MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Meeting Housekeeping

www.aidsnet.org

Updated January 10, 2023

Miami-Dade County Main Library Version

Behavioral Science Research

Miami-Dade HIV/AIDS Partnership

Miami-Dade County

Disclaimer & Code of Conduct

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

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

www.aidsnet.org

Resources

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

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

www.aidsnet.org

Language Matters!

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

Here are a few suggestions for better communication.

Remember **People First** Language . . .

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

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

Instead, say **REASONS.**

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

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

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

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

www.aidsnet.org

Meeting Participation

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

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

www.aidsnet.org

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

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."

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Care and Treatment Committee Meeting
Miami-Dade Public Library, Auditorium
101 West Flagler, Miami, FL 33130
November 3, 2022

#	Committee Members	Present	Absent
1	Alcala, Etelvina	X	
2	Downs, Frederick		X
3	Grant, Gena	X	
4	Henriquez, Maria	X	
5	Iadarola, Dennis	X	
6	Mills, Vanessa	X	
7	Neff, Travis		X
8	Roelans, Ryan		X
9	Siclari, Rick	X	
10	Shmuels, Diego		X
11	Trepka, Mary Jo	X	
12	Wall, Dan	X	
Quorum = 5			

Guests	
Mester, Brad	
Pobleto, Karen	
Staff	
Robert Ladner	
Marlen Meizoso	

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

I. Call to Order

In the absence of the Chair, Dennis Iadarola volunteered to lead the meeting. He called the meeting to order at 10:14 a.m.

II. Meeting Housekeeping and Rules

Mr. Iadarola reviewed a Housekeeping and Rules presentation (copy on file), which reviewed the environmental reminders, parking, and meeting decorum for all participants.

III. Introductions

Members and guests introduced themselves around the room.

IV. Floor Open to the Public

Mr. Iadarola read the following:

DRAFT

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

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

There were no comments, so the floor was closed.

V. Review/Approve Agenda

The committee reviewed the agenda. Staff indicated indicate there was no Part B report, so it may be stricken from the agenda. The Committee moved to approve the agenda with the recommended change.

Motion to accept the revised agenda.
Moved: Vanessa Mills Seconded: Dan Wall Motion: Passed

VI. Review/Approve Minutes of September 1. 2022

The committee reviewed the minutes of September 1, 2022, and accepted them as presented.

Motion to accept the minutes from September 1, 2022, as presented.
Moved: Dan Wall Seconded: Vanessa Mills Motion: Passed

VII. Reports

- *Part A* *Dan Wall*

Dan Wall reviewed the October Recipient reports, detailing reimbursements through August 2022 (copy on file). Thus far, the program has served 7,370 clients. Expenditures have risen, with most contracts executed. Over 2,300 clients have been served under TTRA, of which 1,174 were new to care and 871 were new to Ryan White Care.

The County is working on a new Ending the Epidemic (EHE) RFP, which should be released by the end of the calendar year and will be due back before the fiscal year ends at the end of February, 2022. The EHE RFP will include funding for HealthTec, which provides an integrated approach to care, and which may fund at a minimum the following service components: medical case management, outpatient ambulatory health services, mental health, prescription drugs and substance abuse outpatient. Quick Connect will also be a component of the EHE RFP, providing in-service training to those providers who are not versed in HIV and provides a warm hand-off of a HIV+ client from a non-HIV provider location to a HIV provider. There will also be a Housing Support Services component, which will provide transitional/emergency housing assistance and support services. Providers will be required to conduct a needs evaluation on the client's life skills, employability, and health status. While clients will not be required to participate in life skills or vocational training, these must be offered. The final fundable component of the EHE RFP will be

Mobile-GO teams which will provide a provider or two with mobile units to address emerging HIV/AIDS hot spots and take services to clients.

The FCPN meeting was held last month and Dr. Jeff Beal's replacement -- Dr. Andrea Sciberras – was introduced. As of November 1, the State of Florida will now have reciprocal eligibility for Part B, ADAP, and Part A. Clients can be certified throughout the state for financial eligibility and HIV status, and this certification will allow the client to move seamlessly across county lines and across funding streams, with services limited only by county residency. The ADAP program's pharmacy benefits manager is now working with an expanded pharmacy network which includes Part A provider locations at AHF (four locations), Borinquen, Care Resource, and Miami Beach Community Health (three locations)

- *ADAP* *Marlen Meizoso*

In Dr. Javier Romero's absence, Marlen Meizoso reviewed the September 2022 ADAP report (copy on file). Enrollments, pharmacy and insurance expenditures, program updates and current pharmacy listings were reviewed. She also indicated that administrative rule 64D-4.007 passed, changing ADAP rules for participation in the program, including the removal of the need to have a prescription for an ARV and clarifying participation in the insurance benefits program. Once the memo from DOH is available on the change, it will be disseminated.

- *General Revenue* *Marlen Meizoso*

Mrs. Meizoso reviewed the General Revenue report for September 2022 (copy on file) which indicated 1,479 clients were served and $416,674.98 was expended for the month.

- *Vacancies* *Marlen Meizoso*

Mrs. Meizoso reviewed the October 2022, vacancy report (copy on file) which indicated there are twelve vacancies on the Care and Treatment Committee. The Executive Committee is pending approval of changes to committee membership: with the exception of the Prevention Committee, committees would be reduced to 16 total members. This reduction would result in only having four vacancies on the Care and Treatment Committee (three for general members and one for a member of the affected community). There is one application pending but the member is not present; staff will follow-up with the applicant to ensure they can attend the next meeting.

- *Report to Committees* *Dennis Iadarola*

The report to committees is included for reference (copy on file). The report details the items approved at the October 31, 2022, Partnership meeting including needs assessment items and letters. Any questions can be directed to staff.

- *Medical Care Subcommittee Report* *Marlen Meizoso*

Mrs. Meizoso reviewed the Medical Care Subcommittee report (copy on file).

The Medical Care Subcommittee (MCSC):

- Met on September 23 and October 28, 2022.
- Heard updates from the Ryan White Program and the ADAP Program.
- Updating the Primary Medical Care Standards.
- Making some additions and reformatting the Allowable Conditions List.
- Addressed an oral health care issue related to codes but deferred further discussion until the November meeting
- Revised service descriptions for oral health care, AIDS pharmaceutical assistance, and outpatient ambulatory health services to be reviewed in November.
- Revised language in oral health care service standards to be reviewed in November.
- Discussed the impact of a reduced committee size and voted to reorganize the membership composition. The reorganization removes the nutritionist specialty, but if a consult is needed, a nutritionist will be invited to a meeting. A general seat was kept to accommodate for an additional member in a category.

Seat Assignments by Specialty	Revisions based on 16 members
ADAP representative	1
General Revenue representative	1
Nurse/Medical Case Manager	1
Pharmacists	1
Physicians, ARNP, Physician Assistant	4
Psychiatrist/Mental Health Provider	1
Representatives of Affected (RA)	5
Substance Abuse Treatment Provider	1
General Seats (non-assigned)	1
Nutritionist	delete specialty
Total Assigned Seats:	16

Motion to amend the Medical Care Subcommittee seat assignments as discussed. *(indicated above).*
Moved: Dan Wall **Seconded: Dr. Mary Jo Trepka** **Motion: Passed**

VIII. Standing Business

- *December meeting* *All*

Mr. Iadarola indicated that the December meeting is scheduled for Thursday, December 1, 2022, which is World AIDS Day. Quorum maybe compromised since World AIDS Day has many events

which members may attend. Mr. Iadarola requested that those members present would indicate who could and could not attend the next meeting. Of those present, five indicate they could attend and two indicated they could not attend the next meeting. The Committee decided not to cancel the meeting, since the minimum number for quorum agreed they could make the next meeting. Staff will inquire once again with the remaining members of the Committee to ensure quorum before sending out the next notice. RSVPs were requested in a timely manner.

IX. New Business

- *YR 2022 Sweeps/Reallocation #3* *All*

Mr. Wall detailed the FY 2022-23 Sweeps 3 sheet (copy on file). There were $1,916,557 swept from six categories which were projected to underspend. Requests received totaled the sweeps amount in four categories (medical case management, outpatient ambulatory health, food bank and medical transportation). The net results of the allocations and sweeps were presented in the last column (column d). The total expenditures for the last five years from the needs assessment was also included for reference (copy on file).

No members who were conflicted were present at the time of this agenda item. The Committee voted to fully fund the requests.

Motion to allocate in Part A Sweeps #3 $339, 229 in medical case management, $674,540 in outpatient ambulatory health services, $894,025 in food bank, and $8,763 in medical transportation.
Moved: Dan Wall **Seconded: Vanessa Mills** **Motion: Passed**

Mr. Wall also indicated that food bank services cost has increased because of inflation so reimbursements were adjusted. For the Thanksgiving and Christmas holidays, an extra bag of food can also be picked up.

Members indicated that they found the labeling of the columns helpful in understanding the document and in following along.

- *Maximize Expenditures Prior to Fiscal Year Closure* *All*

Mr. Iadarola indicated that when the last Sweeps have been concluded, the Care and Treatment Committee historically has moved to authorize the County to make last minute movements of funding prior to the close of the fiscal year to maximize expenditures. Staff requested clarification of how much this would involve, and Mr. Wall indicated it would be approximately $400,000. Any final adjustments and reallocations made by the Recipient would be reviewed after the close of the fiscal year. Mr. Iadarola inquired if the committee would entertain a motion, which was then made and approved.

Motion to authorize the Miami-Dade County Office of Management and Budget-Grants Coordination to make last minute allocations prior to the close of the fiscal year to maximize expenditures and then provide these final allocations at the close of the fiscal year.

DRAFT

Moved: Rick Siclari **Seconded: Vanessa Mills** **Motion: Passed**

- *Service Descriptions-Medical Transportation, Mental Health, Other Professional: Legal Services, and Substance Abuse* *All*

Mr. Iadarola indicate the committee would review four service descriptions all of which were updated with 2023 language (rankings and dates) in track changes and items that needed further clarification would be highlighted in yellow. The Committee started with medical transportation. They agreed with all the redline changes but under section D (pg. 70) they recommended changed the language highlighted in yellow to "within 366 days" since this keeps the language in line with other program changes.

Motion to accept the changes to the medical transportation as discussed.
Moved: Dan Wall **Seconded: Vanessa Mills** **Motion: Passed**

The next service description was mental health services and redline changes were reviewed. The Committee felt that additional tweaking of the language was needed since this is a historically underfunded and stigma ridden service. Staff will bring back some suggested language and members were encouraged to provide suggested language in advance of the meeting so all options could be presented. The Committee made a motion to table the item until the next meeting.

Motion to table the mental health service description item until the next meeting.
Moved: Dan Wall **Seconded: Vanessa Mills** **Motion: Passed**

The next service description was other professional-legal services and redline changes were reviewed. This service description was updated in 2022 to include gender affirming services. The Committee made a motion to approve the draft.

Motion to accept the other professional services: legal services and permanency planning service descriptions as presented.
Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

The last service description was substance abuse. The Committee felt that like mental health, this service description needed additional tweaking of the language, so they tabled discussing the item until the next meeting. Staff will bring back some suggested language and members were encouraged to forward language in advance of the meeting.

Motion to table the substance abuse service description item until the next meeting.
Moved: Dan Wall **Seconded: Maria Henriquez** **Motion: Passed**

It was requested that any data on mental health and substance abuse that could assist with the service descriptions such as utilization or surveys be provided at the next meeting.

- *2023 Meeting Dates and Work Plan Development* *Marlen Meizoso*

Mrs. Meizoso reviewed the tentative 2023 meeting dates (copy on file). A draft of the 2023

activities was included on the reverse of the meeting dates sheet. Additional discussion will be had regarding meeting dates, structure, and planning at the next committee meeting. She indicated that the January meeting was moved down a week because of New Year holiday schedule. The Committee agreed to the dates as presented.

Motion to approve the Care and Treatment meeting dates as presented.
Moved: Dan Wall **Seconded: Etelvian Alcala** **Motion: Passed**

X. Announcements *All*

Mrs. Meizoso reminded members to RSVP for the next meeting to ensure quorum, requested for materials sent in advance to be reviewed, and announced that elections would be held at the January meeting. The memo announcing the item should be available for the next meeting.

XI. Next Meeting *Dennis Iadarola*

The next meeting is scheduled for Thursday, December 1, 2022, at the Miami-Dade County Main Library, Auditorium, 101 West Flagler Street, Miami, FL 33130 from 10 a.m. to 12:00 p.m.

XII. Adjournment *Dennis Iadarola*

With the meeting business concluded, Mr. Iadarola thanked the members and guests for taking the time to make the meeting and participating today. He then requested a motion to adjourn and closed the meeting at 11:25 a.m.

Motion to adjourn.
Moved: Dan Wall **Seconded: Vanessa Mills** **Motion: Passed**

DRAFT

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **November 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)	13	221	12	142
Health Insurance Premium and Cost Sharing Assistance	28	2,978	9	1,090
Medical Case Management	8,160	70,991	3,653	7,296
Mental Health Services	67	573	31	93
Oral Health Care	645	6,821	494	2,121
Outpatient Ambulatory Health Services	2,627	22,530	1,373	4,118
Substance Abuse Outpatient Care	9	58	5	21
Support Services				
Food Bank/Home Delivered Meals	2,454	15,201	685	978
Medical Transportation	495	4,032	245	647
Other Professional Services	0	703	0	72
Outreach Services	83	681	35	121
Substance Abuse Services (residential)	251	2,901	12	54
TOTALS:	14,832	127,690		

Total unduplicated clients (month): 4,673

Total unduplicated clients (YTD): 8,030

REPORT COMPILED ON: 01/10/2023

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **November 2022**

FUNDING SOURCE(S) INCLUDED:

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)	13	221	12	142
Health Insurance Premium and Cost Sharing Assistance	28	2,978	9	1,090
Medical Case Management	7,210	63,157	3,370	7,094
Mental Health Services	67	555	31	86
Oral Health Care	645	6,821	494	2,121
Outpatient Ambulatory Health Services	2,485	21,039	1,275	4,043
Substance Abuse Outpatient Care	6	45	4	16
Support Services				
Food Bank/Home Delivered Meals	2,454	15,201	685	978
Medical Transportation	482	3,966	232	632
Other Professional Services	0	703	0	72
Outreach Services	83	658	35	99
Substance Abuse Services (residential)	251	2,901	12	54
TOTALS:	13,724	118,245		

Total unduplicated clients (month): 4,484

Total unduplicated clients (YTD): 7,945

REPORT COMPILED ON: 01/10/2023

RYAN WHITE PART A PROGRAM
MIAMI-DADE COUNTY EMA

MONTHLY AND YEAR-TO-DATE SERVICE UTILIZATION SUMMARY

FOR THE PERIOD OF: **November 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	950	7,834	440	891
Mental Health Services	0	18	0	7
Outpatient Ambulatory Health Services	142	1,491	107	517
Substance Abuse Outpatient Care	3	13	1	5
Support Services				
Medical Transportation	13	66	13	25
Outreach Services	0	23	0	22
TOTALS:	1,108	9,445		

Total unduplicated clients (month): 504

Total unduplicated clients (YTD): 1,198

REPORT COMPILED ON: 01/10/2023

PART A

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

EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR32

FORMULA AND SUPPLEMENTAL FUNDING

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

This report includes YTD paid reimbursements for FY 2022 Part A service months up to November 2022, as of 1/6/2023. This report reflects reimbursement requests that were due by 12/20/2022; and have been paid thus far. Pending Part A reimbursement requests that have been received and are in the review process total $4,508,307.17.

