. A list of the most current Allowable Medical Conditions, as may be amended, is included in Section VIII of this FY 202~~2~~3 Service Delivery Manual for reference. For clarity, one or more of the listed conditions along with one of the following catch-phrases should be included in the Physician's notation and related referral, as appropriate:

- Service is in relation to this client's HIV diagnosis.
- Service is needed due to a related co-morbidity.
- Service is needed due to a condition aggravated or exacerbated by this client's HIV.
- Service is needed due to a complication of this client's HIV treatment.
- Routine diagnostic test conducted as a standard of care (SOC)
    - The SOC should be implemented as recommended by established medical guidelines, including, but not limited to, Public Health Service (PHS), American Medical Association, Health Resources and Services Administration; see Minimum Primary Medical Care Standards for Chart Reviews in Section III of this Service Delivery Manual document or other local guidelines, as may be amended.

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

I. Primary Medical Care

1. Primary Medical Care Definition and Functions: Primary medical care includes the provision of comprehensive, coordinated, professional diagnostic and therapeutic services rendered by a Physician, Physician Assistant, Clinical Nurse Specialist, Nurse Practitioner, Advanced Practice Registered Nurse, or other health care professional who is licensed in the State of Florida to practice medicine to prescribe ARV therapy in an outpatient setting. Outpatient settings include clinics, medical offices, and mobile vans where clients in general do not stay overnight. **Emergency rooms are not considered outpatient settings; therefore, emergency room services are not covered by the Ryan White Part A/MAI Program. Inpatient (hospital, etc.) services are also not covered.**

Although HRSA allows for urgent care center services to be payable through the Ryan White Program, non-HIV related visits to urgent care facilities are not allowable or reimbursable costs within the Outpatient/Ambulatory Health Services Category (see HRSA Policy Clarification Notice #16-02). The Miami-Dade HIV/AIDS Partnership, as advised by its Medical Care Subcommittee, has elected not to include this component as an allowable service locally. This decision was made due to the complex logistics involved in limiting this component to the treatment of HIV-related services, as required by HRSA; and the fact that Ryan White Part A/MAI Program-funded Outpatient/Ambulatory Health Services subrecipients are required to maintain procedures (i.e., an accessible phone line for clients to call for assistance) for clients who have urgent/emergent health issues after hours.

Allowable activities include: medical history taking; physical examination; diagnostic testing, including, but not limited to, laboratory testing; treatment and management of physical and behavioral health conditions; behavioral risk assessment, subsequent counseling, and referral; preventive care and screening; pediatric development assessment; prescription and management of medication therapy; treatment adherence; education and counseling on health and prevention issues; and referral to specialty care related to client's HIV diagnosis, co-morbidity, or complication of HIV treatment. Services also include diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, continuing care and management of chronic conditions, and referral to specialty care (including all medical subspecialties if related to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment), as necessary. Chronic illnesses usually treated by primary care providers include hypertension, heart failure, angina, diabetes, asthma, chronic obstructive pulmonary disease (COPD), depression, anxiety, back pain, thyroid dysfunction, and HIV.

Visits to ensure readiness for and adherence to complex HIV treatments shall be considered either billable under Medical Case Management or Outpatient/Ambulatory Health Services, depending on how the visit occurred. Treatment Adherence Services provided during an Outpatient/Ambulatory Health Service visit shall be reported under the Outpatient/Ambulatory Health Services category (using the appropriate CPT billing code); whereas Treatment Adherence Services provided during a Medical Case Management visit shall be reported in the Medical Case Management service category (using the ADH billing code).

a. New to Care Clients

One (1), initial primary medical care visit may be provided to a newly identified client (i.e., a newly diagnosed client) who has a preliminary reactive test result and a pending confirmatory HIV test result, if the client was properly referred by a Medical Case Manager or Outreach Worker. To be valid for this purpose, the referral must have an indication that the client is a "newly identified client" (NIC). Such initial primary medical care visit must be scheduled and provided within 30 calendar days of referral from the Medical Case Manager or Outreach Worker. Otherwise, a confirmatory HIV test result will be required to obtain further services.

b. Limitations on Specialty Testing

Before prescribing Selzentry (Maraviroc), a Highly Sensitive Tropism Assay (test), formerly known as the Trofile Tropism Assay, must be performed and documented in the client's chart to determine appropriateness of the treatment regimen. The Highly Sensitive Tropism Assay includes the Trofile, Trofile DNA, or Quest Diagnostics Tropism assay. If the cost of the Highly Sensitive Tropism Assay is being covered by any other payer source, clients must access the test through those resources first. **(NOTE: ViiV Healthcare discontinued the Trofile Access Program on July 1, 2018.)**

When the cost of the Highly Sensitive Tropism Assay is not covered by any other source, then the client's medical provider must verify and document on the corresponding Ryan White Program Letter of Medical Necessity that the client has been found to be ineligible for the test to be paid for by any other payment source.

ViiV Healthcare currently covers the cost of the following test at no charge to eligible clients or the Ryan White Program: the HLA-B*5701 screening test. This screening test is available to assist clinicians in identifying clients who are at risk of developing a hypersensitivity reaction to abacavir (Ziagen). Whenever the cost of the HLA-B*5701 screening test can be covered by the ViiV Healthcare or any other source, providers **cannot** bill the local Ryan White Program for reimbursement of this test. As of December 1, 2019, FDOH/ADAP clients do not need certificates for HLA Aware program. They simply use either their designated

Quest Diagnostic lab or LabCorp code (that was listed on their certificates) for reimbursement by ViiV Healthcare. Contracted providers that serve FDOH/ADAP clients do not need to send clients to FDOH/ADAP, they just need to enter the appropriate code depending on which lab they use. FDOH already has this code as part of their EHR system. The Ryan White Program must be the payer of last resort. Utilization of the HLA-B*5701 screening test as billed to the local Ryan White Program will be monitored, and reimbursement may be denied if documentation does not support the use of Ryan White Program funds as a last resort.

2. **Client Education:** Providers of primary medical care services are expected to provide the following basic education as part of client care:

   - Treatment options, with benefits and risks, including information about state-of-the-art combination drug therapies and reasons for treatment;
   - Self-care and monitoring of health status;
   - HIV/AIDS transmission and prevention methods; and
   - Significance of CD4 counts, viral load and related disease aspects, adherence and resistance concepts.