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 & CARRYOVER

DIRECT SERVICES:

Priority Order	Core Medical Services	Allocations	Carryover Allocations		Account	Core Medical Services	Expenditures	Carryover Expenditures	
4	AIDS Pharmaceutical Assistance	84,492.00			5606970000	AIDS Pharmaceutical Assistance	3,422.65		
6	Health Insurance Services	335,776.00	259,924.00	595,700	5606920000	Health Insurance Services	185,557.38	0.00	185,557.38
1	Medical Case Management	5,818,690.00	400,000.00	6,218,690	5606870000	Medical Case Management	2,338,725.30	0.00	2,338,725.30
3	Mental Health Therapy/Counseling	51,237.00	91,457.00	142,694	5606860000	Mental Health Therapy/Counseling	40,137.50	0.00	40,137.50
5	Oral Health Care	2,864,445.00	1,000,000.00	3,864,445	5606900000	Oral Health Care	1,474,146.00	0.00	1,474,146.00
2	Outpatient/Ambulatory Health Svcs	8,590,712.00	600,000.00	9,190,712	5606610000	Outpatient/Ambulatory Health Svcs	4,448,019.95	0.00	4,448,019.95
9	Substance Abuse - Outpatient	27,249.00	17,369.00	44,618	5606910000	Substance Abuse - Outpatient	3,171.00	0.00	3,171.00
		CORE Services Totals:	20,141,351.00				CORE Services Totals:	8,493,179.78	
	Support Services	**Allocations**	**Carryover Allocations**		**Account**	**Support Services**	**Expenditures**	**Carryover Expenditures**	
11	Emergency Financial Assistance	9,853.00			5606940000	Emergency Financial Assistance	0.00		
8	Food Bank	1,660,108.00	1,000,000.00	2,660,108	5606980000	Food Bank	766,011.00	957,619.20	1,723,630.20
10	Medical Transportation	202,912.00			5606460000	Medical Transportation	77,565.46		
13	Other Professional Services	154,449.00			5606890000	Other Professional Services	63,243.00		
12	Outreach Services	264,696.00			5606950000	Outreach Services	36,234.55		
7	Substance Abuse - Residential	1,372,744.00	200,000.00	1,572,744	5606930000	Substance Abuse - Residential	412,190.00	0.00	412,190.00
		SUPPORT Services Totals:	4,864,762.00				SUPPORT Services Totals:	2,312,863.21	
	DIRECT SERVICES TOTAL:		**$ 25,006,113.00**			**TOTAL EXPENDITURES DIRECT SVCS & % :**		**$ 10,806,042.99**	**43.21%**

Total Core Allocation		17,772,601.00				
Target at least 80% core service allocation		17,149,890.40				
Current Difference (Short) / Over	**$**	**622,710.60**		**Formula Expenditure %**	**70.87%**	
Recipient Admin. (GC, GTL, BSR Staff)	**$**	**2,453,209.00**	5606710000	**Recipient Administration**	**1,141,573.15**	
Quality Management	**$**	**641,522.00**	5606880000	**Quality Management**	**450,000.00**	1,591,573.15
(+) Unobligated Funds / (-) Over Obligated:						
Unobligated Funds (Formula & Supp)	**$**	**-**		**Grant Unexpended Balance**	**16,210,954.86**	
Unobligated Funds (Carry Over)	**$**	**507,727.00**	3,602,458.00 28,608,571.00			
				Total Grant Expenditures & %		**$ 12,397,616.14** **43.34%**

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	**82.90%**	**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**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**97.96%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**1.83%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**4.65%**	**Within Limit**

Printed on: 1/10/2023

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 November 2022, as of 1/6/2023. This report reflects reimbursement requests that were due by 12/20/2022; and have been paid thus far. Pending MAI reimbursement requests that have been received and are in the review process total $283,172.97.

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

CONTRACT ALLOCATIONS

DIRECT SERVICES:

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

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

Total Core Allocation	2,287,599.00	
Target at least 80% core service allocation	1,868,034.40	
Current Difference (Short) / Over	**$ 419,564.60**	
Recipient Admin. (OMB-GC)	**$ 271,325.00**	
		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	

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**

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

Account	Core Medical Services	Expenditures	Carryover Expenditures	
5606970000	AIDS Pharmaceutical Assistance			
5606920000	Health Insurance Services			
5606870000	Medical Case Management	372,553.65		
5606860000	Mental Health Therapy/Counseling	942.50		
5606900000	Oral Health Care			
5606610000	Outpatient/Ambulatory Health Svcs	434,773.97		
5606910000	Substance Abuse - Outpatient	540.00		808,810.12

Account	Support Services	Expenditures	Carryover Expenditures	
5606940000	Emergency Financial Assistance	0.00		
5606980000	Food Bank			
5606460000	Medical Transportation	3,168.06		
5606890000	Other Professional Services			
5606950000	Outreach Services	0.00		
5606930000	Substance Abuse - Residential			3,168.06
TOTAL EXPENDITURES DIRECT SVCS & %:			**$ 811,978.18**	**34.77%**

5606710000	**Recipient Administration**	**83,292.80**		
5606880000	**Quality Management**	**74,999.97**	158,292.77	
	Grant Unexpended Balance	**2,955,650.05**		
Total Grant Expenditures & % (Including C/O):			**$ 970,270.95**	**24.71%**

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	**99.61%**	**Within Limit**
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	**2.76%**	**Within Limit**
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	**3.07%**	**Within Limit**

Printed on: 1/10/2023

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Provider Agency Name & Address
FDOH in Miami-Dade County
1350 N.W. 14th St.,
Miami, 33125

Florida Department of Health

Expenditure/Invoice Report

Program Name: Patient Care-Consortia

Contract Name: 2022-2023 Miami CHD Consortia

Area Name:AREA 11A

Month: September

Year: 2022-2023

Report generated on: 11/18/2022

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	September	0	0	$116,720.00	$13,594.86	$43,416.82	37%
Medical Case Management (including treatment adherence)	September	0	0	$175,390.00	$0.00	$19,423.50	11%
Mental Health Services - Outpatient	September	0	0	$35,000.00	$0.00	$4,615.10	13%
Emergency Financial Assistance	September	7	7	$713,220.00	$14,106.53	$175,052.01	25%
Housing	September	0	0	$375,000.00	$0.00	$0.00	0%
Non-Medical Case Management Services	September	26	26	$156,572.00	$26,308.20	$76,037.56	49%
Clinical Quality Management	September	0	0	$71,083.00	$3,921.36	$17,559.62	25%
Planning and Evaluation	September	0	0	$36,864.00	$6,262.37	$18,285.55	50%
Totals		**33**	**33**	**$1,679,849.00**	**$64,193.32**	**$354,390.1**	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend

ADVANCE(S) INFORMATION:

Total Advances	$0.00
Previous Reductions	$0.00
Current Reductions	$0.00
Remaining Advances	$0.00

Total Contract Amount	$1,679,849.00
Minus Expended Y-T-D	$354,390.16
Minus UNPAID Advances	$0.00
Balance To Draw	$1,325,458.84

Total Expenditures this period:	$64,193.32
Less Advance Payback this period:	$0.00
AMOUNT OF FUNDS REQUESTED THIS REPORT:	**$64,193.32**

I certify that the above report is a true, accurate and correct reflection of the activities this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

Signature & Title of Provider Agency Official | **Date** | **Contract Manager Signature** | **Date**

Contract Manager's Supervisor Signature | **Date**

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

January 6, 2023

ADAP Miami-Dade / Summary Report* – December 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	818	8,381		$20,818,217.47	35,645	11,791	3.0	$24,992,495.91	20,917	$1,194.84
Apr-22	113	914	6,143	$2,334,995.84	4,164	1,377	3.0	$2,885,135.63	2,429	$1,187.79
May-22	114	808	6,205	$2,428,021.98	4,295	1,385	3.1	$2,844,770.69	2,374	$1,198.30
Jun-22	85	925	6,205	$2,561,946.62	4,142	1,439	2.9	$2,797,011.67	2,344	$1,193.26
Jul-22	71	875	6,263	$2,393,320.77	4,049	1,342	3.0	$2,807,326.41	2,350	$1,194.61
Aug-22	86	1,082	6,309	$2,519,544.21	4,442	1,440	3.1	$2,776,876.45	2,336	$1,188.73
Sep-22	80	917	6,352	$2,454,007.19	4,158	1,367	3.0	$2,731,186.36	2,287	$1,194.22
Oct-22	103	945	6,260	$2,188,894.51	3,798	1,237	3.1	$2,726,877.33	2,273	$1,199.68
Nov-22	72	907	6,241	$1,926,172.25	3,227	1,075	3.0	$2,707,404.96	2,252	$1,202.22
Dec-22	94	1008	6,301	$2,011,314.10	3,370	1,129	3.0	$2,715,906.41	2,272	$1,195.38
Jan-23										
Feb-23										
Mar-23										

SOURCE: Provide - DATE: 01/06/23 - Subject to Review & Editing

** NOTE: West Perrine: 444 clients (01/06/23): DD 275; PP 162. Expenditures not included in this report.*

PROGRAM UPDATE

* Cabenuva ® utilization @ ADAP Miami (01/06/23): 134 patients. Direct Dispense 68 *(51%);* Premium Plus 66 *(49%)*
* ACA-MP Open Enrollment 2023: November 1st - January 15th. Approved plans for Miami-Dade: 67
* Extended Eligibility Period & Reciprocity *(10/17/22):* Effective November 1st: 366-day eligibility; RW-A, RW-B, GR, reciprocal eligibility.
* ARV RXs no longer required for ADAP Enrollment *(11/01/22)*: RXs are required at CHD & PBM Pharmacies.
* Additional pharmacy choices for ADAP Uninsured clients in Miami-Dade *(10/01/22): five additional providers @ 17 pharmacy services*

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

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

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

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

General Revenue July 2022 - June 2023
HIV/AIDS Demographic Data for PHT/SFAN

	November -2022			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt.	Annual Budget	YTD Units
Ambulatory - Outpatient Care	38	81	26,429.72	519,770.48	1,792,649.00	2,801
Drug Pharmaceuticals	90	180	45,541.55	198,372.81	761,622.00	707
Home & Community Base Services	1	2	936.54	936.54	2,000.00	2
Home Health Care	-	-	-	-	30,000.00	-
Mental Health Services	46	59	7,451.43	29,531.13	115,854.00	251
Nutrition Counseling	6	6	823.62	823.62	20,000.00	6
Medical Case Management	683	1,321	129,487.32	689,239.94	1,309,687.00	7,656
Non-Medical Case Management	267	274	34,991.81	153,870.04	668,338.00	1,547
Other Support Services / Emergency Fin. Assistance	11	11	25,854.62	98,608.32	170,000.00	46
Transportation	157	275	14,043.65	34,771.40	77,250.00	672
Referral for Health Care / Supportive Services	32	71	25,268.84	115,741.71	399,856.00	365
Substance Abuse Residential	-	-	-	-	428,955.00	-
Residential Care - Adult	-	-	-	-	204,035.00	-
Nursing Home Care	6	120	31,506.92	157,333.42	470,000.00	622
Hospital Services	3	8	20,960.70	95,157.02	567,538.00	75
	1,340	2,408	363,296.72	2,094,156.43	7,017,784.00	14,750

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

MIAMI-DADE HIV/AIDS PARTNERSHIP

Membership Report

January 5, 2023

The Miami-Dade HIV/AIDS Partnership

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

Opportunities for People with HIV

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

9 available seats

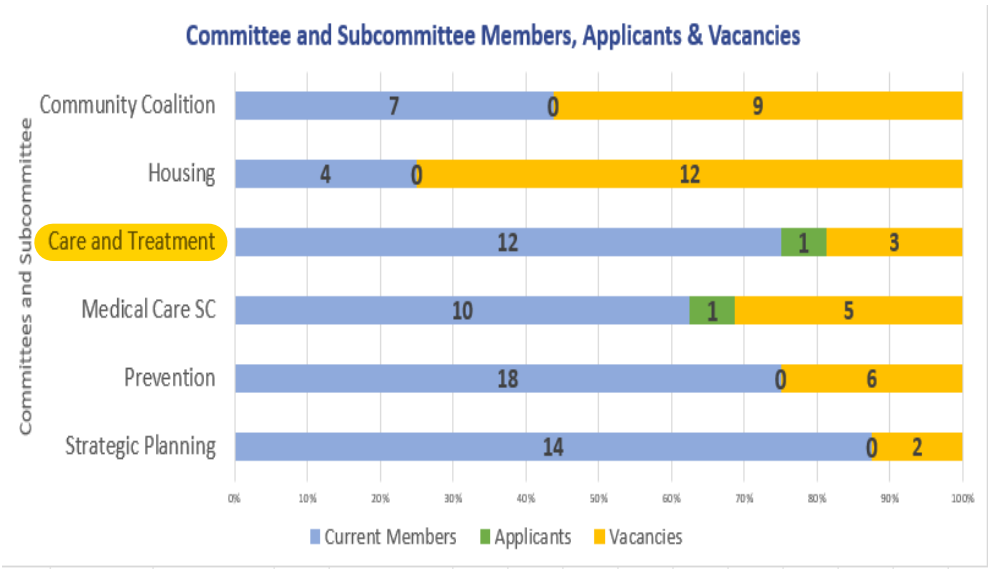
General Membership Opportunities

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

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

Medical Care Subcommittee Meeting November 18, 2022
Report to the Care and Treatment Committee
Presented January 12, 2023

The Medical Care Subcommittee (MCSC):

Met on November 19, 2021.

Heard updates from the Ryan White Program and the ADAP Program.

Discussed and made a motion restricting Ryan White Oral Health Care formulary to prevent code D5421 (Adjustment to Dentures) and code D5225 (Maxillary partial denture-flexible based [including any clasps, rests, and teeth]) and D5226 (Mandibular partial denture) from being billed together. In some commercial plans, billing of an adjustment code separately is allowable only **after six months** of the initial service.

1. Motion for D5225 (Maxillary partial denture-flexible based [including any clasps, rests, and teeth] to include adjustments up to 180 days.

2. Motion for D5226 ((Mandibular partial denture-flexible based [including any clasps, rests, and teeth] to include adjustments up to 180 days.

3. Motion to restrict D5421 (Adjustment to Dentures) billing within 180 days of D5225 and D5226.

Reviewed the Oral Health Service standards and suggested some updates. The Subcommittee made a motion to accept the revisions. ***Staff note***: *Recommends deferring this item to allow staff time to present additional language which may be needed to add and having the Medical Care Subcommittee address a language revision.*

4. Motion to accept the changes to the Oral Health Services Standards, as discussed. *(Attachment 1).*

Continued its review and updates to the Primary Medical Care Standards.

Reviewed and made some revisions the Oral Health Care, AIDS Pharmaceutical Assistance, and Outpatient/Ambulatory Health service descriptions. Changes in red indicated suggested changes, and items highlighted in yellow indicate updates that will need to be made for 2022.

5. **Motion to accept the changes to the Oral Health Care services descriptions, as discussed. *(Attachment 2)***
6. **Motion to accept the changes to the AIDS Pharmaceutical Assistance service descriptions, as presented. *(Attachment 3)***
7. **Motion to accept the changes to the Outpatient/Ambulatory Health service descriptions, as presented. *(Attachment 4)***

Continued work on revisions to the Allowable Conditions including formatting and additions

Reviewed and approved their meeting dates and draft workplan for 2023.

The next subcommittee is scheduled for January 27, 2023.

All motions are subject to Partnership approval.

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.

DRAFT

Miami-Dade County Ryan White Program
Oral Health Care Standards

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).

DRAFT

Miami-Dade County Ryan White Program
Oral Health Care Standards

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

Miami-Dade County Ryan White Program
Oral Health Care Standards

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 indicated • 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.

DRAFT

Miami-Dade County Ryan White Program
Oral Health Care Standards

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.

DRAFT

Miami-Dade County Ryan White Program
Oral Health Care Standards

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.

DRAFT

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

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~~e~~xceptions 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~~.

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.

Labs maybe request of physicians as clinically indicated by the dentist.

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. 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.

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 Viral Load and CD4 lab test results within 366 days, 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

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

DRAFT

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.

DRAFT

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.

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.

DRAFT

DRAFT

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);

DRAFT

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.

DRAFT

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

DRAFT

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**

DRAFT

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.**

DRAFT

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

MIAMI-DADE HIV/AIDS PARTNERSHIP

Memo

To: Care and Treatment Committee Members

From: Marlen Meizoso

Date: January 9, 2023

Re: 2023 Elections

At the next Care and Treatment Committee meeting, we will be holding elections for officers. The Chair, Dr. Diego Shmuels, is eligible and interested in a serving a second term, but the Vice-Chair, Frederick Downs, Jr., declined.

Any eligible candidates interested in being on the ballot as an officer must contact me ASAP.

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 interested in being placed on either ballot, please contact me at 305-445-1076 or by email at marlen@behavioralscience.com.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

MEDICAL CASE MANAGEMENT, INCLUDING TREATMENT ADHERENCE SERVICES

(Year 33 Service Priorities: #~~1~~2 for Part A and #1 for MAI)

Medical Case Management, including Treatment Adherence Services (hereinafter referred to as Medical Case Management) are core medical services. The local Ryan White Program Medical Case Management service category has two (2) distinct components: **Medical Case Management and the Peer Education and Support Network (PESN)**. ~~P~~*Subrecipient pr~~o~~viders ("providers") are required to offer both components of this service category.* Medical Case Management services help clients improve health outcomes. As such, Medical Case Management providers should be able to analyze the care that a client receives to ensure that the client is obtaining the services necessary to improve his, her or their health outcomes.

The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB) defines Medical Case Management as a range of client-centered activities focused on improving health outcomes in support of the HIV Care Continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all methods of encounters (e.g., face-to-face meetings, phone contact, and any other documented forms of communication). Key activities include: 1) initial assessment of service needs (including review of medical, financial, social, and other needs, upon intake); 2) development of a comprehensive, individualized service plan (including coordination of services required to implement the plan); 3) timely and coordinated access to medically appropriate levels of health and support services and continuity of care; 4) continuous client monitoring to assess the efficacy of the care plan; 5) re-evaluation of the care plan at least every six months with adaptations as necessary or more often as needed; 6) ongoing assessment of the client's and other key family members' needs and personal support systems; 7) treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and 8) client-specific advocacy and/or review of utilization of services. In addition to providing the medically oriented services above, Medical Case Managers may also provide benefits/entitlement counseling and referral activities (to core medical and support services) by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare, Medicare Part D, State AIDS Drug Assistance Program, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the ACA Health Insurance Marketplaces/Exchanges).

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 a Medical Case Management visit shall be reported in the Medical Case Management service category (using the ADH billing code indicated below); whereas,

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).

The purpose and objectives of Medical Case Management are: 1) to maintain the client in ongoing medical care and treatment to improve client health outcomes; 2) to coordinate services across funding streams; 3) to reduce service duplication across providers; 4) to assist the client with accessing needed services; 5) to use available funds and services in the most efficient and effective manner; 6) to increase the client's adherence to the care plan (i.e., medication regimen) through counseling; 7) to empower clients to remain as independent as possible; and 8) to control costs while ensuring that client needs are properly addressed.

MEDICAL CASE MANAGEMENT COMPONENTS

I. ***Medical Case Management:*** Medical Case Managers must be knowledgeable about the diversity of programs and be able to develop service plans from various funding streams. They are responsible for helping clients access needed services, not just Ryan White Program-funded services. Medical Case Managers will continue to have a training emphasis on addressing client housing issues (e.g., instability, homelessness, etc.) and identifying available housing assistance programs in Miami-Dade County, among other training topics.

Locally, in addition to the key activities indicated above, Medical Case Managers are responsible for performing the following functions: 1) conducting the initial intake; 2) managing and coordinating referrals, assisting with initial appointments, and coordinating services identified in the care plan, etc.; 3) monitoring client adherence to the care plan and medication regimens, as well as ensuring that service providers involved in the client's care are rendering services as requested; 4) evaluating services provided to the client by all funding sources to determine consistency with the established care plan; 5) conducting secondary prevention; and 6) closing client cases when warranted and documenting the reason for case closure. Medical Case Managers should regularly use special client-related views and reports in the Provide® Enterprise Miami data management system to identify any clients who may be at risk for falling out of care, and follow-up as appropriate (including a referral to Outreach Services if allowable) to locate the client and bring them back into care. A CD4 lab test result is optional following the U.S. Department of Health and Human Services (DHHS) treatment guidelines.

Medical Case Managers are expected to review, understand, and comply with the related case management activities indicated throughout the service definition as stated above in the Health Insurance Assistance section of this Service Delivery Manual.

II. ***Peer Education and Support Network (PESN):*** At the option of the client, the Medical Case Management agency will assign a "Peer" (variously designated as Peer Educator, Peer Navigator, or Case Aides) who is a person ~~with~~ living with HIV to provide "peer support," including client orientation and education about health and social service delivery systems. These Peers may assist with initial client intake, paperwork and applications for financial and medical eligibility, educating new clients on the process of accessing core and support services, encouraging treatment adherence, as well as accompanying clients to initial appointments for medical care and other services. These Peers may also make phone calls or send mail, including electronic mail, (where authorized by the client) to clients for the purpose of reminding them of medical appointments, in order to improve the client's attendance and reduce no- shows. These Peers are restricted from completing Ryan White Program In-~~-~~Network Referrals, Plans of Care, and ~~Comprehensive~~ Health Assessments, as these are functions of a Medical Case Manager. These Peers may also provide basic stress management guidance to their clients. For a description of Peer Education and Support Network (PESN) Essential Functions, see Section VII of this Service Delivery Manual.

Support group meetings and related activities are not an allowable function of the local PESN services.

The Peer will have basic knowledge of HIV/AIDS services and receive the necessary training on HIV funding streams from the Peer's Medical Case Management agency and other resources.

As incentives for productivity, PESN subrecipient providers are encouraged to provide the Peer with educational opportunities, as well as a standard living wage and medical benefits.

If the client decides not to access the PESN services, then the Medical Case Manager will also be responsible for providing the following services: 1) presentation of information regarding the HIV service delivery system across funding streams, and 2) assistance to clients in preparing applications for other benefit programs.

The following requirements apply to both Medical Case Management and PESN services (including Minority AIDS Initiative services) as indicated:

~~**A.**~~ **Program Operation Requirements:** ~~P~~Subrecipient providers must ensure that Medical Case Management services include, at a minimum, the following: peer support, assessment, follow-up, direction of clients through the entire system of health and support services, and facilitation and coordination of services from one service provider to another. Subrecipient p~~P~~roviders of Medical Case Management services are expected to educate clients on the importance of complying with their medication regimens.

~~**B.**~~**A.**

Medical Case Managers and Peers operate as part of the clinical care team and must maintain frequent contact with other providers (the client's Physician, other medical practitioner, Nutritionist, Pharmacist, Mental Health or Substance Abuse Counselors, HOPWA Housing Specialist, etc.) and with the client in order to assure the client adheres to medication regimens and ensure that the client receives coordinated, interdisciplinary support for adherence, attendance at medical care appointments, picking up prescriptions and re-fills, and assistance in overcoming barriers to meeting treatment objectives.

Medical Case Management providers are expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and to ensure that immediate follow-up is available for clients who miss their prescription refills, physician visits, and/or who experience difficulties with adherence. Medical Case Management providers must ensure that the client is knowledgeable about HIV/AIDS; understands CD4 count, viral load, adherence and resistance concepts; understands the reason for treatment; identifies and addresses the possible factors or barriers affecting treatment adherence; and understands his/her/their treatment regimen to the best of the client's ability.

1. Medical Case Manager Qualifications:

Providers of this service will adhere to the educational and training requirements of staff as detailed in the *Ryan White Program System-wide Standards of Care* and the *Ryan White Program Medical Case Management Standards of Service* (see Section III of this FY 202~~2~~3 Service Delivery Manual), as may be amended.

2. Provider Requirements:

a) Providers will be expected to report to Miami-Dade County the following, in the contract scope of services and/or upon request:

- An explanation of the training -- including RWP Basic Training, cultural sensitivity training, CQM training and other trainings as may be required by the RWP Recipient -- that has been and will be offered to Medical Case Managers, MCM Supervisors, and Peers.

- An explanation of how a client's adherence to treatment will be monitored and how adherence problems will be identified and resolved.

- An explanation of how the provider will serve clients who speak English, Spanish, and Creole or who have limited language proficiency. **Medical Case Management providers must**

budget for the following expenses or otherwise accommodate client needs for: American Sign Language interpreter, foreign language interpreter, Braille, and other materials to accommodate clients with disabilities, limited English language proficiency, and/or low literacy levels.

- A description of linkage agreements in place with other HIV/AIDS service providers.

- As the Ryan White Program is the payer of last resort, clients who have Medicaid Managed Medical Assistance (MMA) or Long-Term Care (LTC) plans are not eligible to receive case management or referral services from the local Ryan White Part A/MAI Program. The MMA and LTC plans are contractually required to provide their clients with case management/care coordination.

b) **Required Forms.** Medical Case Management staff will utilize Ryan White Program standardized forms, as approved by the Miami-Dade HIV/AIDS Partnership and the County, for all Medical Case Management functions.

c) **Referrals.** All referrals made by Part A or MAI-funded Medical Case Managers to Ryan White Program services must be made utilizing the Ryan White Program In Network Referral process, which is available through the Provide® Enterprise Miami data management system. Referrals **cannot** be made for services not documented in the client's Action Plan (formally referred to as the Plan of Care). However, in the case of emergency, an Action Plan ~~Plan of Care~~ may be amended within two (2) business days to allow for the referral. Referrals for non-Part A or non-MAI services made by Part A/MAI Medical Case Managers will use the general certified referral form in the Provide® Enterprise Miami data management system. Referrals made to Part A/MAI services by non-Part A or non-MAI funded case managers will use the Out of Network (OON) referral form available from the County's Office of Management and Budget-Grants Coordination – Ryan White Program. The OON Referral must be accompanied by appropriate supporting documentation and signed consents.

All referrals from Medical Case Management services to Ryan White Part A Program 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.

d) **Caseload.** Medical Case Managers should have an active caseload of no more than 70 clients. Clients limited to only "situational needs" should not be included in the "active" caseload count.

Commented [RL1]: The meaning of "situational needs" must be clarified by the Care and Treatment Committee.

e) **Peer schedules.** Providers are reminded that some P"~~p~~eer" workers may be eligible for disability income and/or other supplemental income. Consequently, a part-time work schedule should be well-planned to meet the needs and benefits of the P~~p~~eer employee.

f) ~~**Comprehensive**~~ **Health Assessments.** Medical Case Managers are expected to complete a ~~Comprehensive~~ Health Assessment annually for each client as may be amended via formal written notification from the Recipient (i.e., Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program). Updates to the Health Assessment~~Comprehensive Health Assessment~~ should be conducted as needed during the year.

g) **Progress Notes.** Services must be documented in progress notes in a timely manner, preferably within 24 hours of service, but no later than 48 hours (i.e., 2 business days) after occurrence, unless the timeframe is suspended by the Miami-Dade County Office of Management and Budget during declared emergencies at the state or local level (e.g., during public health emergencies, hurricanes, etc.). Any Medical Case Management or Peer Education and Support Network encounter not properly recorded in the Provide® Enterprise Miami data management system within 48 hours (i.e., 2 business days) will be rejected in the system, unless the timeframe is suspended as noted above. When needed, requests for an override related to this type of rejection may be submitted to Miami-Dade County-Office of Management and Budget/Ryan White Program for review through the Provide® Enterprise Miami data management system. A reasonable justification for the delay in recording an encounter must be included for review of related override requests. Depending on the agency's reason for the delay, the County may opt to disallow the encounter.

A reasonable justification for the delay in entering a timely progress note would include the following, if such reason caused the Medical Case Manager, Peer ~~Educator~~, or the Medical Case Management Supervisor to miss the 48-hour time limit for entering progress notes:

- An event beyond the Medical Case Manager, Peer ~~Educator~~, or Medical Case Management Supervisor's control, such as an illness, proven data system (e.g., Provide® Enterprise Miami

data management system or provider's electronic medical record data system) access issues, public health emergencies, or extreme weather events directly affecting program operations.

- A documented and previously approved event such as the aforementioned staff persons' vacation or attendance at a Ryan White Program meeting or training.

~~h)~~ **Staff Training.** Medical Case Management staff (Medical Case Managers, Peers, and Medical Case Management Supervisors) must attend periodic training provided by the Ryan White Program's Clinical Quality Management and Training Program provided by BSR. In addition, effective ~~April 7~~April 7, 2017, any new ~~hire~~ Medical Case Managers, Peers, and Medical Case Management Supervisor~~s~~ hires under the Ryan White Part A or MAI Programs must complete all 13 of the Southeast AIDS Education and Training Center's (SE- AETC) web-based Medical Case Management ~~Curriculum~~ and Cultural Competency ~~Curriculum~~ curricula~~a modules as required~~ as required and ~~and~~ as may be amended by the local Recipient~~Ryan White Part A Program~~ **prior to** being approved for Provide® Enterprise Miami User Access. These curricula modules are indicated on the local Ryan White Program's AETC Training Module Checklist, and the modules can be accessed at the following website: https://www.seaetc.com/modules/. Time spent completing the SE-AETC training modules **cannot** be charged to the local Ryan White Part A/MAI Programs.

~~i)~~h)

~~C.~~B. **Additional Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Program Medical Case Management Standards of Service.* (Please refer to Section III of this FY 202~~2~~3 Service Delivery Manual for details, as may be amended.)

~~D.~~C. **Rules for Reimbursement:** The units of service used for Medical Case Management and PESN reimbursements are as follows. ***(IMPORTANT NOTE****: except for MCM and PESN (when referring to staff or service category), OMB, HIV/AIDS, and HIPAA, all acronyms used in this section are billing codes.)*

1. *Medical Case Management (MCM) Services* are reimbursed by unit cost, where one unit equals one minute of actual time, at rates not to exceed $1.15 per unit/minute. See table below.

2. *Peer Education and Support Network (PESN) Services* are reimbursed by unit cost, where one unit equals one minute of actual time, at rates not to exceed $0.65 per unit/minute. See table below.

3. Providers are required to document each unit of service performed (including the type of encounter and length of time spent) as face-to-face encounters, tele-medical case management, plan of care, adherence counseling, or other activities conducted with or on behalf of a client. These units [i.e., service code(s) and time spent] shall be entered in the Provide® Enterprise Miami data management system when documenting each client's progress log and for billing purposes. Units of service must be documented and reported separately for PESN and Medical Case Management services.

4. Client eligibility screening for voucherable~~le~~ services (e.g., Medical Transportation vouchers) is billable as a unit of service depending on the amount of time spent with the client. Costs related to the ***actual distribution of voucher services*** should be covered under the dispensing charge allowed for handling of vouchers under the Medical Transportation service category (i.e., discounted transportation EASY Tickets or limited ride-share).

   Medical case management staff cannot use MCM encounter billing codes for time spent scheduling ride-share (e.g., Uber or Lyft) trips for a client with the ride-share transportation company. This activity is part of the dispensing fee allowable under the Medical Transportation service category if line items other than purchasing ride-share trips are included in the Medical Transportation budget.

   Adherence and care coordination efforts to secure the medical or social service (e.g., appointment with a provider) a client uses ride-share services to attend may be billed by Medical Case Management staff using the appropriate code (e.g., ADH, POC, COL, etc.) from the table directly below. In such cases, medical case management staff should take this opportunity to ask if the client was satisfied with the medical or social service appointment, if the client understood what was covered during the appointment, and if other care coordination or referral is needed as a result of the appointment.

5. No two Peers ~~Educators~~ can bill for the same time and for the same client when specifically using the Face-to-Face (FFE) and Adherence (ADH) services codes.

6. The following table reflects MCM and PESN encounter/activity billing codes (in alphabetical order **by code**) that are active in FY 202~~2~~3:

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Affordable Care Act (ACA) Health Insurance Marketplace	**ACA**	This code includes any and all activities with or on behalf of the client, such as researching health insurance plans, discussing plan options, assisting with the application process, communicating with American Exchange LLC on behalf of the client, and documenting all efforts, related to the client's enrollment in private insurance through the Affordable Care Act Health Insurance Marketplace. This code also includes time spent explaining the health insurance plan to client, how it works, what documents the client is required to present, as well as what benefits and restrictions the client has under the plan. Do NOT use this ACA code to record time spent actually enrolling a client on-line in an ACA Marketplace health insurance plan overseen by American Exchange or other third-party ACA enrollment agents. ~~(i.e., Time activities~~ spent navigating or ~~directly~~ enrolling clients on~~-~~ line at www.healthcare.gov are not billable to the local Ryan White Program~~)~~.
Adherence Counseling	**ADH**	This code includes adherence activities with the client such as medication counseling, risks and benefits of treatment, compliance with treatment regimen, education on medication resistance, compliance with medical and other core service appointments, and review of HIV case management portal information. Do NOT use this ADH code to record time spent by a medical provider (Physician, Advanced Practice Registered Nurse, Physician Assistant, etc.) providing adherence counseling, as this would be billed under the Outpatient/Ambulatory Health Services category.
Case Closure Activity	**CCA**	This code includes activities related to closing a client's case at the medical case management agency and in the Provide® Enterprise Miami data management system. The limit for this activity per client is 30 units (i.e., 30 minutes; see "Definition of a Unit" above).

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Collateral Contacts	**COL**	This code is to be used by Peer/Peer Educators/Peer Navigators and Medical Case Management Assistants **only** to record communication with other care providers **inside** and **outside** of the Peer or Medical Case Management Assistant's own agency for **all** coordination of care activities conducted on behalf of the client. This includes telephone contacts or other electronic methods of communication (e.g., email or fax) with the outside or inside agency to obtain or provide additional information for the client's care. This code may also be used to document travel time with or on behalf of the client that is specific to care coordination, linkage to care, or retention in care activities conducted by Peer Educators or Medical Case Management Assistants. In such cases, documentation in the client chart must include reason for travel in relation to care coordination, linkage to care, or retention in care. This code **cannot** be used when pulling a chart to copy documents for a client's personal use or for filing documents. Instead, use the DOC billing code for pulling a chart or filing. Medical Case Managers and Medical Case Management Supervisors **cannot** use the COL code. Medical Case Managers and Medical Case Management Supervisors must use POC for **all** Plan of Care and coordination of care activities. See POC section below.
Consulting w/ Staff	**CON**	This code includes activities related to case consultation with internal staff. This code may **only** be billed by the agency's OMB-authorized Medical Case Management Supervisor or Lead Medical Case Manager.