3. **Adherence Education:** Providers of primary medical care services are responsible for assisting clients with adherence in the following ways:

   - Adherence with medication regimens in order to reduce the risk of developing and spreading a resistant virus and to maintain health;
   - Taking medications as prescribed, and following recommendations made by Physicians, Physician Assistants, Advanced Practice Registered Nurses, Nutritionists, and Pharmacists;
   - Client involvement in the development and monitoring of treatment and adherence plans; and
   - Ensuring immediate follow-up with clients who miss their prescription refills, medical appointments, and/or who experience difficulties with treatment adherence.

4. **Coordination of care:** Providers of primary medical care services are responsible for ensuring continuity and coordination of care. They must:

   - Maintain contact as appropriate with other caregivers (Medical Case Manager, Nutritionist, Specialty Care Physician, Pharmacist, Counselor,

etc.) and with the client in order to monitor health care and treatment adherence;

- Ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives; and

- Identify a single point of contact for Medical Case Managers and other agencies that have a client's signed consent and other required information.

5. Additional primary medical care services may include:

- Respiratory therapy needed as a result of HIV infection.

II. Outpatient Specialty Care

1. Outpatient Specialty Care Definition and Functions: This service covers short-term ambulatory treatment of specialty medical conditions and associated diagnostic procedures for program-eligible clients who are referred by a primary care provider through a Ryan White Program In Network Referral, OON referral, or prescription referral. Specialty medical care includes cardiology, chiropractic, colorectal, clinical psychiatry, dermatology, ear, nose and throat/otolaryngology, endocrinology, gastroenterology, hematology/oncology, hepatology, infectious disease, orthopedics/rheumatology, nephrology, neurology, nutritional assessments or counseling (performed by a Registered Dietitian), obstetrics and gynecology, ophthalmology/optometry, pulmonology, respiratory therapy, urology, and other specialties **as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment (see Allowable Medical Conditions List in Section VIII of this FY 202~~2~~3 Service Delivery Manual).**

Additional medical services, which may be provided by other Ryan White Program subrecipients, may include outpatient rehabilitation, podiatry, physical therapy, occupational therapy, and speech therapy as related to the client's HIV diagnosis, co-morbidities, or complications of HIV treatment. Pediatrics and specialty pediatric care are included in the list of specialties above. A Mental Health Services provider may also make referrals to clinical psychiatry. (**IMPORTANT NOTE**: Referrals to outpatient specialty care services for ongoing treatment must include documentation or a notation to support the specialty's relation to the client's HIV diagnosis, co-morbidity, or complication of HIV treatment.)

a. Other Specialty Care Limitations or Guidelines:

i. **Chiropractic services** under the Ryan White Program are limited to services in relation to the client's HIV diagnosis. These services

may relate to pain caused by the disease itself or pain that is a consequence of HIV medications. Chronic pain is also considered a co-morbidity to HIV and may also be treated when appropriate. Chiropractors affect the nervous system and immune system by utilizing spinal adjustments and physiotherapy to the spine and body that may assist the nervous system in operating to the best of its ability to fight HIV-related infection, disease, and symptomatology. Chiropractic physicians may adjust, manipulate, or treat the human body by manual, mechanical, electrical or natural methods; by the use of physical means or physiotherapy, including light, heat, water, or exercise, or by the administration of foods, food concentrates, food extracts, and items for which a prescription is not required. Chiropractic services for non-HIV related injuries or conditions are not covered. Examples of non-HIV related injuries or conditions are slip and falls, car accidents, sports injuries, and acute pain.

ii. **Podiatry services** under the County's Ryan White Program are limited to services in relation to a client's HIV diagnosis or co-morbidity (e.g., diabetes). The local Ryan White Part A/MAI Program will reimburse providers for the diagnostic evaluation of foot and ankle pain. Podiatry services for the treatment of peripheral neuropathy, HIV-related medication side effects (e.g., HAART/protease inhibitor medication regimens may cause ingrown toenails), onychomycosis, and diabetic foot care due to circulatory problems will be covered by the County's Ryan White Program. Conditions such as hammer toes, bunions, heel spurs may be covered if related to neuropathies. Sprains or fractures are not covered unless a direct connection to neuropathies is present. Furthermore, general podiatry services for non-HIV-related or non-diabetic-related foot injuries or conditions are not covered by the County's Ryan White Program.

iii. **Optometry and ophthalmology services** under the Ryan White Program are also limited to services in relation to a client's HIV diagnosis or co-morbidity. An annual eye exam solely for the purpose of routine eye care (especially for vision correction with glasses or contact lenses) is <u>not</u> covered by the local Ryan White Part A/MAI Program. In accordance with the local Ryan White Part A Program's Allowable Medical Conditions list, last updated December 16, 2019, as may be amended (next version to be distributed by July 2022), clients must meet at least one of the following criteria to access ophthalmology/optometry services:

- Client has a low CD4 count (at or less than 200 cells/mm^3 *currently*

- Client has a comorbidity (e.g., diabetes, hypertension, STI, etc.)
- Client has a prior diagnosis of cytomegalovirus retinitis (CMV)
- Client has Immune Reconstitution Syndrome

Furthermore, referrals to an optometrist or ophthalmologist must indicate a condition attempting to rule out complications of HIV. See the Allowable Medical Conditions List in Section VIII of this Service Delivery Manual for a list of conditions that would apply, such as manifestations due to opportunistic infections, visual disturbances to rule out complications of HIV, and history of sexually transmitted infections (STI) or complications of STI.

iv. Per Federal guidelines, **acupuncture services** are not covered under this service category, as Ryan White Program funds may only be used to support limited acupuncture services for program-eligible clients as part of substance abuse treatment services.

v. **Obstetric services:** Although the selection of a Ryan White Program-funded service provider is based on client choice, pregnant women should be referred to the University of Miami OB/GYN Department (Ryan White Part D Program, etc.) whenever possible due to its specialized care for this HIV population.

vi. **Pediatric, adolescent, and young adult services:** Whenever possible and also based on client choice, providers are strongly encouraged to refer clients who are 13 to 24 years of age to the University of Miami's pediatric and adolescent care departments due to their specialized care for this HIV population and age group.

IMPORTANT NOTE: Under the local Ryan White Part A/MAI Program, primary medical care provided to people with HIV is not considered specialty care.