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Documentation	**DOC**	This code includes activities related to documenting any encounter in the Provide® Enterprise Miami data management system, such as the progress note, face-to-face encounter, telephone contact, etc. This service code also includes time spent organizing the client record or filing, looking up, or pulling documents to make copies that are unrelated to coordination of care for the client. This code also includes conducting peer reviews of client charts. **Do <u>not</u> use this DOC code to record documentation of activities related to the client's care plan. Instead use POC to record <u>any</u> Plan of Care activity conducted by the Medical Case Manager or Medical Case Management Supervisor.** **Supervisors should NOT use this DOC code when advised by Miami-Dade County's Ryan White Program staff as part of a billing or site visit review that a progress note needs to be reviewed, corrected and resubmitted.**
Adherence Encounter by Eligibility Specialist (with Bachelor's Degree)	**EDA**	This code is **only** for use by OMB-authorized Eligibility Specialists who have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., Bachelor's degree) (billable at $1.15 per minute). This code is to be used **only** by authorized persons when communicating the importance of treatment adherence to clients during a corresponding Eligibility Specialist encounter. **For treatment adherence activities conducted by Medical Case Managers, Peers, or Medical Case Management Supervisors, use the ADH code.**

Medical Case Management & PESN		
Activity (with Limitation, if applicable)	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Eligibility Specialist (with Bachelor's Degree)	**EDE**	This code is **only** for use by OMB-authorized Eligibility Specialists who have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., Bachelor's degree) (billable at $1.15 per minute). This code is to be used **only** by authorized persons completing Ryan White Program eligibility and facilitating the financial eligibility review process at Jackson Health System for purposes of assisting eligible clients in obtaining a Jackson Health System/Jackson Memorial Hospital "J card" with the "IO1" designation of the Ryan White Program as the payer source.
Adherence Encounter by Eligibility Specialist (no degree)	**ENA**	This code is **only** for use by OMB-authorized Eligibility Specialists who do not have a Bachelor's degree (billable at $0.65 per minute, similar to a peer or medical case management assistant). This code is to be used **only** by authorized persons when communicating the importance of treatment adherence to clients during a corresponding Eligibility Specialist encounter. **For treatment adherence activities conducted by Medical Case Managers, Peers, or Medical Case Management Supervisors, use the ADH code.**
Eligibility Specialist (no degree)	**ENE**	This code is **only** for use by OMB-authorized Eligibility Specialists who do NOT have educational qualifications similar to a Ryan White Program Medical Case Manager (i.e., no degree) (billable at $0.65 per minute). This code is to be used only by authorized persons completing Ryan White Program eligibility and facilitating the financial eligibility review process at Jackson Health System for purposes of assisting eligible clients in obtaining a Jackson Health System/Jackson Memorial Hospital "J card" with the "IO1" designation of the Ryan White Program as the payer source.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

EMERGENCY FINANCIAL ASSISTANCE

(Year 32 Service Priorities: #4~~11~~ for Part A and #~~7~~ 6 for MAI)

Emergency Financial Assistance is a support service. Under the local Ryan White Part A and MAI Programs, Emergency Financial Assistance provides limited one-time or short-term provision of approved formulary HIV/AIDS-related medications only, either directly or through a voucher program, while a client's eligibility for medication assistance is pending with a third-party payer. Subrecipients must be a Ryan White Part A or MAI Program-funded subrecipient also receiving AIDS Pharmaceutical Assistance (Local Pharmaceutical Assistance Program) funding and must have a current Public Health Service 340B certification from the federal Office of Pharmacy Affairs. It is expected that all other sources of funding in the community for emergency assistance will be effectively used and that any allocation of Ryan White Part A or MAI Program funds for these purposes will be as the payer of last resort, and for limited amounts, use and periods of time.

Currently, these funds are limited to the provision of short-term access to antiretroviral medications (ARV) for clients participating in the Test and Treat / Rapid Access (TTRA) protocol. In such instances, these services would only be used when the Florida Department of Health's financial resources for ARV medications under the local TTRA protocol have been depleted and the client is not yet enrolled in ADAP. Only clients whose gross household income is at or below 400% of the Federal Poverty Level and have a pending application with a third-party payer (e.g., ADAP or private insurance) are eligible for this assistance. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. Direct cash payments or reimbursements to a program client are not permitted.

Medications in the TTRA protocol, as may be amended based on guidance from the Florida Department of Health in Miami-Dade County, include:

- Biktarvy®
- Descovy® + Prezcobix®
- Dovato®
- Symtuza®
- Tivicay® + Descovy®

Medications in the TTRA protocol for women of childbearing potential (or for women presenting with pregnancy potential on inadequate contraception), as may be amended based on guidance from the Florida Department of Health in Miami-Dade County, include:

- Tivicay® + Truvada®
- Tivicay® + Descovy®
- Prezista® + Norvir®

IMPORTANT NOTES:

1) Tivicay® (dolutegravir) replaced Isentress® as a regimen appropriate and recommended for women at all stages of pregnancy – conception to birth. Tivicay® may be used with either Truvada® or Descovy®. The Panel on Treatment of Pregnant Women with HIV Infection and Prevention of Perinatal Transmission (the Panel) recommends dolutegravir (DTG) as a Preferred antiretroviral (ARV) drug throughout pregnancy and now also recommends DTG as a Preferred ARV for women who are trying to conceive. (2/10/2021)

2) Dovato® (dolutegravir/lamivudine) has clinical data on use in the Test and Treat scenario (STAT clinical trial). Dovato® samples or vouchers can be obtained from ViiV Healthcare pharmaceutical representatives for use in subrecipient clinic(s). As such, the Florida Department of Health cannot be invoiced for this medication.

3) Symtuza®; subrecipients / service providers may prescribe this medication, but they must use the voucher provided by Janssen Pharmaceuticals to cover the cost of this medication. As such, the Florida Department of Health cannot be invoiced for this medication.

4) Should the need arise (i.e., when Florida Department of Health's TTRA medication funds are depleted) to implement this service category, the funds available under this service category may increase through the Reallocations/Sweeps process. Furthermore, if this service category is implemented, the rules under AIDS Pharmaceutical Assistance (Local AIDS Pharmaceutical Assistance Program) apply, except for the allowable medications which are limited to the most current, locally-approved medications for the TTRA protocol.

~~5) As the Ryan White Program is payer of last resort, subrecipients (service providers) are encouraged to utilize pharmaceutical samples whenever possible.~~

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

HEALTH INSURANCE PREMIUM AND COST SHARING ASSISTANCE FOR LOW-INCOME INDIVIDUALS (HEALTH INSURANCE ASSISTANCE)

(Year 3~~2~~3 Service Priority: #~~6~~ 8 for Part A only)

Health Insurance Premium and Cost Sharing Assistance for Low-income Individuals (Health Insurance Assistance) is a core medical service category. This service category includes the provision of financial assistance paid on behalf of eligible clients living with HIV or AIDS to maintain continuity of health insurance or to facilitate receiving medical and pharmacy benefits under a health care coverage program (health insurance policy). As funded by the local Ryan White Part A Program, this service is available to assist low income, program-eligible clients with cost sharing out-of-pocket health insurance expenses (i.e., copayments and deductibles), where program-allowable and as defined herein. In all cases, a complete financial assessment and disclosure from the client are required. No payments or reimbursements can be made directly to a client.

For clients to obtain Ryan White AIDS Drug Assistance Program (ADAP)-funded health insurance premium assistance, the local Ryan White Part A Program must ensure that clients are selecting health coverage that, at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each, drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services (DHHS) Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services. The local Ryan White Part A Program must also assess and compare the aggregate cost of paying for the health insurance option versus paying for the full cost for medications and other appropriate HIV Outpatient/Ambulatory Health Services to ensure that purchasing health insurance is cost effective in the aggregate, and allocate funding to this service category only when determined to be cost effective.

In Miami-Dade County, Health Insurance Assistance is divided into two (2) major categories: 1) limited assistance with private health insurance, employer-sponsored health insurance, or ADAP Premium Plus wraparound assistance for clients with COBRA coverage, which is identified in program components I, III, and IV directly below; and 2) assistance with the Federal Health Insurance Exchange [i.e., Affordable Care Act (ACA) Marketplace], which is identified in program component II (II.A. through II.C.) directly below. Federal funding under this service category may not be used to supplant existing federal, state, or local funding for health insurance premium and cost-sharing assistance.

Locally, stand-alone dental insurance assistance is not covered under this service category.

Health Insurance Assistance under this service category is available to program-eligible people with HIV (clients) only. If a Family Plan is selected, the Ryan White Program will only provide assistance, where applicable, for the program-eligible person with HIV (client) . No HIV negative persons in a Family Plan will receive this assistance.

Additionally, all costs in a Family Plan must be separated out, so that the costs specific to the person(s) with HIV [client(s)] are clearly indicated.

A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service and must be updated prior to the end of the client's health insurance policy year. The client's insurance policy information including benefits, policy number, and billing ID number is required in order to process the request for Health Insurance Assistance.

For Medicare Part D recipients, any client whose gross household income falls below 150% of the 202~~2~~3 Federal Poverty Level (FPL) must be enrolled in the Low Income Subsidy (LIS) Program. In addition, for Medicare Part D 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.

I. – III. ADAP PREMIUM PLUS (INCLUDING COBRA), EMPLOYER-SPONSORED INSURANCE, PRIVATE HEALTH INSURANCE

I. ADAP Premium Plus Program

The ADAP Premium Plus program is a Florida Department of Health (FDOH) AIDS Drug Assistance Program (ADAP) service for eligible clients who need help paying their health insurance premiums, as well as medication copayments and deductibles for medications on the Florida ADAP Formulary at http://www.floridahealth.gov/diseases-and-conditions/aids/adap/adap-formulary.html. This assistance is available through ADAP to clients who meet ADAP eligibility requirements, are subsequently enrolled in ADAP, and continue to re-certify their eligibility in ADAP every six (6) months; and is subject to Florida ADAP rules, requirements, and limitations. (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.)

Florida ADAP's Premium Plus program offers the following two (2) types of services:

- Assistance with Medication Copayments and Deductibles (ADAP Formulary medications only):
    - Available to eligible individuals enrolled in ADAP with the following insurance types only:
        - Medicare Part D
        - Medicare Advantage
        - Employer-sponsored insurance (group health insurance)

- Affordable Care Act (ACA) Marketplace health insurance policies where the premiums are paid by ADAP

- Full Benefit Assistance:

  - Assistance with premium payments and ADAP formulary drug copayments and/or deductible costs. ADAP offers full benefit assistance for individuals with the following insurance types only:

    - Employer-sponsored insurance (group health insurance)
    - COBRA (Consolidated Omnibus Budget Reconciliation Act)*
    - ADAP-approved ACA Marketplace health insurance plans*

***IMPORTANT NOTES:**

- The local Ryan White Part A Program does not provide premium or deductible assistance to clients in the ADAP Premium Plus program.

- Limited Part A copayment assistance is available only to ADAP Premium Plus clients with a COBRA or ADAP/Part A-approved ACA Marketplace health insurance plan. See Section II.A. through II.C. below.

  - This limited copayment assistance includes program-allowable doctor office visit copayments, lab and diagnostic copayments, and non-ADAP formulary prescription drug copayments (as long as the medication is on the local Ryan White Part A Prescription Drug Formulary); and within Part A Program limitations.

  - Clients with COBRA coverage (whether or not the COBRA plan is an ACA plan) or an ADAP/Part A-approved ACA Marketplace health insurance plan who need Part A assistance with these copayments may do so following the guidelines in Section II.B. ADAP/PART A ACA Wraparound Copayments, directly below. A Ryan White Program In Network Referral from a Ryan White Program Medical Case Manager, or an Out of Network Referral (with supporting documentation), is required to obtain this assistance. With such referral, a GAP Card reflecting "Premium Plus" wraparound coverage will be provided to eligible clients to facilitate the process.

  - The following billing codes must be used for ADAP Premium Plus clients where Part A is paying the following program-allowable copayments or deductibles:

- ADAP Premium Plus – Non-ADAP drugs, use billing code **APPDRG**
- ADAP Premium Plus – Doctor Office Visit, use billing code **APPOV**
- ADAP Premium Plus – Lab & Diagnostics, use billing code **APPLAB**

II. Local Implementation of the Affordable Care Act (Federal Health Insurance Exchange)

According to the Affordable Care Act (ACA), the current Federal healthcare law (which is subject to change), individuals must have healthcare coverage that meets Minimum Essential Coverage. Minimum Essential Coverage (MEC) is defined as the type of coverage an individual must have to meet the individual responsibility requirement under the ACA. More information regarding the MEC's "10 essential health benefits" can be found at the following web page: https://www.healthcare.gov/coverage/what-marketplace-plans-cover/.

Ryan White Part A/MAI Program Medical Case Managers will continue to facilitate the process of identifying clients who are eligible to enroll in an ACA Marketplace health insurance plan. Once an ACA-eligible client is identified, wherever applicable and in order to ensure the Ryan White Program is the payer of last resort, the Medical Case Manager will inform the client that they are eligible to enroll in an appropriate, cost-effective health insurance plan during the open enrollment period, or at other allowable times due to a qualifying event (see www.healthcare.gov for details). The Medical Case Manager will also explain the benefits of enrolling in a health insurance plan and inform the client of any assistance for which they may qualify. The Florida AIDS Drug Assistance Program (ADAP) will be paying the ACA Marketplace health insurance premiums for calendar years 2022~~3~~3 and 2023~~4~~4. In order to obtain this assistance, clients will need to enroll in ADAP, re-certify their eligibility in ADAP every ~~six months~~366 days, and remain adherent to their ARV treatment plan. (~~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.)~~ The Medical Case Manager will assist with the local Part A Program-approved enrollment process and will make appropriate referrals for Wraparound assistance to the contracted Ryan White Part A Health Insurance Assistance subrecipient (currently Miami Beach Community Health Center, Inc.) who will complete the process and make appropriate copayment and deductible payments on behalf of ACA-eligible/enrolled clients.

Medical Case Managers are expected to discuss and complete all of the necessary Ryan White Part A Program paperwork with the ACA-eligible client and assist with the enrollment following the local Part A Program-approved enrollment process.

Medical Case Managers of ACA-eligible clients will assist their clients in clearly communicating the client's health care needs (e.g., HIV status, specialty care needs, physician preferences, prescribed medications, etc.), using the local ACA Assessment form. Once completed, this form will be submitted to the designated Centralized Enrollment Specialist (currently American Exchange LLC) for assistance with evaluating the health care plan options that meet the client's individual needs and are cost effective; then, identifying the best option(s) for the client.

Until further notice, it is important to note that the Ryan White Program's Federal funding source, the Health Resources and Service Administration (HRSA), requires Ryan White Programs to "vigorously pursue" enrolling eligible clients in an ACA Marketplace health insurance plan. Furthermore, HRSA requires Ryan White Programs to "vigorously pursue" reconciliation of any Advanced Premium Tax Credits in relation to any Ryan White Program financial assistance provided to maintain access to such health insurance benefits. For this reason, clients receiving this assistance are required to file Federal income tax returns, where applicable, and submit copies of these returns and reconciliation reports to their Medical Case Manager for possible repayment to the Ryan White Program (Part A or ADAP). Clients who are not required to file an annual federal income tax return must submit to their Medical Case Manager at the time of ACA enrollment proof that they are not required to file taxes. For purposes of compliance with Federal mandates related to the Affordable Care Act, "vigorously pursue" includes the following:

- Identify clients who are eligible to enroll in the ACA Marketplace, or identify clients who qualify for an ACA exemption;
  - Note: Per local requirements, clients eligible to participate in the ACA Marketplace will need to enroll with the Florida AIDS Drug Assistance Program (ADAP for assistance with health insurance premium payments for 202~~2~~3 and 202~~3~~4 plan policies.)
- Inform ACA-eligible clients of the requirements to have Minimum Essential Coverage;
- Discuss the benefits of having health insurance with the ACA-eligible clients;
- Assist ACA-eligible clients with enrollment in the ACA Marketplace [accomplished locally through the designated Centralized Enrollment Specialist (i.e., currently, through American Exchange LLC)];
- Document ACA enrollments and non-enrollments; and
- Reconcile Advanced Premium Tax Credits with any related tax refunds.