2. Client Education: Providers of specialty care services will be expected to provide the following basic education as part of client care:

- Basic education to clients on various treatment options offered by the specialist;
- Taking medications pertaining to specialty care treatment as well as adhering to treatment recommendations made by the Primary Care or HIV Physician; and
- Educating clients about HIV/AIDS and its relationship to the specialty care service being provided.

3. **Coordination of Care:** The specialist must communicate, as appropriate, with the Primary Care Physician and client for results, follow-up, and/or to re-evaluate the client in order to coordinate treatment.

The following subsections B. through I. are for both Primary and Specialty Care, unless otherwise noted:

B. Program Operation Requirements:

- Providers must offer, post, and maintain walk-in hours to ensure maximum accessibility to Outpatient/Ambulatory Health Services, to ensure that medical services are available to clients for urgent/emergent issues;

- Providers must demonstrate a history and ability to serve Medicaid and Medicare eligible clients; and

- **For Primary Medical Care Only:** Providers must ensure that medical care professionals: 1) have a minimum of three (3) years of experience treating HIV clients; or 2) have served a high volume of people with HIV (i.e., >50% of individual caseload per practitioner) in the past year. Certification from the American Academy of HIV Medicine (AAHIVM) is encouraged, but not required.

- **For Outpatient Specialty Care Only:** A referral from the client's Primary Care or HIV Physician is required for all program-allowable specialty care services. Referrals to Outpatient Specialty Care services must be issued through the Provide® Enterprise Miami data management system and must indicate whether the referral is for a diagnostic appointment/test or for ongoing medical treatment. If the specialty care referral is for ongoing medical treatment the referrals must include supporting documentation that the ongoing care is HIV-related, comorbidity-related, and related to a complication of HIV treatment, as detailed in the most current, local Allowable Medical Conditions list.

C. Additional Service Delivery Standards: Providers of Outpatient/Ambulatory Health Services will also adhere to the following guidelines and standards, as may be amended (please refer to Section III of this FY 202~~2~~3 Service Delivery Manual for details):

- Public Health Service Clinical Guidelines for the Treatment of AIDS Specific Illnesses (as amended and current); also see Section I, below.

- HAB HIV Performance Measures to include the following, as may be amended: (https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio)

- Frequently Asked Questions
- Core
- All Ages
- Adolescent/Adult
- Children
- HIV-Exposed Children
- Medical Case Management (MCM)
- Oral Health [Care]
- ADAP [AIDS Drug Assistance Program]
- Systems-Level

- Minimum Primary Medical Care Standards

D. Rules for Reimbursement: Providers will be reimbursed for program allowable outpatient primary medical care and specialty care services as follows, unless a procedure has been disallowed or discontinued by the Miami-Dade County Office of Management and Budget-Grants Coordination:

- Reimbursements for medical procedures and follow-up contacts to ensure client's adherence to prescribed treatment plans will be no higher than the rates found in the "202~~2~~3 Florida Medicare Part B Physician Fee Schedule (Participating, Locality/Area 04), revised/modified December 17, 2021."

- Reimbursements for lab tests and related procedures will be based on rates no higher than those found in the "202~~2~~3 Medicare Clinical Diagnostic Laboratory Fee Schedule, Calendar Year (CY) 202~~2~~3 Quarter 1 (Q1) Release, added for January 2022, modified December 15, 2021."

- Reimbursements for injectables will be based on rates no higher than those found in the "202~~2~~3 Medicare Part B Drug Average Sales Price (ASP) Drug Pricing Files, Payment Allowance Limits for Medicare Part B Drugs, updated January 10, 2022 (payment limit column)."

- Reimbursements for medical procedures performed at Ambulatory Surgical Centers (ASC) will be no higher than the rates found in the "2022 Florida Medicare Part B ASC Fee Schedule, by HCPCS Codes and Payment Rates, PDF dated December 30, 2021, electronic file modified December 30, 2021; for Core Based Statistical Area 33124 (Miami, FL)." (Applies only to organizations with on-site or affiliated Ambulatory Surgical Centers).

- Reimbursements for medical procedures performed at Outpatient Hospital centers will be no higher than the rates found in the approved "Medicare Addendum B Outpatient Prospective Payment System (OPPS) by HCPCS Code for CY 202~~2~~3 (January 2022), corrected January 10, 2022 (note

"b.01.10.22" in file name)." (Applies only to organizations with on-site or affiliated outpatient hospital centers).

- Evaluation and management visits and psychiatric visits will be reimbursed at rates no higher than the Medicare "allowable" rates times a multiplier of up to 2.5.

- If the client is eligible for ADAP, that program should be accessed for genotype and phenotype testing if available.

- A Letter of Medical Necessity is required for the Highly Sensitive Tropism Assay if no other payer source is covering the cost of the test. This is necessary to ensure use of the Ryan White Program as the payer of last resort.

- No multiplier will be applied to reimbursement rates for laboratory tests and related procedures, for non-evaluation and management procedures, for injectables, or for supplemental procedures.

- Medical procedures with an active Current Procedural Terminology (CPT) code that are excluded from the Medicare Fee Schedules may be provided on a supplementary schedule, upon request from the provider to the County for review. A flat rate along with a detailed description of the procedure and a cost justification for each supplemental procedure must be included in the provider's submission request for review and approval by the County.

- Consumable medical supplies are limited and are only covered when needed for the administration of prescribed medications. Allowable consumable medical supplies are available only through the local Ryan White Program's AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program – LPAP) service category. A list of allowable consumable medical supplies can be found as an attachment to the most current, local Ryan White Program Prescription Drug Formulary (i.e., Attachment B of the referenced Formulary).

- Please see Section XVI, Additional Policies and Procedures, of this Service Delivery Manual for details regarding the reimbursement of telehealth/telemedicine services.

E. **Rules for Reporting:** Providers' monthly reports (i.e., reimbursement requests) for Outpatient/Ambulatory Health Services must include the number of clients served, billing code for the medical procedures provided, number of units of service provided, and the corresponding reimbursement rate for each service provided. Providers must also develop a method to track and report client wait time (e.g., the time it takes for a client be scheduled to see the appropriate medical provider after

calling for an appointment; and upon arrival for the appointment, the time the client spends waiting to see the medical provider) and to make such reports available to OMB staff or authorized persons upon request.

F. **Additional Rule for Reimbursement:** Requests for reimbursement of primary and/or specialty medical care services that are not submitted to the County within four (4) calendar months from the date of service may be denied.

G. **Additional Rules for Documentation:** Providers must ensure that medical records document services provided (e.g., medical visits, lab tests, diagnostic tests, etc.), the dates and frequency of services provided, as well as an indication that services were provided for the treatment of HIV infection, a co-morbidity, or complication of HIV treatment. Clinician notes must be signed by the licensed provider of the service and maintained in the client chart or electronic medical record. Providers must maintain professional certifications and licensure documents of the medical staff providing services or ordering tests and must make them available to OMB staff or authorized persons upon request. Providers must ensure that chart notes are legible and appropriate to the course of treatment as mandated by Florida Administrative Code 64B8-9.003; and pursuant to Article VII, Section 7.1, of the provider's Professional Services Agreement with Miami-Dade County for Ryan White Program-funded services.

H. **Additional Client Eligibility Criteria:** Clients receiving Outpatient/Ambulatory Health Services must be documented as having been properly screened for other public sector funding as appropriate every 366 days. ~~six (6) months. (NOTE: The recertification period for ADAP and Part A is expected to be updated within this grant fiscal year, with no less than 30 calendar days' notice.)~~ While clients qualify for and can access medical services through other public funding [including, but not limited to, Medicare, Medicaid, Medicaid Managed Medical Assistance (MMA), or Medicaid Long-Term Care (LTC)], or private health insurance, they will not be eligible for Ryan White Part A Program-funded Outpatient/Ambulatory Health Services, except for such program-allowable services that are not covered by the other sources.

I. **Additional Treatment Guidelines and Standards**

Guidelines: Providers will adhere to the following clinical guidelines for treatment of HIV/AIDS specific illnesses (which can be found at https://clinicalinfo.hiv.gov/en/guidelines, unless otherwise noted below):

- Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv; pp 1-464; updated January 20, 2022.

Accessed 6/21/2022.

- Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. Department of Health and Human Services. Available at: https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv; pp 1-610; updated April 11, 2022. Accessed 6/21/2022.

- Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Transmission in the United States. Available at: https://clinicalinfo.hiv.gov/en/guidelines/perinatal; pp 1-570; updated March 17, 2022. Accessed 6/21/2022.

- Panel on Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents with HIV. Available at: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections; pp 1-536; updated April 12, 2022. Accessed 6/21/2022.

- Panel on Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children. Department of Health and Human Services. Available at: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-pediatric-opportunistic-infections/updates-guidelines-prevention; pp 1-409; updated January 24, 2022. Accessed 6/21/2022.

- Guidelines Working Groups of the NIH Office of AIDS Research Advisory Council. Guidance for COVID-19 and People with HIV. Available at: https://clinicalinfo.hiv.gov/en/guidelines/guidance-covid-19-and-people-hiv/guidance-covid-19-and-people-hiv; pp 1-19; updated February 22, 2022. Accessed 6/21/2022.

- U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau. Clinical Care Guidelines/Protocols, including the following, as appropriate: Guide for HIV/AIDS Clinical Care (2014), A Guide to the Clinical Care of Women with HIV (2013), A Guide for Evaluation and Treatment of Hepatitis C in Adults Coinfected with HIV (2011); and reference guides to help health care professionals as their aging population grows. Available at:

https://ryanwhite.hrsa.gov/grants/clinical-care-guidelines-resources#clinical-protocols.
Accessed 6/21/2022.

- Additional Education Materials (e.g., fact sheets, infographics and glossary) on HIV Overview; HIV Prevention; HIV Treatment; Side Effects of HIV Medicines; HIV and Pregnancy; HIV and Specific Populations; HIV and Opportunistic Infections, Coinfections and Conditions; and Living with HIV (including but not limited to finding HIV treatment services; Mental Health; Nutrition and Food Safety; and Substance Use). Available at: https://hivinfo.nih.gov/understanding-hiv/fact-sheets
Accessed 6/21/2022.

- In addition, providers will adhere to other generally accepted clinical practice guideline standards, as follow:

  Standards:

  - Providers will inform clients as to generally accepted clinical guidelines for pregnant women with HIV, treatment of AIDS specific illnesses, clients infected with tuberculosis, hepatitis, or sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

  - Providers will screen for TB and make necessary referrals for appropriate treatment. In addition, providers will follow Universal Precautions for TB as recommended by the CDC. Providers will also screen for hepatitis, sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

IMPORTANT NOTE: FEDERAL FUNDERS AND/OR STATE LEGISLATIVE BODIES REGARDING IMPLEMENTATION OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HEALTH EXCHANGES, OR ANY SUBSEQUENT HEALTH CARE LAW, THIS MANUAL MAY BE REVISED.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 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 October 28, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• OHC items (codes, service descriptions, standards)	All
	• Minimum Primary Care Standards Items	All
	• Allowable Medical Conditions inc. Breast Cancer and Neutropenia	All
	• Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services	All
IX.	New Business	
	• Formulary Request: Methadone	All
	• Planning for 2023	All
	• 2023 Elections	All
X.	Announcements	All
	• HIV Section Medication Formulary Workgroup	

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee

Policy and Procedure for Prescription Drug Formulary Review

1. A) Ryan White Program Prescription Drug Formulary Review Request Form Completed and Sent to Recipient office for non-ART medications or
   B) Request can be brought to the Recipient and then presented to the Medical Care Subcommittee.
2. New ADAP formulary approved ART medications will be automatically added to the Ryan White Program Prescription Drug Formulary.
3. Medical Care Subcommittee will be consulted when ADAP medications are either added or deleted for possible inclusion or exclusion from the Ryan White Part A Formulary.
4. Reviews request by the Medical Care Subcommittee will:
   a. Conduct a literature review.
      1. Studies used must be of sufficient scientific rigor to ensure confidence in the claimed effects.
      2. Study designs and measurements must reflect current scientific standards.
   b. Evaluate and assess if drug/product is superior, inferior, equal to other therapies on the formulary, safety record of product, compliance evidence and economic considerations/impact including, but not limited to, moratorium restrictions that medications be either life saving or cost-effective.
   c. Conduct the review, whenever possible, prior to the next Medical Care Subcommittee meeting.
5. Members of the Medical Care Subcommittee will complete a disclosure form (**Attachment 1**) once a year in January, new members upon joining and then in January. Conflicted members will recuse themselves from the vote.
6. Non-members who submit a formulary request must complete a disclosure form **(Attachment 2**) prior to the subcommittee voting.
7. Based on the literature review, evaluation and conclusions drawn the subcommittee will determine whether or not to recommend the medication/product. The subcommittee will also determine effective date of inclusion or removal, if a letter of medical necessity or a monitoring of the product is warranted. Upon completion of the vote the conflicted members may return.