If a client is found to be ACA-eligible but chooses not to enroll in a health insurance plan, the Medical Case Manager must document the client's reason for not enrolling, based on the client's completion of the local ACA Decline form in the client's own words. This communication with the client must be documented by

the Medical Case Manager in the individual progress notes in the client's chart and in the Provide® Enterprise Miami data management system.

Clients must also be informed that the Ryan White Part A Program is not allowed to assist the clients with paying any fees/penalties from prior years that are associated with the client not having health insurance.

If a client was eligible to participate in an ACA Marketplace health insurance plan up to and including calendar year 2018, but chose not to enroll, the client may have been charged an "individual shared responsibility payment" by the United States Internal Revenue Service (IRS). (The fee is sometimes called the "penalty," "fine," or "individual mandate.") This penalty was no longer applicable beginning in calendar year 2020.

Clients are strongly encouraged not to enroll in an ACA Marketplace health insurance plan on their own and not to allow the ACA Marketplace to automatically reenroll them. Clients who enroll on their own or allow the ACA Marketplace to automatically re-enroll them may inadvertently choose a plan that is not cost effective, does not sufficiently cover their needs, or does not meet the ADAP program guidelines or limitations for assistance. Furthermore, ADAP clients who enroll on their own in the ACA Marketplace may lose all access to ADAP assistance with ADAP prescription drugs, ACA premiums, and ACA drug copayments; and may lose access to Wraparound assistance with allowable copayments and deductibles from the Ryan White Part A Program.

The following documents provide additional guidance related to local implementation of and assistance with the ACA (See Section IX, Local Implementation of the Affordable Care Act Requirements, of this FY 2022 Ryan White Part A Program Service Delivery Manual):

- ACA Matrix
- ACA Assessment tool
- ACA Acknowledgment form
- ACA Decline form, when applicable (i.e., when a client chooses not to enroll in the ACA, use this form ONLY AFTER the benefits of obtaining health insurance have been fully explained to the client)
- ACA GAP Card
- Policy on Reconciliation of Advanced Premium Tax Credits
- Policy on Refunds

Referrals to Ryan White Part A Program Health Insurance Assistance (each component) will expire annually on the date the policy period ends. The client's assigned Medical Case Manager will receive a reminder prior to expiration of the referral.

Local Ryan White Part A Program assistance for ACA Marketplace health insurance plans is limited to <u>Wraparound, program-allowable copayment and deductible assistance.</u> No exceptions.

IMPORTANT NOTE: It is critical that all Ryan White Program Medical Case Managers: 1) follow proper and consistent directions from the Recipient (i.e., Miami-Dade County Office of Management and Budget-Grants Coordination/Ryan White Program) when screening clients for ACA participation, and 2) share a clear and appropriate message with clients regarding the local health insurance program's rules and limitations.

II.A. ADAP/Part A ACA Wraparound Project General Limitations and ADAP-approved ACA Plans

- Eligibility for this component extends to ADAP clients with incomes between 75% and 400% of the Federal Poverty Level (FPL) for plan year 202~~2~~3; for HIV- related, co-morbidity related and complications of HIV treatment related conditions only. ~~The FPL range may change for plan year 2023.~~

- Part A does **<u>not</u>** assist with these ACA premium payments, as these premiums are paid by the Florida ADAP.

- For Plan Year 202~~2~~3, Part A has limited ADAP/Part A ACA Wraparound assistance to the following <u>sixty seven</u>~~**forty-five**~~ **(<u>67</u>~~45~~)** ADAP/Part A-approved plans <u>only</u>:

  - These <u>67</u>~~45~~ ACA health plans identified by the Florida Department of Health will be available for selection in Miami-Dade County, **<u>but</u>** final plan selection is limited to a plan from this list that best meets the needs of individual clients, based on each individual's responses included in the local ACA Assessment Tool, and are cost effective:

Issuer Name	Plan Marketing Name
Florida Blue (BlueCross BlueShield FL)	BlueOptions Bronze 2119 (new)
Florida Blue (BlueCross BlueShield FL)	BlueOptions Bronze 2302s (new)
Florida Blue (BlueCross BlueShield FL)	BlueOptions Bronze 2319 (new)
Florida Blue (BlueCross BlueShield FL)	BlueOptions Gold 1505
Florida Blue (BlueCross BlueShield FL)	BlueOptions Gold 1805
Florida Blue (BlueCross BlueShield FL)	BlueOptions Platinum 1418 ~~(NEW)~~
Florida Blue (BlueCross BlueShield FL)	BlueOptions Platinum 1424
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 1410
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 1423
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver 1431 ~~(NEW)~~
Florida Blue (BlueCross BlueShield FL)	BlueOptions Silver ~~1706S~~2303S ~~——~~(2022 MAP: 1706S~~NEW~~)
Florida Blue (BlueCross BlueShield FL)~~Florida Blue (BlueCross BlueShield FL)~~	BlueOptions Gold 2304S (new)~~BlueSelect Gold 1535~~
Florida Blue (BlueCross BlueShield FL)~~Florida Blue (BlueCross BlueShield FL)~~	BlueOptions Plantinum 2305S (new)~~BlueSelect Gold 1835~~
Florida Blue (BlueCross BlueShield FL)	BlueSelect Bronze 2139 (new)
Florida Blue (BlueCross BlueShield FL)~~Florida Blue (BlueCross BlueShield FL)~~	BlueSelect Bronze 2339 (new)~~BlueSelect Platinum 1451~~
Florida Blue (BlueCross BlueShield FL)	BlueSelect Bronze 2342S (new)
Florida Blue (BlueCross BlueShield FL)	BlueSelect Gold 1535
Florida Blue (BlueCross BlueShield FL)	BlueSelect Gold 1835
Florida Blue (BlueCross BlueShield FL)	BlueSelect Gold 2344S (new)
Florida Blue (BlueCross BlueShield FL)	BlueSelect Platinum 1451
Florida Blue (BlueCross BlueShield FL)	BlueSelect Platinum 1457
Florida Blue (BlueCross BlueShield FL)	BlueSelect Platinum 2345S (new)
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 1443
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 1456
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 1464
Florida Blue (BlueCross BlueShield FL)	BlueSelect Silver 2343S (2022 MAP: 1736S)
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Gold 2156
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Platinum 2151
Florida Blue HMO (a BlueCross BlueShield FL company)	BlueCare Silver 2157
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Connected Care Silver 2230 (new)
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Connected Care Silver 2332 (new)
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Gold 1605
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Gold 2314S (new)
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 1603
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 1604
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 1710
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 2017

Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 2127
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 2313S (2022 MAP: 1712S)
Florida Blue HMO (a BlueCross BlueShield FL company)	myBlue Silver 2337 (new)

~~Issuer Name~~	~~Plan Marketing Name~~
~~Florida Blue (BlueCross BlueShield FL)~~	~~BlueSelect Platinum 1457~~
~~Florida Blue (BlueCross BlueShield FL)~~	~~BlueSelect Silver 1443~~
~~Florida Blue (BlueCross BlueShield FL)~~	~~BlueSelect Silver 1456~~
~~Florida Blue (BlueCross BlueShield FL)~~	~~BlueSelect Silver 1464~~
~~Florida Blue (BlueCross BlueShield FL)~~	~~BlueSelect Silver 1736S~~
~~BlueCare Gold 2156~~	
~~BlueCare Platinum 2151~~	
~~BlueCare Silver 2157 (NEW)~~	
~~myBlue Gold 1605~~	
~~myBlue Silver 1603~~	
~~Florida Blue HMO (a BlueCross BlueShield FL company)~~	~~myBlue Silver 1604~~
~~Florida Blue HMO (a BlueCross BlueShield FL company)~~	~~myBlue Silver 1710~~
~~Florida Blue HMO (a BlueCross BlueShield FL company)~~	~~myBlue Silver 1712S~~
~~Florida Blue HMO (a BlueCross BlueShield FL company)~~	~~myBlue Silver 2017 (NEW)~~
~~Florida Blue HMO (a BlueCross BlueShield FL company)~~	~~myBlue Silver 2127 (NEW)~~
Ambetter from Sunshine Health	Clear Silver (2022 MAP: Balanced Care 31)~~Ambetter Balanced Care 11~~
Ambetter from Sunshine Health	CMS Standard Expanded Bronze (new)~~Ambetter Balanced Care 12~~
Ambetter from Sunshine Health	CMS Standard Expanded Bronze SELECT (new)~~Ambetter Balanced Care 29~~
Ambetter from Sunshine Health	CMS Standard Expanded Bronze VALUE (new)~~Ambetter Balanced Care 31 (NEW)~~
Ambetter from Sunshine Health	CMS Standard Gold (new)~~Ambetter Balanced Care 32 (NEW)~~
Ambetter from Sunshine Health	CMS Standard Gold SELECT (new)~~Ambetter Secure Care 5~~
Ambetter from Sunshine Health	CMS Standard Gold VALUE (new)~~Ambetter Secure Care 20 (NEW)~~
Ambetter from Sunshine Health	CMS Standard Silver (new)~~Ambetter Select Gold 5 (NEW)~~
Ambetter from Sunshine Health	CMS Standard Silver SELECT (new)~~Ambetter Select Silver 11 (NEW)~~
Ambetter from Sunshine Health	CMS Standard Silver VALUE (new)~~Ambetter Select Silver 31 (NEW)~~
Ambetter from Sunshine Health	Complete Gold (2022 MAP: Secure Care 5)~~Ambetter Select Silver 32 (NEW)~~
Ambetter from Sunshine Health	Complete SELECT Gold with Select Providers (new)~~Ambetter Value Gold 5 (NEW)~~
Ambetter from Sunshine Health	Complete SELECT Silver with Select Providers (new)~~Ambetter Value Silver 11 (NEW)~~

Ambetter from Sunshine Health	Complete VALUE Gold (new)~~Ambetter Value Silver 31 (NEW)~~
Ambetter from Sunshine Health	Complete VALUE Silver (2022 MAP: Balanced Care 11)~~Ambetter Value Silver 32 (NEW)~~
Ambetter from Sunshine Health	Elite Bronze (new)
Ambetter from Sunshine Health	Elite Gold (new)
Ambetter from Sunshine Health	Elite SELECT Bronze with Select Providers (new)
Ambetter from Sunshine Health	Elite VALUE Bronze (new)
Ambetter from Sunshine Health	Enhanced Silver (new)
Ambetter from Sunshine Health	Everyday Gold (2022 MAP: Secure Care 20)
Ambetter from Sunshine Health	Everyday Silver (2022 MAP: Balanced Care 12 and 29)
Ambetter from Sunshine Health	Focused Silver (2022 MAP: Balanced Care 32)
Ambetter from Sunshine Health	Focused SELECT Silver with Select Providers (new)
Ambetter from Sunshine Health	Focused VALUE Silver (new)
Molina Healthcare	Confident Care Gold 1 ~~(NEW)~~
Molina Healthcare	Constant Care Silver 1 (2022 MAP: Constant Care 2,5,7)
~~Molina Healthcare~~	~~Constant Care Silver 2~~
~~Molina Healthcare~~	~~Constant Care Silver 5 (NEW)~~

NOTE: These plans may change for plan year 2023. FDOH will only provide premium and ARV copayment assistance for ADAP-approved plans, by county.

II.B. ADAP/PART A ACA Wraparound Copayments

This health insurance component covers limited copayment assistance for eligible clients who are enrolled in ADAP and Part A AND have an active ACA Marketplace health insurance policy where the premium is paid by ADAP, where applicable and within program limitations as detailed below.

A. Program Operation Requirements:

- ADAP covers the prescription drug copayments for all medications on the most current Florida ADAP Formulary, for eligible ADAP/clients who have an active ACA Marketplace health insurance policy under ADAP/Part A-approved health insurance plans indicated above. The following web page includes a list of the most current Florida ADAP Formulary medications: http://www.floridahealth.gov/diseases-and-conditions/aids/adap/adap-formulary.html

- Through the Ryan White Part A Program's "ADAP/Part A ACA Wraparound Project" component, eligible ADAP/Part A clients who have an active ACA Marketplace health insurance policy or a policy through COBRA (Consolidated Omnibus Budget Reconciliation Act), where ADAP pays the premiums for one of the ADAP- approved plans indicated above or pays the premium for a COBRA policy, may receive assistance with the following copayments, if the medical services are IN-NETWORK, OUTPATIENT/AMBULATORY, AND related to the client's HIV care and treatment needs, related co-morbidity, or complication of HIV treatment:

    - Physician or medical practitioner office visit copayments
    - Laboratory/Diagnostic copayments
    - Prescription drug copayments
        - Part A assistance is limited to medications found on the most current, local Ryan White Part A Program Prescription Drug Formulary. See the following web page, at the Prescription Drug Services section:
            - http://www.miamidade.gov/grants/ryan-white-program.asp#Prescription
        - This Part A assistance does **not** include medications found on the most current Florida ADAP Formulary.
        - Medications not available through the client's health insurance policy that are found on the most current, local Ryan White Part A Program Prescription Drug Formulary can be covered by the Part A Program. In such cases, the client's Medical Case Manager or external case manager

must issue a Ryan White Program In Network Referral or Out of Network (OON) Referral (with appropriate back-up documentation), respectively, for the Part A Program health insurance assistance copayment component.

- **Prescription drug copayment assistance is not provided for clients with prescription drug discount cards.**

- **Part A ACA copayment assistance is limited to program-allowable services rendered within the geographic boundaries of Miami-Dade County, with the exception of mail order for prescription drug copayments, where applicable.**

- **Providers and services that are Out-of-Network for the insurance plan are not covered.**

- **See Section IX of this Service Delivery Manual for information regarding the use of the GAP Card to facilitate access to ACA Wraparound copayment assistance. Note the deadline for submitting claims to the Part A Program.**

B. **Rules for Reimbursement:** Providers will be reimbursed for dollars expended *per ACA copayment per client, plus a dispensing rate.* Furthermore:

- Billing code **ACADRG** must be used for ADAP/Part A ACA Wraparound clients for whom Part A is paying their allowable prescription drug copayments (i.e., non-Florida ADAP Formulary medications).

  Billing code **ACALAB** must be used for ADAP/Part A ACA Wraparound clients for whom Part A is paying their allowable laboratory and diagnostic copayments.

- Billing code **ACAOV** must be used for ADAP/Part A ACA Wraparound clients for whom Part A is paying their allowable doctor/medical practitioner office visit copayments.

C. **Additional Rules for Reporting:** Monthly activity reporting for this service must be in dollars *per ADAP/Part A ACA Wraparound copayment per client*. Providers must also report the number of unduplicated clients served each month.

D. Additional Rules for Documentation: Providers must maintain proof that the health insurance policy is cost effective, provides comprehensive primary care, and has a formulary with a full range of ARV medications. Providers must also issue an annual assurance that funds were not used to cover costs of liability risk pools or social security.

II.C. ADAP/Part A Wraparound Deductible Assistance

This health insurance component is available to help maintain a client's ACA Marketplace health insurance coverage by paying the annual deductible, thereby minimizing the client's reliance on the Ryan White Part A Program for related core medical services.

A. Program Operation Requirements: The Ryan White Part A Program may assist with ACA Marketplace health insurance deductible payments for eligible client. The Ryan White Program will cover deductibles under Part A as payer of last resort if and where ADAP is unable to cover the deductible expense. Note that ADAP only pays deductibles related to medications on its prescription drug formulary.

B. Rules for Reimbursement: Providers will be reimbursed for dollars expended *per ACA deductible per client plus a dispensing rate.* Billing code **ACADED** must be used for Ryan White Part A Program clients who have an ACA Marketplace health insurance plan AND ARE ADAP clients enrolled under the ADAP/Part A ACA Wraparound Project (i.e., where ADAP is paying the premiums).

C. Additional Rules for Reporting: Monthly activity reporting for this service must be in dollars *per ACA deductible per client*. Providers must also report the number of unduplicated clients served each month.

D. Additional Rules for Documentation: Providers must maintain proof that the health insurance policy is cost effective, provides comprehensive primary care, and has a formulary with a full range of ARV medications. Providers must also issue an annual assurance that funds were not used to cover costs of liability risk pools or social security.

III. Health Insurance Deductibles

This health insurance component is available to help maintain a client's existing (non-ACA) private or employer-sponsored health insurance coverage by paying the annual deductible, thereby minimizing the client's reliance on the Ryan White Part A Program for related core medical services (e.g., Outpatient/Ambulatory Health Services, Mental Health Services, and Substance Abuse Services).

A. **Program Operation Requirements:** Under no circumstances shall payment be made directly to clients who receive this assistance. A complete financial assessment and disclosure are required.