MCSC Reviewed/Approved July 22, 2011/Revised January 25, 2013/Revised July 26, 2019/Revised October 23, 2020 and approved October 30, 2020

Date of Request: 11/8/2022

Request for: ✓ Addition ____ Deletion

FOR OMB-GC USE ONLY

11/8/2022 Date Received

_____ Date of First PUPAP Review

_____ Date of Approval

_____ HRSA Drug Code

(1) Generic/Proprietary name of drug product:
methadone for opioid use disorder at an Opioid Treatment Program

(2) Specific formulation(s) considered:
oral liquid

(3) Specific indications for use:
opioid use disorder

(4) Please list other products currently in the formulary which are considered similar to the proposed addition/deletion:
buprenorphine

(5) Should there be any restrictions on the use of this product?
only for patients with opioid use disorder

(6) Please summarize your reasons and justification for this request. Provide appropriate references where applicable.
Comprehensive Psychiatric Centers are the only licensed OTPs in Miami

(7) I understand that this request will be considered at the next meeting of the Pharmaceutical Utilization Physicians Advisory Panel (PUPAP) or the Medical Care Subcommittee.

(Attending practitioner's signature)

Print Name: Katrina Giraldo
Phone/Pager: 857-316-7108
Clinic Site: IDEA Exchange/Jackson/UM

Please forward this request to:

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

Miami Dade HIV/ADS Partnership Medical Care Subcommittee
Request for Formulary Review

Medication requested: Methadone for Opioid Use Disorder

Generic/Brand Name	**Methadone/ Methadose**
Manufacturer	**Several**
Generic Available	**Yes**
Therapeutic alternative drug(s) in formulary	**NO**
US Boxed Warning	Risks of opioid addiction, abuse, and misuse, which can lead to overdose and death. Serious, life-threatening, or fatal respiratory depression. QT interval prolongation and serious arrhythmia (torsades de pointes) Dosing errors can result in accidental overdose and death. **Opioid analgesic risk evaluation and mitigation strategy (REMS)**
Classification:	**Analgesic Opioid Agonist**
Clinical studies:	**Methadone maintenance therapy versus no opioid replacement therapy for opioid dependence.** (Mattick, *Cochrane Database Syst Rev*. Jul 8;2009(3): CD002209). **Conclusions:** Methadone is an effective maintenance therapy intervention for the treatment of heroin dependence as it retains patients in treatment and decreases heroin use better than treatments that do not utilize opioid replacement therapy. **Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder.** (Wakeman et al, JAMA Netw Open. 2020 Feb 5;3(2): e1920622). **Conclusions and relevance:** Treatment with buprenorphine or methadone was associated with reductions in overdose and serious opioid-related acute care during 3 and 12 months after initial treatment use compared with other treatments. Strategies to address the underuse of MOUD are needed. **Correlates of long-term opioid abstinence after randomization to methadone versus buprenorphine/naloxone in a multi-site trial.** (Yuhui *et al*, Randomized Controlled Trial J Neuroimmune Pharmacol. 2018 Dec;13(4):488-497). **Conclusions:** Reducing cocaine use and injection drug use and increasing social support and retention in treatment may help maintain long-term abstinence from opioids among individuals treated with agonist pharmacotherapy.
Pharmacokinetics And Pharmacodynamics	Onset of action: Oral: 0.5 to 1 hour. Parenteral: 10 to 20 minutes.
Contraindications	Hypersensitivity (anaphylaxis) to methadone or any component of the formulation; significant respiratory depression; acute or severe bronchial asthma (in the absence of resuscitative equipment or in an unmonitored setting); GI obstruction, including paralytic ileus (known or suspected).
Drug Interactions with HIV Drugs	Methadone may diminish the therapeutic effect of **Abacavir** and **Atazanavir**. **Abacavir** and **Atazanavir** may decrease the serum concentration of Methadone.
Requirements. Specific Drug Monitoring	Concentrations are not substantially altered in patients with kidney impairment, close monitoring is warranted
Dosage & Administration	For treatment of opioid use disorder, lower initial oral dose of 10 to 20 mg recommended for patients >60 years of age CrCl ≤10 mL/minute: Administer 50% to 75% of the usual indication-specific dose, titrate gradually.
Storage and Handling	Injection: Store at 20°C to 25°C (68°F to 77°F). Protect from light. Oral solution, tablet, tablet for oral suspension: Store at 20°C to 25°C

Miami Dade HIV/ADS Partnership Medical Care Subcommittee
Request for Formulary Review

In the United States, the use medication-assisted treatment (MAT) for opioid use disorder (OUD) in opioid treatment programs (OTPs) is governed by the **Certification of Opioid Treatment Programs, 42 Code of Federal Regulations (CFR) 8**. The regulation created a system to **certify** and **accredit** OTPs, allowing them to administer and dispense FDA-approved MAT medications. In addition, opioid use disorder (OUD) patients receiving MAT medications must also receive counseling and other behavioral therapies to provide patients with a whole-person approach.

Opioid Dependency Medications. These MAT medications are safe to use for months, years, or even a lifetime:	
Buprenorphine	suppresses and reduces cravings for opioids
Methadone	reduces opioid cravings and withdrawal and blunts or blocks the effects of opioid
Naltrexone	blocks the euphoric and sedative effects of opioids and prevents feelings of euphoria

Conditions for distribution and use of methadone products for the treatment of opioid addiction:
For detoxification and maintenance of opioid dependence, methadone should be administered in accordance with the treatment standards cited in 42 CFR Section 8, **including limitations on unsupervised administration.**
OTPs shall maintain current procedures to ensure that the following dosage form and initial dosing requirements are met:

- **Methadone shall be administered or dispensed only in oral form and shall be formulated in such a way as to reduce its potential for parenteral abuse.**
- For each new patient enrolled in a program, the initial dose of methadone shall not exceed 30 milligrams and the total dose for the first day shall not exceed 40 milligrams, unless the program physician documents in the patient's record that 40 milligrams did not suppress opioid abstinence symptoms.

Unsupervised or "take-home" use. To limit the potential for diversion of opioid agonist treatment medications to the illicit market, opioid agonist treatment medications dispensed to patients for unsupervised use shall be subject to the following requirements:

- Any patient in comprehensive maintenance treatment may receive a single take-home dose for a day that the clinic is closed for business, including Sundays and State and Federal holidays.
- Treatment program decisions on dispensing opioid treatment medications to patients for unsupervised use beyond that set forth in this section, shall be determined by the medical director.

If it is determined that a patient is responsible in handling opioid drugs, dispensing restrictions apply:

- First 90 days of treatment, take-home supply is limited to a single dose each week and the patient shall ingest all other doses under appropriate supervision
- Second 90 days of treatment, take-home supply are two doses per week.
- Third 90 days of treatment, take-home are three doses per week.
- The remaining months of the first year, a patient may be given a maximum 6-day supply of take-home medication.
- After 1 year of continuous treatment, a patient may be given a maximum 2-week supply of take-home medication.
- After 2 years of continuous treatment, a patient may be given a maximum of one-month supply of take-home medication but must make monthly visits.

References:

https://www.govregs.com/regulations/expand/title42_chapterI_part8_subpartC_section8.12

https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions

https://www.dynamed.com/condition/opioid-use-disorder

www.cdc.gov/opioids/overdoseprevention/treatment.html

https://doi.org/10.1016/j.dadr.2022.100087

Lexicomp

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 2022

9:30 a.m. – 11:30 a.m.

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Miami, FL 33134

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Medical Care Subcommittee
Calendar of Activities 2023

All items subject to change

Month	Officer Elections	Conflict of Interest Forms/Financial Disclosure Forms	Outpatient/Ambulatory Medical Care Standards	Allowable Medical Conditions (reviewed as needed)	Ryan White Prescription Drug Formulary (reviewed as needed)	Oral Health Care Items (reviewed quarterly)	Committee Items (added as needed)	Notes
	Activities							
January 27, 2023								
February 24, 2023								
March 24, 2023								
April 28, 2023								
May 26, 2023								
June 23, 2023								
July 28, 2023								
August 25, 2023								
September 22, 2023								
October 27, 2023								
November 17, 2023								
December 2023	N	N	N	N	N	N	N	

Comments:
N=no meeting

MIAMI-DADE HIV/AIDS PARTNERSHIP

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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 October 28, 2022	All
VII.	Reports	
	• Ryan White Program	Carla Valle-Schwenk
	• ADAP Program	Dr. Javier Romero
	• Vacancy Report	Marlen Meizoso
	• Report to Committees (reference only)	All
VIII.	Standing Business	
	• OHC items (codes, service descriptions, standards)	All
	• Minimum Primary Care Standards Items	All
	• Allowable Medical Conditions inc. Breast Cancer and Neutropenia	All
	• Service Descriptions: AIDS Pharmaceutical Assistance and Outpatient Ambulatory Health Services	All
IX.	New Business	
	• Formulary Request: Methadone	All
	• Planning for 2023	All
	• 2023 Elections	All
X.	Announcements	All
	• HIV Section Medication Formulary Workgroup	

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Memo

To: Medical Care Subcommittee Members

From: Marlen Meizoso

Date: November 18, 2022

Re: 2023 Elections

At the next Medical Care Subcommittee meeting, we will be holding elections for officers. Both Dr. Robert Goubeaux (chair) and James Dougherty (vice-chair) are eligible for a second term.

Anyone interested in also being placed on the ballot for either officer position must contact me by January 19, 2023.

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

- Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.
- Officers shall be full voting members.
- At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.
- Standing committees, committees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.
- No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair as Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

If you are interested in being placed on either ballot, please contact me at 305-445-1076 or by email at marlen@behavioralscience.com, no later than Thursday, January 19, 2023.

c/o Behavioral Science Research Corporation
2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134
p (305) 445-1076 | f (305) 448-3325 | www.aidsnet.org

MIAMI-DADE HIV/AIDS PARTNERSHIP

Medical Care Subcommittee
Friday, November 18, 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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November 2022

The Florida Department of Health HIV/AIDS Section is currently seeking members for the HIV Section Medication Formulary Workgroup (HSMFW). The purpose of this workgroup is to serve in an advisory capacity to the Florida Department of Health HIV/AIDS Section related to development and maintenance of formularies for the prevention and treatment of HIV.

The HIV/AIDS Section of the Florida Department of Health is committed to recruiting members to serve on committees, advisory panels, and ad hoc groups to assist in addressing HIV/AIDS policies, programs, issues, and concerns. These committees are discretionary bodies formed by the HIV/AIDS Section to represent people with or likely to be affected by HIV. These committees will also represent affected communities, community-based organizations, and AIDS service organizations. To ensure balanced representation, members are recruited and selected from all areas within the community. Your personal and/or professional experiences will prove to be invaluable resources to achieving this mission.

Please review the attached HSMFW application and charter to become familiar with member responsibilities. The minimum membership period is two years, and the maximum is three years. Please refer to the charter for further information on new member appointments, terms, and duties. Individuals interested in being considered for membership should complete and email, fax, or mail the form to:

Florida Department of Health
HIV/AIDS Section
Jeannette Iriye RN, BSN, MSN
4052 Bald Cypress Way, Bin A-09
Tallahassee, Florida 32399-1715
Jeannette.Iriye@flhealth.gov
Fax 850-412-1157

Applications for this recruitment period must be submitted by December 15, 2022. The HSMFW charter and HSMFW application form are both available from our Clinical Resources webpage.

For additional information, please contact Jeannette Iriye at 850-901-6708 Monday through Friday, 9:00 a.m. to 4:00 p.m.

HIV SECTION MEDICATION FORMULARY WORKGROUP (HSMFW) CHARTER

Workgroup Purpose
To serve in an advisory capacity to the Florida Department of Health HIV/AIDS Section on issues related to the development and maintenance of formularies for prevention and treatment of HIV.

Workgroup Composition and Application

The Workgroup is open to all interested parties in the HIV/AIDS community who meet the eligibility criteria as outlined below. Workgroup members will be asked to function as client advocates and program consultants. If a person has an interest in serving on the Workgroup, they must complete and submit an application (located at http://www.floridahealth.gov/diseases-and-conditions/aids/Clinical_Resources/index.html) to the HIV/AIDS Section nursing consultant, along with a resume. The HIV/AIDS Section is responsible for selecting and appointing Workgroup members.