B. **Rules for Reimbursement:** Providers will be reimbursed for dollars expended *per deductible per client, plus a dispensing rate.* Billing code **DED** must be used for this non-ACA health insurance component, when applicable.

C. **Additional Rules for Reporting:** Monthly activity reporting for this non-ACA service must be in dollars expended *per deductible per client*. The service provider must also report the number of unduplicated clients served each month.

D. **Additional Rules for Documentation:** Providers must maintain proof that the health insurance policy provides comprehensive primary care and has a formulary with a full range of ARV medications. Providers must also issue an annual assurance that funds were not used to cover costs of liability risk pools or social security.

IV. Prescription Drug Copayments and Co-Insurance

This health insurance component is available to eligible clients with (non-ACA) private or employer-sponsored health insurance who are required to pay a copayment or co-insurance for their medications but are financially unable to pay such expense.

A. **Program Operation Requirements:** Assistance for both (non-ACA) prescription drug copayments and co-insurance is restricted to those medications on the most current, local Ryan White Part A Program Prescription Drug Formulary, even if the medication is also on the ADAP Formulary. **Prescription drug copayment assistance is not provided for clients with prescription drug discount cards.**

B. **Rules for Reimbursement:** Providers will be reimbursed for dollars expended *per prescription drug copayment/co-insurance per client, plus a dispensing rate.* Billing code **COP** must be used for this non-ACA health insurance component, when applicable.

C. **Additional Rules for Reporting:** Monthly activity reporting for this non-ACA service must be in dollars *per prescription drug copayment/co-insurance per client*. The service provider must also report the number of unduplicated clients served each month.

D. Additional Rules for Documentation: Providers must maintain proof that the health insurance policy is cost effective, provides comprehensive primary care, and has a formulary with a full range of ARV medications. Providers must also issue an annual assurance that funds were not used to cover costs of liability risk pools or social security.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

FOOD BANK

(Year 3~~2~~3 Service Priority: #~~8~~ 7 for Part A

Food Bank is a support service. The Food Bank program is a central distribution center providing actual food items (groceries), and personal hygiene products when available, for low income persons who are living with HIV or AIDS. Groceries are distributed in cartons or bags of assorted products to eligible Ryan White Program clients. Local Food Bank assistance will be provided on a temporary, as needed basis to eligible clients to help maintain their health by providing a balanced, adequate diet.

Food Bank providers must offer nutritional counseling to all Food Bank clients through qualified staff supervised by a Licensed Dietitian or Nutritionist. A referral to a Registered Dietitian under a Ryan White Program-funded Outpatient/Ambulatory Health Services provider (specialty care; a core medical service) may also be made for nutritional services to meet this requirement. Proof of the provision of nutrition services from the Food Bank provider, or a referral for nutrition services to an appropriate provider, or the client declining such service must be documented in the client's record.

Ryan White Program funds for Food Bank services may not be used for water filtration/purification systems in communities where issues of water safety do not exist, household appliances, pet foods, or other non-essential products.

A. Program Operation Requirements:

Standard Provisions

Food Bank services may be provided only on an **emergency basis**. For this program, an emergency is defined as an extreme change of circumstance: loss of income (i.e., job loss or departure of person providing support), loss of housing, or release from institutional care (substance abuse treatment facility, hospital, jail, or prison) within the last two weeks. Duration of Food Bank service provision is to be **temporary**. Other emergencies, as defined by the client's Medical Case Manager, must be documented in the client's chart (or in the Client Profile in the Provide® Enterprise Miami data management system) as they arise. A severe change to the client's medical condition, as defined below under the provision for additional occurrences, may also be considered an emergency.

Medical Case Managers must conduct initial and ongoing assessment of each client to determine if the client is eligible for food-related services under any other public and/or private funding source, including food stamps or other charity care food banks and food distribution events.

Unless otherwise approved by the Miami-Dade County Office of Management and Budget, the provision of this service will be limited to twenty (20) occurrences within the Ryan White Part A Fiscal Year (March 1, 202~~2~~3 through February 28, 202~~3~~4). One (1) occurrence is defined as all Food Bank services provided within one (1) calendar week. For example, a client could receive Food Bank services once a week every week for five (5) months, or twice per month for ten (10) months, in the grant Fiscal Year or any variation thereof, with the limit of twenty (20) occurrences in the grant Fiscal Year.

Groceries, including personal hygiene products when available, can be picked up on a weekly or monthly basis. If groceries will be picked up on a **weekly** basis, the client will be limited to groceries valued at $75.00 per week at each pick-up. A client accessing Food Bank services on a weekly basis may not pick up groceries sooner than seven (7) days from the prior pick-up day.

If the client chooses to pick up groceries on a **monthly** basis, the client will be limited to groceries valued at $75.00 per week multiplied by the number of times the original day of pick-up occurs in the month. A client accessing Food Bank services on a monthly basis may not pick up groceries in a new month prior to the same pick-up day from the previous month.

Providers must make every effort to obtain matching funds, donations, or any supplemental assistance for the program and these efforts should be documented. Providers must also be familiar with and capable of referring clients to other community, faith-based, and/or neighborhood Food Bank sites when the client is not in an emergency situation and/or has reached their Food Bank allowance limit.

Providers must be able to provide ethnic foods and foods suited to special client dietary needs.

Initial Referral and Additional Occurrences

A letter of medical necessity is NOT required for a referral to Food Bank services for the client's first twenty (20) occurrences during the grant fiscal year; however, the circumstances justifying the referral to Food Bank services should be clearly documented in the client's chart and a Ryan White Program In Network Referral should be generated by the Medical Case Manager. A completed Out of Network Referral is also acceptable for this support service. Once the client's initial twenty (20) occurrences are exhausted, the client may NOT receive additional Food Bank services during the same Ryan White Part A Fiscal Year (i.e., March 1, 202~~2~~3 through February 28, 202~~3~~4) **without a Ryan White Program Nutritional Assessment Letter for Food Bank Services**.

A **severe** change to the client's medical condition (i.e., new HIV-related diagnosis/symptom, wasting syndrome, protein imbalance, recent chemotherapy, recent hospitalization, etc.) may warrant additional occurrences of Food Bank services. When needed for the additional occurrences, the **Ryan White Program Nutritional Assessment Letter for Food Bank Services** must be completed by a licensed medical provider **OR** a Registered Dietitian not associated with the Ryan White Part A Program-funded Food Bank provider. The client must be reassessed for the medical condition justifying additional Food Bank services every four (4) months. The Physician or Registered Dietitian must specify the frequency and number of additional Food Bank visits (occurrences) that should be allowed for the client (maximum of sixteen additional occurrences).

Provision for Families

In addition to the maximum amount defined above for groceries available per week to eligible clients, each additional adult who is a person with HIV and lives in the same household is eligible to receive $75.00 per week in groceries subject to the same service guidelines. Each dependent (i.e., minors under 18 years of age and living in the same household as the client who is a person with HIV) is also eligible to receive $23.00 per week in groceries, subject to the same service guidelines above. The client must provide documentation to prove the dependent's age and place of residence.

B. **Rules for Reimbursement:** Providers will be reimbursed based on properly documented invoices reflecting the distribution of weekly bags of groceries, including personal hygiene products, plus a dispensing charge to be agreed upon between the provider and the Miami-Dade County Office of Management and Budget-Grants Coordination (OMB-GC). The cost of the weekly bag of groceries will not exceed $75.00. Providers will also submit a quarterly reconciliation of actual expenditures for food costs, staffing expenses, and other line items as listed on the approved budget.

C. **Additional Rules for Reporting:** Providers must report monthly activities according to client visits (i.e., weekly occurrences). Providers must also submit to OMB an assurance that Ryan White Program funds were used only for allowable purposes in accordance with the contract agreement, and that the Ryan White Program was used as the payer of last resort. Providers must also submit an assurance regarding compliance with all federal, state, and local laws regarding the provision of Food Bank services, including any required licensure and/or certifications.

D. **Additional Rules for Documentation:** Providers must maintain documentation of the amount and use of funds for purchase of non-food items; and make this documentation available to OMB staff upon request.

E. Special Client Eligibility Criteria: A Ryan White Program In Network Referral or an Out of Network Referral (accompanied by all appropriate supporting documentation) is required for this service; and must be entered in the Provide® Enterprise Miami data management system. Current referrals expire automatically on February 28th of each Fiscal Year (or February 29th if a leap year). Each Medical Case Management referral must document the number of eligible dependents (i.e., minors). For additional occurrences, the client must be reassessed for the medical condition justifying additional Food Bank services every four (4) months. Providers must document that clients who receive Ryan White Part A Program-funded Food Bank services have gross household incomes that do not exceed 400% of the 202~~2~~3 Federal Poverty Level (FPL).

Clients receiving Food Bank services must be documented as having been properly screened for Supplemental Nutrition Assistance Program (SNAP) (formerly known as the Food Stamp program) benefits, home-delivered meal services through Medicaid's Long-Term Care (LTC) program, other community food bank programs, or other public sector funding as appropriate. Medical Case Managers must document a client's need for food services in the client's Plan of Care (POC) and indicate if the client is eligible to access food services under other available programs, with the understanding that the Ryan White Program-funded Food Bank services are provided on an emergency basis and as payer of last resort. If the client is eligible to receive food service benefits from another source, the Medical Case Manager will assist the client in applying to such program(s). If the client already receives SNAP benefits when requesting Ryan White Program-funded Food Bank services, the client must submit a copy of their SNAP award/benefit letter as documentation that the award is $250.00 or less per month in nutrition assistance benefits per person in the household; unless otherwise adjusted by the Office of Management and Budget-Grants Coordination/Ryan White Program with written notification to subrecipients. If the client applied for Food Stamp benefits and was denied, a copy of the denial letter must be scanned into the Client Profile in the Provide® Enterprise Miami data management system.

While clients reside in institutional settings (i.e., nursing home or a substance abuse residential treatment facility) they will not qualify for Ryan White Part A Program-funded Food Bank services. Similarly, while clients qualify for and can access other public funding for food services, they will not be eligible for Ryan White Part A Program-funded Food Bank services, unless the provider is able to document that the client has an emergency need, or has applied for such benefits and eligibility determination is pending (a copy of benefit application must be kept in the client's chart).

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

OUTREACH SERVICES

(Year ~~32~~ 33 Service Priorities: #1~~2~~4 for Part A and #~~6~~10 for MAI)

I. Definition and Purposes of Outreach Services

Ryan White Program **Outreach Services** are support services. Ryan White Part A/MAI Outreach Services in Miami-Dade County will use targeted approaches to locate people with HIV who are in need of assistance accessing HIV care and treatment who are:

- Newly diagnosed with HIV or AIDS, not receiving medical care;
- People with HIV, formerly in care, currently not receiving medical care (lost to care);
- People with HIV, at risk of being lost to care; or
- People with HIV, never in care.

Ryan White Program Outreach Services are directed to those persons known to have HIV and consist of activities to: a) engage and enroll newly diagnosed clients into the system of care; b) assist people with HIV who are lost to care with re-entry into the care and treatment system; and c) assist people with HIV who are determined to be at risk of being lost to care with their retention and access to ongoing medical care and treatment.

Outreach programs must be: 1) conducted at times and in places where there is a high probability that people with HIV and/or persons exhibiting high-risk behavior will be nearby; 2) designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness; 3) planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort; and 4) targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection.

With implementation of the Early Identification of Individuals with HIV/AIDS (EIIHA) initiative and in collaboration with the Florida Department of Health in Miami-Dade County's (FDOH-MDC) Early Intervention Program, newly diagnosed clients are the primary focus of service provision for Outreach Workers. Clients testing positive at state-licensed testing and counseling sites who sign an outreach consent form at the time they receive their preliminary reactive test result (Referral/Consent for Outreach Linkage to Care) will be contacted by Part A or MAI Outreach Workers for linkage to care either through Medical Case Management or Outpatient/Ambulatory Health Services. Outreach Workers will enter all demographic and program-related information in the Provide® Enterprise Miami data management system for every client contacted, including those not eligible for Ryan White Program-funded medical care. Thirty (30) and sixty (60) day follow-ups from the date of initial appointment with a medical provider and/or Medical Case Manager must be documented in the outreach progress note and labeled as a 30 and 60 day follow-~~up will be tracked~~ in the Provide® Enterprise Miami data management system~~.~~

Commented [SM1]: PE does not have a mechanism to track the 30 and 60 day follow-ups. Outreach workers are tracking the dates on their own(outside of PE) and documenting the follow-up contacts in the progress notes in PE.

Once a lost-to-care or at risk of being lost-to-care client is located, or a newly diagnosed and/or never in care person with HIV is located, an outreach referral must be made to a Medical Case Manager or medical provider of the client's choice. The Outreach Worker may assist the client in obtaining necessary documentation to receive services and may accompany the person to a point of entry into the system of care. Outreach Workers must follow-up on each referral to ensure that the client is enrolled in Medical Case Management and/or Outpatient/Ambulatory Health Services. The outcome (e.g., connection to care or inability to locate the client) must be documented in the Client Profile in the Provide® Enterprise Miami data management system.

Commented [SM2]: Outreach workers cannot generate a referral to an MCM because it is omitted from the referral category list.

IMPORTANT NOTE: Outreach Services may be provided to clients with a rapid test preliminary positive result while a confirmatory HIV test result is pending, for the purpose of rapidly linking the client to care. However, it is still necessary to obtain a confirmatory HIV test result; however, within thirty (30) calendar days, Outreach Services (e.g., connecting a newly diagnosed client to Outpatient/Ambulatory Health Services or Medical Case Management services) may be provided while a confirmatory HIV test result is pending. **Time spent by Outreach Workers with clients who have a preliminary reactive test result and a pending confirmatory HIV test result is limited to a total of up to three (3) encounters within a 30-calendar day period. After which time a confirmatory HIV test result is required to continue serving the client. If the HIV positive status cannot be confirmed or the result is negative, any services provided to the client must be disallowed.**

Referrals to Ryan White Program Part A or MAI-funded Outreach Services from state-licensed counseling and testing sites may only be initiated if there is a valid outreach-specific consent (Referral/Consent for Outreach Linkage to Care) signed by the client and filed in the client's chart or scanned into the Client Profile in the Provide® Enterprise Miami data management system.

IMPORTANT NOTE: Outreach Workers are required to pick up the Ryan White Program Referral/Consent for Outreach Linkage to Care within 24 hours of notice that a signed consent is waiting AND must make an initial attempt to contact the client within 48 hours (i.e., 2 business days) of such notice. During a public health emergency or extreme weather event the process to pick up the consent forms may be altered by the Florida Department of Health and/or the Miami-Dade County Office of Management and Budget-Grants Coordination. In such cases, outreach service providers will be notified in writing.

The Outreach Referral end date is thirty (30) calendar days from the initial referral date. At least one encounter must be provided within this 30-day period. Additionally, an Outreach Episode of Care must be opened in the Provide® Enterprise Miami data management system to coincide with the first date of Outreach Services and the period covered by the related referral. Final Outreach Services must be provided within ninety (90) calendar days of the initial referral date. After the ninety (90) calendar day period, the Outreach Episode of Care must be closed in the Provide® Enterprise Miami data

management system. New and lost to care clients who are served by Ryan White Part A/MAI Program Outreach Workers apart from the FDOH linkage process and are not successfully connected to care within ninety (90) calendar days should have their case closed unless there is a well-documented, reasonable justification for keeping the case open.

Newly diagnosed clients who are referred to the Ryan White Part A or MAI Program through the Florida Department of Health (FDOH) linkage referral process who are not successfully contacted by a Ryan White Program Outreach Worker within thirty (30) calendar days of receiving a signed consent shall be referred to FDOH-MDC Linkage Specialist or Disease Intervention Specialist for appropriate follow up.

A. Newly Diagnosed or Never in Care Person with HIV

1. Linkage agreements form the basis of collaborative relationships between providers. Outreach providers must have formal referral and linkage agreements with one or more of the eleven (11) key points of entry to the system of care listed below for the purpose of receiving referrals for program-eligible clients identified at key points of entry.