The Workgroup will be composed of seven non-voting representatives from the HIV/AIDS Section and a larger majority of no more than 26 voting representatives from the community. Membership will ideally include at least one clinical representative from each Ryan White Part A and Part B area as well as at least one clinician representing Ryan White Parts C, D, and F (AIDS Education and Training Center). Members can represent more than one category of membership.

Representatives of the Community (Voting Members)

- ADAP Consumers (minimum of two)
- Persons Living with HIV (minimum of two)
- HIV RNs/LPNs
- HIV Clinicians (MD, DO, APRN, PA)
- Pharmacists
- Nurse Case Managers

HIV/AIDS Section Staff and Community (At-Large; Non-Voting)

- HIV/AIDS Section Medical Director
- HIV/AIDS Section PharmD Consultant
- ADAP Staff Member
- Patient Care Part B Administrator
- Bureau of Public Health Pharmacy Representative
- Part A Administrative Representative
- HIV/AIDS Section RN Consultant

The co-chairs of the Workgroup will be the HIV/AIDS Section Medical Director and a member who is appointed by the HIV/AIDS Section administrator. In addition, a Workgroup liaison will be assigned by the HIV/AIDS Section administrator to assist in scheduling and logistics, communicating with Workgroup members and staff, drafting minutes, and other functions that may be necessary to support the Workgroup.

When possible, members will be selected to represent each category as well as to reflect racial, ethnic, and sexual diversity. The HIV/AIDS Section reserves the right to select or replace Workgroup members, at its discretion, according to the needs of the program.

Eligibility for Membership
Potential members should have at least two of the following: personal or professional knowledge of the disease, familiarity with clinical treatment, direct experience with clients, and/or a functional knowledge of Ryan White programs. Various programs administered by the HIV/AIDS Section provide direct drug assistance. The Workgroup members will be asked to make objective recommendations about the clinical and programmatic merit of specific drugs.

For this reason, it is imperative that workgroup members declare conflicts of interest such as current or former professional affiliations with pharmaceutical companies or companies with subsidiaries that provide pharmaceutical services. Any member who falls under a conflict of interest is expected to abstain from voting regarding any medication or medications associated with the pharmaceutical company/companies or subsidiary/subsidiaries from whom compensation is received or their competitors.

Member Selection/Appointments, Terms, and Duties

New members will be selected from the pool of applicants on an annual and as needed basis by the co-chairs and HIV/AIDS section leadership, based on the requirements of the Workgroup. Recruitment notices will be sent annually via email to statewide Part A partners, Part B lead agencies, the HIV/AIDS Section care provider email distribution list and will be posted on the HIV/AIDS Section website. The recruitment period will be no shorter than two weeks. Applications for membership can be submitted at any time and will be held until the next recruitment period. The co-chairs and HIV/AIDS Section leadership will review applications and select members. Members will receive email notification regarding their appointment or denial of appointment. If the member's application is denied solely due to the lack of need to fill a slot for the membership category the applicant represents, the application can remain in an active status for a period of three years.

The typical term of membership is three years; however, some members may be appointed to an initial term of two years in order to stagger membership turnover and ensure partial retention of experienced members at all times. If a person is selected mid-term to replace an existing member, the appointment will expire at the end of the original member's term, but that person shall then be eligible for reappointment to a full three-year term.

Members are required to fulfill the duties associated with membership which include, but are not limited to, the review of relevant materials prior to meetings and consistent participation in scheduled meetings, email discussions, and action item voting. Members will receive materials that describe specific work activities of the co-chairs, general membership, Workgroup liaison, and HIV/AIDS Section staff.

Operating Procedures

Meetings

The Workgroup shall meet at least twice per year via conference call, web meeting, or in-person meeting. The regular meeting date(s) and time(s) shall be set by the co-chairs after assessing membership availability. Meeting times will be purposefully planned to allow time for consideration of Workgroup recommendations by HIV/AIDS section leadership and timely submission of items for consideration by the Statewide Pharmacy and Therapeutics (P&T) Committee, when required. Meeting notices will be published on the DOH website.

Most meetings will take place via conference call or web meeting. In the event an in-person meeting is scheduled, Workgroup-related travel expenses will be reimbursed, upon prior request and approval, in accordance with the State of Florida travel rules and policy. Agendas for regular meetings shall be provided to Workgroup members not less than five working days prior to a meeting. A quorum will be established if at least 50% of voting members are present. However, in the event the co-chairs identify an issue (e.g., approval of a new antiretroviral agent) requiring urgent input from the Workgroup, the issue may be discussed and voted upon via email. This action item and outcome of the email vote will be shared at the next scheduled meeting of the Workgroup. Minutes of each meeting shall be promptly recorded and, following

approval, shall become public documents. Any recommended changes to the recorded minutes must be submitted to the Workgroup Liaison within two weeks from the date distributed.

Attendance
Attendance is expected at all Workgroup meetings. If a member cannot participate, he or she must contact the Workgroup Liaison in advance to inform of the planned absence. If members do not participate in at least 50% of meetings (minus excused absences), email discussion or action item voting, they may be replaced before the end of their term by the co-chairs and HIV/AIDS section leadership.

Voting
Consensus, as needed, will be obtained on votes by members present. Consensus by voting may also take place via email. At least 50% of voting members must respond to an email vote for the consensus to be valid. The Department of Health, HIV/AIDS Section representatives on the Workgroup are *non-voting members.* Members should not vote on items for which they have a potential conflict of interest.

Formulary Modifications
The decisions of the Workgroup are purely advisory and subject to final approval by the HIV/AIDS Section Administrator. Drugs may be added or removed from the formularies even without review/recommendation from the Workgroup after careful consideration of programmatic needs (e.g., drugs additions that may be mandated by Health Resources Services Administration, drug deletions that may be necessary due to fiscal restraints) by the HIV/AIDS Section leadership with final approval, if necessary, by the Statewide P&T Committee. The Workgroup may be consulted prior to or after formulary changes have occurred. The ultimate decision to modify the formularies will be at the discretion of the Department of Health.

Official Communications and Representation
When acting in the official capacity as a representative of the Workgroup, members should not discuss issues that are pending recommendation, with the press, public, or representatives of the pharmaceutical industry.