    - Florida Department of Health (FDOH) Miami-Dade County's (M-DC) Sexually Transmitted Disease (STD) clinics
    - FDOH state-licensed HIV counseling and testing sites
    - Hospitals/emergency room departments/urgent care centers
    - Hospital discharge clinics/departments
    - Substance abuse treatment providers/programs
    - Mental health clinics/programs
    - Adult and juvenile detention centers
    - Jail and/or correctional facilities, including, but not limited to, re-entry programs
    - Homeless shelters
    - Detoxification centers
    - Federally Qualified Health Centers (FQHCs)

    Linkage agreements must include the Outreach Worker's contact information, work schedule availability, geographic areas of the County covered, and a description of the Outreach Services offered. Clients referred from a key point of entry will be assisted to obtain necessary documentation for enrollment in the service system, will receive a referral to the primary medical care and/or Medical Case Management service provider of their choice, may be accompanied to the initial appointment and must be followed-up to ensure that they are connected to care. Ryan White Program-funded outreach providers are required to cooperate with the FDOH-MDC's Early Intervention Counseling and Testing sites by supplying outreach/linkage to care workers at "Take Control Miami"

events. Under the EIIHA mandate it is the responsibility of Ryan White Program-funded outreach/linkage to care workers to connect every new positive who has signed a Referral/Consent for Outreach Linkage to Care to Medical Case Management and/or Outpatient/Ambulatory Health Services; this includes connecting clients who are not eligible for Ryan White Program-funded services to appropriate care under other funding sources. The Outreach Worker must provide the client with provider information and track the client to ensure, through 30- and 60-day follow-ups from the date of initial appointment with a medical provider and/or Medical Case Manager, that the client is actually linked to a Medical Case Manager and/or a medical provider.

B. Outreach to People Lost to Care or at Risk of Being Lost to Care

1. Outreach Workers must work with service providers, including Medical Case Managers, to locate people lost to medical care or Medical Case Management and bring them back to care. The Medical Case Manager, or pharmacy staff, after three (3) repeated attempts to contact the client by phone and/or mail without success, may refer the case through a Ryan White Program In Network Referral in the Provide® Enterprise Miami data management system to an Outreach Worker. Jail linkage and prison re-entry coordinators may refer a client to an Outreach Worker if they have a signed document with permission for a Ryan White Program Part A or MAI Outreach Worker to contact them; such documents must be included with the OON referral and the supporting documentation being sent to the outreach provider. There must be clear documentation in the client chart at the referring agency and recorded in the Ryan White Program In Network Referral, of at least three (3) repeated attempts by the Medical Case Manager, pharmacy staff, or jail linkage/prison re-entry coordinator to contact the client and the reason why the case is being referred to an Outreach Worker. A Ryan White Program In Network Referral with last known contact information on the client indicating the reason for the outreach referral must be provided to the Outreach Worker and be maintained in both the Medical Case Management and outreach client charts. In instances where it is clearly documented that a client has a history of non-compliance or clear documentation of extenuating circumstances, such as homelessness, repeated non-compliance with their treatment regimen, mental health issues, and/or a history of substance abuse, referrals to an Outreach Worker may be made after one or two attempts at contacting the client.

2. A Physician, Physician Assistant, or Advanced Practice Registered Nurse may immediately and directly request outreach assistance for a client who meets any of the conditions listed directly below in Section B.3., or for similar circumstances (e.g., abnormal lab results, significant risk of non-

adherence to treatment regimen, etc.). Such circumstances must be clearly documented in the client's chart and indicate that the assistance of an Outreach Worker was requested (i.e., the medical practitioner writes a prescription for the needed outreach and documents such in the client's medical record).

3. Examples of clients considered lost to care or at risk of being lost to care, which require a valid consent for outreach and three (3) documented attempts by the referring agency to reach the client, include:

- Missing two (2) consecutive medical appointments;
- Having no contact with a Medical Case Manager for more than three months;
- Checking out of residential substance abuse treatment;
- Not "reporting to" residential substance abuse treatment;
- Missing the first medical care appointment after hospital discharge and/or referral to care;
- Missing picking up prescription medications or prescription referrals from a pharmacy or a Medical Case Manager;
- Missing an appointment with the jail linkage or prison re-entry coordinator; and/or
- Missing a medical or social service appointment that the jail linkage or prison re-entry coordinator has scheduled.

IMPORTANT NOTE: Clients lost to care or at risk of being lost to care may be contacted after one or two unsuccessful attempts at communication ONLY IF extenuating circumstances as outlined above are clearly documented in the individual client chart and are recorded in the Ryan White Program In Network Referral or OON Referral from the Jail Linkage or Prison Re-entry programs.

Outreach providers must work with and establish formal linkages with Ryan White Program medical providers and Medical Case Management sites in order to receive outreach referrals from these providers who will identify clients who are lost to care or at risk of being lost to care. Outreach Workers will then try to locate these clients and assist them in returning to ongoing medical care and treatment.

C. One Time Referrals

If in the course of outreach activities, Outreach Workers encounter a high-risk person with no documentation of HIV+ status, a referral should be made to an HIV testing site and/or appropriate prevention program in order to determine the client's HIV status. This one-time referral may be counted and entered into the Provide® Enterprise Miami data management system in the Outreach Registration screen. This is a **secondary** outreach function that will be monitored by OMB and should not supersede the primary goals of connecting newly diagnosed (newly identified)

clients to care, as well as locating and reconnecting to the service system those clients who have been lost to care or who are at risk of becoming lost to care. These secondary Outreach Services must be planned and delivered in coordination with local HIV prevention/education programs, including counseling and testing programs, in order to avoid duplication of effort.

D. Allowable Outreach Activities

1. Ryan White Part A/MAI-funded Outreach Workers may provide services to clients in the following situations to link or retain clients in HIV care: 1) for their agency's own clients; 2) upon receipt of a Ryan White Program In Network Referral for a particular client, for whom the referring agency has a valid informed outreach-specific consent signed by the client and filed in the client's chart; 3) upon receipt of a signed, completed Consent/Referral for Linkage to Care from state-licensed Counseling and Testing sites; 4) a prescription from a Physician, Physician Assistant, or Advanced Practice Registered Nurse; or 4) by a letter or OON Referral from a jail linkage or prison re-entry coordinator as indicated in Section B above.

2. Outreach Workers may engage in the following activities, if the activity is properly documented and filed in the client's chart at the referring agency and at the receiving agency where applicable:

- Obtain from the client all required consents for the Outreach Worker to access client-related information in the Ryan White Program's Provide® Enterprise Miami data management system;
- Conduct brief intakes for new clients referred from a state-licensed Counseling and Testing Site, jail linkage or prison re-entry coordinator and enter data into the Provide® Enterprise Miami data management system outreach registration screen;
- Upon receipt of a proper referral, review data in the Provide® Enterprise Miami data management system for existing clients who are lost to care or are at risk of falling out of care;
- Complete assessments and document new clients' barriers to accessing care and lost-to-care clients' reasons for falling out of care;
- Contact the service provider of the client's choice to coordinate appointments and obtain required documentation for services;
- Accompany newly diagnosed, lost to care, or otherwise unconnected program-eligible people with HIV (clients) to the initial physician appointment and/or Medical Case Management appointment for the purpose of reconnecting them to care or enrolling them in service;
- Accompany clients, as necessary, for the purpose of assisting them to obtain necessary documents for entry into the service system;
- Contact clients who have a history or are at risk of falling out of

care (i.e. substance abuse history, homelessness, mental illness) during the 30 and 60 day follow-up period with the end of increasing retention in care;

- Conduct home visits to meet with a client for the purpose of connecting them to care;

  - **IMPORTANT NOTES**:

    - If a Part A/MAI-funded outreach service provider has an established agency policy not to send staff to conduct home visits, and it is determined that a home visit is necessary for successful linkage, the client's case **must** be transitioned to a Part A/MAI-funded outreach provider that is able to conduct home visits;

    - In cases of transfer due to the home visits, the new outreach provider agency replaces the previous outreach provider agency;

- Maintain tracking and contact logs for new to care and lost to care clients;
- As a safety precaution, Ryan White Program Outreach Workers who must locate clients in high-risk areas or very rough neighborhoods may go out in two-person teams. In this scenario, both Outreach Workers should document the activity in the client chart or outreach log, making note that they went to a high-risk area, with one of the Outreach Workers clearly stating that they went along as a safety back-up and should use the OSFT safety back-up code to record the service. Both Outreach Workers may reflect the time they spent on the encounter and have their agency or respective agencies report for the time and be reimbursed accordingly. However, in the Provide® Enterprise Miami data management system the encounter should only be counted/recorded (i.e., OFFE, OTEL, ORFL, etc.) by the main Outreach Worker/agency that received the referral;

  - **IMPORTANT NOTE:** If a Peer Educator is the safety back-up, the Peer Educator must use the corresponding safety encounter code, PSFT, under the PESN billing category.

- Provide education on available care and treatment options and services for people with HIV who receive outreach services via a Ryan White Program In Network Referral, Jail linkage referral, Department of Corrections Certification or a Referral Consent Linkage to Care form with the goal of directly empowering and enabling the client to access existing HIV/AIDS service programs, including Counseling & Testing sites;

- Provide out-stationed linkage and coordination to care services at key points of entry, including but not limited to counseling and testing facilities and other facilities with a high percentage of people with HIV as identified by the counseling and testing facility and verified by the Ryan White Part A/MAI Program;
- Coordinate and participate in planned outreach/testing events such as "Take Control Miami" in cooperation with the FDOH-MDC;
- Conduct 30- and 60-day follow-ups from the date of initial appointment with a medical provider or Medical Case Manager to ensure the client (regardless of whether the client is receiving services through the Ryan White Program) remains connected to care.

E. Inappropriate Outreach Activities

Funds awarded under Part A and MAI of the Ryan White HIV/AIDS Treatment Extension Act of 2009 may not be used for outreach programs that exclusively promote HIV education and prevention programs, condom distribution, and/or case finding that have as their main purpose broad-based or general HIV prevention education. Additionally, broad-scope awareness activities about HIV services that target the general public (i.e., poster campaigns for display on public transit, TV or radio public service announcements, health fairs directed at the general public, etc.) will not be funded.

Ryan White Part A/MAI Program funds may not be used to pay for HIV counseling or testing under this service category. Ryan White Part A/MAI Outreach Services must be planned and delivered in coordination with local HIV prevention programs to avoid duplication of effort.

Outreach Workers may <u>not</u> conduct random searches in the Provide® Enterprise Miami data management system for clients who are not enrolled at the Outreach Workers' assigned agency, or for clients for whom they do not have a Ryan White Program In Network Referral. Searches conducted in the Provide® Enterprise Miami data management system to identify clients lost to care must be initiated by the Medical Case Manager or medical or pharmacy staff of the referring agency.

Ryan White Program-funded outreach activities are not to be used for general recruitment of clients to the Outreach Worker's agency.

F. Documentation of Outreach Activity

All Outreach Workers must maintain documentation which includes the following:

- Name of Outreach Worker;

- Name, signature, and consent of client;
- Client's date of birth;
- Client's gender;
- Client's race and ethnicity;
- Client's address or follow-up information;
- Date of diagnosis and site of diagnosis;
- Date of the encounter;
- Type of encounter (i.e., telephone, face-to-face, collateral, travel, referral, or coordination of care);
- Description of the encounter with a client and/or work done on behalf of the client;
- Time spent on the encounter in minutes;
- Total units documented;
- For newly diagnosed clients, a Referral/Consent for Linkage to Care;
- For clients lost to care, a Ryan White Program signed outreach consent to be contacted (found at the top of the County's Notice of Privacy Practices form);
- Site where client was identified (i.e., last known contact information, a specific geographic region, and/or key point of entry into the system of care in Miami-Dade County);
- One-time referral to a testing site for a high-risk client without documentation of HIV status;
- Document "initial contact" and all "follow-up" contacts;
- Maintain call logs and tracking logs for new-to-care and lost-to-care clients;
- If lost to care or identified as at risk of being lost to care, a copy of the initiating agency's referral to outreach;
- An individualized assessment of the client's barriers to care or reasons for falling out of care;
- Documentation that explanation of service system and choice of provider agency were provided;
- A copy of a Provide® Enterprise Miami In Network referral or documented attempt to make a referral by the Outreach Worker to a Medical Case Management agency and/or medical provider of the client's choice;
- Documentation of 30- and 60-day (calendar days) follow-up on referrals to ensure that the client is enrolled in medical care and treatment;
- Final disposition of the client must be documented in the Provide® Enterprise Miami data management system, the client's chart or service log indicating whether or not the client was connected to care (i.e., referral was made; client was taken to a medical provider or Medical Case Manager) or if the case was closed with a statement as to why it was closed; and

- Contact with the referring agency to communicate the client's final disposition.

II. Outreach Worker Incentives, Program Operation Requirements, and Staff Training Requirements

As incentives for productivity, providers are encouraged to provide Outreach Workers with educational training opportunities. The Ryan White Program also has educational and training requirements for Outreach Workers to improve productivity.

A. Program Operation Requirements:

1. **Staff Training.** Outreach Workers must possess at least a High School diploma or GED. All staff providing Outreach Services must complete the FDOH's "HIV/AIDS 101 – Know Your HIV Status" video training [this training is available on-line at https://knowyourhivstatus.com/hiv-resources/]. Outreach Workers must attend periodic training provided by the Ryan White Program's Clinical Quality Management and Training Program provided by BSR. In addition, effective June 1, 2018, any new hire Outreach Worker or Outreach Supervisor under the Ryan White Part A or MAI Programs must complete all 13 of the Southeast AIDS Education and Training Center's (SE-AETC) web-based Medical Case Management Curriculum and Cultural Competency Curriculum modules as required and as may be amended by the local Ryan White Part A Program **prior to** being approved for Provide® Enterprise Miami User Access. These curricula modules are indicated on the local Ryan White Program's AETC Training Module Checklist and the modules can be accessed at the following website: https://www.seaetc.com/modules/. Time spent completing the SE-AETC training modules **cannot** be charged to the local Ryan White Part A/MAI Programs.

   Outreach providers must ensure that Outreach Workers are knowledgeable about resources and providers of medical care, substance abuse treatment, Medical Case Management, and other core medical and support services. At a minimum, the outreach provider should have reference material on hand which provides information on services offered, intake requirements, hours of operation, and contact personnel information. Outreach Workers must also have on hand Ryan White Program consent forms available for signature by clients lost to care or at risk of being lost to care.

2. **Hours.** Outreach Services must be offered during non-traditional business hours, 10 hours at a minimum per week, per agency. Traditional business hours are defined as 9:00 a.m. to 5:00 p.m., Monday through Friday. Each Ryan White Program-funded outreach provider must have written procedures in place to address on-call coverage to reach an Outreach Worker after traditional business hours. The written procedures should include steps for contacting an on-call medical provider and/or Medical Case Manager, where immediate intervention is necessary.

3. **Cultural Sensitivity.** Providers are encouraged to be creative in developing outreach programs that are culturally sensitive and that meet the specific needs of the identified target subpopulations (i.e., substance abusers, illiterate persons, hard of hearing, sex workers, etc.). It is desirable that Outreach Workers reflect the community in which they are working and/or are targeting.

4. **Documentation of Units of Service.** Providers are required to document in the client's chart each unit (15-minute encounter) of outreach service performed (including the time spent) as a face-to-face encounter, telephone contact, collateral encounter on behalf of the client, coordination of care, travel, or referral activity on behalf of a client. Use the appropriate code from the following table to record outreach services (listed in alphabetical order by code):

Outreach Services		
Activity	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Collateral Contacts	**OCOL**	Use this code to record all activities related to **coordination of care** for clients, including communication with other care providers, such as telephone contacts or other electronic methods of communication (e.g., email or fax). This code also includes other coordination of care activities that are conducted for or on behalf of the client, such as **referral activities** that are not face-to-face with the client and obtaining completed documents for the client from another (outside) care provider. This code should NOT be used for internal agency activities that are unrelated to the coordination of care for clients with outside providers. Examples of inappropriate use of this code include pulling a chart to copy documents for a client's personal use or filing for chart maintenance.

Outreach Services		
Activity	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Consultation	**OCON**	Only Outreach Supervisors may use this OCON code. This code shall be used to record activities associated with consulting with outreach staff on Ryan White Program-related client, supervisory, or quality management issues.
Documentation	**ODOC**	Use this code to record activities related to documenting any encounter in the Provide® Enterprise Miami data management system, such as the client's care plan, progress note, face-to-face encounter, telephone contact, etc. This service code also includes time spent filing or organizing the client chart or pulling the chart to make copies that are unrelated to coordination of care for the client. **IMPORTANT NOTE**: See subsection II.D. below regarding "Applicability to Local Ryan White Program Requirements" for staff supervising Ryan White Program-funded Outreach Workers.
Face to Face Encounter	**OFFE**	This encounter is defined as any time the Outreach Worker or Outreach Supervisor has direct contact with the client in person. The OFFE encounter includes activities that are conducted face-to-face with the client where no other encounter code is appropriate. OFFE may also include referral activities if done face-to-face with the client.
Chart Review Activity	**OREV**	Only Outreach Supervisors may use this OREV code. This code should be used to record activities associated with chart review processes to ensure that outreach staff is in compliance with this service definition, and with the Ryan White Program System-wide Standards of Care. As of May 1, 2018, there is no longer a required number of hours of OREV code use. **IMPORTANT NOTE**: See subsection II.D. below regarding "Applicability to Local Ryan White Program Requirements" for staff supervising Ryan White Program-funded Outreach Workers.

Outreach Services		
Activity	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Referral Activity	**ORFL**	Use this code to record outreach referral activities that do not fit in any other outreach encounter/ activity in this list.
Safety Back-up	**OSFT**	Ryan White Part A/MAI Program-funded Outreach Workers who as a safety precaution accompany a Ryan White Program Outreach Worker when locating clients in high-risk areas or very rough neighborhoods, as indicated in Section I.D.1 above, should use the OSFT safety back-up code to record the service. In this scenario, if applicable, both Outreach Workers should document the activity in the client chart or outreach log, making note that they went to a high-risk area, with one of the Outreach Workers clearly stating that they went along as a safety back-up. Both Outreach Workers may reflect the time they spent on the encounter and have their agency or respective agencies bill for the time and be reimbursed accordingly. However, in the Provide® Enterprise Miami data management system the other outreach billing code (i.e., OFFE, OTEL, ORFL, etc.) should only be counted or recorded by the main Outreach Worker/agency that received the referral.
Outreach Telephone Encounter	**OTEL**	Use this code to record telephone contacts.
Outreach Contact Travel Time	**OTVL**	Use this code to document travel time with or on behalf of the client that is specific to care coordination, linkage to care, retention or retention in care activities. In such cases, documentation in the client chart must include reason for travel in relation to care coordination, linkage to care, or retention in care.
Take Control Miami events	**TCM**	Use this code to record outreach activities conducted at authorized "Take Control Miami" events.

Commented [SM3]: Not sure if these are still occurring

Outreach Services		
Activity	**Encounter/ Activity Billing Code**	**Comment, Limitation, etc.**
Training	**TRN**	Use this code to record and bill for time spent attending authorized Ryan White Program trainings (TRN), such as Outreach Worker trainings, County-approved Provide® Enterprise Miami data management system trainings, and ~~quarterly~~ Ryan White Program Subrecipient (Service Provider) Forums. The TRN code may **not** be used to bill for any training that is not a Ryan White Program training; for example: use of the TRN code **cannot** be used to bill for staff attendance at Miami-Dade County HIV/AIDS Partnership and Committee meetings, on-site BSR technical assistance visits; appreciation luncheons, agency-specific staff development activities, HIPAA refresher training, confidentiality training, AETC training modules, or other employer-required training. Travel time is not included when billing the TRN code. Billing staff, data entry staff, and other administrative staff may not use the TRN code.

5. **Connection to Care.** Providers are expected to document the client's connection(s) to care in the Provide® Enterprise Miami data management system as evidenced by documentation on file at the outreach provider agency that at least fifty percent (50%) of people contacted and billed for are actually returned to primary medical care and/or Medical Case Management services or that a case was closed, and at least fifty percent (50%) of the people contacted and billed for are new to primary medical care and/or Medical Case Management services, on a quarterly basis. Connections to care will also be monitored by the County on a quarterly basis through the Provide® Enterprise Miami data management system and/or analysis of outreach data conducted by BSR, as a Clinical Quality Management Program activity.

B. Rules for Reimbursement: Providers will be reimbursed 1/12th of the contract total, subject to penalties for non-performance (i.e., reduced payment based on not meeting the required percentage of connections to care), as detailed below. Under this service category, Payment Requests

(invoices) submitted (via mail, email or the Provide® Enterprise Miami data management system) without any recorded services will not be processed for payment without the County's prior approval. In months where this occurs, the County will automatically apply a 1/12th penalty for the month without services and will not take into consideration this month for purposes of the quarterly performance review.

Reimbursement will be performance-based. Initially, payment will be made in equal monthly installments of the contract award for this service, as may be amended through Reallocation/Sweeps awards or reductions. Subrecipients' performance under this service category will be reviewed quarterly to ensure effective service delivery; whereby at least 50% of the clients contacted through Outreach Services during the quarter must be connected for the first time (for new to care clients) or re-connected (for lost to care clients) to Outpatient/Ambulatory Health Services and/or Medical Case Management services. Failure to reach this 50% quarterly performance goal will result in penalties (i.e., payment reductions), as follows:

% of Unduplicated Outreach Clients who were Connected / Re-connected to Care During the Quarter Reviewed	**% of Quarterly Reimbursement Totals Subrecipient is Authorized to Retain (i.e., no penalty applied) ***
50% or more	100%
45 – 49%	90%
40 – 44%	80%
35 – 39%	70%
30 – 34%	60%
25 – 29%	50%
20 – 24%	30%
0 – 19%	0%

IMPORTANT NOTES:

1) Adjustments (e.g., reductions, disallowances, etc.) will be made to reimbursements in monthly invoices following the quarter reviewed. Any adjustment will be made to one or more monthly reimbursement invoices in the subsequent months of the same grant fiscal year until the full amount of the penalty is recouped. For example, if only 36% of the outreach clients contacted/served in Quarter 1 – March to May – were connected to medical care and/or medical case management, the subrecipient would keep (retain) 70% of the amount reimbursed during that period and the amount of the penalty (i.e., 30% of amount reimbursed during the quarter) would be deducted from invoices between June and February until the full amount of the penalty is recouped.

2) Special circumstances (e.g., new hires, complexity of care for subpopulation served, COVID-19 restrictions, etc.) may be considered at the County's sole discretion for adjustments to any penalty reductions indicated in the table directly above.

3) Each Outreach Worker must be an approved user/provider in the local Ryan White Part A Program's MIS system (e.g., Provide® Enterprise Miami data management system) BEFORE their first service date. Approvals will no longer be made retroactively for this service category.

4) Reallocations/Sweeps actions will also be prospective, not retroactive.

5) If an Outreach Services budget includes a staff vacancy and that vacancy is not filled by the end of the next quarter reviewed, a proportionate amount will be deducted from the total award to reduce the amount allocated to the vacant position.

6) Sweeps requests for additional funds cannot be used to cover prior penalties.

7) These new percentage rates (see table directly above) will be closely monitored by the Recipient (i.e., Miami-Dade County) for effectiveness and may be subject to change.

C. Additional Rules for Reporting: Monthly activity reporting for this service will be on the basis of an outreach contact in comparison with the amount of time and effort billed to the program for each Outreach Worker.

Reimbursement requests will be continuously evaluated on the basis of productivity; in particular, people contacted and connected to primary medical care or Medical Case Management services. A sufficient level of Outreach Services must be provided and a corresponding bill generated through the Provide® Enterprise Miami data management system on a monthly basis in order for reimbursement to be approved by the County. The County maintains the right to assess the sufficiency of the services provided before reimbursement for services is made.

Outreach staff must follow all applicable requirements of this service category in the Provide® Enterprise Miami data management system which include the following: managing an Outreach Episode of Care; ensuring that an In Network or OON referral is opened for a client;

updating all client appointments evidencing connections to care; creating progress notes which fully document the client encounter; opening the Client Service Profile Record under the correct funding source; ensuring only eligible clients are served.

It is required that all staff working on Outreach Services review and become familiar with the Provide® Enterprise Miami user guides (manuals) titled "Outreach Services Program" and "Referrals: In Network Service and Out of Network" as part of their new outreach staff orientation and prior to providing outreach services. This practice will guide staff as they navigate and follow the requirements of this service category in the Provide® Enterprise Miami data management system with the goal of limiting unbillable services, which can affect the amount of reimbursement approved by the County if the service(s) entered cannot count towards the performance standards detailed above.

D. **Applicability to Local Ryan White Program Requirements:** If a staff person has a Ryan White Program outreach service caseload, even one client, they will be required to adhere to the local Ryan White Program Service Delivery Manual, System-wide Standards of Care, and Clinical Quality Management Program activities. This requirement is applicable whether or not the outreach staff person appears on the program's line item budget and regardless of the percentage of time and effort spent performing Ryan White Program outreach activities. Similarly, if provider's staff supervises any Ryan White Program outreach staff, whether or not they are on the budget for such, they also must follow the requirements in the local Ryan White Program Service Delivery Manual, System-wide Standards of Care, and Clinical Quality Management Program activities.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857
HIV/AIDS Bureau

December 6, 2022

Dear Ryan White HIV/AIDS Program Part A Colleagues:

The community input process is a requirement in the Ryan White HIV/AIDS Program legislation and is implemented in the Ryan White HIV/AIDS Program (RWHAP) Part A as Planning Councils (PC) or Planning Bodies (PB). The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA HAB) recognizes and understands the value of clients who receive RWHAP Part A services actively participating and being involved in the planning process for HIV service delivery, as this drives services that are tailored to the needs of clients in the jurisdiction.

Nonetheless, the RWHAP statute prohibits RWHAP Part A recipients from making cash payments to intended recipients (i.e., clients) of RWHAP Part A services. See Public Health Service Act (PHS Act) § 2604(i); see also HAB Policy Clarification Notice (PCN) 16-02. This prohibition is not limited to service-related costs, and thus applies to administrative costs like PC and PB expenses as well. Therefore, RWHAP Part A recipients may not reimburse PC or PB members who are clients via a cash payment with RWHAP funds.

However, per HAB PCN 16-02, RWHAP Part A recipients can support the participation and meaningful engagement of people with lived experience in PC or PB meetings by providing gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity. RWHAP recipients are advised to administer voucher and store gift card programs in a manner that assures vouchers and store gift cards cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards.

Alternatively, RWHAP Part A PCs or PBs may provide clients with meals during in-person meetings scheduled around meal times (only if needed for health reasons), transportation to and from meetings, and/or child care services for the children of clients who participate in meetings.

Additional considerations can include adjusting PC or PB meeting times to occur after business hours or on weekends to reduce conflict with client work schedules. Lastly, non-RWHAP funding sources (e.g., general revenue funds) are not similarly restricted, and thus can be utilized for a variety of purposes, including to compensate clients for attending PC or PB meetings.

Thank you for your commitment to ensuring that clients are meaningfully involved in the planning process for service delivery in RWHAP Part A jurisdictions.

Sincerely,
/s/ Chrissy Abrahms Woodland, MBA

Chrissy Abrahms Woodland, MBA
Director
Division of Metropolitan HIV/AIDS Programs

MIAMI-DADE COUNTY

SOURCE OF INCOME STATEMENT

Section 2-11.1(i) of the County Ethics Code requires that certain employees, public officials, and consultants file a financial disclosure Statement on a yearly basis by July 1st of every year. For the last year of service, file SOI-F.

Disclosure for Tax Year Ending	Last Name (or, Consultant or Consulting Firm name)	First Name	Middle Name/Initial
2021			
Mailing Address – Street Number, Street Name, or P.O. Box			
City, State, Zip			

If your home address is your mailing address, and your home address is exempt from public records pursuant to Fla. Stat. §119.07, read instructions on the following page **and check here.** ☐

Filing as an Employee (check one)

☐ County ☐ Public Health Trust ☐ Municipal: _____ (Municipality)

Department		
Position or Title		Employee ID Number
Work address	Work telephone	Employment began on/ended on

Filing as (check one)

☐ County Board ☐ Municipal Board: _____ (Municipality) ☐ Consultant for County or Municipal Agency

Board where serving or name of County or Municipal Agency Consultant is providing professional services to		
Alternate address (if home address is exempt)	Work telephone	Term began on/ended on

List below every source of income you received, along with the address and the principal activity of each source. Include your public salary. Place the sources of income in descending order, with the largest source first. Examples of sources of income include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, and social security payments. Also, include any source of income received by another person for your benefit. However, the income of your spouse or any business partner need not be disclosed. **If continued on a separate sheet, check here.** ☐

Name of Source of Income	Address	Description of the Principal Business Activity

I hereby swear (or affirm) that the information above is a true and correct statement.

_____
Signature of Person Disclosing

_____
Date signed

RECEIVED BY ELECTIONS DEPARTMENT:
☐ Hardcopy
☐ Electronic Copy

OFFICE USE ONLY Accepted: Y / N Deficiency:_____ Processed Date/Initials:_____ Scanned Date/Initials: _____

SOURCE OF INCOME INFORMATION

Required by the Miami-Dade County Code, Section 2-11.1(i)

The term **INCOME** shall include, but is not limited to, the following items: wages, salaries; tips; bonuses; commissions & fees; dividends, interest; profits from businesses and professions; your share of profits from partnerships and small business corporations; pensions, annuities & endowments; profits from the sale or exchange of real estate, securities or other property, including personal residence; rents and royalties; your share or estate or trust income, including accumulated distributions; alimony, separate maintenance or support payments; prizes, awards and gifts; fees as an Executor, Administrator or Director; disability retirement payments; workmen's compensation, insurance; damages; social security payments, etc.

FILING INSTRUCTIONS

A "Source of Income Form," (SOI) or a signed copy of the personal income tax forms may be filed to satisfy the filing requirement for County/Public Health Trust employees, municipal employees, advisory board members, and consultants providing professional services to the County or a Municipality who are not required to file under State law. State filers who also hold County or Municipal positions (for example, State filers who also serve on County or Municipal boards) meet the County financial disclosure requirement by filing a **copy** of their state form with the Miami-Dade County Elections Department or their Municipal clerk.

The Source of income Form must be filed yearly no later than 12:00 noon of July 1st. Consultants file within thirty (30) days of execution of a contract arising out of competitive negotiations and prior to any payments from the County, municipalities or other agencies and thereafter on a yearly basis no later than 12:00 noon of July 1st. For the last year of service, file "Final Source of Income Form "(SOI-F). The SOI and SOI-F should not be used as a substitute for State Form 1 or State Form 1F for those required to file under state requirements.

Filers whose address is exempt pursuant to Fla. Stat. §119.07 must provide an alternate address such as a business address or the address of the board if the filer serves on a board.

This form must be filed by July 1st of each year and should not be used as a substitute for State Form 1 for those required to file under state requirements. For the last year of service, file SOI-F.

Example (Review sources of income above; note- no monetary amount required).

Name of Source of Income	Address	Description of Principal Business Activity
Place of employment	Address where employed	Salary
Rental Property	123 Anywhere Street Miami, FL 00000	Rental income
Social Security	Social Security office closest to your zip code	Social Security income

Miami-Dade County (including Public Health Trust) Personnel and Advisory Board members shall file completed forms with:

Miami-Dade Elections Department
Attn: Financial Disclosure Section
2700 NW 87th Avenue
Miami, FL 33172

or

P.O. Box 521550
Miami, FL 33152-1550

or at: financial.disclosures@miamidade.gov

Municipal Personnel and **Advisory Board Members** shall file completed forms with their respective Municipal Clerk. For further information, Miami-Dade County and Public Health Trust employees may contact the Miami-Dade Elections Department Financial Disclosure Section via telephone at 305-499-8413 or via email at financial.disclosures@miamidade.gov. Municipal employees may contact their respective Municipal Clerk's Office.

Note RE: Florida Statutes § 119.07: The role of our office is to receive and maintain forms filed as public records. If your home address is exempt from disclosure and you do not wish your home address to be made public, please use your office or other address for your mailing address. The following persons are exempt from disclosing their home addresses: active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; firefighters; justices and judges; current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; county and municipal code inspectors and code enforcement officers.

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/

MIAMI-DADE HIV/AIDS PARTNERSHIP

Care and Treatment
Thursday, January 12, 2023

10:00 a.m. – 12:00 p.m.

Miami-Dade County Main Library
101 West Flagler Street, Auditorium
Miami, FL 33130

AGENDA

I.	Call to Order	Dennis Iadarola
II.	Meeting Housekeeping and Rules	Dennis Iadarola
III.	Introductions	All
IV.	Floor Open to the Public	Dennis Iadarola
V.	Review/Approve Agenda	All
VI.	Review/Approve Minutes of November 3, 2022	All
VII.	Reports	
	• Recipients (Part A, Part B, ADAP, General Revenue)	All
	• Vacancies	Marlen Meizoso
	• Medical Care Subcommittee Report	Marlen Meizoso
VIII.	Standing Business	
	• 2023 Officer Elections	All
IX.	New Business	
	• Service Descriptions-Medical Case Management, Emergency Financial Assistance, Health Insurance, Food Bank, and Outreach	All
X.	Announcements	All
XI.	Next Meeting: **February 2, 2023** at Main Library- **Auditorium**	Dennis Iadarola
XII.	Adjournment	Dennis Iadarola

Please turn off or mute cellular devices – Thank you

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

Follow Us: www.aidsnet.org | facebook.com/HIVPartnership | twitter.com/HIVPartnership | instagram.com/hiv_partnership/