Decorum
While group opinions and perspectives may differ, members are required to maintain decorum. All members have the right to freely express individual concerns or opinions, but these must be communicated in a manner that focuses on the issue at hand without personal affront to peer members or department staff. Disruptive behaviors that interfere with the business of the Workgroup or create a hostile environment will not be tolerated and may result in dismissal from the Workgroup.

A public comment section will be included at the end of each meeting.

Charter Amendment
The Charter will be reviewed annually and modified as needed.

Florida Department of Health HIV/AIDS Section
HIV SECTION MEDICATION FORMULARY WORKGROUP (HSMFW) MEMBERSHIP APPLICATION

HSMFW Application Date: _____

Prefix Preference (Select One): ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Mx. ☐ None

Last Name: _____ **First Name**: _____ **Middle Initial**: ___ **Suffix** (if any): ___

Title: _____

Mailing Address: _____

City: _____

State: _____

County: _____

ZIP Code: _____

Email: _____

Organizational Affiliation: _____

Address: _____

City: _____ **ZIP Code**: _____

Employer (if applicable): _____

Phone

Preferred Phone: _____ ☐ Cell ☐ Work ☐ Home

Secondary Phone: _____ ☐ Cell ☐ Work ☐ Home

Sexual Orientation (optional):

- ☐ Bisexual
- ☐ Heterosexual
- ☐ Gay
- ☐ Other _____

Race/Ethnicity (optional):

- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ Haitian (Any Race)
- ☐ Hispanic (Any Race)
- ☐ White/Caucasian
- ☐ Other _____

Pronouns:

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Other _____
- ☐ Varies, please ask

Gender:

- ☐ Please write in: _____

Florida Department of Health HIV/AIDS Section
HIV SECTION MEDICATION FORMULARY WORKGROUP (HSMFW) MEMBERSHIP APPLICATION

Category of Representation: Please select the category or categories you wish to represent on the workgroup.

- ☐ ADAP Consumer
- ☐ HIV Clinician (MD, DO, APRN, PA)
- ☐ Person with HIV
- ☐ RW Part A Representative
- ☐ RW Part B Representative
- ☐ RW Part C Representative
- ☐ RW Part D Representative
- ☐ AETC Representative (RW Part F)
- ☐ Pharmacist
- ☐ Nurse/Medical Case Manager
- ☐ HIV RN/LPN

In addition to the application form, please include two letters of recommendation documenting your community involvement or a minimum of two references.

Florida Department of Health HIV/AIDS Section
HIV SECTION MEDICATION FORMULARY WORKGROUP (HSMFW) MEMBERSHIP APPLICATION

Please answer the following questions as completely as possible.
(Include additional pages if necessary.)

Why are you interested in becoming a member of the HSMFW?

What additional skills or expertise do you possess that you believe would be beneficial to the workgroup?

Have you had any health planning experience or committee advisory experience or been involved with a group that is like the HSMFW? If so, please describe.

Do you have any potential conflicts of interest (as outlined on the last page) to disclose? If so, please list please list the name(s) of the commercial entity/entities and describe financial relationship (e.g., grant/research support, consultant, speakers' bureau, stockholder, employment) below.

Is there any additional information you would like to share for consideration of your application?

Will you be able to complete a two- or three-year appointment if selected?

***If you elect to serve as an HSMFW consumer representative, you must be willing to publicly acknowledge your HIV status. If you are HIV-positive but serving on the group in another role, it is not required that you specify/acknowledge your HIV status. Are you willing to share your HIV status with the public?**

☐ **Yes** ☐ **No**

Florida Department of Health HIV/AIDS Section
HIV SECTION MEDICATION FORMULARY WORKGROUP (HSMFW) MEMBERSHIP APPLICATION

Eligibility Criteria:

- The HIV/AIDS Section HSMFW is open to interested parties in all areas of the HIV/AIDS community.

- New members will be appointed for a term or at least two or three years, as the needs of the workgroup dictates. Please refer to the by-laws for further information on new member appointments, terms, and duties.

- The AIDS Drug Assistance Program (ADAP) and other programs within the HIV/AIDS Section provide direct drug assistance. Workgroup members will be asked to make objective decisions about the clinical and programmatic merit of specific drugs, along with other aspects of the program. For this reason, it is imperative that workgroup members disclose potential conflicts of interest, such as employment with pharmaceutical companies or companies that provide pharmaceutical services.

- No member may receive unallowable compensation while serving on the HSMFW. The proposed interpretation of the restriction on compensation is as follows:
  - Pharmaceutical companies routinely sponsor conferences, receptions, and educational programs that include refreshments and/or meals that are available to all attendees. These events are not viewed as compensation to any individual, and participation would not be problematic.
  - Pharmaceutical companies often provide unrestricted educational grants to AIDS service organizations and community-based organizations. These are generally not considered to be individual compensation, and a workgroup member's affiliation with such an organization would not affect eligibility.
  - Scholarships for attendance at educational conferences or programs sponsored by pharmaceutical companies do not affect eligibility.
  - Consumers may also receive complimentary meals or refreshments from a pharmaceutical representative when attending meetings or conferences. This does not affect eligibility.
  - Direct payments made to an individual for conference presentations or for serving on a speaker's board for a pharmaceutical company is a conflict of interest.

If you have any questions regarding eligibility or any other aspect of the application or HSMFW, please contact Jeannette Iriye, HIV/AIDS Section RN consultant at 850-901-6708.The completed application can be sent via email to Jeannette.Iriye@flhealth.gov.

Florida Department of Health HIV/AIDS Section
HIV SECTION MEDICATION FORMULARY WORKGROUP (HSMFW) MEMBERSHIP APPLICATION

Statement of Eligibility:

I hereby certify, through signature on this application, that I have met the membership requirements. I agree not to accept or solicit any benefit that might reasonably tend to influence me regarding my duties as a member of the workgroup. If I have a direct financial interest in a matter brought before the workgroup, I will disclose this and recuse myself from participation in voting.

By signing this application, I certify that all information contained herein is true and accurate to the best of my knowledge and understanding. I also certify that I have read and understood the membership requirements and by-laws and that, if accepted for membership, I will fulfill all membership requirements as put forth by the HIV Section Medication Formulary Workgroup.

Signature:

Date:

XI.	Next Meeting**: January 27, 2023** at **BSR**	James Dougherty
XII.	Adjournment	Dr. Robert Goubeaux

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